

**ELR GP Federation Ltd**

**Chief Operating Officer Report – May 2017**

1. **Projects update**

 **(a) Urgent Care**

* The ELR Urgent Care services procurement is likely take place for a start in April 2018.
* Both DHU and Vocare, the incumbent, will bid for this work.
* Gareth and James have held positive meetings with DHU who are keen to partner with the Federation on a similar basis to that employed in the West Leics urgent care centres. DHU have agreed to provide a summary outline of this approach for the Board to consider.
* Rysz and James held a positive meeting with Vocare, who are also interested in partnering with the Federation in this tender process. Vocare have also suggested that we work with them to support the effective delivery of urgent care services to our patients within their existing contract.
* **The Federation Board needs to carefully consider its strategy.**

**(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 started in January 2017 who will work between the practices.

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.

Tim has also indicated that he has been advised that the CCG should undertake a procurement process for PSS/MMS type services and is likely to ask the Federation to manage this.

**(c) NHS England; Clinical pharmacists in general practice**

NHS England has launched a further scheme to support the development of clinical pharmacists in general practice. The scheme is open for 18 months with applications being assessed every couple of months. A number of practices have expressed an interest in the Federation bidding. Once the CCG has clarified its approach to the £2 per patient funding and associated employment models, we will decide the best way of proceeding with an NHS England bid.

UHL have expressed an interest in completing a joint bid with the Federation.

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

16 practices signed up. Over **£90K of savings** have been identified to date.

**(e) Community Based Services**

The Federation bid for the Leicestershire County Council community based services, including health checks and contraception was successful. 12 practices bid with the Federation and a further seven practices have been named as a sub-contractor to the Federation to enable inter-practice referrals for IUD/IUS/SDI services. LCC have also confirmed that a further two practices (who did not bid as part of the procurement process) will be added to the Federation contract.

We await the formal contract documentation.

We are required to hold **medical malpractice insurance** up to £2M for this contract. Whilst LCC are content to rely upon the individual practitioners and practices indemnity arrangements, we are advised that the Federation should hold its own insurance for medical malpractice vicarious liability. The best quote that I have secured so far if for £3,900 + tax/fees = £4,585. **The Board needs to decide how to proceed.**

**(f) GP SIP**

The CCG has issued the first draft of the GP SIP for 2017/18 for consultation. The Federation has submitted a proposal to lead the demand management element. The CCG has indicated that it would like the Federation to assist with this element and we await confirmation regarding next steps.

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

The Federation was awarded a contract by ELR CCG to manage the Improving Access to General Practice scheme – to increase access to primary care for an 8 week winter period (9th January to 3rd March 2017) – with a target of providing 5,144 additional bookable URGENT 'on the day' appointments, with no reduction in other appointments or activity (including extended hours).

We exceeded the target for additional appointments and all participating practices have been paid for their additional work (£82.5K budget). Consideration will be given to organizing a Federation offer before next winter – so that we are prepared to respond to a similar opportunity.

**(h) ELR GP Federation Teaching Academy**

The ELR GP Federation Teaching Academy was not awarded a contract for third year student placements but we have been encouraged to consider other opportunities including;

* Very Early Clinical Experience (VECE) for first year students – 2 week practice placement
* Compassionate, Holistic Diagnostic Detective (CHDD) course
* Fifth year apprenticeship – 6 week practice placement for senior students
* Student Selected Components and electives
* Mentoring
* Examining

**(i) Integrated Locality Teams (ILT)**

There are four ILTs in ELR which will require effective working between primary care providers, LPT, social services and third sector providers. Update;

**Oadby & Wigston**; Louise is a member of the Leadership Team that is looking at improved working arrangements with Care Homes.

**Blaby & Lutterworth**; James is a member of the Leadership Team. The group is working on a number of initiatives, including;

* MDT teleconferencing / Skype
* MDT care homes / ward round
* UTI project with UHL Geriatrician
* Blaby DC disease prevention project
* Active Blaby

**Melton, Syston and Rutland;** Initiatives include;

* Rutland experience / wellbeing workers / primary care home
* Melton DC workers embedded in the practice

**Harborough**; Anuj has agreed to help set up a Leadership Team and is working with the CCG accordingly.

**(j) STP GP Five Year Forward View**

The Blueprint for General Practice document has been launched to guide the delivery of the GP Five Year Forward View agenda in LLR. This lays out the vision for the development of General Practice over the next five years. Fundamental to this vision is that General Practice with registered lists will remain at the heart of the model and that practices will come together to meet patients’ needs at scale. ELR GP Federation is stated as being a key element in the delivery of this vision and plan.

The Federation is part of the Programme Board that has been tasked with delivering this plan. As part of this work, we are working on a guidance / tool kit document to assist practices who wish to work at scale. The first draft of this is included in the Board pack for information **(paper D).**

**(j) Kingsway ‘clinical top up service’**

The Federation has been awarded a contract to provide short term support to the Kingsway surgery team to provide GP, ANP, nurse support over four months. The SLA is included in the Board pack for information **(paper E)**. We are working well with the practice and have identified additional GP and ANP sessions.

**(k) LPT joint session**

I met with Anne Senior and Rachel Billsborough who indicated that they would be interested in holding a Board to Board session.

**(l) Other ‘back office’ projects**

* Draft buildings management offer has been prepared which needs finalizing for consultation
* Working with Locktons on an insurance offer for consideration
* Approached the ‘Bristol Locums’ provider – awaiting feedback
* Propose to ‘survey’ practices to test the appetite for ‘back office’ schemes

**(m) LLR PCL**

LLR PCL will be procuring various AQP services and we will be working to ensure that the Federation supports this process appropriately.

1. **Board to Board meeting – 23rd February 2017**
* This was a positive session – attended by Tim Sacks, Jamie Barrett, Donna Enoux, Rysz, Louise and James. The update paper that we submitted is attached in the Board pack **(paper F)**.
* Tim emphasized that the Federation will be a key element of delivering the GP FYFV plans and we agreed to develop a joint strategy.
* Tim agreed that he will be considering options for adjusting the way that locality meeting sessions are organized to support ‘federated working’.
1. **Budget**
* We agreed a reduced ‘third’ payment for FY16/17 with the CCG based on a revised forecast of expenditure.
* A financial summary for FY16/17 and draft budget for FY17/18 will be tabled at the meeting.