GP Practices and Hospices – navigating the NHS framework

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GP Practices and Hospices

Differences

- Status: NHS vs charity
- NHS funding: capitation vs standard contract
- Service provision: generalist throughout life vs specialist end of life
- Voice in the system: primary care vs ‘voluntary sector’
- National representation: BMA, NAPC, RCGP vs HUK, Marie Curie
GP Practices and Hospices

Similarities

• Independent business
• Multiple in a geography, with history
• Embedded in local community
• Money and power with NHS acute trusts
• Varying relationships with NHS community
• Various necessities to work more closely
• Staffing structures, NHS pensions, pay schemes
Collaborating within the wider system

**Integrated Care System (ICS)**
Partnerships of health and care organisations coming together to plan and deliver joined up services

- (NHS) Integrated Care Board (ICB)
- Integrated Care Partnership (Board) (ICP)

- Place Based Partnerships (PBP)

- GP Federations
  - Primary Care Networks (PCNs)

- Provider Alliances

- VSCE Collaborations
  - Hospice Collaborations

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### GP practice collaborations

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<th>Policy and Funding</th>
<th>Purpose</th>
<th>Challenges</th>
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<tr>
<td>• 1991 – GP Fundholding</td>
<td>• Efficient back office</td>
<td>• Technology and processes</td>
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<td>• 2013 – Prime Minister’s Challenge Fund</td>
<td>• Clinical staffing shortages</td>
<td>• Competencies and terms and conditions</td>
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<td>• 2014 – GP Forward View</td>
<td>• Wider, more specialised, and / or ‘divisional’ service provision eg call centre, chronic vs acute care</td>
<td>• Efficiency vs personal care eg cradle to grave, deskilling</td>
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<td>• 2015 – Primary Care Home</td>
<td>• ‘Voice’ in the wider system</td>
<td>• Accountability, governance and ‘profit’</td>
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<td>• 2016 onwards – Federations</td>
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<td>• Relationships, trust and representation</td>
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<td>• 2019 – Primary Care Networks</td>
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Questions and Discussion