



**Barnet**  
Federated GPs

# Barnet Federated GPs CIC

## Annual Report for 2018/19 & Business Plan 2019-2022

Improving health in Barnet through sustainable primary care.



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# The purpose of this document

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We have produced this document to share with member practices what we have delivered on their behalf. It outlines the pathways for achieving success over the next 3 years. Important to this success will be thriving primary care networks and an expanding GP Federation able to respond to such opportunities as they arise. We do not see the two as mutually exclusive or in competition.

We wanted to take our time to thank all our member practices who have supported us during the development and mobilisation phase. Collectively, we can be proud of what we have delivered and showing that by working together we can change the care outcomes for our local population.

In particular, we wanted to thank Oak Lodge, Longrove and Wentworth Practices for hosting us before we had our own office and to the many GPs and Practice Managers, without whose commitment, we would certainly not have been successful. They have worked tirelessly to improve services and support our wider workforce engagement and retention. Finally, we wanted to thank the Barnet CCG and their primary care team for their continued support and passion for primary care.

This document is intended to fulfil our legal requirements and provide insight into what we are planning to do over the next 3 years to enhance primary care for the patients of Barnet and to continue to support the sustainability of our member practices.



# Foreword

**We are pleased to announce for 2018/19, we have exceeded our income expectations and made a profit for the second year running.**

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**We have successfully delivered on several contracts as detailed below:**

- an Extended Access Service (EAS) offering 48,000 additional appointments on midweek evenings and at the weekends through 10 Hub locations.
  - DQIST, a Diabetes Service treating over 400 complex Barnet patients.
  - An Anti-Coagulation Service now operating from 2 Hubs across Barnet.
  - Development of 6 Pharmacists in GP Practices to optimise medicines management for patients' benefit (especially those with Long Term Conditions).
  - Creation & development of a research offer that 42 practices are engaged with, completing 284 studies to date.
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The Federation is extremely proud to have 100% membership coverage across Barnet practices, with all 52 practices investing into the organisation. Our practice managers are working to align and improve our back-office systems to enable us all to work more efficiently.

The Federation has worked closely with the Barnet Training Hub (formerly Barnet CEPN) to develop a joint workforce strategy and deliver numerous training courses to clinicians and non-clinicians across all our practices.

We have undertaken significant board development work and held board to boards with the CCG and facilitated significant stakeholder engagement (secondary care, community care, CCG, training hub, patients), as well as engaging with fellow federations across the STP and London.

Amongst other activities, we have also developed and led the Provider Alliance with the local Acute Trust (Royal Free); local Mental Health Trust (BEHM) and community services provider (CLCH). We are also actively engaged in the NCL STP integration processes with Barnet CCG; London Borough of Barnet; Public Health and all the other providers mentioned before, plus Healthwatch and other voluntary organisations.

Recent NHS legislation and new changes effective from July 2019 will transform primary care, especially the way in which GP Practices operate independently and together. These changes significantly accelerate the government's intentions of developing integrated care across the health and social care environments.

Significant work has been undertaken in 2018/19 to develop CHINs to support collaborative working across practices. The CHINs provide a platform from which we can develop the 7 Primary Care Networks (PCNs) to meet the national deadlines laid down by NHS England. Primary Care Networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

All GP Practices in Barnet are now members of a PCN and have selected clinicians from amongst their groups to act as Clinical Directors for their PCN.

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We are continuing to support the PCNs through the next stage of their development and authorisation process ready for a July 2019 start. We will continue to support them going forward.

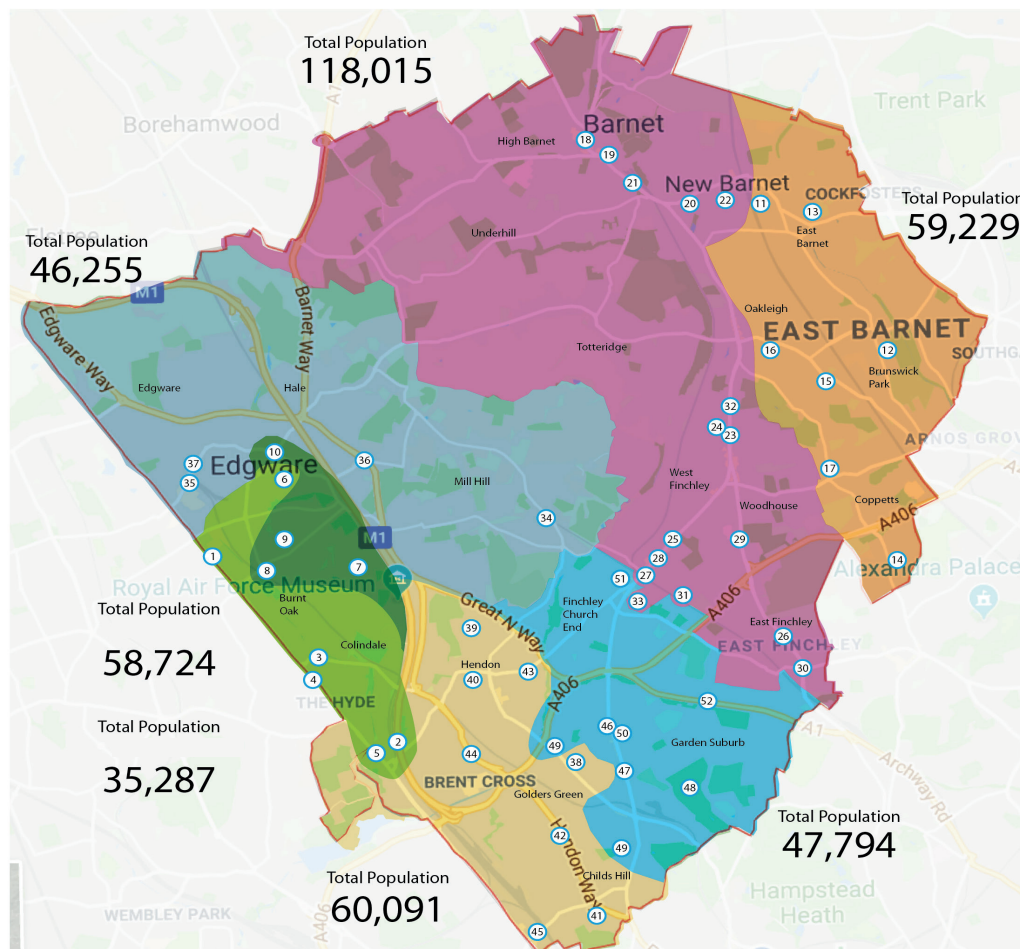
Barnet Federated GPs plans to win other contracts as it continues to support primary care development operations in conjunction with its member practices and their PCNs. We anticipate developing into a strong provider and support organisation for our member practices.

This year feels like a year of transformation for health partners and primary care, but we hope it will allow real opportunities to work together further and to work collaboratively with provider organisations and transform care. We look forward to working with all our members going forward and thank you for your continued support.

Kind regards,

Dr Anuj Patel  
Chair

Mrs Sarah Ferguson  
Chief Executive

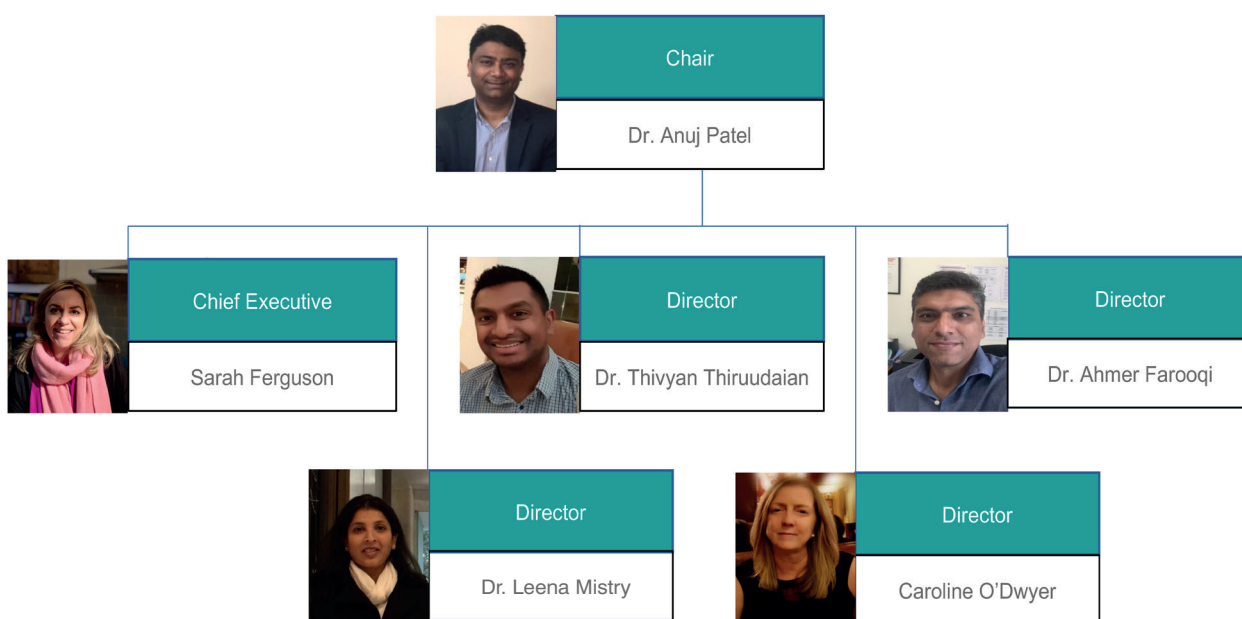


# Introducing Barnet Federated GPs

Barnet Federated GPs was formed in 2016. A GP Federation is a group of GP practices working together within a legal form or organisational entity. Barnet Federated GPs is also a Community Interest Company (CIC). This means it is a not-for-profit Limited Company and all financial surpluses we generate are to be returned to the shareholders as dividends (on which there are strict limits) or used for the greater good of the local community (usually through the provision of or support for the provision of further community based services).

We have been created by and are owned by the fifty-two (52) GP practices registered in Barnet. Each of these practices is a fully paid up member of and shareholder in the Federation. They elect on two-year terms our Board of Directors to set the direction for the Federation's activities. The primary objectives of these activities are enhanced, more accessible, primary care services for Barnet residents and supporting the sustainability of the GP member practices.

Barnet Federated GPs is a Care Quality Commission (CQC) registered provider organisation.



## The Federation's objectives are:

1. To enable working in partnership across GP practices to share best practice and knowledge, to allow better integrated delivery of care to registered patient populations, and to create best value/efficient use of resources.
2. To support and sustain quality general practice as the building blocks of primary care and primary care-led design and the delivery of wider integrated models of care.
3. To engender innovation and new ways of working, building on GP practice-level understanding of local population need and delivered in the patient-centred primary care environment.
4. To provide a cohesive and representative structure for single organisation commissioning by the CCG and other local commissioning bodies, and a leading primary care voice at the Board level of wider partnerships with local provider organisations.
5. To allow delivery of additional primary care services across a wider population in a joined up, consistent and accessible way for the benefit of patients.

This still feels as relevant today as it did two years ago, especially now with the advent of Primary Care Networks.

# Our Vision, Values and Principles

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## Our vision: Improving health in Barnet through sustainable primary care.

By meeting with our Member Practices regularly, as a Board, we have been able to develop values and principles that reflect both the needs of member practices and the needs of local patients. These have shaped our key business objectives. The aim is to work together to sustain resilient general practice; to lead care re-design; to improve the quality of care through integrated primary care teams supporting local populations and addressing local needs.

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

<b>Increasing the services we provide:</b>  Better services for patients and financial protection for practices	Working together we are better able to compete for contracts in the healthcare services market, 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 that they better suit the needs of local people and protect the income levels of general practice for the future.
<b>A shared resource model:</b>  Reducing costs and practice administrative burden	A shared resource model driven by your need's 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.
<b>Strong leadership for primary care:</b>  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 arena. With the advent of Primary Care Networks and the ICS developments, this becomes increasingly more important.



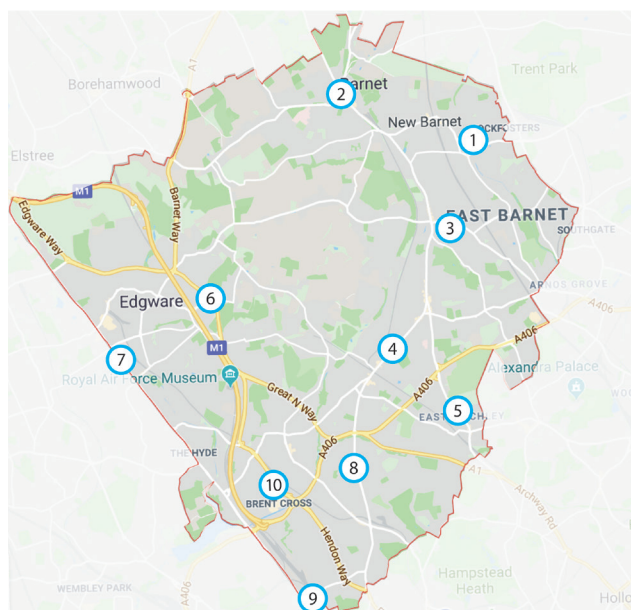
## The three business objectives we set for 2018/19 are

<b>Augmenting and increasing the services we provide</b>	<ul style="list-style-type: none"> <li>- Proactively seeking new business opportunities in order to ensure we are a financially sustainable organisation.</li> <li>- Being transparent in how we operate and ensuring we 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 for patients, the practices and the community.</li> <li>- That we are dedicated to service improvement whether managed at practice, alliance, joint venture or federation levels.</li> </ul>
<b>A shared resource model</b>	<ul style="list-style-type: none"> <li>- That we will be agile, combining the ability to deliver at scale whilst ensuring we drive operational innovation and quality improvement across patient pathways.</li> <li>- That we have a clear member offer that enables member autonomy, defined accountability and responsibility with clear arrangements around risk and benefit sharing.</li> <li>- Continue to de-risk employment and financial risks for Primary Care Networks.</li> </ul>
<b>Strong leadership for primary care</b>	<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, 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 the people of Barnet.</li> <li>- Engagement and support with maintaining a strong primary care voice at an ICS place.</li> </ul>

# What we have achieved so far

During 2018/19, the GP Federation has grown and expanded and has undergone significant organisational development and maturity. The team is proud of the achievements we have delivered for member practices and local patients and is proud of the collaborative relationships we have developed with local health and social organisations who continue to collaborate and support us. The following services have been offered across Barnet for the benefits of local patients, practices and system partners:

- **Enhanced Access Service:** Provision of a £1.7 million contract for an Extended Access Service (EAS) operating 18.30 to 21.00 weekdays and 08.00 to 20.00 weekends through 10 Hubs. The locations are detailed below:



## North Barnet

- 1) East Barnet Health Centre  
149 East Barnet Road  
London EN4 8QZ
- 2) Longrove Surgery  
70 Union Street  
Barnet EN5 4HT
- 3) St Andrews Medical Practice  
50 Oakleigh Road North  
London N20 9EX
- 4) Wentworth Medical Practice  
38 Wentworth Avenue  
London N3 1YL
- 5) Woodlands Medical Practice  
54 Leopold Road  
London N2 8BG

## West Barnet

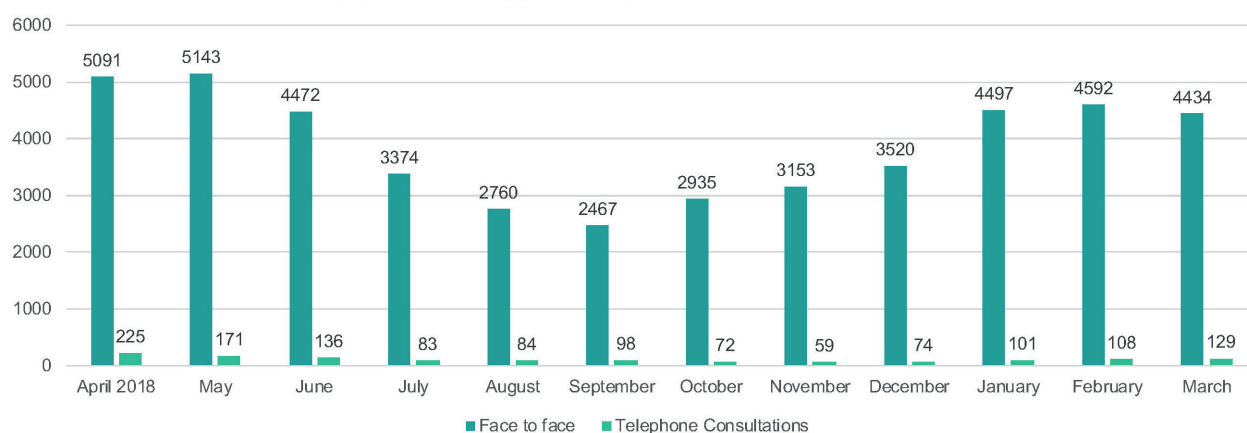
- 6) Millway Medical Practice  
Hartley Avenue  
London NW7 2HX
- 7) Oak Lodge Medical Centre  
234 Burnt Oak Broadway  
Edgware HA8 0AP

## South Barnet

- 8) PHGH Doctors  
Temple Fortune Health Centre  
23 Temple Fortune Lane  
London NW11 7TE
- 9) Greenfields Medical Practice  
143-145 Cricklewood Lane  
Cricklewood  
London NW2 1HS
- 10) Dr Azim & Partners  
67 Elliot Road  
London NW4 3EB

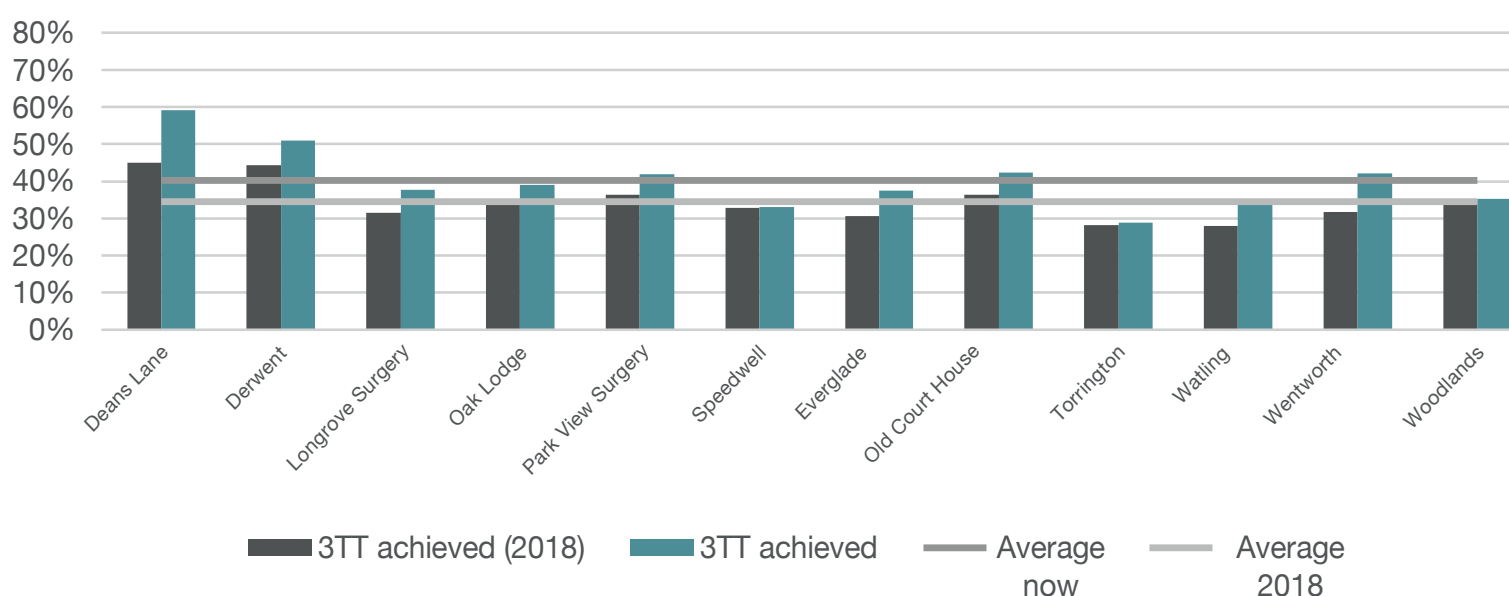
This has created an additional 48,000 clinical appointments per annum. These services are currently provided by GPs and Practice Nurses. They have provided face to face appointments (46,438 in 2018-19) and telephone consultations (1,340 in 2018-19) and include direct bookings from NHS 111 and A&E/Emergency Department at the hospitals. All 52 practices have access to the service and Barnet registered or homeless patients can book via the telephone call centre. The DNA (did not attend) rates for the services, whilst they remain a focus for us, are the best across NCL and patient complaints and incidents remain low. We believe this is thanks to local GPs and Nurses providing the services and us not using locum agencies. The service is backed by a robust clinical governance and audit process insuring the delivery of high quality locally delivered clinical services.

## Appointment Types 01 April 2018 – 31 March 2019



- **An enhanced Diabetes (DQIST) service:** the service offers the identification, education and treatment of patients with Diabetes by specialist clinicians. Given that Barnet is below both the national and the London averages for diabetes identification and care this is extremely important and proactive work. We have 400 complex patients who have been seen in this service since August 2018 by our multi-disciplinary teams and this has relieved the burden on GP surgeries and the community clinic, as well as offering access to dietitian expertise. Patient feedback has been very complimentary about the quality of this service. We have significantly reduced the waiting times for patients to be seen from 12 weeks to 3 weeks, and have improved clinical coding and delivery of the 3TT (cholesterol, Lipids and HbA1C) and patients have a care plan and access to a dietician. We have offered both actual faces to face appointments and virtual appointments.

### % of patients with their 3 treatment targets achieved 2018 compared to 2019



- **Anti-Coagulation Services:** Barnet Federated GPs successfully bid for a three-year contract for the provision of Anti-Coagulation services with successful mobilisation from April 2019. A range of GPs, Nurses and Pharmacists are being used in this service.
- **Clinical Pharmacists:** The placement of 6 Clinical Pharmacists inside GP practices has enabled patients' medication plans to be comprehensively reviewed on a more regular and systematic basis and the development of a new and sustainable workforce. This frees-up GP appointments that would otherwise have been used for this purpose and ensures consistency of medicines management across Barnet. We also run several chronic disease clinics which supports patients to get the best use of their medicines by identifying medicines related issues; enabling self-care/self-management of conditions; improving patient safety and improvements in treatment results for patients by maximising the benefits of clinical pharmacists. This programme has been delivered through strong collaboration between the GP Federation, Training Hub and local practices. We will look to exceed this in 2019/20.





- **CHIN Development:** we have supported the development of 6 CHINs (Care and Health Integrated Networks) across Barnet to work as a key part of the Care Closer to Home strategy of bringing services out of hospitals and into the community. These are configurations of practices working together at populations of 30-50,000 and are the forerunner for Primary Care Networks.
- **CHIN Workstreams:** Worked with CHINs to create additional services. CHIN 1, 2 and 3 have developed local care models to support their local population needs. CHIN 1 and 3 have worked on a paediatrics hot clinic model and CHIN 2 has worked on a Multi-Disciplinary Frailty service. The results are being evaluated but have been extremely positive. In the last three months for paediatrics 1,340 additional paediatrics appointments have been offered, increasing local capacity.
- **Federation Organisational Development:** We have moved into our own stand-alone HQ facility in North Finchley and employed a new Chief Executive to support the delivery of our plans going forward. This greatly strengthens our organisational capability and capacity moving forward and will allow us to improve collaborative working
- **Provider Alliance:** We have developed a Federation-Led Provider Partnership with the local Acute Hospital; Mental Health Care provider; Community Provider and other interested parties (voluntary/charity organisations etc.) and this is Chaired by Barnet GP Federation. This is a positive forum for us to discuss and develop plans for better joined up care.
- **Wider system engagement on primary care:** we are committed to taking the primary care lead role in working with the NCL STP (North Central London Sustainability & Transformation Partnership); Barnet CCG; the London Borough of Barnet (LBB); The Acute (Royal Free) and Mental Health Trust (BEHM) and Community Provider (CLCH) on their Intergreat/ICS (Integrated Care System) initiatives. We also engage monthly with a North Central London (NCL) GP Federations forum and primary care leaders at which each federation from NCLs boroughs meet to share their experience, learnings and best practice.

## Barnet Federated GPs Membership Monies

We wanted to again thank our practices for funding and supporting the development of the GP Federation. All practices across Barnet Federated GPs have signed up. We received Membership Funding of £252,167 for 18/19 and have spent to date £84,519. We have plans to spend the remainder of the monies in 2019-20 and are committed to another two years of £28,335 for Bluestream and the remaining balance will be spent in 2019/20. This is summarised below:

Spend and Commitments	Total Monies Received	Comments
Membership Monies (0.65p per patient)	£252,167	£84,519
Network monies (pre-CHINs)	£61,975	
<b>Total amount for investment</b>	<b>£314,142</b>	
Spent in 2018/19	£37,000	Salaries for two staff members (P/T)
	£29,000	Bluestream
	£17,000	DPO
<b>Total spent in 2018/19</b>	<b>£83,000</b>	
<b>Sub-total remaining at the end of 2018/19</b>	<b>£231,142</b>	
Commitments for 2019/20	£60,000	Salaries for two staff members (P/T)
	£29,000	Bluestream
	£116,940	QOF Masters
<b>Total committed for 2019/20</b>	<b>£205,940</b>	
Sub-total remaining at the end of 2018/19		
<b>Sub-total remaining at the end of 2019/20</b>	<b>£25,202</b>	



The membership investment was non-recurrent, so we have invested it across multiple years. We have appointed a Practice Support Lead (part-time) and Practice Support Project Officer who have worked hard to develop numerous initiatives for practices and these are summarised below:

- **Research offer:** A Primary Care Research Network has been established across 48 of our 52 practices with 42 practices actively engaged in research. 20,000 patients have been screened; 7,000 patients invited of which 1,200 are taking part in research locally. 284 studies have been undertaken since March 2018 covering Long Term Conditions; Cancer and Mental Health. The intention is to embed research into primary care in the way it is in the secondary/hospital environment. Approximately £50,000 has been paid out to practices for this work in the last 12 months.
- **Primary Care Training Programmes:** Multiple levels of training for both clinical and administrative staff of our member practices, both in conjunction with Barnet Primary Care Training Hub (formerly Barnet CEPN) and independently. These include: Medical Terminology; Read Coding; Chairing meetings; Presentation skills; Leading your team and Communications & Active Signposting amongst others. The feedback from some of the training programmes are detailed below:

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### Feedback from Managing Conflict training

*"First of all, I want to say thank you for sending me to this workshop. Mairead was very engaging and was saying all the right things which made it easy for me to take everything in. I found her very light-hearted. It was refreshing, motivating and confident building. It was also good to meet with receptionists from other practices and compare notes. Most of the things she talked about I already knew and gained new ideas. The morning was worthwhile. I was really pleased to find out that I will be attending the Communications and Active Sign Posting Workshop which she talked about and that caught my interest. Once again thank you for sending me to this workshop."*

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### Feedback from Read Coding and SNOMED training

*"Thank you for the training. It is nice to see that there is appropriate training specifically for Receptionist helping them manage what they encounter daily. The training was not only enthusiastically delivered but very informative & practical. It also reminded us of the role we play as the first contact of the Practice & how we can prevent conflict by not only in our demeanour & but in various other ways so we can treat patients as an individual."*

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### Feedback from Leading Your Team training

*"I have learnt on this training session how to create protocols for nurse, reception and GPs. It would be great to get everyone using the same codes. It will make it easier for searches and to make sure everyone is coding correctly"*

*"Learning more about smart templates for emails received from rapid response will help make the process easier and hopefully quicker for everyone. I will take back the knowledge learnt about audits for medication linked to diagnosis and start to implement it into my surgery"*

*"I found the session very informative and I hope and look forward to sharing this with the rest of my team"*

*"This has given me ideas on how to implement new red flags and safety nets for staff. We will explore other active signposting options in the practice and look forward to the upcoming active signposting training"*

*"I have gained a great knowledge of active signposting and this course will help me to implement ideas into the surgery"*



- **Blue Stream Academy:** Rolled out Blue Stream Academy across the practices. This is an e-learning platform offering mandatory training to all staff in practices and a central repository for policies. This has supported practices in improving their CQC Compliance and in standardising approaches across Barnet. It also frees up Practice Management and administration time. As part of this we have developed the Receptionists' Competency Handbook (Standard Level).
- **Buying Consortium:** Created a purchasing model available to all the practices. This is offered by Denes Healthcare (free to our member practices) who will come and complete a practice evaluation of the savings potential and support buying consortium efficiencies estimated to be 24% per annum based on current spend.
- **Data Protection Officer (DPO):** Barnet Federated GPs is working in partnership with other NCL Federations to provide all practices advice, guidance and support for GDPR and governance and support the development of a GDPR regulations. DPO offered a step by step guide how to complete and implement mandatory toolkit for this year.
- **Integrated Telephone Services:** negotiated a contract for an integrated telephone system which offers value for money and cost efficiencies as well as EMIS Web enabling call identification, call recording and storage with three years quality and auditing capability.
- **Training and Development of Primary Care:** We have delivered a great deal of new training and development in partnership with the Training Hub (formerly CEPN). We have also supported workforce development with support and development programmes for the Clinical Pharmacists in Primary Care and with the five i-GPs (Innovative GPs). The i-GPs have worked in member practices and developed quality improvement skills which they are utilising for the benefit of Barnet patients. We have also supported and developed the BRAD Group, PMLGs and Engagement Officers all of which have played an active role in developing the support and development models for practices. We are extremely grateful for the active participation and support we have received from the Barnet Practice Managers.
- **Practice support for struggling practices:** We have supported practices with the CQC compliance and on their individual development journeys in terms of support with legal and financial guidance, management and administrative support. It is good to see the performance of General Practice go from strength to strength in terms of CQC compliance and patient satisfaction. All practices are now rated Good or above with CQC.



# Barnet Federated GPs Financial Performance for 2018/19

It was important that during the first year of trading we maximised income development and worked towards ensuring future sustainability.

For 2018-2019, the Barnet Federated GPs increased forecast income projections from £1,802,393 to £3,146,424 an overall increase of 63% from the previous year. We predicted a net loss of £109,911 and have this year made a profit before taxation of £30,231. This is better than expected but less than the previous year. In the main, this is due to increased transformation funding and new income streams such as Anti-Coagulation Service.

## Barnet Federated GPs Limited C.I.C. Profit and Loss Account for the year ended 31 March 2019

	2019 £	2018 £
Turnover	3146424	1968414
Cost of sales	(2,524,253)	(1,655,050)
Gross profit	622,171	313,364
Administrative expenses	(591,715)	(242,324)
Operating profit	30,456	71,040
Profit before taxation	30,456	71,040
Tax on profit	(5,964)	(13,972)
Profit for the financial year	24,492	57,068

# National and Local Context

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## National Context

There have recently been fundamental changes to primary care policy from the government, firstly through the NHS Long Term Plan which went much further than the previous NHS Five Year Forward View but more recently through the NHS Investment & Evolution Five Year Framework and the Network Contract DES that have followed on from the ten-year long term plan placing primary care at the heart of local care. The plans introduce Primary Care Networks.

Primary Care Networks will consist of a grouping of GP practices within a coherent geographical area, typically covering a population of 30-50,000 patients. By July 2019, it is expected that all areas within England will be covered by a Primary Care Network. Over the coming years, PCNs will be supported in developing an expanded primary care team, with member practices also working alongside other organisations such as Community Trusts and the voluntary sector, in order to help alleviate workload pressures on practices and allow GPs to concentrate on the most complex patients.

They should be small enough to still provide the personal care valued by both patients and GP practices, but large enough to have impact and economies of scale through deeper collaboration between practices and others in the local health and social care system.

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### The Network Contract DES sets out the requirement for 2019/20:

- The development of Primary Care Network geographies by 15th May 2019
  - A named Clinical Director for each Primary Care Network by 15th May 2019
  - Development of a Network Agreement by 1st July 2019
  - Establishment of new roles such as Clinical Pharmacist and Social Prescribers for 2019/2020
- 

### For future years, it is expected quality improvements and national specifications will follow for:

1. Structured Medication Review and Optimisation from 2020/21
2. Enhanced Health in Care Homes from 2020/21
3. Anticipatory Care requirements from 2020/21
4. Personalised care from 2020/21
5. Supporting early cancer diagnosis from 2020/21
6. CVD prevention and diagnosis from 2021/22
7. Tackling neighbourhood inequalities from 2021/22

## Local Context

The demographic landscape continues to evolve along a well-defined trajectory, with an ageing population in Barnet. Patient expectations continue to raise, and the primary care workload is becoming more complex. At the same time, recruiting GPs and retaining older ones is becoming more difficult.

Overall, flat income and rising costs means partner drawings from core work have fallen over the last five years, reinforcing recruitment difficulties, encouraging early retirement and placing additional pressures on practices.

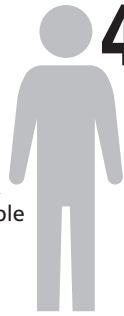
We also know that Barnet primary care has traditionally been under-funded and there remains significant financial pressures in both Barnet and NCL. These significant developments place primary care under increased pressure, and we are seeing:

- Increasing clinical workload
  - A four-fold increase in advertised GP vacancies over the past 2 years
  - Difficulties with senior GP retention
  - Increased numbers of doctors and practices in difficulties
-



**394,400**  
residents

We have 394,400 residents & over 420,000 registered people with GP Practices and our population is increasing fast



**420,000+**  
registered  
people

The number of people aged over 65 is predicted to rise by 33% between 2018 and 2030, compared with a 2% decrease in young people and 4% increase in working age adults over the same period.

**33%**



The main causes of death in Barnet are: Heart Disease, Lung Cancer, Alzheimer's Disease & other dementias, Stroke and Pneumonia



## Life expectancy

**1 in 5**



1 in 5 children are overweight or obese in reception year & nearly 1 in 3 children are overweight or obese in year 6

**1/3**

Almost one third of adults in Barnet are physically inactive



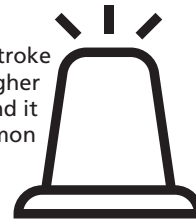
Smoking prevalence is decreasing nationally and in London whilst Barnet's prevalence is increasing

Life expectancy in Barnet is high but people live late life in poor health on average people in Barnet live 18 years of their life in poor health



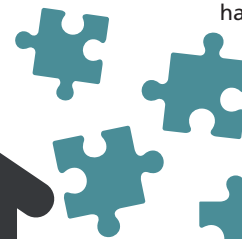
Heart disease is the number one cause of death amongst men & women in Barnet and mortality rates from cardiovascular disease for older people aged 65 and over for Barnet was significantly higher than the England and London averages

The prevalence of stroke was significantly higher too than London and it is the 4<sup>th</sup> most common cause of death



**4,700**

Across Barnet approximately 4,700 children & young people aged 5-16 are estimated to have mental health problems



Further 4,082 people have serious mental illness and 4,136 over 65 are living with Dementia



Approximately 39,000 people live with anxiety and depression, of that only half are known to primary care

**15,527**

people suffered a fall in Barnet in 2018 leading to 1,903 hospital admissions & this is the second highest across London



Currently 2,342 people are living in care homes and this is set to rise to 4,051 by 2035 an increase of 68%

During 2017/18, the rate of A&E admissions for people of all ages was significantly higher than both London (440.1/1000) & England (373.2/1,000)

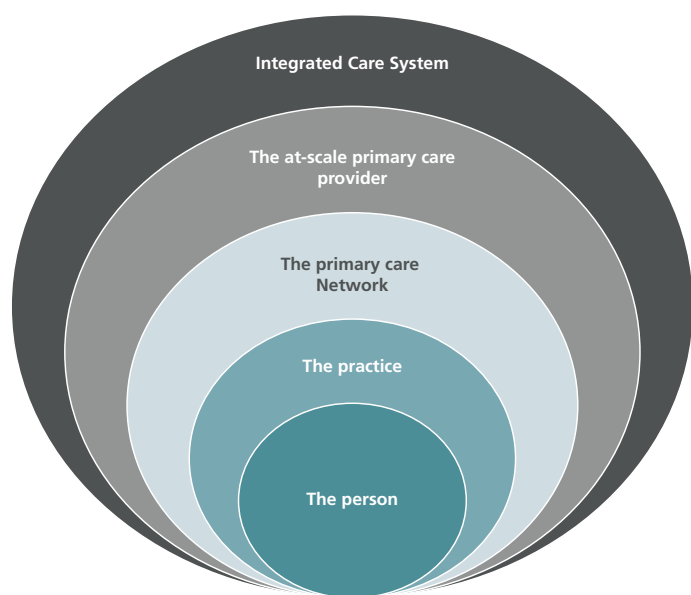
**A&E**

## Intergreat - Barnet Integrated Care System

In Barnet, partnership working is one of our major strengths and the creation of the Integrated Care System (ICS) will be a significant stepping stone in integrating health and social care. General practice, hospital, community, social care and mental health services will need to work together to create the ICS to make care for people more seamless by putting health professionals such as mental health nurses, district nurses and social workers together in the same care system.

The work to create one health and social care system for Barnet is starting and we want to support Barnet's GP practices so individually they do not all need to find their own way. Barnet Federated GPs will aim to provide a single unified voice for general practice. This is so that in the future, we will see GPs working not only more closely together but alongside many other health professionals in Barnet in the interests of people – leading and directing the resources where they are needed most and where they will address population health needs best.

We want to ensure you are all engaged in the development workshops and steering the direction of travel and feel empowered and represented at all levels.



**Integrated care system** alliance of commissioners and providers across health and social care; population based and outcomes focussed within a shared budget - Primary care must be a voice that is heard at this table and we can enable and support this

**At-scale primary care provider** delivering efficiencies of scale and leadership support; providing a voice for integration across boundaries of care; providing borough-wide services where it is agreed by all partners to do so

**The primary care network** geographically contiguous teams of practices caring for 30,000 - 50,000 people or larger where it makes sense to do so; delivery of data-driven integrated multidisciplinary team based services

**The practice** continues to be the foundation of all care in the community, by providing core services, which are resilient and sustainable; and the coordination, planning and delivery of comprehensive, personalised, accessible care

**The person** supported by families and local communities; enabled and empowered to access care in a way which works for them, based on 'what matters' to them

# Achieving our vision: the plan for 2019/20

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We need to be dynamic and respond to current policy changes and our wider environment over the next three years as the system radically transforms. It is important that in all these changes there remains a strong sense of place to enable us to implement and enact local change. We believe we are in a good position in terms of primary care in Barnet to respond to this changing agenda. This, however, will only be achieved if member practices are actively engaged but also supported to understand the future landscape and direction of travel and are able to shape this locally.

## We therefore propose the following priorities:

- Priority 1:** Supporting Primary Care Networks and ability to respond to population health needs
- Priority 2:** Continuing to develop a strong and single voice of primary care for Barnet
- Priority 3:** Developing the membership offer to strengthen practice resilience
- Priority 4:** Supporting workforce development and retention through close working with the Training Hub and Practice Management
- Priority 5:** Build a sustainable Federation

Each of these are explained in more detail below:

### **Priority 1: Supporting Primary Care Networks and ability to respond to population health needs**

We are currently supporting our member practices in developing their Primary Care Networks (PCNs) by enabling them to access the support from the federation in relation to governance, leadership and development support in order to support their formation. This is known as the 'primary care network offer' which has been shared with practices.

There are four key elements of support governance (clinical and financial), HR Management, leadership and workforce development. The offer is summarised in appendix 2 and 3.

This year we will embark on an ambitious QIST programme to equip our teams in primary care with the appropriate skills (including leadership, change management and quality improvement methodology) to undertake Quality Improvement activity that will invariably lead to improvements in patient care making healthcare safer, efficient, effective and equitable.

To achieve this, we will collaborate with providers, member practices and Primary Care Networks to deliver QIST Training. We will then focus on developing working groups with other provider organisations to improve pathways of care for the big areas of focus highlighted in the demographic information.

Formation of the Primary Care Networks and appointment of Clinical Directors	<b>May 2019</b>
Development of a robust offer for practices from the Federation to support PCNs	<b>June 2019</b>
Agreement with PCN Clinical Directors on transfer of existing Clinical Pharmacists to new contract model	<b>June 2019</b>
Development of the Network Agreement and VAT Support for practices	<b>June 2019</b>
Agreement on Extended Hours services	<b>June 2019</b>
Establishment of the PCN Board and governance structures	<b>July 2019</b>
Recruitment and deployment of Clinical Pharmacists and Social Prescribers	<b>August 2019</b>
Deliver 2-day training programme for QIST	<b>August 2019</b>
Establish working groups across provider organisations with specific focus on AF, CVD, Frailty, Dementia and Paediatrics	<b>August 2019</b>
Develop improved pathways of care and implement new models of care	<b>Ongoing</b>
Develop business cases and mobilise new 'at scale' services	<b>Ongoing</b>

## **Priority 2: Priority 2: Continuing to develop a strong and single voice of primary care for Barnet**

It is important practices have a strong voice across Barnet at all levels described on page 18, this is at a PCN, Barnet ICS and NCL STP level. We also want to support practices to be positioned to work positively with provider organisations across Barnet.

Support and work with our Primary Care Networks to provide strategic input into Intergreat, Provider Alliance and local pathways redesign	<b>Ongoing</b>
Participate and engage with NCL STP and ensure the primary care voice is strong	<b>Ongoing</b>
Support engagement with local providers to deliver PC place-based and improved population health across each of the PCNs	<b>Ongoing</b>
Support the development of new and innovative practice through engagement with other NCL and national federations	<b>Ongoing</b>



### Priority 3: Developing the membership offer to strengthen practice resilience

We will continue to develop innovative services which support practice resilience and to support improvements in population health and quality improvements. This will focus very much on standardising templates and clinical protocols, improved coding and identifying clinical variations and learning/sharing best practice.

One aspect of this is the introduction of the QOF Masters toolkit to enable all practices to benefit from their QOF Data Validation Summary Report ensuring that coding is correct and that practices are optimising their QOF income. Equally significant is that it also means that the data that NHSE, CCGs and other national bodies are using to direct funding ensures it goes to those areas with the higher prevalence of chronic diseases.

Recruitment of QI Manager	June 2019
Recruitment of Practice Development Lead	July 2019
Deployment of QOF Masters, Dene Healthcare and new innovations	Ongoing
Deployment of QOF Master templates to target improvements in smoking cessation, sodium valproate and health checks to drive better patient health outcomes	Ongoing
Development of training programmes for clinical and non-clinical staff and alignment of other opportunities with local providers	Ongoing

### Priority 4: Supporting workforce development and retention through close working with the Training Hub and Practice Management

Barnet Community Education Provider Network (CEPN) was launched in 2014 to improve the health, wellbeing and care available to people in Barnet through strengthening the health and care workforce. We also work closely with Barnet CCG and with the Public Health Team in Barnet. We became Barnet Primary and Community Care Training Hub in 2019.

The training hub is now part of the GP Federation and going forward we will work more collaboratively to deliver integrated workforce solutions.

Development of training programmes for Clinicians and Non-Clinicians	June 2019
Support for the I-GPs and SPIN Doctors	July 2019
OD Programme for Clinical Directors and PCNs and support for place- based care	Ongoing
Development of the role of Practice Managers and agreement on forthcoming engagement plan and engagement officers' roles	Ongoing
Support for new roles particularly Clinical Pharmacists and Social Prescribers	Ongoing
Development of the Workforce Development Plans and support workforce retention	Ongoing
Joint work with Barnet providers on progressing rotational roles and shared roles	Ongoing
"Growing our own" culture for the workforce, e.g. support the nursing career framework (like the Tower Hamlets model)	Ongoing

### Priority 5: Build a sustainable federation

In terms of organisational maturity, we are still a young organisation and need to strengthen our infrastructure to meet the current and future needs of our member practices and Primary Care Networks. We will continue to invest and collaborate in further resources to support practices and the growth of Primary Care Networks and the Federation.

Development of business plan for 2019-21	<b>June 2019</b>
Development of Business Intelligence capability and capacity	<b>July 2019</b>
Strengthen and develop Communication and Engagement Plan	<b>September 2019</b>
Continue with board and PCN Board development programme with key focus on collaborative working	<b>Ongoing</b>
Identify opportunities to work collaboratively with partner organisations in primary and community care	<b>Ongoing</b>
Identify and pursue new business opportunities in the out of hospital market to the value of £2m	<b>Ongoing</b>

# Opportunities beyond 2020

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During 2019-20, Barnet Federated GPs will support our PCNs with laying the groundwork for the commitments the PCNs will have from April 2020 onwards. The commitments the PCNs have made in registering under the Network Contract DES grows exponentially over the next two years from 2020-2022, specifically in terms of meeting the NHS's Seven National Service specifications. The seven national service specifications are:

1. Structured Medications Review and Optimisation;
2. Enhanced Health in Care Homes, to implement the vanguard model;
3. Anticipatory Care requirements for high need patients typically experiencing several long-term conditions, joint with community services;
4. Personalised Care, to implement the NHS Comprehensive Model;
5. Supporting Early Cancer Diagnosis;
6. CVD Prevention and Diagnosis; and
7. Tackling Neighbourhood Inequalities.

The Federation already has some services in place that address aspects of many of these and we are open to adapting these as necessary in conjunction with the PCNs; Community Services and other partners.

The individual PCNs will have ideas of services/activities that they would like to develop themselves to meet their local needs. We will support the Clinical Directors to help them evaluate the commercial and clinical validity/benefits of such ideas and to enable them to develop the business case for and create services themselves or through the Federation.

Barnet Federated GPs have the experience, capability, capacity and desire to bid for larger contracts both within and outside the Barnet market. It is our intention to do so and we have already built a pipeline of potential tenders for service provision that we anticipate bidding for. Equally, we intend to work with our fellow providers through our provider partnership to explore avenues in which we can assist each other by providing services (or parts of integrated services) for each other/patients that we are each better skilled and/or resourced to provide.

Much of the above work will focus on population health across Barnet and North Central London as a whole. Consequently, we have already started and intend to accelerate our working with as many parties as necessary to attain the right type of population data so that we can make appropriate decisions on a larger scale than we have been able to so far.

	2019/20	2020/21	2021/22
<b>Contracts</b>	<ul style="list-style-type: none"> <li>• EAS - Extended Access Service Same Day &amp; Home Visiting</li> <li>• Anticoagulation</li> <li>• DQIST/Diabetes</li> <li>• QIST workstream and referral pathways</li> <li>• Research Network</li> <li>• Pharmacists in Practice</li> <li>• Expansion of Paediatrics, Frailty and Diagnostics work</li> <li>• Asthma and wheezy kids</li> <li>• Smoking Cessation</li> <li>• Physician Associates</li> <li>• First Contact Practitioners (Pilot)</li> </ul>	<ul style="list-style-type: none"> <li>• CVD Prevention and Early Detection</li> <li>• COPD</li> <li>• Community Paramedics</li> <li>• Frail Pathways</li> <li>• RMS Referral Management Service</li> <li>• Urgent Care Treatment Centres &amp; Primary Care Streaming</li> <li>• LTC Management</li> <li>• Primary Care Streaming</li> <li>• Prevention and self-care</li> <li>• MSK</li> <li>• Urology</li> </ul>	<ul style="list-style-type: none"> <li>• Dementia</li> <li>• Frail &amp; Elderly</li> <li>• End of Life</li> <li>• Enhanced Health in Care Homes</li> <li>• Delivery of End-of-Life services in the community</li> <li>• Prevention Opportunities</li> </ul>
<b>Primary Care Networks</b>	<ul style="list-style-type: none"> <li>• Social Prescribing</li> <li>• Clinical Pharmacists</li> <li>• Support for set-up and configuration</li> <li>• PCN support development</li> <li>• OD/Workforce Development</li> <li>• Digital Integrated &amp; Shared Records</li> <li>• Population health management and insights</li> <li>• Risk Stratification</li> </ul>	<ul style="list-style-type: none"> <li>• Development of prescribing clerks and other medical support roles</li> <li>• Development of management and administration support for PCNs</li> <li>• Structured Medication Review and Optimisation</li> <li>• Enhanced Health in Care Homes</li> <li>• Anticipatory Care requirements</li> <li>• Personalised care</li> <li>• Supporting early cancer diagnosis</li> <li>• Developing community assets</li> </ul>	<ul style="list-style-type: none"> <li>• CVD prevention and diagnosis</li> <li>• Tackling neighbourhood inequalities</li> <li>• PCNs developing innovative joint services with ICS partners Locally &amp; pan-Barnet.</li> <li>• Developing community assets</li> </ul>
<b>Practice membership offer</b>	<ul style="list-style-type: none"> <li>• Blue Stream Academy</li> <li>• Buying Consortium</li> <li>• QOF Masters</li> <li>• Practice Manager Forums</li> <li>• Multiple Training courses for practice staff both clinical and non-clinical</li> <li>• Members Offer &amp; further support with PCN development</li> <li>• Annual consultation on future years plans and priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Blue Stream Academy</li> <li>• Buying Consortium</li> <li>• QOF Masters</li> <li>• Practice Manager Forums</li> <li>• Multiple Training courses for practice staff both clinical and non-clinical</li> <li>• Members Offer &amp; further support with PCN development</li> <li>• Annual consultation on future years plans and priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Blue Stream Academy</li> <li>• Buying Consortium</li> <li>• QOF Masters</li> <li>• Practice Manager Forums</li> <li>• Training in Fed &amp; with PCNs on response to bids; contract negotiation &amp; performance management</li> <li>• Finance for Non-Finance Execs training for Fed &amp; PCN CDs/Leads.</li> </ul>
<b>Organisational Growth</b>	<ul style="list-style-type: none"> <li>• Recruitment of a CEO</li> <li>• Own offices and shared workspace for partners</li> <li>• Development of the Provider Alliance and collaborative working</li> <li>• Shared roles with provider organisations</li> <li>• Further board development and public boards with Clinical Directors as Advisors</li> <li>• Employment of HR/OD Manager</li> <li>• Development of more robust communications and engagement approaches</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen PPG engagement</li> <li>• Co-design services with patients &amp; ICS partners</li> <li>• Board &amp; PCN guidance &amp; development in terms of: - NED's; - Board &amp; PCN CD interface; - Board Adviser roles; --Board structures, performance, appraisal &amp; governance</li> <li>• Sourcing &amp; developing future primary care leaders in Barnet</li> </ul>	<ul style="list-style-type: none"> <li>• Full review &amp; audit of all activities to date, policies etc. and implementation of actions needed</li> <li>• Constant evaluation of opportunities to partner with or acquire other feds or health/social care providers.</li> <li>• Further develop support infrastructures for Barnet practices</li> </ul>

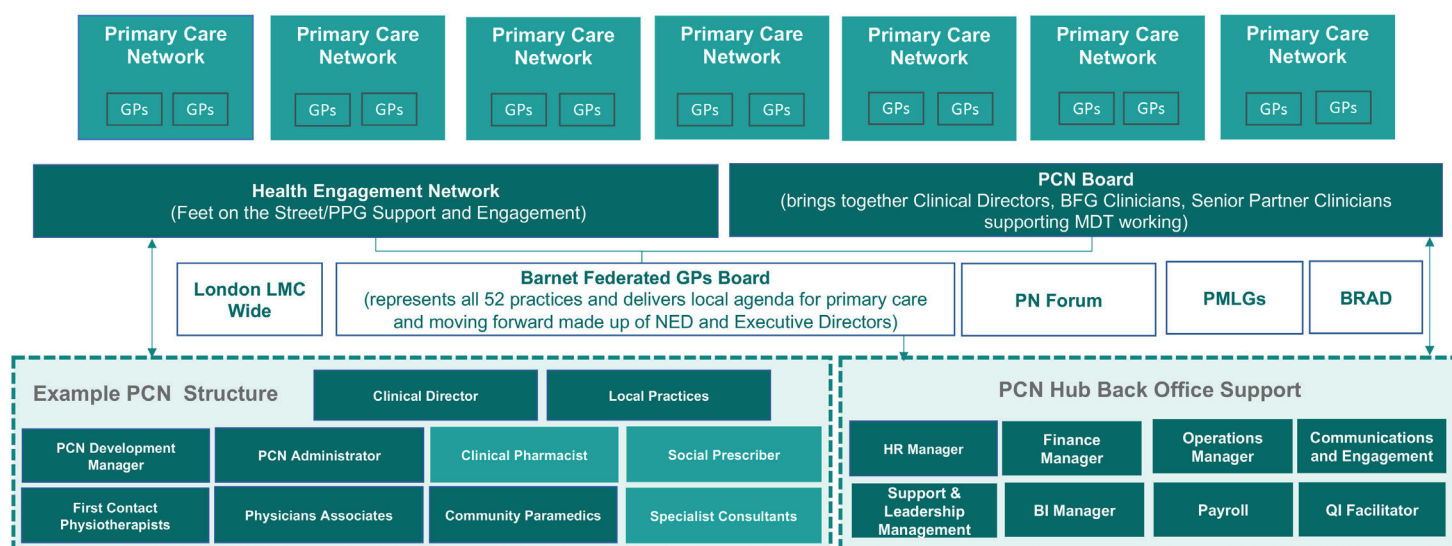


# Improving Transparency and Governance

It is important to us and member practices that everything we do is to support you and that we operate in adherence to the Nolan Principles which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Barnet Federated GP Board wants to ensure that there is a close working relationship between the Board and the Clinical Directors of the Primary Care Networks. We would like to have 2 nominated Clinical Directors sit on our board to act as Advisors to the board and over the next 9 months move to a position where our board meetings are held in public. We feel this will greatly aid our ability to work in a transparent and open way with practices and the public.

We are also proposing to support the Clinical Directors with the development of a PCN Board. The aim of the board will be to bring the teams across Barnet together so they can share learnings, successes and opportunities and support each other to deliver quality improvements. Included on the PCN Board will be two nominated Practice Managers who will help with practice engagement and delivery of key programmes of work.



# Communication and Engagement with Member Practices, PCNs and wider system partners

**We will develop our Communications and Engagement Strategy and capability in this year. In so doing, we will ensure individual practices have simple and effective ways to share good practice, provide feedback and influence the future direction of travel.**

## A. Engaging Member Practices

We will publish a monthly newsletter for practices and promote the developments in the Primary Care Networks and what the Clinical Directors' focus has been. We will use blogs and vlogs to activate member practices and improve daily and adhoc communication through better use of available technologies and social media.

## B. Social Media

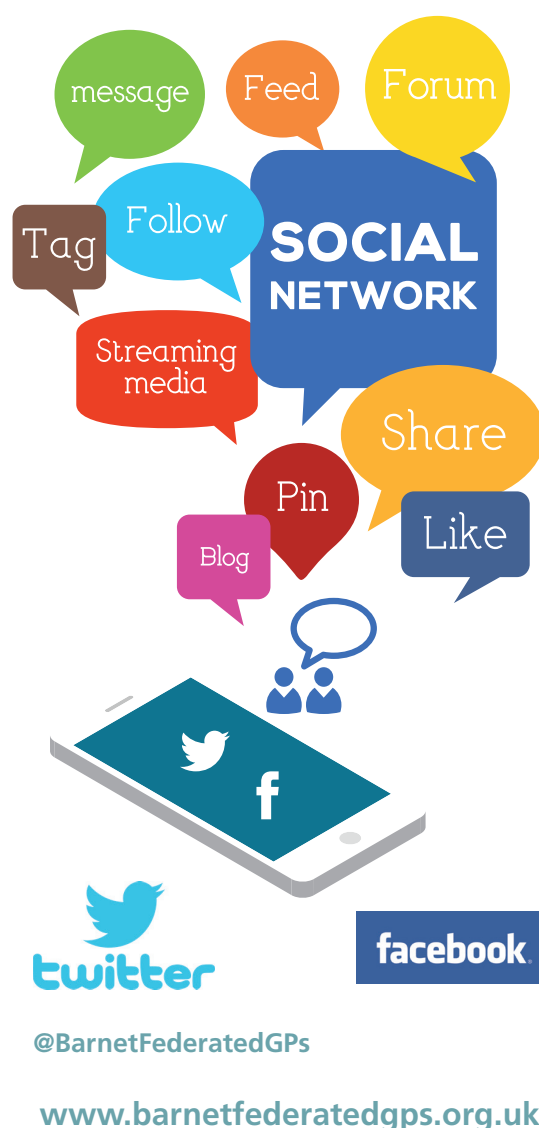
During 2019/20, we will strengthen our use of social media to promote events, services and engagement opportunities to stakeholders and to residents, particularly our Extended Access hubs, GP online services, Paediatrics Services and new roles such as Social Prescribers and Clinical Pharmacists and to support NHS England's Winter Well campaign. We will look to activate Twitter and Facebook accounts and use search engine optimisation to promote key messages. We will also heavily promote self-care, prevention and early identification to support behaviour change across the system, using our clinicians to articulate key messages.

## C. Engaging people and communities

There is strong evidence that effective communication and engagement with partners, patients, carers, stakeholders, and the public helps to improve redesign of services, quality of services, patient satisfaction and a better understanding of how to use the NHS.

Barnet Federated GPs will develop a communications and engagement plan for the development of our services and the methods we will use to communicate and engage with our members, stakeholders and the public. We will continue to work with HealthWatch and the Barnet PPGs on patient and public engagement.

Patients have been invited to all of our development workshops working with Barnet Patient Participation Network. The CCG and Healthwatch have collaboratively and widely engaged with patients and have worked together to develop a joint steering group to avoid duplication.



# Funding Moving Forward and Becoming Financial Stable

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We anticipate 2019-20 will be a transitional year of consolidation and change but are optimistic about our ability to trade profitably and yet continue to grow and support the PCNs, as well as secure additional contracts.

We have revised our forecast for 2019-2021 and anticipate that we will turn an annual profit moving forward. In future years, we expect to be able to provide dividend payment to our practices. Thus, returning the start-up investment practices have made in us. At the end of 2019/20 we hope that we will be able to start to make dividend payments to practices from the profits made. CICs can pay dividend payments up to 35% of the overall profit.

	2019-20	2020-21	2020-22
Total Income	£3,840,000	£4,608,000	£5,529,600
Annual Increase	20%	20%	20%
Net Profit	38,400	84,000	138,000
% Profit	1%	2%	3%
Dividend Payment for Practices % of the total profit	35%	35%	35%

# Glossary of terms

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**DES:** Direct Enhanced Service is an enhanced service, which CCGs commission or provide by central mandate. Because enhanced services are non-core general medical services (GMS), the GPs in a particular area are paid by the local clinical commissioning group (CCG) for providing DES over and above their salaries as GPs.

**DNA:** Did not attend. When patient does not attend their medical appointment.

**DPO:** Data Protection Officer is an enterprise security leadership role required by the General Data Protection Regulation (GDPR). Data protection officers are responsible for overseeing a company's data protection strategy and its implementation to ensure compliance with GDPR requirements.

**EAS:** Extended access service.

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

**Five Year Forward View:** 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.

**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.

**GDPR:** The General Data Protection Regulation (EU) 2016/679 ("GDPR") is a regulation in EU law on data protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA).

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

**GPwSI:** General Practitioner with a special interest. A general practitioner with special clinical interest (GPwSI) is a GP with appropriate experience who is able to independently deliver a specialist service, working in a clinical area outside the normal remit of general practice care.

**HEE:** Health Education England (HEE) is an executive non-departmental public body of the Department of Health. Their function is to provide national leadership and coordination for the education and training within the health and public health workforce within England

**Integrated Care System (ICS)** Local partnerships to improve health and care. NHS organisations and local councils in England are joining forces to coordinate services around the whole needs of each person. Their aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

**LBB:** London Borough of Barnet

**LTP:** NHS Long Term Plan outlining the NHS strategy for the next ten years.

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

**NED:** Non-Executive Director. A non-executive director is a member of a company's board of directors who is not part of the executive team

**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.

**NCL:** North Central London (NCL). The north central London area comprises of five local authorities - Barnet, Camden, Haringey, Islington and Enfield, and their five Clinical Commissioning Groups (CCGs)

**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.

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



# Glossary of terms

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**OD Programme:** Organisational Development Programme

**PMLGs:** Practice Manager Learning Group

**PCN:** Primary Care Network (PCNs) are a key part of the NHS Long Term Plan, with all general practices being required to be in a network by June 2019 to serve their local population of on average 30-50,000.

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

**Provider Alliance:** Group of organisations working collaboratively together

**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 several other health bodies.

**SPIN Doctors:** Salaried portfolio innovation network doctors

**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.

**STP:** - Sustainability Transformation Partnership. Local sustainability and transformation partnerships. STPs were created to bring local health and care leaders together to plan around the long-term needs of local communities.

**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.

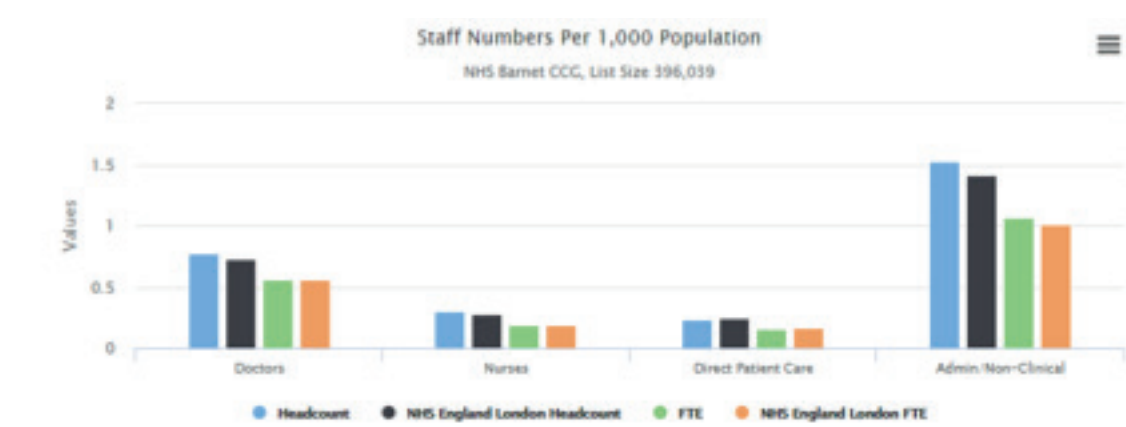
**Training Hubs:** These are networks of education and service providers (NHS and non-NHS) based in the community. Community Education Provider Networks (CEPN) can be used interchangeably to refer to 'Training hubs' activity.

# Appendix 1 - Workforce Statistics for Barnet

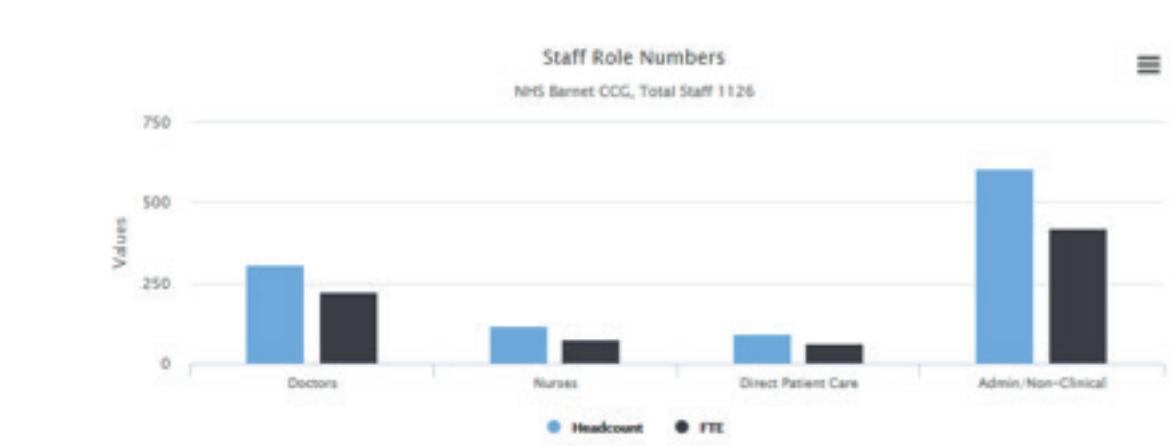
Across Barnet we have seen a decrease in total staffing levels across Barnet and have a significant proportion of our workforce aged over 55 years.



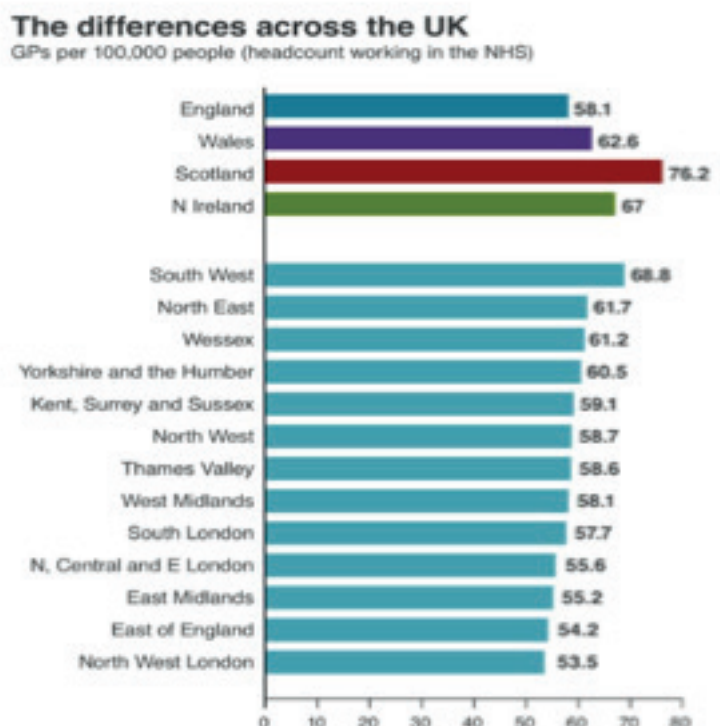
The challenge we must address is not just making primary care more attractive to new entrants to the NHS (especially medical students) but making the work that existing staff undertake more interesting and rewarding thus retaining them.



When we look at these two diagrams (above and below) they show to us that recruitment of GPs, Nurses, Care and Admin personnel are all down and the situation is getting tougher.

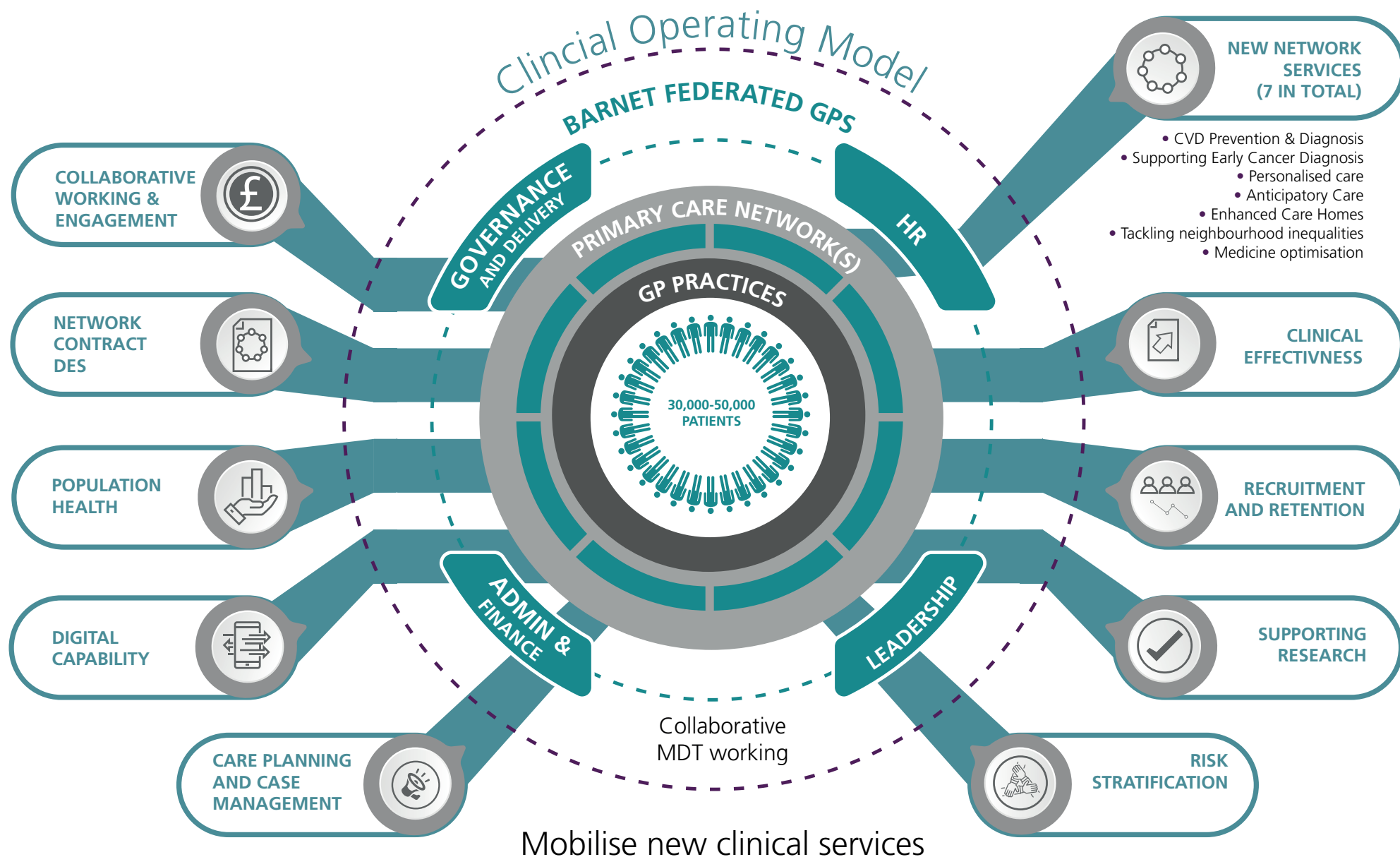


It is also important to note that the staff numbers are declining in all the key work groups in primary care and this is coupled with a lower than England average number of GPs, in NCL/Barnet as evidenced in a recent report from the Nuffield Trust:



Given all the local challenges we think it is important we continue to work closely and to look at new models of care and workforce solutions that can help to relieve some of the pressures.

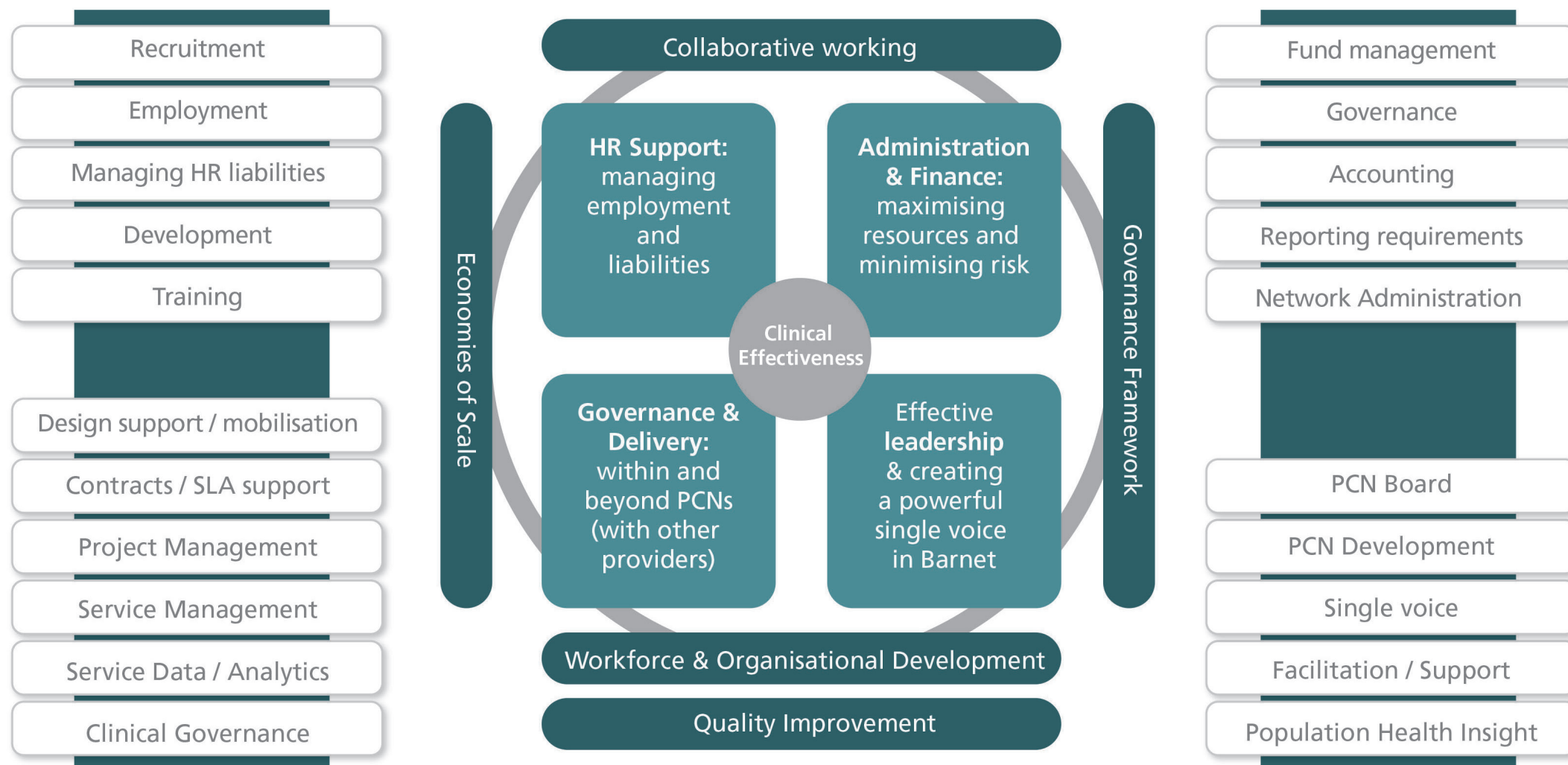
# Appendix 2 - Support for Clinical Operating Model





# Appendix 3 - Support to deliver Clinical Operating Model

## Requirements for Clinical Operating Model



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