

East Leicestershire and Rutland GP Federation

ELR GP
Federation

Annual Report 2018/19

“Our Third Year - supporting transformation”

ELR GP Federation Annual Report 2018/19

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Introduction from the Chair

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

In the introduction to each of our first two Annual Reports, I said that we were delighted to be able to report on ever busier years of development and achievement.

I am even more delighted this year to be able to report that this trend has continued without let up - as we continue to innovate and deliver increasing levels of service and value - in patient-facing care, back office resilience, contracting models and support for system-wide transformation

It is all centred on 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. This Annual Report shows how we have continued to do that as our members have moved from Localities to Primary Care Networks.

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 meet patients' needs at scale.

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 also delivered 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 the Rutland Hub at www.rutlandhealth.co.uk.

And we took a significant step forward through the creation of a Community Interest Company - 'DHU East Leicestershire and Rutland CIC through a Joint Venture with Derbyshire Health United (DHU), in accordance with the Articles of Association of ELR GP Fed Ltd to provide six out-of-hours urgent care centres in East Leicestershire and Rutland from April 2019, whose performance has been exceptional

Being the Chair of the Federation over the entirety of its first three years has been both a pleasure and a privilege, made all the easier by excellent support from my fellow directors, to whom I am, once again, most grateful.

Once again as always, 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 NHS vision for Primary Care Networks

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

From its inception, the mission of the Federation has been "To champion through GPs and their practices, investment and delivery of healthcare services at scale for patients across East Leicestershire and Rutland."

During 2018/19, NHS England set out its ambition for local health commissioners to actively encourage every GP practice to be part of a local primary care network.

Primary care networks are based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. They should be small enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system.

Primary care networks will provide proactive, coordinated care to their local populations, in different ways to match different people's needs, with a strong focus on prevention and personalised care.

This means supporting patients to make informed decisions about their own health and care and connecting them to a wide range of statutory and voluntary services to ensure they can access the care they need first time.

It is envisaged that Primary Care Networks will

- have a greater focus on population health and addressing health inequalities in their local area, using data and technology to inform the delivery of population scale care models;
- enable a local focus set in the context of collaborations that bring together those services that need to be provided at scale;
- drive continuity of care for those patients with complex long term conditions by 'freeing up' GP time to focus in more complex areas whilst using alternative practitioners to see those with routine needs;
- looking at population health needs, working with patients and the public to understand their needs and requirements to deliver the best solutions to meet these; and
- balance choice and convenience of services and the scale at which the services are delivered.

Under current legislative arrangements, Primary Care Networks are not statutory bodies. They consist of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.

As this Annual Report shows, during its third year, the Federation worked closely with our member practices to support them in establishing themselves into Primary Care Networks. Our support took three main forms:

- managing the recruitment process for Accountable Clinical Directors (ACDs);
- leading the development of Mandatory Agreement Schedules; and
- supporting creation of first draft Business Plans.

We also discussed with our members whether and how the Federation could evolve to better support practices in the 'new world' of PCNs, including:

- building on our work so far with Practices to support PCN development and provide a forum for them to work together;
- providing a forum to work collectively and organise at a '30 practice level' where it makes sense to do so.

In doing so, we recognised the close fit between the Federation's long-standing strategic priorities and the value-added contribution we could make:

- Local service delivery & business development - facilitating the delivery of more services locally; bidding collectively and / or holding contracts where it is helpful to do so
- Resilience and sustainability – innovating and transforming the way that services are delivered to address the pressures currently faced in the local health care system
- Effective voice - for our members across ELR

We also recognised that the Federation's future role should be shaped and determined by its member PCNs to support primary care in ELR and therefore invited the ACDs to join the Board to direct the Federation.

Over the coming year we will work with our members to finalise the role for their Federation to support them and their PCNs /ACDs.

Our Mission, Vision and Values

Our mission is:

“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 Third Year - supporting transformation

As the Federation has grown and matured over its third 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.

And we have played a significant role in supporting the creation and start-up of Primary Care Networks.

Supporting Transformation Fund innovation

A key achievement of the Federation over the last year has been its work to support the development of six Locality hubs and facilitate and support the development and implementation of their transformation projects.

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

The Federation worked with practices in each of the six Localities who decided to form informal networks, Partnership Hubs, to help address the challenges that they face and realise the potential benefits of joint working which include;

- Greater sustainability; securing the services for patients in the respective geographies
- Ability to offer a wider range of services and greater specialization
- Sharing staff and expertise and building the MDT
- Creating attractive, flexible and diverse career, training and employment opportunities
- Standardising administration processes & streamline back office support functions
- Developing / piloting new models of care to provide closer integration between community and primary healthcare providers.
- Creating a larger organisation with influence in the local healthcare economy
- Creating a more secure platform to support extended primary care / in-hours access

The Federation worked with each of the Locality Partnership Hubs to develop their Transformation Fund plans and applications which were all successfully approved; securing more than £700,000 of additional funding to invest in the development of primary care in ELR.

The projects have had a range of positive benefits, including;

- Improved access for patients
- Reduced GP workload
- Wider range of services and greater specialization
- Flexible career, training and employment options
- Improved care navigation
- New merged practices – creating more sustainable primary care organisations
- Integration with community services
- Streamlining back office functions



The Federation was asked by all Localities to support the implementation of their Transformation Plans, to a greater or lesser extent. Key involvement and successes are outlined below

- Project managed the implementation of two six month First Contact Physiotherapist pilots in Harborough and Oadby & Wigston; providing Band 7 Physiotherapists to improve access for patients with MSK related conditions and releasing GP time in all 12 practices across these two Localities. The Federation organised the contracts with a specialist provider which it holds on behalf of the practices. The two Localities decided on different approaches to sharing the Physiotherapy resources. The Federation worked closely with both Localities to ensure the optimum approach, sharing the learning between the two schemes.
- Project managed the implementation of a six month pilot Emergency Care Practitioner service between three practices in SLAM to improve access for patients and release GP time; organizing and holding the contract with the provider.
- Facilitated the merger of South Wigston and Oadby Central practices to form Washbrook Medial Group. This has created a new partnership of 17,000 patients which is a more sustainable primary care organization in the Locality.

- Facilitated and advised on the merger of Two Shires and Kibworth practices. We worked closely with the respective teams to develop a robust project plan to ensure effective delivery of the wide ranging issues that need addressing to complete a successful merger.
- Managed a MDT team in Oadby & Wigston to develop an Active Signposting training event that was attended by all practices and representatives from social care and First Contact Plus to provide the teams with the information and tools to signpost patients to the most appropriate service and release the GPs time to care.
- Provided programme management support to the Rutland Transformation Steering Group to implement its transformation fund projects. These projects were dovetailed with the Locality's other transformation activity and Primary Care Home development. The Federation also provided programme management support to four other Locality Hubs (Harborough, O&W, North Blaby and SLAM) to ensure delivery of their respective transformation fund projects.

- Identified a tool, GPTeamNet, to facilitate joint working between practices and Localities and enable the sharing of information between stakeholders in the ELR health community. All 30 practices decided to join the GPTeamNet trial; the Federation organised the contract on behalf of all of its member practices. This also provides effective tools to help practices manage their services, linking to CQC standards and enabling GPs to manage their personal portfolios effectively.
- Project managed the development of a joint frailty service in the North Blaby hub; building on the success of the Locality's para-medical model.

Resilience and sustainability projects

Toolkit for supporting working at scale

The Federation led a project that produced a toolkit for practices who wish to look further at working at scale, providing practical tools to implement joint working schemes in the following areas;

- Joint working between practices
- Hub development
- Mergers between practices
- Opportunities for working with Federations
- Multispecialty Community Provider (MCP) new care model
- Primary Care Home model

Diabetes transformation project

The 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 the 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.

Three DSNs were recruited, making a positive impact in the practices that they are supporting.

Correspondence management

NHS England funding was secured to support seven practices to form one of the LLR pilot sites to develop a safe and effective approach to managing correspondence and reduce the workload for GPs. Good progress has been made, releasing more than 500 hours of GP time.

Demand management

The Federation worked with its Localities and practices to review performance data on a regular basis, identify key areas of variation and focus on key areas for further investigation. Performance monitoring reports were developed for all 6 Localities which enabled comparison between practices and identify key themes for discussion and further investigation to improve referrals performance. These reports were well received and produced on a regular basis to facilitate ongoing joint working to share best practice, identify training needs and service development opportunities, which will have a positive impact on referrals.

Using these reports some practices made local changes that have made observable improvements in referral performance. Furthermore, the indications are that referrals increase would be in line with the CCG 'target' @ 1% for the financial year 2018/19.

Data Protection Officer service

In response to requests from our member practices, we established the ELR GDPR 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@elrgpfd.com);
- Ask the DPO question and comment form;
- Over 100 GDPR FAQs;
- Sample html code to use as a GDPR page for practice websites; and
- Library of GDPR Further Reading resources.



Patient self-care App

Better Care Funding was secured in Rutland to develop a patient care app (Vitrucare) to support patients to take control of their own health and wellbeing. The Federation held the contract on behalf of the four practices.

Purchase Direct

A purchasing scheme achieving savings for practices of over £300,000 identified over a three year period).

The Rutland Health and Care Portal

A live Hub- delivering live information and advice created by national, NHS, GP Practices, Federation, RCC, and voluntary sector all in one place. This also provided the infrastructure to support Self-care and Active Signposting - supporting key Campaigns and Initiatives.

Service delivery and business development projects

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 clinical pharmacists to work in general practice in patient facing roles.

Community Based Services

The Federation was awarded a contract by Leicestershire County Council to provide public health community based services (Health Checks, contraception and alcohol reduction). These services were provided through sub-contracting member practices.

Improving Access to General Practice

Delivering additional urgent on the day appointments over the winter period. The majority of our practices took part; delivering over 5,000 additional appointments.

H Pylori breath test

A contract to deliver the H-Pylori breath test service in ELR. The majority of our practices have agreed to provide this on a sub-contract basis.

In summary, over the period between FY16/17 to FY19/20 these various projects and schemes have secured funding / savings of over £2 million.



Delivering Urgent Care Centres

A resolution was passed by ELR GP Federation Shareholders to approve plans for a Joint Venture with Derbyshire Health United (DHU), in accordance with the Articles of Association of ELR GP Fed Ltd to provide six out-of-hours urgent care centres in ELR from April 2019.

Management control in the day to day delivery of the services is held by DHU.

Practice engagement and collaborative working with Primary Care is led by ELR GP Federation.

The Joint Venture is a Community Interest Company - 'DHU East Leicestershire and Rutland CIC' - under a joint strategic Board with equal representation and voting rights for both parties.

The Joint Venture is structured in the following way from an organisational lead and delivery perspective:

DHU expertise in the Joint Venture

- Management control in the day to day delivery of the services; responsible to the Board.
- Clinical and non-clinical staff as required for the delivery of services within services.
- Clinical Leadership for both strategic and operational elements of integrated urgent care across East Leicestershire within the service.
- Back office support services required to, e.g. Clinical governance, Human Resources, Analytics, Facilities, Finance, Governance, Health & Safety, Insurance, IT and Business Continuity, Provision of data aspiring towards better integrated IT systems to support modelling and inform future service delivery through improved and integrated patient journey.
- Engagement in wider system changes, as appropriate within LLR.

ELR Federation expertise in the Joint Venture

- Practice engagement & collaborative working with Primary Care
- Primary Care pathway interactions and streamlining of clinical pathways to improve patient experience in to and out of both the services.
- Provision of data aspiring towards better integrated IT systems, including risk stratification to support modelling and inform future service delivery.
- Clinical Leadership for both strategic and operational elements of integrated urgent care across ELR.
- Engagement in wider system changes (e.g. PCN development), as appropriate within ELR.
- Governance.

Outstanding Performance

Initial performance figures showed exceptional delivery by the Urgent Care Centres:

- In its first month of delivery, there were 5,813 appointments made across the centres. This was around 600 higher than the contractually required level and represented 111% delivery of contracted requirement;
- at 3.3%, Did Not Attend (DNA) rates were low compared with experience elsewhere in the NHS;
- 54% of patients attending the centres walked In; 35% were booked via NHS 111/CNH; and 11% were booked by ELR GP Practices;
- At the busiest site (Oadby) over two thirds of patients attending did so as Walk Ins, illustrating the flexibility and responsiveness of the service to accommodate (where appropriate) those patients who do walk in, by utilising a slot not initially provisioned for walk in patients;

- 99.9% of both Walk In and Pre-booked patients were seen, treated and discharged within 4hrs - an exceptional performance.
- By way of demonstration that the care provided is immediate and responsive, there was delivery of over 98% compliance against a 1hr standard, further underlining the responsiveness of the service delivered.

Supporting Localities and Primary Care Networks

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

Throughout the three years of its existence, the Federation has played a key role in supporting practices as they adopted new forms of working together, initially as Localities and more recently as emerging Primary Care Networks

Localities

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

- 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 developed plans for joint working between practices and integrating with community, mental health and social care services in their respective areas. The Federation played a key role in supporting and facilitating this work, working alongside the hubs - supporting their development and growth.

The key benefits envisaged for developing Partnership Hub working included;

- 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



Primary Care Networks

Given the Federation's experience of helping their member practices in developing into localities - as well as supporting their activities, contracts and business development - it was a natural role to continue to support them as they sought to establish themselves within seven Primary Care Networks (PCN).

Below are details of each PCN, its Accountable Clinical Director and the nature of support provided by the Federation

MSV (Melton, Syston, Vale) - Accountable Clinical Director - Dr Fahreen Dhanji

The Federation led the development of the Mandatory Agreement Schedules and completed a First Business Plan for the PCN.

North Blaby (FH, Limes, Glenfield, Enderby, Kingsway) - Accountable Clinical Director – Dr Simon Vincent

The Federation managed the ACD recruitment process, led the development of the Mandatory Agreement Schedules and completed a first draft Business Plan for the PCN. It agreed to become a Non-voting member of the PCN Board.

South Blaby (Countesthorpe, Northfield, Masharani, Wycliffe, Hazelmere) - Accountable Clinical Director – Dr Rachel Omand

The Federation provided a draft set of Mandatory Agreement Schedules.

Rutland (Oakham, MOSS, Empingham, Uppingham) - Accountable Clinical Director – Dr Hilary Fox

The Federation managed the ACD recruitment process. The PCN agreed for the Federation to support the development of the PCN to include demand management. Schedules were completed and a Business Plan drafted. The Federation also supported the process for a Social Prescriber contract.

OWI (Severn, Wigston Central, Bushloe, Washbrook, Rosemead) - Accountable Clinical Director – Dr Richard Palin

The Federation managed the ACD recruitment process and led the development of the Mandatory Agreement Schedules and completed a first draft Business Plan for the PCN. It agreed to become a Non-voting member of the PCN Board and supported the recruitment process for a Social Prescriber.

Harborough (SLMG, Billesdon, Croft) - Accountable Clinical Director – Dr Anuj Chahal

The Federation agreed to support the PCN's development, provided advice on the Mandatory Agreement Schedules and provided a first draft Business Plan

Market Harborough / Husbands Bosworth - Accountable Clinical Director – Dr Hamant Mistry

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

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 – 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

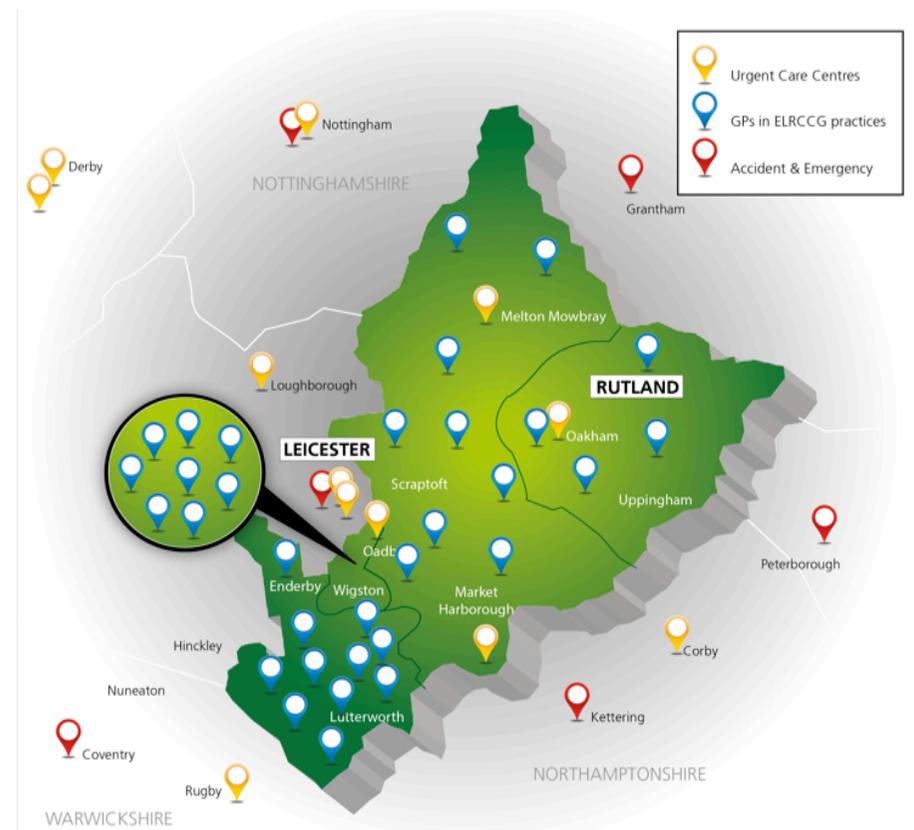
ELR GP Fed Ltd is a company limited by shares which:

- 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 up to 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.



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.



Robert Whitehead

Robert Whitehead is Board Member for Oadby and Wigston

From the Lake District originally, Robert has lived in the Market Harborough area for 20 years. He has been Practice Business manager at Bushloe Surgery in Wigston for the last 8.5 years



Robert was appointed following consultation with Oadby and Wigston practices.

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 Nainesh Chotai

Nainesh Chotai was 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.

Kirsty Whawell

Kirsty Whawell was Board Member for Harborough.

Kirsty has lived and worked in Kibworth for the last 8 years and was the Practice Manager at Kibworth Medical Centre.

ELR GP
Federation

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