

NIAL

Proposal to Consider a Right to Request for Bolton Community Practice to Become a  
Social Enterprise

EXPRESSION OF INTEREST

V3.0

September 2010

## Document Control

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## 1.0 Summary

This section is a summary of your proposal. It briefly describes the reasons behind your proposal and summarises the benefits you expect the social enterprise to provide.

The service realignment associated with Transforming Community Service and the decision of the Board of NHS Bolton to market test Bolton Community Practice has prompted staff of Bolton Community Practice to exercise their Right to Request to form a Social Enterprise. This expression of interest sets out the case for Social Enterprise and will require the development of an Integrated Business Plan (IBP).

Bolton Community Practice is an integrated practice formed in July 2010 by the functional, organisational and clinical integration of seven previously individual PCTMS Practices. The vision of Bolton Community Practice is to provide exemplary personalized care for all our registered population, including those cared for within our GP Safehaven (Violent Patient) Scheme, by using the efficiencies and flexibilities created from our innovative integrated model to:

- Improve our patients' satisfaction; by giving our patients more choice and control over their healthcare
- Improve our patients' experience; by enabling our patients increased access to care during extended hours, six days a week
- Improve our patients' care and health outcomes; by facilitating access to an increased range of specialist services and healthcare professionals
- Improve our staffs' satisfaction; following implementation of innovative workforce development plans.

Bolton Community Practice aims to continue to deliver care, in an innovative and patient responsive context, focusing on new service models to deliver the Triple Aim of 'better health, best care and value for money' whilst also using the benefits of a social enterprise structure to:

- Empower our staff; putting them 'in control' of the care and services they deliver
- Empower our patients; by actively involving our patients, and the communities in which they live, in the design and delivery of the care and services they receive

'Your Practice, Your Care, Your Health'

## 2.0 Background

Describe why you want to set up a social enterprise. What are the social, economic, environmental or local health circumstances that make it a good idea for the proposed social enterprise to exist?

Bolton Community Practice was formed from seven previously PCTMS Practices on 1st July 2010 with a list size of approximately 17 250. NHS Bolton had managed the individual practices since 2004/5; within the PCT's Provider Arm since 2006/7. During 2007/8 and 2008/9 much work was done within the practices in relation to premises, staffing and resources, areas that historically had been underdeveloped. Whilst it was recognised that significant progress has been made by the practices over this time, it was evident that continuing to manage these acknowledged challenging practices as seven distinct units was both uneconomic and inefficient, and compromised their ability to provide care of the highest quality in terms of effectiveness, safety and patient experience.

In October 2009, the practices were served a service improvement notice and challenged to improve their performance and value for money. In November 2009, the service improvement notice was withdrawn following the proposal by the practice team to develop Bolton Community Practice; an integrated practice (Appendix 1).

This proposal detailed how the practices intended to:

- Meet and exceed the performance targets set in relation to clinical QOF and practice improvement programme performance
- Achieve excellent clinical data quality, in line with Summary Care Record implementation requirements

whilst achieving

- Recurrent full year cost savings of £ 300 000
- Increased Value for Money @ £86/patient, from a current baseline of £103/patient

The vision for Bolton Community Practice has been to work as one integrated practice, providing exemplary personalised care equitably to all our registered population. Bolton Community Practice covers approximately 17 250 patients across Bolton, approximately 7% of the Borough's population. The practice additionally supports the provision of Primary Care to the PCT's Safehaven (Violent Patient) Scheme.

The health challenges in some of our sites are considerable: four of the sites are in areas of high multiple deprivation with expectedly high chronic health needs in relation to diabetes, cardiovascular disease, cancer and respiratory disease.

Two of these sites are in areas with high levels of ethnicity at 96% and 56% respectively. This is largely Southern Asian and Gujarati speaking although it is not a homogenous group; increasing numbers of our patients at these sites are from emerging communities notably Somalian and Eastern European. A further two of our sites are in 'white' deprived

areas with high levels of teenage conception and pregnancy. There are high levels of A&E attendances and emergency admissions, when compared to our practices 'peer group clusters', at a number of our sites, with one of our sites having particularly high levels of attendance in relation to maternity and paediatric conditions.

In developing and implementing the delivery model for Bolton Community Practice, we commissioned a public health needs assessment (Appendix 2) and undertook an Equality Impact assessment (Appendix 3) to inform our plans.

We are committed to ensuring the same high quality health services are available to all patients across our practice, facilitated by development of an integrated IT infrastructure and clinical workforce. The recent development of the practice has focused on achievement of this aim, additionally recognising that our practices offer a unique model of Primary Care, being both Providers and Commissioners of care; whilst being ideally placed to develop innovative models of integrated care across the local health economy.

Staff within Bolton Community Practice delivered their proposal within eight months of initial approval between November 2009 and July 2010. This included full implementation of their model whilst additionally achieving both the performance and value for money targets initially proposed.

The implementation plans delivered by Bolton Community Practice included:

- Full clinical data integration
- Fully integrated appointment system
- Development and implementation of central call handling centre with business dashboard
- GP/ nurse and pharmacist led daily triage service
- Daily weekday extended service until 7.30pm
- GP and nurse Saturday morning surgeries until 12.30pm, including phlebotomy
- Minor illness and injury clinics
- COPD clinic
- Full workforce redesign with individual job plan reviews for all clinical and non-clinical staff

In achieving delivery of Bolton Community Practice, we actively sought the views of our patients and our staff and involved them closely in the re-design of our service, both in relation to understanding the challenges and removing the barriers, to the delivery of an integrated model of primary care that is personalised to our patients.

Our staff are proud of what they have achieved at Bolton Community Practice and committed to delivering efficient high quality services, prioritising patients, service users and our communities. Social enterprises are closely aligned to NHS values. Delivering

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Bolton Community Practice via a Social Enterprise model in which staff and patients are stakeholders will:

- ✓ Empower staff to be further in control of the design and delivery of the care and services they provide.
- ✓ Ensure that the care and services we provide are better tailored to meet patients' and service users needs and are based on expert knowledge of the communities we serve
- ✓ Facilitate the delivery of good value for money by enabling us to deliver high quality services in ways that are innovative, flexible and non-bureaucratic, whilst based on effective business principles



### 3.0 Aims & Objectives

This section describes what you intend your social enterprise to do. It should include:

**Vision** – Your vision is the driving force behind the organisation because it concerns the change you intend to bring about. It embodies the aspiration of your organisation and, whilst it must be realistically achievable, it can be ambitious. This is a powerful tool for gaining interest in what you are proposing and works best when it is stated in one sentence that is free of jargon and expresses excitement.

**Mission** – the mission statement is a summary of what the organisation does or intends to do, for whom and where. It needs to communicate the work of your social enterprise in a way that everyone can understand. As with your vision, it is useful to research what other social enterprises and businesses have done.

**Strategic Objectives** – these are statements about what the enterprise wants to achieve in a given period, say, 3-5 years. In the context of primary and community care, these can be around the following themes:

- Service improvement
- Connecting with communities and service users;
- Innovation;
- Empowering staff;
- Increasing patient choice; and
- Investing in the community.

Our Vision for Bolton Community Practice is to deliver Primary Care Services to our registered population that are of the highest standards, personalized to both our individual patients and the communities in which they live, and that deliver the best health outcomes. We aim to demonstrate by example excellence in Primary Medical Care Services and aspire to be an exemplar site for the delivery of primary care to ‘hard to reach’ groups, providing the opportunity to share learning across Bolton and beyond.

Our integrated innovative service model has already transformed the care and service we deliver at Bolton Community Practice. We wish to build on this to:

- Empower our staff; putting them 'in control' of the care and services they deliver
- Empower our patients; by actively involving our patients, and the communities in which they live, in the design and delivery of the care and services they receive

We have embodied these principles in our mission statement:

'Your Practice, Your Care, Your Health'

Many of our patients are from challenged populations and vulnerable groups. We aim to ensure that all our patients have equity of access to high level care and services, and opportunity to improve their health outcomes. We will use our skills and experience to collaborate with other agencies supporting these communities and groups, to the benefit not only of individual patients but the communities in which they live.

Our strategic objectives are to:

- Improve our patients' satisfaction; by giving our patients more choice and control over their healthcare
- Improve our patients' experience; by enabling our patients increased access to care during extended hours, six days a week
- Improve our patients' care and health outcomes; by facilitating access to an increased range of specialist services and healthcare professionals
- Improve our staffs' satisfaction; by the implementation of innovative workforce development plans

We are excited at the prospect of delivering care, in an innovative and patient responsive context, focusing on new service models to deliver both improvement in health and reduction in health inequalities within our local communities. We have experience of actively seeking the views of our patients and local communities, in relation to both understanding the challenges, and removing the barriers to their healthcare delivery.

## 4.0 Range of Services

Provide a description of the services that your proposed social enterprise will provide. This could include a range of services or a single service area. Briefly explain how the enterprise will ensure the quality of delivery and monitor, and evaluate its performance.

The range of services that our proposed social enterprise organization will provide includes:

- Bolton Community Practice
- GP Safehaven (Violent Patient) Scheme
- Asylum Seeker Nurse Service

### Bolton Community Practice

The practice provides the full range of primary care medical services, including advice, care and treatment for common illness, health screening, chronic disease management, cervical screening, immunization and child health surveillance.

The practice's opening hours are:

8am - 7.30pm Monday - Friday

8am - 12.30pm Saturdays

GP and nurse appointments are available throughout these times. The practice additionally employs a pharmacist, trainee assistant practitioner, healthcare assistants and a phlebotomist who are available at varying times for face-to-face consultation throughout the week. The practice encourages and facilitates the use of Language Line for those patients who are unable to communicate effectively in English.

A GP/nurse and pharmacist telephone triage and advice line is open each weekday 9 - 11.30am, extended to 1pm on Mondays.

In addition we provide:

- A phlebotomy service - including Saturday mornings
- Dedicated clinics for patients with Diabetes and COPD
- Nurse-led minor illness Clinics
- Pharmacist-led medication review clinics
- Family Planning clinics - weekly from October 2010 -providing standard family planning advice in addition to implanon and IUD/IUS fittings
- Joint injection Service
- Travel Advice Clinics
- Postnatal and Child Health surveillance Clinics

- Substance Mis-Use Clinics, in conjunction with the substance mis-use team
- Practice nurse management (to two independent GP Practices)

We work closely with the stop smoking team and health trainer team to support the provision of their services locally within Bolton Community Practice

The team at Bolton Community Practice strongly believe in the development of the workforce by creating a learning environment. The practice supports F2 doctors and non-medical prescribing placements. The practice aims to deliver GP Registrar placements by August 2011. The practice additionally works in collaboration with the GPOOH service to provide an education and training programme for Bolton Community Practice and GPOOH staff, which includes quarterly significant event meetings. Should this expression of interest be approved, the practice would wish to facilitate the continued integrated delivery of this programme.

Bolton Community Practice has supported the clinical development of the medical workforce by establishing a number of portfolio roles across the following services and departments:

- COPD/Triple Aim Project
- GP OOH Service, including GP Registrar training
- Minor Surgery Service
- CFS Service
- Clinical Dashboard Project leadership

Should this expression of interest be approved, consideration will be required within the Integrated Business Plan, in conjunction with the individual clinicians involved, of their future contract mechanisms.

#### GP Safehaven Scheme

The service provides primary medical care for those patients who have been subject to immediate removal from a practice's patient list. The scheme provides a stable environment for the patient to receive continuing health care, addressing any underlying causes of aggressive behaviour and providing a safe environment for the individuals involved in delivering that treatment. The ultimate aim is for patients who have been immediately removed to return to mainstream general practice with an understanding of the behaviour required and accepted there

The service provided is integrated closely with Bolton Community Practice with shared managerial and clinical leadership. It incorporates the following criteria:

- Single point of contact
- Integrated multi-skilled team working

- Collaborative multi-agency working with partners, for instance in Mental Health, particularly substance mis-use services, Social Services, Police, Probation services, Safeguarding Vulnerable Adults team, Urban Outreach and other Primary Care Provision eg OOH Service
- Clear patient pathways for referral onto and exit from the scheme
- Fair/equitable access on the basis of need
- Equality of opportunity to receive health, health promotion and health prevention advice and services
- Good effective communication and co-ordination
- Education about patient expectations

. For individual patients, the following services are provided:

- All patients, on entering the scheme, are offered a 'new patient health check' which provides a thorough assessment of the patient's clinical, psychological and social needs especially those which may result in unrealistic expectations and which may have led to physically or verbally aggressive behaviour in the past.
- All patients have access to health promotion advice, in particular about the significance of diet, exercise, the use of tobacco, consumption of alcohol and the misuse of drugs or solvents.
- All patients have access to face-to-face consultation, either at the scheme base or by home visit if clinically indicated, within 48hrs of request and, where appropriate, physical examination for the purpose of identifying or reducing disease or injury.
- Vaccinations or immunisations where appropriate
- Referral of patients, as appropriate, for the provision of any service under the National Health Service Act, 1997.
- Education for the patient and his or her family or carers on the best way to obtain good quality and continuing services from primary care in particular and the NHS in general.
- Development of individual patient care treatment plans. These plans will form the basis of periodical reviews to assess individual patient progress and the potential return to routine mainstream services.

The GP Safehaven Scheme is operates from 08:00 to 18:30 Monday to Friday, excluding Bank Holidays.

Asylum Seeker Nurse Service

CH to provide details

## Clinical Quality, Safety and Effectiveness

Patient safety and clinical quality are critical for the Bolton Community Practice. The safe delivery of clinical services is only possible when the leadership structure and governance is fit for purpose. It is important that the clinical and organisational lines of accountability end at the same level within the future Social Enterprise organisation. This must be at the highest level within the organisation.

## Medical leadership

Good medical leadership is key to promoting patient safety and to improving quality of care. The Associate Medical Director and the Clinical Director, Primary and Urgent Care Directorate, of the Provider Arm currently provide clinical leadership within Bolton Community Practice; both of whom have significant knowledge, skills and experience in medical leadership, clinical governance and patient safety. They are supported by a GP Education Lead, with particular skills in the delivery of GP education and training.

The Social Enterprise organisation will be clinically led by a Medical Director whose key roles and responsibilities would include:

- Ensuring quality of care is at the heart of the organisations vision, aims and objectives
- Identifying opportunities for development, including partnership and collaborative working, and articulating a clear vision for organisational and service developments.
- Providing the medical leadership required for delivery the services, ensuring that key systems are in place for the delivery of high quality, safe and effective primary medical care, that is value for money.
- Ensuring services provided are of high quality by ensuring systems of clinical governance are implemented, services are monitored and benchmarked against local and national standards, systems of review and improvement are implemented.
- Ensuring commissioned targets and relevant national targets are delivered within the resources available, oversee strategic planning and monitoring in the organisation and account for performance.
- Ensuring clinical governance is integrated into the organisation's whole governance arrangements, in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations.

## Clinical Governance

Bolton Community Practice prides itself on being a learning organisation, the culture and ethos of which will continue to be promoted throughout all levels of the social enterprise organisation. Much work has been carried out within Bolton Community Practice to build structures and processes for clinical governance that ensures that the services provided by Bolton Community Practice are safe, effective, patient-centred,

timely, efficient and equitable. It reflects a culture of continuous learning and improvement that will ensure the highest quality for patients and the highest quality working practices within the organisation.

- Monthly governance meetings are held between clinical and managerial staff from across Bolton Community Practice. Meetings follow a framework of clinical governance that includes access, patient focus, clinical effectiveness, safety and efficiency. Implementation of key processes to support the delivery and continuous improvement of high quality, safe and effective clinical service is planned and change supported. Lessons learnt in relation complaints and patient safety incidents are discussed and shared across the practice along with appropriate, timely and bench-marked information, in relation to the performance of the practices, to inform clinical service improvement.
- All staff within Bolton Community Practice receive a dedicated weekly personal/practice development session. This is supported by a dedicated programme of activities, developed to support education, training and development across all staff groups and is additionally delivered to the GPOOH service. Topics are identified for learning via appraisal, complaints, significant events and in relation to service development and evidence-based guidance.
- Bolton Community Practice is fully engaged in NHS Bolton's systems of clinical risk assessment and risk reduction. Within the social enterprise organisation, these systems will be replicated. Our current clinical governance meeting structure will support sharing good practice and learning, and implement service improvement and redesign, arising from issues raised through risk management mechanisms. We recognise that the organisation will require registration with the Care Quality Commission in relation to the delivery of Primary Medical Care Services and will ensure the quality requirements for registration are met.
- Involvement and engagement of patients and their carers underpins our strategic plans for Bolton Community Practice. We actively and regularly seek views of our patients via patient surveys, suggestion boxes and patient forums. We use complaints and compliments to learn from patients experience to continually improve the quality of care and service we provide. We feedback to our patients, as a result of their involvement, via newsletters and talkback boards. We intend to extend the involvement of our patients and their carers in the development and design of their service by empowering them to become members of our organisation: 'Friends of Bolton Community Practice'.

#### Performance Monitoring

Bolton Community Practice aims to deliver services to the highest standards and demonstrate by example excellence in Primary Medical Care Services.

We are committed to achieving and exceeding the performance targets expected in relation to the Quality and Outcomes Framework, Practice Improvement Programme and Triple Aim Project. The integration work at Bolton Community Practice enabled significant improvement and efficiencies in our internal management and monitoring systems and includes:

- A QOF performance monitoring scorecard, constructed based on monthly QMAS achievement across all the QOF domains - clinical, organisational, additional services and patient experience. This is updated on the 3rd of each month and circulated to all practice sites.
- A weekly performance monitoring meeting is held, mandatory for all managerial staff. Performance is monitored, and tasks are identified for action at site level prior to the next meeting. Tasks are also identified to be actioned centrally, particularly in relation to areas of data quality and prescribing. Dedicated clinical time has been resourced for this purpose.
- The performance monitoring scorecard, PIP, PBC, referral activity and Triple Aim progress reports are presented at each monthly Primary Care Clinical Governance meeting and site level and central actions discussed and clarified. Achievement of these actions are monitored on a monthly basis. It is mandatory that all GP Clinical Leads attend these meetings or, in the case of annual leave, that attendance is delegated to an appropriate clinician.
- Performance data is shared with our workforce via Performance Boards, visually accessible to both our staff, patients and stakeholders.
- Early implementation of NHS Bolton's Clinical Dashboard, providing clinical leadership to the project. Data is available via the dashboard in relation to both the practice improvement programme and real time urgent care activity to provide our clinicians with the data they need to improve care.
- Monthly budget meetings are held involving both the managerial and clinical leadership at Bolton Community Practice. It is recognised that as an independent social enterprise organisation, the current robustness of our financial controls require review. If this expression of interest is approved this area will be detailed further in our integrated business plan.



## 5.0 Stakeholder Engagement

Identify the people and organisations that will have to be involved and informed in the development of your social enterprise. This will include stakeholders such as staff, service users, community organisations, partner organisations, your PCT, and Strategic Health Authority.

Once the stakeholders are identified, consider the following questions in relation to each of them:

- What is their involvement in the social enterprise?
- What interest do they have in developing a social enterprise?
- How will change affect them?
- What influence do they have on the plans?
- Who else needs to be engaged?

Use the stakeholder analysis to identify the key stakeholders and consider how they will be affected by the proposed social enterprise development and how you plan to manage them. The business case should also document the results of any consultation carried out in relation to your proposed social enterprise. It may be useful to discuss this with your PCT patient and public involvement manager.

An effective stakeholder communication and engagement strategy is key to achieving the successful transition of Bolton Community Practice from NHS Bolton to a social enterprise organization, able to meet its strategic vision and key organizational objectives. The strategy will need to address the key areas of assurance, staff consultation and engagement, and subsequently wider stakeholder engagement in relation to the development of a service that connects with local communities and empowers its patients and carers.

Bolton Community Practice is experienced in stakeholder engagement having developed and successfully implemented a robust communications and engagement plan in relation to the development of the previously seven PCTMS practices into an integrated service; Bolton Community Practice (Appendix 5). In designing, developing and implementing Bolton Community Practice, weekly steering group meetings were held to drive the project and ensure completion of key milestones, including the actions identified within our communications and engagement plan. It is anticipated that, should this expression of interest be approved, the project would be driven and monitored using similar principles.

Consultation and engagement with staff to date includes the following:

- July 2010: Primary Care Clinical Governance meeting. Options discussed for if vertical integration with RBHFT was halted. Agreement to explore social enterprise model.
- 22nd September 2010: All BCP staff informed of Board decision and invited to attend meeting on 24th September to discuss future options for the service, including social enterprise

- 24th September: 64% staff attended extraordinary staff meeting, supported by NHS Bolton's Medical Director, Director of Integration and Associate Director of HR. Unanimous mandate from staff to submit right to request expression of interest to form social enterprise organization. One GP staff member indicated that, whilst he supported the submission, he would also like to consider a separate submission in relation to patients at Derby site, Pikes Lane.
- All staff offered individual staff meetings with HR/staff side support if requested. Agreement to develop FAQ in relation to HR implications of the Board decision and social enterprise option.
- 29th September: All staff invited to follow-up staff meeting, expression of interest presented and comments/considerations included in final expression of interest submission.

The key stakeholders affected by this proposal and the likely consequences and implications for them are summarized below:

Stakeholder	Implication
NHS Bolton Board	Support for approval of right to request expression of interest to progress to an integrated business plan and subsequent IBP. Assurance in relation to risks of project and their mitigation, implications for staff, services, and patients, strategic objectives of project
NWSHA	Approval of integrated business plan based on demonstration that it meets DH assurance tests
NHS Bolton Commissioners	Requirement for re-negotiation of service contract value Assurance that proposal is in line with the organizational strategic aims; the Triple Aim, of better health, better care, value for money whilst supporting and developing staff
NHS Bolton Support Services (HR/Finance/informatics)	Engagement in the plans for developing new organizational form and the implications in relation to current support provided and achievement of future requirements
NHS Bolton Provider Services Committee	Assurance in relation to risks of project and their mitigation, implications for staff, services, and patients, strategic objectives of project

Provider Arm Services/ RBHFT Services	Implications for current 'informal' clinical integration arrangements and development of future collaborative arrangements
Practice Based Commissioners	Provide understanding of the strategic aims of the service and range of service provided  Consider any implications in relation to future GP Consortia arrangements
NW Deanery	Provide assurance in relation to the delivery of F2 training during a time of organizational change  Provide understanding of the strategic aims of the service and range of services provided.  Achieve support to develop training practice status.
Staff employed within Bolton Community Practice	Mandate achieved to progress Right to Request Expression of Interest.  Support required to progress integrated business plan  Provide understanding of individual HR implications of organizational change and balanced view of the pros/cons of membership of a social enterprise. Provide options appraisal on organizational form (legal structure).
Staff Side representatives	Provide understanding of individual HR implications of organizational change and balanced view of the pros/cons of membership of a social enterprise in order that they may support individual staff members.
Bolton Community Practice patients and their carers	Provide understanding of the strategic vision, aims and objective of the social enterprise and the benefits for their service and care in relation to their involvement in the development of their service.  Consider formal and informal engagement dependent on organizational form; further development of patient forums, 'Friends of Bolton Community Practice'
3rd sector organisations	Identify key community groups to engage in the development of services particularly in

	relation to vulnerable adults, socially excluded and minority ethnic groups
Bolton Council	Identify key services to engage in the development of services particularly in relation to vulnerable adults, socially excluded and minority ethnic groups
Health Overview and Scrutiny Committee	Provide understanding of the strategic vision, aims and objective of the social enterprise and the potential benefits to the communities the practice serves.

## 6.0 Partnership Collaboration

### Current Collaborative Working

Bolton Community Practice currently works in an integrated or collaborative way with a number of other service areas with the Provider Arm of NHS Bolton, by virtue of current shared managerial and clinical leadership, and the development of portfolio clinical roles across service areas. This increases the skills and perspectives of both services whilst facilitating the provision of 'seamless care' to our patients. We will work to both continue these arrangements and develop increased integrated working arrangements with other services over time. The risk that the practice's development as a separate social enterprise organization and the Provider Arm's transfer into a Foundation Trust will stifle innovative integration models will be mitigated by the willingness to preserve current effective working relationships and effective care pathways for our patients and communities. It is recognized, however, that as a business organization more formal arrangements may be required to be in place over time.

Current areas of integrated or collaborative working include:

- COPD/heart failure services
- Diabetes service
- GP OOH Service (including GP registrar training and educational programme delivery)
- Medicines management team
- Substance Mis-use Service
- Stop Smoking Service
- Urban Outreach
- Informatics team (clinical dashboard)
- Active case management team (clinical dashboard)
- Equality and Diversity team

### Future Plans

#### Services for Vulnerable Patients

In line with our objectives to improve equity of access and health outcomes for all our registered patients, including those in challenging population groups, and our experience

and skills in the delivery of care to vulnerable patients within our Safehaven Scheme, we plan to develop closer collaborative working with our asylum seeker and homeless services.

- The service for the homeless is centred around a service delivery base at St Luke's Drop-in Centre for the Homeless. Many patients currently require GP advice - in relation to mental health issues, substance mis-use and infections - but are not registered with a GP. Closer collaboration with this service by formal arrangements, using the Clinical Dashboard to facilitate their care will provide staff in this service improved access to support and advice. Patients will receive care that is more consistent and less fragmented, potentially leading to better health outcomes.
- Asylum seeker nurse service. This service is currently provided by one individual practitioner with poor access to peer support. Working collaboratively with this service will improve support to this service and the individual practitioner. It will also improve the skills and experience of Bolton Community Practice staff in dealing with our asylum seeker patients and populations.

#### Services at Transition of Care

- We are currently developing closer collaboration with services at the transition of care - intermediate care services & Bolton Community Unit - facilitated by use of the Clinical Dashboard and the support of our in-house pharmacist.
- Active Case Management; we proactively are engaging the active case management team at Bolton Community Practice, using the clinical dashboard to identify our frequent users of urgent care services and monitoring those on our chronic disease registers, to pro-actively manage their care and reduce non-elective admission rates for ambulatory care sensitive conditions. We are additionally collaborating with NHS Bolton informatics team in relation to readmission activity, at a patient-data level, and to identify potential significant events - such as admission for diabetic ketoacidosis - to identify learning from these events to facilitate continued quality improvement of our service.
- Local Nursing Homes within our communities; we plan to use the skills of our in-house pharmacist to work closely and collaboratively with our local nursing homes in relation to medicines management and particularly medicines reconciliation at point of hospital discharge.

We recognize from our involvement in the work of the Primary Care Trigger Tool that poor medicines reconciliation is a key risk in readmission.

#### Urgent Care Services

Our intention is to further our collaborative working relationships with local urgent care services - GPOOH Service and Emergency Dental Service - to consider more effective and efficient integrated delivery of call-handling and triage services and shared administrative

support. A key operational plan for Bolton Community Practice is to develop a dedicated home visiting service - enabling our most vulnerable housebound patients to receive care by the right person at the right time - using the skills of our senior nursing team, pharmacist and GPs. Developing this service collaboratively with our GPOOH service would potentially provide efficiencies in service delivery for both services.

#### Other Social Enterprise Organisations

We recognize that over time, further social enterprise organizations may be approved locally. We would wish to work collaboratively with other organizations to share learning and provide support. There may be opportunity in such organizations for joint appointments of staff with particular skills such as finance, marketing, community engagement, to aid the efficiency and effectiveness of both organizations.

#### GP Commissioning Consortia

Our clinical leadership is fully engaged in current practice based commissioning arrangements being part of the PBC engagement clinical lead team. Bolton Community Practice would wish to continue to actively engage with our local GP commissioning colleagues and local consortia plans following development as a social enterprise organization.

## 7.0 Costs

It is unlikely that you will have a full understanding of the costs at this stage. You might wish to give an indication of what you think the costs of setting up and running a social enterprise will be and recommend that a full feasibility study be carried out if the submission is successful.

This section should also include the resources required to progress to a full business case. This may include staff time to complete the case as well as training and business support to enable you to develop the business case.

The cost of delivering the service - Bolton Community Practice & GP Safehaven Scheme - will require review in consideration of the cost improvements already delivered, following practice integration, and the requirement to acquire business skills, financial skills and governance arrangements within the social enterprise organization. Detailed costings will be progressed should the proposal to become a social enterprise organization be approved.

The estimated costs associated with setting up a social enterprise organization are detailed in the table below. Funding would be sought from the Social Enterprise Investment Fund. Applications for funding are being accepted until November 2010.

Project Initiation Task	Estimated Cost
Legal fees & governance development	£ 50 000
New finance/payroll system	£ 20 000
Project management	£ 40 000
Staff/patient engagement events including backfill	£10 000
Total	£120 000



## 8.0 Risks

List and briefly describe the risks that are immediately obvious in relation to the project. This may relate to staff skills in certain areas, such as financial management, leadership and governance. It may also include competition and the nature of the market for the services you wish to provide.

Risk management is an integral part of good management and to be most effective should become part of the organisation's culture. Risk management will be a integral part of the new organisation's philosophy, practices and business plans rather than viewed or practiced as a separate programme and responsibility for implementation will be accepted at all levels of the organization.

Bolton Community Practice fully engages in risk management processes within the Provider Arm of NHS Bolton and used the established risk evaluation process to determine the consequences and likelihood to measure the severity of risk in relation to it's recent process of integration. Should approval for progressing an Integrated Business Case be gained, Bolton Community Practice will similarly identify, analyse, evaluate, treat, monitor and communicate risks associated with this social enterprise project, recognizing that these will change over time and some will transfer from NHS Bolton to the social enterprise organisation following establishment. Early risks identified are detailed in the table below:

Risk Area	Risk	Mitigation
Financial	Achieving funding support from Social Enterprise Investment Fund for project management and business skills	Potential scope for secondees from within current organisation
	Achieving financial balance.	Robust financial controls In place
	Loss of contract for services	Robust performance controls in place
	Reliance on one commissioner/contract	Proactively seek opportunities for diversification and growth
Organisational Change	Maintaining and improving performance during organizational change	Robust performance controls in place
HR Risk	Staff retention/loss of ability to fill vacant posts during change	Excellent and effective staff engagement

		Collaborative working with HR dept to identify opportunity for creative HR solutions
	Successful resolution of specific HR issues with potential to reduce capacity/skills within clinical and non-clinical workforce: <ul style="list-style-type: none"> <li>- staff on fixed term contracts</li> <li>- staff in secondment</li> <li>- staff in portfolio clinical roles across other service areas</li> </ul>	Excellent and effective staff engagement Collaborative working with HR dept to identify opportunity for creative HR solutions Potential to fully employ staff in current portfolio roles and contract their services to other organizations
	Staff disruption, anxiety and discontent if timeline for transfer to social enterprise organization isn't achieved	Robust project implementation and delivery plan to be developed, monitored and assured against
Business Capability and Capacity	Appropriate skills and competencies	Seek funding to appoint business/financial manager Seek support from Social Enterprise Investment Fund Clinical leadership experienced in general practice business and financial management in place Seek appointment of Directors with business, commercial and finance skills
	Interruption to Business/performance systems	Ensure support from NHS Bolton to facilitate smooth transfer of systems to new organization. Consider sub-contracting payroll system from RBHFT

Clinical	Separation of Bolton Community Practice from other Provider Services risks disrupting current collaborative working relationships and care pathways	Willingness to preserve current good working relationships and pathways of care  More formalized arrangements may be required across some service areas over time in line with the business model of both RBHFT and Bolton Community Practice's social enterprise organization.
Training Practice Status	Bolton Community Practice currently takes F2 practice placements; this may be suspended by the Deanery due to the organizational change  Planned training practice status for GP registrars planned for August 2011 potentially delayed	Close engagement and communication with Deanery on practice development  Maintain organizational performance through change by robust controls
Reputational risk	Reputational risk to Bolton Community Practice and NHS Bolton if project fails	Robust Assurance process for project  Robust project implementation and delivery plan to be developed, monitored and assured against

## **9.0 Governance**

Social enterprises are often characterised by inclusive governance arrangements. You will need to consider how you will involve staff and the local community in the management and direction of the social enterprise. Some social enterprises, for example, have service users and patients as members and directors of the organisation.

Some governance arrangements can help in securing expertise through non-executive directors and executive directors. Directors will help in deciding the direction of the organisation and it is worth considering how the arrangements you propose will affect the development and direction of the social enterprise.

Although related to the legal form and structure of the social enterprise, it is more important at this stage to think about governance, as this will affect the way in which the social enterprise is run.

The social enterprise organization will require the setting up of a legal structure. Appendix 4 details the commonest legal structures associated with social enterprise. We will give careful consideration to the most appropriate legal form following professional legal advice and staff consultation and engagement. In considering the options available, particular consideration will be given to those options that most clearly meet the objectives of our proposal by facilitating staff and patients as stakeholders.

Whatever governance structure is adopted, it must hold the trust of the staff, patients, public and local stakeholders. It is proposed that the organization would appoint a Board of Directors to ensure that the organization is:

- Legal, fair, non-discriminatory
- Achieving its vision and strategic objectives
- Meeting its financial goals and targets
- Working within current health & safety, employment and equal opportunities legislation
- Not abusing members trust in any regard

In determining the most effective and inclusive Board membership, consideration would be given to:

- Staff employees
- Patient representation
- Community representation
- Lay membership chosen for their skills in business, finance, marketing and local community knowledge
- Clinical and managerial (operational and business) organizational leadership

## **10.0 Timescales**

Provide a general statement as to the approximate length of the project and complete the table showing approximate milestones. State that detailed timescales will be provided if

this expression of interest is approved.

In line with the requirements of Transforming Community Services, Bolton Community Practice must be transferred out of NHS Bolton by a deadline of 31 March 2011. If approval is achieved for the staff of Bolton Community Practice to progress an Integrated Business Plan to become a Social Enterprise model, it is believed that this transfer can be achieved.

The clinical and managerial leadership within NHS Bolton's Primary and Urgent Care Directorate, supported by the Associate Medical Director, have a proven track record in the delivery of service innovation and re-design to challenging time-lines, namely:

- The transfer and redesign of GPOOH
- The design and implementation of the Clinical Dashboard
- The re-design and delivery of the service model for Bolton Community Practice

Approximate milestones are detailed in the table below, further detailed timescales will be provided if this expression of interest is approved.

Action	Timeline
Expression of Interest put forward to Board NHS Bolton	30 September 2010
Engage staff and agree legal structure	September - November 2010
Engage patients and other stakeholders	September - November 2010
Establish project management/business skills to support process	October 2010
Develop and submit 5 year integrated business case to NHS Bolton Board	November 2010
Receive approval from PCT Board and SHA	End November 2010
Establish legal structure	December 2010 - January 2011
Establish governance structure	December 2010 - January 2011
Staff transfer to Social Enterprise Organisation under TUPE	1 April 2011

## APPENDIX 5

### Integration Bolton Community Practice – Communications and Engagement Plan

Communications and engagement activity needs to support the smooth transition to integration, with new ways of working implemented consistently across the practices. The key message is that this is about improving access and quality of care, as well as achieving value for money. This is essential to meet the requirements of the Commissioner's improvement notice, but is the right way to go for the benefit of the practices' patients.

Engagement with key stakeholders to seek their views will help ensure that the integration improves the quality of service for patients and the working lives of staff.

Audience	Objective / Message	Method	Timing	Lead	Completed
Staff working in the practices	Involve them in developing and applying new ways of working. Support them through change. Reassure them where possible about their future.	Face to face meetings, all together, in small groups and individually.  Written briefings	Groups as often as possible; individually as requested.	AT / WP	Staff engagement and consultation events completed supported by HR; all staff offered staff side support: -30/9/09 & 12/5/10: All Staff - 15/2/10 Managers - 22/2/10 Ass Practice Managers - 10/2/10 Clerical Staff - 7/4/10 GP Staff - 19/4/10 Nursing Staff Regular written briefings achieved; monthly update at Primary Care Governance meetings

Audience	Objective / Message	Method	Timing	Lead	Completed
All NHS Bolton staff (NB – some will be patients of these practices)	Explanation of the change and the reasons for it.	Weekly bulletin	Several times during March and April	VS	Completed
Staff Side	Reassurance re change management process for staff.	Attendance at Staff Open Forum	Feb 2010	WP	10/2/10
NHS Bolton Executive Management Team	Governance and quality objectives and achievements of the change.	Report to meeting	Early 2010	AB/AT	18/1/10
NHS Bolton Provider Arm Committee	Governance and quality objectives and achievements of the change.	Report to meeting	Regular updates on progress of implementation and risks Spring/Summer 2010	AT/W P	Yes
NHS Bolton Clinical Executive Committee	Clinical quality objectives of change	Report to meeting	Autumn 2010	AT	20/9/09
Independent contractor GPs and their staff	Explanation of the change and the reasons for it.  ? Any operational info they'll need to know.	Briefing sent to GPs and Practice Managers by email and post.	One month before integration	AT	Yes
NHS organisations (RBH, GMW ...??)	Operational implications	Briefing to lead departments	Immediately before integration	WP/B G	Yes
Bolton Council	Explanation, reasons, reassurance re quality and	Presentation at HOSC	Spring 2010	?? WP / AT /	22/6/10

Audience	Objective / Message	Method	Timing	Lead	Completed
(& Councillors covering the wards where the practices are)	continuity	Letter for Councillors		AB AB/VS	
Bolton MPs	Explanation of the change and the reasons for it.	Letter	One month before integration	AB/VS	Yes
LINK	Explanation, reasons, reassurance re quality and continuity	? Presentation at meeting or Letter	One month before integration		Not achieved due to changes at LINK
Registered patients of the practice	<p>Explanation of what's happening. Reassurance that continuity of care will not be affected. Information about how their personal data will be managed.</p> <p>Emphasis on quality improvements (without alarming them that it's not been good enough up till now)</p> <p>Detail on how systems for appointments, prescriptions, etc will operate, opening hours, etc.</p>	<p>Letters to individual patients.</p> <p>As above</p> <p>New Practice Leaflet (Mailed to all households with a registered patient)</p>		<p>PB / VS</p> <p>VS</p>	Letter sent to each household with new practice leaflet



Audience	Objective / Message	Method	Timing	Lead	Completed
	<p>Reminder of the new arrangements.</p> <p>Requesting their views with an quality improvements</p>	<p>Posters in Practices</p> <p>Focus Groups – using customer mapping techniques</p>		LE	<p>Practices posters implemented</p> <p>Patient Forums held:</p> <ul style="list-style-type: none"> <li>- 16/6/10 Little Lever Health Centre</li> <li>- 23/6/10 Waters Meeting Health Centre</li> </ul> <p>Patient experience survey completed June 10 to serve as a baseline on experience pre-integration, particularly in relation to access</p>
Wider Public	<p>The NHS Bolton is continuing to implement innovative ways to improve services.</p> <p>The new practice will welcome new patients</p> <p>General info on the new practice and how it operates</p>	<p>Press release</p> <p>As above</p> <p>NHS Bolton Website</p>	<p>Two weeks before integration</p> <p>Date of integration</p>	<p>VS</p> <p>VS</p>	Completed
Wider Stakeholders	To inform wider of stakeholders	Launch Event	6 weeks post-integration	BG/AT	Launch Event 6/9/10, with presentation by Professor

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Audience	Objective / Message	Method	Timing	Lead	Completed
	changes/improvements at Bolton Community Practice				Steve Field, Chairman RCGPs  Invitees included: NHS Bolton Management Team NHS Bolton NEDs PBC Leads Patient Forum Representatives All BCP Staff Implementation Steering Group Team

VS – Veronica Swinburne  
 CE – Claire Entwistle  
 BG - Bernie Gildea  
 AT – Anne Talbot

WP – Wendy Pickard  
 LE – Lucy Ettridge  
  
 DM – Darren Mansfield

AB – Anna Basford  
 PB – Penny Baxter

For consideration – info on NHS Choices and Our website and the e-health service info (bring that to our site)  
 Building signage  
 Directory entries