

# East Leicestershire and Rutland GP Federation

ELR GP  
Federation

## Annual Report 2017/18

"Our Second Year - maturing and delivering"



# ELR GP Federation Annual Report 2017/18

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# Introduction from the Chair

Welcome to this second Annual Report from the ELR GP Federation.

In the introduction to our first Report last year, I said that we were delighted to be able to report on a busy first year of development and achievement. I am even more delighted this year to be able to report on an even busier year of maturing and delivering.

That means delivering for our member practices, for the local health and care economy and - most importantly - supporting our members' delivery for our patients, their families and carers and the communities they serve.

We never forget that we were created after extensive engagement with local GP practices and wider stakeholders with the explicit aim of supporting them to deliver sustainable primary care in East Leicestershire and Rutland (ELR) in the future.

That was our primary purpose at the time of our creation and it remains our purpose today.

The Federation represents a diversity of practices and to achieve maximum effect the Board constantly reviews the way it works to ensure local needs and opportunities for innovation are supported, balancing this with opportunities to work at a larger scale.

This means being flexible and responsive as our members continue to develop and explore different modes of locality working and organisation.

The pressure on general practice services is set to continue to increase as we live longer with more complex needs. ELR GP Federation continues to support our practices to meet local challenges across primary care and the wider healthcare system and to respond to the vision laid out in the Leicester, Leicestershire & Rutland (LLR) Blueprint for General Practices to meet patients' needs at scale.

Last year, we said it was becoming apparent that the traditional model of general practice will not be sustainable. Consequently, we needed to work together to provide services 'at scale', as appropriate to the problem that needs solving, thereby realising the benefits of economies of scale, improving opportunities for career structures and professional support and delivering a wider range of services.

I am proud that this year's Annual Report is full of examples of how we have risen to that challenge, for example through securing resources and developing services for our members such as Correspondence Management, Clinical Pharmacists in General Practice, the Improving Access to General Practice Winter Scheme and providing Diabetes Specialist Nurses.

We are also introducing innovative services ourselves, such as the GDPR Data Protection Officer Service and harnessing web, digital and social channels to improve communications and engagement with patients and the wider community via Rutland Healthcare.

This year we celebrated the 70th Anniversary of the creation of the NHS - the single most successful and popular act of innovation and transformation ever undertaken by a British Government. And delivered in the depths of austerity.

70 years on, it is clear that the future of the NHS remains in continued innovation and transformation. That is why I am particularly proud that a bedrock of our work this year has been supporting our member practices in developing and delivering their local Transformation Fund applications and plans.

Being the Chair of the Federation from the initial launch to become a far more established and effective organisation, has been both a pleasure and a privilege, made all the easier by excellent support from fellow directors

Over the course of the year, the Board said goodbye and thank you to Dr Anuj Chahal and Dr Simon Vincent. It has been a pleasure to have worked with them as fellow Board members and we are grateful for the contribution they have made to the Federation's development. I am delighted that they continue to play active roles in the local health economy and we look forward to continuing to work with them as colleagues and partners.

Of course, this meant we have been able to welcome a new colleague to the Board - Kirsty Whawell, whose experience as a Practice Manager further enriches our insight, diversity and hands-on knowledge of the challenges our members and their staff face.

Once again, the whole Board is indebted to our Chief Operating Officer, James Watkins for his ceaseless work and the continuing dedication he has shown since his appointment, considerably raising the profile of the Federation both locally and further afield. The Federation could not be in safer or more excellent hands.

## **Dr Ryszard Bietzk Chair**



# Our context - the importance of localities and hubs

All ELR GP practices - serving a registered population of around 325,000 patients - are part of the ELR GP Federation.

Over the course of 2017-18, these practices moved from being based in three locality areas to six locality hubs. These now are:

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

The emerging six locality hubs are all developing plans for joint working between practices and integrating 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.

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

1. informal networking and joint hub working
2. joint working through a contract mechanism
3. vertical integration with an NHS Trust
4. 'soft merger' of the practices
5. '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., with a few pursuing more formal arrangements

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 Hub structures to support integrated locality working as part of an emerging accountable care system approach.

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 specialisation.
- 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 develop new models of care / 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.
- Form the basis of the Integrated Locality Leadership Teams

A large part of the Federation's work during its second year has been working alongside the hubs - supporting their development and growth.

# Our Mission, Vision and Values

During 2017-18, we confirmed our mission as being:

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

To support this mission our vision is “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”

ELR GP Federation is committed to the core values, outlined below, which guide the way that we work:

- Patient Centred – ensuring that the needs of patients are at the heart of everything that we do
- Local and Accessible – striving to deliver our services where and when our patients need them
- 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



# Our Priorities

Our business priorities ensure we help our member practices meet the challenges that they are facing. These priorities are outlined below.

## Priority 1 – Local service delivery

- 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, as appropriate

## 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, as appropriate
- Work with our GP members to improve the way that 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
- 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
- Act as a 'change agent'; facilitating collaboration, innovation and transformation initiatives between practices
- 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
- 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; make the case for the GP role within the future health and social care system
- Work 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



# Our Second Year - maturing and delivering

As the Federation has grown and matured over its second year of operation, we have been able to develop our role, influence and capacity on behalf of our members.

Increasingly, we are becoming the default 'go to' place for supporting, facilitating and delivering innovation and joint working - at individual Practice, Locality and ELR-wide levels. A key part of this work has been to support the development of the six Localities to develop their joint working arrangements.

We have also continued to develop our role as an effective voice for our practices with commissioners and decision-makers.

## Supporting Transformation Fund innovation

As part of its commitment to strengthening general practice and supporting the sustainable transformation of primary care, NHS England has provided funding to support the development of transformative new ways of working. ELR CCG invited applications from its six Locality groupings for joint working transformation proposals between practices.

One of the Federation's significant successes has been supporting our members across the six Localities to develop their Transformation Fund applications and plans.

The practices in each of the six Localities decided to form informal networks and joint working partnership hubs to help address the challenges that they face and developed a range of joint working projects.

## All six Localities which we supported had their plans approved by the ELR CCG.

We developed a Project Management structure to assist the Locality teams to implement their plans and have been supporting the implementation of these plans, as appropriate.

We worked with the CCG to develop reporting templates which will be used as the basis to update the CCG on progress and release the funds to the Localities; attending the quarterly CCG Transformation Fund panels to advise on and review progress and support the release of transformation funds to the Localities.

ELR CCG also made funds available to improve and/or transform acute access for patients. Where appropriate, the Locality Hubs are dovetailing their Transformation and Acute Access projects.

For example, some Localities are piloting the use of para-medical staff to improve access and this could be sustained by the Acute Access fund, if successful. The key benefits of these transformational projects include;

- Improved acute access for patients offering patients a wider range of services and greater specialization, including physiotherapy and mental health services, which will in turn improve access to GPs for those patients with more complex needs.
- Strengthen the primary care workforce through the creation of more attractive, flexible and diverse career, training and employment options.

- The development of working at scale between practices to increase the sustainability of primary care services; streamlining some back office functions and standardising administrative processes.
- Responding to the challenges arising from the Blueprint for General Practice (GP Forward View) and providing closer integration between community and primary healthcare providers.
- Create a more secure platform to develop the Integrated Locality Leadership Teams; bringing together the Locality and Integrated Locality Leadership teams.



Amongst the projects being brought forward under the Transformation Fund are:

### **Rutland Healthcare**

Rutland Healthcare are using the Transformation Fund to support the development of their Primary Care Home and embed joint working arrangements with community and social care, including;

- Developing a collaborative Locality approach to the management of diabetes.
- Care Navigation & Patient communications - harnessing web, digital and social channels to improve communications and engagement with patients and the wider community; thereby supporting active signposting and care navigation.
- Back office resilience – implement measures to improve back office and workforce resilience; including the implementation of an information sharing tool to enable sharing of policies, procedures, protocols and best practice relating to clinical care and CQC requirements. The development of a 'Rutland bank' is also being considered to enable clinical and administrative staff to be utilised efficiently to provide cover across the Hub's practices.
- Acute Access – working together to optimise the use of the Acute Access fund to improve the provision of 'on the day' access for patients in Rutland.
- Digital Health – Using Rutland Better Care Fund; pilot the introduction of a digital health app to support patients to take a proactive role in the management of their health and well-being and the day to day management and monitoring of their condition(s).

### **Harborough Partnership Hub**

- Social prescribing and integration with community services - collaborate with Harborough Council, LPT, Social Care and Voluntary Sector teams to develop an integrated prevention, community and primary care services offer for the Harborough residents and ensure that its 'community assets' are effectively used through social prescribing.
- Facilitate the establishment of a local BalancED branch providing support for those with, and recovering from, eating disorders including support for carers.
- Improving patient access and relieving pressure on GPs by piloting the use of first contact physiotherapy resource across the Locality practices; diverting routine on the day appointments from GP clinics into services that can provide assessment and advice for patients with MSK problems.
- Policy / information sharing – introduce an information sharing platform to enable all practices within the locality to share policies, procedures, protocols and best practice relating to clinical care and CQC requirements.
- Formal working at scale - facilitation of closer working between Kibworth Medical Practice and Two Shires Medical Practice and the exploration of all options up to and including full merger if that is applicable.



### **South Blaby and Lutterworth Partnership Hub**

- Quality improvement and sharing of specialist skills – build on the Hub's collaborative peer review work to effectively utilise clinical information to identify learning needs and share best practice on key topics to improve the quality of patient care and outcomes. The hub will create a register of specialist knowledge / skills and develop a plan to make effective use of these Hub skills and resources to manage demand.
- Acute access – pilot the use of shared ANP resource to improve Acute on the Day access for patients in South Blaby and Lutterworth.
- Collaborate with Blaby District and Harborough Councils, LPT, Social Care and Voluntary Sector teams to deliver an integrated primary and community care offer for the residents of South Blaby & Lutterworth; ensuring that the Locality's 'community assets' are effectively used through effective care navigation, social prescribing and use of First Contact Plus.
- Develop a collaborative approach to improve communications and engagement with patients and the wider community, as well as between practices.





### *SLAM Partnership Hub*

- Workload - reduce the burden on GPs and release GP time by developing our approach to active signposting, patient communications and social prescribing, collaborating with local community based services to ensure that its 'community assets' are effectively used for SLAM residents.
- Care Redesign – embed the Dementia MDT into the Locality to transform the service provided to patients through effective working with community partners.
- SLAM High Quality Forum - collaborate to drive up clinical quality by using recognized data sources to identify areas of strength and weakness and share best practice; focusing on two national and local priority areas namely, Dementia and Cardiovascular Disease.
- Work force resilience / Practice Infrastructure - develop a joint workforce and training strategy to address the future needs of our population and share staff across practice where helpful, to ensure primary care resilience.
- Implement an information sharing platform to enable the sharing of policies, procedures, protocols and best practice relating to clinical care and CQC requirements.
- Acute Access – develop an acute visiting service for patients that do not meet the criteria for the current commissioned service to ensure that all patients are visited in a timely manner reducing the burden of visits for individual GP practices across the locality.

### *North Blaby Partnership Hub*

- Para-medical staff pilot – pilot the use of Extended Scope Physiotherapists and Mental Health Practitioners 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.
- Integrated community working - 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.
- Back office resilience - develop closer back office links between the practices with an emphasis of harmonising processes, where appropriate and possible, to greater enable integrated working.
- Locality visiting service - 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.
- Acute Access – working together to optimise the use of the Acute Access fund to improve the provision of 'on the day' access for patients in North Blaby.

### *Oadby and Wigston Partnership Hub*

- Extend the Locality para-medical team and sharing local expertise; piloting the use of additional physiotherapy to improve access for patients and reduce the demands on GPs.
- Demonstrate GP at scale through formal changes to working arrangements between South Wigston Health Centre and Oadby Central Surgery, who are creating a new joint management structure to improve their sustainability. Their learning will be shared with the Locality to support improvement in efficient working practices and in patient care and experience.
- 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, ensuring that its 'community assets' are effectively used through social prescribing
- Implement an information sharing tool to enable sharing of policies, procedures, and protocols.



## Tool kit for Practices wishing to work at scale

We led a project that produced a toolkit for practices who wish to look further at working at scale.

The toolkit document provides guidance on the issues for practices to consider when assessing how to work together at scale and practical tools to implement joint working schemes in the following areas;

- Joint working between practices
- Mergers between practices
- Opportunities for working with Federations
- Multi-specialty Community Provider (MCP) new care model
- Primary Care Home Model

## Clinical Pharmacists in General Practice

The Federation worked with a number of practices to secure agreement from the NHS England "Clinical Pharmacists in General Practice" scheme to support the recruitment of 3 clinical pharmacists to work in general practice in patient facing roles. These pharmacists will be augmented by the existing pharmacists employed by practices.

Our scheme will cover 10 practices and more than 90,000 patients across East Leicestershire and Rutland. We are working with a specialist provider who will recruit and employ the pharmacists and provide management support.

## ELR Teaching Academy

Following an initial application in 2017, Leicester University have asked us to set up a Teaching Academy to provide training placements for medical students. Seven ELR Practices will join to form this teaching academy which will initially provide placements for fifth year placements in early 2019.

We are also working with the two other Teaching Academies in ELR to develop effective joint working and partnership arrangements.

## Improving Access to General Practice Winter scheme

The Federation was awarded a contract to deliver additional urgent on-the-day appointments over the winter period. The majority of our practices took part in this scheme which delivered over 5,000 additional appointments.

## H Pylori breath test service

We have been awarded a contract with the LLR Provider Company Ltd. (LLR PCL), to provide an H.Pylori breath test service in ELR. The majority of our member Practices have agreed to provide this service on a sub-contract basis.

## Diabetes Transformation Project

The Leicester, Leicestershire and Rutland (LLR) STP was awarded transformation funding for Diabetes treatment and prevention; helping Practices to improve the achievement of the NICE recommended treatment targets, and to help reduce the variation in achievement across general practice in LLR.

In partnership with Latham House Medical Practice, the Federation was awarded a contract to work with the Leicester Diabetes Centre to introduce a Diabetes Specialist Nurses scheme to support LLR practices identified as needing assistance with diabetes and blood pressure management.



## Harnessing web, digital and social channels to improve communications and engagement with patients and the wider community

We have begun work with Rutland Healthcare on an innovative project to harness web, digital and social channels across 4 practices to improve communications and engagement with patients and the wider community, including supporting the active signposting agenda.

The aim is to transform patient and carer access to health and care information, services, self-help and guidance. From one 'Hub' website, residents will be able to see national and regional healthcare information - updated directly by NHS England and Public Health England, latest news, guidance and advice in one convenient place, plus information and assistance relevant to their own local practice area.

Patients will be able to contact their local GP Practice, see details of local services, opening times and contacts. The practices will benefit from not having to duplicate effort in providing national and core healthcare information and advice.

Users will be able to use a range of tools to understand symptoms and get advice on the best course of action to take. They will also be able to tap into and interact with live conversations taking place across local social media.

The Hub will also act as a gateway to research and thought leadership from leading think tanks and research institutions.

We are also working with Rutland County Council to embed live feeds from the Rutland Information Service into the Rutland 'Hub'.

## GDPR Data Protection Officer Service

A key challenge facing our members during 2017/18 was preparing for the introduction of the General Data Protection Regulations (GDPR).

In response to requests from our member practices, we successfully established the ELR GDPR Data Protection Officer (DPO) Service, providing:

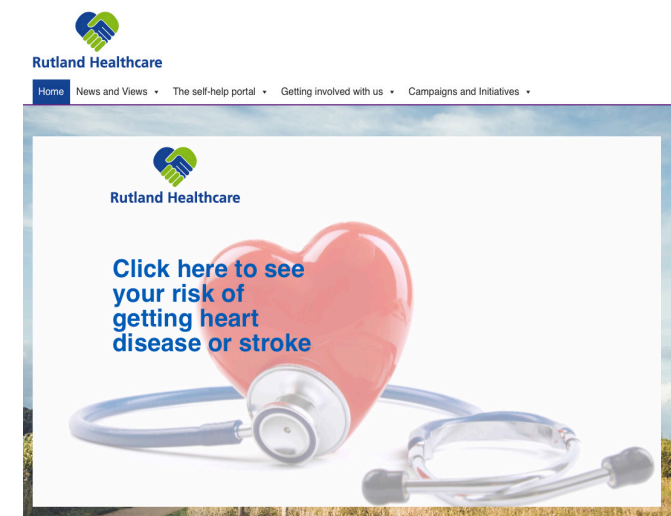
- the DPO function from an experienced and suitable qualified expert;
- access to a self-assessment toolkit to enable self-assessment and review by the DPO of current level of GDPR readiness;
- initial review by the DPO of that self-assessment with comments or advice;
- an e-mail first point of contact for data protection issues questions – (dpo@elrgpfed.com);
- Ask the DPO question and comment form;
- GDPR FAQs;
- sample html code to use as a GDPR page for practice websites; and
- a library of GDPR Further Reading resources.

The DPO service has proved to be successful, with the majority of Practices signing up to the service.

## Extended access primary care (evenings, week-end and bank holidays out of hours)

This represents a key opportunity for the Federation and we are actively preparing to be a key partner in the procurement for the Extended Access Primary Care services in ELR. The Federation will work closely with its members and partners to ensure that these services are embedded in the ELR primary care system to effectively support general practice to meet the needs of both our patients and practices.

As part of this procurement process, we will work to ensure that our Localities have the opportunity to contribute to the delivery of this service if they wish to and where appropriate.



### Supporting joint working

The Federation has worked with a number of practices on specific projects to support their resilience by facilitating joint working between members that are seeking to develop new formal joint working and management arrangements to ensure future sustainability.

### Correspondence Management

In line with the General Practice Forward View and the 10 high impact actions for releasing time to care, the Federation secured NHS E funding to support seven practices to form one of the LLR pilot sites to develop a safe and effective approach to managing correspondence in order to reduce the administrative workload on GPs.

### Demand Management

The Federation has been awarded a contract to manage the demand management process in ELR. We are developing performance monitoring reports for each Locality that allow comparison between practices and identify priority areas for action. Locality Meetings will be used on a quarterly basis for an open and informed discussion of these performance reports and areas where practice could be changed to stimulate improved performance and achieve a reduction in the demand placed on secondary care services. By continuing to review a consistent data set on a routine quarterly basis, we will establish a 'rhythm of accountability' that will promote ongoing and sustained performance improvement.

### Purchase Direct

Many of our practices have joined the purchasing scheme managed by Purchase Direct that has identified significant savings for members.

### East Midlands Networking Forum

We have participated in the East Midlands GP Federation Networking Forum during the year.

### Public Health Community Based Services (Health Checks, contraception, alcohol reduction)

The Federation has continued to provide these public health services throughout the year through sub-contracting member practices.



# Engagement and Communication

Effective engagement and communication with our members, commissioners and the wider health community is an essential element in the Federation supporting its shareholding practices to deliver excellent and sustainable health care.

We are committed to communicating and engaging with our stakeholders in an open, trustworthy, accessible and responsive manner to support the delivery of comprehensive primary healthcare services that are available to all and accountable to the communities that we serve. We strive to listen to as many voices as possible across our stakeholders.

The Federation has been working with local commissioners on behalf of our members, to support the development of sustainable General Practice across ELR. By drawing on the experience and expertise of our members, we proactively support our commissioners and partner organisations to deliver effective primary care services by calling upon an innovative GP network that is committed to creating an effective and sustainable primary care service with improved health outcomes for the residents of ELR.

We will continue to work collaboratively with commissioners - representing our members' interests to help create new pathways and innovative services that will be key to improving clinical outcomes for our patients in line with the vision set out in the LLR Blueprint for General Practice.

We constantly seek new ways of obtaining feedback about the services that we and our member Practices provide for local people, stakeholders, patients and their families.

The Federation has and will actively work with our health and social care partners to achieve this, including Leicestershire County Council, Rutland County Council, Healthwatch, patient groups, the voluntary sector and other partner organisations.

We also seek to engage with the wider healthcare economy and other GP Federations within Leicestershire and the Midlands to gather learning and draw on the evidence base for innovating and developing healthcare systems and practice to enhance services. As part of this process, we have linked with a Midlands based GP Federation network group.

## Harnessing social, web and digital technology

In addition to traditional paper based communication and engagement methods, we have introduced a host of new and innovative digital tools, techniques and channels. These have improved the ways in which we are able to reach out to our communities, keeping them informed about what we are doing, and bringing them together with each other and us.

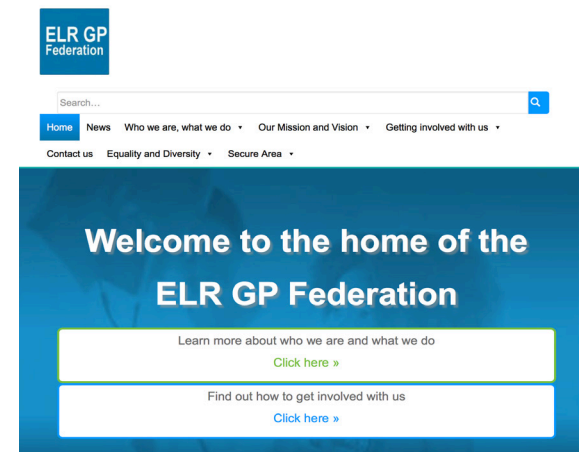
We have developed a modern and engaging web presence - [www.elrgpfed.com](http://www.elrgpfed.com) – where people can register online with 'myFed' to be part of a Federation membership scheme to:

- Receive updates, notifications and breaking news about the topics and issues of most interest and relevance to them,
- Subscribe to a regular e-newsletter,
- Access background documents and other materials
- Engage with us through a range of social media channels including Twitter and Facebook.

Our website also features free online services that make it attractive for our members and stakeholders to visit and return regularly, including:

- The healthcare news ticker – providing the breaking national healthcare news
- Window on the World – bringing together live social media feeds from the three LLR Clinical Commissioning Groups, University Hospitals Leicester, Leicester Partnership Trust, LLR Alliance, ELR GP Federation, the 2 LLR Healthwatch organisations, Voluntary Action Leicestershire and the Better Care Together Programme

ELR GP Federation champions equality and human rights in all that we do. This is especially important for communication and engagement activities.



# Legal form and Governance

The Federation comprises all GP practices within the ELR area from its six localities.

## Harborough

The Billesdon Surgery  
Kibworth Health Centre  
Two Shires Medical Practice  
Husbands Bosworth Medical Centre  
Market Harborough Medical Centre

## North Blaby

Enderby Medical Centre  
Forest House Medical Centre  
Kingsway Surgery  
The Glenfield Surgery  
The Limes Medical Centre

## Oadby and Wigston

Bushloe Surgery  
Rosemead Drive Surgery  
Severn Surgery  
South Wigston Health Centre  
The Central Surgery  
The Croft Medical Centre  
Wigston Central Surgery

## Rutland

Empingham Medical Centre  
Market Overton & Somerby Surgeries  
Oakham Medical Practice  
The Uppingham Surgery

## SLAM

The County Practice  
The Jubilee Medical Practice  
Latham House Medical Practice  
Long Clawson Medical Practice

## South Blaby and Lutterworth

Countesthorpe Health Centre  
Hazelmere Medical Centre  
Narborough Health Centre  
Northfield Medical Centre  
The Masharani Practice  
The Wycliffe Medical Practice

## Legal Form

ELR GP Fed Ltd is a company limited by shares which:

- Is registered at Companies House
- Is owned by its shareholders, who are the Practices, and run by an elected Executive Board;
- Each practice has nominated a GP to hold its shares on the practice's behalf
- Is governed by its Articles of Association and a Shareholders' Agreement between its members
- Offers limited liability;
- Allowed Practices to buy shares at a value and limit of £1 per 1,000 population with the retention of a defined number of shares for later issue if required.

Our Shareholders' Agreement:

- States how the Board of Directors will be elected
- Sets out the shareholders' rights and obligations
- Regulates the sale of shares in the company

- Describes how the company is going to be run
- Describes what will happen if a shareholder wishes to leave the company
- Provides an element of protection for minority shareholders and the company
- Defines how important decisions are to be made
- Provides guidance in relation to tendering for services



## The Board

The Board is accountable to shareholders on an on-going basis for the effective management of the Federation.

The Board comprises six members who carry the confidence of the voting shareholders from our Localities:

- Melton, Rutland and Market Harborough (3 Board members);
- Oadby and Wigston (1 Board member);
- Blaby and Lutterworth (2 Board members).

One of the Directors is elected as Chair of the Board. The Board can also co-opt further Directors, if necessary.

Each Board member serves for an initial period of three years.

A Chief Operating Officer serves for an unlimited period subject to performance and is a non-voting member of the Board.

## Management Structures

The Federation supports the delivery of services in a primary care setting, through sub-contracting arrangements with member Practices.

Many of the members of the Federation have been or are also shareholders of the LLR Provider Company (part of the Alliance Partnership). Any consequential conflicts of interest are managed by the Federation and the LLR Provider Company in accordance with their respective policies and procedures.

A clear management structure aids the smooth and efficient running of operations, and ensures that each member Practice is aware of its obligations and commitments in terms of any service it provides on behalf of the Federation.

The Localities are key in enabling the Federation to ensure that the member GP Practices are able to influence decisions made by the Federation and ensure that local health needs are addressed where appropriate through pan-Federation initiatives.



# Our Board

## James Watkins



**James is the Chief Operating Officer for ELR GP Federation.**

James started his career in healthcare 25 years ago when he joined the NHS Graduate Management Training scheme based at Leicester General Hospital. Since then he has worked across the country in a number of operational, strategic and development roles within the NHS, Charity and Social

Enterprise healthcare sectors.

James recognises this is a challenging time to be working within the NHS to ensure that we deliver high quality healthcare to the people that use our services. He believes it is very exciting that all practices in ELR have agreed to come together to create a new GP Federation to help rise to that challenge.

His commitment is to work with all Federation members to determine how the Federation can effectively engage with practices and add value to the delivery of primary care, whilst recognising the local variations across ELR.

## Dr Ryszard Geraint Bietzk

**Rysz is the Chair of the ELR GP Federation.**

Rysz has been a GP in Oakham since 2012, before moving to be based at the allied practices at Market Overton and Somerby.

Prior to moving to Rutland, Rysz has spent many years in general practice both in Bedfordshire and Essex.

He has been actively involved in primary care development over that time from total purchasing and fundholding through to practice based commissioning and the formation of CCGs. He also took time away from primary care to be medical director of a hospice.



## Dr Gareth Chidlow

**Gareth Chidlow is Board Member for Melton.**

Gareth Chidlow works at Syston, where he was instrumental in the building of their new Health Centre and bringing many services into Primary Care from Secondary Care. These have included ultrasound scanning, hand surgery, hernia repairs and MRI. He has used his experience in leading on procurement for LLR Provider Company, where he has been successful with several tenders including the Alliance contract for Elective Care.

Gareth sits on the Alliance Leadership and Management Boards as well as the Clinical Reference Group.

## Dr Louise Ryan

**Louise Ryan is Board Member for Oadby and Wigston.**

Louise has lived and worked in Leicester and Leicestershire since 1999, when she commenced medical training at Leicester Medical School.

She trained as a GP at the Glenfield Surgery and, following four years as a GP at Hazlemere Medical Centre in Blaby, she joined Central Surgery in Oadby, where she works as a GP Partner and GP Trainer.





## Kirsty Whawell

### **Kirsty Whawell is Board Member for Harborough.**

Kirsty has lived and worked in Kibworth for the last 8 years and is the Practice Manager at Kibworth Medical Centre where she has been in post for the last 4 years.



From 2013, Kirsty managed the development and construction of the new medical centre which opened to patients in July 2017.

## Dr Nainesh Chotai

### **Nainesh Chotai is Board Member for Blaby and Lutterworth.**

Nainesh Chotai has been a GP at the Glenfield Surgery since 1995. He is LMC Chair and a GP trainer. He was on the working group that founded the ELR GP Federation.



He is an active participant in the locality meetings and is committed to ensuring GPs are appropriately resourced for the increasing burdens placed on them.

## Joe McCrea

### **Joe McCrea is Head of Communications and Engagement.**

Joe has been involved with the Federation since its inception – both in shadow form and once fully operational.



He attends Board meetings in a non-voting capacity to give advice and support in respect of all aspects of communications and engagement.

He has a strong communications background with wide experience over more than 20 years at a senior level developing and delivering in-house assignments, marketing, comms, PR and campaign initiatives in health, public health, local government, education and environment spheres.

In addition, over the period covered by this Annual Report, the following served as Board Members..

## Dr Anuj Chahal

### **Anuj Chahal was Board Member for Harborough.**

Anuj Chahal is a GP partner at the Two Shires Medical Practice with sites at Kibworth, Fleckney and Market Harborough. He completed his medical training in London and general practice training in Leicestershire.

## Dr Simon Vincent

### **Simon Vincent was Board Member for Blaby and Lutterworth.**

Simon worked for 12 years as a GP at Burbage Surgery before joining the partnership at The Limes Medical Centre, Narborough in April 2015.

He has been a GP Trainer since 2008. In 2014 he joined the West Leicestershire CCG Quality & Performance Group and became a Director of the newly formed Hinckley & Bosworth GP Federation in the summer of 2015.

**ELR GP**  
Federation

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