



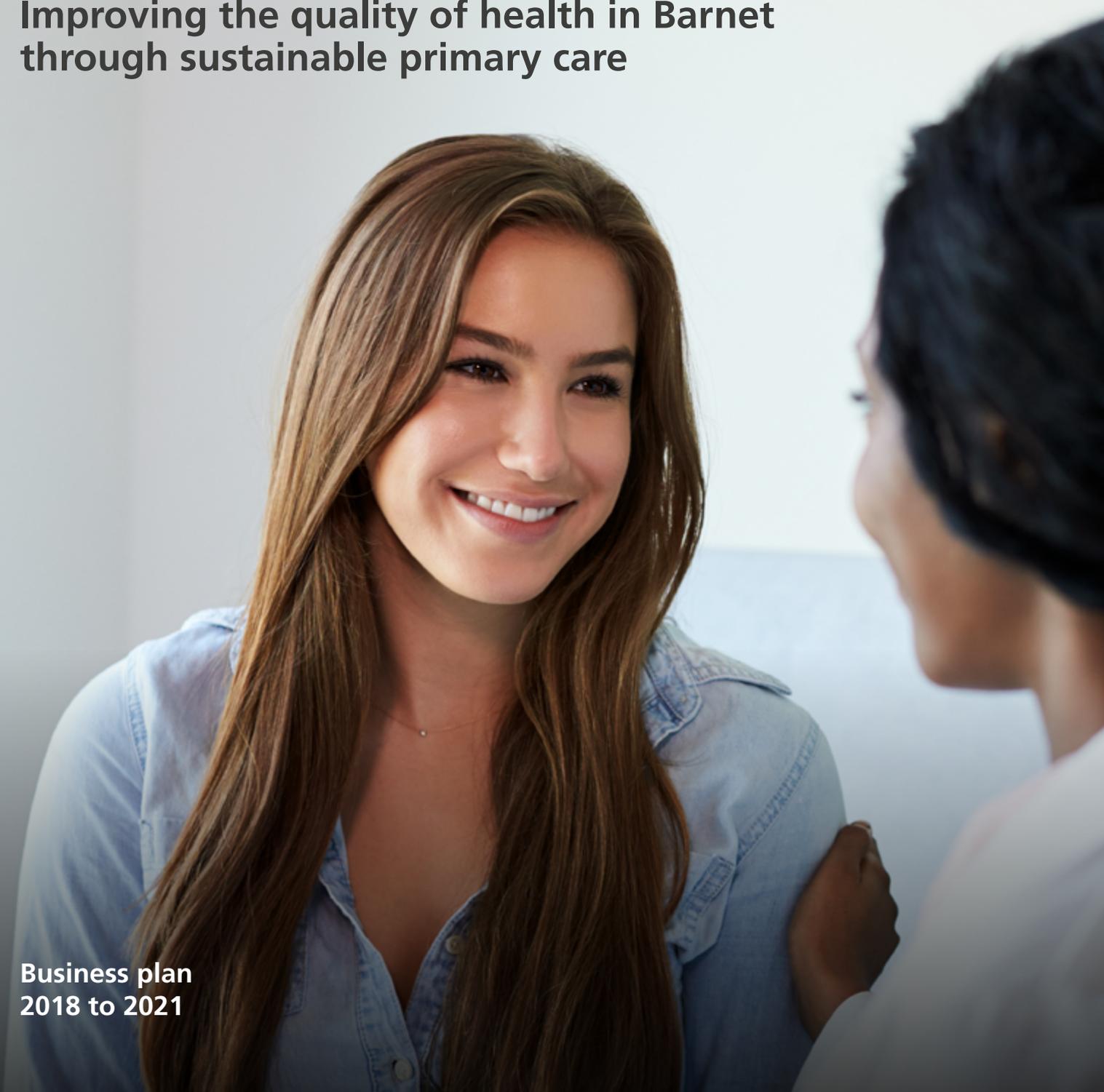
**Barnet**  
Federated GPs

# Business plan

## 2018 to 2021

Improving the quality of health in Barnet  
through sustainable primary care

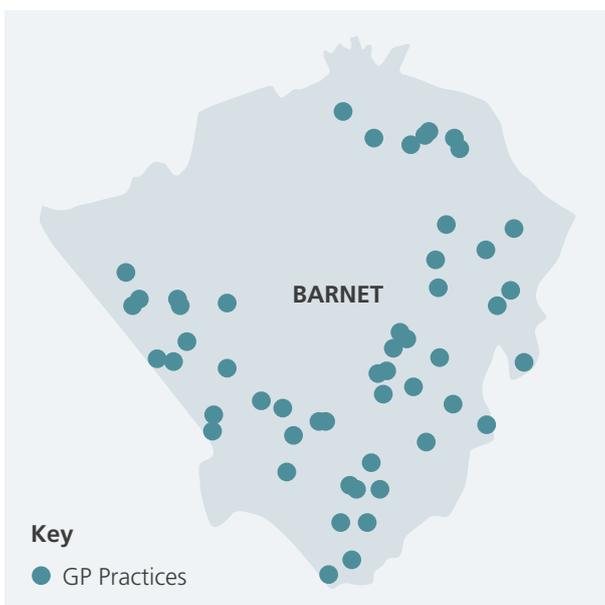
Business plan  
2018 to 2021



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## Distribution of GP practices in Barnet



*Image: Distribution of GP practices in Barnet*

# 1. Introducing Barnet Federated GPs

A GP federation is a group of practices working together within a legal form or organisational entity (definition from British Medical Association). The movement for GPs to federate has grown over recent years as a way to strengthen the capacity of practices to develop and tender for services, particularly out of hospital care services. It has also been encouraged to achieve greater economies of scale within primary care services – for example through shared back-office functions, training and development capacity.

Barnet Federated GPs was formed in 2016 and is a collaboration of all 60 NHS GP practices in the London Borough of Barnet. We are a Care Quality Commission (CQC) registered provider organisation.

## We are:

- Providers of primary care who believe that through working together we can make sure that people in Barnet are offered primary care services that best fit their needs
- Committed to improving the patient journey and pathways they follow
- Advocates for GP practices in Barnet and their ongoing development and sustainability.

## We are not:

- Commissioners or funders of services. We bid for services that we think would be best provided in our primary care community. However, we believe we have a key role in working with commissioners to shape and develop services.
- The legal representative of general practice in Barnet.

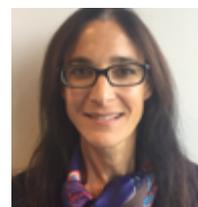
## Where we are now:

Barnet Federated GPs has a fully established Board. Following a vote from our member practices, our organisational form has been confirmed as a Community Interest Company (CIC). We have six members of the Board, with five Directors. Dr Sanjiv Ahluwalia is a strategic advisor to the Board.

## The Board:



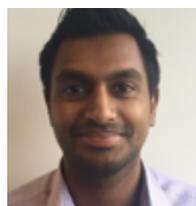
**Dr Anuj Patel**  
Chair



**Dr Leora Harverd**  
Director



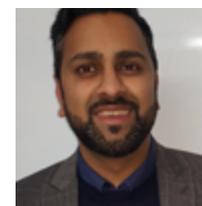
**Dr Leena Mistry**  
Director



**Dr Thivyan Thirudaian**  
Director



**Caroline Peters**  
Director



**Amit Patel**  
Chief operating officer

We became Board members of Barnet Federated GPs to make a difference for patients through the delivery of better health and care services in Barnet and to take an active role in shaping the survival of general practice. In this start-up phase we believe working as a small Board is allowing us to communicate well and ensures that our actions are open and transparent.

## The purpose of this document

We have produced this document to share with our member practices the plans we have to expand into a thriving and sustainable organisation and to outline the pathway to achieving this over the next three years.

We believe that as a federated group of GPs we can deliver the following benefits for practices in Barnet:



### **Increasing the services we provide:** Better services for patients and financial protection for practices

Working together we are better able to compete for contracts in the healthcare market for services, such as community health, that can be delivered in a primary care setting.

By working together we can diversify the services provided in primary care in Barnet so they better suit the needs of local people and protect the income levels of general practice for the future.

### **A shared resource model:** Reducing costs and practice administrative burden

A shared resource model driven by your needs means that GP practices will be able to reduce costs in a number of areas. This will be a benefit for all practices in Barnet who wish to take up a shared resource offer from us.

### **Strong leadership for primary care:** To secure our future in the healthcare system

Primary care is central to the current and future healthcare system. As a federated group of GPs, we will play a key role in how local services are planned and delivered to improve the patient journey\*. We will also represent primary care providers in working with partners in the healthcare system to place us at the centre of new care models.

\*General medical and personal medical services (core) contracts will continue to be negotiated through the local medical council.

## 2. Our vision, values and principles

Listening to what our GP members said, we developed our vision and values. Ensuring that these are owned by our member practices, has been central to how we have formed and how we will develop in future years.

As a Board, we have worked to develop key principles to shape how the organisation is designed and how it will develop.

The principles that have shaped our design will enable us to deliver our three business objectives:

### Our vision:

Improving health in Barnet through sustainable primary care.

<h4>Increasing the services we provide</h4>	<ul style="list-style-type: none"> <li>• Proactively seeking new business opportunities in order to become a financially sustainable organisation.</li> <li>• Being transparent in how we operate and deliver a clear proposition to improve patient health in Barnet.</li> <li>• Having robust governance in place with clear decision-making arrangements, aligned leadership and contractual arrangements that encourage a win-win-win for patients, practices and the community.</li> <li>• Dedicated to service improvement: managed at practice, alliance, joint venture and federation levels.</li> </ul>
<h4>A shared resource model</h4>	<ul style="list-style-type: none"> <li>• We will be agile, combining the ability to deliver at scale, drive operational innovation and quality improvement across patient pathways.</li> <li>• We have a clear member offer that enables membership autonomy, clear accountability and responsibility with clear arrangements around risk and benefit sharing.</li> </ul>
<h4>Strong leadership for primary care</h4>	<ul style="list-style-type: none"> <li>• A sustainable member relationship with high levels of trust, collaboration and peer support as standard.</li> <li>• Informed decision making across the piece bolstered by effective information sharing.</li> <li>• The patient is at the heart of all that we do. Our decisions are driven by improving the health and wellbeing of people in Barnet.</li> </ul>

## 3. Where we are now

### 3.1 National picture

The direction for the development and growth of primary care within the NHS, as laid out in the *NHS Five Year Forward View*, is shaping the primary care landscape in Barnet.

Over the next three years, we expect to see a significant shift in services provided out of hospital, along with the development of new models of care that bring together commissioners and providers to deliver services on a population level basis. We believe that primary care should be at the forefront of these developments and that Barnet Federated GPs is the central mechanism by which primary care can achieve this.

### 3.2 Local picture

Continuous improvement in Barnet is dependent upon a number of factors but a key element will be ensuring local services are provided with the necessary support to work at scale. This is particularly relevant in the delivery of holistic community based services that reduce pressure on hospitals. Barnet Federated GPs has already begun to make significant steps to become an integral part of the local delivery system.

Barnet has the largest elderly population of any London borough and more than 100 care homes are located in the borough. In response to the needs of our elderly population our local health system has seen the following trends:

.....

An insufficient level of capacity outside of acute hospitals is resulting in some patients having unnecessary **extended stays in acute care**

.....

**Increasing levels of delayed discharges**, which in turn places additional pressure on bed capacity

.....

**Increasing wait times at accident and emergency (A&E)** with more patients waiting longer than four hours from booking to admission.



These factors have generated demand for **new types and ways of delivering services**. It is widely established that integrated, out-of-hospital community services, with the appropriate skills mix/capacity, available 24/7, is what is needed to halt rising use of hospital care. To respond to these factors Barnet has developed its Care Closer to Home programme. It is in this area that we will see work to improve services for patients and additional investment.

General practice needs to be at the centre of the planning and delivery of the care closer to home programmes, to ensure that patients are seen at the right time and place and we see decreasing pressures on hospital services. We believe the federation is best placed to secure the central role of primary care in these developments.

We are also cognisant of the challenging environment in which primary care is operating. Practices are under threat from changes to the offer for Personal Medical Services (PMS), practice mergers and closures. These factors complicate how practices may collaborate with each other but also make this collaboration essential to secure our future.

### 3.3 Our achievements so far

From December 2016 to November 2017 Barnet Federated GPs secured an additional £1.57m investment in to primary care. This has been through the award of the following contracts:

Pan-Barnet enhanced access to general practice: **£1.4m**

Referral management service: **£0.016m**

Noclor research support contract: **£0.072m**

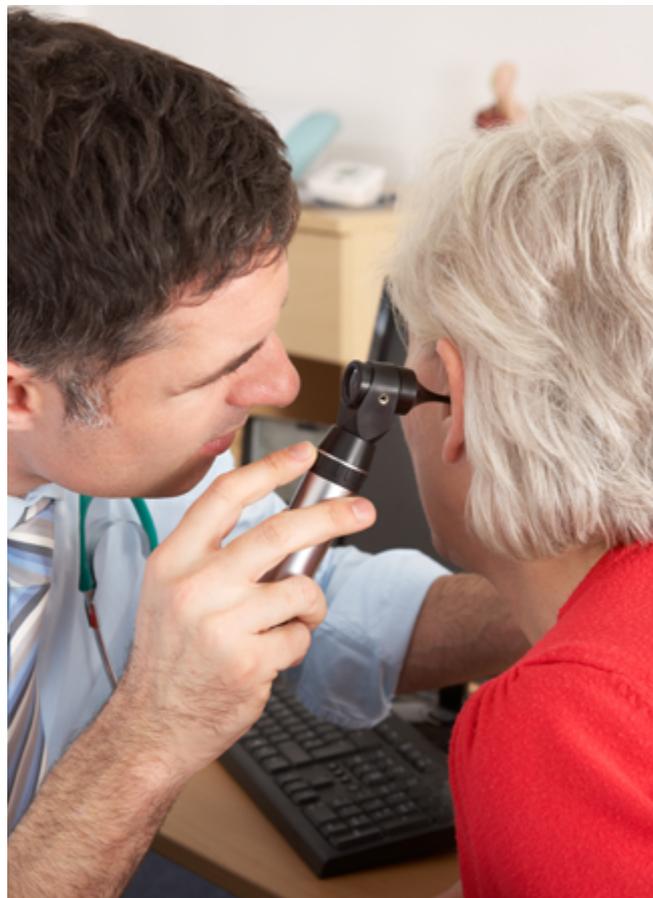
#### In addition to securing contracts, we have also:

Supported practices who were experiencing pressures with regards to staffing and CQC outcomes, including supporting local practices facing closure

Had active involvement in shaping the Care Closer to Home programme through membership of the programme board

Collaborated with other federations in north central London to influence strategy

Set up a provider partnerships forum with a number of other key providers which are detailed below in the 'partnerships' section.



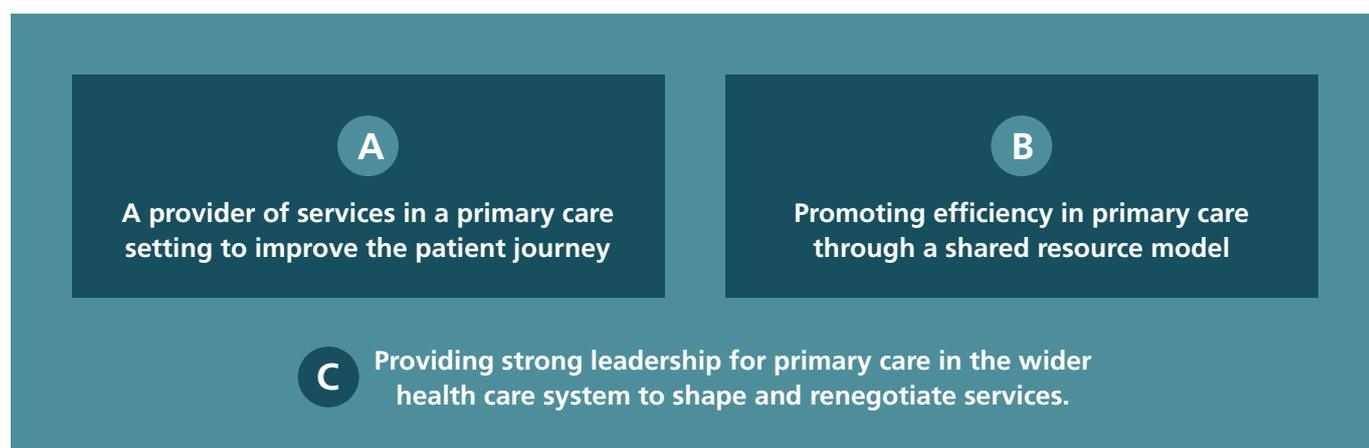
### 3.4 Understanding and responding to the challenges general practice faces

Since the inception of the federation, we have been talking with practices about the challenges they are facing. Below is a summary of those challenges and an outline of where we think the federation could support practices.

Your challenges:	A summary of challenges and support we offer:
<p><b>Providing seamless care for patients</b></p> <ul style="list-style-type: none"> <li>Managing the interface between primary, mental health and hospital services creates a significant burden on both clinical and non-clinical staff.</li> <li>IT services are not supporting work across organisations.</li> </ul>	<p><b>Increasing the services we provide</b></p> <p>Care closer to home integrated networks (CHINs) are the vehicle for integrated services across pathways in Barnet. Barnet Federated GPs needs to be an organisation that <b>influences</b> both the design and delivery of these services to ensure they address the challenges faced by GPs.</p>
<p><b>Meeting the increasing demand for GP services</b></p> <ul style="list-style-type: none"> <li>We are all experiencing increased demands on our services due to the more complex needs of our ageing and our growing population.</li> <li>It is a significant challenge to provide high quality care in this environment.</li> </ul>	<p><b>A shared resource model</b></p> <p>Barnet Federated GPs has a key role in <b>influencing funding levels</b> into primary care to support practices to meet increased demand.</p> <p>We also believe that we can support practices through new delivery models and sharing and accelerating the adoption of them where they are successful, for example using clinical pharmacists in general practice.</p>
<p><b>Managing back-office functions</b></p> <ul style="list-style-type: none"> <li>We are all involved in delivering a range of time consuming administrative/back office activities, including human resources, finance, indemnity and general administration. These activities are costly and impact the day to day running of practices.</li> </ul>	<p>If practices would like us to, the federation will manage these functions on a borough-wide basis – reducing the cost and administrative impact on practices.</p>
<p><b>Sustainability of primary care</b></p> <ul style="list-style-type: none"> <li>Some practices, particularly smaller ones, struggle to meet the requirements placed on primary care services, for example supporting home and care and home visits.</li> </ul>	<p><b>Strong leadership for primary care</b></p> <p>We believe that Barnet Federated GPs has a central role to play in supporting the sustainability of primary care for all practices. For example, we will look at where services might be best delivered and managed on a larger scale to reduce costs.</p>

## 4. The three year strategy for Barnet Federated GPs

Over the next three years, we have a clear vision for the role of the federation:



### 4.1 A provider of services in a primary care settings

The analysis we have completed on the healthcare landscape, local health needs and the strengths of our primary care community has given us a clear focus for the markets we should be operating in and targeting.

<h4>Our target market area</h4>	<h4>Out-of-hospital care</h4> <p>In order for the federation to continue to grow and thrive, it is important that we bid for out-of-hospital care contracts, which can be provided more cost effectively in the local community rather than in a hospital setting.</p> <p>Going forward, the federation plans to bid for a number of these contracts, as and when they arise. Examples of contracts that have been awarded to GP federations in other London areas include MSK, urology and gynaecology services. In Barnet, we have already started to look at opportunities to deliver wound care and gynaecology services.</p> <p>By targeting this market we will ensure that we protect practices as services move to being delivered in an out-of-hospital environment, ensuring that we only take on work that we are properly resourced to deliver.</p>
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## Our key population focus

### **Frail and elderly**

With the high number of Barnet residents over the age of 65, frail and elderly care will be a key area of focus in developing our service offer.

We believe that we can proactively develop services to meet the primary care needs of care home residents and support practices in coordinating the care that we provide in these settings.

We also think there is a role for the federation to bring together multi-disciplinary partnerships. These will provide coordinated and responsive care.

## Our delivery vehicle

### **Care closer to home integrated networks (CHINs)**

CHINs are the core delivery vehicle for the Care Closer to Home programme in north central London. We believe it makes good business sense to align the federation to this model of service delivery.

We know the initial focus areas of CHINs in Barnet will be diabetes, frail and elderly services and services for children under five years of age.

Our initial assessment has concluded we are best placed to be a central partner in the CHIN arrangement. This would see us most likely partner with an acute trust or community service provider to hold the contract for delivering services for this population.

## Our service improvement focus

The vision that Clinical Commissioning Groups (CCGs) in north central London have set out for quality improvement support teams (QISTs) are for GP-led teams to be tasked with improving quality in primary care and reducing unwarranted variation. They will play a central role in supporting CHINs, providing hands-on practical help for individual GP practices to ensure a consistent quality standard and service offer.

Barnet Federated GPs is the natural organisation to take a leadership role in the delivery of QISTs in Barnet.

We also believe that by supporting this initiative, we can deliver benefits across the primary care community through peer-led improvement programmes, sharing best practice and securing additional investment into primary care to deliver the best possible outcomes for our patients.

**We believe that growing Barnet Federated GPs in these areas will deliver the following benefits:**



### For patients

Services traditionally provided in hospital will be available closer to home. Improved coordination of care for patients with complex needs, with the GP playing a central role. Personalised care for end-of-life patients that allows them to die in the setting of their choice.



### For practices

Increased income to general practice through these contracts. Diversified income for practices, reducing risks from changes in primary care funding and additional support for primary care improvement.



### For the healthcare system

Reduction in high cost hospital activity, quality improvements in primary care in Barnet and higher levels of service integration.

## 4.2 Developing the shared resource model

There are a large number of GP practices in Barnet. This brings many benefits for patients in terms of the local personalised care they receive, but it also creates a significant burden on our practices. As a primary care community, we should not have to undertake workforce planning, financial planning, estates management, IT system management and more, 60 times over.

Where practices want us to, we can look at where Barnet Federated GPs can fulfil functions on behalf of its member practices, saving time and reducing costs through the economies of scale that we would be able to generate.

We have already initiated support in this area through our Practice Managers Group. This consists of all practice managers within the federation. They meet on a regular basis to share best practice and improve working relationships. The benefit of this is to move towards

a standardised way of working, ensuring that where possible all policies and documentation can be shared among practice members. This, in turn, will improve day-to-day operations and could lead to shared resourcing as appropriate.

The federation is producing a 'toolkit' for practices that wish to merge. Whilst the federation would not wish to directly influence practice decisions, we would seek to position ourselves to help facilitate new primary care contractual arrangements, such mergers, in line with the wishes of individual practices.

**In response to a recent survey to our local GP practices, over 90% said they wanted to see practices working more closely together.**

We have listened to practices so far, and will continue to do so, to shape our offer of support.

The initial priority areas that you have identified are as follows:

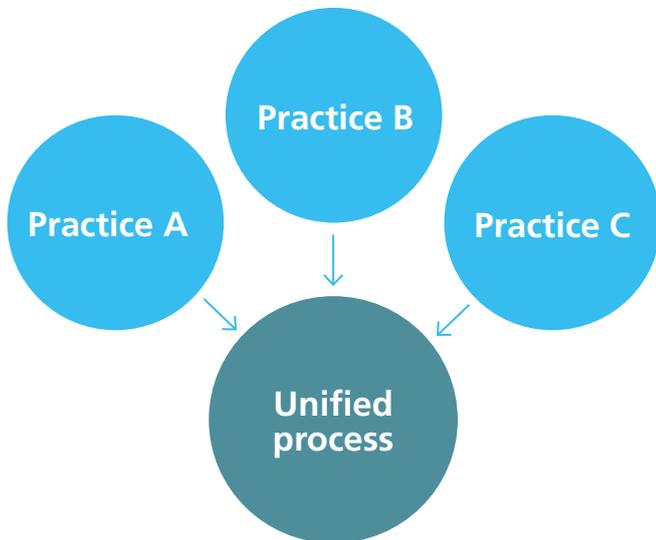
<b>Workforce development / physical resources</b>	Clinical pharmacists in GP practices	We believe the federation can act in a coordination and management capacity for this important workforce development initiative. This will ease the pressure faced by general practice.
	Blue Stream Academy	Through the federation, and working closely with our Community Education Provider Network (CEPN), providing greater, borough-wide coordination of staff training, support and development.
	Policy bank	Updating and sharing policy documents
	Purchasing services (HR, insurance, indemnity etc.)	It is envisaged that the ability for joint purchasing power could make savings both in time and money for practices. We have seen other federations achieve 50% cost savings for practices in areas such as e-learning and website provision.



## Consultation Room 1

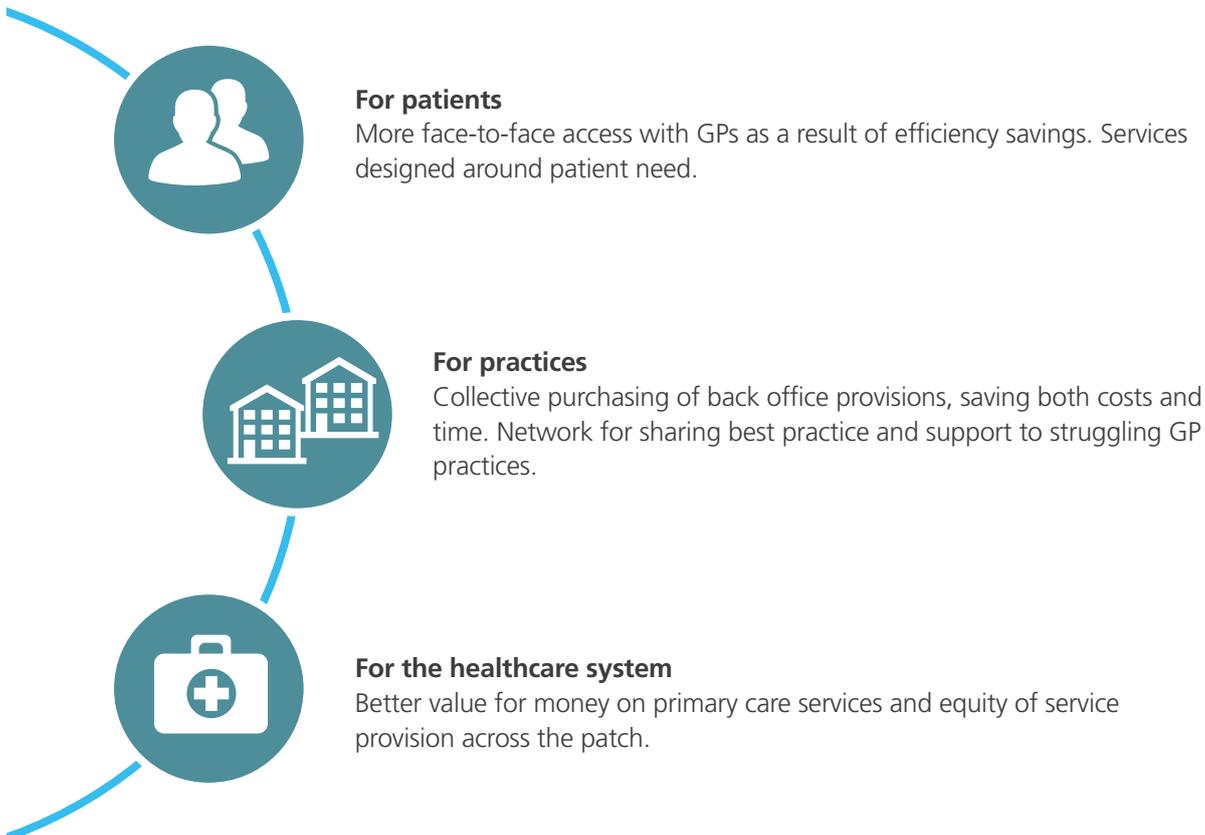
Process change	Clinical correspondence:	
	IT processes, EMIS and Docman	The federation would be able to facilitate greater sharing of EMIS protocols as well as clinical coding practice.
	Signposting	
Peer support	Practice manager forum	
	Practice manager learning groups:	Sharing learning
	Practice support teams:	As a federation, we will actively look for opportunities to support practices through CQC visits, for example through sharing documents, approaches and conducting mock visits.
	Support to practices to prevent them becoming vulnerable, and facilitating solutions if they do:	We are working with practices to look at how we can provide support before a critical stage is reached – for example looking at managing staff burn out and different ways of working. If practices become vulnerable, we can provide advice and facilitate solutions around care taking and mergers.

The approach by which we would deliver this shared resource model is:



- Federation facilitated - practice run
- Merging of processes
- Step wise by pathway
- Inclusive model across Barnet
- Encourage collaboration
- Retain practice partnership control
- Sharing clinical resource.

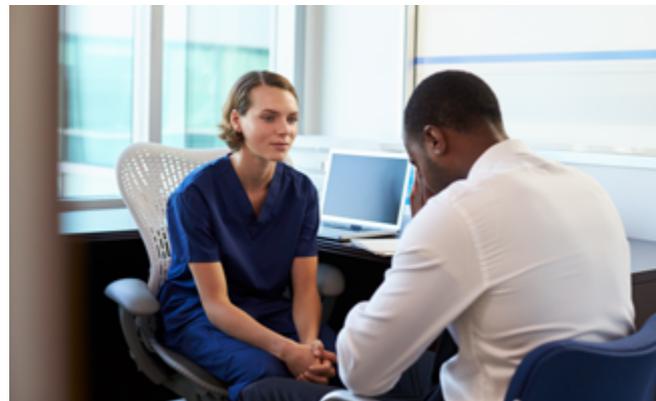
We believe that by providing a shared resource model, we can deliver the following benefits:



### 4.3 Providing strong leadership for primary care in the wider health care system

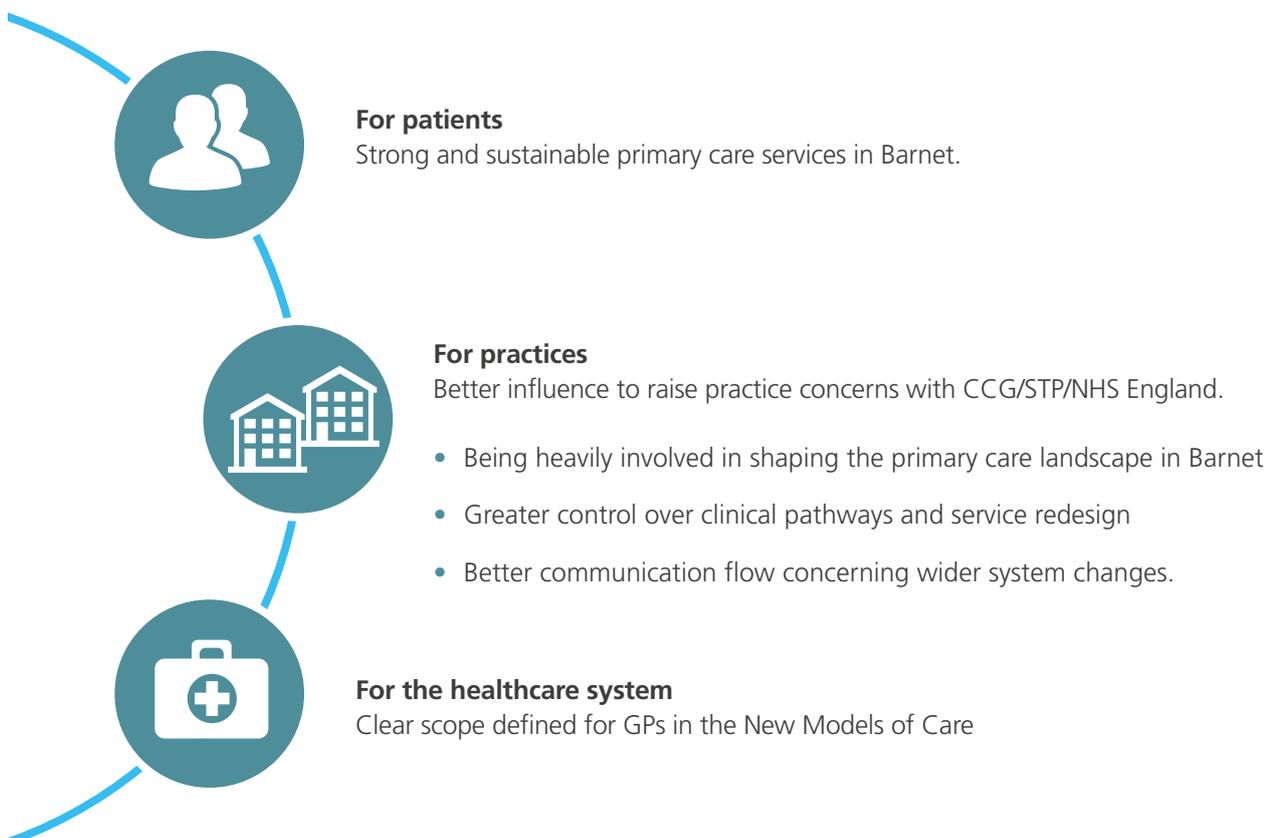
The landscape of the NHS is changing. With the development of accountable care systems (ACS) fast underway, primary care will need to play a central role in ensuring that these new models of care run effectively for the benefit of the local population. It is important that Barnet GPs are represented to give adequate steer to how these changes can be implemented successfully.

Operating through a federated model, we will be ideally placed to translate the new local provisions into quality driven services whilst making the most effective and efficient use of resources. We have already agreed with Barnet CCG that we will take a central role in shaping the development of their new primary care strategy for Barnet.



In addition to providing strong leadership for primary care in the wider health care system, we will also be able to disseminate and translate the complex changes and provisions in the wider healthcare system to our practice members as a collective.

**We believe that through providing strong leadership for primary care. We can deliver the following benefits:**



# Glossary of terms

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**Accountable care system (ACS):** NHS England describe an ACS as an 'evolved' version of an STP (sustainability and transformation partnership), the process through which local areas are expected to save money by transforming their health and care system. In an ACS, local NHS organisations, often in partnership with local authorities, work together as an integrated system.

**Agile:** The ability of an organisation to rapidly adapt to market and environmental changes in productive and cost-effective ways.

**Back-office functions:** The portion of a company made up of administration and support personnel who are not client-facing.

**Business plan:** Is a formal statement of business goals, reasons they are attainable, and plans for reaching them. It may also contain background information about the organisation or team attempting to reach those goals.

**Care closer to home programme:** The care closer to home programme is a north London-wide initiative aimed at supporting people stay home longer and get home quicker.

**Care closer to home integrated networks (CHINs):** CHINs may be virtual or physical. Typically covering populations of up to 80,000 people. They will be home to a number of services, providing an integrated, holistic, person-centred model of health and social care and support. At the heart of this will be integrated health and social care multi-disciplinary teams, care planning, risk stratification and care coordination. Support from specialist consultants should be accessible to enable GPs and their teams to manage more care closer to home.

**Care Quality Commission (CQC):** An executive non-departmental public body of the Department of Health and Social Care. It was established in 2009 to regulate and inspect health and social care services in England.

**Clinical Commissioning Group (CCG):** NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England in a geographic area.

**Commissioning:** The process of planning, agreeing and monitoring services is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.

**Community care:** Locally-based health or social care services provided to patients in and around their home.

**Community Interest Company (CIC):** A type of company introduced by the United Kingdom Government in 2005 under the Companies Act 2004, designed for social enterprises that want to use their profits and assets for the public good.

**Economies of scale:** A proportionate saving in costs gained by an increased level of production.

**Five Year Forward View:** The NHS Five Year Forward View was published in October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care.

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**Funding model:** A type of model used to apply and receive reliable and sustainable funding, revenue or income that enables an organisation to achieve its vision, aims, goals, mission and objectives.

**GP federation:** A group of GP practices working together within their local area within a legal form or organisational entity.

**Member:** Every GP practice in Barnet is a member of Barnet Federated GPs.

**New care models:** The concept of new care models were introduced in NHS England's Five Year Forward view. They challenge traditional ways of working to deliver improved and integrated services.

**NHS England (NHSE):** An executive non-departmental public body of the Department of Health and Social Care. NHS England NHSE oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists.

**NHS England, London:** Also part of NHS England, the London team are responsible for commissioning London's specialised and primary care services and holding CCGs in London to account.

**Noclor:** A research support service for those involved in mental health and primary care.

**Primary care:** Health care provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment.

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**Provider:** An individual person, partnership or organisation registered with the CQC to carry out one or more regulated activities.

**Public Health England (PHE):** An executive agency of the Department of Health and Social Care in the United Kingdom that began operating on 1 April 2013. Its formation came as a result of reorganisation of the NHS in England outlined in the Health and Social Care Act 2012. It took on the role of the Health Protection Agency, the National Treatment Agency for Substance Misuse and a number of other health bodies.

**Stakeholders:** Barnet Federated GPs has a wide range of stakeholders that all share an interest in its work, including patients and the public, local and regional NHS organisations, local authorities and social care providers, charities, and the voluntary and community sector.

**Sustainable:** A process by which companies manage their financial, social and environmental risks, obligations and opportunities. These three impacts are sometimes referred to as profits, people and planet.

Barnet Federated GPs  
234 Burnt Oak Broadway  
Edgware  
HA8 0AP

[barnet.federation@nhs.net](mailto:barnet.federation@nhs.net)

[\*\*barnetfederatedgps.org.uk\*\*](http://barnetfederatedgps.org.uk)