

The impacts of GP federations in England on practices and on health and social care interfaces: four case studies

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

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Plain English summary

Staff shortages and other pressures have encouraged the creation of 'general practitioner federations'. These are groups of general practices working together to support each other. We wanted to understand more about how these federations are working; we did this by talking to people (staff and patients) in four federations and the organisations they work with, as well as observing meetings and reading documents produced. In all of these federations, practices volunteered to be members, but we found that federations adopted different approaches to supporting their practices. These ranged from asking very little of them and having infrequent communication with them to placing demands on them that were intended to help them to support themselves and each other. Some sites made better progress than others. In addition to these different approaches, a number of things helped explain the differences between the federations. These included whether or not there was competition for members between federations and the nature of the relationship with the local body that has responsibility for ensuring the delivery of health-care services for the people who live in the local area (Clinical Commissioning Group). Money (or lack of it), the history of previous local collaborations, and leadership and management issues were also important. Other issues were size and geography (e.g. rural/urban, deprived/affluent). In all but one federation, federations were able to respond relatively quickly to a NHS policy to provide extra patient appointments at evenings and weekends. This would have been much more difficult without federations. Federations also provided other benefits, such as staff training and the provision of other new services, for patients. Solving immediate problems for practices was appreciated by those practices. Nevertheless, working with practices, by helping them develop their ability to support themselves and others, may be better in the longer term.

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