

A Social Enterprise Model of Health Care

What, Why, Who, and How?

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Overview

- Company Limited by Guarantee
 - Not for profit
 - To develop a new community facing service delivery model
 - Patient and clinician led – managerially supported
- **Three components:**
- Collaborative Practice Based Commissioning
 - Close partnership working with community services
 - Meaningful community engagement

1. What?

- 16 practices, PCT provider services, 120,000 patients
- APMS contract with PCT
- Indicative budget
- Staff supply agreement
- Responsible for the commissioning of a range of primary and secondary services

2. Why?

- Current model not sustainable
- Changes to PCT configuration and function
- Delivery of Practice Based Commissioning
- All NHS Trusts to be Foundation Trusts by 2008
- Independent sector provision in primary care
- Out-of-hospital White Paper – Care Closer to Home

3. Who?

- Critical mass
- Coherence and synergies across professions
- Local ownership and accountability

3 classes of stakeholders:

- 120,000 registered patients
- Core community services
- 16 GP practices

4. How?

- 18 month development programme
- PCT Board, PEC, multi-professional and Patient Forum alignment
- Attractive vision and clear narrative for clinicians
- Legal advice

4. How?

- **External:**

- Local Medical Committee
- Department of Health
- Kings Fund
- MP and elected councillors
- Overview and Scrutiny Committee
- Nottingham University Hospital trust
- SHA

- **Internal:**

- Direct to key opinion leaders
- Single and multi- professional events
- Trades unions
- PPI Forum

Governance

- Constitution of Board
 - Lay chair
 - 6 community directors
 - 3 provider services directors
 - 3 General Practice directors
 - Co-opt managerial support and LA representatives
- Clinical Reference Group
- Patient Reference Group

Community Engagement

COMPANY BOARD

- Lay Chair
- 6 Community Directors
- 3 General Practice Directors
- 3 Provider Directors
- Up to 2 co-opted Directors

LEVEL 4
BOARD

Patient Reference Group

Clinical Reference Group

LEVEL 3
LOCALITY STEERING GROUP
MEMBERS

FOR EXAMPLE

CRITICAL FRIENDS GROUP

FOCUS GROUP

CRITICAL FRIENDS GROUP

CITIZENS PANEL

CRITICAL FRIENDS GROUP

PATIENT FORUM

LEVEL 2
ACTIVE
BENEFICIARIES

PATIENT MEMBERS WHO COMMIT TO UNDERTAKE AN ACTIVITY

ALL PATIENTS REGISTERED WITH GENERAL PRACTICES WHO JOIN THE COMPANY

LEVEL 1
BENEFICIARIES

Key features to Success

- Good working relations between GPs and PCT
- Cohesive like-minded GPs
- Clinical engagement from all staff groups
- Active participation from patient representatives
- Support from PCT and SHA
- Build on transformation work

Examples of Service Development

- Principle of a patient, Practice and community services representative on all development groups
- Intra-practice working
- Implementation of Community Ward model
- Development of a cardio respiratory team
- Close working with Borough Council - local health festivals
- Development of Saturday service
- Clinical integration across all sectors