

# Our priorities 2021/22

May 2021

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## About the Primary Care Federation Network

The Primary Care Federation Network has been established by the NHS Confederation to support GP federations by being the national voice for federations in the wider health and care system. We support federations to work collaboratively with primary care networks and other local partners across health, social and community care to provide better integrated, innovative and responsive care for patients, to reduce health inequalities and improve the health of the local population.

As a network we:

- **Represent** the views of federations to influence national policy and debate, reinforcing their value as a key partner and provider of services to support delivery of the NHS Long Term Plan.
- **Connect** federations with each other, their primary care networks and key partners to develop innovative solutions to challenges in the local health and care system.
- **Support** federations to share ideas, insights and best practice; provide the means and networks to enable them to respond to the challenges they face; and establish a federation structure where needed to support general practice and primary care.

To find out more, visit

[www.nhsconfed.org/primary-care-federation-network](http://www.nhsconfed.org/primary-care-federation-network)

## About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales.

We represent hospitals, community and mental health providers, ambulance trusts, primary care networks and federations, clinical commissioning groups and integrated care systems.

To find out more, visit [www.nhsconfed.org](http://www.nhsconfed.org)  
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# Introduction

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This paper sets out the background to the Primary Care Federation Network and its priorities for 2021/22. It describes the important contribution of primary care provider organisations typically known as 'GP federations' and the potential risks if there is no clear policy on their future role.

Federations are large-scale primary care providers rooted in general practice and the values of the NHS, formed by constituent members of individual practices and primary care networks (PCNs). There are around 200 federations across the country.

The NHS Confederation has established the Primary Care Federation Network to support and enhance the valuable role that federations play in their local systems and to provide a national voice to influence on their behalf. It is complementary to the [PCN Network](#) and each is strengthened by the existence of the other. We recognise our interdependencies and the benefits of collaborating on issues of mutual interest or concern, while acknowledging each network's unique contribution to the system.



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# Background

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The Primary Care Federation Network has a shared vision to 'provide better integrated, innovative and responsive care for patients, to reduce health inequalities and improve the health of the local population'.

Federations have a proven track record of delivering services in new ways that bring direct benefits to patients and commissioners and create more efficient use of existing resources. They already play a vital role for member practices and PCNs, offering a supportive infrastructure with management capacity, economies of scale, increased resilience, consistency of provision and engagement in system leadership. In many areas they are engaged in emerging ICS structures, supporting integration and collaboration in line with the proposed 2022 legislative agenda.

Future successful primary care strategy needs to recognise the interdependent layers of scale - acknowledging the benefits of individual practices as the smallest delivery units, retaining continuity of care and their responsiveness to a local population while being linked into larger scale delivery. At neighbourhood level, federation support can enable PCNs to work in an integrated way with partner organisations including voluntary and other local community groups, to deliver improved population health outcomes and start to tackle health inequalities. At 'place' level, federations can offer a unified voice for primary care, developing population-based strategies, coordinating service delivery, providing governance and assurance and sharing innovation and best practice. They are uniquely placed to coordinate a 24/7 primary care service that is fully integrated with member practices delivering care in hours and, also with wider system partners, potentially being accountable for enhanced primary care delivery on behalf of the integrated system.

# Key priorities 2021/22

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As a network, we are committed to working with system partners to help ensure primary care is fit for the future. To achieve this, we are focusing on the following priorities:

- **Providing effective leadership and infrastructure for primary care provision at place and system:** It is important to acknowledge the interdependence and interrelationships between practices, PCNs and federations and their single shared agenda. In many integrated care systems (ICSs) and integrated care partnerships (ICPs), federations are already key partners covering natural place geographies. Strengthening their role in coordinating place-level primary care provision is a priority. To support primary care (and integrated out-of-hospital care) delivery from April 2022 and ensure there is a strong and cohesive primary care voice in the system, there needs to be a robust primary care provider infrastructure. Federations can fulfil this role where they already exist and many of the more mature ICPs are already benefitting from this single primary care 'at scale' provider voice as they develop their responses to the triple aim priorities. Where federations do not exist, support can be provided to systems to help address this gap and create new federations, or 'networks of networks', across PCNs. Our national federation network can support this process.
- **Improving access through federations:** Federations have played a key role in the delivery of many at-scale services, such as extended access. In doing so, these services are not only integrated with core general practice, but also provide wider-system resilience and reduce pressure on A&E departments and other parts of the urgent care system. Through their scale, federations are best placed to bridge the gap between continuity of care in-hours and access to urgent primary care 24/7. There is an obvious opportunity to connect extended access, out-of-hours services, urgent and intermediate care, with several systems already beginning to explore these options. There is a risk however that this opportunity will be lost with the shift of extended access into the PCN contract. Likewise, the loss of continuity for patients, practices and provider partners at place level could undermine many of the benefits that have been realised over recent years – local solutions to extended access have been developed through their federations, many of which may not be sustainable without the contract. This in itself could leave

PCNs at risk where they have relied on federation support/provision. Equally, those PCNs that are less well developed may struggle to deliver extended access services and the resulting service could be fragmented and inconsistent.

- **A continued focus on enhanced primary care services that meet the needs of the local populations:** Federations currently support practices and PCNs to deliver a wide range of wraparound services that go beyond core general practice, from sexual health and community gynaecology to peer review, advice and guidance on elective referrals. In doing so they reduce duplication, improve quality and create equity of access while freeing up time and resources at neighbourhood level. Federations will continue to work with system partners to provide services that are reflective of local need and integrated across health, social care, and the voluntary sector wherever possible. They will use their scale to support PCNs and practices to flourish and utilise their unique position of spanning larger populations to ensure equity and to tackle inequality.
- **Supporting service development and re-design:** Federations continue to work in innovative ways to support service improvements, including recovery of elective services post COVID-19; transforming the outpatient model; upskilling primary care; developing integrated pathways; and working with partners to find practical ways to reduce waiting times and reduce footfall to the acute services. All with the end goal of improving patient outcomes and the health of local populations. Going forward, because of COVID-19 and enduring pressures on the health system, this support is more important than ever.
- **Integrating care in establishing ICSs:** The [white paper](#) proposals for many CCG commissioning functions to be delivered at ICS level means the end of CCGs as member organisations of general practices. Federations are well placed to fill the gap. In addition to commissioning, CCGs also provide functions that support and develop provision in practices and PCNs. There is an opportunity for some of these functions to remain in place through federations retaining the infrastructure for at-scale primary care provision and strengthening the resilience of primary care and, consequently, the system. Importantly this will allow a coordinated primary care approach to influence ICS development and ICS objectives thereafter. Where federations are already undertaking this role, they are supporting with workforce planning, leadership development, education and training, medicines management and quality improvement. Equally, a number of federations have seen great success recruiting and supporting ARRS (Additional Roles Reimbursement Scheme) staff on behalf of PCNs.

- **Supporting networks and the wider system during the COVID-19 pandemic and recovery:** Federations have played a hugely critical role in delivering a coordinated response from primary care to the pandemic, mobilising COVID-19 hubs and vaccination programmes at pace. This has created invaluable capacity for PCNs and practices to continue business as usual and demonstrates the benefits of service provision at scale. As a result, systems with active federations have found primary care services such as procurement at scale and hot and cold hubs to be more resilient and consistent. Federations will continue to play an important part in any future vaccination programme as well as supporting the recovery of services.

# Conclusion

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The Primary Care Federation Network is keen to be actively involved in the development and delivery of new models of primary care, contributing our insight and experience to those who seek to shape and commission services differently. We view ourselves as key enablers in the evolution of PCNs and general practice within the wider context of system change and health and social care integration.

In many areas across the country, federations are already integral constituents of ICSs and ICPs, not only as at-scale providers but also bringing influence and connection across a diverse primary care landscape. This is an essential bedrock on which wider local systems can be built. As ICSs develop, we would like to see greater recognition nationally of the value of federations as key partners in ICSs and ICPs and options for their formal inclusion.

For more information on the Primary Care Federation Network and to join, visit: [www.nhsconfed.org/primary-care-federation-network](http://www.nhsconfed.org/primary-care-federation-network)



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