

**ELR GP Federation Ltd**

**Chief Operating Officer Report – August 2017**

**The Work plan update is included in the pack as Paper C; this has been sent to the CCG.**

1. **PLT / CCG feedback and Federation funding**

**Following the last meeting JW met with Tim Sacks – the main points are listed below;**

* The CCG is concerned regarding progress but is committed to the Federation succeeding in supporting our members to thrive.
* The presentation at the PLT was well received - outlining our achievements and passion to make a difference.  We must now build on this.
* We will develop joint strategy with the CCG that clarifies the expectations for the Federation and the respective roles of the CCG and Federation - building on the work that we have done to date.
* A key role for the Federation must be as the facilitator / fixer - bringing practices together to develop new ways of working to enhance sustainability - as we are doing with the practices in Oadby/Wigston.  The transformation fund provides a one off opportunity to enable new ways of working and we need to be at the forefront of helping practices to come together to grasp this opportunity.
* To support this, a key priority is completing the 'tool kit' to provide practices with the 'how to' guides to work together (inter-operability, consent, patient registration, information/clinical governance, indemnity, contract, financial, comms issues etc).  I am working on this with Julia Cory from the City CCG.
* We need to establish a greater presence with our members and a 'louder voice'.  A key opportunity is the work that we are doing to make best use of the Locality meetings.
* We have been successful in being awarded contracts (CBS, winter access) and have developed a sub-contracting process with our members that works.  There will be further opportunities that we need to grasp.  A key opportunity is the urgent primary care / 7 day access service that we are working on.
* We set up a scheme with PSS to provide practices the opportunity to make the most of the £2pp to place pharmacists in practice.  This will have to be reviewed as part of the CCG's procurement exercise.  We will also progress the NHS E Pharmacists in practice scheme in conjunction with John Nicholls.
* We will work with the CCG on how we support demand management.
* We will provide a regular report to the CCG and produce a financial plan for future years.

JW has also met with Nick Glover and the main points from this discussion are summarized in appendix A.

**(b) Urgent Care**

* The timetable for procurement process is likely to be put back so that the new ‘extended primary care’ service would start in October 2018.
* RB/JW and Dan Marchovic held a follow up meetings with Vocare to discuss opportunities for joint working on the basis that they are the incumbent. RB/JW to review how we could potentially develop a bookable 6.30 to 8 service on a pilot basis.
* Vocare also stated that they are seeking to work with the Federation on an exclusive basis to prepare for the forthcoming tender for extended primary care.
* JW/GC are arranging a follow up session with DHU who are also seeking to work with the Federation on an exclusive basis to prepare for the forthcoming tender for extended primary care.
* **As such, the Board needs to determine its strategy for participating in the procurement process. This is an important opportunity for the Federation to work on behalf of its members with the potential of a useful income stream.**

**(c) Pharmacy Project**

The Federation continues to provide a service to two Oadby practices - via Prescribing Support Services - which is going well. However, following recent CCG guidance, we have now served notice on the contract with PSS which will come to an end on 31st October 2017.

The CCG will be undertaking a procurement process for PSS/MMS type services for organisations to join an accredited list. The new arrangements will commence on 1st November 2017.

**(d) 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. The deadline for the next phase of applications is 29th September 2017. I am working with John Nicholls to prepare an application on behalf of interested practices.

I have met with Soar Beyond who have been successful with two NHS England schemes **(see slides attached in the Board pack as paper D)**. They could assist with the bid. I will be discussing options with Rysz to determine the best way forward.

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

Continues to go well. 17 practices now signed up. Over £100K of savings have been identified.

**(f) Community Based Services**

Signed the contract in place and sub-contracting agreements with our 13 sub-contracting practices.

JW attended the first contract review meeting in July – **notes attached at Paper E** for information.

West Federations inter-practice referrals process for IUD/IUS/SDI services has been adapted and will be circulated for comment.

**(g) GP SIP**

The CCG has indicated that it would like the Federation to assist with this element but we still await confirmation regarding next steps.

**(h) Locality updates**

**Oadby & Wigston**; LR / JW will be meeting with Vivec on 14th July 2017. JW will seek to attend the ILT meetings.

JW continues to facilitate joint working between the Oadby Central and South Wigston practices as they work towards a new partnership.

**Blaby & Lutterworth**; JW met with Nick Glover to discuss how the Federation can best support practices. **Notes are attached at appendix A.**

**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. Two ILT meetings have taken place.

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

The LLR Blueprint for general practice lays out the vision for the development of General Practice over the next five years and supporting practices coming together to meet patients’ needs at scale.

I am working with Julia Cory, new Head of Primary Care for Leicester City CCG, to produce a guidance / tool kit document to assist practices who wish to work at scale. Three key steps;

1. Identify opportunities for practices to work together
2. Provide guidance and practical tools to enable practices to implement these joining working schemes
3. Promote the toolkit and fulfil the Federation’s facilitation role to support joint working and accessing Transformation Funding where it makes sense to do so.

**This is a key role for the Federation and also provides an opportunity to provide it with funding streams where it provides support to practices to come together – as in the case of South Wigston and Oadby Central.**

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

This scheme has now been concluded. The practice is now in a better position with two partners in place. The scheme’s financial summary is shown below.

|  |  |  |
| --- | --- | --- |
|  | **£** | **Comment** |
| **Scheme budget** | **£ 106,000.00** | £101,520 invoiced and paid to date. |
|  |  |  |
| **Costs** |  |  |
| Staffing costs @ 11th July 2017 | £ 97,288.95 | Per weekly activity report. |
| Fed admin @ 5% | £ 4,864.45 |  |
| **Total costs** | **£ 102,153.40** |  |
| **Surplus / deficit** | **£ 3,846.60** |  |

**(l) Buildings management offer**

We have developed a buildings management offer with the Estates Strategy Group. We have now met with Latham House who will be pursuing this.

**(m) Primary Care Exchange**

Primary Care Exchange provide the Locum exchange service that Anuj used whilst in Bristol. A presentation took place in July and JW will now prepare a paper / business case to progress this opportunity.

**(n) Insurance**

Working with Locktons on an insurance offer for consideration – no further update.

**(o) LLR PCL**

**H Pylori –** we have now advised all practices that the Federation has been offered a contract with LLR PCL to provide H Pylori breath tests in ELR based on a 5% administration fee. Approximately half have now indicated that they wish to sub-contract to the Federation. Existing AQP arrangements have been extended for a further two months and new arrangements will not start until September 2017 at the earliest.

**Diagnostic Hubs and Spokes –** JW is working with the Alliance to support the scheme to develop a proposal for diagnostic spokes in ELR. Questionnaires have been circulated to practices and many have now been returned.

**(p) Dispensing practices procurement**

Kibworth practice has approached the Federation to assist with procuring medicines on behalf of dispensing practices.

**(q) HR**

HR support is an area where a Federation wide approach could improve the level of service and cost effectiveness to practices. JW will be meeting with the LPT HR Director along with one of the Practice Managers to discuss what could be possible.

**(r) GP TeamNet**

A demonstration of this system is being arranged.

**Appendix A**

**JW meeting with Nick Glover – 24th July 2017**

* Describe how things could be better – what is the art of the possible- and the route map / guide to implementation*; eg, how to share acute access between practices*
* Produce a library of experience that practices can tap into
* Create the ‘how to guide’….tool kit – IT, contract etc
* How do we mobilise practices to actively consider changing ways of working
* Produce the enablers that help to move practices forward
* Offer a practical solution to go one step beyond - that meets STP / 5YFV requirements and clinical governance requirements….and releases the monies that go with it
* Signpost practices to where to look – with examples of good practice
* We are concerned about ‘x’ – do you have some examples / guidance of how to address this issue?
* The fixer – broker x to meet y etc
* Practice headaches;
  + Locum costs
  + Indemnity
  + Quality markers
  + Lack of capacity for chronic disease management
  + Access
  + Sustainability
  + Early warning system
  + Build resilience
  + Primary care quality - ?
  + Safeguarding protocols
* Quality – link with Carmel, Ann Scott to create a bank of good practice guidance
* ELR is a low user of planned care
* Demand management – internal peer review
  + Honest broker – ‘twinning mark 2’
  + Access the data
  + Look at the outliers
  + Peer review
  + Are they in PRISM

Nick’s points dovetail with Tim’s comments and our work plan.  There is s key theme that what would be most useful is for the Federation to develop a suite / library of options for how  practices could work more effectively together along with the tools and 'how to guides' to make these changes happen and then promote these actively and broker / facilitate practices coming together where it makes sense to do so.