

## Oxfordshire GP Federation: Report to Oxfordshire Health Overview & Scrutiny Committee - 20 June 2019

Federation Name: Abingdon Federation

Report by: Derek Sprague (CEO)

Date: 6 June 2019

1. Brief description of your Federation (i.e. geography/population served/practices involved/services/delivery points)

The Abingdon Federation covers six practices in and around the Abingdon area. They are:

- a. The Abingdon Surgery – with 16,204 patients;
- b. The Malthouse Surgery – with 17,453 patients;
- c. The Marcham Road Family Health Centre – with 12,200 patients;
- d. Long Furlong Medical Centre – with 9,624 patients;
- e. Berinsfield Surgery – with 4,928 patients; and
- f. Clifton Hampden Surgery – with 3,291 patients.

Abingdon Federation (Healthcare) Limited is a not for profit organisation. It supports the six practices. Each of which operates separately, and also together in a single Federation footprint with a home visiting service, which is a paramedic-led service offered across all six practices but managed out of the Malthouse surgery. Each practice is also aligned to a care home.

The Federation and its practices are part of the Health Coach website which can be found [here](#). Work is underway in the Federation to ensure that we strengthen this service for the Abingdon patient population.

The Federation also supports the newly emerging Primary Care Networks (PCNs) of which the first two practices above have formed into Abingdon Central PCN, and the latter four formed into Abingdon and District PCN. They will continue to work together where patient services are best delivered across Abingdon.

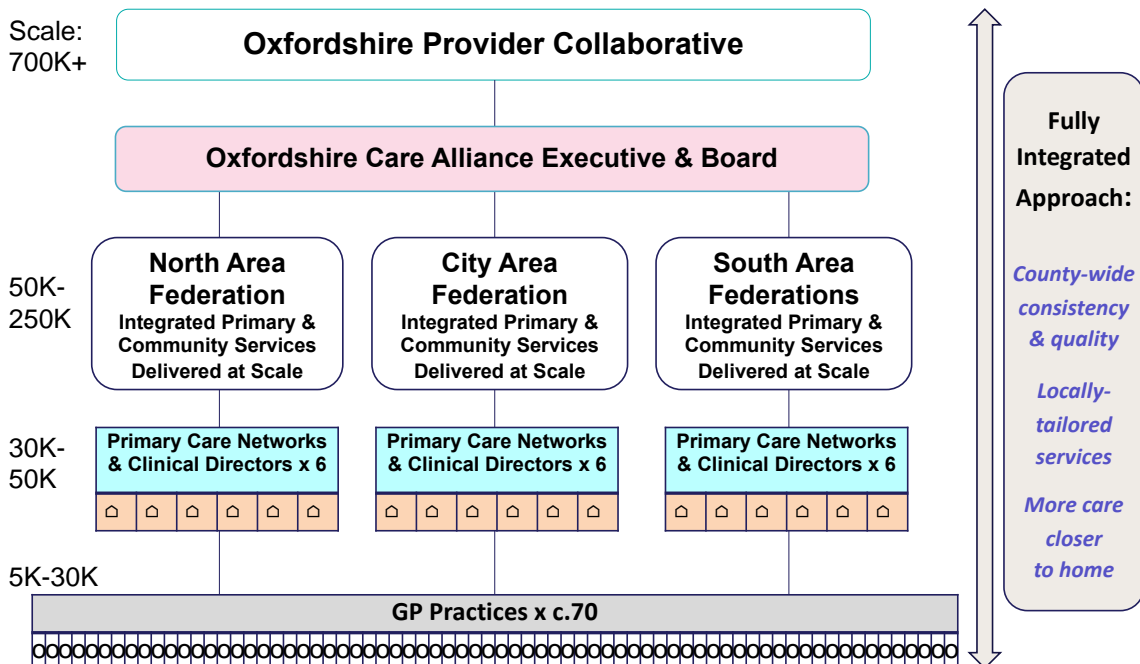
2. What are your Federation governance arrangements for public transparency and accountability?

Abingdon Federation Board meets monthly. As the independent CEO, I chair the meetings and each practice is represented by its lead Director (a GP) and the practice manager. The meeting is not open to the public.

3. How do you link with other organisations across the health and care system?

Please see the diagram below which an indication of how the linkage might work, subject to agreement with the other strategic healthcare parties.

## Oxfordshire Integrated Care System: Map of Primary Care Provision



The Abingdon Federation is part of the Oxfordshire Care Alliance, which also meets monthly, and the joint CCG / Oxfordshire County Council, Integrated Service Delivery Board. Abingdon Federation sits in the southern area in the middle tier of the diagram alongside PML and SEOX colleagues.

One of our senior GPs chairs the South West CCG Locality meeting but note that it is not described in the diagram above. The current Locality Plan is available [here](#). It is not clear what the CCG plans to do with locality meetings in the longer-term if the structure shown above for PCNs and place-based care is adopted.

In addition, the newly appointed PCN Clinical Directors will work closely with CCG and other healthcare system leaders to drive the NHS LTP for primary care.

#### 4. What are your Federation funding arrangements?

The Federation has a very low-cost base and is a not-for-profit body. It is funded by the six practices and any income derived by them for wider Abingdon healthcare delivery.

#### 5. How is the quality and effectiveness of your Federation-delivered services understood?

The extended hours services are advertised on all our practice websites as we share the delivery of that service.

Care homes and their linked GP surgery have spent time understanding each other and developing process that work for both parties.

In addition, the use of the visiting service is fully understood by the practices and staff involved. Feedback from patients is positive.

6. How successful are you at meeting those performance and quality standards for residents across Oxfordshire?

Evidence gathered so far suggests that the CQC ratings for our practices is good although not all have been visited recently.

7. What are the challenges and opportunities for Federations in Oxfordshire, now and in the future?

The supply of GPs and other clinical staff remains a challenge. We are delivering the services required by our contracts, but there is an expectation that those services will increase as the CCG lands more activity with the PCNs. Although the new PCN contract identifies some funding for additional non-medical roles to help deliver those services, the ambitions for additional non-medical staff in the new PCN contract are unlikely to be met, as the supply is insufficient to meet county or national demands.

The PCNs do not have an infrastructure to cope with additional admin, contract, or meeting demands. Currently, the two member of the Federation support those, but that will not be sufficient for the future.

Federations have therefore been the glue which supports primary care at scale. However, the newly emerging PCNs will be the route through which most, if not all, primary care services will be commissioned or driven from July 2019. That does not mean the end of Federations as many of the services cannot be delivered at the scale of a PCN (typically 30,000 population) and so we believe that Federations have a place in the new structure(s), but it does mean that relationships could change.