**ELR GP Federation Ltd**

**Chief Operating Officer Report – February 2019**

1. **Business plan for FY19/20**

* JW/HP will table an updated income and expenditure forecast at the Board meeting and present the associated business plan assumptions.
* RB / JW held a meeting with Tim Sacks on 1st February 2019 and agreed that the Federation should build on the work over the last year to support Locality working and play a key role in the development of Primary Care Networks (PCN) in FY19/20. For this funding would be made available at 25p per patient (c.£82K). This proposal will need to go through the relevant approvals process but would be a significant element of sustaining the Federation in FY19/20.
* Key income streams will be;
  + - PCN (incl demand management @ c£82K (TBC)
    - Urgent Care (DHU) @ c£50K
    - H Pylori, CBS, GDPR @ £10-£15K
    - TF funds c/fwd @ £40K (TBC)

***Note;*** *all these numbers are quoted before the impact of VAT*

* JW / RB will be presenting an update to the PCCC on 5th March 2019 **(see update @ Paper C)**

1. **Localities & transformation fund update**

* We continue to provide support to Localities in implementing their transformation fund projects
* The Federation is now holding the following contracts on behalf of practices.

|  |  |  |  |
| --- | --- | --- | --- |
| **Locality** | **Contractor** | **Project** | **Duration** |
| Harborough | Jamie Bell Physiotherapy Ltd | First Contact Physio | 7 months |
| O&W | Jamie Bell Physiotherapy Ltd | First Contact Physio | 6 months |
| SLAM | DHU | ECP | 6 months |
| All | Clarity Informatics | GPTeamNet | 12 months |
|  |  |  |  |

* The First Contact Physio and ECP contracts are progressing well and GP time is being saved.
* We are coordinating regular project review / monitoring meetings for these contracts
* The pilots are nearing their conclusion; practices will have to decide whether / how to extend / continue the service
* The Federation supported the Q3 update reports and attended the CCG panel that reviews the progress and implementation of the TF projects.
* Federation fee arrangements are summarised at **appendix 1**

1. **Primary Care Networks**

The BMA update summarises that, as part of the recently announced NHS 10 Year Plan; practices will form Primary Care Networks (PCN) through a new Network DES, thereby building on the core contract. Networks will facilitate shared decision making between practices for their total network populations (typically 30-50,000), around funding and workforce distribution, and augmented service provision. Networks will need to be geographically contiguous. Further detail on PCNs from the BMA update is shown below (full update is included in the Board pack at **Paper D**.

**The Federation should play a key role in facilitating and supporting our six Localities to develop their PCNs.** This will be a key area of discussion at the Board meeting.

*Network requirements and services*

*To become a network, practices will need to complete a short submission to the CCG as part of the DES. This will require the names and codes for each practice within the network, the total network list size (ie sum of member practices’ lists), a map marking the network area, the name and details of the single provider to receive funding, the name and details of the clinical director, and the initial Network Agreement (signed by each practice).*

*The network agreement outlines what decisions the network has made about how they will work together, which practice will deliver what (for specific packages of care), how funding will be allocated between practices, how the new workforce will be shared (including who will employ them) etc. This agreement may be amended/update over time with the agreement of member practices, and as new services, workforce and funding become available.*

*Requirements (and associated funding) for the Extended Hours Access DES (currently undertaken by practices) will move to the Network, which will be responsible for ensuring the equivalent coverage for 100% of the network population. Increasingly, and by 2021 for all areas, this activity will be aligned with the evening and weekend services currently funded in each area of the country through £6 per patient and all will be under the direction of the network. This will enable a more integrated service with local practices.*

*From 2019, the DES specification will require networks to outline how they will provide specific support for those in care homes, undertake medication reviews, improve personalisation and anticipatory care, and how data will be shared within the network.*

*From 2020 onwards, additional requirements will be added around cancer care, prevention and inequalities, and CVD; although the details of these are still to be negotiated. These areas will be linked to the expanded workforce employed by the network.*

*Network funding*

*In addition to the workforce costs (for the additional workforce and the clinical director) each network will receive a recurrent annual payment of £1.50 per patient (an extension of the current CCG funding, but now non-discretionary) to be used by the network practices to support their work. Additional funding has also been added to global sum, for practices to establish and engage with networks.*

*Front-loaded additional funding, ring-fenced for networks, will be available from central allocations (in addition to some of the current funding for GPFV and CCG funding).*

*A new Network Investment and Impact Fund will be introduced from 2020, providing funding for networks successful in reducing the burden on secondary care, in a controlled and agreed manner and which could be used by the Network to develop more sustainable community based services.*

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

* The weekly implementation meetings, including commissioner representatives, have been driving the implementation process.
* The risk register is in the Board Pack as **Paper E.** The key risks are;
  + Clinical workforce recruitment (GPs and ANPs)
  + S1 unit commissioning
  + Activity being greater than contracted volume
* The Federation has been focused on GP recruitment. We now have 16 GPs who are interested in providing sessions. In addition, we are working with Bushloe Surgery on the option of the Practice taking responsibility for providing the GPs in core hours at the Oadby UCC.
* LHMP and MHMP have decided not to provide the ANPs for the Melton and MH UCCs respectively.
* JW is coordinating the work to pilot / implement the ‘UCC booking pathway’; whereby Practices will make slots available for UCC to book directly into.
* DHU have now sent across the draft Articles of Association and Shareholders agreement for the ***‘DHU East Leicestershire and Rutland CIC’***. JW has contacted LMC Law to review these documents.

1. **NHS England; Clinical pharmacists in general practice Project**

* NHS E have confirmed that we can proceed with two pharmacists in the first instance.
* NHS E have confirmed that we can proceed with patient population @ just under 60,000
* LMC Law have been instructed to review the PSS contracts; costs to be shared with PSS.
* PSS will be interviewing 7 candidates; and will provide 3/4 pharmacists for Practices to meet and decide on the preferred candidates.

1. **Community Based Services**

* Leicestershire CC has verbally confirmed that our contract will be extended into the third year.
* HP is confirming with our sub-contracting practices their schedule of fitters and their evidence to practice and indemnity certificates.

1. **Correspondence management**

* We held a successful support / review session with our participating practices on 9th January 2019.
* We will arrange a workshop for both the admin staff and GPs after Easter; for Practices to provide an update on their progress and enable the sharing of best practice etc

1. **Demand Management**

* RB has completed reports for each Locality – identifying key trends and areas for further investigation / training / service development.
* These have been presented to the Localities, where some Practices have updated on the tangible changes that they have made to reduce referrals, where appropriate.
* There has been an observable reduction in overall referrals growth across ELR; which has been contained within 1%
* CCG funding to continue the Demand Management project into FY19/20 will be contained with the 25p / patient PCN resource
* Following a review of progress with the CCG, Jamie Barratt circulated the following summary of the project;

*‘The Federation were commissioned to support delivery of the specification with localities/practices and one key aim was to achieve the following:*

*****GP Outpatient referral growth rate is currently running at 2% based on 2017/18 outturn.***

*****The expectation is that the practice will contribute to an achievement of 1% GP outpatient growth at Hub/Locality level***

*Q3 position and update has been communicated with localities and projected achievement is to only increase by****0.66%****overall for the CCG (the locality positions are fairly consistent with this). This is below the anticipated target of****1%.****This also supports our GP SIP position QIPP delivery re demand management which is also achieving a ‘green’ position.*

*I have attached an example for OW of the detailed analysis and interpretation conducted by the Federation. There has been real engagement in this and the focus of a programme of work across the year has shown that a targeted focussed, programme of work pay dividends.*

*The foundation is now set for this work to aim to continue in 19/20 and progressed further as we move into PCNs.’*

1. **Referral support service (RSS)**

* ELR and City CCGs have agreed to work with the Alliance to develop a model (see diagramme below) to shift more activity into the community in the following specialties;
* ENT
* Dermatology
* General Surgery
* Orthopaedics
* Rheumatology
* An Alliance implementation group has been meeting which includes patient representation, primary and secondary care clinical representation as well as finance, operational and contracting teams.
* The group has been working through the processes, financial model, contracting requirements and capacity and demand implications associated with providing triage and treatment services.
* The Alliance will hold the contract; who could sub-contract to PCL / Federations.
* Expressions of interest have been sought for MSK Triage **(appendix 2);** this will be followed by dermatology.

1. **Diabetes nurse specialists**

* Three DSNs continue to provide a valuable support to identified LLR practices.
* West Leicestershire CCG , who commission the service on behalf of NHS E, are pleased with the progress that has been made.
* JW will write up a clinical governance process to assure this scheme for Board consideration.

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

* Three care homes and >90 patients have signed up to trial / use the product
* RCC have confirmed funding for a second year @ £49K
* There has been a glitch with the system which has resulted in a 3 month extension to the contract.

1. **GP TeamNet**

* All six Localities have signed up to the GPTeamNet project utilizing Transformation Funds.
* The Federation contract with Clarity Informatics has been signed
* A project implementation team has been put in place which includes a lead from each Locality, JW and Kati Makepeace from Clarity Informatics.
* The Locality leads met with Clarity Informatics on 17th January 2019 to determine how to use the tool to facilitate Locality and ELR wide working.
* A number of Localities wish to procure a second year utilising the Transformation Fund; JW has obtained a further quote. Clarity Informatics has agreed to constrain the fee to 325,000 patients.

1. **H Pylori**

* The majority of Practices have decided to provide an H Pylori service as a sub-contractor to the Federation.
* Q3 returns are now been collated and passed to PCL for payment.

1. **Locum service**

JW has yet to progress.

1. **GDPR – DPO service**
   * The majority of the Practices have now signed up.
   * Practices now need chasing to complete the self-survey.
   * Hinckley & Bosworth Federation have expressed an interest in using the DPO service; Joe will provide this service directly.
   * Joe will be providing an update on 13th March 2019 @ 7pm @ Kibworth
   * We will summarise an approach for our practices for FY19/20 at the Board meeting.
2. **Fracture Liaison Service (FLS) project**
   * The proposal is to trial a locality based ‘fracture liaison service’ to help prevent further fractures in the identified risk group.
   * **The final business case is attached at Paper F.**
   * The Public Health team have added their support to the scheme proposal
   * The Business Case has been presented to the Alliance Leadership Board who support the proposal
3. **Communications update**

* The Transformation Fund pilot scheme to develop hub level web portal, integrated with social media and e-marketing approaches with Rutland Healthcare is progressing well and the new Rutland hub has now been launched.
* Joe will bring forward a proposal for how this approach could be broadened within the CCG area.

1. **INR STAR**

* The CCG will cease funding INR STAR wef April 2019.
* The Federation has obtained quotes from two companies; LumiraDX and DAWN.

1. **Second blood collection**

* 19 practices have indicated that they wish to procure a second blood collection
* UHL advised that there is compelling evidence that the lack of a second collection is resulting in many unnecessary referrals to ED etc

1. **Active signposting**

* ELR CCG has asked the Federation to coordinate a pilot within 1/2 Localities to support practices with Active Signposting (funding @ c£6K to £8K)
* The first session would have to take place before the end of March 2019 to qualify for the funding support.
* Building on the initiatives that have started in Rutland and O&W will be pursued.

**Appendix 1 – Federation Transformation Fund fees**



**Appendix 2**

**MSK TRIAGE Service delivery in Primary Care**

**Expressions of Interest**

LLR Provider Company is seeking **Expressions of Interest** from GP Practices/GPSI that are interested in providing an **MSK TRIAGE** service within the Community.

**1. Does your practice have:**

* Suitably Qualified and Experienced GPs with an interest in delivering MSK TRIAGE service in the Community?

**2. Summary Information;**

* The practice will agree to deliver the service under a Service Level Agreement with LLR Provider Company Ltd, that will run from March 2019 to March 2020 initially.
* MSK triage is a virtual service.
* The patient’s GP will refer using agreed clinical PRISM pathways and electronic referral system. The referral will be received at a central booking point and processed so that the GPSI is able to triage the referral and provide the administrative team with an outcome.
* Patients requiring treatment will be offered a choice of location appropriate to the level care required, and date and time for their appointment.
* The MSK TRIAGE service can be delivered on its own or practices may also be able to/wish to deliver the MSK treatment pathway as well. Details of the full MSK Triage and Treat pathways will follow.

**3. If you have questions and would like to review the Service Specifications and Agreement;**

* Then please contact LLR Provider Company Ltd on [**info.llrpcl@nhs.net**](mailto:info.llrpcl@nhs.net) to obtain more detailed information
* Or call **0116 380 0590** or **07580 885 443** and ask to speak with Jacquie Thornber, Finance and Operations Manager, who will be pleased to help.