





Vertical Integration in South Somerset James Loder





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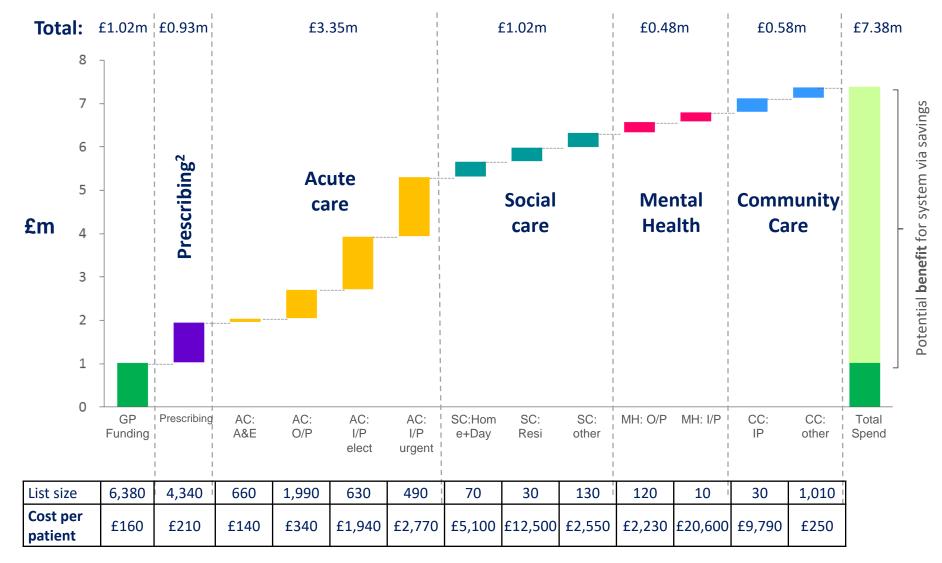


Collaboration between Yeovil District Hospital and Primary Care.

- 2013 Symphony Data Set
- 2014 Engaging with Primary Care
- 2015 Symphony Vanguard Programme
- 2016 Symphony Healthcare Services (SHS)

Impact of General Practice on Health and Social **Care System - Typical South Somerset Practice:**





Mean figures averaging across 19 South Somerset GPs.
 Prescribing cost is extrapolated from Mar 2015 (HSCIC), with prescribing list for 2013-14 (Symphony data)









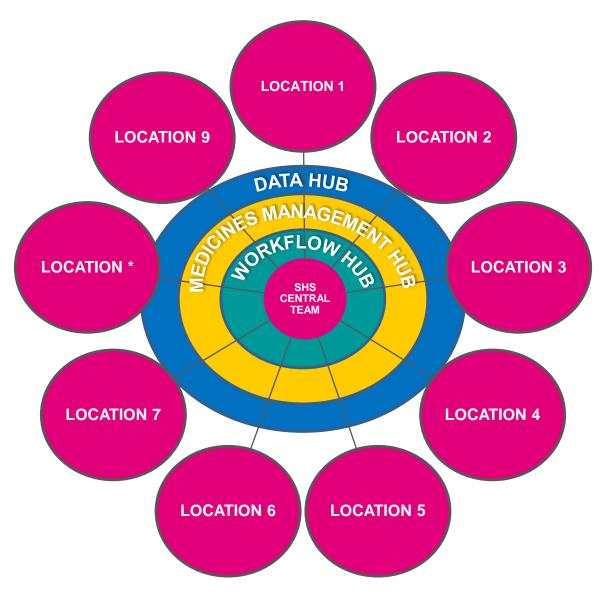
- SHS primary aim is to stabilise and sustain Primary Care.
- Integrated a total of 13 practices with 80,000 patients
- Organisational Form:
 - Wholly owned subsidiary of Yeovil Hospital
 - Independent governance structure including SHS Board of Directors
 - SHS reports directly to a number of YDH Committees.
 - GP Nominee Structure

















Practice Integration

- Due Diligence
- Partner Offers
- Business case approved
- Commercial and Legal negotiations
- Operational Planning
- 3-6 month process



Premises





- 13 premises Variation of new and old, big and small
- Significant Challenges
 - Poor investment maintenance and compliance
 - New Premises High operating costs and latent defects
 - Penalising leases
 - No strategy for South Somerset
- Significant Opportunities



Success'





- Stabilised Primary care in South Somerset
 - Practice Turnaround
 - o CQC
 - Recruitment
- By integrating vulnerable practices, SHS:
 - managing risk to quality and patient safety,
 - managing risk to the acute and
 - managing risk to the wider system





Challenges



- GP shortage Overreliance on locums
- Growth, Turnaround, Transformation
- Premises
- Demonstrating Impact
- Outdated contracting mechanism
- · Leadership changes across the system



Concluding Thoughts





- SHS a significant success story
- Vertical integration works
- Huge opportunity to disrupt and revolutionise healthcare