**ELR GP Federation Ltd**

**Chief Operating Officer Report – November 2017**

**The Work plan update is included in the pack as Paper C.**

1. **Joint strategy with the CCG**

JW will draft a joint strategy that clarifies the expectations for the Federation, including as facilitator and ‘honest broker’ in supporting practices to work together to develop new ways of working, and the respective roles of the CCG and Federation - building on the work that we have done to date.

This is particularly important as the ELR primary care community develops its response to working in the emerging six locality groupings and developing their respective Locality Plans (see below). It is also important as the Federation’s CCG funding is due to cease at the end of March 2018.

A meeting is being arranged with Tim Sacks to progress this.

1. **Localities & transformation fund update**

* Angela Bright (COO West Leics CCG) conducted a review of the development of the Integrated Locality Teams across LLR. This is attached at **paper D** for information. Note the comments regarding the ELR GP Federation.
* The emerging six localities are at different stages of development but are all starting to develop plans for joint working between the practices and integrating more effectively with community, mental health and social care services in their respective areas.
* The CCG will be supporting this development of integrated place based services with the £800K transformation fund over the next 18 months (50p per patient in FY17/18 and £2/patient in FY18/19).
* Additional funding (5YGPFV monies) will also be made available to support the development of primary care – especially acute on the day ‘in hours’ provision for patients. This will be delivered through practices working together, where practical.
* Funding is also available for online consultation and care navigation / active signposting initiatives.
* Each locality will need to develop a **‘Locality Plan’** which will detail its approach to place based integrated services (primary, community & social care).
* These locality groups could ‘merge’ / dovetail with the ‘integrated locality teams’ to form one leadership forum in each area.
* The CCG plans to release resource to fund additional GP capacity to support this work. **The Federation could provide / manage this support?**
* The Federation has been asked by **all six** emerging localities to assist with the development of their joint working initiatives. I have been using the business plan template attached at **Paper E** to guide this work. Once the CCG Locality Plan template is issued we will adapt this accordingly.
* Guidance from the CCG relating to the transformation fund and Locality Plan templates will be released shortly. The Federation will review this guidance and develop a proposal for supporting the locality groups.
* The localities and their ideas / areas for joint working are outlined below;

**Oadby & Wigston** (Wigston Central, Bushloe, South Wigston, Central, Croft, Severn, Rosemead)

* Acute on the day access
* Determine which services to provide at locality, sub-locality and practice level
* Back office services

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

**North Blaby** (Kingsway, Glenfield, Limes. Forest House, Enderby)

* Reduce the demand on GP
* Open up longer GP appointments for complex patients
* MSK, mental health practitioners
* Urgent care service
* Visiting service
* Closer working with LPT & Blaby Council
* Back office / admin services

**South Blaby & Lutterworth** (Northfield, Wycliffe, Masharani, Hazelmere, Countesthorpe)

* Patient portal
* Closer working with LPT & local councils
* Standardised protocols / consistency of approach

**SLAM** (Melton, County, Jubilee, Long Clawson)

* Develop practice commitment to the new locality structure
* Closer working with district councils
* MSK triage and treatment service
* Health & welfare coordinators
* 24 hour BP and ambulatory ECG services
* Inter-practice referrals for lumps, bumps, IUD/S, GPSI services
* Back office support

**Rutland** (Uppingham, Oakham, Market Overton & Somerby, Empingham)

* Primary care home
* Wellbeing advisors
* Self care app (Vitrucare)

**Harborough** (Billesdon, Kibworth, Two Shires, Husbands Bosworth, Market Harborough)

* Back office
* Ultrasound
* Integration with District Nurses
* Chronic disease nurses
* Nursing home support
* Pharmacists
* Patient education
* PPG

1. **LLR STP GP Five Year Forward View Programme Board & tool kit**

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

RB / JW sit on this Board. In conjunction with Julia Cory (Leicester City CCG), we have developed a draft guidance / tool kit document to assist practices who wish to work at scale. This has been well received by the Programme Board and is being circulated for comment. The plan is to ‘road test’ the guidance with a few practices prior to a wider launch.

In ELR this guidance will support the development of joint working in the emerging six locality areas. This work will also identify where there are gaps in the guidance and we will update the tool kit accordingly.

1. **LLR STP GP LPT** - RB/JW met with Peter Miller (CEO) and Rachel Bilsborough (Director) on 11th September. This was a positive first meeting. The focus was on how we could collaborate to improve integrated working between primary, community and mental health services in the localities across ELR. The Federation should play a role in supporting this as the six localities evolve.
2. **Urgent Care / extended primary care**

* Paula Vaughan updated the Board on the plans for extended primary care at the last meeting.
* The timetable for the procurement process is likely to result in the new ‘extended primary care’ service would starting in October 2018.
* Vocare has been acquired by Totally Plc, an out-of-hospital care provider, who will use this acquisition to develop their presence in the urgent care sector. RB has contacted Vocare since this announcement and they remain keen to work with the Federation on the forthcoming tender process and note that their commercial position is strengthened by becoming part of a larger organization. Announcement at **Paper F** for information.
* GC/JW will be meeting with DHU on 17th November 2017, who remain keen to work with the Federation on an ‘exclusive basis’
* Latham House have expressed an interest in utilizing their building to provide the ‘out of hours’ element.
* **The Board needs to determine its strategy for participating in the procurement process.**

1. **Winter Access scheme –** no further update.
2. **Pharmacy Project -** The Federation’s arrangement with PSS on behalf of two Oadby practices ended on 31st October 2017. The CCG has completed a procurement process for third party pharmacy support organisations to join an accredited list. The new arrangements commenced on 1st November 2017.
3. **NHS England; Clinical pharmacists in general practice Project –** The application for 1 senior pharmacist and 2 pharmacists to support 11 practices (93,000) was submitted on 29th September 2017. Update;

* NHS E asked us to adjust the application to 3 pharmacists. We did this on the basis that the senior support would be provided from Soar Beyond and/or a neighbouring scheme.
* This will have a cost that we are working through with Soar Beyond.
* The plan is to dovetail the 3 NHS E pharmacists with the approx. 3 that are funded by the ELR CCG scheme.
* Soar Beyond are not on the CCG accredited list at the moment – which will make the melding of the two schemes more challenging. This Soar Beyond cost will increase if they do not employ all 6 pharmacists. The implications are being worked through.

1. **Community Based Services and inter-practice referral process**.

JW/HP attended the Q2 contract review meeting on 3rd November 2017. Key points;

* Overall happy with performance
* Asked the Federation to follow up on areas of variation
* General reduction in IUD/S fittings and asked if we knew why?
* Encourage the use of the Quest browser (TCR software), which will become mandatory

The inter-practice referrals process for IUD/IUS/SDI services has been adapted has been circulated for comment. Attached for information and comment at **Papers H & I.**

1. **Correspondence management -** the Federation successfully applied on behalf of seven practices. The ‘expression of interest’ is included for information at **Paper J.**
2. **Active signposting –** opportunity for the Federation to support this. JW to follow up.
3. **Demand Management**

The CCG has confirmed that it would like the Federation to support demand management in ELR.

JW attended the first CCG Demand Management Working Group meeting on 7th November 2017. The proposed implementation plan is attached at **Paper K.**

1. **Buildings management offer**

We have developed a buildings management offer with the Estates Strategy Group. Latham House piloted the Beacon assessment tool in October 2017. They report that the assessment was helpful. Once we have the full report, we will determine the best approach to offering this wider.

The idea remains that a Federation wide buildings management service should be more effective in both cost and quality terms than practices all having separate arrangements.

1. **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.
2. **Service contracts**

* **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. Existing AQP arrangements have been extended and we await further guidance. JW/GC will pursue with the CCG.
* **Diagnostic Hubs and Spokes –** GC/JW to pursue options to develop ECG service in primary care.
* **Other contracts** – JW to follow up with CCG.

1. **Dispensing practices procurement –** No update. RB/JW to progress.
2. **Flu vaccines** – Meeting held with Sanofi Pasteur.
3. **HR -** HR support is an area where a Federation wide approach could improve the level of service and cost effectiveness to practices. JW met with the LPT HR Director along with one of the Practice Managers in August and we will scope out an indicative specification and cost for consideration.
4. **GP TeamNet -** A demonstration of this system has been held. This is an option for sharing of information / policies between practices. The PM Forum has asked if the Federation could support the development of a system to share information.
5. **Cleaning** – JW to follow this up.
6. **System migration** – Billesdon have asked if the Federation could provide support.
7. **Nurse training** – Ann Scott (CCG) has asked the Federation to consider how it could support nurse training.