

# **GP Social Enterprise Practice (under R2R)**

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# Newham...a challenging environment!

- 6<sup>th</sup> most deprived borough nationally
- A growing population with a mismatch between funded and registered population of 100k
- A young population with the highest birth rate in London
- One of the most ethnically diverse boroughs nationally (>70% registered as non-white)
- Improving life expectancy although worst one-year survival rates in England for cancer

# Current status quo

- Mixed standard of primary care delivery
- 64 practices, majority with list sizes <6000
- Mix of PMS(33), GMS(27), APMS(2) and PCTMS(5) contracts
- Poor access scores, under-doctored with some sub-standard premises
- 3 of the 5 PCTMS under interim management by the primary care directorate

# Carpenters Road Practice

- Left traditional general practice May 2010
- Started at Carpenters Road Practice July
- Initiated conversations re opportunities for the practice with staff and PCT senior management
- Suggestion of using social enterprise as a vehicle through right 2 request

# Right to Request (R2R)

- PCT brought in Advisor (MG) to support us with R2R
- Staff met in the evening and early mornings as part of notification.....
- Staff enthusiasm and collective energy
- Initial request in writing
- PCT approved the initial EOI early September

# Where we are in the R2R process...

- Mo and I met with staff from all the three practices
- Briefed of R2R ,SE and way forward, what's involved and implications for pensions etc
- R2R staff met in the evening to put the IEO together
- EOI submitted
- EOI approved
- SHA informed
- Third Wave R2R ....application submitted....approved

# What's in it for **local people**?

- Involvement in designing and direction of services – working with people, not just for them
- Membership of the organisation (in some cases)...sense/feeling of ownership....
- Reinvestment of profits into services and/or the community

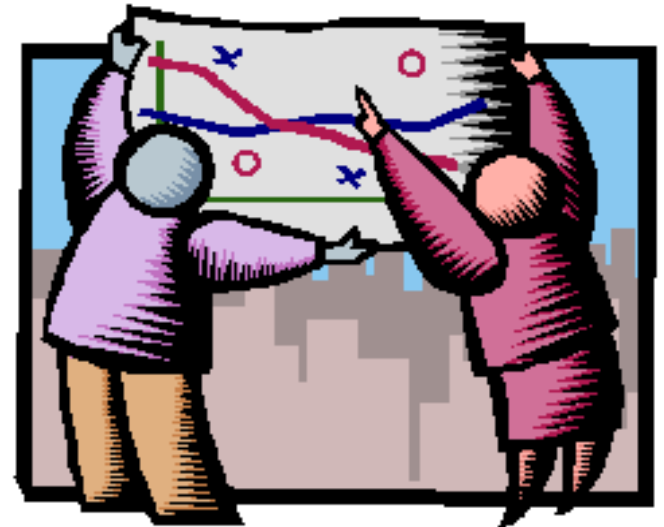
# What's in it for **staff**?

- Retention of social purpose and values
- More flexibility and autonomy, less bureaucracy
- Membership of the organisation (in some cases)
- Real Involvement
- Real ability to influence
- “Investment”>>>>>



# What's in it for **commissioners**?

- Meeting more than one objective for the same expenditure
- Advantages in delivering particular goods and services
- Delivering innovative solutions and stimulating new markets



# Branding and the NHS

SE have the same Values/Principles as the NHS, except the SEs have to make a profit to survive:

- NHS org are run as “business unit”!!!
- Social issues
- Added Values
- Actively involve patients and other stakeholders, including staff...

# The benefits of our new SE Practice

- Improved service delivery
- Enhanced quality of health and social care provision
- Better fit with needs of particular client/patient groups
- Expert knowledge in specific areas
- Innovation and entrepreneurship
- Value for money
- Wider social dividend

# Opportunities for in Newham Social Enterprises.....??????????????

- different, innovative approaches
- better access to primary care
- addressing health and social inequalities
- putting people in control
- better relations with particular groups
- better services in specific fields
- investing in the future

## We recognise our risks as follows:

- Competition in an emerging market
- Leadership – within the organisation and the local community
- Continuing support and financial stability enabling development
- Commissioning – planning, purchasing, monitoring
- Inertia

# Our Challenges of as we move into formulating the Business Plan :

- Corporate working (between the three practices....)
- Financial.....seed /start up funds, etc
- Creativity
- Developing new skills....social and business skills
- HR Issues....Pensions, staff benefits ,etc
- Cultural change and Ownership
- Organisational structure
- Legal form and function
- Unions///consultations

# Support we are receiving from NHS Newham PCT

- Agreed (ambitious) timeline for the submission of the draft business plan
- Support from Directors of Finance, Primary Care and Strategy (regular meetings)
- Support from Organisational Development and Community Ownership teams
- Support from HR along with consultation with Unions (in parallel??)
- Liaison with SHA

# Summary

- An opportunity to use social enterprise as a vehicle to improve primary care delivery
- Initially 1 then 3 and now possibly 4 practices
- Using a different model of primary care that can potentially energise both staff and community
- Developing innovative methods of care delivery to improve health outcomes
- Whilst retaining the NHS ethos, yet having the freedom to do things differently