

# Our Health Partnership

**OHP** A healthy future for patients and practices

*@OurHealthPship*

# Creating Britain's largest General Practice partnership

**Dr Vish Ratnasuriya**

*GP partner, and Chair of Our Health Partnership*

**Dr Will Taylor**

*GP partner, and Board member of Our Health Partnership*

*@OurHealthPship*

## Current context for general practice

- Recruitment difficulties, falling income, rising workloads
- Administrative burden for partners is becoming unsustainable
- Most consultations each day are in primary care, so even a small drop in capacity will have a significant impact elsewhere
- Need for greater system integration **BUT** local responsiveness valued highly by patients
- Group of successful high performing practices wanting to make the change

*General Practice at scale can offer effective solutions - but maintaining freedom to innovate and respond locally is critical*

## The future context for healthcare

- Need for more proactive care, maintenance of community focused well being, less hospital based
- Move towards local system solutions
- Accountable Care System, single organisational lead, responsible for defined population

***A sound foundation of effective, locally responsive and sustainable  
General Practice is essential***

## General Practice at scale

- Mutual support, advice, sense of belonging, working together
- Central function to provide services – finance, quality, procurement, payroll, workforce solutions, advice and guidance
- Influence as ‘system player’ – a strong voice to start shifting the emphasis of care provision
- Potential to develop into broader provider

*How can we do this without ‘corporatisation’ and removal of self-determining local General Practice provision?*

# Our Health Partnership

**OHP** A healthy future for patients and practices

## What we mean by “scale”

- Partners 187 (with 50 salaried GPs)
- Practices 38 (45 surgeries)
- Patients 340,000
- Staff 920
- Income £55m+



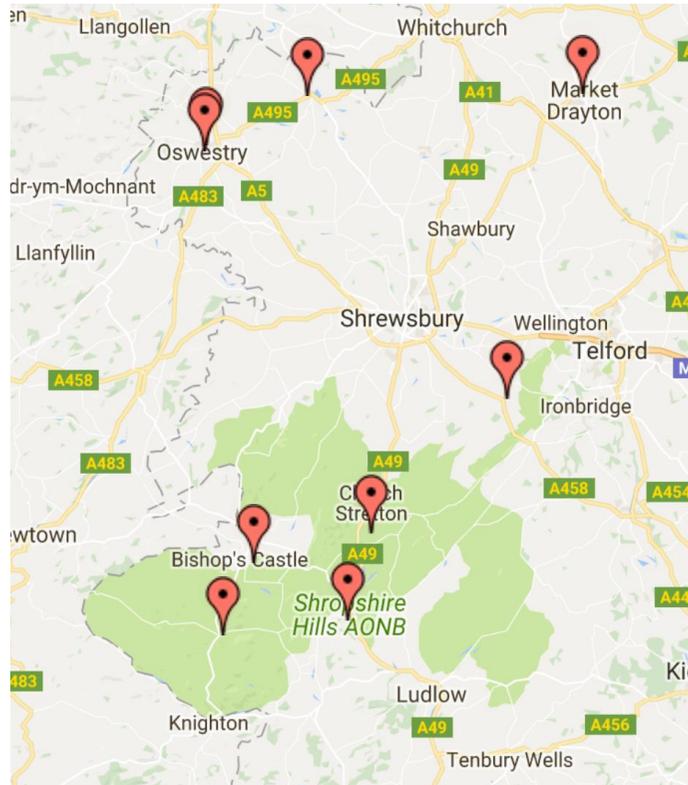
*Our Health Partnership has a list size comparable to the population covered by many CCGs, or served by a local acute hospital.*

*This creates opportunity - and collaboration with others is starting to increase our scope still further*

# Our Health Partnership

**OHP** A healthy future for patients and practices

**At May 2017**



## Our fundamental principles

- Locally responsive, partner-based General Practice with decision-making powers .... good for doctors and for patients
- A single Board and a single purpose, but not a single way of doing things
- A partnership, not a corporation – support, not control
- Autonomy model but with a supporting structure
- Strong General Practice will provide a firm basis for a strong local healthcare system

***Our Health Partnership believes in independent contractor based General Practice***

## Governance

- Run by Board – 7 elected Managing Partners, 3 appointed officers
- Single partnership agreement
- Practices remain – separate contracts held in trust, local profit centres, with local operating agreements based on previous local partnership agreement
- Staff employed by Our Health Partnership
- Practices pay a subscription to Our Health Partnership based on list size

***Stronger than a federation - but not a centrally-driven organisation with a single way of operating***

## Strategic aims

### Twin aims:

1. Strong and sustainable General Practice
2. Broader service provision, leaders in ACS

### Priorities:

- Make GP partnership an attractive option for doctors
- Sustain and improve the local services that patients value
- Integrate and influence at system level – a strong voice
- Develop a wider range of services

*How can we support our practices to strengthen and develop?*

## Efficiencies, economies of scale

- A single bank account, payroll, finance system
- Centralised accounts, monthly reporting
- Procurement agreements
- Indemnity – preferred partner (50% of doctors transferred – 15% discount)
- Centralised HR, legal advice
- Central function, run by 3 experienced NHS Executive directors
  - Service the board, ensure strong governance
  - Reduced duplication/bureaucracy

*Improving quality, reducing duplication and gaining efficiencies*

## Workforce solutions

- In-house GP bank
- Internal staff bank in development
- Central salaried doctor pool
- GP Career Plus pilot
- Overseas recruitment pilot
- Traditional Partnership and Salaried roles
- A supportive and sustainable approach that attracts new partner

*Building a resilient workforce, who have choice in ways of working*

## Quality management

- Single registration with CQC, practices are 'locations'
- Central support with local accountability
- Centralised quality monitoring via dashboard, KPI's, soft intelligence
- Governance Officer and team to monitor, & provide practice support
- 'Virtual' support team to help practices recover or improve quality
- Partnership with Medical Protection Society to reduce risk (& fees)
- Above all, creating the right culture

*Quality systems fit for the future, whilst reducing duplication of effort*

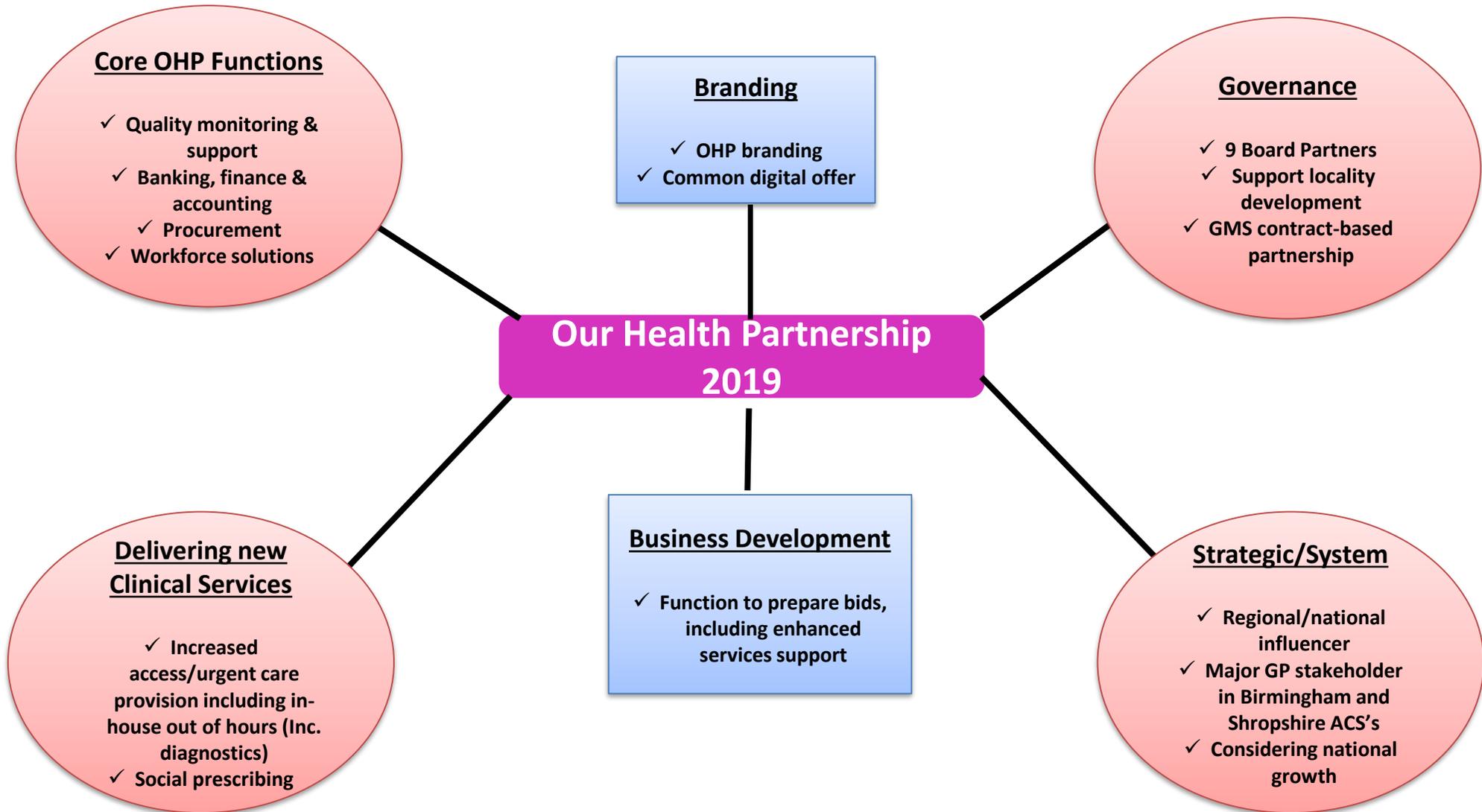
## Influence and Development

- Representation in wider health economy
  - CCGs, STPs, new models of care development, national input
- Development of GP leadership expertise
- A strong voice for local general practice in the STP process
- Support and development of Practice Managers
- Business planning, growth, partnerships
- Business development – bids, new contracts etc
- **Integrating care**

*Coalface clinicians leading and influencing their system*

# Our Health Partnership

**OHP** A healthy future for patients and practices



# Our Health Partnership

**OHP** A healthy future for patients and practices

## Integration of Care

*@OurHealthPship*

## Integration of care development – early thinking...

- The partnership will remain intact, and GMS-based
- We wish to develop and be part of integrated service provision
- No seed funding so sustainable
- Looking at forming a separate ‘vehicle’ with community, acute and mental health partners
- Agreements across the health economy to realign their services to OHP’s footprint
- Agreement to work with c100k patients from non-OHP practices

## Integrated care provision: Birmingham

- Very large programme with non-OHP practices too
- 49 practices, c390k population organised into 6 localities
- Supportive local Trusts as partners
- Driven locally by GPs
  - 6 neighbourhoods serving 30-70k – core GMS/high impact changes,
  - plus local MDT integration eg district nursing, physio, MH
  - 3 specialty integration groups OHP-wide – diabetes, respiratory, frailty
- Led by OHP & supported by transformation funding, with strong governance and timelines

**Soon to follow in Shropshire**

# Our Health Partnership

**OHP** A healthy future for patients and practices

## Our Health Partnership: Birmingham Integrating Care structure

OHP – GP  
partnership

### OHP Integration Board

OHP / Birmingham Community FT / Birmingham & Sol MHFT / UHB / HEFT / BWC



#### 6 LOCALITIES:

East Birmingham  
Hall Green  
Kingstanding/North East  
Northfield  
South/Edgbaston  
Sutton

#### Composed of:

- GP practices
- District Nursing team
- Community Therapy team
- Mental Health team
- Acute links, extensivist, urgent care and crisis functions

#### Community-based specialist services

- Respiratory services
- Diabetes
- Frailty

#### Support functions

- Medicines management
- Population health
- Clinical informatics
- Digital and IT functions
- Business development – to prepare bids for further service development

## Access, urgent and emergency care

- Overlaps with Integrated Care programme
  - Speciality work eg frailty
  - Locality work – community hubs
- Our next major programme – key strands:
  - Partnership with our local acute Trusts
  - Data-driven based on identification of trends, high risk
- Requires funding support via GPFV monies

# Our Health Partnership

**OHP** A healthy future for patients and practices

## Future

*@OurHealthPship*

## Growth

Strategy has 2 parts:

1. Infill current STPs
2. Consider groups of **30,000** or more in **new** localities where OHP helps develop:
  - ✓ GPs locally to lead
  - ✓ Autonomy in practices and localities
  - ✓ Own strong identity and voice
  - ✓ Support with quality, workforce and finance issues

Alongside OHP benefits

***OHP does not centrally manage practices so can scale up easily central function and board delegation is via Partnership Deed***

## Summary

- A 'ground up' organisation, formed by GPs for GPs
- A partnership, and always will be
- Locally independent, partner-based General Practice a fundamental principle
- Model works in the urban, and rural environments
- Local autonomy is key – at individual, practice or locality levels
- Establishing OHP has taken 18 – 24 months – we now have a sound basis for moving forward and tackling the challenges
- Partnership model of GP can deliver the transformation agenda

***Our Health Partnership is the result of independent contractor General Practice partners looking to demonstrate that the model is viable, sustainable, and able to contribute effectively to developing the modern NHS***