ELR GP Federation Ltd

Minutes of the meeting of The Board of Directors

Thursday 21st March 2019 – Syston Medical Centre

**Present**: Dr R Bietzk (chair), Dr G Chidlow, J McCrea, J Watkins, Dr N Chotai, R Whitehead

1. **Apologies** – Dr L Ryan, H Patel, K Whawell
2. **Declarations of interest**

Robert Whitehead – along with The Croft Medical Centre; Bushloe Surgery have been awarded a contract to provide the GPs for Oadby Urgent Care Centre during core hours, Monday to Friday.

1. **Minutes of the meeting held on 21st February 2019**

Approved as an accurate record.

1. **Matters arising** – covered in the agenda.
2. **COO Report**
3. **Localities & transformation fund update**

* JW updated that the Federation has continued to provide support to Localities in implementing their transformation fund projects and that that the Company is 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 |

* In addition, Rutland have agreed to carry out an ECP pilot with DHU in Q1 19/20 and the Federation will hold the contract; in a similar way to the SLAM contract.
* The First Contact Physio and ECP contracts are progressing well and GP time is being saved.
* The Federation is coordinating regular project review / monitoring meetings for these contracts.
* The pilots are nearing their conclusion and practices are having to decide whether / how to extend / continue the service – potentially using Acute Access funds.
* The Federation will coordinate the Q4 update reports and attend the CCG panel that reviews the progress and implementation of the TF projects.
* We will also prepare a report that summarises the achievements of the various TF projects and comparing similar projects, as appropriate.

1. **Primary Care Networks**

* Practices are in the process of forming Primary Care Networks (PCN) through a new Network DES.
* There will be a lot of work required over the next 9-12 months to establish these PCNs.
* The Board approved that the Federation will develop a proposal to support / facilitate the Localities to establish as PCNs based on the outline presented in the COO report to the Board and include an offer to assist with the recruitment of Accountable Clinical Directors. This will be presented / discussed at the Locality meetings in March 2019. ***Action JW***

***Post meeting note – see proposal at Appendix 1***

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

* RB / JW spoke 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. Tim indicated the potential for funding to be made available at 25p per patient (c.£82K) from the PCN DES budget.
* However, it is now clear that the PCN DES administration support budget will be allocated at the discretion of the PCNs. Therefore, the Federation will need to approach each PCN individually. ***Action JW***
* 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 @ £40 - 50K (TBC)

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

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

* The weekly implementation meetings, including commissioner representatives, have been driving the implementation process.
* The Federation has been focused on GP recruitment. We have agreed with the Bushloe & Croft Practices a sub-contract for them to take responsibility for providing the GPs in core hours at the Oadby UCC.
* 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’***.
* LMC Law have reviewed these documents and comments have been sent back to DHU
* A resolution of the Shareholders is required to enter into a Joint Venture. JW to coordinate. ***Action JW***
* The plan is for the contract to be held initially by DHU and subsequently novated to the JV CIC
* From 2021 PCNs will be responsible for Extended Care which may impact on the contract

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

* LMC Law have drafted a contract which has been circulated to Practices and PSS to review.
* PSS have identified candidates.
* Aim to start in April 2019. ***Post meeting note; PSS have advised a start date @ 1st June 2019.***

1. **Community Based Services**

* Leicestershire CC has verbally confirmed that our contract will be extended into the third year – written confirmation to follow.
* The new indemnity arrangements should cover all GMS / Public Health services that are ‘free at the point of delivery’. ***Post meeting note; JW has sought advice from LMC Law.***
* HP is confirming with our sub-contracting practices their schedule of fitters and their evidence to practice and indemnity certificates. ***Action HP***

1. **Correspondence management**

* 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. ***Action JW***

1. **Demand Management**

* RB has completed Locality information packs – identifying key trends and areas for further investigation / training / service development.
* RB will be working with the Mids/Lancs CSU and CCG to develop the information / intelligence packs. ***Action RB***

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

* Expressions of interest have been sought for MSK Triagethis will be followed by dermatology and ENT
* JW will meet with Danah Cadman to progress. ***Action JW***
* The Federation could help the PCNs to develop their own specialist services; potentially working across boundaries.

1. **Diabetes nurse specialists**

* Three DSNs have provided a valuable support to LLR practices.
* The West Leicestershire CCG , who commission the service on behalf of NHS E, are pleased with the progress that has been made and have identified additional funding to extend the service into FY19/20, subject to agreement with LHMP. We have a planning session in May 2019 to determine how the service will be extended and developed.
* JW will write up a clinical governance process to assure this scheme for Board consideration. ***Action JW***

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

* RCC have confirmed funding for a second year @ £49K, however the Practices have decided not to progress with the second year.
* JW / RB to liaise with Dynamic Healthcare Systems to advise that the contract with the Federation will not be extended into a second year. ***Action JW / RB***

1. **GP TeamNet**

* The implementation of GPTeamNet is being coordinated by the project team, which includes a lead representative from each Locality.
* Three ‘hot topic’ webinars have been held and four support workshops have been scheduled in April 2019 to assist with the implementation.
* The two-factor login arrangements are being developed which will enable the CCG to use the tool
* A webinar has been arranged to demonstrate the tool to LCC and RCC.
* Five Localities are procuring a second year utilising the Transformation Fund; JW has obtained a further quote. Clarity Informatics has agreed to hold the fee rate – see costs in table 1 below (excl MHMP & Billesdon). The overall Federation fee has been reduced. ***Action JW***

**Table 1 – GPTeamNet Year 2 Costs**



1. **H Pylori**

* All bar three Practices have decided to provide an H Pylori service as a sub-contractor to the Federation.
* We are waiting for confirmation that the contract will be rolled forward into FY19/20. ***Action JW***

1. **Locum service**

* JW has had a demonstration from Lantum;

*We have pooled data from 8 Midlands Federations, all with 20 or more practices. Here are the results for GP shifts only:*

* *Average sessions posted - 8 per practice per month*
* *Average session fill rate - 79%*
* *Bank staff (1%) vs Marketplace (10%) - 86% bank*
* *Agency spend reduction (data available for just under half the practices) - 75%*
* *Number of GPs already signed up to Lantum within 20 miles of LE3 postcode - 713 GPs*
* We are also investigating the potential of GPTeamNet functionality to assist with this. ***Action JW***

1. **GDPR – DPO service**
   * Joe provided an update on 13th March 2019 @ 7pm @ Kibworth
   * We have asked to meet with Tim Sacks to discuss arrangements for FY19/20
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.
   * Public Health and the Alliance Leadership Board have supported the proposal
   * The proposal will now be considered by the Planned Care Board & commissioners. ***Action GC / JW***
3. **INR STAR**

* The Federation has agreed a contract with LumiraDX on behalf of all, bar one, of the member Practices.

1. **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.
* The three CCGs are considering whether to institute a second blood collection. JW to follow up. ***Action JW***

1. **Active signposting**

* ELR CCG has asked the Federation to coordinate a pilot within 1/2 Localities to support practices with Active Signposting
* The proposal @ **appendix 2** has been approved by the CCG
* The first session with the OWI and Rutland Practices will take place on 20th March 2019

1. **Respiratory Diagnostic Hub**

* The Board discussed the paper prepared by Louise Ryan and agreed that developing Respiratory Diagnostic Hubs make much sense and could be done as part of a wider Locality based diagnostic hubs.
* Tim Sacks has asked the Planned Care team (Helen Mather) to work on Diagnostic Hubs. JW has therefore arranged to meet with Helen Mather. ***Action JW***

1. **Financial issues**

* The budget forecast reports (Appendices 3 & 4) were reviewed by the Board.
* HP / JW will meet with Ballards to determine the date from which the Federation needs to register for VAT. ***Action JW / HP***

1. **Board issues**

* HP to check the arrangements for removing Narborough Health Centre. ***Action HP***
* RB / GC & NC are due to retire by rotation in May 2019. JM / JW to arrange the election process. ***Action JW / JM***
* JW to investigate the pros & cons of the Federation becoming a Community Interest Company. ***Action JW***

1. **Communications**

* JW / JM to liaise with Tim Sacks regarding the digital Hub that has been created in Rutland and the possibility of extending this across other Localities. ***Action JW /JM***
* JW to liaise with the CCG regarding the extension of the DPO service. ***Action JW***

1. **Date & venue of next meetings**

Wednesday 24th April 2019 @ 7pm @ Syston Health Centre.

Wednesday 22nd may 2019 @ 7pm @ Syston Health Centre

**Action Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Id** | **Detail** | **Who** | **Update** | **Status** |
| 1 | CQC registration | JW | JW spoken to CQC. We need a contract to trigger an application. | G |
| 2 | Business Plan for FY19/20 | JW | To be drafted in Q4 | A |
| 3 | Follow-up meeting with Tim Sacks re projects / funding options | JW / RB | Complete | G |
| 4 | Fracture Liaison Service Biz Case | GC/JW | Completed. To be considered by Planned Care Board | G |
| 5 | NHSE Pharmacists scheme implementation | JW | Finalised the practices will take part. Portal updated, subject to PSS confirmation. Emailed NHS E to confirm next steps. LMC Law prepared contract. PSS advised of a start in June 2019. | A |
| 6 | Physio contracts | JW | Harborough and O&W complete. | G |
| 7 | Finalise Federation TF fee arrangements | JW | Complete | G |
| 8 | Urgent Care;   * Follow up Localities / Practices * Finalise JV legals * Organise for resolution of shareholders | JW  JW  JW | Complete  In hand  In hand | G |
| 9 | CBS contract –   * Update accreditation and indemnity details * Comms to Practices * Indemnity arrangements | HP  JW  JW | In process  To complete  Complete | A |
| 10 | Correspondence management workshop | JW | In hand. | G |
| 11 | Clinical governance process for DSN project | GC/JW | Gareth advised on the approach. To be completed. | A |
| 12 | GPTeamNet – Y2 quote / implementation | JW | Contract signed. Quote obtained for Y2. | G |
| 13 | H Pylori contract – check FY19/20 | JW/GC | Verbal confirmation that the contract will be rolled forward. | G |
| 14 | Blaby & Lutterworth Board Director vacancy | JW | No response to the advert. Dr Louise Ryan co-opted. | G |
| 15 | O&W Director recruitment | JW/JM | Robert Whitehead appointed. | G |
| 16 | Establish skills / GPSIs in LLR for RSS | JW | In hand | G |
| 17 | DPO; chase practices and determine the approach for FY19/20 | JM/JW | In hand | G |
| 18 | Wider involvement of practices | RB | Plan to be developed | A |
| 19 | Complete Board / shareholder removals | HP | Complete. Severn to be checked. | G |
| 20 | Investigate the option of becoming a CIC | JW | TBC | A |
| 21 | Policy development | JW | To be developed, as required. | A |
| 22 | VAT registration | HP | In hand. | G |
| 23 | Demand management identify next steps and funding for FY19/20 | RB/JW | In hand | G |
| 24 | Locum service next steps | JW | Lantum demo. Investigating GPTeamNet | A |
| 25 | Diagnostic hubs proposal | JW | Meeting arranged with Helen Mather | G |
| 26 | Determine approach for Narborough shares | HP/JW | TBD | A |
| 27 | Rutland ECP pilot | RB / JW | Q1 pilot commenced | G |
| 28 | RSS – preparations | JW | Meeting arranged with Danah Cadman | A |
| 29 | INR – obtain quotes & implement | JW / KW |  | G |
| 30 | PCN development – proposal to support Localities | JW | In hand | G |
| 31 | Cancel VitruCare contract | JW/RB | Complete | G |

**Appendix 1 - Primary Care Networks - Federation Support Proposal**

1. **Introduction**

* Following the publication of the recently announced NHS 10 Year Plan & 5 Year GP contract; Practices will form Primary Care Networks (PCN) through a new Network DES. This will facilitate shared decision making between practices for their network populations (typically 30-50,000), around funding, workforce distribution, and service provision.
* This document outlines a proposal for ELR GP Federation to provide facilitation and project management support to the six ELR CCG Localities in their formation as PCNs – building on the successful Transformation Fund applications and projects implementation.

1. **Proposed approach;**

|  |  |  |
| --- | --- | --- |
| **ID** | **Item** | **When** |
| 1 | Finalise the PCNs’ membership and complete the Network Contract DES Registration Form for CCG approval | May 19 |
| 2 | Appoint Accountable Clinical Director | Asap / July 19 |
| 3 | Facilitate / work with the PCNs to develop a Business Plan that clearly documents the PCNs’ agreed intentions and action plan. This will include;   * Background and context * Assessment of the PCNs current status; utilising the maturity matrix **(Appendix A)** * PCN’s mission and vision * Strategic objectives * Option appraisal on the PCN operating model & organisational structure   *(Options incl; Flat practice network, Lead provider, Federation, Provider entity (eg, CIC), Super-practice)*   * PCN internal governance and decision making arrangements * PCN workforce and employment plan * PCN Financial plan & budget management arrangements * Terms of Reference for the PCN * Action plan * Risk register & mitigations | July 19 |
| 4 | Project manage the implementation of the agreed PCN Business & Action Plans | Per agreed timescale |

1. **Benefits of a Federation approach;**

* Draw together various advice and guidance from national and local sources into one place to inform decision making for the development of PCNs
* Provide objective facilitation and project management from an informed, objective & trusted partner
* Share knowledge, best practice and learning across the Localities; avoiding the need for Localities to ‘invent the wheel’ six times (whilst bearing in mind that ‘one size might not fit all’)

1. **Other options for Federation support;**

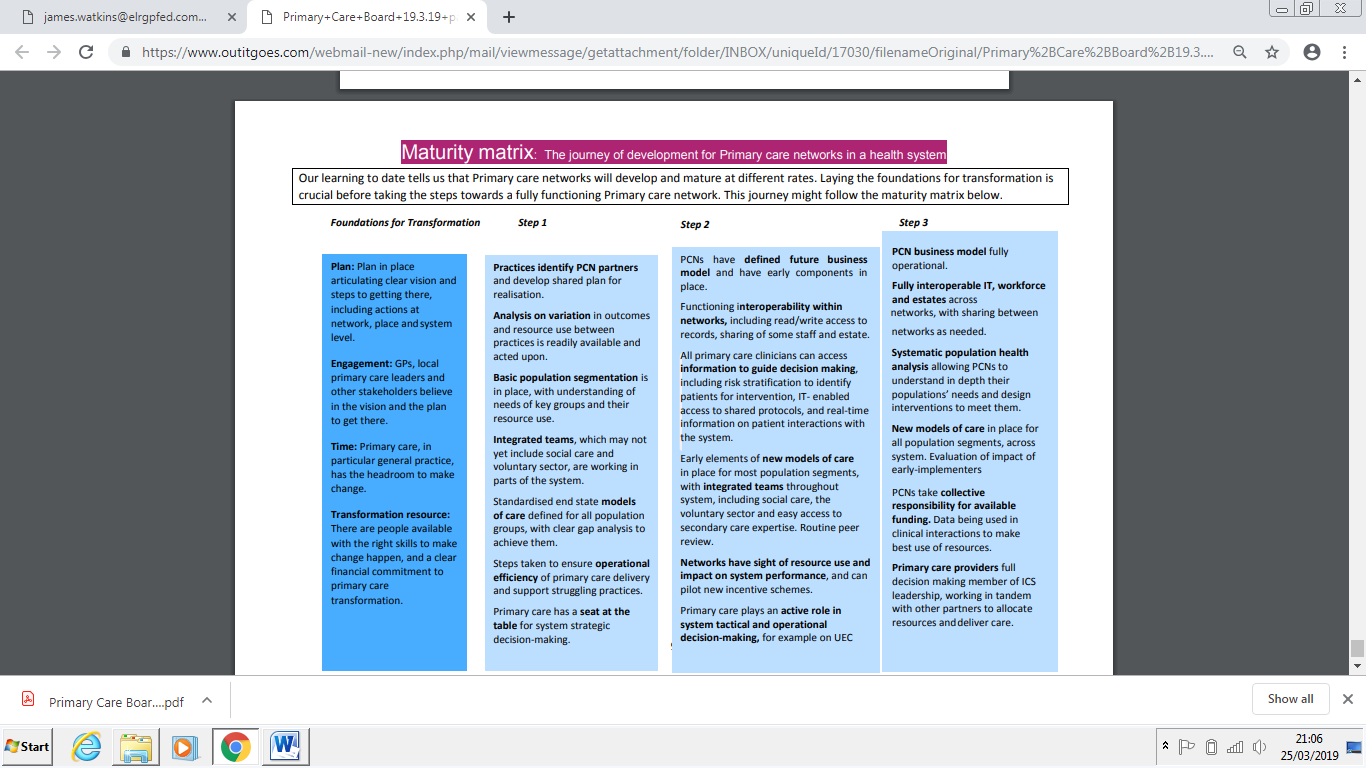
* Hold budgets, if helpful
* Manage recruitment and/or recruitment of ACDs, if helpful
* Coordinate / manage the recruitment processes for *Social Prescribers & Pharmacists* at ELR level – rather than running six separate campaigns
* Employment – the Federation could employ if it held the appropriate contract
* Use the legal entity that Practices have already created - your Federation - ? create trading divisions within the Federation

1. **Costs of support**

* 25p-30p / patient (TBC) to cover Federation costs

\*\*\* A detailed cost proposal will be developed \*\*\*

**Appendix A – Maturity matrix**



**Appendix 2 - Proposal to pilot an Active Signposting Locality based Support Programme**

1. **Introduction**

This document outlines a proposal for ELR GP Federation to work with some of its members to pilot a Locality based programme to support Practices to implement Active Signposting in the Oadby & Wigston and Rutland **(TBC)** Localities where work has already started as part of the Transformation Fund initiative.

1. **Active Signposting – Reception Care Navigation**

Effective Active Signposting will;

* Provide patients with faster access to the right services
* Reduce the demand on GP appointments
* Increase the job satisfaction of the reception staff

To achieve these outcomes active signposting requires the receptionists to be skilled and confident in sensitively ascertaining the nature of the patients’ needs and exploring with them safe and appropriate options; not just booking them with a GP.

These options will usually include sources of advice and support outside of the practice as well as within. As such, it is important that a directory of services is readily available which includes services outside the practice, for patients to be directed to.

1. **Pilot**

To help deliver the outcomes outlined above; the pilot programme will support the receptionists across the O&W and Rutland **(TBC)** Locality practices to be confident in communicating available options to patients.

The programme will deliver three 2-3 hour support sessions over a six month period. These sessions will be targeted at the 2/3 key Active Signposting leads in each Practice.

One of the Practices (Oadby Central) has been through the LLR programme. This Practice **(TBC)** will be included in the programme and will share first-hand experience of how Active Signposting is working in reality. **(TBC)**

The support programme will;

* Build on the work and learning that Practices’ have gained as part of the Transformation Fund work in ELR.
* Support the Practice Active Signposting Leads to implement the Plans that they have developed with their teams.
* Draw on the feedback and lessons learnt from Cohort 1 & 2 practices.
* Ensure that the programme adapts to the needs of participating practices.

As appropriate;

* Draw on the Bluestream Health Navigation module *(Introduction to Active Signposting)*
* Link in with the Change Management workshops that are commissioned on an LLR basis.
* Liaise with the provider of the LLR change management programme to link the practice-based projects into the overarching principles of change management and quality improvement.
* Obtain baseline data for each practice enrolled in the programme through the use of the national audit tool at the start of the programme and re-audit, as appropriate.
* Undertake surveys to establish staff satisfaction.

1. **Evaluation**

We will complete an evaluation of the programme to demonstrate the;

* Success and achievement
* Learning points and recommendations for future programmes

1. **Cost**

The proposed costs below are based on delivering three half day workshops. The first of these workshops has been provisionally scheduled for 20th March 2019.

Due to the short lead time in mobilising this programme; at this stage the costs are indicative. We will work on an ‘open-book’ basis and agree any adjustments with the commissioner when more precise costings have been ascertained.

The key area that needs clarification is the facilitation costs.



**Appendix 3 – Cashflow forecast FY18/19**



**Appendix 4 – Budget forecast for FY19/20**

