

# Sheffield General Practice Provider Forum

## 1. BACKGROUND

Over the last 2 years local commissioning systems have coalesced into larger structures, from Clinical Commissioning Groups (CCGs) to Integrated Care Boards (ICBs). Not only do these have a much larger footprint, but GPs have lost the Membership Voice of our CCGs.

ICBs have to deal with competing interests of primary care, secondary care, social care and public health. Often the voice of general practice is lost as we are small, independent businesses. Despite General Practitioners Committee (GPC) attempts to improve funding into primary care, we have seen the primary care portion of the overall NHS budget fall below 8%. This is despite the fact that we are the only sector of healthcare that has increased capacity beyond pre-pandemic levels.

We provide services to our patients at a number of levels and have leaders and organisations to support these – Local Medical Committee (LMC), Primary Care Network (PCN) Clinical Directors (CDs), Locality Managers and Primary Care Sheffield (PCS). Although these organisations all communicate regularly, we have never come together before to try and create a greater and more sustainable voice for general practice in Sheffield.

PCS hosted 3 sessions earlier last year and a GP summit in September with our Sheffield-based Commissioners. One of the strong messages from GPs and Commissioners was establishing a Forum for Sheffield GPs to create a more unified and amplified voice to Commissioners, and the wider health and care system, regarding the needs of services required for Sheffield patients. Equally, such a Forum could give strength and backing to our individual organisations in their ongoing roles.

To this end, Andy Hilton (PCS), Tom Holdsworth (PCN CD Chair), Nicky Normington (Locality Manager), Leigh Sorsbie (Chair of Citywide Locality Group) and Alastair Bradley (Chair, Sheffield LMC) have been meeting with our CD group, GPs and Practice Managers through the Locality Meetings to establish whether there is support for such a Forum and how it should be constituted.

## 2. STRUCTURE

We met with broad support for creating a Provider Forum for Sheffield General Practice. We wanted to ensure that the structure was representative of all levels of service provision and all localities across Sheffield. We also need to ensure that this Forum has links into the wider ICB through representation at the South Yorkshire ICB Primary Care Provider Alliance (PCPA). The current proposal is, therefore, based around roles and not nominated individuals:

- 2 representatives from Sheffield LMC
- 2 representatives from PCS
- 2 representatives from the PCN CD Group
- 1 representative and 1 deputy from each of the 4 localities, who should be Practice Managers or GPs
- 1 representative at the South Yorkshire ICB PCPA (unless already fulfilled in one of the above roles)

This would lead to a Forum of 10 or 11 individuals, which we consider a manageable size.

### 3. FUNCTION

We are aware that GPs, general practices and PCNs are many and varied, and we cannot agree on every proposed action or investment. However, there are many areas of service provision (or lack of) that we can agree would benefit all of general practice in Sheffield. The aim of the Forum is to establish what those "big-ticket" items are and seek discussions with the appropriate bodies on behalf of Sheffield GPs.

The Forum will initially focus on general practice items. Wider primary care issues are already encompassed by the Health Care Partnership Primary Care Board.

This requires a 2-way communication between the GPs of Sheffield and this Forum. This is key to the success of the Forum and engendering trust in those we claim to represent. We are aware that you receive many communications already, and it is sometimes difficult to identify the important ones. The Forum would not wish to add to this, but is seeking permission to work through the pre-existing routes including the LMC and PCS practice communications, PCN meetings and Locality Councils to maintain good communication and engagement with colleagues.

This will allow GPs and Practice Managers to fully engage in discussions on key issues, receiving relevant information and being able to feed in their views without adding to the burden of existing meetings and information flows.

The Forum's aim is to build consensus and to coordinate the GP provider voice and, as such, will not replace the existing specific roles of the elements represented. As a group, however, having established a collective view, it may well identify one organisation/element of the group as being most appropriate to manage the issue, lending its weight publicly and/or privately.

#### *3.1 What the Forum Will and Will Not Do:*

- The Forum will not have decision-making powers on contractual and other issues.
- It will not remove the sovereignty of individual practices.
- It will not replace existing bodies which will continue to function in their normal way.
- It will seek to build consensus and make any decisions based on unanimity. The Forum will remain accessible to and representative of all in general practice in Sheffield.

#### *3.2 Future Considerations*

Feedback we have received has focused on representation, whether this be patient representation or the wider general practice workforce representation and diversity. We are in the process of developing and establishing this Forum and are aware that its form and functions may evolve over time, but we need to start somewhere.

### 4. POSITIONS ON THE FORUM

As mentioned, the structure outlines roles rather than individuals. We, therefore, propose that Sheffield LMC, PCS and Sheffield PCN CDs nominate their 2 office holders each. It would then be up to Localities to decide how to select their representative and deputy (selection, election etc).

We note that currently these roles will be unfunded. Sheffield LMC, PCS, Sheffield PCN CDs and Locality Managers have confirmed that they view this position as part of their already funded leadership role.

We have agreed to review the structure of the Forum after 6 months to ensure that the composition of representatives remains acceptable to Sheffield GPs.