

# Collaborative GP networks

Guiding principles for GP networks

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## Introduction

There is much discussion within the current health policy landscape about how general practice can be delivered 'at scale' through a GP network. At its most basic, a GP network is defined as a number of GP practices who have entered into some kind of collaborative arrangement with each other. GP networks go by many names: federations, collaborations, joint ventures, alliances or clusters.

Some practices are embracing or considering GP networks as a means to alleviate workload pressures, or to share costs and resources (for instance, workforce or facilities). Some practices are using these new collaborative arrangements as a way to bid for enhanced services contracts. Government health policy, for instance, as a part of NHS England's Five Year Forward View, is also increasingly compelling practices to consider new models of care and the delivery of general practice at scale.

This paper has been produced by the General Practitioners Committee for those practices actively establishing, or joining, a GP network, or those who are considering it. The paper should be regarded as headline 'best practice' principles that established or emerging GP networks should use to guide their setup and operational activity.

## Guiding principles for GP Networks

The list is non-exhaustive and is not ranked according to importance. Not all points will apply to every GP network.

1. Promoting and preserving high quality general practice and improved care across the local health economy should be the basis of every GP network.
2. A prime function of GP networks should be to support and facilitate collaboration between member practices, including those which are struggling. This could include peer support, workload management and the sharing of staff and expertise.<sup>i</sup>
3. Membership within the GP network should be open to all practices in the area (i.e. they should be geographically based).
4. GPs, as the patient's advocate, must retain the right to freedom of expression within the new organisations. Medical professionals' duty of candour should be reflected in all GP networks, which should cultivate a culture of honesty.
5. GP networks should be primarily focused on local provision of local services.
6. The size of the GP network should be determined by practices.
7. GP networks structured as a companies guaranteed by share should operate on a 'one practice one share' basis, where this relates to ownership or voting shares. Secondary shares purchased by practices may reflect patient numbers.<sup>ii</sup>
8. GP networks should promote good employment practice across their organisations. Good employment practice should extend beyond GP engagement to include other staff including specialist colleagues.
9. GP networks should involve employed staff, including GPs, in the management and development of the organisation. Sessional GPs should have equal opportunity to have a critical role in influencing the development of the GP network.
10. GP networks should, where possible, involve patients in their structures or at Board level.
11. GP networks should strive to preserve and protect all local and viable GP contracts.

12. LMCs should be involved in decision making on founding principles around GP networks and in ongoing key decisions.
13. GP networks should be for the delivery of NHS care and not for sale.
14. GP networks should have robust governance arrangements which address possible conflicts of interest and therefore maintain the trust of patients and commissioners.
15. GP networks should endeavor to collaborate with other similar organisations, and be receptive to potential alliances across health care in general.

## Guidance Notes

- i There will be an increasing need for practices in each locality to provide mutual support and networks may play a key role.
- ii A company limited by share is a logical and relatively simple network format. Experience has shown that the best solution for such companies is that each practice holds one owning share. This gives every practice a “stake” in the organisation, limits their liability, and makes it clear that its purpose is the provision of services and not that of control or direction of practices.

Dividend paying shares are also issued, and these are purchased by practices depending on the number of patients within each. It is this investment which gives the company its initial capital.

More information about company limited by shares can found in the GPC guidance covering the different legal structures. The guidance is available from:  
<http://bma.org.uk/practical-support-at-work/gp-practices/gp-networks>.

**Note:** Each GP network must obtain its own legal advice from advisors familiar with general practice and networks in order to determine which corporate structure is most suitable.