**ELR GP Federation Ltd**

**Chief Operating Officer Report – September 2016**

1. **Induction activities / meetings**

I have met with a range of stakeholders over the last 10 days as part of my induction to understand the local healthcare economy and key issues for the Federation, including;

* Tim Sacks, CCG – who is committed to the success of the Federation and its close involvement in the development of primary care in ELR.
* Anne Senior, LPT
* Helen Rose, North & South Charnwood Federations
* LLR Alliance **-** Clinical Reference Group and Management Board
* Syston, Glenfield, Oakham, Wigston practices
* Joe McCrea – to overview comms (see below)
* Urgent Care / Acute Visiting pre-tender event (see below)

Future meetings / events include;

* Monthly Practice Managers’ Forum
* Primary care STP
* David Bell (LPT) – MCP lead
* Blaby & Lutterworth ‘hub meeting’
* Locality Meetings – Blaby & Lutterworth on 28th Sept
* Mark Wightman (UHL)
* West Leics & Central Federations
* Helen Mather, Elective Care Alliance
* Jackie Thornber, PCL
* ELR practices
* PPG network meeting on 30th September

Once I have had the opportunity to understand and clarify the key issues for the Federation, I will review the business plan and develop a clear action plan for the Board to consider.

In the meantime, we have the opportunity to collaborate in the urgent care / home visiting procurement process which is outlined in section 2 below.

1. **Urgent care / Home Visiting tender**

A pre-tender engagement event held on 19th September which Gareth & I attended.

**(a) Overview of the tender**

* The intention to create a pan LLR **‘urgent care alliance’** (akin to the existing elective care alliance) which will include;
	+ *Shared outcomes*
	+ *Flexible incentives*
	+ *Joint clinical governance & risk sharing*
	+ *Alliance agreement*
* All bidders must demonstrate a commitment to participate actively and constructively in this urgent care alliance.
* Key elements of the alliance structure include;
	+ *8am-8pm integrated urgent care*
	+ *LRI ED*
	+ *24/7 home visiting & crisis visiting*
	+ *Clinical navigation hub*
* Integration and collaboration is regarded as very important

**(b) 3 lots will be procured for a start in April 2017;**

**Lot 1 – West Leicestershire integrated primary and community urgent care**

* Loughborough urgent care centre (24/7)
* Primary care hub;
	+ Hinckley Health Centre (7-10 M-F; 8-8 S&S)
	+ Coalville (Sat am)

**Lot 2 – City integrated primary and community urgent care**

* Building on the Prime Minister’s challenge fund model
* 2 Tier 1 sites (GP Hubs) – Brandon Street & Saffron Street
* 2 Tier 2 community hub sites with diagnostics – Westcotes & another site in east Leicester

**Lot 3 – Home Visiting – all LLR**

* 24/7 service for patients who meet the complex needs inclusion criteria
* Referrals via clinical navigation hubs, care homes & GP practices

**(c) Contract & procurement;**

* National standard contract - cost & volume
* 5 years + 2 year extension option, with formal review of activity after one year
* Scoring; 60% quality, 40% finance
* Bidders to be CQC registered and able to demonstrate a track record of outcomes and improving performance
* Collaborations are encouraged – with clear sub-contracting arrangements
* One stage tender process (combined PQQ & ITT)
* Procurement process will be managed through the Bravo portal
* TUPE will apply

**(d) Timetable**

Tender issued 26 September 2016

Deadline 24 October 2016

Clarification interviews 7-10 December 2016

Award / standstill 21 December 2016

Start 1 April 2017

**(e) Potential bidders / partners**

DHU – all lots

Vocare – all lots

SSAFA – lot 3

UHL – lot 2

LPT – unlikely to bid as prime

Lakeside – didn’t attend pre-tender event; potentially Lot 2

**(f) ELR GP Federation involvement**

* The winning Home Visiting (Lot 3) provider will have to engage with all GPs to deliver the service – which would best be done via the Federations.
* So, we should pro-actively partner in a collaboration for Lot 3 – potentially as a partner / sub-contractor to DHU.
* Engage in Lot 1 – to develop experience for the likely later procurement process for urgent care services in ELR.

**3. Communication**

* We need to ‘kick start’ communications with shareholders in an engaging and easily accessible way
* Next initiatives include;
	+ Online listening form
	+ Shining stars
	+ Challenge champions
1. **Budget**
* Tim Sacks has confirmed that the CCG will be looking for the budget for FY2016/17 to be reduced in view of the lower than expected spend in Q1.
* Draft forecasts for FY 2016/17 and FT2017/18 have been prepared for discussion.