



Practice Collaboration in Brighton and Hove

**How can we best support those who
want to work together in the city?**

Purpose of our discussion at our meeting

- To seek your guidance on how we might best support the outcomes of the Federating Group's work.
- To seek your advice on the creation of a start up fund to support all our members in achieving improved outcomes for our citizens and patients (see our [blog](#) on this issue)

Some context to the conversation

- The Federation Working Group is leading Practices and GPs in the city in a conversation about whether they want to work more formally together in a range of ways. The Working Group will then discuss the options with everyone in March.
- We want to be in service to the outcomes of this Group and feel that we need to ensure that our overall approach is understood and supported by our membership.
- We have been involved in the supporting the creation of Clusters and working collaboratively with the CCG to support this next phase of collaborative development.

Collaborating what does it all mean?

We believe it's hard to imagine how federation or collaboration could benefit Practices in the abstract. We have been consistent in our approach that we show how it might work by doing it. We recognise that lots of practices have been involved in their own collaboration projects, and,

Here are some examples of what BICS has been involved with in the last 9 years

- Practices have worked together in Wellbeing providing clinical leadership and premises
- The Community Eye Service is delivered by a local GP practice and a local optometrist, 90% of the income on this contract flows to this arrangement
- The Community Gynae service was provided (at a loss) to BICS and delivered by Portslade Health Centre and by Beaconsfield Medical Centre.
- The old Brighton and Hove RMS was delivered in partnership with 2 Practices and all income and costs were shared.
- CPAMS is delivered by 2 Practices on a 50:50 benefit share arrangement.
- EPIC brought £2m investment into primary care involving 16 practices
- Proactive Care is delivered by Clusters of Practices with the support of BICS
- Extended Hours service is delivered in partnership with 16 practices and more to come on board.
- MSK has developed clinical leaders, expertise and premises provision within Primary Care, Minor surgery payments to practices

In the last 9 years, this has brought in excess of £7m additional income into Practices and the wider GP workforce, and so far £1.7m in 2015/16

Why might collaborating be useful?

- There are three key reasons why collaboration between Practices might be beneficial
 - Improving outcomes and care delivery across the city for the population
 - Reducing workload through innovation and sharing learning and resources
 - Reducing costs, improving income and sustainability for primary care
- The CCG and NHSE are investing additional resources into primary care on the condition that they work together and the future national new models of care mean that working together puts primary care in stronger place to be the guardian of resources for practice populations
- Our sense of the future is that in order to preserve the best of primary care, its population focus, its focus on continuity, its localism, it will need infrastructure, leadership and creativity.

What is our approach to primary care members who are thinking about collaborating

We want to support the outcomes of the Federating Working Group in anyway that makes sense to them and all our members.

If you are thinking of collaborating with other practices

- BICS is **your** company, **your** organisation; use it in **any way** that supports you to meet the needs of your collaboration.
- We know that working together takes time, expertise and money, BICS Directors, senior managers and staff are here for you, as we have been over the last 9 years; we offer you our time, expertise and resources to help you achieve your goals.
- Because we know that the resources available to work together are very tight and because we understand the costs involved, we have given thought to how we might support practices/members who want to work together.

What might this mean in practice?

- We think there are **lots of options about what this might mean in practice**, and the solutions need to be determined by what Practices and members want to achieve.
- Our Enabling Team (Directors) resources, Primary Care Collaboration and our Corporate Services teams' skills, time and energy is at members' and practices' disposal to use as you see to fit.
- Our focus will always be on ensuring that what we do really meets what matters to those we all serve, so we will be focussed on the outcomes. It's up to you how you use this skill, passion and experience.
- Autonomy matters (how to ensure you get to make your own decisions about your own services, projects or practices); we can think of lots of ways to preserve that autonomy. To be honest, autonomy of decision making matters a lot at BICS, we work with many organisations who are not able to give people freedom to make their own decisions and that frustrates us.

Some other considerations?

- Increasingly commissioners will only invest in primary care through LCS. If Practices work together, the CCG cannot contract with a non legal body, so an informal arrangement will increasingly become difficult.
- Large scale investment comes from significant realignment of existing spend in other parts of the healthcare and social care system. This requires Practices to work together, have clarity of vision and ambition.
- We have 8 years trading history that will be very useful for those practices who want to bid for new services outside of primary care
- There are lots of tax, employment and dull regulatory issues that can get in the way of collaboration, and we have lots of experience of resolving those things. The VAT issue alone is very challenging for Practices, and we have access to the very best advice on how to resolve these issues.
- CQC regulation for new services would be challenging for practices already overloaded by so many regulatory requirements
- The cost of establishing new organisations are very significant.



Your thoughts

- ❖ What's your view about this approach?
- ❖ Is this offer simple enough?
- ❖ Compelling enough?
- ❖ How can we improve it?
- ❖ What else should it cover?



Background

Current BICS governance structures

- 7 Company Directors
 - 3 Executive, who are appointed by the other 4 Directors
 - 4 Non Executive (who are annually elected from the membership, this is custom and practice and not determined by the articles)
 - There is no limit to the number of Directors we have can on the Board
- All Company Directors are responsible to shareholders for the health and wellbeing of the entire company and are bound by the arts and memoranda of the company
- Non Executive role is to stay connected to the membership and support the stewardship of the organisation.
- The Executive Team and wider leadership team delegate day to day delivery to service delivery leads as autonomous business units that make their own decisions and run their own budgets.
- These units make a contribution to the overhead costs of the organisation according to a set formula/ or historical arrangement.

Some points about our current articles of association

- Shareholders cannot transfer or sell their shares (we cannot be bought)
- No shareholder can take a dividend
- Directors can be removed by shareholders at any time (with a 75% vote of those present)
- Any shareholder can call a meeting of the company and propose any changes
- Changes to the arts and mems require a 75% vote of those present at any meeting
- Directors cannot borrow money (above £50k without shareholder agreement or take a lease or mortgage)
- Directors can carry on the business of the company within normal governance arrangements
- Any surplus made in year is considered as shareholder surplus and cannot be dispersed without agreement of all members. (Current surplus stands at £1.4m)
- In the event of being wound up any remaining surplus, after costs, gets handed back to the CCG
- No member can compete with BICS whilst being a member, if they no longer wish to be members they cannot establish similar business for 12 months in the Brighton and Hove area.