



## Resilience means fitness for the future

### SUPPORT FOR GENERAL PRACTICE

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“As a recent British Medical Journal headline put it – ‘if general practice fails, the whole NHS fails’... So rather than ignore these real pressures, the NHS has at last begun openly acknowledging them. We need to act.”  
(Simon Stevens, GP Forward View, April 2016)

General practice is rightly regarded as one of the great achievements of the NHS. It is also seen as the foundation on which the future NHS is built.

There is widespread belief that successful new models of care will be those that evolve from existing general practice, not threaten it; those that capitalise on its strengths and its success as the first port of call for 90% of people seeking NHS care.

But there is also finally recognition that after years of underfunding and steadily increasing demand, many practices are struggling. Workforce problems, premises issues, financial pressure and unsustainable workload add up to crisis. To paraphrase Simon Stevens, if general practice fails, we all fail.

National policy initiatives such as the GP Forward View are addressing the problem with funding to support general practice to work at scale and to become resilient. Some GPs have voiced frustrations that the promised funding has been slow to appear or has been spent on the wrong things.

With more than 80 funding streams in the GP Forward View, no wonder commissioners and practices alike have struggled to keep up with the complex arrangements for deploying support where it is most urgently needed.

At the same time practices hearing jargon about “new care models” and increasingly urged to collaborate and “work at scale” fear that they are being pushed in a direction that they may not want to take.

### How we can help

PCC has worked with hundreds of practices to help them get fit for the future – that’s all we mean by resilience.

We have supported struggling practices to identify problems – that they usually knew they had – and then to draw up practical plans to address them. Our facilitators are also working to help embed clinical pharmacists in general practice. Elsewhere we have supported practices to work together, from those taking their first tentative steps, seeking common

ground or making informal arrangements, to providing advice and support for mergers or for the creation of federations.

There is no right answer, but a range of common requirements. Practices want flexibility:

- To understand the options open to them (and to keep their options open)
- To choose the development path that suits them
- To choose the sort of support they feel they need
- To embrace change without giving up what they and their patients most value about them now
- To be in control of their own destiny.

And while some continue to argue “they should just give us the money and let us get on with it”, most recognise that they need help to do more than just keep fire-fighting.

## Practical support

Our support often starts with a diagnostic to find out where practices are and where they want to get to. We can then help them to write a plan to make the changes they want to see and stay with them to see it through.

As part of its development support for practices PCC provides access to personal and team development to help them to nurture leadership skills and the other capabilities they need in their practice teams – such as signposting training for reception teams.

“The strength of British general practice is its personal response to a dedicated patient list; its weakness is its failure to develop consistent systems that free up time and resources to devote to improving care to patients. The current shift towards groups of practices working together offers a major opportunity to tackle the frustrations that so many people feel in accessing care in general practice.” (Making Time in General Practice, Primary Care Foundation/NHS Alliance, 2015)

Increasingly some form of collaboration with other practices will be part of the answer to the question of long-term sustainability. We can facilitate initial meetings to identify shared mission and purpose and reach consensus about how to go forward. We can help those interested in more formal collaboration too, bringing in experts to advise on legal, organisational and financial implications of your business plans.

We can advise on the often overlooked areas of communications and stakeholder engagement to ensure that everyone is clear about the changes you want to make. Depending on how engaged they are your staff, the other practices you work with and patients will determine your rate of progress.

## Our people, our business

We are not management consultants. Our adviser team includes GPs, practice managers and others with real-world experience of primary care. We understand general practice, the

day to day and longer term challenges, primary care contracts and regulations, finance and premises issues.

PCC is an independent not-for-profit organisation with roots in the NHS and long experience of working with primary care. We understand the policy agenda and while we work closely with commissioners who hold the key to funding, our role is to support practices to fulfil their own agendas.

“General medical practice's heritage, strength and popularity with its patients have been earned by being local to its community and offering continuity of care. These virtues must be preserved and to fulfil the potential of general practice as a local provider and as a service that can shape and transform the NHS, it must be concomitantly small and large – small as an essential element of local social capital and large to be of strategic importance.” (Professor David Colin-Thomé, chair, PCC, 2017)

## What our clients say about us

### **Individual practice support**

“Overall all members of the practice team felt enthused by the encouraging remarks made by the assessor. The senior partner felt that it was a very fair assessment of the practice. It was an acknowledgement of the hard work we do under very difficult circumstances in an area of deprivation. All members of the team enjoyed the visit and felt encouraged in their work.”

Dr Dalpatram Mistry, senior partner, Paradise Medical Centre, Coventry

### **GP federation support**

“PCC worked with our GP federation from the start of our journey in 2015, supporting the group of practices that later became the East Lancs Union of GPs. A PCC facilitator worked with local GP leaders to understand the context for change using examples from PCC's work in other parts of the country. He helped the group to reach agreement about its mission and purpose, giving us the foundations for practical decisions about the right organisational form and identity to adopt.

“PCC was instrumental not just in enabling discussion but in signing up practices that had not been fully engaged at the start of the process.

“Working together means stepping out of your comfort zone. PCC helped us to appreciate what we needed to understand, but also provided the confidence we needed to make it happen.”

*Carole Martin, operational director, East Lancs Union of GPs*

## **Doncaster – GP collaboration**

A recent workshop in Doncaster brought together the CCG and 43 members of an aspiring GP federation to get practical advice about working together in the context of the emerging local sustainability and transformation plan (STP). The session was run by a PCC adviser and included tips and inspiration from Dr Mike Smith of Camden GP Federation.

The half-day workshop was “excellent, on point and an extremely effective way of delivering some critical messages”.

*Laura Sherburn, chief of partnership commissioning and primary care, Doncaster CCG*

## **Collaboration workshop – Hywel Dda (Wales)**

"Hywel Dda utilised some of the pacesetter funding to commission a specific OD programme from Primary Care Commissioning to facilitate discussions at cluster and county level regarding collaboration and federation models. An initial open workshop attracted representatives from over 25 GP practices and has been followed up with specific facilitated workshops with individual clusters. Feedback regarding the professionalism and experience gleaned from the sessions has been very positive."

*Extract from report of the directors of primary care and mental health from the Welsh local health boards.*

## **Contacts**

To find out more about PCC support for general practice email [enquiries@pcc-cic.org.uk](mailto:enquiries@pcc-cic.org.uk) with “resilience” in the subject line.