THE FEDERATION
GP COMMISSIONING CONSORTIUM

- Dr Chris Elliott
- Dr Geoffrey Hollier
- Dr Nav Chana
- Dr Sayanthan Ganesaratnam
- Eleanor Brown
- Sima Haririan
- Rakhshi Memon
Fast pace of change
Abolition of PCTs by 2013
Working with local authorities
Greater role for Public Health
Patients and public first “No decision about me without me”:
  - Health Watch
  - Health and Wellbeing boards
NHS Foundation Trusts
Transition period of PCT to full responsibility to GP Commissioning 2011-2013
Cutting bureaucracy and release of £20 billion by 2014
STRATEGY

- Improving productivity and efficiency
  - Focus on outcomes and not targets
  - Safety, quality and competition
- Information revolution
- Putting patient and public first + choice
- Clinical (GP) commissioning
Consortia formation in shadow form 2011/12

Sufficient size to manage financial risk management

Freedom to decide on commissioning activities

Commissioning Outcome Framework (+indicators)

Taking on full financial responsibility 2013

No financial bail outs
Accountable for delivering outcomes and financial performance

- Commissioning services for all
- Financial consequences of clinical decision making e.g. Long term conditions
- Improve healthcare and health outcomes
- Duty to promote equality and tackling health inequalities
- Wider feedback - local Health Watch
- Commissioner performance
FORMATION OF THE FEDERATION

- Approval as Pathfinder in March 2011
- 4 Practice Based Commissioning Group
- Geographical area of Merton and parts of Sutton (1/3)
- Steep social gradient
- Multi ethnic and multi cultural
- Links with 4 local hospitals
WHO ARE WE?

- Nelson Commissioning Group
- Merton Healthcare Commissioning Group
- Integrated Primary Care Commissioning (IPCC)
- Mitcham Commissioning Group
WHO ARE WE?

- 32 practices
- 260,000 patients
- 181 GPs
- 78 practice nurses (including Nurse practitioners)
- 182 non-clinical staff and support staff
OUTCOMES IN MERTON

- Higher life expectancy than the England average
- Steep social gradient across West and East wards
- Merton Partnership’s local priority “Bridging the gap” between East and West wards
- Life expectancy in men is almost 5 years lower than those from the more affluent areas and 3 years lower
OUTCOMES IN MERTON

- Children: almost 8,000 children in low income households
- Lower GCSE achievement than England average
- Teenage pregnancy lower than national average
- Ethnic minority groups; Tamil, Ghanaian, Polish
- Focus for reducing health inequalities is on smoking and obesity across Sutton and Merton
By 2015:
The Federation will commission services which place patients at their heart, ensuring the delivery of personalised health and social care services that reflect the diversity of individuals’ needs across the boroughs of Sutton and Merton. We will improve our patients experience and health outcomes in a financially and clinically sustainable way by:
Ensuring a patient centred approach to planned care

Improving End of Life care through the continued implementation of the End of Life Care strategy and best practice

Achieving cost savings by:
- reducing avoidable GP referrals,
- Reducing A&E attendances,
- Reducing the volume of emergency admissions through improvements:
  - in rapid response
  - key community services such as community nursing
Strong clinical leadership

Developing integrated primary care teams including primary, community, mental health and social care services

Developing models of care encompassing the diverse health needs of our populations, for example our new and migrant population.
Integrated Primary Care Teams & secondary care

Integrated Primary Care Teams

Integrated Primary Care Teams

Primary care and local authority

IPCTs comprise: GPs, Nurse Consultants, Community Matrons, Practice Nurses, District Nurses, Health Care Assistants, Health Visitors, Mental Health Workers, Specialist Nurses, Physiotherapists, Podiatrists, Dieticians and Social Care working in cluster arrangements.

Optimal management of complications

Optimal initial & long-term management

Prevention & early diagnosis of high risk groups

Community awareness & prevention
STAKEHOLDER ENGAGEMENT

- Continuous patient dialogue and patient involvement in health so that decisions result in health and social care services that are responsive to local patient and public needs and improve patient choice.

- The Federation’s population will be actively involved in the design and ongoing development of care pathways and integrated health services that improve their experience.

- The Federation will reach out to local vulnerable and marginalised groups and allow stakeholders to freely raise ideas, issues, concerns and suggestions for local service improvements.
Development of strategies and clinical services through:

- The Federation will work collaboratively with both Sutton and Merton Local Authorities, wider GP consortia and all Federation GP practices to deliver seamless integrated care services.

- The Federation will work closely with clinical leaders, along with strong patient and carer involvement, to ensure high quality services and care pathway networks are designed and delivered in a clinically and financially sustainable way.
THANK YOU