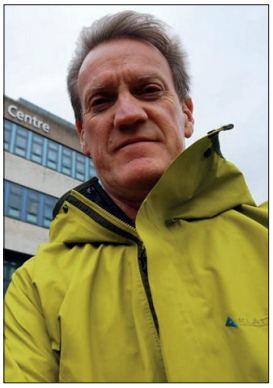
Ashley Liston



Back to the future in general practice

It is over 10 years since I joined my current practice, based in a 1970s health centre built as part of the Washington 'new town' development. In its day it must have appeared innovative and progressive with district nurses, health visitors, social services, out-patient facilities, X-ray, and physiotherapy services accommodated alongside the new GP practice. Over the years the practice partnerships split evolving into the current four practices sitting cheek by jowl with receptionists staring at each other across the shared waiting area. To a businessman it would be a 'no-brainer' for our practices to merge and immediately benefit from economies of scale. In general practice things are not so simple. The 'cottage industry' model is founded on small, close-knit teams providing personal care to their lists of patients with philosophies, traditions and perceived unique identities that are closely guarded.

Forming a GP federation based on our colocation seemed like a good starting point but far more important has been the shared vision and the development of a new working philosophy. Our business is first and foremost about improving the quality of healthcare for our community (see Washington Community Health Centre website; http://www.washingtonchc.org.uk/).

We have chosen to change our focus from merely reacting to the needs of our patients to becoming advocates for our local community. To help concentrate our thinking we have based our work programme on four 'pillars', namely: education and training; research and development; integrated working; and improved community services.

Using this framework has allowed us to develop an impressive array of start-up projects drawing on the skills and interests of various members of the practice teams. As with most GP federations we have had to be opportunistic in accessing resources with funding coming from our CCG, pharma, and one-off schemes such as funding to provide locality-based educational meetings.

What our federation is not is a practice preservation society. The aim of many federations is primarily about maintaining the status quo of individual practices that are feeling financial threat or struggling to recruit GPs. The inclination to group up and form a large, robust organisation which could effectively compete for NHS business is understandable. Safety in numbers and potential financial benefit through shareholder arrangements makes these federations superficially attractive. In reality most seem to achieve varying levels of success in obtaining business, which then resource a new and separate NHS provider organisation bearing little relation to the everyday challenges facing their member practices.

We remain a fledgling organisation but we have already achieved tangible benefits. Practice staff education and training programmes, research and audit programmes focusing on the management of atrial fibrillation and osteoporosis, practical support for our local 'multispecialty community provider Vanguard' locality-integrated team project, as well as projects underway to develop community-based sleep apnoea monitoring and men's health services. Perhaps most valuable but hardest to measure is the culture of collaboration that has eluded our practices despite our colocation, but is now increasingly evident on a daily basis in our dealings with each other.

The future appears challenging with continuing financial restraints, escalating workload, declining availability of GPs, an ongoing debate about 7-day opening and a 'voluntary contract' for GPs in 2017. Our strong inclination is to move towards the Primary Care Home Model described by the National Association of Primary Care[1] which is based on manageable networks of GPs with populations of 30–50K and a clear community focus with evidence of success drawn from the organisational memory of community fundholding schemes.

The Roland Report,[2] which seems to have bypassed most GPs, provides a timely blueprint for future general practice which may allow the small group of practices in our community to achieve the vision for community health developed by the Washington town planners nearly 50 years ago.

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REFERENCES

1. National Association of Primary Care. *The Primary Care Home Model*. http://www.napc.co.uk/primary-care-home (accessed 18 Feb 2016).
2. NHS Health Education England. *Primary Care Workforce Commission*. http://hee.nhs.uk/work-programmes/primary-and-community-care-programme/primary-care-workforce-commission/ (accessed 18 Feb 2016).