



**Leeds**

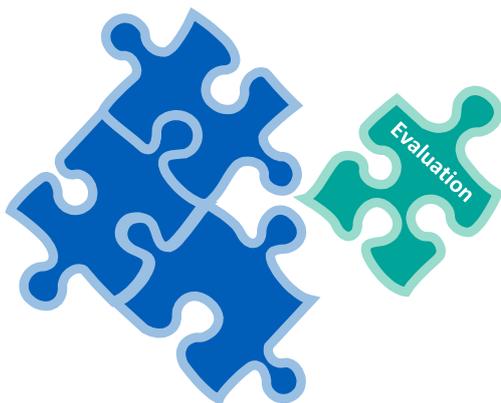
Clinical Commissioning Group



# Analysis of Leeds GP Confederation May 2019 Survey Data

**Health and Care Evaluation Service**

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July 2019

# Version Control

1	Introduction & Service Background .....	1
2	The Evaluation Approach .....	2
3	Results .....	3
4	Recommendations & Conclusion .....	15

## List of Tables

Table 1. Range of responses across Partner Organisations .....	4
Table 2. Communication routes for respondents hearing about the Leeds GP Confed .....	5
Table 3. Comparison of responses to the question “To what extent do you feel that the Leeds GP Confederation acts as a GP provider voice for the city representing GP practices in taking a strategic lead in the shaping and transforming of the Leeds health and care system?” between the surveys in Nov 2018 and May 2019. ....	7
Table 4. Comparison of responses to the question “To what extent do you think that the Leeds GP Confederation will enable you to better fulfil your role or help your organisation?” between Nov 2018 and May 2019. ....	8
Table 5. Comparison of responses to the question “To what extent do you feel that the Leeds GP Confederation can help shape system priorities?” between Nov 2018 and May 2019. ....	9

## List of Figures

Figure 1. Range of responses across stakeholder groups in Nov 2018 and May 2019 .....	3
Figure 2. Comparison of spread of responses across localities between the Nov 2018 and May 2019 surveys .....	4
Figure 3. Purpose of the Leeds GP Confederation as selected by each stakeholder group .....	6
Figure 4. Breakdown of responses to the question “How satisfied are you with the information you have had from the Leeds GP Confederation?” .....	10
Figure 5. Comparison of GP Practice responses of ‘yes’ to the question 'Have you seen any positive change in...?' between the two surveys .....	12

## Version Control

Version	Date	Author	Comments
Dv1.0	21.6.19	Amanda Seims	First draft
Dv1.1	24.6.19	Amanda Seims	Incorporated comments from Will Ridge
Fv1.0	24.6.19	Amanda Seims	Final version



# 1 Introduction & Service Background

## 1.1 Introduction

This report provides a brief overview of data collected through the second administration of the online survey to gather current opinions and understanding of the new Leeds GP Confederation. Service background and a detailed analysis of the data collected in the initial baseline survey can be found in the previous report, but are also discussed here. Comparisons to previous data will be made where appropriate, however it is not known how many of the baseline survey respondents also completed this second survey. This report is limited to analysis of data and does not include any detailed discussion.

## 1.2 Service background

The Leeds GP Confederation was established in March 2018 to represent the collective view of GP practices as providers. It has evolved through shared working with the GP leadership and the existing three federations in Leeds. The Confederation is a 'not for profit social enterprise,' working to improve the health of the people of Leeds by strengthening and sustaining primary care.

Working with general practice and localities, the Confederation will be able to hold city wide contracts to support 'at scale working' whilst also being a voice to shape primary care and influence decision making.

The Leeds GP Confederation exists to:

- Help practices remain sustainable by building on the attributes of primary care
- Enable practices to play a full and active role in quality improvement, service integration and pathway development, aligned with the local care partnership vision.
- Create a governance system that enables practices to be active in contributing to both local and citywide strategy.
- Create an organisational structure which is able to hold contracts and deliver services across general practice in Leeds and in partnership with other providers in the city.
- Listen and act.



## 2 The Evaluation Approach

### 2.1 Aims and Objectives for the Evaluation

The aim of the evaluation was to identify 'what's working' and where greater focus is needed to create change. This approach will be continuous throughout the first 18 months since the establishment of the Leeds GP Confederation, with data collected at baseline in Nov 2018, in May 2019 and at subsequent time points.

### 2.2 Sample

GP Practices (GPs, Practice Managers and Lead Nurses), Partner Organisations (LCC, LYPFT, LCH, LTHT and Third Sector), the Leeds CCG and the Leeds GP Confederation.

### 2.3 Evaluation method and data collection

Quantitative and qualitative data were collected at baseline (Nov 2018), in May 2019, and will be collected at additional time points for comparison.

An online survey containing closed- and open-ended questions was created using SMART survey software. The survey was distributed as follows:

- Jim Barwick sent a direct e-mail containing the survey link to GPs, Practice Managers and Lead Nurses and the survey was also included in the CCG Primary Care bulletin.
- Tim Ryley sent a direct e-mail containing the survey link to Partner Organisations.
- The survey was also shared via the Leeds CCG staff e-bulletin, which is received by all CCG staff, including those embedded in the GP Confederation.

The questions ask what people feel the purpose of the Leeds GP Confederation is, what influence it might have, how it might impact upon their role and organisation, and whether respondents have seen any changes in the priority areas. Respondents from GP Practices, CCG and the Leeds GP Confederation are also asked about the support they receive from locality leaders.

Two new questions were included in this round of data collection:

- If you aren't satisfied [with the information received from the Leeds GP Confederation], what would you like to see?
- If you have had problems contacting the Confederation, please give a few details

A copy of the survey can be viewed [here](#).

### 2.4 Data analysis techniques

Data were exported from SMART surveys. Quantitative data were analysed in Excel using descriptive statistics, with patterns explored between stakeholder groups. Descriptive data are displayed within tables and figures. Qualitative data were analysed for general themes within NVivo software.



# 3 Results

## 3.1 Responses across stakeholder groups

A total of 56 people responded to the survey, which is almost a third of the number of respondents who completed the initial baseline survey (157). It is important to note that it cannot be determined whether or not the same people completed both the baseline survey administered in Nov 2018 and the recent survey administered in May. This means that meaningful comparisons between the two sets of data are limited.

The majority of respondents were from a GP Practice or Partner Organisation (Figure 1; values are absolute numbers and as a percentage of all respondents (Table 1). The proportions of respondents from Partner Organisations and GP Practices are similar to that observed in the previous survey, however the proportion of respondents from the Leeds GP Confederation has decreased by 8% and the proportion of respondents from the CCG has increased by 6%, although the total number of respondents from the CCG has still decreased by 4.

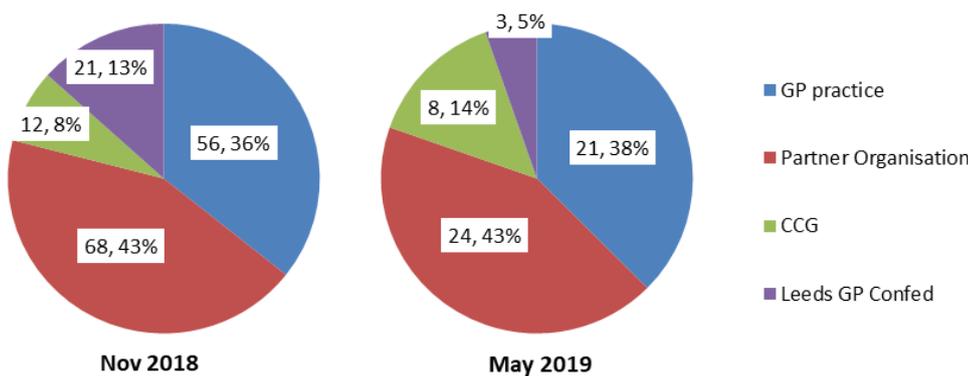
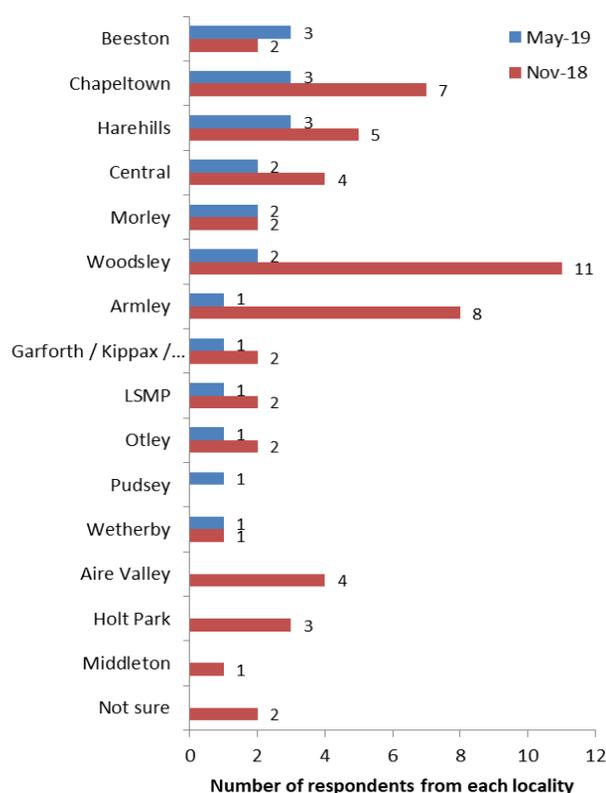


Figure 1. Range of responses across stakeholder groups in Nov 2018 and May 2019

Within the 21 respondents working at a GP Practice, 9 were GPs, 8 were Practice Managers and 3 were Lead Nurses (equivalent to 45%, 40% and 15% of all GP Practice respondents respectively). Fewer localities engaged with the recent survey compared to the previous survey and there was generally less engagement across all localities that previously engaged, particularly from Chapeltown, Woodsley and Armley (Figure 2).



### 3 Results Continued



**Figure 2. Comparison of spread of responses across localities between the Nov 2018 and May 2019 surveys**

Most respondents from Partner Organisations were from LCC (Table 1), whereas the majority of people from Partner Organisations responding to the baseline survey were from the Third Sector and LYPFT (33.8% and 29.4% respectively).

**Table 1. Range of responses across Partner Organisations**

Partner Organisation	Number	Percentage
Leeds City Council	12	54.5
Leeds Teaching Hospitals NHS Trust	8	36.4
Leeds & York Partnership NHS Foundation Trust	1	4.5
Third Sector organisation	1	4.5

Out of the 53 people asked if they had heard of the Leeds GP Confederation (only respondents external to the Leeds GP Confederation were asked), 48 said yes (including all 21 respondents from GP Practices). This is equivalent to 91%, and is 11% percentage points greater than that observed in the baseline survey (80%). The most common avenue for people finding out about the Leeds GP Confederation was through meetings (similar to the findings from the previous survey), followed by the Confederation e-mail update and the engagement session (Table 2). Of those 5 people who had not heard of the GP Confederation, 4 were from Partner Organisations (3 from LCC and 1 from LTHT) and 1 was from the CCG.



## 3 Results Continued

**Table 2. Communication routes for respondents hearing about the Leeds GP Confed**

Method of communication	Number	Percentage
Confederation e-mail/update	18	21.2
Confederation engagement session	15	17.7
CCG bulletin	13	15.3
At a meeting	30	35.3
Other	9	10.6

The survey was terminated where people stated they had not heard of the Leeds GP Confederation – no one gave their e-mail address to receive further information. Data for the following sections are therefore from 52 respondents only (all Leeds GP Confederation staff and those who had heard of the Confed).

### 3.2 Purpose of GP Confed

A total of 49 people responded to this question (94% of all asked). This question had five pre-defined answers and an 'other' option where people could answer free text. Each respondent could select multiple responses from the following options:

1. "Help practices remain sustainable by building on the attributes of primary care"
2. "Enable practices to play a full and active role in quality improvement, service integration and pathway development, aligned with the local care partnership vision".
3. "Create a governance system that enables practices to be active in contributing to both local and citywide strategy".
4. "Create an organisational structure which is able to hold contracts and deliver services across general practice in Leeds and in partnership with other providers in the city".
5. "Listen and act".
6. "Other"

The following points were noted:

- The most common response was typically purpose 4, and this was agreed by all respondents from GP Practices and the Leeds GP Confederation (Figure 3). This is a change from the baseline survey, where purpose 2 was the most common response given by all organisations.
- Purpose 4 was also previously most commonly stated by Partner Organisations, however their most common response on this occasion was purpose 2.
- Purpose 1 and 2 were also commonly stated, particularly by GP Practices and Partner Organisations.
- Purpose 5 was a less common response than in the previous survey and showed the greatest variation among organisations, with less than 30% of respondents from the CCG stating this compared to over half of respondents from all other organisations - this difference in identification of purpose between stakeholder groups might be of interest for further exploration.



## 3 Results Continued

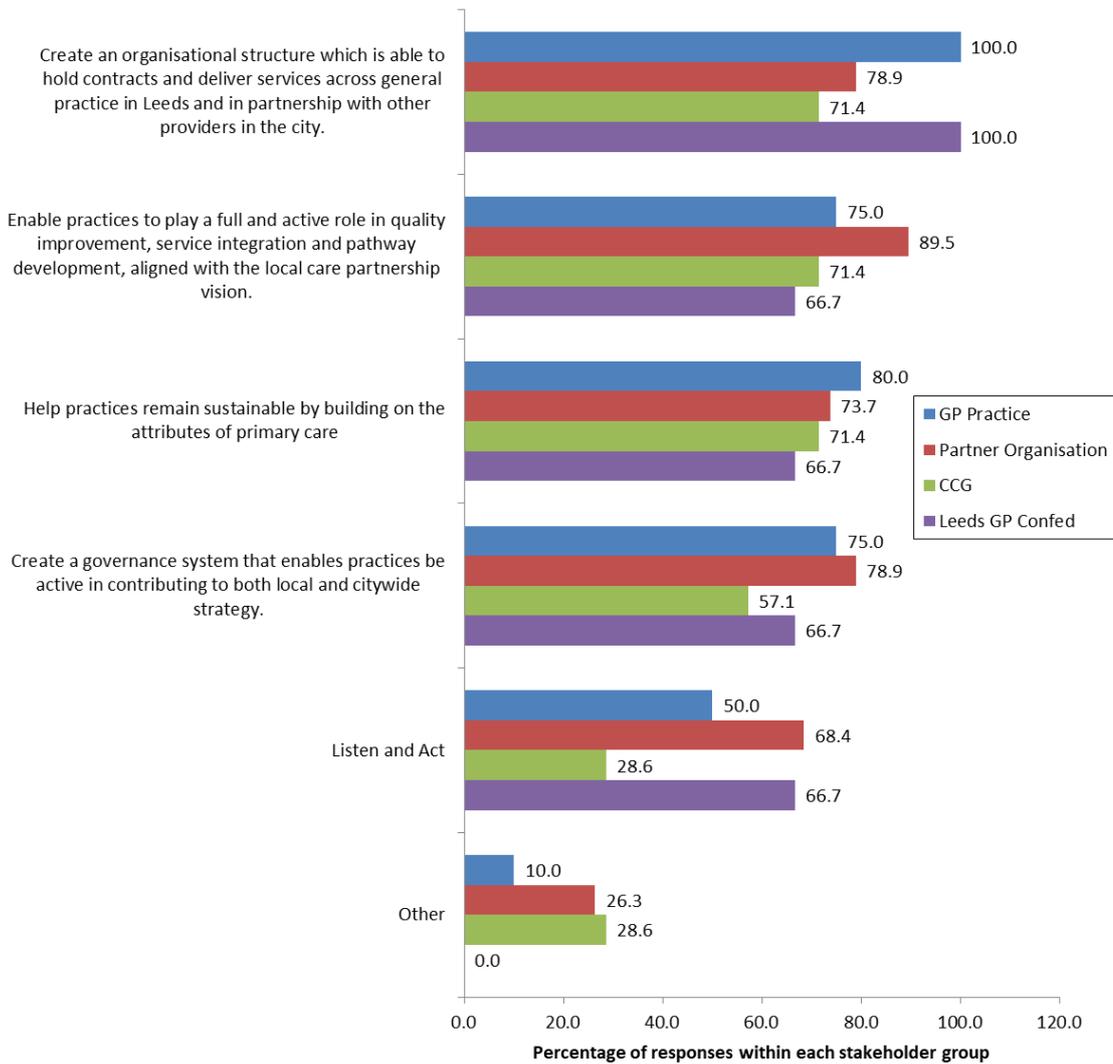


Figure 3. Purpose of the Leeds GP Confederation as selected by each stakeholder group

### 3.2.1 Other identified purposes of the Leeds GP Confederation

Nine responses were given for this question, with two comments stating that the purpose was unclear (one referred to the development of Primary Care Networks). Thematic analysis of such a small dataset was not possible, however comments have been grouped under previously determined themes from the baseline surveys.

#### Theme 1. Collaborative working across organisations

- “Work as an active partner in the health and care system.”
- “Help build wider partnerships within the local health and care system to align with nationally mandated system architecture regarding PCNs and ICSs and facilitate delivery of new care models.”
- “To help small practices take a system-wide view.”
- “Unsure whether point 4 is one of the purposes, but in my view it should be!”



## 3 Results Continued

### *Theme 2. Improve health and wellbeing*

- “Support primary care to reduce health inequalities.”
- “Reduce unwarranted variation in patient outcomes.”

### *Theme 3. Person-Centred Integration of care*

- “Be the voice on General Practice to speak primarily for the people not services.”
- “Design services around the needs of people and communities. “

### *Theme 4. Reducing current organisational problems and Theme 5. Support General Practice*

- “It should also look to support GP workload by reducing the bureaucratic burden.”
- “Also to have a seat at Partnership groups for GP providers”

### 3.3 Role of the Leeds GP Confederation

All 51 respondents answered the question “To what extent do you feel that the Leeds GP Confederation acts as a GP provider voice for the city representing GP Practices in taking a strategic lead in the shaping and transforming of the Leeds health and care system?”. Compared to responses from the previous survey, the proportion of positive responses increased from ~41% to ~70% (Table 3) - this observation, along with the large reduction in the proportion of respondents giving negative responses (‘not very much’ and ‘too early to say’) is positive.

**Table 3. Comparison of responses to the question “To what extent do you feel that the Leeds GP Confederation acts as a GP provider voice for the city representing GP practices in taking a strategic lead in the shaping and transforming of the Leeds health and care system?” between the surveys in Nov 2018 and May 2019.**

Response	% of respondents in Nov 2018	% of respondents in May 2019
A lot	10.2	31.4
Quite a lot	31.3	39.2
Not very much	18.0	9.8
Too early to say	40.6	19.6
Not at all	1.6	Not available <sup>1</sup>

<sup>1</sup> The previous survey included the response ‘not at all’ but does not appear to have been included in this survey.



## 3 Results Continued

All 51 respondents answered the question “To what extent do you think that the Leeds GP Confederation will enable you to better fulfil your role or help your organisation?”. Approximately 42% answered positively with ‘quite a lot’ or ‘a lot’ (Table 4), which is a greater proportion than previously observed (38%). Approximately 45% of respondents felt it was ‘too early to say’, which is 4% greater than the response in the previous survey. Only 12% answered negatively with ‘not very much’, which is a smaller proportion than the previous survey (which also included a ‘not at all’ response). Only 1 person felt it would negatively affect their role. The CCG and Partner Organisations were most likely to respond ‘too early to say’ with 57% and 50% of their respondents giving this answer respectively.

**Table 4. Comparison of responses to the question “To what extent do you think that the Leeds GP Confederation will enable you to better fulfil your role or help your organisation?” between Nov 2018 and May 2019.**

Response <sup>2</sup>	% of respondents in	% of respondents in
	Nov 2018	May 2019
A lot	9.2	13.7
Quite a lot	29.2	27.5
Not very much	13.1	11.8
Too early to say	40.8	45.1
Not at all	5.4	Not available <sup>3</sup>
It will negatively impact on my role	2.3	2.0

### *Analysis of comments relating to the role of the Leeds GP Confed*

Only five people commented in relation to this question and most were comments relating to their concerns with the GP Confed. One person identified that there were opportunities for integrated care models.

#### **Concerns**

- “I worry that Leeds has become over structured with duplication and lack of system thinking.”
- “The relationship between SEL Federation and the Confederation is unclear.”
- “The engagement with practices is poor.”
- “It is taking up a lot of time and mental load to no discernible benefit as yet.”
- “It seems that there is still a gap between the strategic functions and the operational delivery actually making a difference.”
- “Leeds GP Confed should not be another organisation with vested interest of a few leaders.”
- “Needs to talk on behalf of all PCNs”
- “Needs to meet the needs of people living in the most deprived communities, not the worried well”

<sup>2</sup> The previous survey included the response ‘not at all’ but does not appear to have been included in this survey.

<sup>3</sup> The previous survey included the response ‘not at all’ but does not appear to have been included in this survey.



## 3 Results Continued

All 51 respondents answered the question “To what extent do you feel that the Leeds GP Confederation can help shape system priorities?”. Nearly 80% answered positively (Table 5), which is an increase from the previous survey (~60% of respondents). This change is primarily due to an increase in positive responses from GP Practices (from ~45% to 71%), and from the Leeds GP Confederation (from ~71% to 100%), although positive responses from the CCG decreased from ~66% to ~43%.

**Table 5. Comparison of responses to the question “To what extent do you feel that the Leeds GP Confederation can help shape system priorities?” between Nov 2018 and May 2019.**

Response	% of respondents Nov 2018	% of respondents May 2019
A lot	19.3	17.6
Quite a lot	41.3	56.9
Not very much	11.0	3.9
Too early to say	25.7	21.6
Not at all	2.8	Not available <sup>4</sup>

### 3.4 Interaction with the Leeds GP Confederation

#### 3.4.1 Communication received from the Leeds GP Confederation

All 51 respondents answered the question “How satisfied are you with the information you have had from the Leeds GP Confederation?”<sup>5</sup>. Nearly 60% were quite or very satisfied, however ~14% (7 people) had not received any information at all. Partner Organisations and the Leeds GP Confederation tended to report the most satisfaction (Figure 4).

In the previous survey only respondents from GP Practices and Partner Organisations were asked this question<sup>6</sup> - satisfaction from GP Practices remained relatively similar to responses in the first survey (~60% either quite or very satisfied) and satisfaction from Partner Organisations had increased (previously 32% satisfied). In the previous survey, 13% and 55% of respondents from GP Practices and Partner Organisations had not received any information respectively, but this had decreased to 0% and 25% in the current survey respectively.

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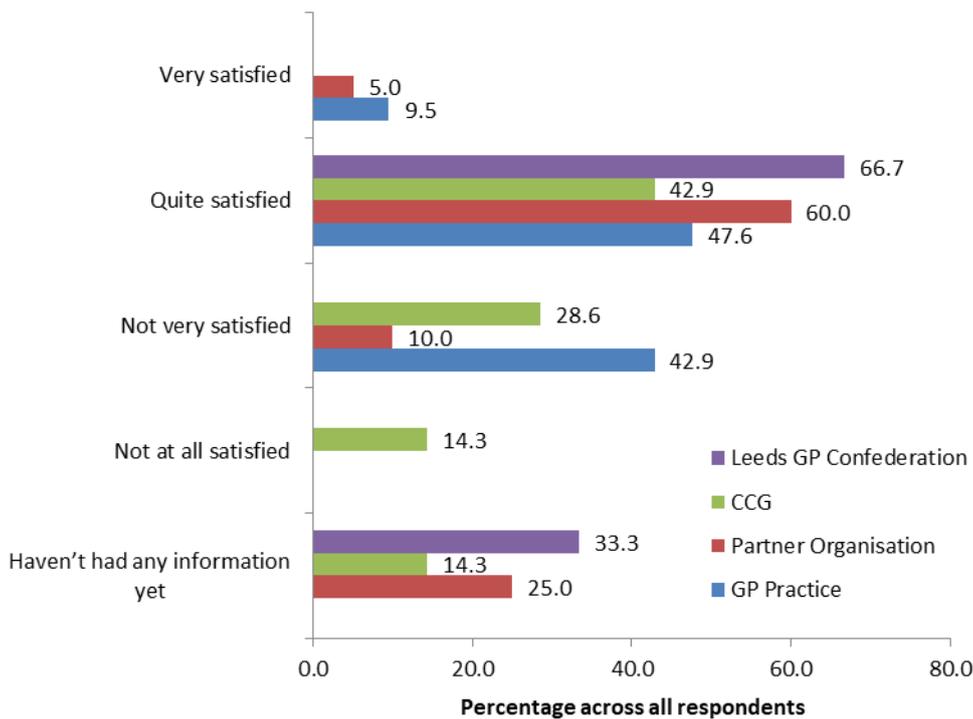
<sup>4</sup> The previous survey included the response ‘not at all’ but does not appear to have been included in this survey.

<sup>5</sup> This was a new question, therefore data cannot be compared to the previous survey.

<sup>6</sup> It is not known why this was.



### 3 Results Continued



**Figure 4. Breakdown of responses to the question “How satisfied are you with the information you have had from the Leeds GP Confederation?”**

For those 14 who were not satisfied, five gave comments in response to the question ‘if you are not satisfied, what would you like to see?’<sup>7</sup>. Comments largely related to why people were unsatisfied with the Confederation as a whole as well as their communication, and less about specific things they would like to see. Some comments implied that they would like to see clearer information within the communications received from the GP Confed: “overly wordy and complicated” ..... “hard to understand what the key messages are”, requiring further clarification of what the Confederation and the practical actions it can implement to support frontline services and reduce the workload within GP Practices. These were similar to concerns raised in the previous survey.

It was also implied that timing of communication may require some improvement: “Timeliness is also an issue - I worry work around PCNs is duplicated in some places” and “the length of time it took to mobilise and provide a solution was too long - by the time we had a solution, the majority of the work had been done”. It is possible that these comments may have been in reference to a specific request for assistance from the Confed, and not in relation to general communications sent out.

<sup>7</sup> This was a new question which was not asked in the previous survey.



## 3 Results Continued

There was some confusion around how the Confederation links in with other organisations “appears a very bureaucratic organisation with duplication of roles and requirements at CCG and Confederation level” and concern that work completed by individual organisations such as the CCG or in collaboration with other organisations is being represented as Confederation work. Increased bureaucracy was a concern raised in the previous survey.

One person stated they have not seen any information in print form and one person answered ‘quite satisfied’ but commented that information has only been in the form of progress reports.

### **3.4.2 Contacting the Leeds GP Confederation**

The proportion of respondents who knew how to contact the Leeds GP Confederation increased from ~64% in the previous survey to 71% in the most recent survey. In the previous survey 89% (of 63 people) said they had found it quite or very easy to contact the Confed, and in the recent survey this had fallen but still remained high at 78%. Negative responses are difficult to interpret due to the very low number of responses. Two people reported that e-mails to the Leeds GP Confederation were not answered.

### **3.4.3 Support from locality leaders**

All 21 respondents from GP Practices stated that they knew who their locality leaders were, which is an increase from the previous survey where only 75% of those respondents knew who they were (42 people). The proportion of respondents from GP Practices who were either ‘quite’ or ‘very satisfied’ with the support they receive from locality leaders was the same for both surveys (83%). The proportion of respondents from GP Practices who valued the support from locality leaders either ‘quite a lot’ or ‘a lot’ increased from 70% to 81%.

## **3.5 GP Practice observations of change**

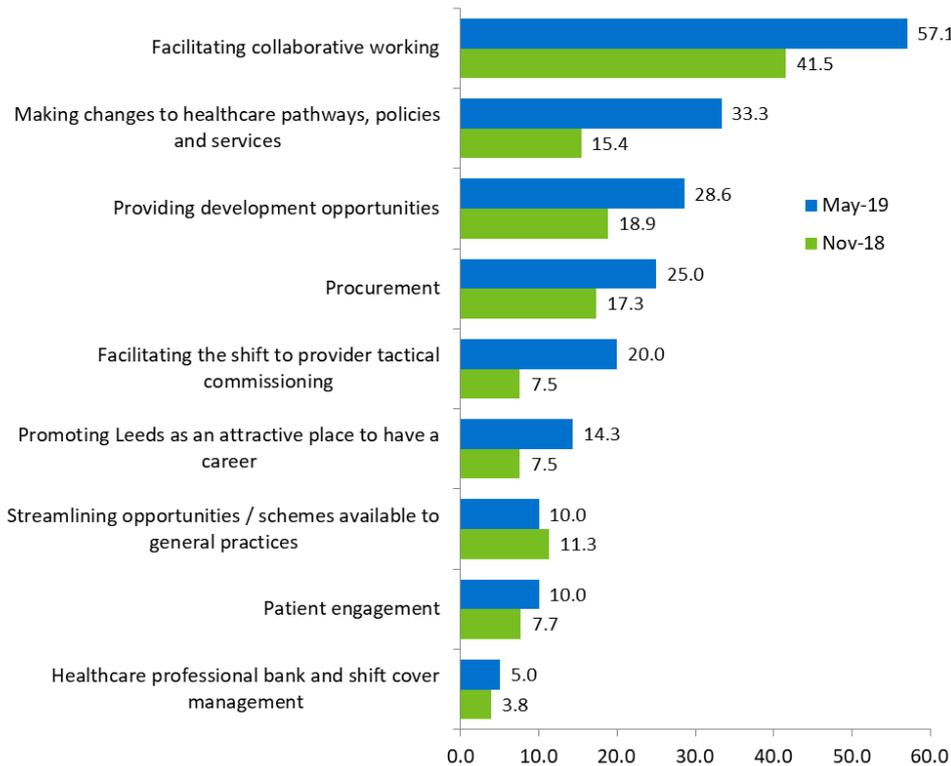
The top three most common positive changes observed were:

- collaborative working;
- changes to healthcare pathways, policies and services; and
- provision of development opportunities (Figure 5).

The proportion of positive change observed had primarily increased for all options compared to responses received in the Nov 2018 survey.



### 3 Results Continued



**Figure 5. Comparison of GP Practice responses of 'yes' to the question 'Have you seen any positive change in...?' between the two surveys**

The top three most common categories where positive change was 'too early to say' were streamlining opportunities/scheme available to General Practice; facilitating the left shift to provider tactical commissioning; and promoting Leeds as an attractive place to have a career (Figure 5).

In the Nov 2018 survey, comments related to this question highlighted that some people still did not understand the role or purpose of the GP Confed, despite regular feedback from them; felt it had not had a direct impact on their workload or practice; and suggested using a quarterly report documenting what it has done to work towards implementing a positive changes in the specified categories (“like the old 'You said, we did' section of the Locality development meetings”).

Only one comment was received in the recent survey which highlighted the importance of the Leeds GP Confederation listening to practices and speaking up on their behalf to the CCG/NHE England.



## 3 Results Continued

### 3.6 Suggested actions for the Leeds GP Confed

The three main themes that emerged from the comments received in the baseline survey were around:

- Primary Care
- Integrated working and partnerships
- Leadership and clear direction

Respondents wanted the Confed to listen to Primary Care and involve them in service development, understand their roles and functions in hospital, and act as an advocate for Primary Care to ensure their concerns are understood by the CCG. They also wanted the Confed to improve GP access for patients and facilitate access to patients in GP Practices for involvement in patient engagement work.

There was much discussion around linking organisations together, using a more joined-up approach, supporting the development of Local Care Partnerships, promoting the sharing of information (e.g. Leeds Care Record), promoting collaboration, ensuring consistency between Primary and Secondary Care, engaging with the Third Sector, and pooling of Practice resources. Some suggestions as to how this could be done included:

- Share surgery capacities into one single joined service that organises in hours and out of hours appointments through a single point of care navigation across the Leeds system of care
- Pool practice resources to employ specialist clinicians across wider areas (like occupational health advisors to help people get back to work)
- Provide opportunities for secondary care in-reach into primary care organisations, similar to primary care liaison workers, perhaps with more senior clinical/medical involvement.

Respondents wanted the Confed to show leadership: “driving forward cultural change”, “leading on the Primary Care Workforce agenda and forward plan”, “engaging with citywide strategies” such as the Health and Wellbeing Strategy, and set out clear priorities and staff objectives, and clarify the vision of the organisation. It was also suggested that the Confed should have representation on Partner Organisation boards and groups. Respondents wanted the Confed to be more open, visible and transparent as an organisation, promoting accountability. They felt that this might be achieved through improved communications: “Have open lines of communication without layers of senior managers in between”, “regular communications regarding your activities / developments” and there was still concern that some people do not understand the role of the Confed and how this is different to the CCG.

Other comments highlighted the importance of focusing on prevention and reducing health inequalities, reducing bureaucracy and supporting a person-centred approach to health and care. There were fewer responses to review in the recent survey, however there were some similarities around themes when compared to the baseline survey.



### 3 Results Continued

Respondents highlighted the importance of engaging GPs and encouraging Primary Care to work more collaboratively with other organisations. However some respondents felt that the Confed needed to develop its own awareness and understanding of the work within GP surgeries: “...experience life in a GP surgery, see the challenges first hand”.

Leadership and direction was more focused around the need for the Confed to lead and support the development of Primary Care Networks, both with legal and financial advice, and clarify their role in delivering on the new GP contract and PCNs “it would be helpful to have a clear picture on role of confederation in delivering on the new GP contract and PCNs”. There was a concern around potential inequity of access to Out of Hours services as a result of PCN development. It was also suggested that the Confed “contribute more effectively to Leeds Health & Wellbeing plan strategy”. There was still some confusion around who to contact in the Confed if they wanted to “feed in or ask questions” and a request for more regular and timely communications from the Confed.

As before, there were many comments relating to integration of care and partnership working and the need to support relationships between organisations and understand where focus should be placed: “identify and engage with high demand/impact pathways that would benefit from a whole-system approach”. Respondents highlighted the importance of understanding the local areas and organisations that already exist, and the use of co-production of services with other providers. One person suggested the “sharing of GP and hospital perspectives to develop understanding and mutual respect of professional/organisational roles to facilitate building services that have patients at the centre”.

In the recent survey there were some comments themed around supporting the workforce through training and development, retaining and supporting nurses, using bank staff (GPs and nurses) and a request for the Confed to “Act as a sustainable employment vehicle for an extended primary care team”.

As observed in the previous survey, there were still some comments highlighting the need to reduce health inequalities and reduce bureaucracy.



## 4 Recommendations & Conclusion

### 4.1 Recommendations

- The overall response is low compared to the baseline survey and the size of organisations, suggesting that engagement work is still needed in order to improve response rate and collect meaningful data.
- It is also recommended that the survey is shortened to focus on particular key points as the current length of the survey is likely to impair response rate due to the number of questions and time involved for completion.
- In light of many comments received, it is recommended that clarity and regularity of the Confed's communications are reviewed to identify areas for improvement.
- Concerns from respondents should be reviewed and scrutinised.

### 4.2 Conclusion

Although the number of respondents to this survey was lower than at baseline, the proportion who had heard of the Leeds GP Confederation was greater, which is positive and might suggest that awareness of the Confed is starting to increase. Although direct comparisons can't be made between the two sets of data, the data collected through the second release of the survey provides some useful insight into changes in patterns of responses, perceptions of the Confed and understanding of its role and purpose. There were a large number of comments in the baseline survey which discussed the Confed's support of, and engagement with primary care; the importance of collaborative partnership working and integrated care across all systems and organisations; and the leadership role of the Confed and need for involvement in delivering city strategies. The recent survey reflected similar themes, but also highlighted the need for the Confed to lead the way in the development of Primary Care Networks and the need to support, develop and retain the wider workforce.

Although respondents were primarily satisfied with communications from the Confed, there was still some confusion around how to contact the Confed, a potential need for simplifying the language used in communications, the need to communicate clear action points for staff, and issues around receiving timely responses.

The increase in positive responses around the role of the Confed in leading the transformation of the Leeds health and care system, supporting people within their roles or supporting organisations, and shaping system priorities, suggests an increase in the understanding of the Confed since its establishment.

Evidence of positive changes has increased since the previous survey, primarily around collaborative working; changes to healthcare pathways, policies and services; and provision of development opportunities. This might suggest that the work of the Confed is starting to show impact, however it is not possible to solely attribute these changes to the work of the Confed.

Despite its limitations, the survey has been useful in obtaining a deeper insight into people's understanding of the role and purpose of the Leeds GP Confederation and allowed respondents to express their opinions and share ideas for the Confed to explore and potentially take forward.

