Primary Care Network
NHS Confederation

Realising the potential of primary care provider collaboratives

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About this report

This report has been developed in collaboration with KPMG. The new government has set out an intention to move care closer to home with a shift of resources to primary and community care. This report highlights the role of primary care provider collaboratives in supporting transformation.

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Key points

- Primary care provider collaboratives are largely new, with many having formed over the last two years. In many areas, they are built on the success of GP federations, with others operating under relatively informal arrangements. There is significant variation in the formation of primary care provider collaboratives, with differing governance arrangements, variation in their geographical coverage and differences in their overarching purpose.

- For those more 'mature' collaboratives, some welcomed the opportunity to go further. For example, looking at the spectrum of 24/7 urgent care, supporting waiting list recovery and being the anchor for neighbourhood health centres.

- Primary care provider collaboratives are undergoing a significant evolution and development in response to the drive for integrated care and the need to ensure the contribution and role of primary care is effectively included. Many have already demonstrated benefits of providing a coordinated and large-scale response from primary care, as well as the ability to contribute to work across the system and in some cases, to deliver services.

- There is an opportunity for primary care provider collaboratives to support the shift to care closer to home, driving transformation and working with partners to deliver that change.

- Relationships are a critical factor in primary care provider collaboratives, both within the collaborative, and with the wider system or at place. Most primary care provider collaboratives focus on general practice, but some include or plan to include pharmacy, optometry, audiology and dentistry.

- While some collaboratives are directly delivering services, most are currently providing a collective voice for primary care/general practice within their system or at place, ensuring that primary care is represented in discussions, has input into pathway design and is consulted on issues that affect primary care.

- The relative immaturity of primary care provider collaboratives provides significant scope for their development in the future but there was concern from collaboratives about their sustainability. While they had made progress there remained a need to consistently push for primary care providers to have an effective voice in system and place level decision-making.

Background

The new government has set out an intention to move care closer to home, with a shift of resources to primary and community care. Primary care provider collaboratives, which bring together providers of primary care services, offer a unique opportunity to deliver care closer to home. They have the potential to address unwarranted variation, provide a supporting infrastructure for general practice, and support greater integrated working with system partners, through design and delivery of services.

Nascent in form, these collaboratives are burgeoning at place and system across England, creating agile solutions for system partners and integrated care boards (ICBs) to engage with and integrate primary care as a unified service provider. And they are opening up opportunities to drive transformation.

While primary care provider collaboratives possess an abundance of potential, without dedicated investment and resource to support their development and ensure parity with other collaboratives, they risk faltering at the starting line.

To date, national guidance has not been produced and existing guidance on other forms of collaboratives has not been inclusive of their membership, creating variation in what primary care provider collaboratives look like, what they do and how they operate. Little research has been conducted on their progress and what is needed to enable them to thrive.

To fill that gap, the NHS Confederation's Primary Care Network has engaged with primary care provider collaboratives to track their development so far and identify what might be needed to provide the best chance of success.

This report – informed by interviews with 20 leaders in collaboratives and two roundtables with wider partners, including ICB directors of primary care, involved in their formation – provides the first assessment of primary care

provider collaboratives' structures, their future ambitions and what is needed to support their future development.

Based on the insights, it puts forward a set of recommendations for national and local leaders. It will be of interest to people working in primary care, integrated care boards and NHS England and is intended to show what primary care collaboratives have achieved, their future potential and what is required to achieve that potential.

What are primary care provider collaboratives?

The term primary care provider collaborative covers collaboration between providers of primary care services of any scale and size. Primary care includes general practice, community pharmacy, optometry, dentistry and audiology. While this report talks of primary care provider collaboratives, overall, we are describing general practice since most collaboratives do not currently include the wider primary care sectors.

Collaboratives offer a coordinated way to involve primary care in work that affects them and their patients, facilitating cross-sector pathway design and, in some areas where they are formally established, delivering clinical services at scale and supporting the sustainability and modernisation of primary care. Importantly, they can provide new and effective ways of addressing health inequalities through more flexible use of the workforce and their local relationships.

Provider collaboratives already existed in some areas, primarily in mental health, and are common in the acute sector. Integrated care boards have taken different approaches to provider collaboratives, with some taking a multi-sector approach and others having multiple collaboratives representing different provider types.

Discover more about primary care provider collaboratives in our explainer.

The role of collaboratives

A voice and single point of contact for ICBs and system partners

In our interviews with leaders across England, the most commonly cited role for collaboratives was to provide a collective and coordinated voice for primary care within their system or place. The sustainability and resilience of primary care was also cited, enabling practices to support each other, to deliver at scale and in some areas to prevent the closure of further practices in their area. Having a strategic input into their future was important to the collaboratives we spoke with, and they were looking to the future, thinking about the operating model for primary care and their role in **"strengthening and making general practice more sustainable through modernisation"**.

Some collaboratives spoke about the Fuller stocktake report. Many felt it was the right direction and a blueprint for where general practice should be heading, but that there are currently a lack of levers or lack of 'buy in' from the profession in the direction the Fuller stocktake set out.

Offering resilience and enabling sustainable solutions for general practice

Many spoke about sustainability and making it easy for practices to deliver and supporting practices to survive. In Sussex, one of the primary care collaborative's principles is sustainability, ensuring **"the work of the collaborative must not undermine the sustainability of delivery at the smallest unit of primary care – practice or pharmacy level"**. Some collaboratives are providing support and organisational development for practices, providing infrastructure support such as HR, IT and business intelligence. For those that are legal entities (or built from the GP federation),

they are delivering services that could be difficult to provide at practice or primary care network (PCN) level, such as enhanced access.

Some collaboratives referenced the loss of clinical commissioning groups (CCGs) and particularly the loss of clinical leadership. For some, the collaborative is a way of filling the void left by the dismantling of CCGs.

> "What we had and what we still have to some extent now is just a paucity of clinical leadership in primary care."

Those we spoke to were clear that primary care provider collaboratives are about the provider voice rather than a commissioner view. They stressed the importance of collaboratives being focused on providers and that while they are about representation, they are also about making primary care better. Many saw an important part of their evolution being a **"shift from voice to doing"**.

Spotlight: North East London (NEL) Primary Care Provider Collaborative

NEL's primary care provider collaborative board reports to the ICS Population Health and Integration Committee. The chairs of the board also have a seat on the ICB. Beneath the board there are four primary care sector collaborative groups and two representatives from each group sit on the collaborative board.

The primary care provider groups have large representation, involving all primary care network clinical directors, place-based primary care leads with clinical roles and the local medical committee (LMC). While the provider groups are relatively large the overarching primary care provider collaborative board is a group of 15-20 people.

They have begun engaging with wider primary care and pharmacy, optometry and dentistry are now a well-established part of the collaborative.

Service design and at-scale delivery

Collaboratives are hugely varied in the scope of what they deliver. Some are focused on influencing upwards and ensuring there is a primary care voice. Others have taken that a step further and are actively involved in shaping services and ensuring that primary care is part of discussions on key services such as frailty services. Many of the collaboratives spoke about the opportunity to input into pathway design and how the collaborative offered partners a way of providing a joined-up voice from primary care/general practice.

> "When there's new frailty and end-of-life pathway that's presented, we can rightly say well, hang on a second, you know the main delivery point for this is in general practice, we haven't been consulted."

Leaders of the provider collaboratives that we spoke to described several opportunities for system colleagues:

- Flexible pooling of resources to support practices to deliver services at scale either locally or as a delegated function, such as back office, contract management, HR and workforce employment and provision, administration of services.

- Development of innovative solutions with local partnerships to respond to pressures with a collective resource, and meet strategic targets for PCNs, for example vaccinations, mobile units to meet health inequalities.

- Developing an intermediate tier of service to keep people out of hospital with integrated teams, such as frailty.

- Managing and delivering left shift of elective care into the community, including triage.

Models of collaboratives

Most provider collaboratives that we spoke to were general practice collaboratives and some were built from successful GP federations. There were varying models of representation with some including PCN clinical directors, local medical committee representatives, GP federation representatives and at-scale providers, such as out-of-hours providers. Others reflected the way that primary care was represented in their system, including the primary care place representatives or members of the ICB primary care team. Some members, including ICBs, referenced the role of primary care networks and wanted to see a commitment to the future of PCNs.

Spotlight: Buckinghamshire GP Provider Alliance

Buckinghamshire GP Provider Alliance brings together the GP federation, 13 primary care networks and 47 practices, making it easier for general practice to work with partners and for others to work with general practice. The LMC is represented in the monthly summits they hold with the membership to gain their views. The alliance is currently for general practice providers, but they work closely with pharmacy, optometry and dentistry, meeting monthly, and are clear there is scope for closer working in the future.

The alliance does not directly deliver services, but through the federation, they are exploring having a delivery arm in future.

The alliance has portfolio leads covering five clinical work areas and three enablers – digital, workforce and estates.

Buckinghamshire, Oxfordshire and Berkshire (BOB) ICB is made up of three places and there is some form of GP collaborative in each. Each has been developed locally with support from the ICB.

The alliance has a memorandum of understanding with the ICB and three-year funding for GP leadership, which has enabled it to focus on the future and provided space to develop. The MOU covers three main areas:

- Provide a coordinated voice for general practice on matters related to provision.
- Provide coordinated partnership on behalf of general practice with external partners and the ICB.
- Convene and communicate with general practice.

Many collaboratives have not established themselves as a formal legal entity and some do not see that as part of their future – particularly for collaboratives with no plans to deliver services. Many spoke about getting function right over form and ensuring they are focusing on the issues and what their functions should be before deciding on the form they will take.

There are examples of collaboratives that have established themselves as a legal entity or are using an existing legal entity, such as the GP federation, as the legal mechanism to hold contracts and coordinate delivery of services.

Some collaboratives have established themselves as a community interest company (CIC) to directly coordinate and deliver services at scale. Those collaboratives delivering services felt it made them more sustainable. They also believe it helps them retain independence from the ICB and gives them more agency in their own future and how they operate. For some the establishment as a CIC was also a recognition of the social purpose of the collaborative and the fact that it is **“collaborative rather than competitive”**.

Spotlight: Quay Health Solutions CIC

Quay Health Solutions is based in South East London. It is the GP federation and supports 14 member practices with a population of 210,000. They established themselves as a CIC in 2015, with an emphasis on collaboration.

In 2013 the Prime Minister's Challenge Fund was established to improve access to general practice and stimulate innovative ways of providing primary care services with £50 million made available. To deliver the Challenge Fund, the CCG looked for primary care providers to come together as a legal entity to hold contracts and deliver services. It was not without its challenges but has put them in a strong position: **"We didn't really like it at the time, but looking back, it was the best thing they could have done to make us do that because it set us up really well for the future and also it makes you think about what kind of organisation you want to be and why you're doing it... it was never a commercial organisation, it never had a commercial element to it, it was about providing the best possible primary care"**.

Most collaboratives we interviewed were a collective of general practice representatives and did not include a wider primary care voice. Some include, or plan to include, pharmacy, optometry, audiology and dentistry. Community pharmacy was the sector collaboratives were most likely to include outside of general practice. While some had ambitions to include other primary care professions in the future, they felt the complexity of different voices would be hard to manage. They also recognised the dominance of general practice issues in ICB conversations.

Spotlight: Greater Manchester Primary Care Provider Collaborative

Greater Manchester Primary Care Collaborative brings together 22,000 staff working across general practice, community pharmacy, optometry and dentistry to deliver better outcomes for their community. The primary care provider board brings the four disciplines together, with four sub-boards sitting beneath the primary care board and representing each discipline. The primary care board is currently chaired by a community pharmacist.

The collaborative began in 2015 and has developed over time, building trust between the disciplines with a commitment to collaborate. The four disciplines are also represented on the integrated care partnership board. The board also enables them to share work developed at the sub-board level, for example the GP Excellence Programme has expanded to develop optometry, Pharmacy Excellence and Dental Excellence.

In addition to working together strategically and clinically, the collaborative supports workforce wellbeing, leadership development support and communicates the pressures of primary care to the system.

The Primary Care Provider Board has established a unified and collective voice for primary care providers within the system to represent, transform and deliver to meet local health population needs and improve patient outcomes in collaboration with the Greater Manchester ICB, ICP and wider health and social care partners.

Spotlight: Sutton Primary Care Networks

Sutton Primary Care Networks (PCNs) is in South West London; the system has six places (Sutton, Croydon, Kingston, Richmond, Merton, Wandsworth).

Sutton PCNs community interest company acts as the 'networks of networks' for the four Sutton PCNs and delivers services at scale for the PCNs across Sutton. The organisation has grown rapidly to a £10 million turnover in just two years. The Sutton PCNs also provide a practice support offer to their member practices/PCNs to support their sustainability and autonomy.

Sutton PCNs acts as the enabler for PCNs and practices to work together to realise their shared vision of becoming leaders and catalysts of local co-produced, integrated care into the neighbourhoods they serve while also being leaders and partners in establishing a population health management-based approach to health and care in their borough.

The collaborative is funded through service contracts, including funding from the Network Contract Directed Enhanced Service (DES) and the GP Enhanced Access Programme.

Relationships within collaboratives and with partners

Relationships within collaboratives

All the collaboratives we spoke to felt that representation was an important element of the collaborative model and had worked hard to ensure there was buy-in from practices. This was not without challenges given the scale of primary care. The way collaboratives had developed was often more about working in partnership rather than as a structural entity. Some cited the culture of collaboration that existed during the COVID-19 pandemic and how that had supported the relationships between primary care. Most cited strong relationships within the collaborative but recognised the time needed to get to where they are now.

In some areas the existing relationships from the CCG have carried over, providing some consistency and depth to the relationships within the collaborative. Membership of the collaborative was varied, and this seemed to relate to the relationships held within the system and the historical context for the establishment of the collaborative.

The LMC was part of the collaborative in some areas. This was felt to be important by some, even though there may be differing views. In Shropshire, Telford and Wrekin the collaborative is a sub-committee of the LMC, providing a voice for general practice that includes the LMC, as well as PCNs and clinical leads for primary care from within the ICB. However, some collaborative leaders recognised this is more difficult where the collaborative brings together the whole of primary care, not just general practice.

Spotlight: Derby and Derbyshire GP provider board

The board is split equally between PCN clinical directors and LMC committee members, as the two main representative groups for general practice in the area. The representation recognises the differing geographies of the rural and urban areas in Derby and Derbyshire. There is one PCN clinical director and one LMC committee member per geographical area on the collaborative board. In addition, the board includes the LMC medical director and the medical director from the training hub.

They have a three-year funding arrangement with the ICB: PCN clinical directors' time is funded through the PCN development fund and LMC committee members' time is funded by the LMC, so everyone contributes.

They have established themselves as a company limited by guarantee.

Relationships within primary care

Collaboratives have gone to great lengths to ensure they are representative but ultimately, they include a finite number of voices. The scale of primary care means that having everyone around the table is neither possible nor practical. The need for effective communication with practices was highlighted as key and some highlighted this as an area for development.

> "I suspect if you spoke to your average GP in one of the villages and said collaborative, would they say 'collaborative who?'"

> "Not every GP is excited by it. Not every GP is up for it...there's that kind of range of opinion but enough people are willing to give this a go."

Collaboratives also provide an opportunity for general practice and primary care to work better with each other, providing opportunities for greater integration within primary care.

Relationships with ICBs

Relationships with ICBs are very varied and often the tone of the relationship is linked to the accountability arrangements and funding for the collaborative. There were concerns about reliance on ICS funding and the risk to the future of collaboratives given wider system financial pressures.

Collaboratives largely wanted to act as a partner to the ICB without necessarily being part of the ICB structure and recognised there was a vulnerability in being accountable to the ICB while also trying to be representative for primary care.

> "The fundamental problem... is the System Development Fund. The stuff that's supposed to be there for PCNs is not landing."

Collaboratives recognised the challenges ICBs face, particularly in relation to the recent running cost cuts and subsequent restructuring. Collaboratives felt that more streamlined communication with ICBs would help going forward and that it would be useful to explore how collaboratives and teams within ICBs can work better together to improve communications.

In some areas there are concerns that the lessons from the pandemic have been lost, with the provider and commissioner split increasing. Collaboratives are keen to work with ICBs to ensure that the voice of primary care is genuinely represented and that they can operate effectively within system and support the ICB while also providing an independent voice.

> "You're going to have to break some relationships to build it back up, because I think it's become quite parent/child, certainly for primary care."

This was in stark contrast to areas where relationships between the collaborative and ICS were good, with some having strong supportive relationships with their ICB. Where relationships were strong it often linked to a clear funding and governance structure and where there was a shared understanding and buy-in from the ICB leadership about the importance of primary care representation and the positive contribution of the collaborative.

> "It's been very supportive despite, you know like everywhere, huge financial challenges."

> "The ICB vision is to be small and strategic, they recognise that provider functions should be in providers."

While many referenced strong supportive relationships with their ICB, or more specifically with the primary care team in their ICB, they recognised the challenge of having those relationships at scale across the system.

> "Our ICB primary care team is fantastically supportive, and they know us... but obviously they're one team in one organisation... and there's... a lot of doors to ... knock down and get through and be present at."

While many areas spoke of strong supportive relationships with their ICB, they would like to see greater parity with other providers in the system.

Relationships at place

Some provider collaboratives are operating at a place level, often around the GP federation where it is mature and has many existing relationships and functions. Where primary care provider collaboratives exist at place level there was not always a collaborative for each place in the system. Some place-based collaboratives are concerned that there may be moves to establish them as system-wide collaboratives and the impact that would

have on local relationships and their ability to be truly representative across a larger geography. This is easier where systems are smaller but more challenging where the ICS spans a large geography.

Place-based provider collaboratives were largely focused on place priorities and their main relationship was at a place level. Other collaboratives had a mixture of relationships with place, which seemed to relate to the way that place was established within their system or the way that primary care was represented at a place level. Some had more engagement at a system level or saw their future in supporting delivery of integrated neighbourhood care rather than at place with one collaborative describing general practice as **"on the periphery of the place agenda"**.

In some areas integration at a neighbourhood level supports cross-provider collaboration, bringing together the primary and secondary care interface. In addition, place-level working supports integration across systems. The relationship between different levels of collaboration and provider collaboratives was not considered within this report but could be explored further.

Spotlight: Milton Keynes Primary Care Provider Collaborative

Milton Keynes primary care provider collaborative (alliance) is a place-based collaborative within the wider Bedfordshire, Luton and Milton Keynes Integrated Care System. The system has four place-based partnerships, but Milton Keynes is currently the only one to have a primary care provider collaborative.

The collaborative has established itself as a community interest company and the alliance includes the out-of-hours provider, the primary care networks and the LMC – providing an alliance of at-scale providers rather than individual practices.

It has an MOU with the ICB and has begun discussions with pharmacy and dentistry, although they are not formal members yet, and have

recently been joined by their local authority as a full member on the collaborative.

It received funding from the ICB but also from their PCNs, GP out-of-hours provider and their place board.

The collaborative's work programme focuses on many of the place priorities, such as children and young people's mental health, as well as focusing on the development of integrated neighbourhood teams.

Wider system relationships

There are mixed relationships with other providers in the system – some work closely with other providers through an overarching collaborative board that brings together the different provider collaboratives within the system. There was some reference to the maturity of primary care provider collaboratives, with some feeling that they have come **"late to the party"**.

The relationships between collaboratives could be explored further, looking at how they can work together more to drive transformation and how other collaboratives can work with primary care collaboratives to gain a collective view from primary care. There should also be further exploration of the best level (ICB, place or neighbourhood) for this inter-collaborative collaboration.

Derby and Derbyshire has worked with its overarching collaborative board to support understanding of general practice, bust myths and build credibility. Those relationships have enabled them to spot opportunities and risks, highlighting the role general practice can play in supporting the system. In Northumberland, the collaborative has worked with the acute trust, with the trust holding a software contract for the collaborative and funding it ensures primary care is able to access the systems it needs.

> "The relationships are really important, and we've consciously worked hard at that within the system."

The relationship with community providers is a mixed picture. Most collaboratives did not extend beyond primary care but in Birmingham and Solihull the collaborative is taking a distinctively different direction with primary and community care being at the heart of the collaborative.

Spotlight: Birmingham and Solihull Community Care Collaborative

Birmingham and Solihull Community Care Collaborative is a system-wide partnership for primary care, community health services, community mental health services, social care and the voluntary and community sector. Its operating model aligns it to integrated neighbourhood teams aligned to PCNs, locality hubs and specialist primary care community services at a local level to keep people well at home and improve prevention and early intervention.

There are six places in the system, five in Birmingham and one in Solihull. Each of those localities has five or six PCNs in it. Within each place partnership the PCNs have selected two of their members to represent the GPs in their area on the system wide GP Partnership Board. The chair of the partnership board is vice-chair of the community care collaborative.

The collaborative is currently a partnership but is moving towards a formal organisational structure, where Birmingham Community Health Services NHS Trust will provide the organisational framework for the collaborative and the ICS will transfer its primary care development team to the collaborative. The collaborative will act as a support organisation for primary care development, using the scale of the community trust to support the collaborative and its aims.

It is still in the early stages of development, but they see the benefit in bringing primary and community together to deliver for patients and to be an effective advocate, voice and negotiator on behalf of primary and community services.

In Sussex, the system has two collaboratives – an acute collaborative and a community collaborative, which includes community, mental health and primary care. The primary care part of the community collaborative has been forming over the past year and has been operating in shadow form since April 2024 and will act as a single point of access to the primary care voice. In future the intention is that the system will be able to delegate to the collaboratives to deliver on issues, such as health inequalities in cardiovascular health.

Shifting resources

Collaboratives spoke of a 'left shift' or 'channel shift' in resources, and the need to move resources toward more preventative health measures and areas of deprivation, both in funding terms but also service delivery. Collaboratives highlighted the challenge of delivering this aspiration versus what they are required and funded to do and that there has not yet been a shift in resource to the out-of-hospital space, despite primary care being where the majority of patients interact with the health service.

The NHS Confederation and Carnall Farrar report Creating Better Health Value showed that for every £1 invested in primary or community care there is up to £14 return back into the economy, making a strong economic argument for a shift in resources. For some collaboratives the ability to make the case for that shift was further hampered by the lack of investment and support for data and business intelligence in primary care, making it challenging to evidence their case.

Spotlight: Cornwall and Isles of Scilly GP Collaborative Board

Cornwall and Isles of Scilly GP Collaborative Board includes the PCNs, the GP federation and the LMC. The ICB medical director (a GP) and the ICB primary care team also attend board meetings. The chair of the collaborative is an attendee on the ICB. The ICB also includes a representative from the LMC and will in future include a substantive primary care representative.

The development of the collaborative board has enabled them to take advantage of opportunities that primary care was not previously involved in, and they were successful in bidding for funding from the winter resilience fund to develop primary care hubs. It is anticipated that these will be funded on an ongoing basis to provide additional minor illness

capacity so that practices have more time for proactive care particularly for the frail elderly. The hubs have been designed via the collaborative, ensuring that primary care data is discussed and included when looking at system pressures over winter, and that the system can see a wider picture of demand pressures across health and care.

We know that in many areas of the country, collaboratives can provide a resilient infrastructure for the left shift of services where hospital care is not needed and can be more cost-effectively delivered in the community. These are currently being delivered by collaboratives that are legally established to do so or by GP federations. Cross-system integration is vital to managing the elective backlog and recovery. Primary care collaboratives can play an important gatekeeper role and support large lists of waiters to 'wait well'.

Working alongside system partners, they are helping to redesign and deliver integrated services that reduce waiting times and improve care pathways. This includes, but is not limited to, cardiology, dermatology, general surgery, gynaecology, audiology, orthopaedic and pain management.

Primary care collaboratives have a new opportunity to leverage the shift in resources to address key national challenges, particularly in the areas of care pathway redesign to improve patient care:

- **Same-day access care:** collaboratives can play a crucial role in designing and implementing care pathways that enable same-day access for patients. This could involve at-scale working to deliver a same-day hub model and coordinating with other healthcare providers to ensure timely access to care.

- **Integrated neighbourhood teams:** by bringing together multidisciplinary teams, collaboratives can improve continuity of care for patients. This can be achieved by establishing clear communication channels, shared care plans, and coordinated interventions across different settings.

- **Prevention / proactive care:** collaboratives can support identification of patients at risk of complications and provide them with the necessary care and early interventions to prevent avoidable hospital admissions and improve overall health outcomes. This might include working closely with community care and mental health providers to improve prevention, such as developing joint care pathways, and providing integrated support services.

Developing collaboratives

All the collaboratives we spoke to are looking to the future but recognised areas for development to fully achieve their ambition. Those starting out on the journey recognised the time and space needed to develop the relationships across primary care and the system to enable them to succeed.

Capacity is a big concern for collaboratives. Most have small teams, with relatively short-term funding arrangements to support those roles. There are concerns about becoming stretched too thin and not being able to realise their full potential due to lack of capacity. This was also referenced in relation to clinical leadership. While collaboratives largely report strong clinical leadership, there are opportunities to access the leadership that currently sits with the ICB to better support primary care collaboratives to grow.

Data was highlighted as an issue, with collaboratives needing greater investment in business intelligence and data sharing across the system to help them fulfil their potential. It was described as 'rate limiting' and some areas wanted greater support and investment from the ICB to help align data to better support patients. Issues around information governance and data-sharing across organisations featured heavily as challenges. One person we spoke with described it as **"cutting through...the information governance dementors"**.

With collaboratives having such variation there is significant scope for them to learn from each other. There has already been peer-to-peer work, supported by NHS Confederation, to share learning. There is significant scope to do more, particularly for areas that are yet to establish a collaborative, linking them with a buddy that can support their development and share their learning and expertise.

Outlook

The real potential of primary care collaboratives can be seen in those that are mature, having built their relationships and infrastructure over the last two years or those that are supported by strong GP federations. They are providing a mechanism for the ICB and system partners to engage effectively, providing a vital support infrastructure for general practice, delivering services at scale and supporting service redesign.

Collaboratives spoke about wider partnerships in the future; for some that meant including pharmacy, optometry, audiology and dentistry. For others, it extended beyond this into, for example, the voluntary sector and local authorities to better support specific groups of the population.

There was a strong sense of the problem-solving nature of primary care and the ability to really support the system in tackling problems and designing better pathways for patients. Many referenced population health management and prevention in their work and wanted access to greater data to support them in this going forward. In Greater Manchester, they spoke about having a unified and collective voice to deliver and to really understand local health population needs. In the Black Country, they have co-developed their five-year primary care transformation strategy looking at improving all aspects of primary care and will be collaborating with other stakeholders to create a Primary Care Support and Delivery Unit including a Primary Care Improvement Academy.

The impact of collaboratives can be seen in the difference they are making for patients. One collaborative spoke about working with the acute collaborative in their system to design a rheumatology pathway for patients, using the collective expertise from across the system to design a pathway that considers the patient journey from start to finish. Others spoke about the impact on the use of resources, with new relationships changing the way they refer patients and enabling them to use resources more efficiently.

The ability to deliver at scale also has an impact, enabling primary care to be more flexible and deliver population health work that may not be possible at a practice or PCN level but that can be delivered at scale. Many also spoke about workforce development and their role in supporting the primary care workforce and developing the workforce of the future. This also related to greater data enabling them to segment patients more effectively and allowing their workforce to deliver more proactive care.

Collaboratives were frustrated about the role of primary care at place, and some described a future where primary care could lead place partnerships to ensure the opportunities of care closer to home are realised **"primary care should be leading the place-based partnerships"**.

Conclusion and recommendations

There is significant potential within primary care collaboratives, connecting, convening and representing primary care to co-design and co-produce with their system and wider partners. They can be three dimensional – providing much needed support for general practice, delivering services at scale, and providing the infrastructure needed to deliver a left shift of services closer to home.

Collaboratives can enhance patient care through improved access, integrated and holistic care, shared expertise, multi-disciplinary teams, and a focus on quality and efficiency. These elements work together to provide comprehensive, patient-centred care that addresses both immediate health needs and long-term wellbeing.

They present an opportunity to deliver the infrastructure needed to support and develop general practice and wider primary care, bringing primary care together to play a key role in the design and delivery of integrated out-of-hospital services and working with system partners to coordinate care for key groups of the population.

While there is significant diversity of approach and maturity of collaboratives, collaboratives have focused on establishing function, focusing on the difference they can make before establishing the form required to deliver. Collaboratives have demonstrated their potential and integrated care systems should ensure that there is a collaborative in their system and, where place-based collaboratives exist, that all places within the system are represented.

But to be successful, they need support. We are not advocating for detailed national guidance that mandates what they should look like as no one size

will fit all. Rather, that ICBs and primary care providers are given the freedom and autonomy to design what works for their local communities, building on the success of those that are already flourishing. To fully realise their potential, they need dedicated investment and resource, parity in decision-making and involvement in the right conversations so they can effectively represent primary care providers.

Below we set out some recommendations that would support the development of primary care collaboratives, enabling them to successfully achieve their potential.

Recommendations

- There is currently a patchwork of primary care provider collaboratives across the country. **All systems should consider whether primary care provider collaboratives provide the mechanism at system or place level, to be the voice of primary care and a future delivery vehicle**. Collaboratives should include some core elements, but the wider functions and form should reflect local needs and the local make-up of primary care. Where GP federations exist, these can provide a useful mechanism from which to build collaboratives.

- To achieve their full potential, **collaboratives need support from local leaders, including dedicated investment and resource**, ensuring there is a coordinated way to engage with primary care and to capitalise on their expertise.

- Collaboratives are important in providing coordinated primary care input, but they require some autonomy and independence, acting as a trusted partner to the ICB while maintaining the ability to respectfully challenge. **There needs to be parity in decision-making, ensuring primary care is sighted on developments that affect it and its patients**. ICBs should carefully consider how to meaningfully involve primary care collaboratives to ensure there is true partnership, for example

primary care engagement at system transformation and improvement boards to facilitate system wide transformation.

- Primary care collaboratives cannot exist in isolation, and relationships with other provider collaboratives are vital in delivering integrated care for patients. Some systems have developed an overarching provider collaborative forum, ensuring there are links across provider types. **ICBs should consider how collaboratives work together and** where collaboratives can facilitate the sharing of best practice and lessons learned across different practices, promoting continuous improvement and reducing unwarranted variation.

- In future, as primary care provider collaboratives mature, **ICBs could delegate budgets and decision-making to collaboratives to support shift of care closer to home and coordinated delivery of services across primary care**.

Support from the NHS Confederation

If you are interested in joining a forum for provider collaboratives to learn from or support others, and share solutions please contact primarycare@nhsconfed.org

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This paper has been developed in partnership and collaboration with KPMG. For more information, please see our page about our work in integrated care and contact:

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https://kpmg.com/uk/en/home/industries/infrastructure-government-healthcare/healthcare/integrated-care.html

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- South Yorkshire Primary Care Alliance
- Primary Care Alliance Milton Keynes
- Black Country Primary Care Collaborative
- Buckinghamshire GP Provider Alliance
- Greater Manchester Primary Care Provider Board
- North East London Primary Care Provider Collaborative
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