

My thoughts on the IT needs of GP Federations & proto-ACSSs

Dr Neil Paul GP

Join me on [LinkedIn](#)

Who am I..

- GP Partner
 - large 24K pt practice in Sandbach
 - We merged 2 practices into one
 - We run a range of services
- Digital Health Insider Columnist
- GP lead for local GP federation and Board member of CCICP (a community services provider)
- Co-owner of Howbeck Healthcare – a company that helps GP federations and specialises in IT

www.howbeckhealthcare.co.uk

- Has now setup 5 not for profit GP federations
- Works with a range of IT companies to deliver projects at scale
- Employs 6+ staff and has access to range of contractors with range of NHS and commercial backgrounds
- Won our practices >£6Million in new income
- Implemented/ commissioned/ helped develop numerous IT related schemes

What are GP Federations and ACSs?

GP Federations

- Helping practices survive and evolve in a changing landscape
- A provider voice
- An agent for standardisation and harmonisation
- Finding new income sources and cost savings
- Trying to achieve the benefits of working at scale without the pitfalls of “too many cooks”

Accountable Care Systems

- Living within a fixed capitated budget
- Finding productivity and efficiency gains by new ways of working outside of traditional silos
- Ideally should follow Starfield principles
 - Primary care focus – move work and money into primary care arguably the most efficient part of the health service!
 - Whole person not disease
 - Emphasis on lifestyle, prevention, screening
 - Joined up guidelines, formularies
 - Rapid access to community diagnostics and expert advice

In our experience most practices want to stay separate at least for now

And are reluctant of merger for a variety of reasons

- Change and Risk avoidance
- Workload issues
- Worries about income

However useful to think what if we were running General Practice as one franchised organisation...

- Are we investing enough in IT?
 - Hardware VDI? Cloud?
 - Training / Support
- Standardisation
 - Disease registers as the basis of determining need
 - Of data recording to help understand demand
 - Of Clinical coding to measure activity
 - Of Back Office including Stock, Payroll, Finances, contracts, etc to help understand costs of things
- Need Joined up working but ability to stay separate for things.
 - Hub working and inter-practice referrals
 - Can any user see any patient and record in their notes (live)?
 - Can you book appointments across an area into primary care delivered services?
 - Can you report/log this activity and cost?

Need for More Information

- Do we understand our activity capacity demand? (Apex)
 - Do we have live dashboards?
 - How about across primary secondary and community?
 - How about data from sources such as phone systems/emails/SMS?
 - Lean and TPS – do we monitor typing waits, call answering, prescription filling etc
 - Waits for diagnostics etc.
- Can I performance manage (appraise) my staff?
 - What metrics/data can I measure?
 - Who is opportunistically collecting data – who isn't? Who is claiming all fees, who isn't, who makes the organisation money, what makes the organisation money?
- Can I produce a balanced scorecard for the overall organisation and individual parts?
- Can I join up my clinical system with Secondary care? PACT
 - For example can I plot performance by site vs cost?

Top 10 high impact changes+

- How do I reduce unnecessary workload for my clinicians by utilising
 - Admin support & Skill mix
 - Speech recognition & AI
 - Training
 - Pre consultation diversion and assessment
 - PROMS
- By delivering rapid access tests/guidance/support in real time (one stop GP concept)
 - GPask
 - FirstDerm – Endoscope-I - Medefer
 - ECG reporting service from Technomed
 - Moving to contact a Peer or Expert on demand

Full utilisation of cross-organisational workforce

- Need ability for cross organisational working
- Any user from any practice to access any other's patient in real time
- Can I utilise internal spare capacity?
- Can I dynamically out/insource services?

- Lexacom/Accuro project
- Coding/Notes Summarising project
- In/Out of hours centralised call handling project.
- Home visiting app

Need for better modelling and reporting?

- Need to be able to show effect of actions across the LHE system in near real time of things like:
 - Physio first
 - Mental health in Surgery Service
 - Longer appointments?
 - Home visiting service
 - Palliative care service
- Effects on Access, on referrals, on drug spend, on time off work, on cost, on patient satisfaction on clinician satisfaction

Feel free to get in touch
this is just a whistle stop tour

neil.paul@nhs.net

Or

neil@howbeckhealthcare.co.uk