

# A new business plan for One Care Consortium

Please read this document carefully before voting on:

*‘Does your practice support the offer from One Care as set out in our manifesto and this business plan?’*

Please use your postal vote by 17th June 2016 or cast your practice’s vote at the extraordinary One Care General Meeting on 21st June 2016.



## The offer to practices

### Our offer to you and what we need in return

#### Our offer to you

- One Care will be established as an organisation owned by all BNSSG practices
- We will develop a flexible framework for supporting practices to be sustainable and to survive and thrive in the future
- Our job is to make it easier for you to do your job!
- Because we know there is more pressure on practices than ever before, we will do all we can to ensure your working lives are easier by testing out and developing new services
- We will listen to you and ensure a strong voice for general practice providers, representing all BNSSG practices across the wider health community, accessing new sources of income and wielding far more influence than we can ever do as independent practices
- We will develop One Care as an organisation that can hold healthcare contracts but will generally deliver care through our member practices and, where it makes sense, with other partners
- Everything you do will be by consent – how much or how little you get involved is up to you. Being part of One Care does not commit you to specific projects or future developments
- Our aim is to support you as independent practices – it is up to you whether you choose to work together in other ways. By being part of the One Care organisation, practices will have the choice of remaining small independent businesses.
- We will establish a clear representative structure so that you vote for representatives who shape what we do - independently supervised by Avon LMC
- We are run by and for general practice and we will always seek to remain as much like general practice as possible – remaining flexible, transparent and fast moving rather than just another part of the NHS bureaucracy

#### What we need in return

- For you to continue providing services to patients although you may choose to provide services for each other and across other practices
- We need your energy and ideas, so that by working together we can be so much more than working apart
- Vote for your representatives who will shape and guide the way we work
- We need you to identify the things that are best done together, whether with a few practices or as one wider group
- We need a named lead from each practice to ensure continued active engagement of all your clinical and managerial colleagues
- If you are unhappy with anything we do, or are frustrated at slow progress, tell us so we can learn how to improve

- Each practice to pay just £1 to buy your share in One Care. Our focus is on supporting you and we think the money to pay for this should come from elsewhere across the wider healthcare system
- We need you to say **YES** to this offer

Does your practice support this offer from One Care?

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## 1. Summary – the context and purpose of this business plan

A recent independent review commissioned by NHS England identified One Care as the preferred option to both manage the legacy of the £10m Prime Minister's GP Access Fund as well as develop a flexible framework for supporting practices at scale. One Care was asked to develop a business case and high level business plan by the end of June 2016 so that it could be presented to all practices across Bristol, North Somerset and South Gloucestershire (BNSSG) and seek their support.

One Care Consortium was established in 2014 in order to bid for funding from the Prime Minister's GP Access Fund. Originally made up of 24 practices from across BNSSG, we are now working with all of the practices and consider them as members of the Consortium.

Current funding for the programme ends in March 2017. In the light of NHS England's recent announcement of increased funding for General Practice, we now understand that there will be additional funding available to continue some elements of the programme for a further three years. We do not yet know the detail behind this announcement, or the criteria against which the funds will be given.

There are, however, various other forces at work in the NHS which need General Practices to be properly represented and speaking with one voice. The Sustainability and Transformation Plan (STP) Board in BNSSG requires General Practice representation and, in future, CCGs and Local Authority commissioners will want to negotiate with one GP organisation for services run at scale across the area.

Various discussions with the CCGs, NHS England and the LMC have supported the view of the Executive Committee and Directors that One Care is the emerging organisation best equipped to serve and unite practices into that single voice of General Practice at various top tables.

One Care has a robust interim structure, reflective of the BNSSG localities, that is ready to develop this role. We now need a mandate from the grass roots of General Practice to move forward. This is your organisation. To reach its potential, we need every GP to be behind it, and every practice to own it.

This draft business plan covers six sections, designed to stimulate debate and provide a framework for discussion at an extraordinary One Care General Meeting on 21 June 2016. We will then be looking for a clear decision on the way forward, with a vote on whether you support the offer outlined at the front of this paper.

## **2. Our vision for One Care Consortium: 'enabling general practice to both survive and thrive'**

Supporting the delivery of collaborative, innovative and sustainable General Practice to patients registered with GP Practices across Bristol, North Somerset and South Gloucestershire, and to negotiate the best possible outcomes for General Practice with CCGs, NHS England, Hospital Trusts and Local Authorities.

### **Our values**

- We intend to act with the highest levels of integrity and ensure excellence in all that we do
- We will be inclusive and respectful of all our Consortium members
- We will be courageous and innovative

### **Our promise to practices**

*We want to build confidence and belief in One Care's ability to:*

#### **Politically**

- Be owned and driven by General Practices across BNSSG
- Exist to articulate the strong voice of General Practice across BNSSG

#### **Strategically**

- Bring investment into BNSSG General Practice
- Maximise individual potential of BNSSG practices whilst enabling 'at scale' delivery of General Practice

#### **Practically**

- Build the future organisation, constitution, structure and business model through engagement with practices
- We won't make decisions about you, without you

### 3. Key activities for the future:

#### Potential new areas for developing services

Eight key areas of work have been identified as potential roles for One Care, through a series of discussion and workshops with practices. This section sets out these areas and some ideas for short and longer term objectives.

<b>A Improving efficiency through sharing and learning across practices</b>				
<b>Scheduled to start in Year One (2016-17), Two (2017-18), or Three (2018-19)?</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Further develop the intranet into an easy to use forum with open access to share good ideas, improving inter-practice networking and collaboration	X		
2	Explore and establish a 'One Care' way of recording and coding of consultations and summarising of notes and documents within the EMIS clinical record	X		
3	Maximise practices' ability to get the most of EMIS, including using 'Search and Report' and EMIS Enterprise	X		
3	Establish a best practice use of templates and protocols to support fast effective data entry where appropriate	X		
4	Develop examples of best practice for clinical communication with patients so that other practices can adopt them	X		
5	Explore how One Care can use the patient and public involvement forums in a more strategic way to benefit member practices		X	
6	Further develop the intranet to help reduce duplication by establishing a centrally held library of referral templates, centrally held address book and centrally updated resource knowledge base of services and pathways	X		

<b>B Maintaining and extending a world class integrated IT platform</b>				
<b>Scheduled to start in Year One (2016-17), Two (2017-18), or Three (2018-19)?</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Implement the plans from the GP Access Fund in full	X		
2	Build links across the system so the patient record is accessible at all parts of the health and care system across BNSSG		X	
3	Explore how we can work together in new ways across the health system as patient records become increasingly accessible		X	

<b>C General Practice Workforce Development Strategy</b>				
<b>Scheduled to start in Year One (2016-17), Two (2017-18), or Three (2018-19)?</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Developing and offering training and development to practices – both mandatory training and new areas of support and development	X		

2	Developing improved temporary staffing solutions - improving quality and reducing cost - with attractive support package for staff		X	
3	A strategic and shared approach to recruitment and induction, making it easier to recruit new staff and reduce costs	X		
4	Working with partners to encourage trainees to choose general practice and move from local training schemes into local practices			X

<b>D</b>	<b>Using our shared purchasing power</b>			
	<b>Scheduled to start in Year One (2016-17), Two (2017-18), or Three (2018-19)?</b>	<b>1</b>	<b>2</b>	<b>3</b>
1	Negotiate better rates for services and supplies by using our purchasing power e.g. office equipment, indemnity cover, clinical system.	X		

<b>E</b>	<b>Supporting tenders across practices</b>			
	<b>Scheduled to start in Year One (2016-17), Two (2017-18), or Three (2018-19)?</b>	<b>1</b>	<b>2</b>	<b>3</b>
1	Continue to build project management capability to support development and implementation of shared tenders	X		
2	Tender for information management and technology services across practices	X		
3	Establish relationships with other providers to develop tender responses e.g. Community Service providers	X		
4	Working with other partners across the health system on the re-procurement of new BNSSG services	X		

<b>F</b>	<b>Quality Improvement and Innovation – a learning network</b>			
	<b>Scheduled to start in Year One (2016-17), Two (2017-18), or Three (2018-19)?</b>	<b>1</b>	<b>2</b>	<b>3</b>
1	Continuing to support pilot or 'test and learn' projects	X		
2	Supporting audit and benchmarking across practices, starting with a shared diagnostic – e.g. the free avoidable appointment App	X		
3	Develop, pilot and roll out single sexual health model to support the delivery of sexual health services in general practice	X		
4	Build a support package for individual practices, focusing on clinical pathways, designed to improve quality and efficiency		X	
5	Set up a learning link with an established GP network in New Zealand, sharing ideas and benefitting from 20 years of experience	X		

<b>G</b>	<b>Establishing a wider health system role</b>			
	<b>Scheduled to start in Year One (2016-17), Two (2017-18), or Three (2018-19)?</b>	<b>1</b>	<b>2</b>	<b>3</b>

1	Build relationships with system partners to ensure that the BNSSG GP voice is strong at Sustainability and Transformation Board and other key decision making groups	X		
1	Work with partners to deliver the STP plans e.g. developing genuinely integrated primary care teams, bringing together general practice, community services, social services and support from the wider community		X	
2	Setting up opportunities for GPs and consultants to reduce unnecessary bureaucracy by finding new ways to work together	X		
3	Establishing joint forums across different clinical areas for exploring how care can be managed in new and different ways, shifting care out of a hospital setting	X		
4	Explore the opportunities for supporting a broader Multi-Speciality Community Providers (MCP) model alongside partners in the wider health community		X	

<b>H Working together to deliver 7-day care</b>				
<b>Scheduled to start in Year One (2016-17), Two (2017-18), or Three (2018-19)?</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	There is now £6m this year, rising to £9m in 2020 for improved access to primary care. This is specifically for former GP Access sites and NHS England are clear that they will expect this money to go through One Care.	X	X	X

#### 4. Structure and governance

##### Talking for and talking up general practice

We will need to constitute One Care in order to deliver the agreed functions and be truly representative of General Practice across the patch. To do this, we will:

- Design the new company so that it is owned and driven by General Practices as its shareholders
- Reinvest any surpluses generated by the company back into patient services and its practice support function
- Establish appropriate articles of association, share-holder agreements, decision making processes, meetings and voting arrangements
- Work with Avon LMC to make sure that the interests of all practices are managed appropriately, equitably and fairly. The LMC will independently facilitate the process of nominating and voting for Board members

We believe that it is essential for General Practice to have a sense of ownership of the new company, and to feel in control of their own destiny. We are asking practices to become members of the new company and to pay a nominal £1 subscription per practice. This does not commit you to any higher level of subscription in the future and our aim is to fund One Care through a variety of other sources and income streams. In the same way, it does not commit you to taking part in specific projects or future initiatives as all developments will be by consent. We will always consult with practices, and never impose ways of working. The outline business case sets out the governance arrangements in more detail.

To deliver our ambition, we will work as much as possible with staff from our BNSSG practices. We will also need, however, to employ or contract with individuals to deliver a One Care office team. The staff employed in this team will need to be skilled to meet the objectives of One Care but also flexible in approach so that they can adapt and change to meet the needs of practices or changes in funding. The One Care Board will be responsible for ensuring that the structures and skills of the office team are appropriate. To ensure the credibility of One Care, it will be imperative that any spend on a central office team is transparent, effective and within financial boundaries which will be set by the board.

## 5. Sustainable finance

### Summary

One Care is looking to manage a period of transition. Our financial management has been designed to support a time limited national programme but we are now exploring how we can manage a continuing support function for general practices across BNSSG. This section looks at the opportunities for attracting new funding, provides a high level summary of anticipated income, and lays the basis for developing a more detailed three-year financial plan over the coming months in preparation for the financial year 2017/18.

### Key issues and funding opportunities

- We have already demonstrated that by working together we can attract additional sources of income that were unavailable to us working apart. The Prime Minister's GP Access Fund has attracted £10m over three years, with a further £30m over the next four years for improved access
- New funding linked to the Forward View for General Practice and the STP (Sustainability and Transformation Plan) will be aimed at practices working together at scale and will be best managed across BNSSG through One Care
- General practice has had to cope with a declining share of NHS income over the last decade. We do not see practices as a direct source of income for the foreseeable future. Any income from practices will only be for identified services for practices, not for the running costs of the organisation
- We acknowledge that CCGs are facing multiple demands on stretched budgets so will work carefully with our commissioners to explore how they can invest resources as effectively as possible by supporting practices working at scale through One Care
- All other organisations across the NHS attract funding through contracts that offsets their running costs. We will look to do the same, covering our core costs through winning contracts on behalf of our practices
- We will also look to the wider health community for support in establishing an organisation that will make it easier for the wider NHS to work with general practice and, collectively, transform care and reduce costs
- Any surplus will be reinvested back into patient services and member practices.
- We will develop a more detailed three-year plan over the coming months
- The structure and role of One Care needs to be developed in order to forecast costs with the caveat of a "lean and efficient" company set-up.

### Potential income

There are a number of sources of income over the next 3-5 years (see table below). Some of these are already agreed (the final year of PM's GP Access Fund) and others are currently being discussed (seven-day care and extra funding identified in the Forward View for General Practice). There are further areas that are possible sources of income in the future such as winning and managing contracts and support from

wider health community. There is every reason to be confident that One Care will have funds to operate successfully as a flexible support service to practices over the next five years.

Offering services and support to practices as well as establishing a strong voice for general practice as providers will require investment in a light and flexible team, supported by staff brought in to support specific projects or initiatives from practices. We are confident that although we are not yet in a position to present a detailed budget, we can contain costs well within anticipated income. All developments will be incremental and in response to agreed sources of income, minimising any financial risk.

**Table One: Potential income**

In millions of pounds

<b>Source of income</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
PM's GP Access Fund – final year of programme <sup>1</sup>	6	-	-	-
PM's GP Access Fund – seven-day care	6	6	9	9
Forward view for GPs – through STP	.5	.5	.5	.5
Forward view for GPs – 10 high impact areas	.09	.09	.09	.09
Margin from successful contracts				
Support from wider health community				
<b>TOTAL (in millions of £s)</b>	<b>12.59</b>	<b>6.59</b>	<b>9.59</b>	<b>9.59</b>

<sup>1</sup> Only to be used against agreed programme spend

## 6. Risk register

What are the main risks facing One Care and how can we guard against them?

	Describe the risk	Mitigating actions
1	Losing sight of who is the client. One Care is perceived or starts to act like an NHS 'corporate player' rather than the voice of general practice as providers.	First and foremost, we are here to serve our members – the practices. An engagement strategy will be developed as part of the preparatory work for a Shadow One Care organisation. This will outline how One Care will manage effective relationships with its members.
2	Some practices may not want to sign up – practices are disengaged or not interested	Ongoing communications with practices to describe the benefits of One Care as a representative member organisation for GP providers across BNSSG. We will continue to demonstrate that there are tangible benefits in working together and welcome practices who choose to join at a later stage.
3	Not all anticipated income comes through	Budget setting processes will be planned and structured. The One Care office team will ensure that they can be flexible to changing objectives or funding availability. This will require flexibility in terms of skills and staffing. The engagement strategy will set out how practices can inform priority areas of work with limited funding
4	Some practices want new funds channeled through other structures such as emerging clusters or networks	One Care will be established to be an over-arching organisation that can accommodate other clusters or federations within the BNSSG area. This will include funding.
5	Some leaders across the health community may refuse to co-operate with One Care	Work closely with partners to build relationships and demonstrate that One Care offers a unique opportunity to work with general practice to transform the way we deliver care to patients.
6	One Care 'over-promises' and 'under-delivers' – lack of capacity to deliver requests for support from practices	Develop effective processes for agreeing realistic priorities and holding each other to account for delivering on objectives and timescales. Any risks will be escalated through a clear governance

		<p>route. This will be backed up with the engagement strategy set out above.</p> <p>A transition plan will identify the skills and resources required for the new organisation and will ensure a robust HR process for existing staff – ensuring that there are flexible skills and resources available to the One Care office team to deliver priorities established by practices.</p>
7	Tension between being a support service and being a direct provider of services becomes problematic	This risk will be managed by the board who will ensure clarity of purpose and ways of working.
8	Getting the balance wrong between short term delivery and longer term planning	The board will be responsible for setting all objectives. The ability to deliver longer term planning will be constrained by funding.

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