

Coventry and Rugby GP Alliance AGM

Friday 6th July 2018

Sports Connexion Coventry

Welcome

The Executive Chair, Dr Alastair Bryce welcomed all who attended.

Executive Chairs Summary

Dr Bryce set the scene for the AGM, which is a presentation of the Annual Report, a presentation of the Financial Accounts and resolutions.

Dr Bryce acknowledged the feedback received regarding the timing of the 2018 AGM. This time was selected to suit the Awards ceremony which follows the AGM, and the shorter AGM reflects the improved engagement offer in terms of quarterly shareholder meetings, however the Alliance will reflect on timings for future AGMs.

Dr Bryce shared highlights of the services provided by the Alliance, including;

- Extended Hours. This is our largest contract and our biggest source of income. It is likely to be extended until 2020, which progresses towards the Urgent Care tender, due out in 2020.
- GP in ED. This is currently on a 12 month rolling contract. There is now a new clinical design group to give a renewed focus on supporting primary care.

Dr Bryce shared the other Services provided or supported by CRGPA:

- Admiral Nurse Service which has achieved national recognition.
- Macmillan GP and Practice Nurse Facilitator developing Primary Care Education for cancer.
- Bowel Screening service which is being rolled out with Public Health colleagues.
- Resilience MOU which is the CRCCG offer to offer support to practices over the next 12 months.
- Clinical Pharmacists providing a different skill mix within primary care. The next wave of Clinical Pharmacists will begin in the next few months.
- DESMOND Diabetes education programme which we are currently bidding for to provide. This is a three way integrated model, which we have led with UHCW and SWFT.

Dr Bryce updated the meeting on the Frailty Service which was regrettably decommissioned. A more detailed response on this, along with the CCG decommissioning document will be circulated. There were several reasons why the service failed and the Alliance will learn from the process. The Alliance were given an honest opinion of the reasons for failure. It was felt that as was as a health community we are not ready for true integrated working. Going forward it is understood there is a new community based frailty offer in development.

Noteworthy Thanks

Dr Bryce updated on the recently improved Alliance capacity with much needed and welcomed staff. This provides stability to improve and broaden our offer to general practice. Mel Duffy, our new General Manager joined in February 2018 and brings a wealth of local NHS experience and knowledge.

Dr Bryce gave thanks to the Non-Executive Directors, Eamonn Kelly, Robert Smith and Paul Elkin who give welcome advice and scrutiny to the board.

Dr Bryce gave thanks to the staff working in our Extended Hours service, Clinicians and administrative staff. The service was recently rated as 'Good' by CQC. The published report contains a few learning points which we will take on board.

Looking Ahead

Dr Bryce updated on the STP meetings attended. Locally we are moving towards being an Accountable Care System, which its felt is a 'big ask' within a two year timescale.

Dr Bryce updated on the big opportunity for primary care to work together locally, and be a common voice for general practice with our strong local LMC colleagues.

Dr Bryce shared the work streams for the Alliance for the next 12 months. Each work stream will be supported by a Director Lead.

- Serving Shareholders
- Supporting Practices
- Education and Training
- Provider Services

Dr Bryce reiterated that the Alliance practice membership is crucial. We value the membership and value the feedback given. We will continue to evolve and change how we engage with you to meet the needs of the membership. Dr Bryce gave greater detail of the four work streams and what they mean for practices.

Serving Shareholders

The main feedback received from the meetings and practice visits which took place during 2017/18 were the need for GP, Nurse and reception locum banks. These will become available via GP team net. GP Team Net will be available to practices in July 2018, with the banks available from September.

We are looking at joint purchasing with the LMC for the procurement hub

We are looking at centralised data, e.g. EMIS Enterprise or Vision Outcomes Manager to get robust, intelligent data to provide support to practices. The Alliance are not performance managing practices. Dr Bryce shared examples of the support offered, for instance practices struggling with their QOF for diabetes, the Alliance can offer extended hours appointments to help those practices.

Locally a cluster has negotiated a great deal for a shared HR offer. The Alliance are looking to offer this and negotiate across other clusters benefitting from economies of scale.

Supporting practices

Essentially this is the MOU. More detail will be shared on this, however highlights include:

Practice Resilience diagnostic, with Resilience officer to visit

- A Practice Resilience Diagnostic, where a Resilience officer will visit practices or offer support in times of needs. When the Alliance has met with practices at times of need, the feedback has been very positive.
- Support for vulnerable practices
- Emergency/urgent support for practices in crisis.
- Temporary staffing solutions
- Coaching and mentoring service for new GPs
- Peer support/clinical supervision
- General Practice workforce planning

- Retention package development for retiring practice staff
- Cluster Admin Support
- Supporting Cluster Development

Education and Training

Michelle Horn updated on the work which has been taking place locally on education and training. The Alliance are leading the way with introducing new roles into primary care e.g.

- Nursing Associates
- Clinical Pharmacists
- Physicians Associates, which are starting at the end of this year
- The Post CCT fellowship will begin in the next few months
- Occupational Therapy students are coming to general practice in September.

The Alliance have been support practices to deliver safe and cost effective training. We provide core training for your existing workforce, e.g. Nurses as well as new training courses for new nurses.

We have delivered the clinical correspondence management training (Docman) as well supporting local Nurses for the master's course for Non medical prescribing and Advance Clinical Practice.

Provider services

Michelle Horn provided an updated on our provider services, which have performed well this year. The recent CQC inspection rated the Extended Hours service as 'Good'.

Our Extended Hours hubs have increased from four sites to eight providing appointments across evenings and weekends.

The GP in ED services runs 12 hours a day, 7 days a week. We are using IT which will allow the GPs to see the GP viewer, which provides access to the patient record and allows 'write back' functionality.

We provide care for the carers of people with Dementia via the Admiral Nurse Service, and we provide education and support with cancer with our Macmillan roles, Dr Kate Day, Macmillan GP and Lisa Hall, Macmillan Practice Nurse Facilitator.

We have been asked to host a Macmillan GP for Warwickshire North. There is a vacancy for this role and expressions of Interest are invited, via Michelle Horn.

Alliance Finances

Dr Hergeven Dosanjh gave a presentation and brief overview of the annual accounts.

Our Income

Dr Dosanjh shared that the Alliance received income totaling £3.958m in 2017/18 compared to income of £4.038m in 2016/17.

These are from a range of contracts including Extended Access and GP in ED where 2/3rds of our income comes from.

Dr Dosanjh shared that although the Frailty Service had previously won awards, it could not be scaled up to a service within financial envelope given by the CCG.

Our Expenditure

Dr Dosanjh gave a detailed overview of the Alliance's expenditure.

The Alliance's spending amounted to £3.90m in 2017/18, compared to £3.931m in 2016/17. This figure is mostly on staff, including clinical staff for services and corporate staff to support services. The staff are dedicated to those services and without them, the services could not run.

Dr Dosanjh also highlighted the figures for the corporate staff based at electric wharf, which include the Director of Nursing, General Manager, our own finance department and project management expertise.

Dr Dosanjh highlighted the premises costs. The Alliance is not a typical organisation, we want to inspire people and the premises give a good impression of the organisation. The Alliance is also able to provide meeting space for practices.

Dr Dosanjh highlighted the slide relating to Director's remuneration. The Alliance will be wholly transparent on these costs.

Director pay was decided at our Remuneration Committee, which is an independent committee chaired by a Non Executive Director. The Directors did not choose their pay rate, it was benchmarked by Human Resources and approved by the committee. Directors are paid at a rate of £85 per hour which is now lower than the local locum rate.

The sessions paid do not reflect the sessions undertaken, but pay will not increase. Going forward we recognise it is a contentious issue and it will be discussed in Remuneration Committee.

Each Non Executive Director chairs an Alliance committee.

1. Remuneration Committee which discusses pay and pensions and benchmarks them against national and local rates.
2. Finance and Performance which has a delegated responsibility from the board. It provides due diligence and transparency, reports directly to the board and has an open book policy with CCG.
3. Audit Committee which provides governance for both financial governance and clinical governance

Our annual accounts are prepared by Prime Accountants and they provide assurance of our procedures. We have put into place work streams to assure we are meeting good governance.

Going concern

The Alliance is stable, financially in the black and should remain so.

Dr Bryce reminded shareholders that the financial accounts were sent a month ago, and again recently. Questions were invited at that time; however in the future we will state this more clearly. The accounts have been signed off by our accountants and Dr Bryce stated that unless any objections were received the accounts would be submitted to Companies House. No objections were received.

Dr Bryce shared the Alliance Values and stated that our values have not changed.

Items for decision:

Dr Bryce introduced the item for decision.

In November 2017 there was a membership vote to change to the Board with Dr Alastair Bryce becoming Executive Chair and Michelle Horn as Director of Nursing. This was agreed by vote at that time. This vote is required to amend the Articles of Association to be logged at Companies House.

Dr Bryce noted that there were insufficient attendees to meet the required quorum of votes, and therefore additional engagement would take place with shareholders.

AOB:

Dr Bryce introduced two items of AOB.

1. There is a £500k non recurrent fund to invest in Primary Care. The deadline for the submission of how to spend that money is today (Friday 6th July). It is intended that the fund will be spent by the end of the current financial year. The ideas received will be sense checked with CCG and LMC colleagues. We are conscious won't please everyone, but solutions will be worked up over the next 6-8 weeks and presented to shareholders.
2. Dr Bryce acknowledged the discomfort over the current Director posts, specifically;
 - a. Terms of office of Directors
 - b. Cluster involvement at Board level.

It has been agreed that we will re-look at these. How this solution looks needs to be in agreement with everyone. There is no quick fix tonight, but there will be a meeting to discuss this with cluster leads. The terms of office were in place for the right reasons, to give stability and support for new organisations in its first few years.

Dr Bryce invited questions from attendees.

Q: The Alliance has lost the £1.2m income from Frailty, how will you replace this?

A: The service cost £1.2m to run, so it was cost neutral however if service continued in its existing format it would have ended up costing money.

Q: The Alliance mentioned Bowel Screening; will you extend to provide other screening?

A: The Alliance has been approached by CCG to help with cytology screening as rates low and the CCG is now an outlier. Discussions are taking place, but there is an option to get patients booked in via extended hours for working people.

Comment: The Alliance must be aware of scrutiny regarding these finances, but most practices have no idea of comparable overheads, which a 'normal' organisation works to. We need to have comparable data out there for proper comparison.

A: The Alliance is trying to grow as an organisation that can grow business. It is important to have good quality staff and over time our overheads will reduce. To increase the calibre of our staff, they are under agenda for change. Our overheads are proportionally higher, but our income is significantly lower.

Q: Could you give examples of similar organisations overheads?

A: A small community trust would run with overheads of around 30%. UHCW run at around 25%, but with significantly higher income.

Dr Bryce thanked all attendees. CLOSE.