**ELR GP Federation Ltd**

**Chief Operating Officer Report – July 2018**

1. **Strategy and roles and responsibilities - update**

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| **Action** | **Update** |
| CQC registration | * JW to make contact with the CQC contact advised by Helen Rose. |
| Independent provider status to enable it to employ staff with NHS pensions. | * The main focus is to work with LMC Law to establish a model where a lead practice employs with appropriate indemnities / contract in place with participating practices. * We will also ‘double check’ that the Federation cannot provide NHS pensions without an NHS contract. |
| Pricing for project / consultancy support | * Update to be tabled at the meeting |
| Consider working with local GP Federations, where sensible. | * Meeting held with 4-Fed. See update below. |
| Business and budget plan from April 2019;  3 potential income streams;   1. Service contracts 2. Fees for service 3. Practice contribution | * Draft to be developed for the next Board meeting for discussion. |

1. **Localities & transformation fund update**

* All six Localities have now had their plans approved.
* JW has developed a Project Management structure to assist the Locality teams implement their plans. We are supporting the implementation of these plans in most cases. Funding arrangements need to be finalised.
* JW has 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 **(see appendix 1)**.
* There will be quarterly CCG Transformation Fund panels to review progress and decide on the release of funds. JW has been asked to attend these panel meetings to advise on progress etc.

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

* The specification is likely to be released by the end of August 2018 for a new contract to start in April 2019.
* GC, RB & JW met with DHU (Simon Harris) to discuss the procurement. A draft MoU is included in the Board papers for the Board to consider.

1. **Collaboration with West & City Federations / Community services re-design**

* JW/KW attended a facilitated joint working session with 4-Fed on 14th June.
* Tamsin Hooton provided a briefing on the LPT community services re-design project which includes; DNs, Community Nursing, ICS, Community beds, Therapies, Primary Care Coordinators. Procurement options will be outlined in autumn 2018.
* Tamsin encouraged Federations to engage with LPT to consider possible partnership working.
* Initially, there is an opportunity to engage with LPT to support the winter pressures (ICS)
* JW/GC will meet with LPT on 5th July 2018.
* RB attended a workshop on 3rd July 2018 and will feedback at the meeting.
* Clearly, the Federations have an opportunity to collaborate and present a strong united primary care position.
* **4-Fed have asked ELR GP Fed to consider whether / how it wishes to collaborate and how this might be formalized / resourced. Representatives from 4-Fed would be pleased to attend a future meeting to progress.**

1. **Winter Access scheme** 
   * Market Harborough have confirmed that they did not take part this year. We will now distribute the remaining funds accordingly.
2. **NHS England; Clinical pharmacists in general practice Project**

* Prescribing Support Services are ready to go.
* Three Practices have withdrawn from the scheme
* Glenfield have agreed to come into the scheme
* Severn are considering joining the team
* With Glenfield and Severn - we achieve the 90,000 patients - see updated schedule attached.
* I have advised NHS E of the change of practices and await a response - and will follow up.
* The plan is for the three lead practices to hold the NHS E contracts (attached).  They will receive the NHS E money, which will be passed to PSS.
* Each practice will have an SLA with PSS based on the attached template; which needs finalising.  Practices will pay their 'matched funding' to PSS.
* Tim Sacks has confirmed that the CCG £2/patient scheme can be used to contribute towards the matched fund element of the scheme.

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

* Latham House are being audited.
* HP is contacting our sub-contracting practices to update the schedule of fitters and their evidence to practice and indemnity certificates

1. **Correspondence management**

* The practices attended the LLR workshop in April 2018; follow-up session in May 2018
* Project meeting held in June 2018 to support the seven practices in implementing the correspondence management process

1. **Demand Management**

* RB/JW met with the CCG on 1st June 2018 to agree the approach for FY18/19.
* Tim Sacks has confirmed that the Federation will be paid for this work @ 10p/patient for FY18/19.
* Further meeting scheduled for 6th July 2018 to finalise the approach for this year.
* We are assisting with the CCG Referral Management work stream to potentially develop referral hubs; where there is potential overlap.

1. **Diabetes nurse specialists**

* Implementing with Latham House, with support from Diabetes Centre (Laura Willcocks)
* Two DSNs have started work. Further recruitment is needed.
* Anne Scott (ELR CCG) has agreed to assist with implementing a clinical governance process to assure this scheme.

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

* JW to develop sub-contract agreements with practices.
* The project and project management structure is in place and the practices are starting to use the system.
* Key review date in November 2018 to determine whether the project will continue into Year 2.

1. **GP TeamNet -** This is an option has been identified by the Harborough, SLAM and Rutland and O&W Localities to assist with information sharing and joint working between practices. We held a demonstration in June 2018 which was well attended and a lot of enthusiasm expressed to implement the system across ELR.
2. **Service contracts –**ELR CCG have confirmed that H Pylori, will be procured via the Federation. JW has met with PCL to progress – awaiting final confirmation. Notification has been circulated to all practices advising a start date wef Q2.
3. **Primary Care Exchange** – Some Localities plan to develop a staff bank as part of their Transformation Plan. PCE could offer a solution.
4. **Teaching Academy –** the notes from the meeting held in May 2018 are attached at **appendix 2** which outline the main elements of the scheme.

We held a follow-up meeting in June and will have a follow-up meeting with University in July 2018. It was agreed that a realistic target for the Federation Academy will be to take 3rd year students in January 2019 and potentially 5th year students in February 2019.

The administrator of the South Leicestershire Academy (Julie Bentley) has agreed to work for the Federation Academy.

1. **GDPR – DPO service**
   * We have developed a Federation approach to providing a DPO service for practices which is summarized below.
   * Over 25 practices have now signed up to the scheme.
   * LMC Law are checking the contract
   * Practices have been charged 50% of the proposed fee.
   * We will keep the resources required to deliver the service under review.
2. **Communications update**

We are working with Rutland Healthcare and the South Blaby / Lutterworth Hub on their Transformation Fund pilot schemes to develop hub level web portal, integrated with social media and e-marketing approaches. The aim of the pilots is to;

* Build and operate two ‘proof of concept’ web portals, able to interact with individual member practice websites to lessen the burden and reduce the duplication for individual practices in providing core medical advice and ‘active signposting’ advice to patients
* Enable the individual practices to supply practice-specific information and advice into the hub level portal
* Provide live, automated 2-way content sharing between the practice websites and the web portal
* Integrate the portals with social media and e-marketing, to maximise channels of communication and engagement with as wide a range as possible of local patients and stakeholders
* Harness specialist social media and web tools to build audiences and engaging content and, thereby, to maximise the impact and usage of the portal, social media and e-marketing solutions

As part of their Transformation Plans; four Localities (Harborough, Rutland, Oadby & Wigston and SLAM) plan to implement an information sharing tool to assist with joint working, sharing information etc. GPTeamNet had been identified as an option and a demonstration / meeting was held between practices and GPTeamNet to explore the benefits of the product.

Joe has talked with GPTeamNet about the possibility of collaborating to provide a complete end-to-end solution for practices; where GPTeamNet supports core practice level business operations / information sharing and the Hub based pilot integrating the external facing digital media, including social media and e-newsletters to interact effectively with patients.

A meeting was held at Countesthorpe to progress this idea. The intention is for the Rutland Healthcare and South Blaby / Lutterworth Hub pilots to be run for their initial proposed 6 months to prove the concept with a manageable number of practices and learn lessons about the resourcing implications involved in any wider or long-term roll out.

1. **East Midlands GP Federation Networking Forum -** We have been a member of this Forum for one year and now need to decide whether to continue membership for a further year at a cost of £1,000.
2. **Ballards advice –** attached at **appendix 3.**

**Appendix 1 – Transformation Fund reporting templates**





**Appendix 2**

**Teaching Academy meeting – 22nd May 2018**

**Present**,

* Anuj Chahal (Two Shires)
* Ian Razzell (Oakham / Markey Overton / Somerby)
* Pritesh Mistry (Forest House)
* Steve Cooke (Billesdon)
* James Watkins (Federation)
* Kirsty Whawell (Kibworth / Federation)
* Jane Burns (University)
* John Harrison (University)

**Apologies;**

* Nainesh Chotai (Glenfield)
* Binta Shapiro (The Limes)

1. **HISTORY**

Anuj outlined the history of the previous Federation application to become an academy (January 2017).

1. **TEACHING EXPERIENCE AND EXPERTISE AND SUPPORT**

The teaching experience and expertise of the 7 interested practices will vary. Teaching support will be offered by the medical school at masterclasses here or on location to team members involved in teaching.

1. **YEAR 3 STUDENT TEACHING**

These students have 12 week placements x3 in the year. The practice should appoint a named mentor for each student. Teaching can be undertaken by several members of the practice team including

HCAs, ANPs practice and district nurses. They should be encouraged to work with the HCA and undertake practical procedures such as phlebotomy and spirometry for instance. Jane will check on the indemnity situation with our students.

Some sessions could take place in urgent care/care homes to undertake for instance medication and or care plan reviews. The students should be encouraged to undertake audit activities.

There should be 5 sessions a week set aside for face to face teaching by a GP, some observed, some with supervision available. If a practice has 2 students one can consult and the other observe objectively.

There should be one group/locality teaching session per week which can be rotated amongst the academy practices. These can be video consultation analysis and be tripartite with FY1 doctors and registrars. Wednesday afternoon is an authorised absence session for sport and recreation. Wednesday morning may be the preferred session for ‘locality’ teaching.

The students have a number of DOPS to perform some of which could happen within GP.

1. **FEEDBACK**

Can and should be given by GPs and the nursing teams and should use the student’s NHS portfolios. There should be some multisource feedback too.

1. **ASSESSMENT**

This will not be arduous and will require the student to undertake some SBAs and the practice to enter structured comments on performance at mid and end point and entries into the e-portfolio. LIFT UPP

1. **YEAR 5 TEACHING**

This is called a student foundation assistantship. There will be 3x6 week blocks in a practice with a week interval between each block. This will start in February 2019. This is an apprentice model. The students will have passed finals and have undertaken an elective and could undertake patient consultation independently with supervision available. Jane will email the course information.

Some practices do take year 3 and 45 students but there is overlap and this can be challenging administratively and from a manpower perspective.

1. **TURTORIAL RESOURCES**

These can be shared electronically.

1. **ANNUAL TEACHER’S WORKSHOP**

This will take place at the George Davis Centre, the principal medical school building, on the **6th September 2018** and is an all-day event.

1. **GEOGRAPHY**

Will students be able to commute by public transport to all the involved surgeries?

1. **PASTORAL, ACADEMIC AND PROFESSIONALISM SUPPORT**

These support services can be accessed through the medical school if the practice has concerns about any student. Jane is involved in academic support and John in professional support. This is likely to be a less usual event.

1. **PAYMENTS**

Each student placement will attract a fee of £500 per week. John will clarify with Chris Rawden, the new Operations Manager, if this is inclusive or exclusive of VAT.

Rodger Charlton and Chris Rawden will clarify the fees to be paid to an academy to help towards administrative costs and the fee that may be payable on a new practice entering an academy. A fee of around £2,000 will be paid for each new practice that joins the academy. Chris Rawden ([cjr49@leicester.ac.uk](mailto:cjr49@leicester.ac.uk))

1. **FOLLOW UP**

The consensus seemed to be there was great interest in teaching year 3 students; starting in ly January 2019 and year 5 students in February 2019. We did comment that the student teaching cross over in some practices teaching both year 3 and 5 students has been administratively challenging.

The Federation academy practices will meet in June 2018 and then meet again with Jane and John in approx 2 months’ time.

John will ask Rodger Charlton and Chris to clarify the start-up payments.

John will ask Chris Rawden to discuss the financial arrangements with you and answer Ian’s question re VAT.

Jane will email the electronic information relevant to the various course we discussed

**Appendix 3**

**Ballards advice @ June 2018**

**1 Transformation Funding - £2.25pp**

The ELR CCG has offered our 6 localities to make application bids for Transformation Funds.

The Federation has been assisting and supporting these localities in the application process.

As each locality is made up of a number of practices, the funding cannot go to just one practice (there are no 'community type' entities set up).  It has been suggested that the Federation holds, and manages, the funds on behalf on the localities.

The Federation would pay out expenses on behalf of the localites and maintain a basic set of accounts.

**Question - would there be a problem with this set-up?  Would we need to set up a separate 'client' account to hold, and expend, these funds?  What issues should we be aware of?**

Need to discuss more to consider potential problems

Re client account: In principle, ‘need’ of client account dictated by contract with CCG

However, best practice would be to have one – also would help with argument that this is not income belonging to ELR and hence not being VATable

**2 Future funding for the Federation itself**

The support from our CCG ends this year - we are fortunate to have managed to spread it into the third year.

However, in order to sustain our existence, we need to charge out James' time to the CCG, our members for project management (as above) etc, as consultancy work.

Although we are still trying to figure out what rate we can charge at (any tips would be appreciated) it would be a reasonable amount over the year.

**Question -Would this be a vatable supply? If so, given that we have other small pots of 5% admin income, the cumulative total would at some point take us over the registration threshold.**

If you are going to charge out staff, then this will be a VATable supply – the work being charged out for is consultancy and project management = admin

Lets discuss potential mechanisms, but need to bear in mind cost will be (Gross + NIC + Pension) / (260 days less (holidays + bank holidays)) = daily cost, onto which need to make margin. Sorry if this is obvious, but sometimes the add-ons and holiday elements are missed

If you breach £85k, then will exceed VAT threshold and need to register.

**3 Supporting practices with a Data Protection Officer**

With GDPR very imminent, we were considering ways of assisting our members with a DPO.

We have 2 options - 1 being to employ a member of staff who would fulfill the role of DPO to member practices (at a cost) and also assist James when not doing DPO work.

Option 2 being to 'buy-in' the services from a 3rd party and re-charge it out to the member practices.

Although Option 1 is still a possibility, with the deadline looming for Friday, we are going to go with Option 2 for the time being.

**Question - we are assuming that the re-charge would be a vatable supply - is this correct?**

I would expect so, yes unfortunately. Could the third party not bill to practices direct?

**4 VAT**

On the basis that we do have to become VAT registered - I assume we will be partially exempt - so which sources of our income will NOT be subject to VAT?

The CCG income has been argued as a ‘grant’ previously. If this remains the same, grant is outside scope of VAT and technically partial exemption doesn’t apply, but ‘business apportionment’ does. In many ways these are similar though.

How much input VAT would we be able to reclaim? Would we be able to claim the whole of the input VAT on point 3 above - ie 3rd party DPO cost, as we would then recharge it out + VAT? Yes

**Question - Is there a good time to register or delay until inevitable? In your experience, how have Federations who are VAT registered fared, given it's an added cost passed to Practices who are not in a position to claim it back?**

Realistically I would always suggest delay as long as you can before registering. Being VAT registered certainly impacts the ability of Federations to work in the way they might otherwise do if VAT wasn’t a problem and has actually led some to consider looking to a ‘divisional’ merger where many of the VAT problems can be overcome, for example having central shared back office functions is an obvious one – some have managed to get this to work for them, others haven’t.

**5 Provision of Diabetic Nurses**

Following on from your comments in our last communication (Appendix 1), the Federation has taken itself out of the loop and the employing GP Practice will directly invoice the other Practices.

The Federation will just charge for managing/facilitation the project.

Thank you for the guidance in this.

Good news, thanks for update

**6 H Pylori**

The Federation are about to be awarded the contract for managing H Pylori services in our CCG.  We aim to process this 'back-to-back' as with the other contracts.

Thanks – sounds reasonable

**7 Patient App project**

A 3rd party supplier will provide training/patient health app etc to the Practices involved. The Supplier will invoice us (standard vat invoice) and we will invoice the respective CCG/Council for the gross amount (no vat). So, 'back-to-back' as before. We will then invoice the CCG/Council for our admin charge separately.  Please can you confirm that continuing this way is still, arguably, ok.  Our cumulative total for the admin charge is well within the VAT registration threshold.

This is similar to the treatment we have discussed before. Crucially the third party (‘3P’) provides the services to the practices and whilst they invoice ELR, ELR will recharge the amount in full to the CCG and ELR will only pay the invoice to the 3P once the CCG has paid the cash to ELR. In this instance, the treatment can be argued to be that of an ‘agent’, and so this is still the best way of dealing with this in my view.

**8 Becoming an Employing Authority**

You are right that to employ nursing staff direct it is likely you will need to be in a position to offer an NHS pension.

This used to be virtually impossible for federations, but more recently the pensions agency have recognised the need for this, and there is a decent guide available at the following location

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/gp-fedrtion-pension-qa.pdf>

**Appendix 1 – Diabetic Nurse scheme advice**

The 3rd scheme is for the Provision of Diabetic nurses, whereby the Federation is acting as.......agent/facilitator???

The funding is held by the CCG for the provision of diabetic nursing.  One of our member practices is going to employ the nurses and we are also going use nurses provided by UHL.  These nurses will the work across the various practices that signed up to the scheme. I believe the employer practice/UHL will charge us for the cost of providing the nurses and we will invoice the CCG for the funding to cover the cost (back-to-back) and then invoice separately for our admin/service fee.  Please can you clarify/confirm that the way we deal with this (ie same as above) is ok or are there other implications?

 This is a bit different, and you can’t use the same way around the problem as you do above unfortunately. Therefore the following would apply:

·         Supply of nurse by GP practice to ELR                                     - normal rules – potentially standard rated

·         Supply of nurse by ELR to practices (paid by CCG)             - normal rules – potentially standard rated

There is an ‘extra-statutory concession’ though in respect of the supplies of nurses. I have attached this for reference, but it essentially says that the supply of nurses to a GP surgery can be treated as exempt for VAT purposes. However, only the final supply can be treated in this way, so using your example:

·         Supply of nurse by GP to ELR                                                      - normal rules – potentially standard rated

·         Supply of nurse by ELR to practices (paid by CCG)             - concession could be used to treat as exempt from VAT **BUT only is ELR is CQC registered**

I understand that ELR is not currently CQC registered. **Therefore the concession cannot be used** for the suggested fact pattern and all supplies would be subject to VAT

However, If the employing GP practice supplied the nurse direct to the practices, the concession could then be used as they would be making a final supply and they would be CQC registered.

This may be the best way to treat it. ELR can still deal with the paperwork and can then receive a fee for putting this together (which would be VATable under normal rules), even though the cash doesn’t pass through you. Is this worth some consideration?

 As an aside, the practice that is employing the nurse is exposing themselves to additional risk here, eg, employment liabilities, sick pay, redundancy pay if/when the scheme ends (particularly given reference to the NHS rules on continuous service in NHS rather than just at the employing site) – has this been considered ?