**ELR GP Federation Ltd**

**Board development session – 30th March 2017 - outcomes**

1. **Key challenges**
   * Managing relationships between practices
   * Recruiting and retaining GPs
   * Training
   * Supporting GP resilience
   * Supporting patients to ‘self-care’
   * Work / life balance
   * Extending services
   * Efficiency & effectiveness
   * Service development / income generation

1. **ELR GP Federation’s purpose**

**Purpose statement**

*All GP Practices across East Leicestershire and Rutland (ELR) have set up a company limited by shares which is led and managed by GPs to support the continuation of quality general practice across ELR, through mutual support, collaboration and shared intelligence.*

***(This needs further work).***

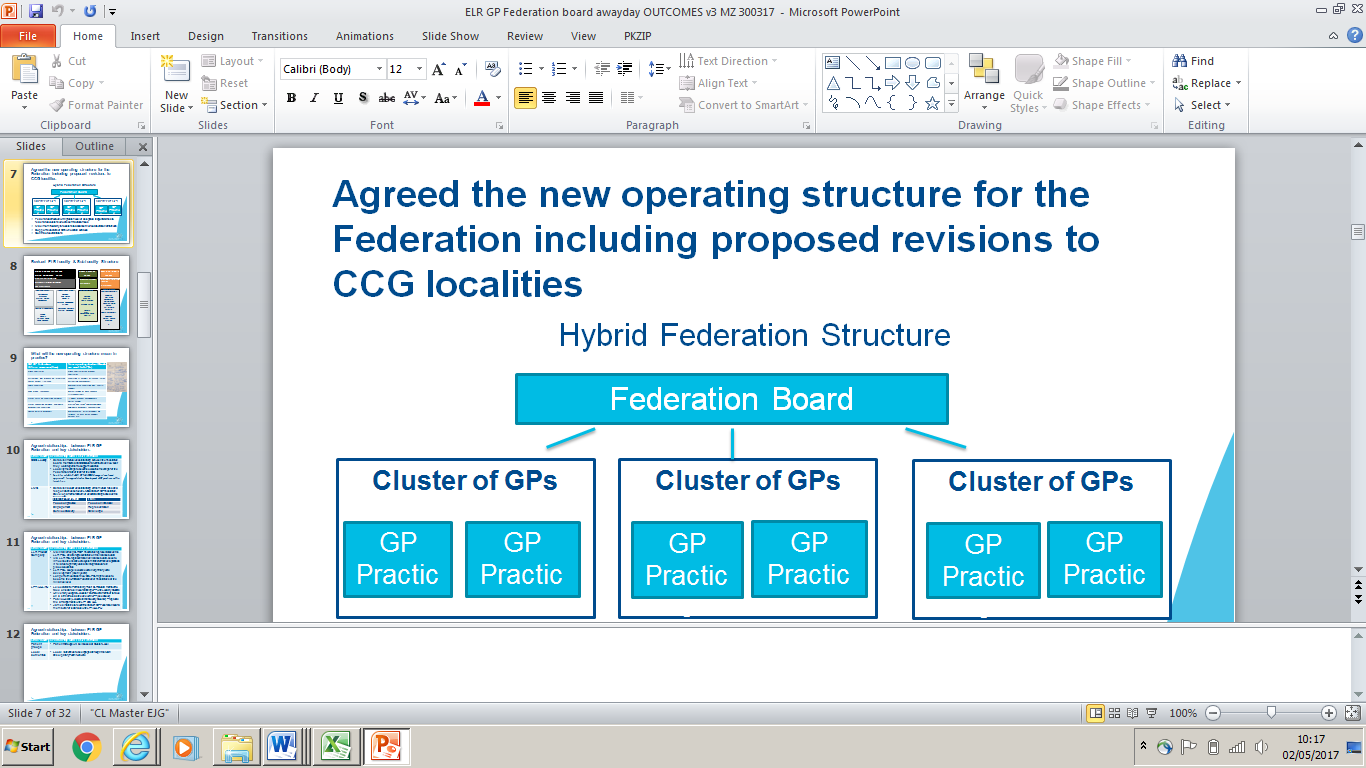
**Key elements of the Federation’s purpose**

* **Voice**: Be the democratic **voice** of GPs across ELR when negotiating with CCGs, acute trusts, social care, and voluntary sector. Empowered by its GP members to make the case of the GP role within the future health and social care system. A corresponding responsibility to abide by decisions made by the democratic apparatus and its external negotiators will be required to lend credibility to the ‘Voice'.
* **Health Service Provider**: Become **a health service provider company** to collectively bid to provide services that individual practices are too small to provide (future tenders for diagnostics, or triage services for example) or that would be more cost effective provided collectively. Bring in new business and practices and ourselves and promote sustainability.
* Support GP member enhance the **resilience of their practices** (*include workforce in this area).* This might include the sharing of best practice and the harmonisation and adoption of common practices and processes e.g. CQC audits, assisting practices to meet external or internally determined KPIs.
* Advance the ambitions set up in the **GP Five Year Forward View**. This might include negotiating to ensure that: core-funding allocations are fairly apportioned to achieve this; access to primary care is harmonised, long-term condition support/pathways is consistent, support innovation.

1. **Operating structure**

**Hybrid structure** based on the four localities;

* + Melton & Rutland
  + Harborough
  + Oadby & Wigston
  + Blaby & Lutterworth



* Federated structure with greater level of delegated responsibilities to federated clusters who are semi-autonomous
* Maximum flexibility for clusters to advance their collaboration ambitions
* Supports clusters of GPs who share services
* Contract coordinators

**Impact of the new operating structure;**

|  |  |
| --- | --- |
| **Where are we now (From)** | **Where do we want to be? (To)** |
| Prime contractor | Prime contractor and provider contractor |
| Partner with low influence on Integrated Locality Teams (ILT)/ STP | Federation as enablers of ILT/ STP (active partnership engagement) |
| Loose Federation | More clustered Federation with central support |
| CCGs driving the agenda | Mutual shaping of place agenda/ strategic partners |
| Lack of clarity on Federation Purposes | (1) Voice, provider development/ Cluster Enabler |
| Lack of connection between CCG Board Members and Federation | Trusted ‘one team’ approach between CGG Board Members and Federation |
| Limited Offer to Members | More expansive offer to support GP resilience via Back Office Support Services etc. |

1. **Key relationships, roles and responsibilities**

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| --- | --- | --- |
| **Stakeholder** | **Lead** | **Relationship with ELR GP Federation** |
| CCG & Localities | B&L; SV, NC  O&W; LR, JW  M&R; GC, RB  Harb; AC, JW | * Establish joint strategy with the CCG Board * Establish mutual understanding between the Federation board members and CCG Board Members on how best they work together to support localities * Locality meetings to become collective meetings for the Federation, rather than for the CCG * Seek to establish a ELR GP Fed/CCG Managers ‘one team’ approach to support cluster development of GP practices within localities |
| Member Practices | All | * 1:1 visits to practices in your Locality to network and identify areas for further work – using the check list below. |
| LMC | NC (?) | * Establish a clear understanding of the mutual roles and responsibilities between LMC and ELR GP Federation. Develop a memorandum of understanding based on the following:  |  |  | | --- | --- | | **ELR GP federation** | **LMC** | | Focus on practice | Focus on individual | | Engagement | Representation | | Service Delivery | Challenge | |
| Planned Care | GC | * Maintain strong ELR GP Federation representation on the LLR PCL and its representation on the Alliance board * Via LLR PCL representation on Alliance board, seek to influence the health care system transformation agenda as it relates to primary care and integrated care in places/localities * LLR PCL scope is elective care not primary care development (next 4 years) * Longer term consider how LLR PCL might evolve to become the Umbrella Federation of Federations at the Alliance level |
| LPT/UHL/PH | LPT; ??  UHL; ??  LCC; ??  Rut C; RB | * Leicestershire Partnership Trust: ELR GP Federation Board member to take on lead role in coordinating LPT with Locality Clusters * University Hospital Leicester: ELR GP Federation Board member to take on a similar role as the one with LPT (see above) * Public Health (Leicestershire County Council) – replicate the arrangements with LPT and UHL |
| Education and training | AC | * Develop relationships with the University, HEEM and Training Hubs |
| Patients groups | ?? | * Patient Groups will be involved at locality Level |

**Locality / GP Practice Engagement checklist**

|  |  |
| --- | --- |
| **Areas** | **Engagement** |
| **Locality** | What works well in your local cluster?  What could be improved in your local cluster? |
| **Understanding your practice** | What are the three things in your Practice that you are proud of that you would like to share with others?  What are the top three challenges/issues concerning your Practice that keeps you awake at night? |
| **ELR GP Federation Supporting your practice** | What do you think are the top three development needs that the ELR Federation can assist you with?  What should the ELR GP Federation focus on that would have most benefit for your practice or your role? |
| **Supporting the ELR GP Federation through your cluster/practice** | Would you be willing to work with the ELR GP Federation to help create solutions to the areas identified above?  If so, what can you do to help the ELR GP Federation? |