

## Tower Hamlets Primary Care Trust

### Working to Establish GP Consortia

#### Testimonial

“Francis Group’s assistance was invaluable and the Highway Network would not be operating as successfully as it is now without their support. Their efforts to ensure that all the member practices were on the same page and joining in on the journey were particularly important as this could only have been achieved by external, unbiased support. They were excellent at managing the different personalities and view points and ensuring that all perspectives were heard and appropriate mediation approaches used to arrive at an agreed conclusion. They worked very hard for the network and met with us at times that were convenient to us (i.e. outside of practice hours). They delivered above and beyond what was expected and their work was always of very high quality and on time. I would gladly work with the Francis Group again.”

*Virginia Patania, Practice Manager,  
Jubilee Street Practice and former Chair,  
Highway Network Board*

#### Background

In early 2009, the Tower Hamlets Primary Care Trust (PCT) began working with the Borough’s GP practices to move them from being independent of one another to working together as networks. The networks were formed based on Local Area Partnerships (LAPs) with four GP practices coming together to form each network – a total of 8 networks across the Borough.

The overarching purpose of moving to the network model was to implement the PCT’s new primary care funding model – care packages, which were designed to be more financially efficient, direct savings to providing care rather than administering it and tackle costly long term conditions (LTCs), such as diabetes and cardio-vascular disease, in a new, more co-ordinated and focused way. The key factor in achieving the successful roll out of the care packages was ensuring that the networks were working well and efficiencies were being gained from combining resources to deliver to combined patient lists and by sharing back office functions, such as HR and the hiring and sharing of specialist staff.

#### Our Role

- Working with the Board to develop and agree the Terms of Reference for the management arrangements. This work was ongoing throughout the life of the project and resulted in the Board agreeing a 32 page document that sets out the governance structure, constitution, membership arrangements, roles and responsibilities and meeting organisation practices
- Assisting the Board to develop a financial management framework, which also involved creating a methodology and template for sharing, reviewing and forecasting the network’s financial position on a regular basis
- Supporting discussions about what legal form/entity the network should take
- Developing risk, issue and dispute resolution processes to be used to monitor and prevent risks and to be put into practice if an issue or dispute arises. This process was also designed to assist the network to manage under performance against care package targets
- Developing a Communication and Engagement Strategy that set out short and long term activities to educate staff, patients and the local community about the creation of the Highway Network, establish the network’s brand, promote its services and establish appropriate engagement with relevant stakeholders – from patients to other local health care providers
- Developing the network’s Strategic Plan, which was focused on establishing the network’s vision and setting out the key strategic actions for the Highway Network in the short, medium and long (5 years +) term

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## Outcomes

We helped the practices to:

- Have the difficult discussions with one another about why the move to the network model was necessary and what it meant for them as individual practices.
- Establish the form and function required to ensure that the four partner practices could act openly and trust their fellow network members.
- Understand the benefits to be gained from economies of scale – e.g. sharing the cost of back office functions, such as HR and administrative tasks like patient call/re-call – and put appropriate processes in place to ensure that the potential benefits could be realised.
- Understand the benefits to be gained from spreading risk – e.g. combining to hire specialist staff, such as a Diabetes Nurse, that would then be shared across the network being far less risky than one practice employing specialist staff by themselves.
- Understand the benefits to be gained for their patients – e.g. economies of scale and shared risks meaning that the Highway Network can act more adventurously to address local needs than any practice could individually.