**ELR GP Federation Ltd**

**Chief Operating Officer Report – January 2017**

1. **Work plan**

The work plan has been updated and is included in the Board pack for comment.

Key projects updates are listed below;

**(a) Urgent Care & Home Visiting**

* The consortium bid for Urgent Care services in the City and West Leics and the Home Visiting Service was submitted on 4th November 2016.
* The process for the City hubs has been suspended and notice served that it will be re-procured.
* The decision on the West urgent care centres lot and the home visiting service lot has been delayed.
* A ‘workshop’ meeting was held with DHU on 15th December 2017 to start preparations for the ELR urgent care centres ‘lot 4’ which is due to be tendered for a start in October 2017. Further sessions will be organised.

**(b) Pharmacy Project**

Prescribing Support Services have been appointed as the Federation’s preferred provider and the scheme launched. Two Oadby practices have signed up to the scheme - a pharmacist will start in January 2017 and will work between the practices. Further comms will be circulated to Federation practices in January.

Tim Sacks has confirmed that it will be acceptable for the practices to use this scheme for a 6 month pilot from January 2017 and then review – despite the contract stating that practices need to directly employ a pharmacist from April 2017.

**(c) Purchase Direct** -*‘Reducing cost and saving time’*

The ELR GP Federation Purchase Direct (PD) offer has been launched; opening up this opportunity to the 17 practices with a list size less than 10,000 who would not otherwise be able to benefit from this service. Two thirds of the Federation practices have arranged to meet with the PD representative.

**(d) Community Based Services**

The procurement process for the Leicestershire County Council community based services, including health checks and contraception was launched in December 2016 – bids will be submitted by 13th January 2017. 10 practices will be bidding with the Federation (13 will bid separately; 8 yet to confirm). Further practices will be named as a sub-contractor to the Federation to enable inter-practice referrals for IUD/IUS/SDI services.

**(e) GP SIP**

The CCG has issued the first draft of the GP SIP for 2017/18 for consultation. There is a possibility that the Federation could support practices with the demand management element but this requires further work.

The Federation has suggested to the CCG that it could lead the medicines management scheme in 2017/18. We await feedback.

**(f) Improving Access to General Practice scheme**

The Federation has agreed a contract with the CCG to manage the Improving Access to General Practice scheme – to increase access to primary care for an 8 week winter period. This will be circulated separately.

**(g) GP Teaching Academy**

Enderby (Gailash Panray), Two Shires (Anuj Chahal), Forest House, Billesdon, Oakham and Market Harborough practices have expressed interest in this opportunity. Meeting scheduled for 3rd January 2017 to progress. Applications are due on 14th January 2014.

**(h) Integrated Locality Teams**

The CCG presentation is included in the Board pack for information. Four localities are planned in ELR. This initiative will require effective federated working between primary care providers and, as such, this is a key area for the Federation to support.

The Federation has been invited to join the Integration Executive and ELR ‘Out of Hospital Board’ which oversee this programme in ELR.

**(i) GP STP Programme Board**

The Federation is part of this Board which is focused on transforming approaches to primary care delivery in LLR.

**2. Comms**

The website will be further developed to include;

* Discussion Forum;
* Training dates with relevant contact details (safeguarding/resus council/pharmaceutical sponsored events etc);
* Available dates for Locum work in ELR.

1. **Vision, strategy and Board development**

As a Board, we need to develop a clear, compelling and owned vision position the Federation to play a key role in the development of sustainable integrated primary/community care in the ELR context.

Some thoughts and observations;

* Locality meetings are / could be ‘ready made’ forums to facilitate federated working between practices. At the moment the Federation is regarded as an external organization that is invited into these sessions on an occasional basis.
* The Federation **IS** the shareholder members and success will be when the Federation agenda is a key element of the agenda for ‘Federated Locality Meetings’.
* The CCG has indicated that it intends to adjust the way that these locality meeting sessions are organized to support ‘federated working’.
* The CCG Locality Managers currently support ‘federated working’ – and we could engage with them more effectively?
* The CCG could help the development of federated working by ‘formalising’ projects that require the Federation to work with its shareholders. For example, contracting the Federation to manage pharmacy cost reduction. The CCG has done this with the contract to manage extended access to primary care over the winter period.
* The Federation should have a key role in the development of MCPs / Integrated Locality Teams and Primary Care Homes in ELR. This may need to include formal alliances and partnerships.
* We should invest time in ‘Board development’ to clarify the purpose and vision and team working arrangements.

1. **Budget**

* We await a formal response and confirmation from the CCG regarding the principle that the underspend from this year can be carried over to FY18/19.
* The forecast for FY 2016/17 will be tabled.

1. **Board to Board**

* This will be arranged for January 2017