
Cumbria Health Scrutiny Committee – Monday 14 May 2018

Agenda Item 9 – North Cumbria Primary Care Collaborative – Alliance Model Update
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The Alliance Model of Primary Care in North Cumbria

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May 2018 Update



The Integrated
Health and Care
Partnership in WNE
Cumbria

The 40 GP practices
in WNE Cumbria

A system isn't a
system without
general practice



The Alliance Model

Building the Primary Care Arm of our Integrated Health and Care Partnership

North Cumbria Primary Care

Collaborative



Context

- GP practices are facing higher than ever demands and many are concerned about how to sustain services into the future.
- Fall of 1193 wte GPs in England in year to Oct 2017
- The business model for some (but not all) practices is under strain.
- Most young doctors don't want to become partners
- A mixed model is emerging – practices merging with each other, practices remaining small and independent and others looking for more innovative partnerships with the wider system.

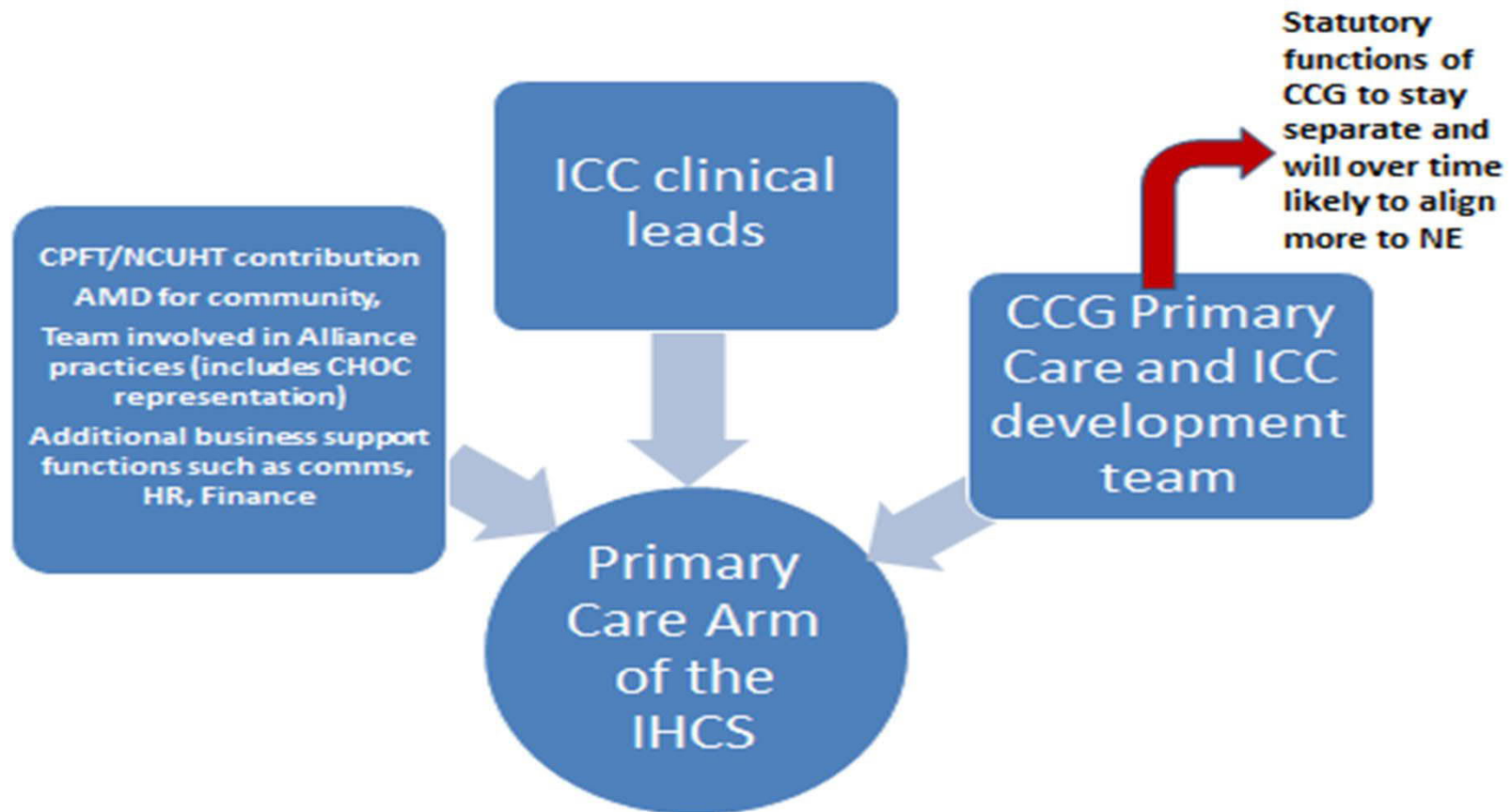
What is the Alliance Model?



- The Alliance Model is our term for the new partnership between the Integrated Health and Care System (IHCS) and all GPs in North Cumbria based on exchange and mutual support.
- It will be delivered by the Primary Care Arm of our Integrated Health and Care System.

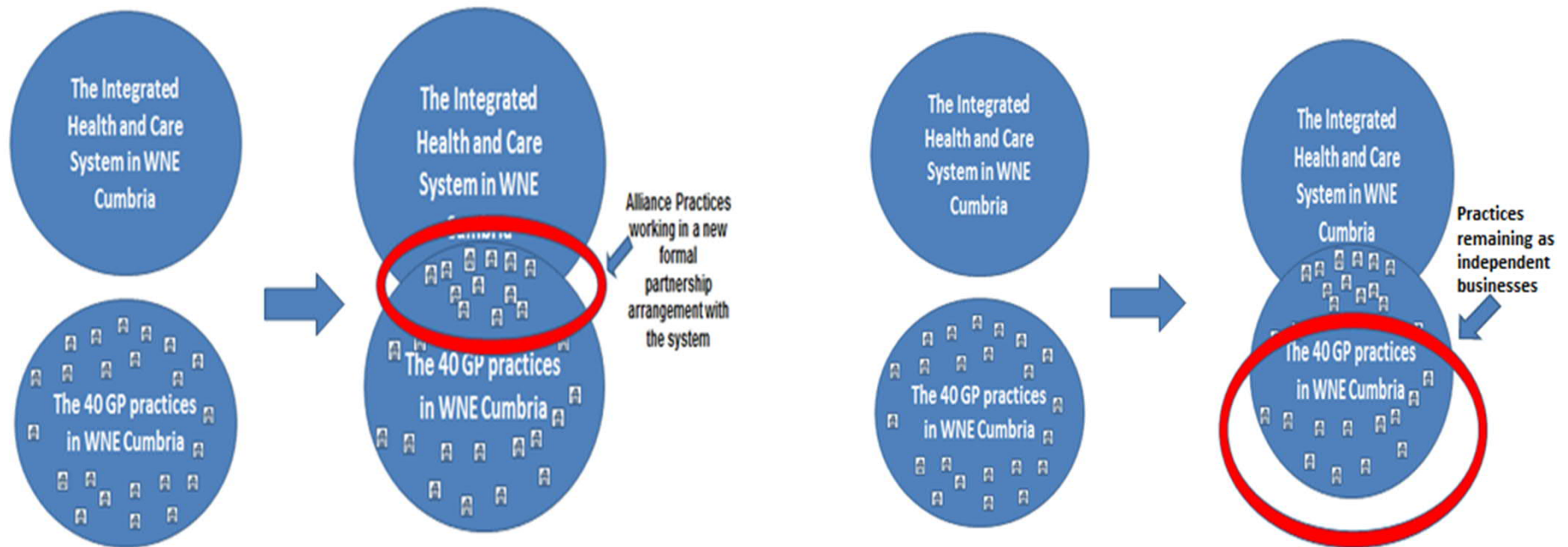


Building the team for the primary care arm of the IHCS



Two groups of practices

93



Alliance practices – The North Cumbria Primary Care Collaborative

- Made up of the practices themselves, UCLAN medical school, CHOC and CPFT
- Keeping the GMS contracts
- Offering a premises solution (CPFT and eLIFT are creating a new JV company to deliver premises solutions)
- Taking business liabilities/worries off the partners
- GPs still leading clinically

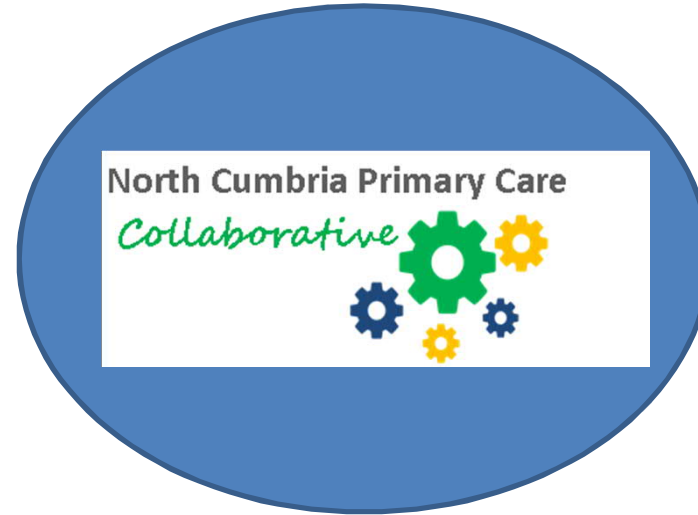


Alliance practices – The North Cumbria Primary Care Collaborative

- Salaried doctor and salaried 'partner' options
- Not forcing mergers, not creating a super practice - building a network of great family practices
- Not for profit – surpluses reinvested in the staff and in developing new roles e.g. clinical pharmacists
- Run as a collaborative/cooperative
- Discussed with 24 practices – 13 formally signed up.
- Aiming to go live from June 2018



Reporting to and represented
on the system leadership board



Leadership board of
whole collaborative
made up of partners –
GPs, CPFT/NCUHT
CHOC UCLAN

Local practices run as business
units with local leadership team
(doctors, nurses and practice
management)



The functions and priorities of the Primary Care Arm of the IHCP

Workforce	Recruitment of GPs	To bring whole system support and expertise to recruitment into general practice
	Increasing clinical skills in the primary care	Increasing the range and number of portfolio roles
	Development of the composite workforce in General Practice	These roles include advanced nurse practitioners, physicians associates, MSK physios, clinical pharmacists etc.
	Develop academic opportunities for GPs aiding recruitment	Opportunities to increase significantly the number of roles linked to the UCLAN medical school
Stabilisation and sustainability	Support and stabilisation of practices in difficulty	A whole system mobilisation to support struggling practices. Possible creation of a rapid response team/capability for sudden crises e.g. illness or suspension plus locum pool for GPs, PNs, NPs, HCAs etc
	Option for salaried service within our IHCS	The 'Alliance Practice' option is well developed with 9 practices signed up.
Estates	Create a premises vehicle for buy out and lease back and for the development of GP premises in North Cumbria	Joint Venture between Elift and CPFT in development

The functions and priorities of the Primary Care Arm of the IHCP

General Practice working at scale	<ul style="list-style-type: none"> Urgent Primary Care at scale Call handling and triage at scale Home visiting at scale Medicines management at scale Use of technology at scale e.g. online consultations, remote consulting, remote care home support 	Working together – practices, trusts and CHOC to develop services at scale
Delivering 7 day general practice	<ul style="list-style-type: none"> 7 day access solutions 	Working as a system to align 7 day working with urgent primary care access and GP streaming in A+E
Training, education and quality improvement	<ul style="list-style-type: none"> CLIC, CHOC solutions, small groups teaching etc. Leadership training Continuous improvement and process redesign Support for CQC inspections Mandatory training for all practice staff Opportunities to support GP medical education with the well developed infrastructures within both trusts 	Aligning and coordinating GP training and development efforts
Business support to practices	<ul style="list-style-type: none"> Financial systems and governance HR support Business intelligence Support with capacity/demand planning EMIS support plus template development etc. IM&T support at scale Procurement (the two trusts partner with UHMBT are in a £1bn purchasing/procurement arrangement) Intranet development 	For the salaried Alliance practices we intend to develop a wide portfolio of business support. A menu of business support options could be available to all practices.
Support to work into ICCs	<ul style="list-style-type: none"> Funded time for ICC leads 	The primary care arm would host the ICC leads who would form part of our leadership structure.



Thank you & questions



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