

Working at scale: where are we now?

Dr Robert Varnam

Director of General Practice Development

@robertvarnam





Why?

Pressure

Opportunity

Pressures on general practice

↑ **population**

↓ relative funding

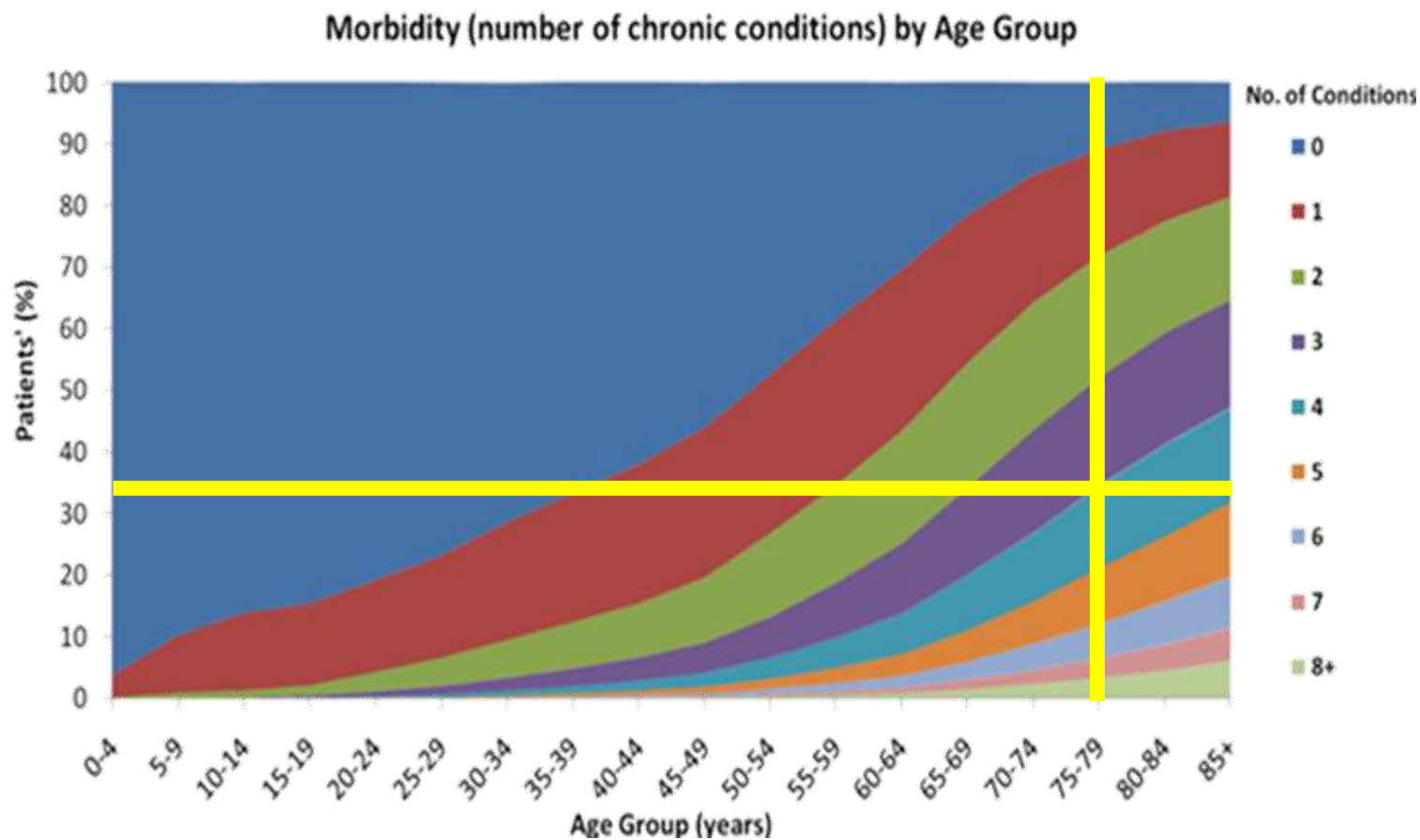
↑ **consultations**

↓ relative workforce

↑ **complexity**

↑ **costs**





Based on: The Lancet doi: 10.1016/S0140-6736(12)60240-2

STRENGTHS OF PRIMARY CARE

Personal and population-orientated primary care is central ...
if general practice fails, the whole NHS fails. Simon Stevens, General Practice Forward View



Holistic Dealing with the patient as a person not a disease or part of the body



Accessible Personal care built on a relationship from cradle to grave



Comprehensive Handling wide range of problems, managing clinical uncertainty



Community focussed Responsible for a registered population, improving wellbeing



Central Coordinating and connecting other teams, referring where appropriate

“Primary” ...

**first, foremost,
central, key**

STRENGTHS OF PRIMARY CARE

Primary care doesn't need reinventing, but **liberating** to deliver its **potential**



Holistic



Accessible



Comprehensive



Community focussed



Central

Current constraints:

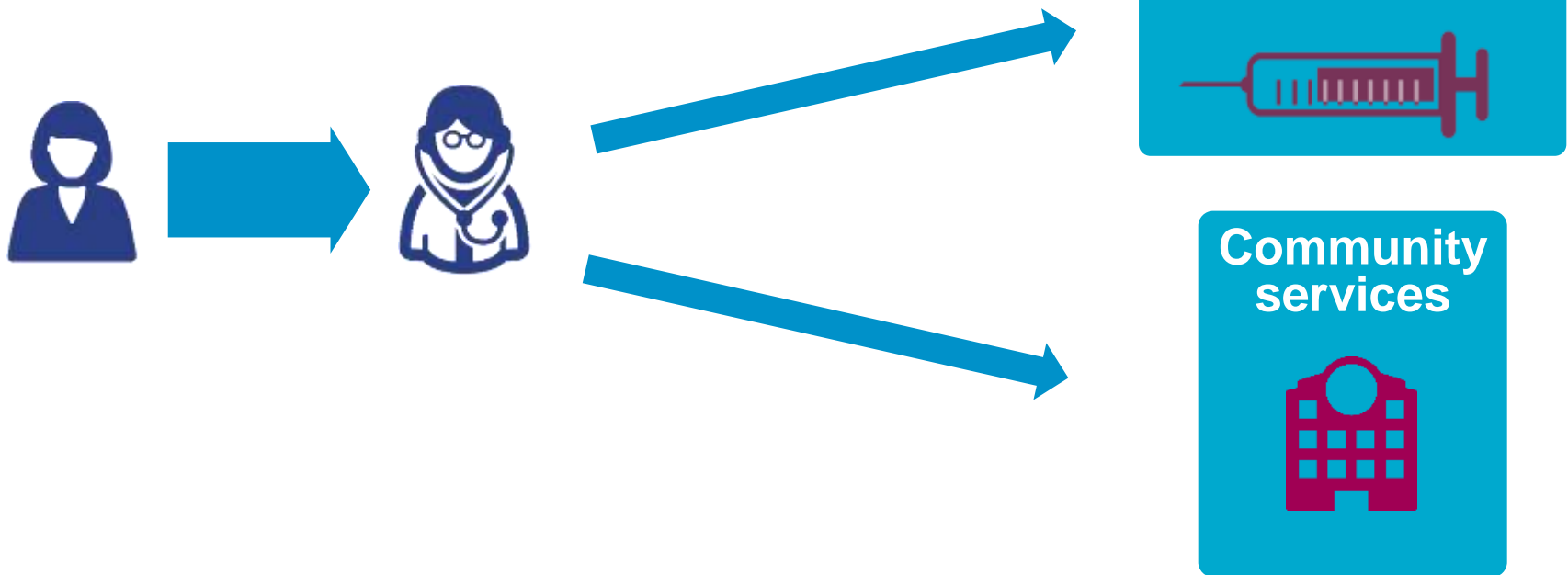
Demand >> workforce + funding

Practices are set up to provide mostly **medical care**

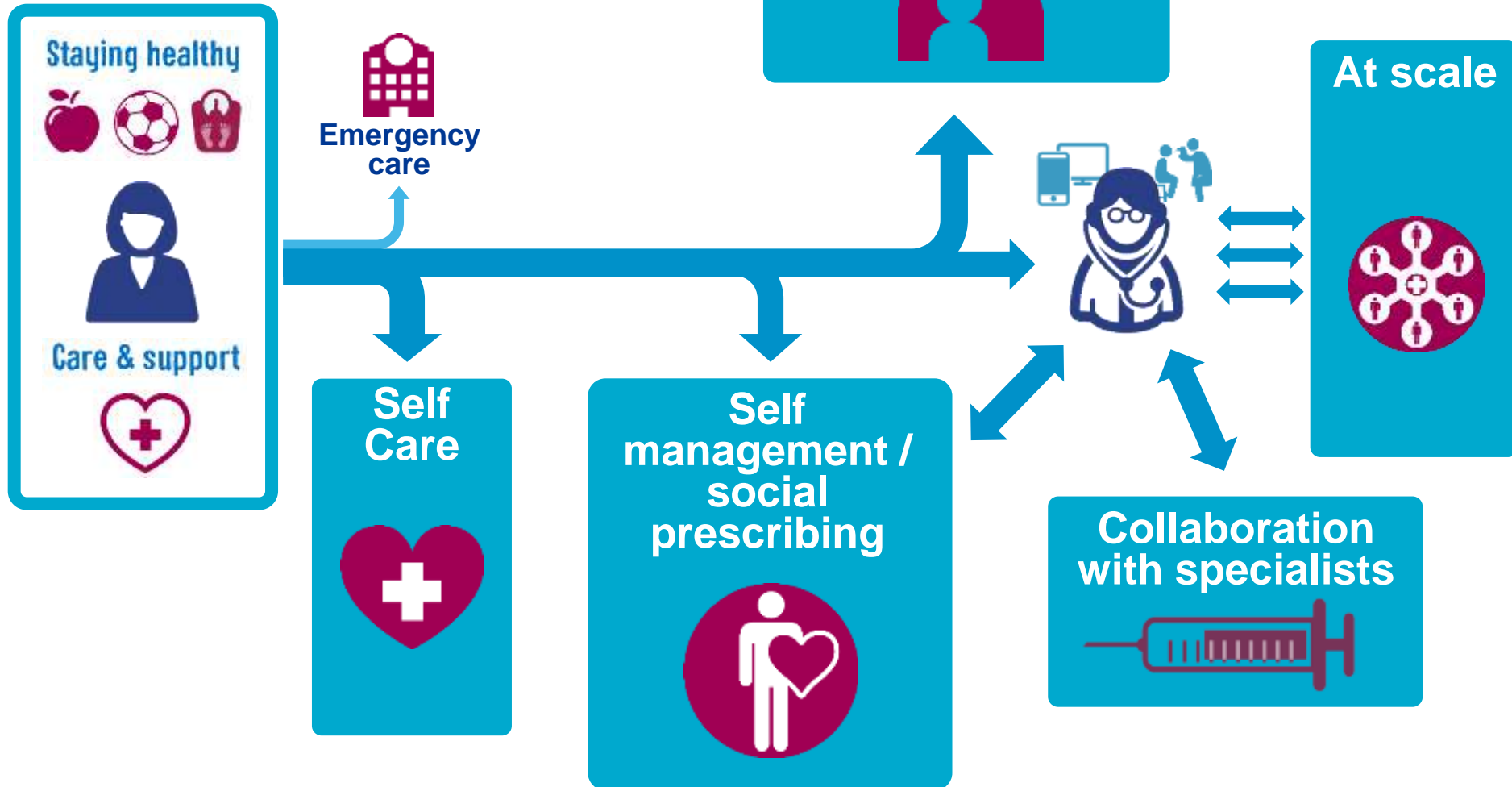
Hard to **coordinate** other inputs and 'pull in' specialist support

Too **small** and **isolated** to have significant impact on population or system

1948 CARE



FUTURE CARE





Working at scale: Opportunities for practices



Resilience



Economies of scale



System partnerships



Skillmix



Innovation and improvement



Staff development

What size should we be?

20

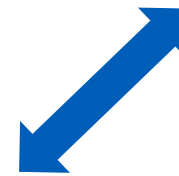
100

- ✓ Personal focus
- ✓ Clarity
- ✓ Commitment
- ✓ Agility

- ✓ Population focus
- ✓ Alignment
- ✓ Priorities
- ✓ Partnerships



**Don't accept
either / or
solutions**



The right thing at the right scale

STP: 0.5-3m

Workforce & infrastructure planning
Large scale service reconfiguration
Major partnerships & shifts in priority

Network: 100-900k

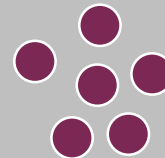
Finance, HR, governance, IT
Employment & career development
Specialist staff & services
Strategic partnerships
Population: wider determinants

Hub/home: 30-60k

Place of 'belonging'
Acute care
Shared MDT
Population: proactive & preventive care

Microteam: 3-4k

Continuity for complex needs



10 High Impact Actions to release time for care

1:

ACTIVE SIGNPOSTING

2:

NEW CONSULTATION TYPES

3:

REDUCE DNAs

4:

DEVELOP THE TEAM

5:

PRODUCTIVE WORK FLOWS

6:

PERSONAL PRODUCTIVITY

7:

PARTNERSHIP WORKING

8:

SOCIAL PRESCRIBING

9:

SUPPORT SELF CARE

10:

DEVELOP QI EXPERTISE

Innovations from around England that release time for GPs to do more of what only they can do.

bit.ly/gpcapacityforum

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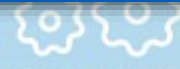
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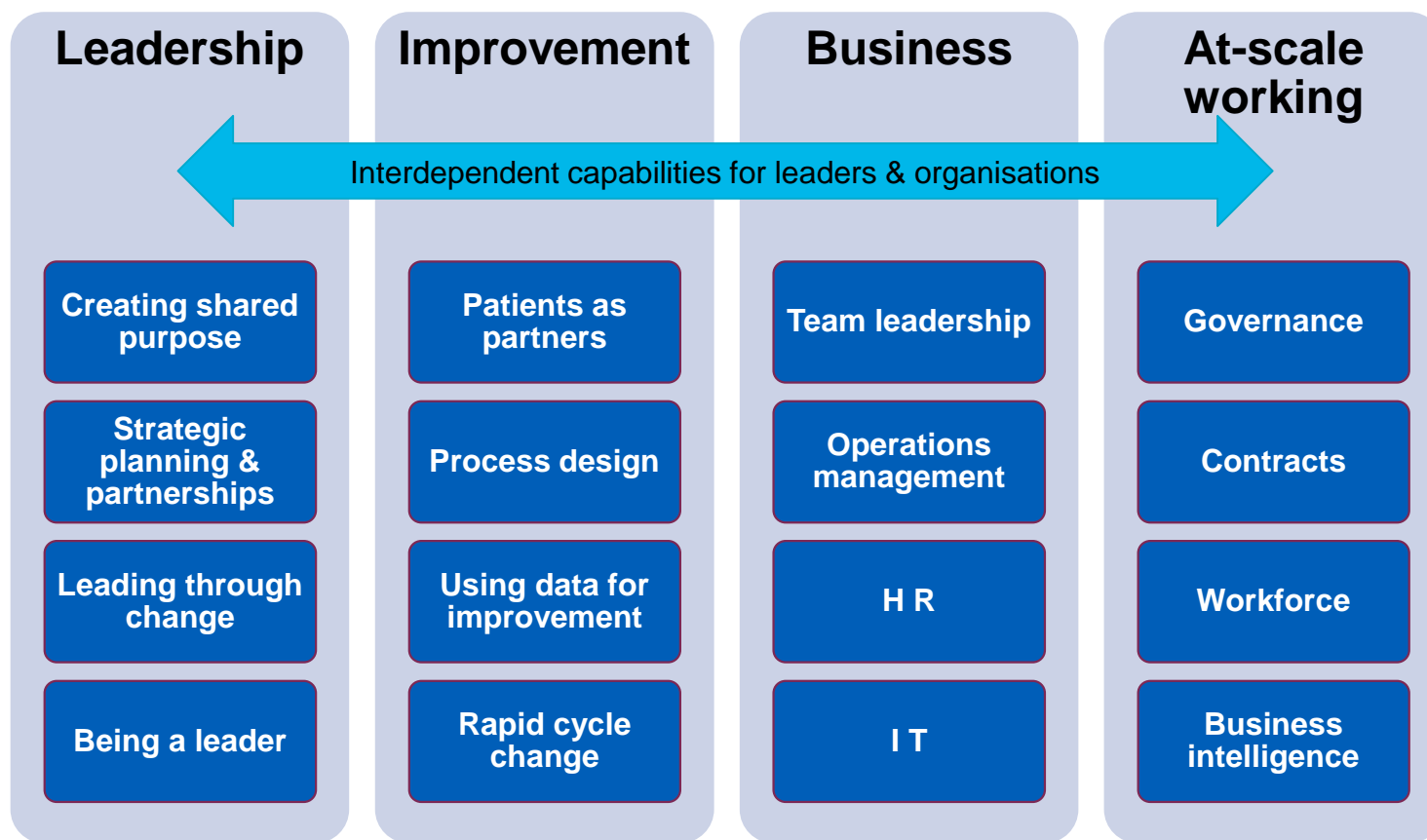
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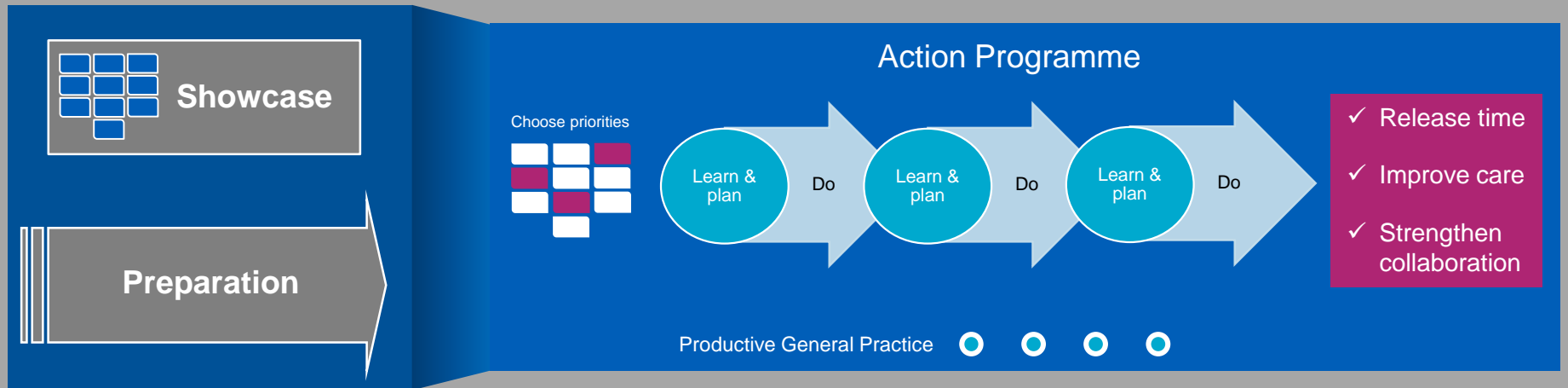
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Capabilities for the future



Your **Time for Care** programme

Development Advisor Support



General Practice Improvement Leaders Programme

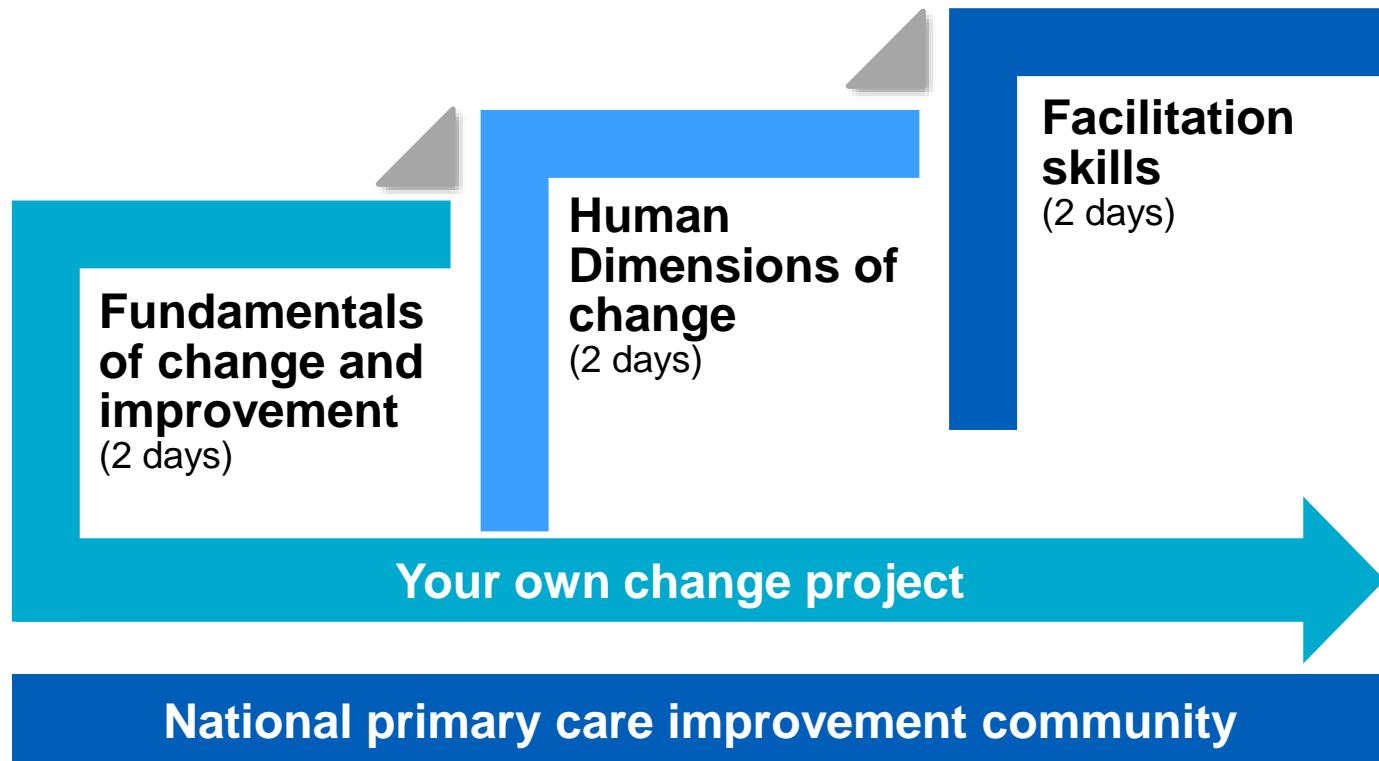
Funding for reception & clerical staff training

Funding for online consultations

CCG investment & support

General Practice Improvement Leaders programme

- ✓ **Build capabilities and confidence to support colleagues in implementing change in practices**





Dr Farzana Hussain, GP principal, trainer, appraiser
and federation board director, The Project Surgery

So ...

1 Purpose

What do we want to achieve?
What's the best scale for each aspect of that?

2 Action

Design the new thing.
Start implementing it. Learn & refine.

3 Capability

What skills, systems, processes will support and sustain this?

4 Form

What organisational form(s) will support this?
How do we want them to work?

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england.gpdevelopment@nhs.net