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**EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE MEETING**

Front Sheet

REPORT TITLE:	ELR GP Federation strategy update
MEETING DATE:	6 February 2018
REPORT BY:	James Watkins, Chief Operating Officer, ELR GP Federation
SPONSORED BY:	Tim Sacks, Chief Operating Officer Rysz Bietzk, Chair, MRH Locality
PRESENTER:	Dr Nainesh Chotai, ELR GP Federation Board Director James Watkins, Chief Operating Officer

PURPOSE OF THE REPORT:
<p>The purpose of this report is to provide the Primary Care Commissioning Committee with progress update in relation to the ELR GP Federation strategy, which outlines:</p> <ul style="list-style-type: none">(a) The context within which the Federation is operating to support member practices;(b) Progress over the last 16 months in playing a key role as a 'change agent'; enabling and facilitating joint working, innovation and transformation between practices. Business development activity has secured income streams on behalf of its member practices at more than £1m over the period FY2016/17 to FY2019/20 and identified savings of more than £300k for the three year period April 2016 to March 2019 through its purchasing scheme.(c) Plans to support practices in its four strategic priority areas; in particular supporting the development of the emerging 6 Localities.<ul style="list-style-type: none">• Local service delivery & business development• Resilience and sustainability• Transformation and innovation• Effective voice(d) Funding update and proposal for FY18/19, which effectively spreads the original commitment to provide £350K to support the Federation's development into FY 2018/19. <p>Supporting documents:</p> <ul style="list-style-type: none">• Appendix 1 – Presentational Slides – ELR GP Federation Update• Appendix 2 – ELR GP Federation Strategy 2017 - 2020• Appendix 3 – ELR GP Federation Workplan update

RECOMMENDATIONS:
<p>The ELR CCG Primary Care Commissioning Committee is requested to:</p> <ul style="list-style-type: none"> • RECEIVE for information; • APPROVE the funding proposal for FY 2018/19

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2017 – 2018:			
Transform services and enhance quality of life for people with long-term conditions	X	Improve integration of local services between health and social care; and between acute and primary/community care.	X
Improve the quality of care – clinical effectiveness, safety and patient experience		Listening to our patients and public – acting on what patients and the public tell us.	
Reduce inequalities in access to healthcare		Living within our means using public money effectively	X
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).			

EQUALITY ANALYSIS
An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report at this stage.

Appendix 1

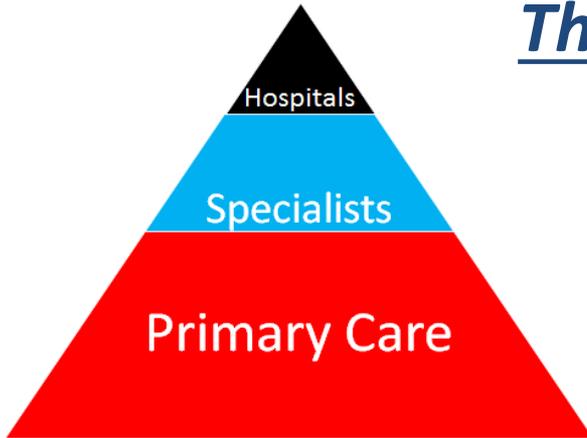


ELR GP Federation

PCCC update

February 2018

The Five Year Forward View Challenge



Out of hospital

Integration - engage
communities -
manage networks



$$\text{Patient Value} = \frac{\text{Health Outcomes}}{\text{Cost}}$$

New models &
pathways -
MCPs / Federations

Prevention

Empower patients



Context

- Primary care sustainability
- Demographics - increasing complexity
- Workforce
- LLR Blueprint for General Practice
- Locality development
- Transformation Fund
- New models

'New Models' of working

Multi-specialty Community Providers (MCPs)

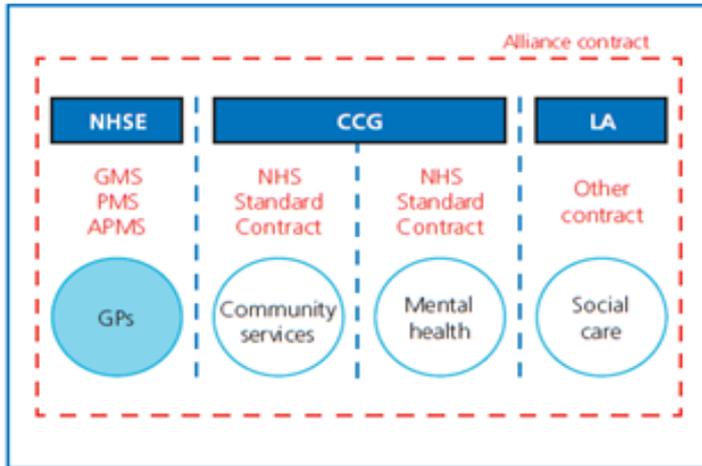


Figure 3 - The 'virtual' MCP

'General Practice at scale'

- Collaborations / hubs
- Mergers (soft / hard)
- 'Super-practices'
- Federations
- Vertical integration

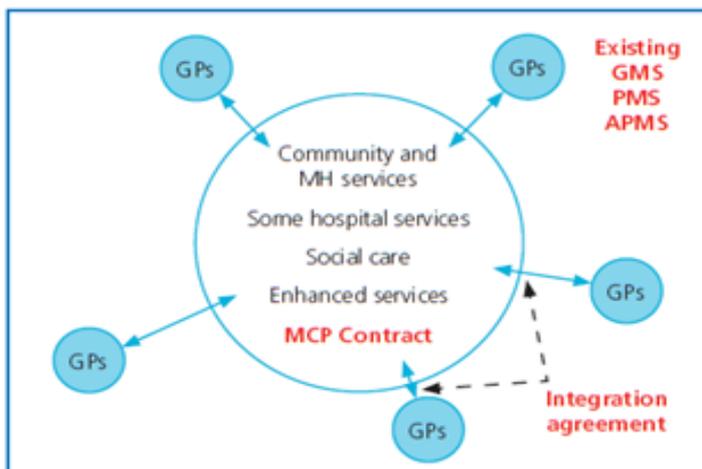


Figure 4 - The 'partially-integrated' MCP

Primary Care Home

- 30-50,000
- Integrated working
- Personalisation of care
- Align drivers / incentives

Our Federation

“To champion through GPs and their practices, investment and delivery of healthcare services at scale for patients across East Leicestershire and Rutland”

Enabling and facilitating joint working and innovation.....



.....to address the sustainability and resilience challenges

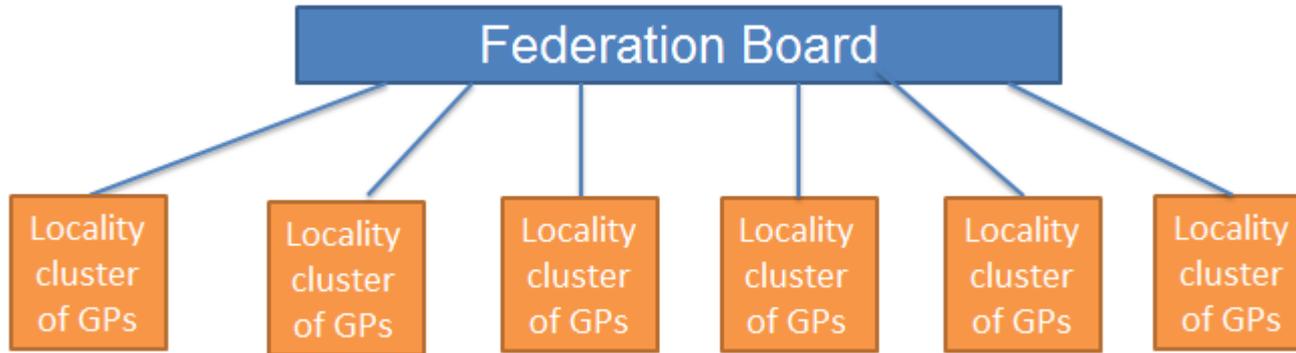
Federation purpose

- ✓ Facilitate & enable – ‘honest broker’
- ✓ Transformation & innovation
 - Locality development
- ✓ Resilience & sustainability – joint working / scale
- ✓ Local service delivery / business development
- ✓ Effective Voice

Federated working

- Large, diverse patch = ‘one size doesn’t fit all’
- Scale – dependent on the ‘problem’ that you are trying to solve;
 - Practice level
 - Local collaboration
 - Locality level
 - ELR wide

Federation operating structure



Louise Ryan (O&W)



Rysz Bietzk (MRH & Chair)



Gareth Chidlow (MRH)



Simon Vincent (B&L)



Kirsty Whawell (MRH)



Nainesh Chotai (B&L)

Service delivery

- ✓ >£1M over 4 years
- ✓ Additional winter capacity
- ✓ Community based services
 - Sub-contracting
- ✓ Inter-practice referral
- ✓ Diabetes Specialist Nurses
- ✓ LLR PCL- AQP services (H Pylori)
- ✓ Urgent care
- ✓ Demand management

Resilience

- ✓ Facilitate joint / partnership working
- ✓ Practice support
- ✓ Purchase Direct (> £300K over 3 years)
- ✓ Pharmacists (Prescribing Support Services)
- ✓ NHS England pharmacists in practice
- ✓ Buildings management
- ✓ Locums – (Primary Care Exchange)
- ✓ Back office; indemnity, HR, CQC, policies

Transformation & innovation

- ✓ Locality development
- ✓ Integrated Locality Teams
- ✓ Transformation Fund
- ✓ GPFV Programme Board
- ✓ Tools to support joint working
- ✓ Correspondence management
- ✓ Rutland 'patient app' project
- ✓ Midlands network

James.watkins@elrgpfed.co.uk | Log In | (1,137 unread) - jcwatkins | Home page - ELR GP Feder...

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ELR GP Federation

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Our mission
 "To champion through GPs and their practices, investment and delivery of healthcare services at scale for patients across East Leicestershire and Rutland"

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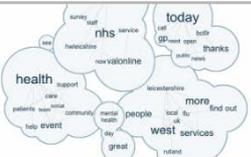
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New ways to keep you in touch



The healthcare news ticker
 Here – as a free service from ELR GP Federation – is all the breaking national news happening right now from across the healthcare and GP world

[Click here to see the latest live national health news »](#)



Window on the World – Leicester, Leicestershire and Rutland Health
 Bringing together live social media feeds from across Leicester, Leicestershire and Rutland

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Talk to us – we're listening!
 We take listening very seriously. Whether it's something good or not so good you want to say to us.

[Click here to talk to us and give us your views »](#)

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Social Media

ELR GP Federation

ELR GP Federation @ELRGPFED
 1 week ago
 The Chief Medical Officer is urging all NHS staff to...

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Funding

ELR GP Federation - summary income and expenditure

Income	16/17	17/18	18/19	Total	Comment
CCG	£ 98,923	£ 131,250	£ 119,827	£ 350,000	Includes 75p per patient from Transformation Fund
CBS net income		£ 10,664	£ 9,900	£ 20,564	LCC contract
Winter scheme net income	£ 3,945	£ 3,750	£ 3,750	£ 11,445	18/19 - assumption that the scheme will run
Demand management			£ 33,000	£ 33,000	10p per patient
Other	£ 3,626	£ 5,907	£ 6,500	£ 16,033	18/19 - estimate
Total	£ 106,494	£ 151,570	£ 172,977	£ 431,041	
Expenses	£ 101,797	£ 150,111	£ 175,060	£ 426,968	
Surplus / deficit	£ 4,697	£ 1,459	-£ 2,083	£ 4,073	

Summary

- 16 months of progress
- Enabling & facilitating transformation
- Joint working & innovation
- Locality focus
- Service development
- Funding

Your Federation;

Enabling and facilitating joint working and innovation

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Appendix 2



ELR GP Federation Strategy 2017 - 2020

Update for Primary Care Commissioning Committee

January 2018

“Championing through GPs and their practices, investment and delivery of healthcare services at scale for patients across East Leicestershire and Rutland”

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1. Executive Summary

Rapidly rising pressure on general practice services is set to continue and escalate as the ageing population lives longer with more complex needs. The LLR Blueprint for General Practice sets out a 5 year vision where General Practice with registered lists is at the heart of a comprehensive service to patients that caters for their differential needs according to condition and complexity.

To achieve this practices will come together either formally or informally to meet patients' needs at scale. By working together practices will deliver improved efficiency and make more effective use of existing resources to ensure that practices are sustainable in the long term. The ELR GP Federation will be at the heart of delivering a new model of sustainable General Practice.

It is against this background that the six locality hubs are emerging in ELR with GP Practices coming together to explore how they could work together more effectively and provide more care locally; engaging with ELR GP Federation to support and facilitate this work, using the newly developed toolkit, where useful. The CCG is supporting this work through the Transformation Fund.

The Federation's mission, vision and values echo the LLR Blueprint for General Practice document and specifically support the development of the Locality Hubs to create sustainable primary care services across the ELR CCG area. It is also a key player & partner in shaping place based integrated working in developing an accountable care system.

Since the autumn of 2016 the Federation has made significant progress across a range of areas, playing a key role in acting as a **'change agent'; enabling and facilitating** joint working, innovation and transformation between practices where it makes sense to do so to address the sustainability and resilience challenges that its members face. This has included securing income streams on behalf of its member practices @ >£1M over the period FY16/17 to FY19/20 and identifying savings @ >£300K for the three year period April 2016 to March 2019 through its purchasing scheme.

The federation has four strategic priority areas;

- a) **Local service delivery & business development** - facilitating the delivery of more services locally by expanding non-core primary care services to make them more accessible to our patients, bidding collectively and / or holding contracts where it is helpful to do so
- b) **Resilience and sustainability in primary healthcare** - working with our GP members to improve the way that services are delivered to address the pressures currently faced in the local health care system, providing clinical and back office services at scale where it is helpful to do so
- c) **Transformation and Innovation** - advancing the ambitions set out in the LLR Blueprint for General Practice to improve the way that services are delivered to address the challenges that primary care is currently facing
- d) **Effective voice** - for our members across ELR when engaging with CCGs, Trusts, social care, and the voluntary sector

The Federation has funding secured for FY18/19. During 2018 the Federation will identify funding streams to secure its operation beyond April 2019.

2. Introduction

This strategy document has been prepared to;

- Provide an overview of the joint approach that ELR CCG and ELR GP Federation are taking to support our 31 GP Practices to address the sustainability challenges that they face;
- Outline the role of the GP Federation in developing and supporting partnership between practices, working to fully realise the benefits of working at scale across its member practices;
- Outline ELR GP Federation's strategic priorities, work plan and financial resources to deliver this agenda.

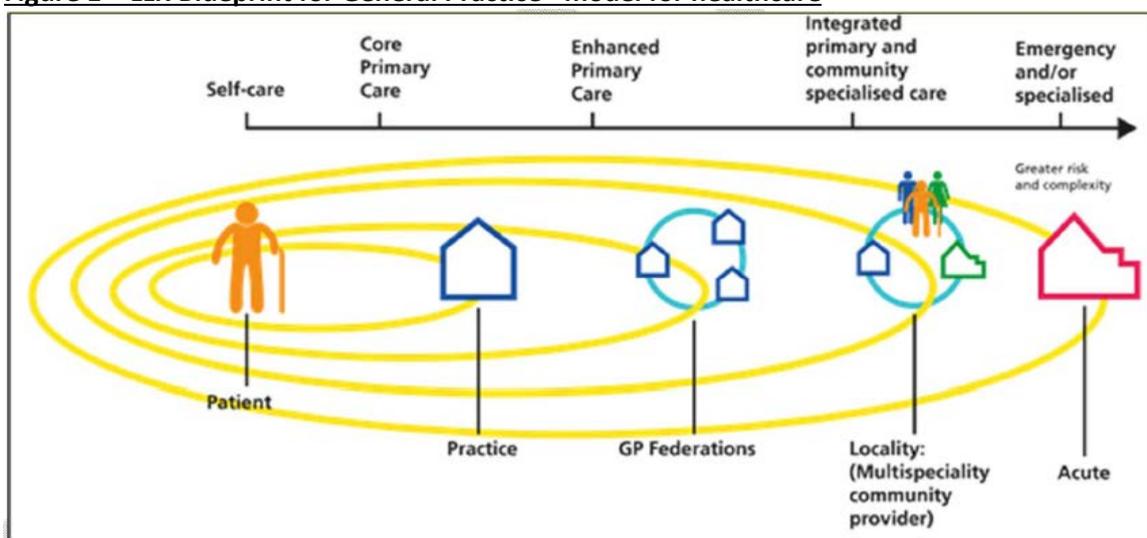
3. Background and context

The LLR Blueprint for General Practice sets out a 5 year vision where General Practice with registered lists is at the heart of a comprehensive service to patients that caters for their differential needs according to condition and complexity.

To achieve this practices will come together either formally or informally to meet patients' needs at scale. By working together practices will deliver improved efficiency and make more effective use of existing resources to ensure that practices are sustainable in the long term. The ELR GP Federation will be at the heart of delivering a new model of sustainable General Practice.

By working together more effectively, practices will be able to contribute to the provision of place-based integrated community and primary care in line with the model outlined in the Blueprint for General Practice as illustrated in the model below.

Figure 1 – LLR Blueprint for General Practice - model for healthcare



It is against this background that the six locality hubs are emerging in ELR with GP Practices coming together to explore how they could work together more effectively and provide more care locally; engaging with ELR GP Federation to support and facilitate this work.

All 31 practices face sustainability challenges, as they seek to provide excellent NHS primary care services for their communities in an increasingly difficult operating environment. The practices are therefore working pro-actively together to find new ways of working that will make them stronger together.

4. Partnership working

The emerging six locality hubs (listed below) 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 Federation is playing a key role in supporting and facilitating this work.

- a. **Oadby & Wigston** (Wigston Central, Bushloe, South Wigston, Central, Croft, Severn, Rosemead)
- b. **North Blaby** (Kingsway, Glenfield, Limes. Forest House, Enderby, Narborough)
- c. **South Blaby & Lutterworth** (Northfield, Wycliffe, Masharani, Hazelmere, Countesthorpe)
- d. **SLAM** (Melton, County, Jubilee, Long Clawson)
- e. **Rutland** (Uppingham, Oakham, Market Overton & Somerby, Empingham)
- f. **Harborough** (Billesdon, Kibworth, Two Shires, Husbands Bosworth, Market Harborough)

To address the challenges that the practices face, the hubs have a number of joint working options;

- a) Informal networking and joint hub working
- b) Joint working through a contract mechanism
- c) Vertical integration with an NHS Trust
- d) 'Soft merger' of the practices
- e) 'Hard merger' of the practices

The practices have decided to form informal networks and joint working hubs to help address the challenges that they face.

These Hubs represent between 35,000 to 60,000 patients and therefore are ideal sizes to develop the benefits of the home first place based holistic care model through integrated working with community and social care services. The intention is for these Locality structures to support integrated locality working as part of an emerging accountable care system approach within the LLR STP.

The **key benefits** of developing Partnership Hub working include;

- Greater sustainability; securing the services for patients in the respective geographies.
- Potential to offer a wider range of services and greater specialization.
- Benefit of sharing staff and expertise and building the MDT.
- Ability to create more attractive, flexible and diverse career, training and employment options and greater flexibility in succession planning.
- Potential to standardise administration processes and improve the efficiency and skills of the workforce.
- Ability to respond to the challenges arising from the Blueprint for General Practice and look towards developing new models of care to provide closer integration between community and primary healthcare providers.
- Potential to streamline back office support functions to gain the benefits of greater economies of scale, including; HR, quality, health & safety, finance, IT and comms.

- Create a larger organisation that has more influence in the local healthcare economy and can take on additional services, including out of hospital care, joint ventures with other GP or NHS organisations.
- Create a more secure platform to support extended primary care, improving in-hours access to general practice and out of hours working, as appropriate.
- Develop and pilot new ways of working that respond to new models of primary care outlined in the Blueprint for General Practice.

The **key risks** of Hub working and the mitigating measures are outlined in the risk analysis below.

	Risk	Likelihood	Mitigation
1	Lack of openness, transparency and trust	L	<ul style="list-style-type: none"> • Parties have invested time to develop jointly owned vision / mission and values
2	Lack of management capacity to manage the Hub's work programme	M	<ul style="list-style-type: none"> • Utilising the Federation to provide project management support. • Submitting a proposal plan for Transformation Funding
3	Parties fail to work together effectively	M	<ul style="list-style-type: none"> • Jointly owned vision and values agreed • Federation supporting the change process
4	Poor project management	M	<ul style="list-style-type: none"> • Robust project management put in place • Transformation Funding application

5. New ways of working in the Hubs & Transformation Fund

The Hub practices are committed to developing new ways of working together to improve the sustainability of the practices and services for patients in line with the model in Figure 2 below which is outlined in the LLR Blueprint for general practice.

The key priority is to create additional capacity in the practices to respond to the growing demand and provide longer appointments for patients with complex needs. An important element of delivering these improvements is developing effective multi-disciplinary teams to reduce GP workload and improve patient access to relevant services and consequently patient satisfaction.

The CCG will be supporting this development of integrated place based services with the transformation fund (£3 per patient) over the next 18 months.

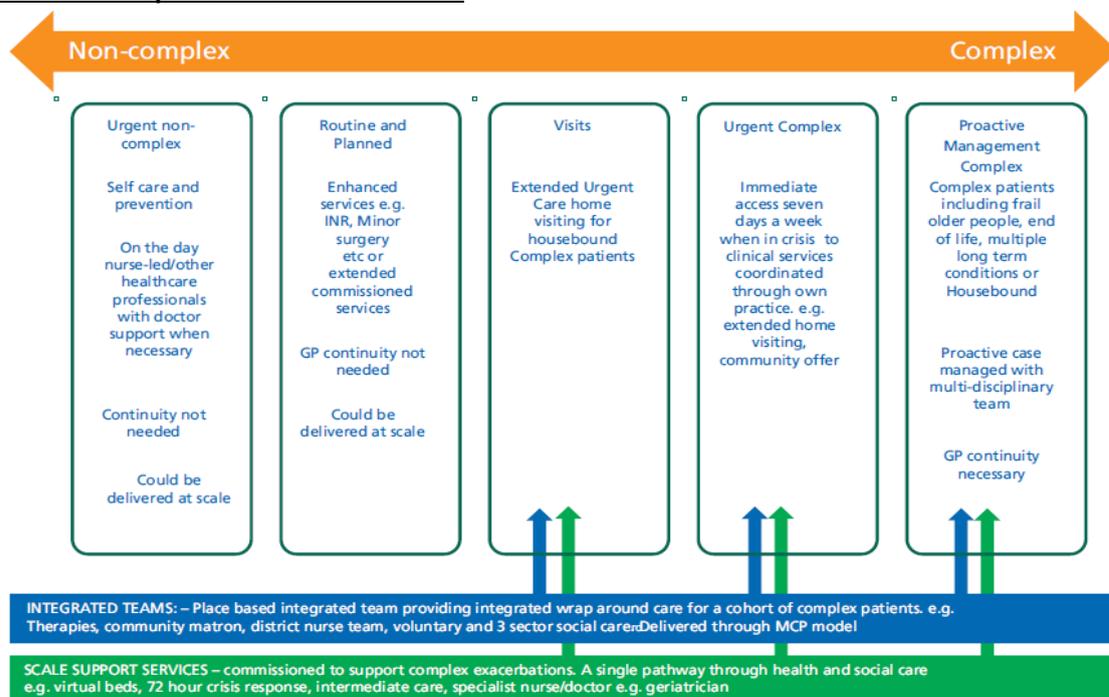
Additional funding (5YGPV monies) will also be made available to support the development of primary care – especially acute on the day ‘in hours’ provision for patients. This will be delivered through practices working together, where practical.

Each locality will develop a **‘Locality Plan’** which will detail its approach to place based integrated services (primary, community & social care).

The CCG will support the development of the six Localities with six PLT events each year, align the Locality Managers with the Localities and provide additional operational management resource.

ELR GP Federation is working with all six emerging localities to assist with the development of their joint working initiatives and Locality development.

Figure 2 – A Blueprint for General Practice



The six hubs are in the process of developing their plans for collaborative working and have outlined the following potential areas;

- Improved acute on the day GP access
- Out of hours GP / urgent care services
- Visiting service
- Closer working / integration with LPT & Local Councils – community health teams around GP practices
- Use social media to develop an effective patient information portal
- Standardised protocols / consistency of approach
- Improving access to diagnostics; 24 hour BP and ambulatory ECG services
- Inter-practice referrals for minor surgery, IUD/S, GPSI services (hub & spoke working)
- Primary care home
- New technology to improve patient care, eg, self care app (Vitrucare)
- Specialist nurses, eg, chronic disease nurses
- MSK, mental health practitioners, health & wellbeing co-ordinators / advisors
- MDT, eg, pharmacists
- Nursing home support
- Patient education
- Sub-specialisation; determine which services to provide at locality, sub-locality and practice level
- Back office / admin services

The Federation is supporting and facilitating the Locality hubs to develop these plans and complete their Transformation Fund applications.

6. ELR GP Federation Mission, Vision, Values & Strategic Priorities

The Federation's mission, vision and values echo the LLR Blueprint for General Practice document and specifically support the development of the six Locality Hubs to create sustainable primary care services across the ELR CCG area.

Key principles;

- *The extent to which working at scale is sensible depends on the problem or challenge that needs addressing, and so;*
- *The Federation has and will continue to enable and facilitate joint working, as appropriate, to address the sustainability and resilience challenges that members face.*

Mission

"To champion through GPs and their practices, investment and delivery of healthcare services at scale for patients across East Leicestershire and Rutland"

Vision

"To remain a GP-led, patient centred organisation, working collaboratively with our partners across health, social and community care to facilitate an enhanced delivery of high quality, innovative and responsive services across East Leicestershire and Rutland"

Values

- ***Patient Centred*** – ensuring that the needs of patients are at the heart of everything we do
- ***Local and Accessible*** – striving to deliver our services where and when our patients need the service
- ***Efficient and Effective*** – providing high quality healthcare
- ***Open and Transparent*** – in all that we do
- ***Collaborative and Accountable*** – working effectively with all stakeholders to meet the needs of our members and their patients

Strategic Priority areas

Priority 1 – Local service delivery & business development

- Facilitate the delivery of more services locally by expanding non-core primary care services to make them more accessible to our patients
- Be an effective health service provider, collectively bidding for services that individual practices are too small to provide, collaborating with other healthcare partners, thereby bringing new business to practices
- Collaborate with other providers, key health and social care partners and commissioners to deliver more planned care locally at scale

Priority 2 – Resilience and sustainability in primary healthcare

- Support GP members enhance the resilience of their practices to deliver sustainable primary care services. This will include the sharing of best practice and the harmonisation and adoption of common practices and processes e.g. supporting with CQC compliance, assisting practices to meet external or internally determined KPIs
- Work with our GP members to improve the way that clinical and back office services are delivered to address the pressures currently faced in the local health care system, delivering at scale where it is helpful to do so
- Drive forward efficiencies in primary care and seek opportunities to transform the delivery of effective and focused healthcare and, where appropriate, redesigning pathways
- Collaborate with other providers, key health and social care partners and commissioners to deliver more planned care locally at scale

Priority 3 – Transformation and Innovation

- Advance the ambitions set out in the LLR Blueprint for General Practice to improve the way that services are delivered to address the challenges that primary care is currently facing
- Support the development of the six locality hubs across ELR
- Provide the tools to enable collaborative working between practices and be a key facilitator in promoting and supporting joint working initiatives
- Be a key enabler in the integration of care pathways across health and social care boundaries
- Drive forward quality in primary care through rigorous and effective governance; and
- Work collaboratively with Commissioners to influence health outcomes

Priority 4 – Effective voice

- Be an effective voice for our members across ELR when negotiating with CCGs, 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
 - Work collaboratively with commissioners to influence better health outcomes.
 - Ensure that local commissioners have the opportunity to engage with the expertise of ELR GP Federation and its members to achieve key commissioning objectives
-

Federation structure and approach

ELR GP Federation Ltd is a company limited by shares, with each of ELR’s 31 GP practices being its shareholders who elect the company’s Board of Directors. This legal form and scale enables the Federation to support wide scale service transformation and bid for and hold contracts for clinical services.

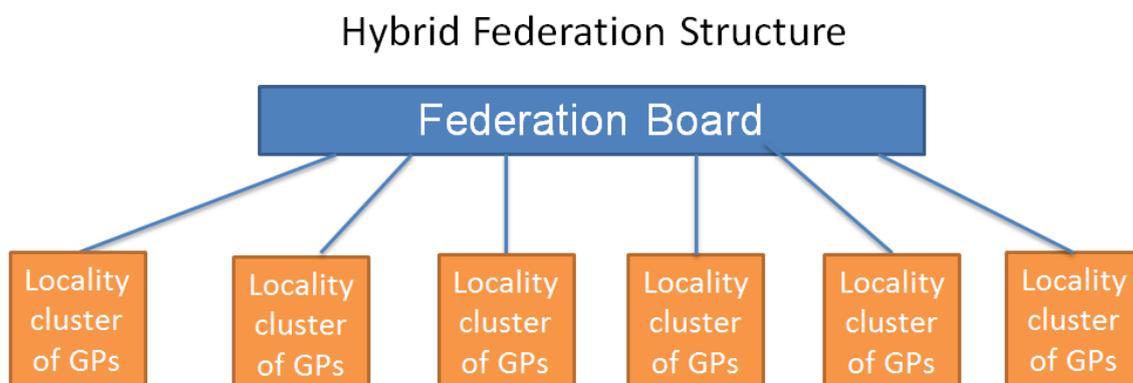
There are six Directors on the Board who represent the Locality structure;

- Dr Rysz Bietzk (Chair), MRH Locality
- Dr Gareth Chidlow, MRH Locality
- Ms Kirsty Whawell, MRH Locality
- Dr Simon Vincent, B&L Locality
- Dr Nainesh Chotai, B&L Locality
- Dr Louise Ryan, O&W Locality

To deliver its strategic objectives in supporting member practices to work together to ensure future sustainability, the Federation will adopt the structure and approach outlined below;

- Act as a ‘change agent’, enabling and facilitating Locality Hub joint working, innovation and transformation
- Support doing things differently where it makes sense to do so
- Be a strengthened locality based federation with central support
- Adopt a hybrid Federation structure (see Figure 3 below), to support the 6 locality hubs
- Maximum flexibility for locality hubs to advance their collaboration ambitions
- Support the locality hub based clusters of GPs who share services
- Bid for and hold contracts for services, where helpful
- Be a key player / partner in mutually shaping the place based agenda (Integrated Locality Teams / Primary Care Home / Multi Speciality Community Providers / Accountable Care System)
- Provide an integrated role in supporting GP resilience / back office support and facilitating joint working

Figure 3 – ELR GP Federation’s proposed operating structure



7. ELR GP Federation progress and work plan

The Federation has been operationally active for the last 16 months since the COO joined in mid-September 2016. The detailed work plan that supports the vision and strategic objectives is attached in the spreadsheet embedded at Appendix 1 (this is also attached separately for ease).

The work plan outlines the work streams that have been completed over the last 16 months and that are planned for the future. Since the autumn of 2016 the Federation has made significant progress across a range of areas as summarized below. The Federation has played a key role in acting as a **'change agent'; enabling and facilitating** joint working, innovation and transformation between practices where it makes sense to do so to address the sustainability and resilience challenges that its members face.

Progress has included securing income streams on behalf of its member practices @ >£1M over the period FY16/17 to FY19/20 and identifying savings @ >£300K for the three year period FY16/17 to FY18/19 through its purchasing scheme (see Table 1 below).

Key areas of progress include;

a) Local service delivery and business development

- Additional winter capacity schemes; delivering >5,000 additional appointments in 16/17 and working to deliver >5,000 additional appointments in 17/18
- Public health community based services (CBS); secured contract with Leicestershire and Rutland County Councils on behalf of 13 practices
- Developed sub-contracting infrastructure with member practices to support CBS contract; which can be adapted for future schemes
- Inter-practice referral protocol for IUD/S fitting has been developed and is ready for pilot
- Urgent care; partner in West Leics application and preparing for East Leics procurement
- Diabetes Specialist Nurses contract in partnership with Latham House to support 29 practices across LLR
- Leading the demand management process to establish a consistent approach to support practices to utilize the most appropriate pathways for patients.

b) GP resilience

- Facilitating key projects for practices who wish to develop new partnership working arrangements
- Delivered a clinical support scheme to support a practice
- Implemented the Purchase Direct purchasing scheme; two thirds of practices have signed up
- Pharmacists; developed an offer in conjunction with Prescribing Support Services to assist practices implement pharmacists into their teams
- NHS England pharmacists in practice; successful application on behalf of 11 practices
- Buildings management; completed a assessment for one practice and developing a buildings management offer
- Future project options include, Locum management – (Primary Care Exchange), HR, CQC, indemnity support

c) Primary care innovation and transformation

- Key member of the LLR GP 5YFV Programme Board
- Developed a 'tool kit' to provide tools to support joint working between practices
- Transformation Fund; supporting / facilitating the six Localities to develop their transformation project proposals

- Correspondence management; successful application on behalf of 7 practices
- Rutland VitruCare project; project managing the project to develop an app to support patient care
- Integrated Locality Teams; playing a key role in supporting the development of joint Locality working
- Member of the Midlands GP Federation network

d) Communications and engagement

- Developed our website www.elrgpfed.com
- 'myFed' membership;
 - Updates, notifications and breaking news
 - Subscribe to e-newsletter
 - Access background documents and other materials
 - Engage through a social media channels including Twitter and Facebook
- Healthcare news ticker- national healthcare news
- Window on the World – live social media feeds
 - *(CCGs, University, UHL, LPT, Alliance, Federation, Healthwatch , Voluntary Action Leicestershire and the Better Care Together Programme)*

Table 1 – ELR GP Federation income and costs saving scheme for FY16/17 to FY19/20

	Commissioner	16/17	17/18	18/19	19/20	TOTAL
Secured income streams						
CBS (Health checks, contraception, alcohol)	LCC / RCC	£ -	£ 200,000	£ 200,000	£ 200,000	£ 600,000
VitruCare app	RCC	£ -	£ 36,000	£ 45,000	£ -	£ 81,000
Kingsway support scheme	ELR CCG	£ -	£ 102,000	£ -	£ -	£ 102,000
Winter access scheme	NHS E	£ 82,000	£ 75,000	£ -	£ -	£ 157,000
Pharmacists (ELR CCG £2/patient scheme)	ELR CCG	£ -	£ 8,500	£ -	£ -	£ 8,500
Correspondence management	WL CCG	£ -	£ 33,000	£ -	£ -	£ 33,000
Specialist diabetes nurses	WL CCG	£ -	£ -	£ 80,000	£ -	£ 80,000
NHSE pharmacists	NHS E	£ -	£ -	£ 87,000	£ 60,000	£ 147,000
Demand management	ELR CCG	£ -	£ -	£ 33,000	£ -	£ 33,000
Sub total		£ 82,000	£ 454,500	£ 445,000	£ 260,000	£ 1,241,500
Potential income streams						
Winter access scheme	NHS E	£ -	£ -	£ 75,000	£ 75,000	£ 150,000
Urgent care	ELR CCG	£ -	£ -	£ -	£ 75,000	£ 75,000
H Pylori	ELR CCG	£ -	£ -	£ 30,000	£ 30,000	£ 60,000
Demand management	ELR CCG	£ -	£ -	£ -	£ 33,000	£ 33,000
Sub total		£ -	£ -	£ 105,000	£ 213,000	£ 318,000
Cost savings						
Purchase Direct scheme		£ 109,000	£ 109,000	£ 109,000	£ -	£ 327,000
Sub total		£ 109,000	£ 109,000	£ 109,000	£ -	£ 327,000

8. Finance and resources

The Federation's income and expenditure profile for the three year period April 2016 to March 2019 is summarized in table 2 below.

A key part of the Federation's income for this three year period is the £350K that ELR CCG has committed to support the Federation's development. Due to the later than planned start of the Federation's operational activity, we are able to spread this 'start up' funding across three financial years;

- £99K in FY16/17
- £131K in FY17/18
- £120K in FY18/19

The Federation has made significant progress in securing new income streams (see Table 1 above). FY18/19 will be a 'break through' year as the six Localities bed down and the transformation schemes are implemented. The Federation will continue to play a key role in supporting and facilitating this transformation activity and securing further income streams. Areas of focus will include;

- Being a key partner in the urgent care re-tender that has been deferred until FY19/20
- Further 'left-shift' work in conjunction with LLR PCL Ltd / Alliance; eg, H Pylori
- Taking a lead in the demand management work in conjunction with Localities
- Securing ongoing delivery of Community Based Services public health contracts
- Implementing transformation schemes, where appropriate
- Work with the CCG to identify further contracts, including a potential role in prescribing
- Development of 'back office' schemes with members, eg, buildings management
- Continued scrutiny the Federation's running costs

Table 2 – Income and expenditure summary

ELR GP Federation - summary income and expenditure					
Income	16/17	17/18	18/19	Total	Comment
CCG	£ 98,923	£ 131,250	£ 119,827	£ 350,000	Includes 75p per patient from Transformation Fund
CBS net income		£ 10,664	£ 9,900	£ 20,564	LCC contract
Winter scheme net income	£ 3,945	£ 3,750	£ 3,750	£ 11,445	18/19 - assumption that the scheme will run
Demand management			£ 33,000	£ 33,000	10p per patient
Other	£ 3,626	£ 5,907	£ 6,500	£ 16,033	18/19 - estimate
Total	£ 106,494	£ 151,570	£ 172,977	£ 431,041	
Expenses	£ 101,797	£ 150,111	£ 175,060	£ 426,968	
Surplus / deficit	£ 4,697	£ 1,459	-£ 2,083	£ 4,073	

Note; the profile for 18/19 is a forecast based on secured and likely contracts. We will work to improve this forecast position.

Appendix 3

ELR GP Federation Ltd - Work Plan Update

Id	Project / area	Tasks	Lead	Involved	Time	Current Position	Financial value / benefit
1 Local service delivery & business development							
1.1	Urgent care (West & City) / home visiting	Actively contribute to a consortium bid for these opportunities	GC	JW	Nov 16	<ul style="list-style-type: none"> - Participated as part of the consortium bid with DHU and the West & City Feds for this opportunity - The DHU consortium has been awarded the West urgent care centres and Home Visiting lots. - Possible opportunities in the home visiting lot, including nursing home education & engagement 	
1.2	Extended Primary Care / Urgent primary care (ELR) - 'out of hours'	Ensure that the Federation is part of an appropriate bid for this service to involve our members in the design and delivery	GC/R B	JW	Q4 17/18 to Q3 18/19	<ul style="list-style-type: none"> - Procurement for April 19 start - Spec awaited - Held meetings with potential partners, including the incumbent - RB proposition to work with MRH Locality to develop / pilot a hub approach to extended hours working - Engage with Locality Hubs 	Potential significant value
1.3	Extended Primary Care - 'in hours'	Facilitate joint working between practices / Locality Hubs to ensure optimum use of additional resources and improve services to complex patients who require above average levels of GP intervention	JW	All Board	Q4 17/18	<ul style="list-style-type: none"> - Developing business plan for O&W Locality - Some Localities are linking this with the Transformation Fund 	
1.4	Improving Access to Primary Care (Jan to March 2017)	NHS England funded scheme to improve access to primary care over the winter period.	JW	Fed Board	Mar 17	<ul style="list-style-type: none"> - Awarded contract (5% admin fee agreed) - Two thirds of practices took part. - Delivered over 5,000 additional appointments - Now need to put plans in place so that the Federation can respond to a similar scheme over the 17/18 winter period 	£ 82,000
1.5	Improving Access to Primary Care 2017/18	NHS England funded scheme to improve access to primary care over the winter period.	JW	Fed Board	Mar 18	<ul style="list-style-type: none"> - CCG has awarded the Federation a contract to manage the scheme for FY17/18 to provide 5,100 additional appointments over an 8 week period 	£ 75,000

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Id	Project / area	Tasks	Lead	Involved	Time	Current Position	Financial value / benefit
1.6	Public Health Community Based Services	The county council are tendering for health check, contraception and alcohol brief advice. Federation bid on behalf of members who wish to participate to deliver these services	JW		Jan 17	<ul style="list-style-type: none"> - Bid submitted on 13th January 2017 - Successfully awarded the contract for 13 practices - Sub-contracting agreements have been finalised (with LMC Law support) and issued to participating practices - Process to administer the contract agreed with LCC - Fed charge a 5% admin fee - A further 8 practices have confirmed that they wish to take part in a 'inter-practice referral' scheme. - Federation is attending quarterly performance monitoring meetings with LCC 	£ 190,000 (Estimated based on 17/18 run rate; Fed take 5%)
1.7	Inter-practice referral scheme	Develop a process to facilitate referrals between practices for IUD/S service (which could be adapted for other services) - link with 'tool kit'	JW	A Hipkin / HP	Sept 17 Sept 17 Oct 17 Q4 17/18 Sept 17	<ul style="list-style-type: none"> - Adapted the process that has been developed in the 'west' - Circulated to two interested practices for comment - Comments have been received and incorporated into an updated draft and circulated more widely - Pilot with Bushloe and Wigston Central surgeries - Update with learning and launch wider - Will add to the LLR primary care 'tool kit' 	TBA
1.8	LLR Provider company	Develop effective working arrangements with LLR PCL to ensure that opportunities for moving services more locally are realised	JW	GC	Ongoing	<ul style="list-style-type: none"> - Good relationship established - JW attends first part of LLR PCL board meetings - Commitment to sub-contract work to the Federation, where appropriate; eg, H Pylori breath tests 	TBC
1.9	H Pylori breath tests	Federation to provide this service through its members, as sub-contractors, once this AQP contract transfers to LLR PCL	JW		July 17 TBA Jan 18	<ul style="list-style-type: none"> - Plans in place to provide H Pylori breath tests - Practices will be paid 95% of the tariff; Fed take 5% admin fee - Met with LLR PCL to agree the sub-contracting process - Most practices have indicated that they will sub-contract with the Federation for these tests - Start date deferred - JW to follow up with the CCG 	Current ELR spend estimated @ £30-35K (£128K for LLR)
1.10	GP SIP	CCG are reviewing the their use of this resource (@£5.5M for enhanced services, GP SIP & prescribing schemes) - and have indicated that they would be keen to work with the Fed on approaches that could improve efficiency / outcomes etc.	RB	JW	Mar 17 Sept 17 Jan 18 Mar 17	<ul style="list-style-type: none"> - Fed have submitted a proposal to lead the 'demand management' element to maximise the effectiveness of the use of the KPI data - CCG have accepted this proposal 'in principle' - Working with the CCG to implement - Proposal submitted re prescriptions cost management - unlikely to proceed this year. - 	
1.11	Demand management	Work with member practices - through Localities - to utilise the KPIs in a consistent way to achieve a tangible reduction in the demand placed on secondary care services - assisting with peer review, understanding outliers etc	RB	JW	Mar 18	<ul style="list-style-type: none"> - Proposal submitted to CCG which has been positively received. - Working with CCG to implement Federation support - Federation to facilitate the Jan & March 2018 Locality meetings peer review process 	£33,000 (TBC)

ELR GP Federation Ltd - Work Plan Update

Id	Project / area	Tasks	Lead	Involved	Time	Current Position	Financial value / benefit
1.12	Medical students training	Investigate the options for developing a Federation academy building on the success of the Jubilee academy	AC	JW	Jan 17	- ELR GP Federation Training Academy application submitted on. - Seven practices; Enderby, Two Shires, Billesdon, Forest Gate, Wycliffe, Glenfield & The Limes. - Not awarded Academy but asked to consider other student training opportunities.	
1.13	NHS England; Clinical pharmacists in general practice	Bids are invited from practices / groups of practices >30,000 for funding to support the recruitment and development of clinical pharmacists into general practice.	JW	J Nicholls	Sept 17 Q4 17/18	- Working with Head of Medicines Management to submit application on behalf of interested practices for the 'third wave' - Application on behalf of 11 practices; 93,000 for 3 pharmacists - Developed a model option for a pharmacist support company to support the application - dovetailing with the CCG £2/patient scheme - NHS E have approved the application - Specialist partner are not accredited by ELR CCG; developing an alternative option for implementation	£ 180,000
1.14	Further contracts	Bid for contracts with and on behalf of members where it makes sense to do so collectively; building on the sub-contracting process that we have developed with practices	JW		Mar 18	- Ongoing review of procurement portals - Actively engaging with commissioners to identify potential opportunities	TBD
1.15	Sponsorship	Identify options to bring additional resources into primary care - such as the sponsorship of physical assets	JW	HP	TBD	- Met with Immediate Solutions who are working with many councils and are considering partnering with the healthcare market.	TBD

ELR GP Federation Ltd - Work Plan Update

Id	Project / area	Tasks	Lead	Involved	Time	Current Position	Financial value / benefit
2	GP Resilience						
2.1	Purchase Direct	Purchasing scheme offer for IT/telecoms; utilities; general non-medicine supplies	JW		Nov 16	<ul style="list-style-type: none"> - Federation offer in place (Purchase Direct). - Two thirds of practices signed up. - Over £100K of savings identified to date. - Presentation to PM Forum in July 17 led to further interest / sign-up 	£104,000 (savings identified)
2.2	Cleaning	Procure cleaning contract across practices to deliver improved value	JW		Q1 17/18	<ul style="list-style-type: none"> - Identify practices that are interested in engaging in a procurement exercise in conjunction with Purchase Direct 	TBD
2.3	Dispensing practices medicines procurement	Kibworth have asked if the Federation could support the procurement of medicines for dispensing practices.	JW	RB	Q1 17/18	<ul style="list-style-type: none"> - MO/Somerby, Empingham interested - Investigating how this could be improved 	
2.3	Pharmacists in general practice	Identify a model whereby the resources (£2/patient) could be shared across practices to deliver pharmacists in practice	RB	JW	Nov 16 Oct 17	<ul style="list-style-type: none"> - Considered Medacy, PSS, MMS - Engaged Prescribing Support Services as the preferred provider for the Federation offer. - Two Oadby practices signed up and are pleased with the service. - Notice served on this contract in line with the CCG procurement process for end Oct 2017. 	£ 12,705
2.5	Flu vaccines procurement	Identify scale efficiencies	JW		Dec 16	<ul style="list-style-type: none"> - Contact made with GSK - Fed offer in place - an addtl 1% profit offer for >10,000 vaccines. - Identify options for 17/18 - Met with Sanofi Pasteur 	
2.6	Locum service	Develop an internal agency for medical, nursing, reception/admin staff	JW		Q2 18/19	<ul style="list-style-type: none"> - AC used Primary Care Exchange (Social Enterprise franchise model) successfully in Bristol. - Social enterprise franchise model - Potential to generate income for Federation - Presentation held in July (IR, UM, JW); Board keen for JW to pursue - JW to prepare a paper / case. 	Potential to save members money on agency costs and provide income to Fed.
2.7	Buildings management	Develop a federation buildings management offer.	JW	A Hipkin	Autumn 17 Q4 17/18	<ul style="list-style-type: none"> - Estates Strategy Group (ESG) - 'Beacon' assessment offer in place. - Latham House have piloted the the diagnostic tool - Develop a Federation buildings management offer. - Potential Transformation Fund bid. 	
2.8	Health & safety	Develop a Federation offer.	JW		Autumn 17	This is included in the ESG offer.	

ELR GP Federation Ltd - Work Plan Update

Id	Project / area	Tasks	Lead	Involved	Time	Current Position	Financial value / benefit
2.9	HR, payroll,	Scale could enable a more cost effective HR and/or payroll offer with greater expertise for practices.	JW	J Dickson	Sept 17 Q4 17/18	- Meeting held with LPT HR Director (August 2017) and agreed to draw up how a service could work along with indicative costings - Develop indicative specification	
2.10	Indemnity / insurance	Identify options to gain scale benefits	JW	RW	Mar 17	- Met with Locktons; significant potential savings - Case studies provided - Positive reference from Leicester City provider. - Run off cover is likely to be a sticking point	Potential for significant saving
2.11	Kingsway Clinical Support scheme	Support Kingsway practice to provide clinical sessions (GP & ANP) on an interim basis to enable the practice to develop a long term sustainable way forward.	JW	SS	Aug 17	- Established a good relationship with the Kingsway team - Identified GP and ANP sessions to cover the 'gap' - Devised and implemented weekly activity monitoring and invoicing process to ensure audit trail - ANP to remain - Salaried GP identified but has now left - Two partners now in place - Agreed with CCG and practice to close the scheme	£ 102,153
2.12	IT & telecoms	Identify options to gain scale benefits	JW		Q4 17/18	- Discussion with Purchase Direct.	
2.13	Workflow optimisation	Improve the management of workflow and reduce GP workload.	JW		Aug 17 Oct 17 Dec 17	- Working with 7 practices to; expression of interest submitted to access SYFV monies - The application has been successful - Awaiting detail and will then implement	£ 30,000
2.14	Other resilience / scale opportunities	Develop schemes to gain further scale benefits. Options; - Coding and reporting - Finance - Clinical governance - CQC support - Policies / safeguarding protocols - Contact centre - Freedom to speak up guardian	JW		TBA	- Oadby / S Wigston working to standardise coding and reporting - Visited The Practice Group's contact centre in Amersham - currently trialing with Aylesbury Vale CCG - Met with Mark Dewick - PM for the LLR contact centre project (primary care not in the scope) - ST information on workflow optimisation	
2.15	Specialist nursing support	Provide specialist nursing support to practices	JW	A Hipkin	Nov 17 Q4 17/18 Mid 18	- Submit application to host the LLR specialist diabetes nurses in partnership with Latham House - Awarded the contract - Develop further offers	TBD

ELR GP Federation Ltd - Work Plan Update

Id	Project / area	Tasks	Lead	Involved	Time	Current Position	Financial value / benefit
2.16	Nurse training	Support practices to develop nurse training options to support sustainable nursing in general practice.	JW	RB	TBD	- Rutland considering options to support nurse training	
2.17	Training & education	Link with HEEM and LLR wide training plans to tackle clinical recruitment and retention issues	JW		Nov 17	- Support the development of LLR workforce strategy - Support the development of MDTs through effective hub working, specifically O&W and North Blaby	
2.18	Intranet / data sharing solution	Support practices to develop a shared intranet where policies and other information could be shared.	JW		Q2 18/19	- GPTeamNet have developed a system that is designed for primary care; presentation was impressive - Intradoc offer a solution - Identify alternatives - Recommend solution for practices	

ELR GP Federation Ltd - Work Plan Update

Id	Project / area	Tasks	Lead	Involved	Time	Current Position	Financial value / benefit
3 Primary Care innovation / transformation							
3.1	Integrated Locality Teams	LLR programme to develop integrated primary / community care teams across LLR localities and sub-localities. Effective joint / federated working between primary care providers will be a key element of the success of these ILTs.	JW	RB, LR, AC	ongoing	- Member of the ELR Out of Hospital board - JW member of B&L ILT - LR member of O&W ILT - AC/JW supporting the set up of Harborough ILT	
3.2	Locality Hubs	Support the development of the six emerging hubs - facilitating their development; - North Blaby - South Blaby & Lutterworth - Rutland - SLAM - O&W - Harborough	JW	NC, SV, RB, GC, AC, LR	Nov 17 Q4 17/18	- Asked to support all six of the hubs - Supporting the development of the locality hubs and the development of their Transformation Fund applications	Transformation funds
3.2	Primary care transformation	STP workstream to develop new approaches to deliver LLR blueprint for GP (SYGPFV)	RB	JW		- RB and JW are members of the Programme Board - JW presented at the 'supporting sustainable GP' PLT event - Supporting the development of a 'tool kit' to support practices who wish to develop joint working initiatives	
3.3	Tool kit	Develop a toolkit / 'how to' guide for practices who wish to work together. (inter-operability, IT, governance, contract, indemnity, registration, comms, finance etc)	JW	J Cory	Oct 17 Dec 17/Jan 18 Q4 17/18	- First draft completed and received positively by Programme Board - Second draft is completed and circulated for comment - Workshop to review with interested LLR practices - Launch	
3.4	Oadby Central and South Wigston	Facilitate joint working between Oadby Central and South Wigston practices; who have committed to working together proactively to assure their future sustainability and to develop new and innovative ways of working to enhance the offer to their respective patients	JW	UM / AR	Mar 18	- Facilitated a workshop to agree joint vision, mission and values - Identified areas where the practices can work jointly and share resources, staffing etc - Project managing the process to create new partnership working arrangements - Preparing 'transformation fund' application to support this work	Significant value in terms of securing the sustainability of the practices

ELR GP Federation Ltd - Work Plan Update

Id	Project / area	Tasks	Lead	Involved	Time	Current Position	Financial value / benefit
3.5	Diagnostics review	The Alliance is leading on the development of a 'diagnostic hubs and spokes' model to support the LLR STP plan to reduce referrals to secondary care by providing near patient testing to support GPs with their decision making. The Federation has been asked to work with our members to advise on the development of this diagnostic strategy.	JW	D Cadman (Alliance)	Autumn 17	- Working with Danah Cadman from the Alliance to develop a proposal for ELR near patient testing; 12 lead ECG, Spirometry, BP monitoring, 24 hour ECG and BP monitoring, D-Dimer, Pulse oximetry, NOUS, ECHO cardiography - Survey of existing practices' provision - Will then develop model proposal with practices	Potential additional income for tests that are moved from acute sector.
3.6	Primary care home	Rutland have been awarded pilot status	RB	JW	TBD	- Programme management role for the Federation.	
3.7	Joint working with LPT	Effective joint working between primary care providers and the local community healthcare trust will be fundamental to the provision of future healthcare	JW	RB	Autumn 17	- Met with R Bilsborough, A Senior, D Cole to discuss options for joint working - Meeting with Peter Miller & Rachel Bilsborough held on 11th September 2017	
3.8	Transformation Fund; facilitating joint working between practices	The Federation will be a key facilitator - bringing practices together to work at scale; making use of the Transformation Fund opportunity	JW	Fed Board	Q4 17/18	- Facilitate/broker discussions between practices and support with the application process/bid writing for accessing the transformation fund. - Project on O&W - Supporting Oadby practices regarding building options - Pursue other opportunities - eg, Rutland PCH, B&L	
3.9	Correspondence management	Support practices to collaborate on improving correspondence management and reduce GP workload by efficient utilisation of non-clinical staff.	JW		Autumn 17 Q4 17/18	- Expression of interest submitted on behalf of 7 practices. - Awarded funds - Implementation process	
3.10	Active signposting	Support practices to collaborate on improving active signposting to reduce GP workload by efficient utilisation of non-clinical staff.	JW		Jan 18 - Mar 18	- Dr Dhanji passed contact to follow up - Linked with Sue Collis at NHS E - Opportunities for practices in next phase from March 18	
3.11	Self-care schemes	Develop the use of social media / web based platforms to guide patients to self-care	JW	South Blaby hub / JM	Q1 17/18 Jan 18 Mar 18	- Working with the South Blaby / Lutterworth Hub to develop the use of social media - Hold workshop - Transformation fund bid	
3.12	Self-care schemes	Introduction of the VitruCare app into the rutland practices in conjunction with Rutland County Council	JW	RB/ I Razzell	Q4 17/18	- Council have agreed funding - Practices have agreed to pilot - Federation to hold the contract until March 2019	£ 50,000
3.13	Expand the use of IM&T	Consider use of tele-medicine	JW				
3.14	Expand the use of IM&T	E-referrals / E-consultation	JW		TBD	- Work with the CCG to support the e-consultation strategy	
3.15	System migration	Support system migration for interested practices	JW			- Support as required - Billesdon have asked if the Federation can support	

ELR GP Federation Ltd - Work Plan Update

Id	Project / area	Tasks	Lead	Involved	Time	Current Position	Financial value / benefit
4	Communications and engagement						
4.1	Website development	Develop the website to maximise engagement and communications with members and stakeholders	JM	JW	Jan 17	<ul style="list-style-type: none"> - Website developed - Updates, newsletter added - ongoing - Discussion Forum has been developed (at members request) - Healthcare news ticker added - Window on the World added - PPG update functionality - Investigating Clarity Informatics 	
4.2	Give us your ideas'	Campaign to raise Fed profile and seek ideas for Fed projects	JM		Nov 16	<ul style="list-style-type: none"> - Campaign launched 	
4.3	Practice visits	Visit members in their practices to listen and engage	JW	LR		<ul style="list-style-type: none"> - JW has completed a wide range of visits to make himself and the Federation known and build relationships. - Presented at MH PPG AGM - LR has completed Oadby visits 	
4.4	Practice Manager's Forum	Utilise existing forum to develop and advance joint working / new ways of working initiatives	JW	PF		<ul style="list-style-type: none"> - JW is a member of the Forum - Presented the initial work plan for comment - PD update at July 2017 meeting - Working with PF to add strategic / joint working items 	
4.5	Locality Meetings	Utilise these existing forums to communicate and engage with members	NC, RB, LR	JW		<ul style="list-style-type: none"> - Federation update slots on each Locality agenda - Support the development of 6 Locality structure and merger with ILTs 	
4.6	Joint strategy with CCG	Develop a clear joint strategy with the CCG for wide circulation - to clarify the purpose and expectations of the Federation in ELR	JW	T Sacks	Q4 17/18	<ul style="list-style-type: none"> - Circulated output of the Federation board development session - First draft strategy to be written 	
4.7	Collaboration with key commissioners	Work effectively with ELR CCG, LCC & Rutland CC	JW	Fed Board		<ul style="list-style-type: none"> - Regular liaison with ELR CCG COO - Board to Board sessions - Joint strategy - Contracts with LCC / Rutland CC - Close involvement with ILTs 	
4.8	Annual report	Produce annual report	JM	JW	Sept 17	<ul style="list-style-type: none"> - Complete 	
4.9	Shareholders engagement event	Event to update and engage with members on the progress of the Federation	RB	JW / JM	Sept 17	<ul style="list-style-type: none"> - 28th September 2017 @ College Court - Positive first shareholders event 	

ELR GP Federation Ltd - Work Plan Update

Id	Project / area	Tasks	Lead	Involved	Time	Current Position	Financial value / benefit
5	Federation strategy						
5.1	Federation vision & plan	Develop a clear, compelling and owned vision and plan to position the ELR GP Federation as a key organisation to support the development of sustainable integrated primary/community care in the wider ELR context.	JW	RB	Mar 17 Q4 17/18	- JW visited a range of other Feds to learn - Board development session held to consider the strategic plan, priorities and best model for the Federation - This will be incorporated into the joint CCG/Federation strategy	
5.2	O&W Board vacancy	Recruit to vacancy	JW	RB	Nov 16	Dr Louise Ryan from Oadby Central has been appointed	
5.3	Harborough vacancy	Recruit to vacancy	JW	RB / JM	Dec 17	Complete	