

Granta Medical Practices: Our Vision for the Future

Granta Medical Practices very much welcomes the paper *Prevention is Better than Cure*¹ by The Rt Hon Matt Hancock, MP, Secretary of State for Health and Social Care.

Primary care, the bedrock of the NHS, will be crucial in managing the challenges that face the NHS. As the holders of the registered population list, general practice remains key to building a sustainable health and care system.

Here we set out how Granta intends to respond to the challenges set out by the Secretary of State.

The Practice

Granta Medical Practices (Granta) formed through the merger of four local general practices around a shared vision. The practice covers one geographic area of South Cambridgeshire with a single list of 44,000 practice members. Our practice members can access any one of our five sites and are served by a multidisciplinary clinical team including GPs, nurses, advanced nurse practitioners, health care assistants, emergency care practitioners, clinical pharmacists, dispensers and a social navigator.

A skilled administrative and management team allows our clinicians to focus on clinical care.

Granta has built a close working relationship with Addenbrooke's, our local hospital, including access to its electronic health record. Working with the hospital and our Clinical Commissioning Group (CCG), the practice is improving and expanding the range of services that can be provided in the community.

Our vision is to develop Granta into the single hub for all the healthcare needs of our practice members. We want to guarantee that, whatever their needs and the social or healthcare setting they are in at the time, our practice members will always have the support and care that they need from our team - "You'll never walk alone".

We want to take on full responsibility for working with our practice population to promote health when well and to deliver the care needed when they fall ill. The Granta team takes pride in delivering the standard of care to our practice members that they expect for themselves and their families.

Priorities

Granta has set out six strategic priorities.

1. **A membership organization:** We will change the dynamic of the patient-practice relationship by modelling ourselves as a community practice membership organization, offering a service to Granta practice members. Our practice members will have a clear expectation of Granta but also an understanding of their responsibility to Granta and their fellow practice members.

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf

2. **One Team:** We will transform the healthcare services for our practice members from the existing fragmented group of services provided by a range of agencies into **one team** delivering and being jointly responsible for the patient experience and outcomes.
3. **Mutual ownership:** We will create an organization where all staff, clinical and non-clinical, know that they are working together to improve the health of our practice members and where everyone will have a say in the running of the practice and a share of the benefits.
4. **Outstanding local services:** At the core of Granta's offering is the delivery of outstanding medical care that can be accessed locally by our practice members. Granta will increase the range of these services and realise the full potential of operating at scale.
5. **Prevention and wellbeing:** We will balance all elements of healthcare, to ensure health prevention and wellbeing is valued appropriately by staff and practice members.
6. **Learning and sharing:** We will create a model of care that can be replicated by other primary care organizations and will help other organizations who wish to learn from us.

Granta Members

Primary care is unique in that the relationship with patients lasts from birth to death and covers whatever happens along the way. We build up relationships and trust that are wide-ranging and often personal. Our understanding of the context of family and social setting is hugely beneficial in working with our patient members on what is right for them. Secondary care is, by its very nature, more episodic. We feel that the prevailing primary care model does not leverage this patient context knowledge enough and that there are significant untapped opportunities that can radically improve the health of a whole population.

At Granta, we believe that the importance of context knowledge and long-term relationships must be made more explicit. We therefore refer to the patients on our list as practice members.

This is more than semantics.

We want our practice members to understand that we are a community membership organization. They support the practice through their taxes and therefore have a say in how their health and care is provided. In return our practice members acknowledge their responsibilities for their own health and for the sensible use of the services.

Strengthening this community ethos will also foster voluntary contributions by practice members, which we will facilitate as a practice.

One Team

Today, our practice members receive their health and social care from multiple providers. This often causes delays, re-work and lack of ownership of issues. Granta is one of at least six organizations providing health and care services for our members. Each provider has its own IT system, protocols, forms and governance.

Navigating through these organizations has a cost, both financially and in timely intervention, and affects patient experience and health outcomes.

Granta currently employs 11 staff who purely work on navigating these transactions either by making referrals or coding and updating the patient records. In addition, our GPs and clinical staff spend about 5% of their time in making and receiving referrals. These transaction activities add no value to patient care. A conservative estimate of the costs to the practice is equivalent to hiring an extra four GPs.

Granta will work towards integrating all out-of-hospital services into a joined-up offering, providing the experience of a single trusted team taking joint responsibility for our members' health and care.

Employee Engagement and Ownership

Primary care is facing a workforce crisis and Granta responds to this threat in two ways. First, we will leverage teamwork and technology to improve the productivity of our clinical workforce. Second, we will strive to make Granta a highly attractive place to work.

Granta has been looking at how we can motivate and enthuse staff in a way that maximizes the talents and potential of all staff.

One important aspect is our emphasis on the team as the nexus of service provision. Granta will move from the traditional hierarchical GP-dominated delivery model to a model where a multi-functional team is in charge. All team members, whether clinicians or non-clinicians, understand how their contribution leads to excellent health care for our practice members. All staff must be valued and respected for their contribution. This culture motivates staff to work to their highest ability in a safe supportive environment.

In recognition of primary care as a team-based service Granta is planning to move from a traditional GP Partnership model to an Employee Ownership Trust. It is intended that all staff will become co-owners of a limited liability company and all share in its success. The shares of this company will not be tradable but held on trust for all staff. Through this model, Granta is owned by the community it serves.

This model maintains the cost-consciousness of for-profit organizations while preventing the short-termism of personal wealth creation through tradeable share-holding. It ensures a good balance between productivity and efficiency on one side and sustainability and improving value-creation for our practice members on the other.

Increased Range of Services

Granta believes that 70% of routine outpatient activity currently provided in a secondary care setting could be provided safely and more efficiently by a primary care practice of our scale, working with specialists in the practice. This would streamline services and give the specialists working within the Granta team access to contextual information about the patient that is lacking in the hospital setting. One team all working on the same system and with the same aim will simplify communication, reduce transaction costs and minimize transcription errors.

We acknowledge that transferring services from an existing provider to a primary care provider is challenging for at least three reasons.

- First, the transfer will require a trust-based working relationship between the primary and secondary care organization.
- Second, the transfer may necessitate transfer of staff, either full or in part, who may not all be willing to move.
- Third, the transfer requires a financial model that works for both providers, so that the transfer does not jeopardize the financial sustainability of either organization.

These challenges can be overcome if the gains for patients and the sustainability of the local healthcare system are clearly articulated and evidenced.

Balancing all Elements of Healthcare

The wide range of services provided by Granta can be grouped into six types:

- Urgent Care
- Frailty/Palliative Care
- Chronic Care
- Episodic Care
- Specialist Care
- Preventative / lifestyle advice and support

Member services do not fall neatly into one group and individual needs vary at different times. Movement between care types should not hinder seamless healthcare.

Mental health is often seen as a separate service but primary care deals with mental health needs all the time and does not pigeon hole the service; it forms part of the whole.

However, if the focus is on keeping our practice members healthy, preventative health needs to become the top priority. In his paper *Prevention is Better than Cure*, the Secretary of State acknowledges that having good health is more than just being able to see a GP. Lifestyle, loneliness and support all have a vital role to play in health. However, these aspects of keeping well are not often seen as a central part of anyone's offering. It is not uncommon for the social aspects of healthcare to be seen and managed separately from traditional services. At Granta, we see the social aspects as an integral part of our service to our practice members.

Granta especially values the input of a range of services provided by the third sector, in particular local volunteer services and community groups. We employ a social navigator to be the conduit between the clinicians and these services, often commissioning activities such as walking groups from our sites.

Learning and Sharing

Granta fully acknowledges that our aspiration will remain limited in scope if we only focus on the development of our own practice. We can achieve much more if we make our experience available to our local health economy and the wider NHS and engage in bootstrapping a whole-system transformation of primary care. We believe that a transformed primary care system can reduce emergency bed days by 25% and reduce routine outpatient visits to hospitals by 70%. That's the offer that an invigorated GP practice environment can make to its local system.

The way Granta is approaching the challenges laid out by the Secretary of State is not prescriptive. Other primary care networks may copy only parts of Granta and adjust others to their local contexts. However, there are some common principles that emerge from our experience and that have some general validity for practices that want to create a strong organization that is ready and focused on providing an increasing scope of services for its members through a practice team.

We are collaborating closely with our CCG, GP leaders from other local practices and with the Cambridge Judge Business School on the establishment of a Primary Care Innovation Academy, with a focus on shared learning and helping aspiring practices and their leaders to engage in system transformation.