**Personal view: Using your BRAINS to join OHP**

One of the most enjoyable parts of my working week is teaching final year medical students. Almost without fail they are hard-working, enthusiastic and keen to learn (as well as pass their exams). Over recent years the University that they belong to has place a particular emphasis on shared decision making within the consultation. There is a particular tutorial which has a handy mnemonic for students to remember with patients who are finding it difficult to make a decision:

**B**enefits

**R**isks

**A**lternatives

**I**nstinct

**N**othing

**S**mile

What does this have to do with Our Health Partnership and joining it?

Well, it strikes me that making the decision to join an “at-scale” organisation is as complex as some of the decisions we try to help our patients make about aspects of their health. It can be difficult to weigh up all the issues at the same time, so the BRAINS technique can help to crystallise some of the issues.

BENEFITS

There are many benefits to be had from joining OHP. Some of these are readily tangible, such as reduced accountancy fees, accountancy and finances support, single registration with CQC, a centralised payroll, an internal locum solution, purchasing power of a large number of practices and the ability to pool resources (e.g. resilience funding) as well as bid for non-core funding (GP Career Plus pilot and Integrated Care Project with GP Forward View funding). Other benefits are more difficult to measure directly, but are no less real and include an belonging to an organisation with influence both nationally and locally (at CCG and STP level), governance support as well as the feeling that “someone has your back”. Perhaps one of the most attractive aspects of being part of OHP is that it a large amount of practice autonomy is preserved. The long-term plan for OHP practices is that they will be able to undertake integrated care projects without giving up their core contracts.

RISKS

Joining a new organisation is a step into the unknown, though OHP was established in November 2015. The success of the organisation does rely on the constituent practices complying with increased requests for information and systems development to meet financial and governance requirements. Although every effort is made to preserve autonomy, there is, by virtue of the core services provided, a small loss.

 ALTERNATIVES

There are three main alternatives to joining OHP:

1.       Form an organisation yourself with the principles of a partnership deed to bind practices together

2.       Merge with other practices or an existing super-partnership (with subsequent loss of your contract.

3.       Form a federation, which doesn’t bind practices together quite so strongly as a partnership deed would.

 INSTINCT

What does your instinct tell you? Obviously, I can’t tell you that, but I would encourage you to find out more about OHP through this website and by talking to member practices and board members. You will soon find out for yourself if your instincts tell you whether or not we share a vision for the future of general practice that matches with yours.

 NOTHING

There is of course the option of doing nothing at all and deciding not to work at scale. This option is perfectly valid, but has its own benefits and risks to be considered. The major considerations are the lack of influence that a small practice may have on forthcoming changes to the local health economy and a financial risk of not being part of a functional group of a minimum list size to be able to access funding streams from the GP Forward View. Lastly, as increased “routine access” seems to be the Holy Grail of politicians and NHS England then a failure to collaborate may end up not being able to earn the rewards associated with increased access. It is likely that NHS England will continue to put a financial incentive on “at-scale” working, which may becoming increasingly necessary as QOF is phased out.

SMILE

In the original application of this mnemonic, “smile” represents the need to not be judgemental of the decisions that patients make. We wouldn’t necessarily cast ourselves in a superior “doctor” role, but consider that we are a partnership of equals. We understand that some practices will desire the potentially greater security of a full merger, whereas others will choose to go it alone. Our role, as with our day job is to make those interested aware of the options and help with the tricky decision-making if we can.

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