**ELR GP Federation Ltd**

**Chief Operating Officer Report – April 2018**

1. **Strategy and roles and responsibilities**

Following the discussion at the last Board – see action plan below;

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| **Action** | **Update** |
| CQC registration | * JW to progress
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| Independent provider status to enable it to employ staff with NHS pensions. | * Initial conversation with NHS pensions agency – JW to progress
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| Future project support work should be fully costed and charged on a fee for service basis. | * JW to progress – as we start to support the Localities implement their transformation plans and acute access schemes
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| We should review the Locality transformation plans and create offers to solve practices’ problems and challenges. For example, assisting practices with their GDPR obligations | * Developed an option for GDPR
* Project management support to Rutland, O&W, S Blaby, SLAM
* Facilitating joint working in Harborough
 |
| Actively contribute and support the emerging Localities and their structures. | * Much support provided to all six Localities
 |
| Consider working with local GP Federations, where sensible. | * 4 Fed are keen to join forces
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| Business and budget plan from April 2019;3 potential income streams;1. Service contracts
2. Fees for service
3. Practice contribution
 | * JW to progress
* Early consultation with CCG / practices
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**4 Fed are keen to discuss how we could collaborate to provide a strong GP voice – as the CCGs start to work more closely.**

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 working on is listed below.

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

* **Extend the Locality para-medical team and share local expertise** –
* **Acute access** – review our approach to Acute on the Day access for patients in Oadby and Wigston and trial new approaches.
* **Demonstrating GP at scale through formal changes to working arrangements** in two practices
* **Social prescribing and integrating with community-based services to support disease prevention**

**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,
* 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.
* Develop closer back office links between the practices with an emphasis of harmonising processes, where appropriate and possible, to greater enable integrated working.
* 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.
* Start to look at ways of delivering in-hours urgent care collaboratively.

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

* **Quality improvement and sharing of specialist skills** – build on the Hub’s collaborative peer review work to effectively utilize the ‘intelligence packs’ information to identify learning needs and share best practice on key topics to improve the quality of patient care and outcomes.
* **Acute access** – investigate how to transform the approach to Acute on the Day access for patients in South Blaby and Lutterworth, respectively.
* **Patient communications** - develop a collaborative approach to harness web, digital and social channels to improve its communications and engagement with patients and the wider community. This will support the active signposting agenda.
* **Care navigation and integration with community based services to support disease prevention**  - 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 residents of South Blaby & Lutterworth. We will ensure that the Locality’s ‘community assets’ are effectively used through effective care navigation, social prescribing and use of First Contact Plus.

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

* **Workload** - we will reduce the burden on GPs and release GP time by developing our approach to active signposting, patient communications and social prescribing - developing a collaborative approach to signposting patients across the Locality.
* **Care Redesign - w**e will implement a programme of improvement support to practices including **Dementia MDT and Integrating with community based services -**
* **SLAM High Quality Forum** - utilizing recognized data sources listed below to benchmark and identify areas of strength and weakness to allow a collaborative approach to utilizing and sharing the practices’ specialist knowledge when considering both demand management and driving up clinical quality. Two areas highlighted identified as national and local priority areas include Dementia and Cardiovascular Disease.
* **Acute Access** - all practices within the SLAM locality share similar ideologies on access to primary care. Each practice runs an acute access clinic every morning with a “walk in” component for on the day access. It is proposed that the governance, workforce development and communications strategy is jointly developed and aligned to meet the service framework expected for the ELR CCG Acute Access specification. This will enable practices to offer services jointly when and if appropriate.
* **Practice Infrastructure** - we will develop the primary care estate and invest in better technology to improve **back office resilience** – including investigating extending GPTeamNet/Intradoc (or similar), which is utilised by Long Clawson Medical Practice,  via a secure network to allow access from all practices within the locality.  This will allow sharing of policies, procedures, protocols and best practice relating to clinical care and CQC requirements.
* **Workforce** – we will develop GPs and wider primary care workforce to meet the growing demands on urgent access.

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

* **Long term conditions development –** develop a collaborative Locality approach to the management of diabetes.
* **Access and care navigation –** ensure effective collaboration with Rutland County Council, LPT, Social Care and Voluntary Sector teams in trialling a care navigation hub across the PCH to enable patients to take responsibility for their health and wellbeing.
* **Patient communications** - develop a collaborative approach to harness web, digital and social channels to improve its communications and engagement with patients and the wider community. This will support the active signposting and care navigation agenda
* **Back office**  – implement measures to improve back office and workforce resilience; including the implementation of an information sharing tool such as GPTeamNet to enable sharing of policies, procedures, protocols and best practice relating to clinical care and CQC requirements.
* **Workforce resilience –** to improve the sustainability of the primary care workforce, including the development of integrated primary and community nursing and the development of the **‘Rutland bank’** to enable clinical and administrative staff to be utilised efficiently to provide cover across the Hub’s practices. Joint educational arrangements will be strengthened.

**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

The Federation will be supporting the implementation of these transformation fund projects in a number of ways

1. Administrate the transformation fund on behalf of the Localities, depending on the scheme.
2. Employ para-medical staff on behalf of the Localities and/or supporting practices to employ staff that will work across the Locality
3. Provide project management support
4. **Urgent Care / extended primary care**
* The timetable for the procurement process will result in a new contract to start in April 2019.
* The specification is likely to be issued in the next couple of months.
* **The Federation Board now needs to determine its strategy.**
1. **Winter Access scheme –** update attached at **appendix A.**
2. **NHS England; Clinical pharmacists in general practice Project –** see update at **appendix B.**.
3. **Community Based Services and inter-practice referral process**
* Latham House are being audited.
* Next performance review meeting will be held on 27th April 2018.
* HP/JW are updating schedule of fitters and their evidence to practice and indemnity certificates
* Bushloe / Wigston are starting inter-practice referral for IUD/IUS/SDI services
1. **Correspondence management**
* Workshops completed with the admin staff and GPs during March 2018
* The practices attended the LLR workshop in April 2018.
* Contract finalized.
* Project plan in place to ensure that the seven practices are implementing correspondence management process
1. **Demand Management**
* The Federation facilitated the peer review sessions at the Locality meetings in January and April 2018.
* Report is being drafted.
* Review meeting with CCG has been postponed until May 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)
* Three DSNs have been appointed. Finalising the employment checks with Latham House and plan to start in May 2018.
* Anne Scott (ELR CCG) has agreed to assist with implementing a clinical governance process to assure this scheme. **JW/GC to action.**
1. **Rutland Patient App project (VitruCare)**
* Contract agreed with Dynamic Health Systems Services
* Grant agreement with RCC has been signed.
* Develop sub-contract agreements with practices.
* All practices confirmed their commitment to the project and project management structure is in place.
1. **GP TeamNet -** This is an option being explored by the Harborough, SLAM and Rutland Localities.
2. **Service contracts –**ELR CCG / LLR PCL have confirmed that H Pylori, will be procured via the Federation. Arrangements to be put in place for a June 2018 start.
3. **Buildings management offer -** Estates Strategy Group have drafted a buildings management offer. No further progress.
4. **Primary Care Exchange –** JW to follow up.
5. **Teaching academy –** we have been asked to consider re-submitting our Teaching academy application. A number of practices have expressed an interest. I have indicated to the university that we are interested. Also, considering how we could collaborate with one of the other established academies.

**Additional Winter Capacity scheme – update @ 25th April 2018**



**ELR GP Federation – NHS England Clinical Pharmacists in General Practice Application Update**

1. **Introduction**

This update paper outlines the next steps following our successful application to the NHS England Pharmacists in General Practice scheme.

1. **Update**
2. The following 11 practices were included in the application;



1. We were awarded **3 pharmacists** (rather than the 1 senior pharmacist + 2 pharmacists applied for).
2. The original specialist supplier was not included on the ELR CCG approved supplier list which would have made dovetailing the scheme with the existing ELR CCG scheme problematic. Consequently, we have agreed to work with **Prescribing Support Services (PSS),** who are on the ELR CCG approved list, and advised NHS England accordingly.
3. PSS have agreed to provide the Senior Pharmacist cover required by the scheme as part of their offer.
4. PSS will provide an all-inclusive service in relation to the 3 Pharmacists, including;
* Recruitment
* Employment inc. all checks, HR
* Pension
* Indemnity
* Parental leave, long-term sick
* On-going professional development & training
* End of 4 years – retain the risk of the pharmacists

Benefits for practices include;

* Takes the recruitment and management burden
* Removes the risk of employment
* Practices will be involved in the recruitment of pharmacists in the localities
* Provides effective cross cover, as necessary
* Flexibility for moving pharmacists around, as necessary
1. The 3 pharmacists will be augmented by the existing pharmacists employed by practices through the CCG £2/patient scheme.
2. PSS have indicated that they could provide a hub and spoke service which we will consider in time after we have got the 3 pharmacists in place.
3. **Lead practices**

Whilst the Federation is fully managing and supporting this process, the NHS England rules do not allow the Federation to hold this contract directly. We have therefore identified three lead practices to hold the contract with NHS England and receive the funding for each of the pharmacists, namely;

* Croft
* County
* Oakham

We will then put a contract in place between the lead practices and PSS for the management of the pharmacists and relevant indemnity arrangements with partner practices, as necessary.

1. **Pharmacists allocation and costings** – **see Appendix 1**
* The indicative time allocation per practice for the pharmacists is shown in appendix 1.
* Following the involvement of PSS, the costings have reduced to **£1.99 per patient** across the four years – a proportion of which will be funded by NHS England**.**
* It is likely that there will be an increase related to pay increases in years 2 -4. An increase @2% per year has been assumed but this needs to be confirmed.
1. **Next steps**

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| --- | --- | --- |
| **Id** | **Task** | **When** |
| a. | Confirmation from practices that they will take part in the scheme. | 27/04 |
| b. | Finalise contracts between;* Lead practices and NHS E
* Lead practices and PSS
* Lead practices and cluster practices
 | 04/05 |
| c. | PSS recruit / allocate the pharmacists | 18/05 |
| d. | Start the scheme | 04/06 |
| e. | Plan and implement hub and spoke system, subject to costings | 03/09 |

