

Brief notes from the Somerset GP Board meeting. 20th February at Crown Medical Centre.

We had good representation from all constituent parts of the GP Board at our monthly meeting, with three board members/contributors phoning in from around the country for all or part of the meeting. In addition to our usual business, there were two main topics for consideration:

1. **Neighbourhood Development.** The new GP contract focusses on the development of GP networks/neighbourhoods and builds on the work that has already been progressing around the county. We heard about early meetings and schemes already in operation from all of our 'neighbourhoods', and will be asking for regular updates of the same. The contract requires that every GP network identifies an 'accountable clinical director' (funded at 0.25 WTE), although what 'accountable' means in this context, and to whom is not specified. The GP Board has produced a draft job specification, and firmly believes that the role should be driven by the networks themselves, but will be liaising with others in the wider system who have an interest in developing relationships with those directors (Acute trusts and CCG, for example). We recognise that mentoring and support will be critical in making these new roles attractive and 'doable', and are working closely with our education arm (the Community Provider Education Network) to devise such a programme. We know that there is an expectation from others that the neighbourhoods will be able to deliver enhanced services to support 'out of hospital care', for example, and we agreed that before any services can be moved into the community from the acute setting, there have to be adequately resourced alternative services available in the community, both in terms of finances, but more especially workforce. The latter will inevitably require staff traditionally sited in the acute trusts to be available to work in community settings, to provide support for the developing neighbourhood model.

There will be a joint LMC/CEPN study day at Taunton Racecourse on April 9th which will focus on neighbourhoods and how they relate to the new GP contract.

2. **Transformation Funding and Provider Organisation Development.** The GP Board strongly supports the development of Somerset Primary Health (SPH) as the overarching umbrella organisation for GP providers throughout the county, whether they be independent practices, or those integrated with Symphony Health Services or Taunton and Somerset Trust, and everyone working in or closely with Devon Doctors as providers of the Out of Hours and 111 services. Part of our Transformation Funding bid was to develop SPH so that it could meet this need, and further work is taking place to provide additional detail to the plans that will help provide reassurance to the wider health system that SPH, in which all practices are share-holders, is able to provide this function. As currently configured, SPH has very limited capacity and its directors are all working full-time in their practices. With adequate funding (actually small sums in the overall scheme of health funding) we anticipate that SPH, building on links that it already has with other organisations, can develop to become the umbrella Provider Organisation that Primary care in Somerset desperately needs.

We also discussed **Signposting training** (and how to extend its reach), the results of the recent **practice survey** (wishlist) and what the next steps were, the purchase of **GP Team Net** and **Practice Index Plus** subscriptions, as well as receiving updates from the various groups and workstream meetings that members had attended. The next meeting is on March 13th.