## The future of the traditional GP practice:







Get big; Get niche; or Go home





Prof. Robert Harris CEO & Managing Partner, Lakeside Healthcare Group



PRIMARY CA PREMISES FOR

The current **clinical workforce is insufficient** to deliver the case and caseload required.

The **risks of being a partner outweigh the benefits**, especially the unlimited liability held by partners and the costs of maintaining premises.

The overall atmosphere of uncertainty regarding GMS contracts, more burdensome regulations and less resource (money) going into primary care **exacerbates the recruitment and retention challenge.** 

General **under provision of community nursing** and mental health services.

Increasingly cash-strapped local authorities do not have sufficient financial resources to meet their obligations, especially as they relate to **social care**.

CCGs are being directed to **invest money towards hospital providers**, rather than into community and general practice.

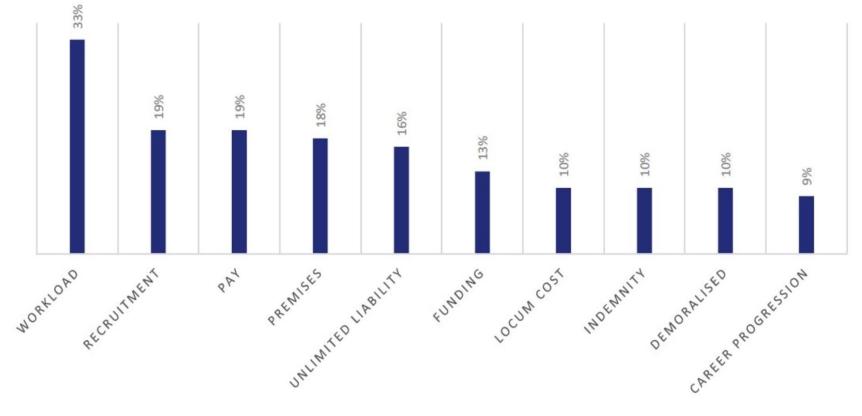
GPs are falling ill and retiring early because of **stress-related factors**.



## The Top Ten Concerns:



#### **TEN MOST COMMON CONCERNS**





#### Context:



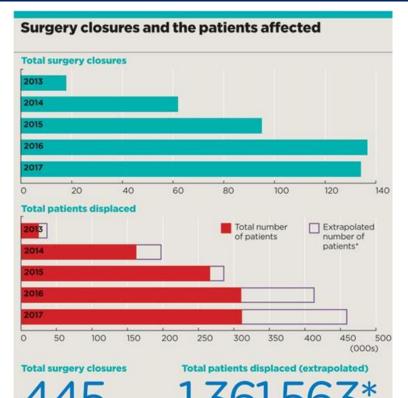


**Put simply:** 

- 1. Demand Up
- 2. Capacity Down
- 3. Funding Down

4. Risk Up

# Self-Employed GP Partner no longer attractive?



Surgeries are closing at an unprecedented rate

No new partners

Most GP partners earn less than locums at their practice

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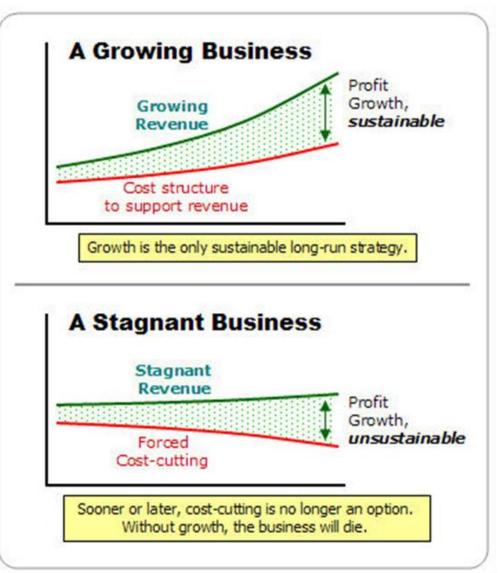
1:7 Partners earn less than salaried drs at their practice

Source: Pulse FOI requests to NHS England, health boards and CCGs asking: 1) how many surgeries closed as a result of practice closures; 2) how many practices closed as a result of mergers; and 3) how many branch surgeries were closed by practices. We also asked how many patients moved surgery as a result. The total practice closures for 2013-2016 are comprehensive. However, the 2017 total may be short, as – due to NHS England delegating commissioning of GP services – they are based on CCG responses, and some were unable to respond to the request.

\*The extrapolated figure takes into account the 106 surgeries that had closed where commissioners were unable to provide us with patient list sizes. The number of surgeries with missing data was multiplied by the average list size for surgeries that closed that year. The total number of patients displaced in the 339 surgeries for which information was provided was 1,033,639.

Lists are closed

## Need to thrive, not barely survive



Real need for positive 'good news' stories in primary care

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Need income growth outside GMS

Need CCG switch in contracting patterns

Need external equity investment

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## So how do you fix it and reverse the trend?



- 1. Have a plan
- 2. Grow in size
- 3. Invest own money
- 4. Create interesting career packages
- 5. Think expansively
- 6. Take (managed) risks
- 7. Use data as your friend





## LHG 'operating model':



Partnership Board - Comprised of all partners Chair Chairs the Management Board which holds the Executive Team to account of behalf of the wider KEY Partnership. Acts as key link between individual artners and Management Board. Senior Non-Executive Partnership Role Director. Local/ Site Role Management Board - Comprised of Non -executive Directors & Executive Executive Role Directors Central Function - Led by Partner, supported by Exec Central Function - Led by **CEO / Managing Partner** Non-executive Directors Exec Member Delivers the strategic goals, aims and objectives of the Acts as senior clinical responsible offer for their local organisation of behalf of the wider Partnership, including site and is responsible for managing local site matters growth and new business opportunities. Responsible for with Hub/Practice Managers. Contributes to strategic delivery of all statutory and regulatory requirements. discussions at Management Board focusing on Manages the Executive Team. growth, safety and business opportunities, where they represent the interests of all partners across the organisation. **Business Manager** Chief Nursing Officer CFO / Finance Partner Chief Medical Officer **Chief Operating Officer** Acts as senior nursing officer within the Responsible for all aspects of financial Provide clinical leadership guiding the Responsible for the safe, effective, Provides Business Management support organisation, responsible for all management within the organisation, development & growth of medical consistent and efficient delivery of to the CEO and Executive Team. Acts as professional matters that affect nursing including identification of financial services across the organisation as a day-to-day services across the primary link with local site management staff. Senior lead for safety and quality. efficiencies, profit maintenance, financial organisation. Manages the Hub/Practice teams to ensure robust Executive whole. regulatory reporting, payroll and tax. Managers across the organisation. oversight. Professional oversight of Dr's Research Site Lead Nurses Central Finance HR & Recruitment Project Managers \_ Education Estates & IT Safeguarding Site Finance Practice/ Hub Managers COC Corporate Mgmt. Assistant

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### 'Get Bigger; Get Niche; Go Home'





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