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Collaboration in general practice: surveys of GPs and CCGs

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Background

- The English NHS is facing a number of challenges which require **transformational change** at a demanding scale and pace. **Collaborative working within general practice** is at the heart of this change, and will be important in driving forward new models of care.
- The Royal College of General Practitioners and the Nuffield Trust were commissioned by NHS England to **examine the landscape of scaled-up general practice** and to **develop an online network** to support new and emerging collaborations.
- This slide pack presents the results of two online surveys which aimed to examine the landscape of collaboration in general practice: one distributed to general practitioners (GPs); and the other distributed to clinical commissioning groups (CCGs).

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Introduction

- The surveys were undertaken from July to November 2015 and aimed to provide a snapshot of the pace and scale of large-scale collaboration in general practice in England.
- We received responses from:
  - 94 CCGs (**approximately 45% of all CCGs**)
  - 982 GPs and practice representatives from 184 CCGs (**approximately 87% of all CCGs**).
- The surveys asked CCGs and GPs very similar questions to gain two perspectives on the same topic.

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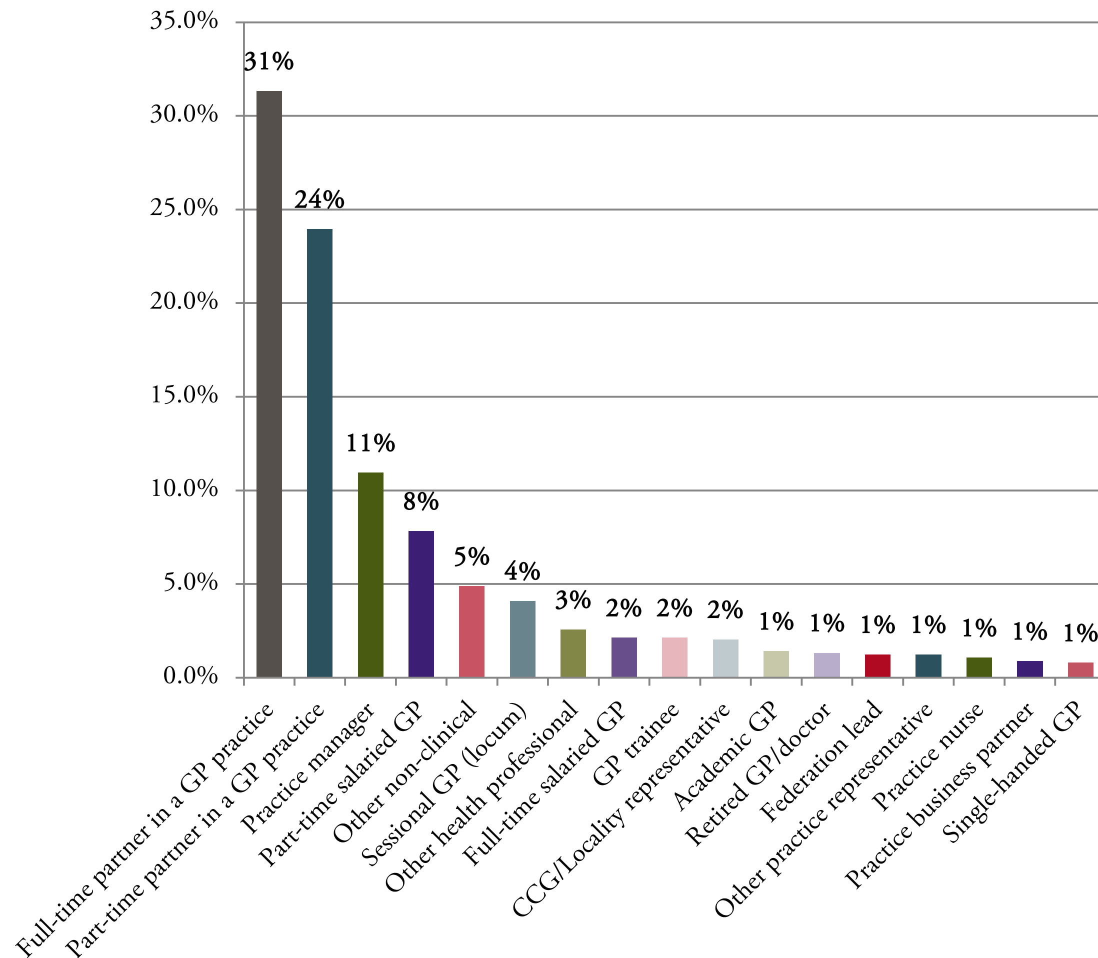
Survey respondents: GPs

- Invitations were sent using a number of methods including RCGP Chair Updates and direct emails.
- We received **1017 responses**, but 35 were from devolved UK countries or incomplete.
- **982 responses were analysed**
- We encouraged respondents to describe all of their job titles (see chart).
- For simplicity, all respondents are referred to as 'GPs' in the analysis.



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Data from GP survey

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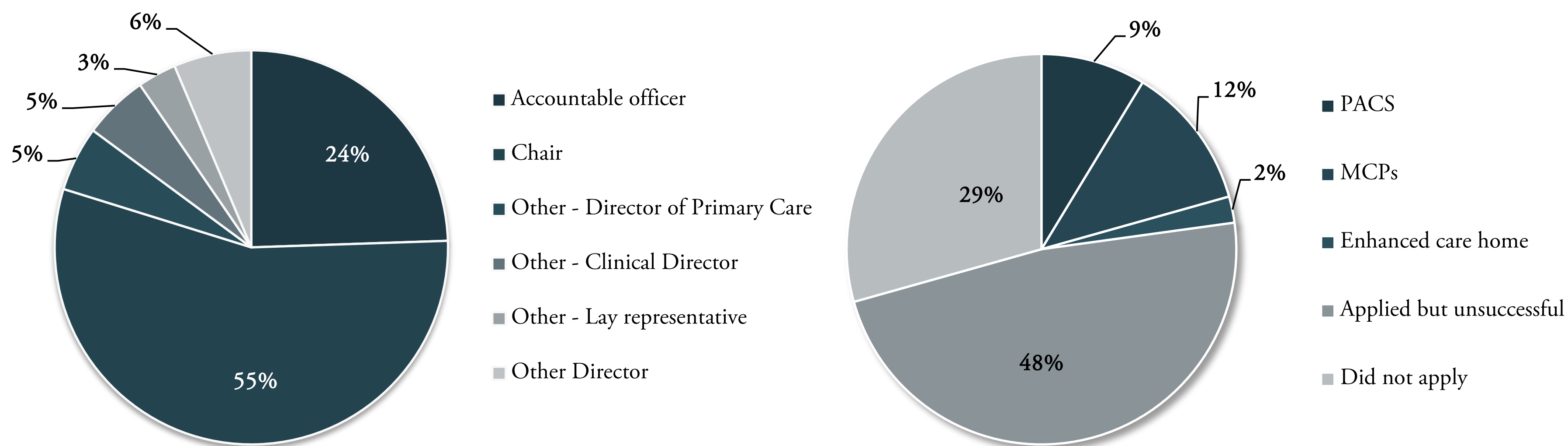
Survey respondents: CCGs

- Email invitations were sent to CCGs with the aim of one response per CCG.
- We received 126 responses, but 32 were incomplete or duplicates*.
- 94 responses were used in the analysis (representing 94 CCGs).
- Over three-quarters of respondents were Chairs and Accountable Officers.
- About one-quarter of respondents were from CCGs with Vanguard sites.



* Where more than one person per CCG responded, the Chair's response was saved (and all others were deleted). Where a Chair did not respond, the Accountable Officer's response was saved (and all others were deleted).

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Data from CCG survey

Key findings

1. The majority of GP respondents (73%) report being **part of a formal** (37%) or an **informal collaboration** (26%) and the numbers are growing rapidly – 44% of respondents say that their collaborations formed in the last year.
2. GPs and CCGs report that the **growth in collaborative working is driven primarily by CCG encouragement** alongside financial pressures faced within general practice and a desire to expand the range of services offered in primary care.
3. Most **formal collaborations are run as federated models** (64%) rather than super partnerships (2%), and thus may rely on a degree of engagement from individual practices, as the strong managerial levers common to most super-partnerships may not be in place in federations.
4. 42% of GPs reported that the legal structure of their formal collaborations is **private limited company**. Around 8% are community interest companies (CICs).
5. The **population size covered by GP collaborations is relatively large**: over two-thirds provide care for 50,000 or more patients.

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Key findings (continued)

6. Most collaborations (84%) **operate within the boundaries of a single CCG**, which can have benefits such as the sharing of staff or referring patients across member practices nearby, but can also create conflicts of interest.
7. Extracting the **full benefits of collaborative working** between practices can take time despite having clear vision and motivation – **at least two years** for many GP collaborations.
8. The **early focus** of collaborations is on **the development of extended services**, alongside investment in staff and training.
9. The **main challenges** faced by those establishing collaborations are **building trust and the engagement of member practices** at a time when all practices are under pressure and have little time for clinical leadership.
10. To further develop collaborative working, **GPs and CCGs are seeking support** for organisational and leadership development, as well as legal advice.

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To what extent are GPs already working collaboratively?

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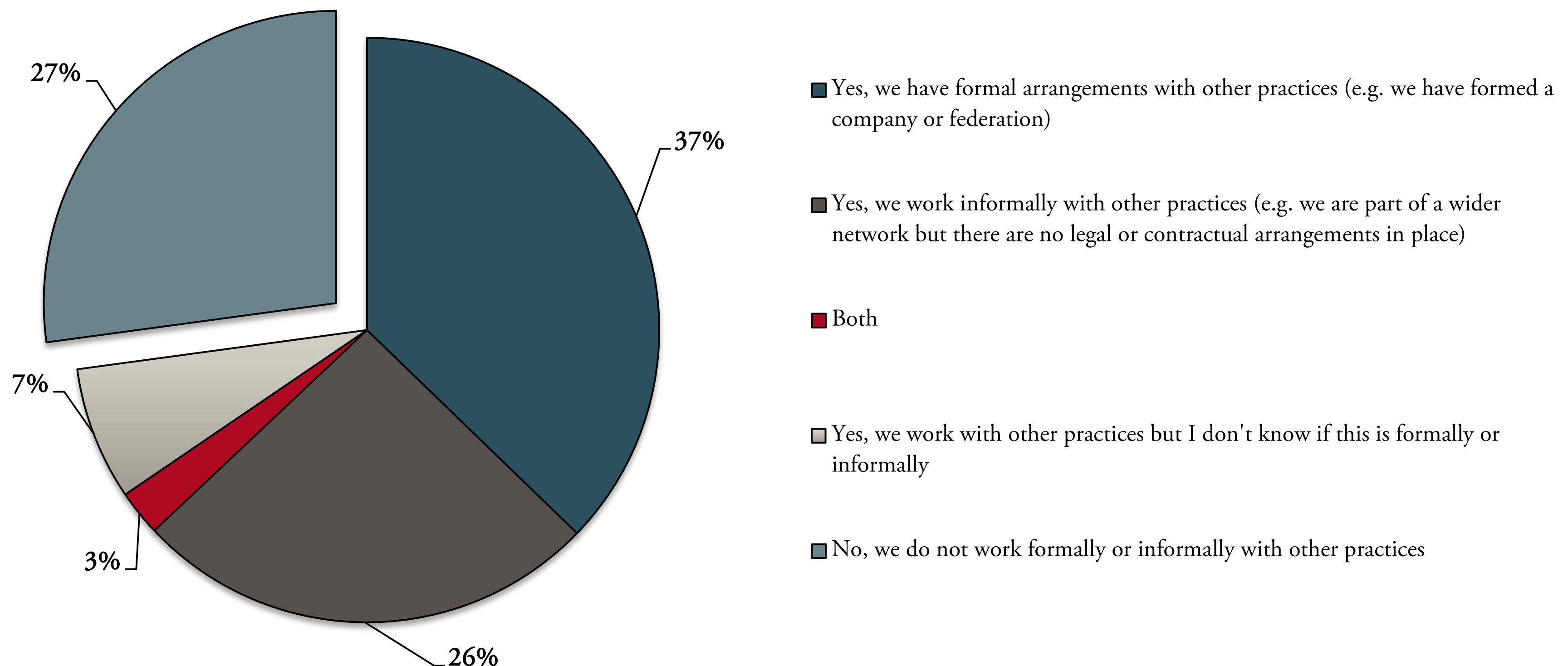
Collaborative working is common among GPs: only 27% report that their practices do not collaborate with others



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Data from GP survey

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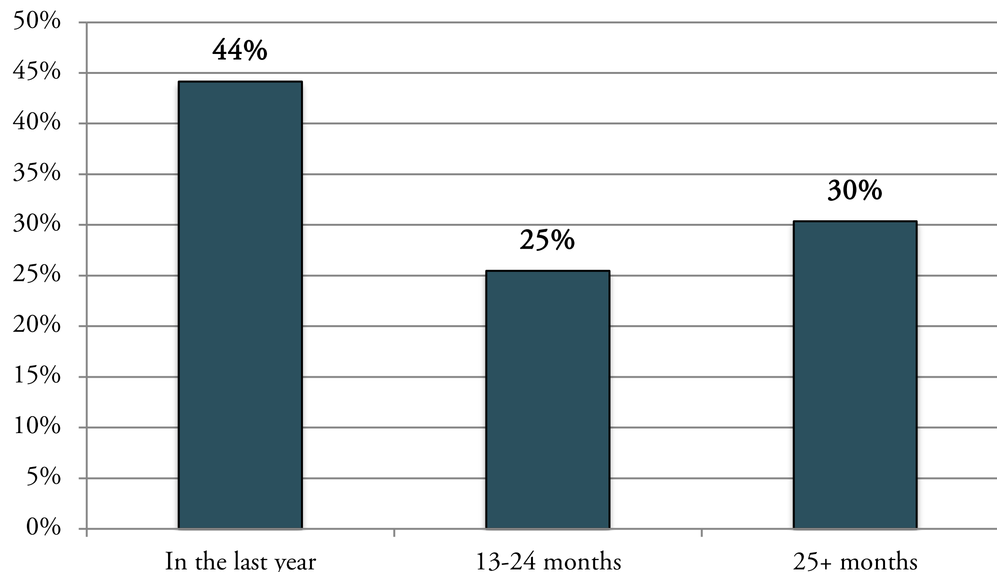
Collaboration is not new among GPs, but the trend has strengthened in the last year, possibly as a result of the Five Year Forward View (FYFV)



*We asked GP respondents to list all of the collaborations their practice is involved in. Most reported one collaboration (i.e. their main organisation), but some reported up to five collaborations.

- Formal rather than informal collaboration is more common among mature general practice collaborations.
- 97 people reported their main* organisation was aged 25+ months, of which 59% were formal, 29% were informal, 8% were both and 4% didn't know.
- This suggests an evolution towards formality for the majority, but doesn't rule out ongoing informal links.

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Data from GP survey

What form are collaborative arrangements taking?

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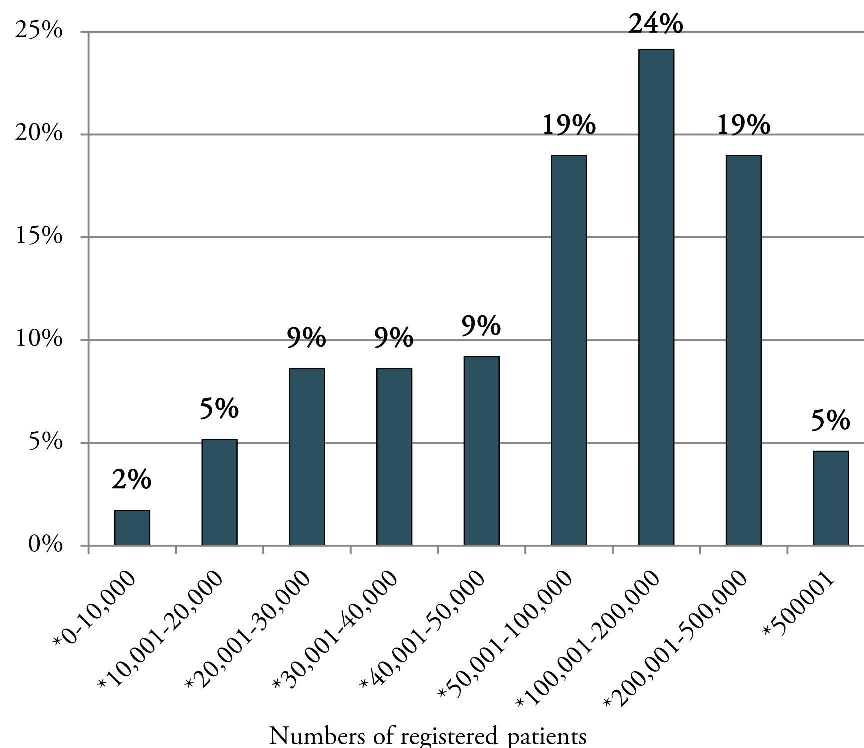
Most GPs report that their at-scale collaborations are large – much larger than the minimum of 30,000 registered patients for multi-speciality community providers



The number of member practices is correspondingly large: 54% of GPs indicate that their collaborations have between 6 and 30 member practices.

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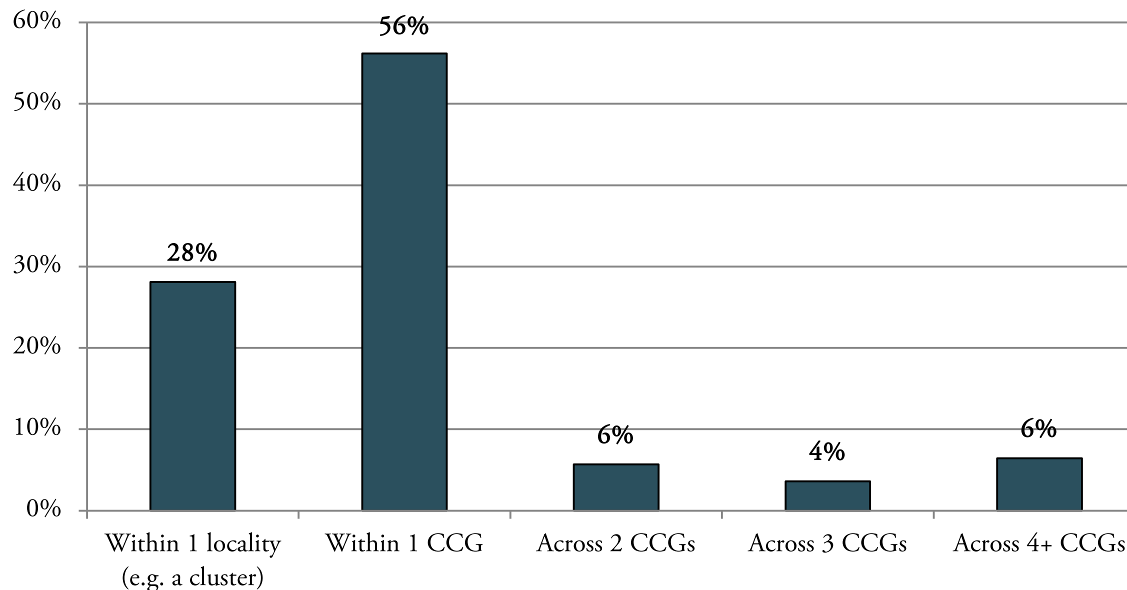
The large majority of at-scale collaboration happens within the locality or CCG level – GPs say it's rare to work across multiple CCGs



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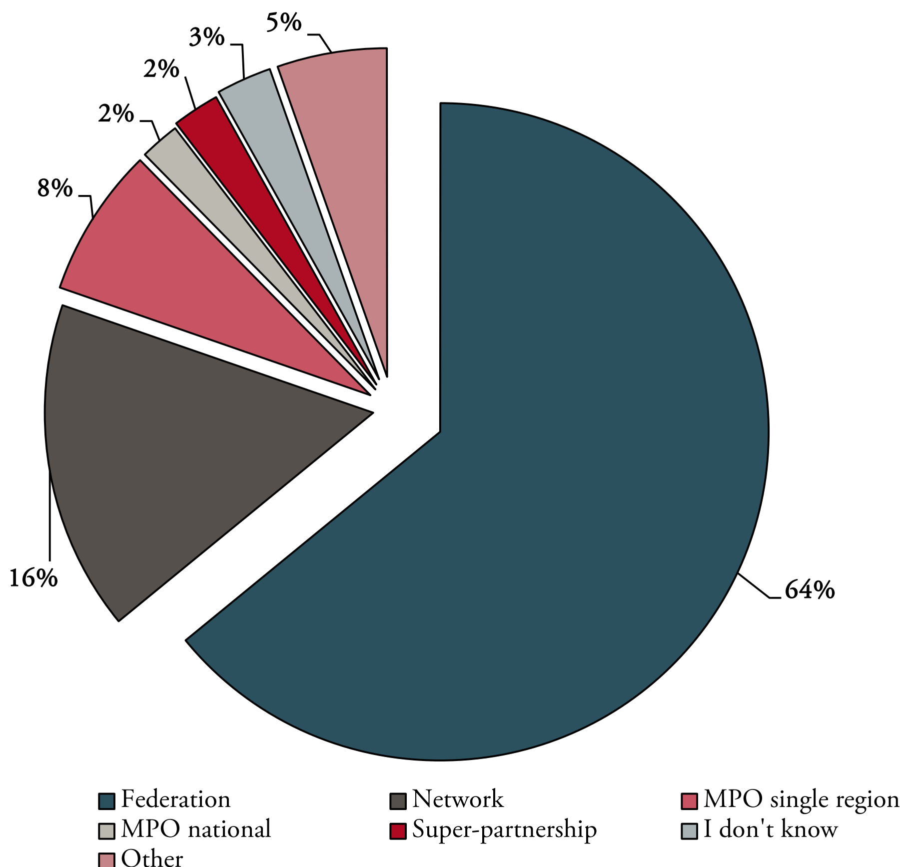
Around two-thirds of GPs in formal collaborative arrangements say they work within federated models



- This chart provides data on those who indicated that they were in a formal collaboration (n=394). Of those, 134 did not choose to describe their organisation (i.e. left the response blank).
- 17 respondents provided detail to describe their organisations, but many confused organisational form with legal structure and other possible descriptors (e.g. "social enterprise GP provider?", "locality group", "provider company").
- This suggests that there is a lack of clarity around organisational terminology

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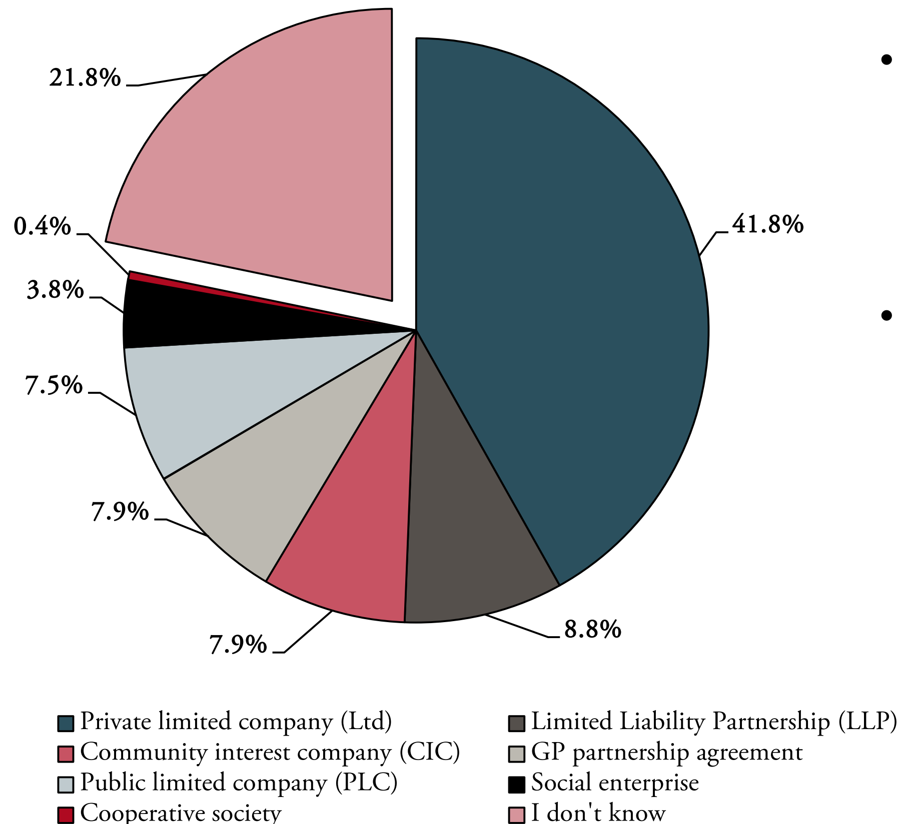
A variety of legal structures are used across formal collaborations, but GPs report that the 'private limited company' is most common



- Around one-fifth of GP respondents who were part of formal collaborations had difficulty identifying their organisation's legal structure, and reported 'I don't know'.
- This again emphasises the amount of uncertainty around describing at-scale organisations.

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What has motivated collaborative working?

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GPs have been motivated by a range of factors, including opportunities to achieve efficiencies and to offer extended services

1	We wanted to achieve efficiencies through merging back office functions (e.g. IT systems or HR) (163, 14%)
2	We wanted to offer extended services to patients that have typically been provided outside of primary care (148, 13%)
3	We were encouraged/supported by our CCG (147, 13%)
4	We wanted to improve clinical outcomes (139, 12%)
5	We wanted to improve the opportunities for collaborative learning and peer review (131, 11%)
6	We wanted to improve access for patients (e.g. offer longer opening hours or increase availability of appointments or offer different types of appointment – e.g. online consultation) (107, 9%)
7	We were encouraged by other local GP practices (96, 8%)
8	We wanted to improve our recruitment and retention (90, 8%)
9	National policy (e.g. NHS England's Five Year Forward View) (89, 8%)
10	We were previously financially unsustainable as a single practice (27, 2%)
11	We wanted access to improved premises (22, 2%)

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However, some GPs also reported feeling pressured into working collaboratively by peers, CCGs and national policy

"A feeling not to be left out, a belief we need joined up back office functions etc and a threat we would not be able to join at a later stage without major financial and other disadvantage"

"Didn't want to be left behind in primary care development"

"It was a natural evolution and the CCG are offering contracts based on network working"

"To enable us to tender for contracts we already provide, should this become necessary"

"We felt pressure to participate (peer pressure, national policy)"

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CCGs agree that they have been influential in encouraging collaboration between practices

- 77% of CCG respondents (n=73) have ‘**actively encouraged**’ practices to **join together** into at-scale collaborations.
- Many have done this by convening meetings (n=59), providing CCG personnel (n=51), bringing in expert advice (n=50) – **fewer than half have provided financial support** (n=29).
- CCGs also report that **national funding sources** (e.g. Vanguards, Prime Minister’s Challenge Fund) have acted as stimulants; and contracting and quality payments have been shaped to encourage collaboration.
- Only **seven CCGs have not helped practices to work together**. Main reasons given were: “*it’s not the role of the CCG*” (n=3), “*we’re concerned about the conflicts of interest*” (n=3), and “*we do not have the financial resources to support them*” (n=1). Comments also suggested that there were competing priorities for resources.

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CCGs also agree that practices have been motivated by achieving efficiencies and extending services

However, in contrast to GPs, CCGs place greater weight on financial concerns as motivations

1	We [the CCG] encouraged them to form (48, 18%)
2	Practices wanted to achieve efficiencies through merging back office functions (e.g. IT systems or HR) (37, 14%)
3	Practices wanted to offer extended services to patients that have typically been provided outside of primary care (36, 13%)
4	Practices felt they were financially unsustainable as single practices (29, 11%)
5	Practices wanted to improve their recruitment and retention (28, 10%)
6	Practices wanted to improve clinical outcomes (26, 10%)
7	Practices wanted to improve access for patients (e.g. offer longer opening hours or increase availability of appointments or offer different types of appointments – e.g. online consultation) (23, 9%)
8	National policy encouraged them to form (e.g. NHS England's Five Year Forward View) (17, 6%)
9	Practices wanted to improve the opportunities for collaborative learning and peer review (15, 6%)
10	Encouragement from other local GP practices (7, 3%)
11	Practices wanted access to improved premises (3, 1%)

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Data from CCG survey, reported by % of total responses

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What have at-scale collaborations done so far?

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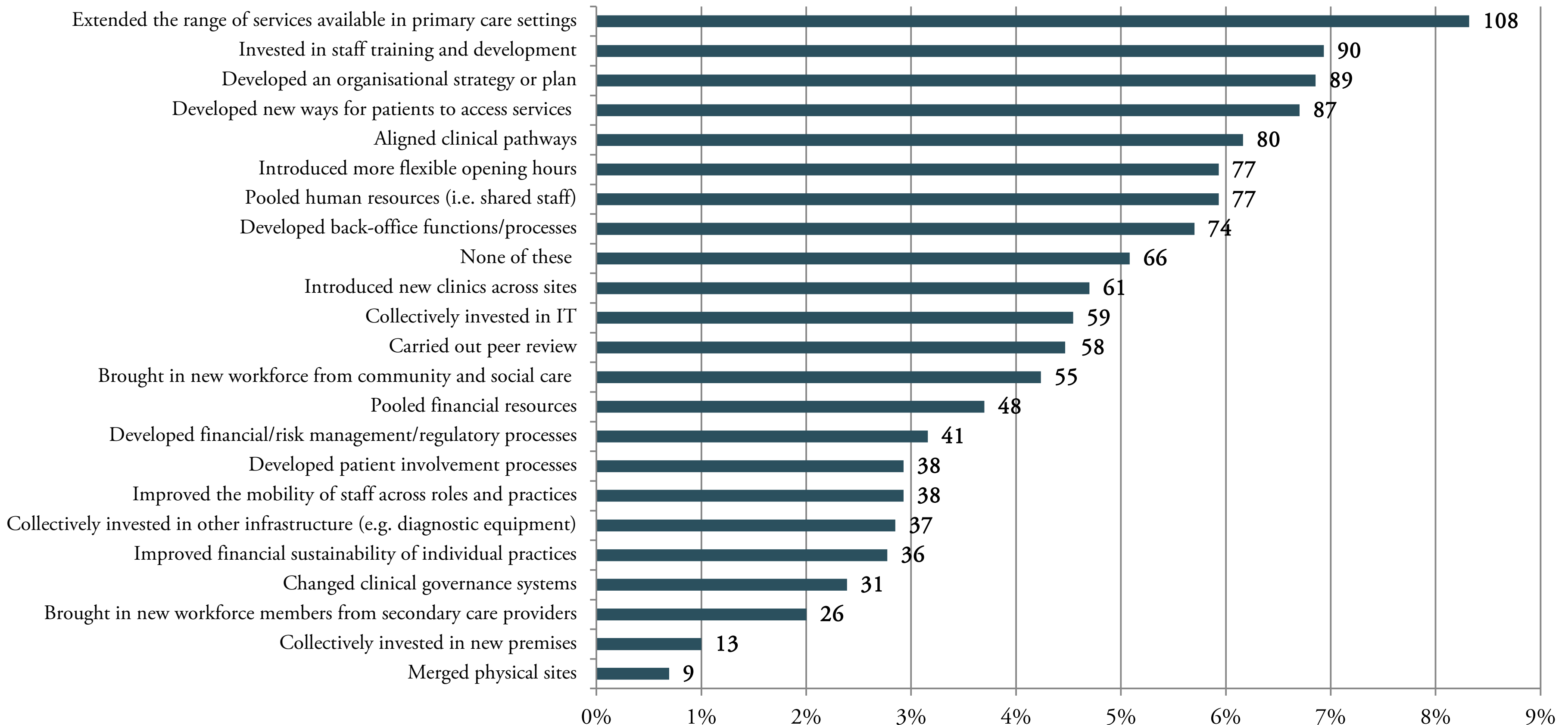
GPs report that their collaborations have undertaken a range of activities



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Most GP collaborations have developed service scope, staff, an organisational strategy and have attempted to improve patient access

Most common activities

- Extended the range of services available in primary care settings (108, 8%)
- Invested in staff training and development (90, 7%)
- Developed an organisational strategy or plan (89, 7%)
- Developed new ways for patients to access services (e.g. online/phone consultation) (87, 7%)

Least common activities

- Changed clinical governance systems (31, 2%)
- Brought in new workforce members from secondary care providers (26, 2%)
- Collectively invested in new premises (13, 1%)
- Merged physical sites (9, 1%)

None of the above

- 66 (5%) respondents said that they had not done anything from the list we provided, of whom 63 provided comments: 27 (43%) said it was ‘too early’ or they ‘had projects in the pipeline’; 13 (21%) said they had jointly shaped new services; 13 (21%) said they had bid for or delivered on national funding jointly, and 10 (16%) on shared learning

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Data is from GP survey, reported by % of all responses

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But joint working takes time: the number of activities undertaken are limited until collaborations have been together for 25+ months

0−12 months (n=151 collaborations)*	13−24 months (n=100 collaborations)*	25+ months (n=97 collaborations)*
• Developed organisational strategy (n=38)	• Extended the range of services available in primary care settings (n=34) • Invested in staff training and development (n=29)	• Extended the range of services available in primary care (n=43) • Aligned clinical pathways (n=37) • Developed new ways for patients to access services (n=37) • Pooled human resources (n=36) • Invested in staff training and development (n=34) • Introduced more flexible opening hours (n=33) • Developed an organisational strategy or plan (n=30) • Introduced new clinics (n=29) • Developed back-office functions/processes (n=29) • Brought in new workforce from community and social care (n=28) • Collectively invested in IT (n=25) • Carried out peer review (n=24)
Activities reported here if cited by at least one-quarter of respondents in each maturity grouping		

*We asked GP respondents to list all of the collaborations their practice is involved in. Most reported one collaboration (i.e. their main organisation), but some reported up to five collaborations. This table reports the results of their main collaboration, of which there were 355, but only 348 provided the length of maturity.

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What challenges have GPs faced in establishing collaborative working arrangements?

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In establishing collaborations, GPs have overcome multiple challenges

Respondents already working in collaborations said the three most common challenges they faced when establishing were:

1. Having all parties sign up to the agreement
"Trust! Encouraging practices to share either their difficulties (when they have problems) or their resources (when they have good practice to share)"

2. Understanding the benefits to the practice
"Convincing some GPs that it's worth the risk"

3. Time for clinical leadership
"Time! We are all just so busy doing our current roles and we need to invest real time together to pull this into shape"

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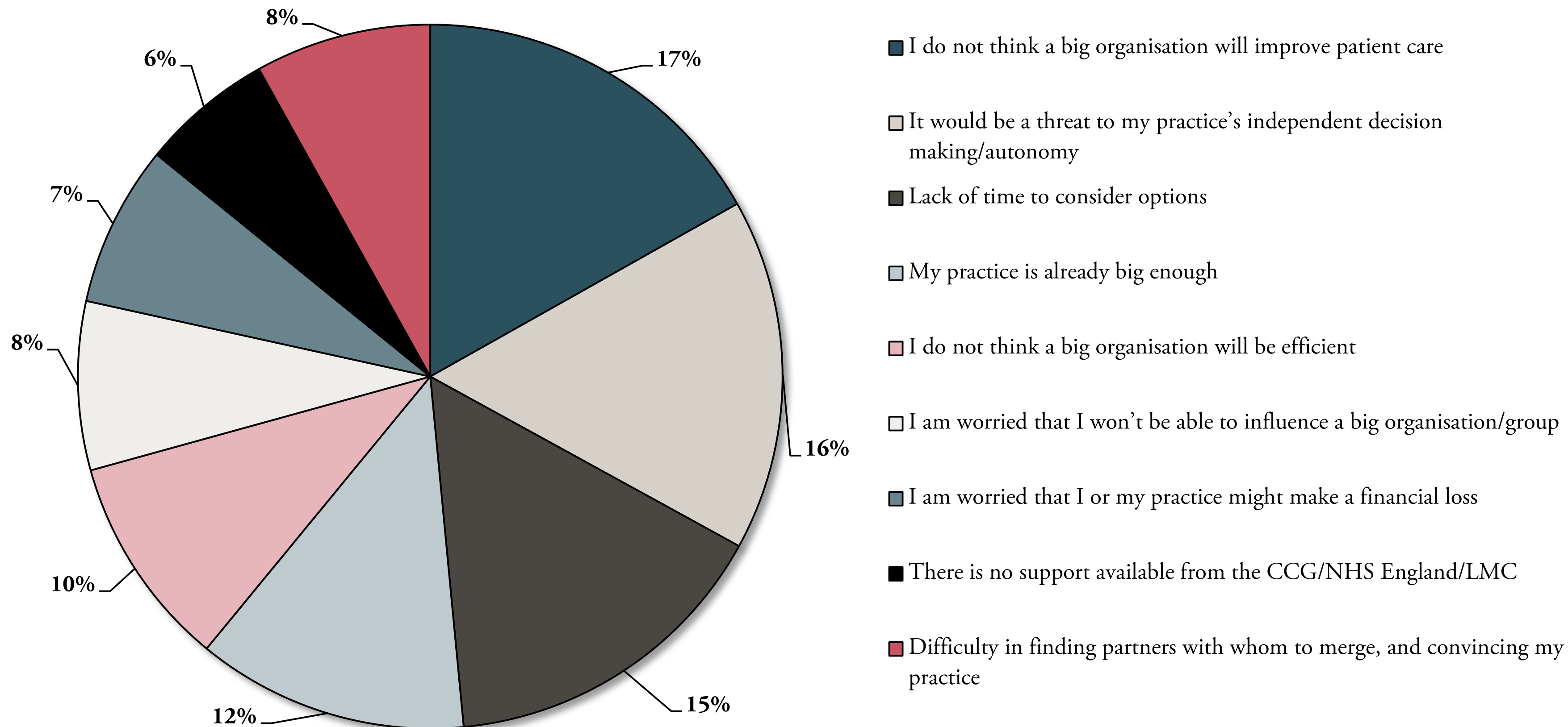
GPs not working with others want evidence that scaling up works, and they are worried about losing their autonomy



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In encouraging collaborative working among GPs, CCGs have faced numerous challenges

CCGs report the main challenges they have faced in encouraging practices to join at-scale collaborations as:

1. **Lack of joint history**

"Joining practices geographically that historically have not worked together"

2. **Understanding the benefits to the practice**

"Not all practices perceive this to be advantageous. Not all practices want closer/business working relationships with each other"

3. **Initial time required**

"The main challenge has been lack of motivation to do this due to current severe work pressure problems combined with healthy cynicism"

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Data from CCG survey

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What support do GPs and CCGs need in driving collaboration in general practice?

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Local and national leadership is needed to encourage continued development of current collaborations

To help practices overcome barriers to collaboration:

- Established GP organisations should share the benefits and costs of collaboration
- National and local funding for GP cover (funded backfill) and education sessions should be provided to allow local leaders to consider options for collaboration

Training and support could also be provided in the following areas identified in the survey as being most topical to GPs and CCGs:

GPs desire advice and support in	CCGs report GPs needing support in
Demand management (n=238)	Leadership (n=51)
Organisational development (n=237)	Competition law/cooperation legal issues (n=48)
Competition law/cooperation legal issues (n=223)	Organisational development (n=48)

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Data from CCG and GP surveys

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