**ELR GP Federation Ltd**

**Chief Operating Officer Report – February 2018**

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

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

Following JW’s presentation to the PCCC on 6th February 2018 (PCCC paper attached at **paper D**), Tim Sacks has confirmed that the ELR CCG Governing Body has approved that the CCG will pay the balance of the £350K that it committed to the Federation in FY18/19.

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**



1. **Localities & transformation fund update**

JW has been working with the six Localities to develop their transformation applications. An overview of the areas that the Localities are considering to develop are listed below.

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

* Transform and re-design the way that they make use of para-medical staff to improve access for patients and reduce the demands on GPs, thereby releasing GP time to focus on the needs of their patients with complex needs.
* Transform the approach to Acute on the Day access for patients in Oadby and Wigston, respectively
* Two practices (South Wigston and Oadby Central) are developing a new partnership to realise the benefits of providing primary care at greater scale and improving their sustainability.
* Collaborate with the Oadby & Wigston Council, LPT, Social Care and Voluntary Sector teams to develop the integrated primary and community care offer for the Oadby & Wigston residents and ensure that its ‘community assets’ are effectively used through social prescribing.

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

* Transform and re-design the way that they make use of para-medical staff to improve access for patients and reduce the demands on GPs, thereby releasing GP time to focus on the needs of their patients with complex needs.
* Investigate the potential of developing a Locality Visiting Service to meet the needs of housebound patients who do not meet the LLR Acute Visiting Service criteria.
* Collaborate with the Blaby District Council, LPT, Social Care and Voluntary Sector teams to ensure that the primary and community care offer to the North Blaby residents is streamlined and integrated and that our ‘community assets’ are effectively used through social prescribing.

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

* Sharing of specialist skills /staff between practices –
* Transform the approach to Acute on the Day access for patients in South Blaby and Lutterworth, respectively
* Develop a collaborative approach to harness web, digital and social channels to improve its communications and engagement with patients and the wider community.
* Collaborate with Blaby District and Harborough Councils, LPT, Social Care and Voluntary Sector teams to develop a Locality Plan to deliver an integrated primary and community care offer for the South Blaby & Lutterworth residents and ensure that its ‘community assets’ are effectively used through social prescribing.
* MDT meetings using Skype to link with community (including Macmillan nurses) and social services.

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

* Digital / Intranet for information / policy sharing
* Patient comms
* Reduce duplication
* Electronic triaging
* Joint buildings maintenance service
* Inter-practice referrals for coils / minor surgery
* Dementia MDT
* Document management

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

* Primary care home implementation
* Integrated nursing team
* Integrated therapy service, incl mental health
* Shared policies / templates
* Care homes – enhanced care
* Diagnostics
* MSK integration
* Talent pool
* Vitrucare app to enable holistic consultation
* Social prescribing
* Estates management

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

* Collaborate with Harborough Council, LPT, Social Care and Voluntary Sector teams to develop an integrated prevention services offer for the Harborough residents and ensure that its ‘community assets’ are effectively used through social prescribing.
* Develop the approach to acute on the day access, including;
  + using para-medical staff
  + reviewing use of buildings
  + home visiting service
  + Locality triage service
* Policy / information sharing – GPTeamNet

There are a number of ways that the Federation could support the implementation of these transformation fund projects;

1. Administrate the transformation fund on behalf of the Localities, depending on the scheme.
2. Employ para-medical staff on behalf of the Localities
3. Provide project management support

**The Board needs to consider / approve that the Federation supports the Localities in this way and the basis on which this is done.**

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

* The timetable for the procurement process will result in a new contract to start in April 2019.
* KW attended a DHU/4 Fed Joint Venture meeting on 20th February 2018 and will provide a verbal update at the meeting.
* The Federation Board will need to determine its strategy once further information is known.

1. **Winter Access scheme –** update attached at **appendix A.**
2. **NHS England; Clinical pharmacists in general practice Project –** JW to progress the option of using Prescribing Support Services to support the implementation of this project.
3. **Community Based Services and inter-practice referral process**

* Notes of the performance review meeting that took place on 25th January 2018 are attached at **paper E.**
* LCC will conduct a quality review of Latham House – template at **Appendix B**.
* Bushloe / Wigston are starting inter-practice referral for IUD/IUS/SDI services

1. **Correspondence management**

* Start date @ 6th March 2018.
* Contract almost finalized. Final issue relating to confining indemnity to the actions of the Federation, rather than all practices. The alternative is that we put a sub-contract in place with the practices to provide a suitable indemnity.

1. **Demand Management**

* The Federation facilitated the peer review sessions at the Locality meetings in January 2018.
* Report is being drafted.
* The peer review process will be reviewed and updated for March and the new financial year.
* Review meeting with CCG on 2nd March 2018.
* Awaiting confirmation of funding @ 10p/patient for FY18/19.

1. **Diabetes nurse specialists –**

* Scheme to provide DSN support to 29 LLR practices identified with needing assistance with diabetes management. Budget @ approx. £80K for FY18/19.
* Implementing with Latham House, with support from Diabetes Centre (Laura Willcocks)
* Anne Scott (ELR CCG) is assisting with implementing a clinical governance process to assure this scheme.

1. **Buildings management offer**

* Estates Strategy Group have drafted a buildings management offer. Latham House are considering this.

1. **Rutland Patient App project (VitruCare)**

* Contract agreed with Dynamic Health Systems Services
* Funding agreement with RCC is in its final draft. RCC require a clause that requires funding to be returned, if practices do not participate in the scheme and we are finding an appropriate mechanism to deal with this unlikely scenario.
* Workshop held on 20th February – all practices confirmed their commitment to the project.

1. **GP TeamNet -** This is an option being explored by the Harborough Locality.
2. **Primary Care Exchange –** JW to follow up.
3. **Service contracts –** JW/GC to follow up H Pylori, ECG, Phlemotomy contract options.

**Additional Winter Capacity scheme – update @ 21st February 2018**



**Appendix B**

**Community Based Services Quality Assessment – Required Documents and Records**

General Requirements – please provide copies of the documents below

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| **Required Insurance** |
| Public Liability not less than £10 million per claim |
| Employers Liability not less than £10 million |
| Professional Indemnity not less than £2 million per claim |
| Quality Assurance Framework (including audit cycle) |
| Safeguarding children and vulnerable adults policies and procedures (including Whistle Blowing Policies) |
| Equality, Diversity and Human Rights Policies. |
| Health and Safety Policies |
| Complaints/Compliments Policy |
| Data protection and confidentiality |
| Business Continuity Plan |

Health Checks –

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| --- | --- |
| **Standard** | **Required Evidence** |
| Staff are working towards NHS Health Check competency framework | List of staff delivering the service and staff training records |
| Equipment used is accurate | List of equipment used and Records of calibration checks |
| Only approved leaflets are handed out | Sample of leaflets given during health check |
| Staff hold membership of professional body | List of staff delivering the service and staff training records |
| Checks carried out (e.g. BP, cholesterol etc) | Sample of 5 patient records including 3 identified as high risk from check. Sample from this year. |
| Eligibility for service | Sample of 5 patient records including 3 identified as high risk from check. Sample from this year. |
| Follow up action | Sample of 5 patient records including 3 identified as high risk from check. Sample from this year. |

Alcohol Risk Reduction Scheme –

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| **Standard** | **Required Evidence** |
| Staff have completed E-Learning | List of staff delivering the service and staff training records |
| Results are recorded in patient records | Sample of 5 patient records including 3 that received the brief intervention. Records from this year. |
| 6 month follow up takes place where appropriate | Sample of 3 patient records where patient received a follow up. Samples from this year |
| There is adequate clinical supervision | Staff structure |
| Intervention and advice is correctly provided | Sample of 5 patient records including 3 that received the brief intervention. Records from this year. |
| Referral to specialist service when score over 20 | Sample of 2 patient records where referred on. Records from this year. |
| Staff hold membership of professional body | List of staff delivering the service and staff training records |

IUD/SDI Fitting –

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| --- | --- |
| **Standard** | **Required Evidence** |
| Range of options and advice given orally and in writing | All patient IUD records for Q3 and 5 implant records |
| Provide fitting of devices licensed for use in the UK | Purchase record showing type of devices used |
| Maintain an up to date register of patients fitted with devices, including batch numbers, expiry date and name of fitter | All patient IUD records for Q3 and 5 implant records |
| Appropriate equipment is available for use in the procedure | Please list equipment available in procedure room |
| Undertake a clinical history, including a sexual history of all to ensure most appropriate form of contraception advised | All patient IUD records for Q3 and 5 implant records |
| Health Care Professionals must have regular appraisals | List of staff delivering the service and records of appraisals |
| Undertake risk assessment and offer chlamydia screening to 15-24 year olds | All patient IUD records for Q3 and 5 implant records |
| Health Care Professionals must hold membership of professional body | Staff records |
| Health Care Professionals must hold local authority certification or faculty letter of competence | Staff records |