

Welcome

Dr John Galuszka

On behalf of Oxfordshire GPs

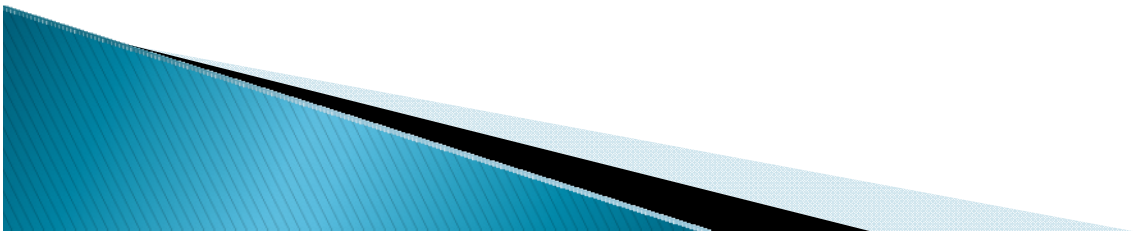


Oxfordshire GPs

Introductions



Oxfordshire GPs



Background:

- ▶ 640,000 (funded) population
- ▶ Budget £930 million
- ▶ Social Services c£200 million
- ▶ 83 practices
- ▶ 483 GPs + 113 sessional GPs

Where are we?

- ▶ One Oxfordshire Consortium
- ▶ Democratic process
- ▶ Bottom up – GP practices
- ▶ 7 locality groups – PBC leads
- ▶ Massive GP support including Local Medical Committee

Cont'd . . . where are we?

- ▶ Pathfinder Status
- ▶ Largest of the first 52 pathfinders
- ▶ SHA event 19th January
- ▶ National Event 26th January
- ▶ Encourage innovation

Pathfinder status – 26th January:

- ▶ Equity and excellence - quality
- ▶ “We want you to be the best consortium you can be”
- ▶ “Effective change happens bottom up”
- ▶ Ask me about incentives!

Cont'd . . .where are we?

- ▶ GP leads meeting every 2 weeks
- ▶ Developing model options for approval
- ▶ GP education programme
- ▶ Encourage momentum
- ▶ Develop clinical workstreams

GPCC responsibilities:

- ▶ Commission NHS services - elective hospital and rehab care; urgent and emergency care, maternity; most community health services; mental health and learning disability services
- ▶ Determine health care needs

Cont'd . . .GPCC responsibilities:

- ▶ Determine service requirements to meet those needs
- ▶ Enter into and manage contracts with providers
- ▶ Monitor and improve the quality of healthcare
- ▶ Promote equalities & work with Local Authority
- ▶ Engage patients and the public

Where are we going?

- ▶ Dynamic democracy
- ▶ Strong locality functioning
- ▶ A strong central function
- ▶ Localities delegate power to centre
not vice versa

Cont'd. . .where are we going?

- ▶ GP leads re-seek a mandate through practices – March/April
- ▶ Accountable officer preference GP
- ▶ GP locality leads and deputies
- ▶ Clinical commissioning leads
- ▶ Central “executive” GP role – might be from localities or...

Finance and performance:

- ▶ Money stays the same – services have to change
- ▶ Managing and refining demand
- ▶ High quality services for patients
- ▶ Working collaboratively
- ▶ GPs & Practices are responsible

Timeframe:

- ▶ NOW - Identifying and supporting GP leaders
- ▶ April – Sept developing consortium and support team
- ▶ Shadow GP Consortia 2011-12
- ▶ Full shadow 2012 -13
- ▶ GP Consortia full financial responsibility from April 2013

Where are we going?

- ▶ Ownership
- ▶ Leadership
- ▶ Partnership – public and many other partners
- ▶ Improved service delivery
- ▶ Communications





Sonia Mills

Chief Executive
NHS Oxfordshire



Oxfordshire GPs

Oxfordshire GP Consortium:

- ▶ £2.5m available for running costs to consortium for 2011/12 (£2 per head)
- ▶ Running costs of £25-£35 per head when established in 2013
- ▶ PCT remains the statutory responsible NHS organisation until 2013
- ▶ Board functions & committees will change
- ▶ Internal structure of the PCT will need to change to reflect the merging of functions as GPs increasingly take leadership for the national NHS goals and the local PCT work programmes



PCT Clustering Arrangements:

- ▶ NHS Oxfordshire to cluster with NHS Buckinghamshire
- ▶ Chief Executive will be appointed by end of March 2011
- ▶ Executive Management team appointed by end of June 2011
- ▶ Split functions so some staff supporting the transition to GP commissioning and others working to the cluster to ensure the delivery of the 2 PCT work programmes
- ▶ Board functions will respond to new clustering arrangements

NHS Oxfordshire – restructuring:

- ▶ PCT has to reduce its running costs
- ▶ 19 January 2011 launched a staff consultation on a proposed restructure to reduce the pay cost of the PCT by £4.4m in April 2011 to £9.9m in April 2012
- ▶ Avoiding compulsory redundancies where possible with voluntary redundancy and mutually agreed resignation scheme

Alan Webb

Director of Service Redesign
NHS Oxfordshire



Oxfordshire GPs

What is already happening?

- ▶ GP education events – started
- ▶ Developing workstreams to consider options for future structure and functions of consortium and localities
- ▶ Developing decision making process both for transition and the new consortium

What are the GP education events?

- ▶ 50 GPs are involved in the development of the GP consortium
- ▶ Sessions include:
 - Commissioning, procurement & contracting
 - Information & data
 - Finance
 - Communications & engagement
 - Service improvements
 - Quality
 - Partnerships and joint commissioning

What decisions need to be made by GPs leading the development of the consortium?

- ▶ Key decisions will need to be made about what support and functions are provided at what level:
 - Some will need to be at consortium level
 - Some will need to be at locality level

What is the challenge?

- ▶ The scale of this is big....
 - £200m of efficiencies across commissioners and providers over next 4 years to reinvest
 - The Government are calling this Quality, Innovation, Productivity and Prevention [QIPP] plan
- ▶ There is a plan with a series of workstreams but.... consortium and localities need to get involved

Finally . . .

- ▶ This is a big scale change and things will be different
- ▶ Need to deliver on the QIPP as well as delivering on the change programme
- ▶ But there is a plan and PCT/the cluster is here to help and support – at least until 2013!!

What this means for you?

Dr Gavin Bartholomew
&
Dr Stephen Richards



Oxfordshire GPs

- ▶ GPs in Oxfordshire have democratically demonstrated their support of commissioning



- ▶ GPs value our local NHS providers and are keen to improve the quality and outcomes of healthcare



Oxfordshire GPs

- ▶ GPs have expressed an interest at an early stage in order to be able to help and improve the new system

- ▶ GPs value the expertise of our current managerial colleagues

- ▶ GPs recognise the patient consultation is the foundation of their relationship with the patientbut within the context of the whole healthcare system

Urgency:

- ▶ Increased Choice for Patients
- ▶ ButNO Choice for GPsit is happening

**793 DAYS to the Oxfordshire GPCC
TAKING FULL RESPONSIBILITY**



Oxfordshire GPs

Who does all this apply to?

- ▶ The population of Oxfordshire
- ▶ Every GP – Partners, salaried GPs and locums
- ▶ Allied Health Professionals
- ▶ All providers – especially secondary care clinicians.....
- ▶ Social Care and Public Health

Our Population:

- ▶ No one has the ideal model for engaging the power of the population
- ▶ Healthwatch – not LINks
- ▶ Build on local PPGs whilst clarity emerges
- ▶ Media and “The Reg Little test!”

What can GPs do now?

- ▶ Work with your localities, consortium and PCT on QIPP
(We cannot afford to inherit a deficit in April 2013 as it will greatly undermine our potential)
- ▶ Keep new commissioning ideas coming in

"Realise The Opportunity"



Oxfordshire GPs

Questions?



Oxfordshire GPs