**ELR GP Federation Ltd**

**Chief Operating Officer Report – January 2018**

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

1. **Joint strategy and funding for FY18/19**

Tim Sacks has confirmed that the CCG will pay the balance of the £350K that it committed to the Federation in FY18/19. However, the CCG will not pay the additional £15.5K that was discussed at the meeting on 8th December 2017. We await confirmation on the demand management funding @ 10 pence per patient. The updated financial forecast for FY18/19 is outlined in table 1 below.

**Table 1 – Income and expenditure forecast for FY2018/19**



The CCG has asked that we provide an update on Federation’s strategy and plans in February 2018 to assist with the case for on-going funding. The strategy document has been updated – attached at **Paper D** – for submission to the PCCC.

1. **Localities & transformation fund update**

* The CCG released the guidance and template for application to the transformation fund in December 2017. The Federation is working with the six locality groups to develop their bids for transformational joint working projects; **this is a considerable commitment at the moment but a key area for the Federation to facilitate.**
* Additional funding (5YGPFV monies) will be made available to support the development of acute on the day ‘in hours’ provision for patients in April 2019 @ £6/patient. Some locality hubs are considering transformation projects that could link with this on-going funding stream.
* The Localities also need to consider joint working arrangements with LPT, social services, local councils and third sector, as appropriate – as they are likely to merge with the Integrated Locality Teams in FY18/19.

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

The draft guidance / tool kit document to assist practices who wish to work at scale has yet to be ‘road tested’ with a few practices prior to a wider launch. However, it is being used in some of the work that we are doing with practices in ELR.

1. **Urgent Care / extended primary care**

* The timetable for the procurement process will result in a new contract to start in April 2019.
* Follow-up conversations now need to take place with DHU and Vocare.
* The Federation Board will need to determine its strategy once further information is known.

1. **Winter Access scheme**

* The Federation has been commissioned to provide 5,100 additional urgent, bookable appointments over an 8 week period.
* The budget is @ £71K + Federation admin fee.
* 28 practices have indicated their intention to take part in the scheme, which will provide a better coverage than last year when only 2/3rds of practices took part.

1. **NHS England; Clinical pharmacists in general practice Project**

* NHS E have confirmed that the Federation’s application was successful and forwarded contract information.
* Application for 11 practices (93,000).
* At NHS E’s request, we adjusted the application to 3 pharmacists, the basis that that the senior support would be provided from Soar Beyond (SB) and/or a neighbouring scheme but this will have a cost.
* The plan is to dovetail the 3 NHS E pharmacists with the approx. 3 that are funded by the ELR CCG scheme.
* SB are not on the CCG accredited list and the CCG have advised that they will not re-open the application window. Consequently, SB are unable to employ ELR CCG funded pharmacists which will make the melding of the two schemes more challenging.
* We have approached Prescribing Support Services (PSS) who would be able to ‘step in’. PSS delivered the Federation scheme until October 2017 and are an accredited ELR CCG supplier.
* Rysz and I have considered the four options outlined below and, in light of the CCG confirmation that they will not re-open the application window, have decided to proceed on the basis of Option D.

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

* The next contract meeting with LCC will take place on 25th January 2018. Key points raised at the November contract meeting, include;
* Why has there been a general reduction in IUD/S fittings
* Encourage the use of the Quest browser (TCR software), which will become mandatory
* We have received notification that the contract will be extended for a further year.
* We will ensure that practices provide up to date evidence of their clinical indemnity arrangements in line with the sub-contracting agreement.
* We will also request audit information from our sub-contracting practices for the Board to review.

We have agreed with Bushloe and Wigston Central surgeries to trial the inter-practice referrals process for IUD/IUS/SDI services. Once they have tested the process and we have incorporated any learning, we will establish the process in each of the Localities, as appropriate.

1. **Correspondence management**

* We have received a start date for March 2018.
* LMC Law have reviewed the contract; we will propose amendments accordingly.
* West Leicestershire CCG have confirmed that it is acceptable for the funding to run into FY18/19.

1. **Active signposting –**

* I followed this up with NHS England. A third of practices are part of the first wave. There is an opportunity for the remaining practices to be part of the next wave in March 2018.

1. **Demand Management**

* The Federation is supporting this and will be facilitating the peer review sessions at the Locality meetings in January 2018.
* The peer review process will be reviewed and updated for March and the new financial year.
* The Federation proposal / implementation plan is attached at **Paper E** for information.
* Consideration needs to be given to Board members assisting with future facilitation.

1. **Diabetes nurse specialists –**

* Scheme to provide DSN support to 29 LLR practices identified with needing assistance with diabetes management.
* This is NHS E funding that West Leics CCG are hosting @ approx. £80K.
* We are working with Latham House and WL CCG to agree the details.
* Carmel O’Brien’s team (ELR CCG) are assisting with designing and implementing a clinical governance process to assure this scheme.

1. **Buildings management offer**

* We are working with the Estates Strategy Group to develop a buildings management offer for Latham House in the first instance.
* Once we have tested this with LH, we will determine the best approach to offering this wider.

1. **Primary Care Exchange –** JW to follow up.
2. **Service contracts –** JW/GC to follow up H Pylori, ECG, Phlemotomy contract options.
3. **Dispensing practices procurement –** No update. RB/JW to progress.
4. **HR -** JW to follow up.
5. **GP TeamNet -** 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. JW to follow up.
6. **Cleaning** – JW to follow this up.
7. **Board and corporate governance issues**

* The process of filing our annual return highlighted that two of the shareholders have left;
  + Dr Pemberton; Latham House
  + Dr Gordon; Kingsway
* We are administrating the formal process to remove these shareholders and institute their replacements.
* Following the recent ballot, Kirsty Whawell has been elected as the Board member for the Harborough Locality.