

Primary Care at Scale – Frequently Asked Questions

1. Why should I consider merging or collaborating?

There may be multiple reasons and/or drivers for practices to consider merging or collaborating, such as, practice resilience due to workforce pressures or equally the opportunity to change the model of care that will support a different way of working and achieve a better work/life balance, especially for Practice partners.

It is important to understand at the outset of any collaboration or merger what the drivers are for partners, staff and the business as a whole. These need to be identified and signed up to by all parties. The At Scale toolkit will help identify how far your practice is in identifying these, and the level of 'buy-in' you have. Following your assessment, the team will work with you to discuss how these can be enhanced and further traction gained.

In order for the health and care system to be sustainable over the longer term, the Commissioners are looking for economies of scale, which will include general practice, and therefore should be considered in terms of your future business planning.

2. What evidence is there for a need to change?

Over the past decade or so, practice income has reduced and the ratio between incomes and expenses has increased, impacting on some practices' viability.

During the past two years, several local practices have applied for resilience funding, not all of which unfortunately could be supported. Some practices have also applied to close their list, as they face capacity constraints in both workforce and estates.

Practices that have merged locally, have been able to better manage some of these issues, and have created an environment that is attractive to the new workforce

3. My practice has no issues around recruitment, services or patient satisfaction – what is my incentive for working at scale?

Whilst there may be no immediate practice specific drivers, due to no fault of the practice, sometimes the unexpected can happen. The benefits that collaborative working at scale or formal mergers can bring include:

- increased future resilience;
- a greater leadership/management support structure for Partners;
- economies of scale to do things differently, the benefits of which can be both personal and professional;
- facilitate effective succession planning.

4. My practice has already started/completed the merger process without this offer of support. Will we benefit from this programme at all?

If you have started the merger process then yes, this programme will be beneficial for your practice. If you have completed the merger process, then you have effectively completed your own internal readiness assessment and due diligence. If there is, however some additional support you would like, then we would be happy to discuss this with you.

- 5. There is a cost to collaborating and merging not just by way of actual costs but in terms of resources to deliver and drive the project.**

How can the CCG help with these costs and resources?

Whilst the CCG is unable to support direct business costs, such as professional legal and financial fees, incorporated within this At Scale offer is both project and professional management support that is funded by the CCG. This incorporates a payment that will be made to grouped practices to provide some backfill practice management support in recognition of the due diligence work that is required.

In addition, Alan Ball, Managing Partner of Octagon, who has a background in corporate mergers and acquisitions, has offered his time and support for this initiative, free of charge.

- 6. In the past, we have struggled with patient engagement which has had a knock-on effect on the success of our proposed initiatives. How can we better manage this?**

Patient impact and patient participation is imperative to any proposed change. It is important to ensure that patients are able to ask any questions and/or discuss concerns with the practice. Patient Participation Groups can support the practice with this, as well as using other advertising and communication methods, such as posters and social media.

The At Scale assessment framework includes a section on communication and engagement. This is a complex area and Alan has offered his support and experience on how these barriers can be overcome swiftly.

- 7. How do other projects - such as neighbourhood teams, hubs etc - impact on existing/future collaboration or merger arrangements?**

Our plans for neighbourhood/community hubs are still being developed. Practice mergers and collaborative working will, however, be an important consideration in understanding the role of general practice within this model.

Given our current financial situation, we are looking for economies of scale across the system so that we can be more sustainable over the longer term. The At Scale offer, whilst system independent, is aimed at supporting general practices in considering their future opportunities and ultimate sustainability within a changing system.

- 8. How do the local GP federations fit in with this programme?**

The GP federations may support member practices with their future planning and/or offer a commissioning vehicle for collaborative working locally. As membership organisations, their role should be determined by their members.