

COVENTRY AND RUGBY GP ALLIANCE

ANNUAL REPORT 2017



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“ WE WILL ENSURE THAT WE REMAIN FOCUSED ON LOCAL NEEDS, AND THAT BEING CLINICALLY LED AND DRIVEN IS AT THE HEART OF ALL THAT WE DO. ”



To Our Stakeholders



Dr Alastair Bryce
Chair

Executive Summary

I am pleased to report this year has once more been a year of significant progress. The Alliance has continued to grow as a provider, plus as a recognised health care organisation within the area. The coming 12 months offers substantial **opportunity** and I look forward to working on your behalf to continue the Alliance's success story.

Almost 90% of the CCG population area is now covered by Alliance membership. The three established clinical services that started through the Prime Minister's GP Access Fund, the GP in ED at UHCW, the Frailty Pathway and Assessment, and the Extended Hours service at the City of Coventry Health Centre, have continued to strive and develop. The frailty service in particular has achieved national recognition and representation at numerous conferences. In addition, the CEPN and the Admiral Nurse programmes continue to provide valuable support for patients. We have added the employment of a Macmillan GP to the portfolio of services we provide for both practices and patients. The success of the Paramedic Visiting Service and Winter Pressures Surgeries have made a positive impact on the working life of General Practice.

The success of the Post CCT fellowship posts and contract for Clinical Pharmacists should also be acknowledged. There have also been several smaller but significant pieces of work including CQC workshops, flu and immunisation programmes, and also bespoke hands on assistance for practices when they have found themselves in difficulty.

Internally, the Alliance has benefitted greatly from the recruitment of a non-executive directors, namely Eamonn Kelly and an interim CEO, Robert Smith. Their experience and knowledge continue to guide the Alliance down a true and successful path.

Financial Position

The completion of the GP Access Funding Project has meant the end of central funding for the Alliance. Our financial position has become consolidated by a number of existing ongoing contracts in 2017/18. Our closing position for the last financial year saw a positive out-turn position and small surplus. It is planned this surplus will be invested in the future projects to benefit patient care and practice performance for the coming year.

The financial forecast for the current financial year predicts a positive outturn and small surplus for reinvestment.

Noteworthy thanks

It may not always be apparent from the outside, but to run a successful organisation delivering so many services across the city takes a considerable amount of hard work and dedication by the staff concerned. It is credit to the individual managers and clinicians concerned that so much has been achieved so successfully in such a small amount of time.

It is encouraging to see so much enthusiasm and dedication by Primary Care personnel to achieve a common goal for the improvement of Health Care for their patients.

We have begun to recognise the unity and comradery that an organisation such as the Alliance can create for General Practice and I hope this will become even more apparent in the coming years.

I would like to acknowledge the sad news of Dr Jamie Macpherson's passing. Having worked alongside Jamie over the last few years on various projects, I had huge respect for his commitment, knowledge, fairness and above all passion for Primary Care. He was a great credit and asset to Coventry primary care, and will be sorely missed.

Looking Ahead

The NHS arena has changed considerably over the past 12 months. I believe we are at a stage where there is considerable opportunity for general practice.

It is likely we are going to be asked to change the way we work together, consider alternative ways to deliver health care, and evolve the way we communicate and interact with patients.

There is considerable pressure on individual contractor status working, and a move towards more centralised control of General Practice.

At a practice level, this change can be daunting and challenging.

By working together, working smarter, sharing knowledge and resource, attaining contracts and developing our own new ways of working, we can not only develop and enhance general practice, but also safeguard primary care for the future.

The Alliance aims to support this through a number of work streams:

- » Development of a Nurse Bank
- » Development of the 'cluster' work model of care
- » Development of work streams within clusters

- » Practice tools such as online learning modules for staff
- » Support packages for practices during CQC and beyond
- » Recruitment of Primary care Clinical Pharmacists
- » Continuation of Extended Hours Service and future Urgent Care tender.
- » Transition of Secondary Care services in to the community under primary care leadership.
- » Partnership working aiming to provide Community Services more efficiently and locally with the practice at the centre.
- » Patient note summarising service.

We have also procured EMIS Enterprise and Vision 360. This will allow us to centralise patient data, produce reports for practices, and submit QOF/CQRS returns. The interoperability these systems provide, allow practices and the Alliance to really start working together in new and cost efficient ways. These - and other ongoing work streams - have the potential to make a significant impact on quality of health care in Coventry, but also to reduce the burden and pressure on primary care.

I am often challenged 'how does the Alliance help my practice and patients?'. I hope it is clear we have a considerable number of services in place and planned. Although not everyone will need to use every service, to the same extent, I hope we will be able to provide something relevant for every practice.

Lastly, we will strive to remain true to the core values and aims of the Alliance. We remain clinically led, with the welfare of patients and Primary Care at our centre. It is worth remembering we are a membership organisation and that we should all wish for its success. In order to do this, we need to work together and utilise the skills we have available in Primary Care already.

We are always looking to understand how we can help further, and welcome comments and feedback from practices.

Over the coming year you will see an increased level of engagement and communication from the Alliance. We look forward to your support and collaboration in developing the future of Primary Care.

Our Vision

Supporting General Practice

The Coventry and Rugby GP Alliance was incorporated on 13th June 2014 as a private company limited by shares. The Alliance is wholly owned by Coventry and Rugby GP practices who are shareholders with 'A' voting shares and 'B' equity shares.

Whilst the Alliance is a new organisation the member practices have a rich heritage in the delivery of high quality, accessible and responsive primary care in Coventry and Rugby.

Alliance aims and goals

The Coventry and Rugby GP Alliance was established with the following aims:

- » Protect and support general practice
- » Improve general practice skills
- » Work better with others
- » Support practices to be more efficient and effective
- » Make probity a core feature



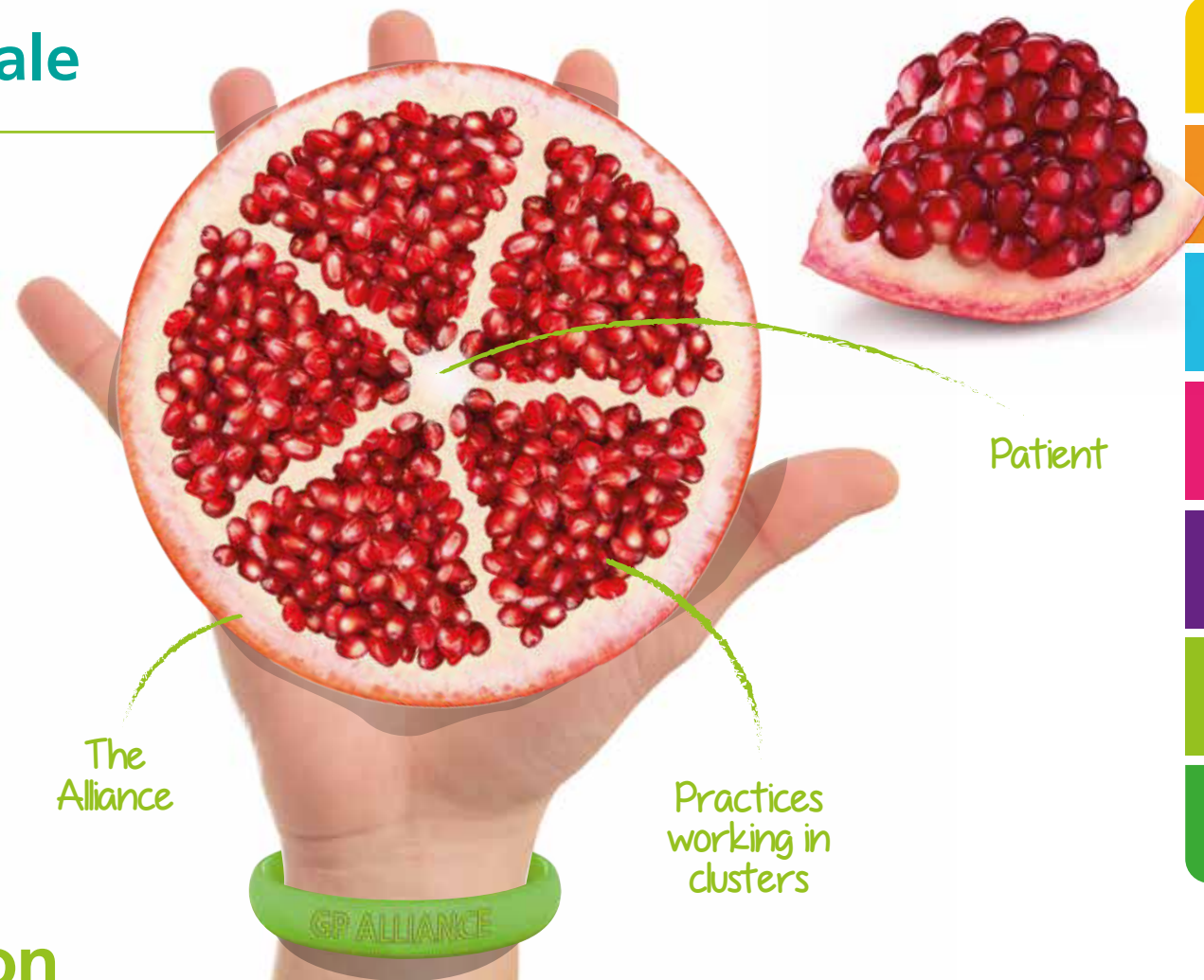
Working at Scale

Cluster Working - What is it?

Cluster working is a way of facilitating practices working together to improve outcomes for our patients. It also benefits GPs and their practice staff.

Typically clusters will serve populations of between 30,000 and 50,000 people, using local knowledge of health issues to focus on areas of particular need.

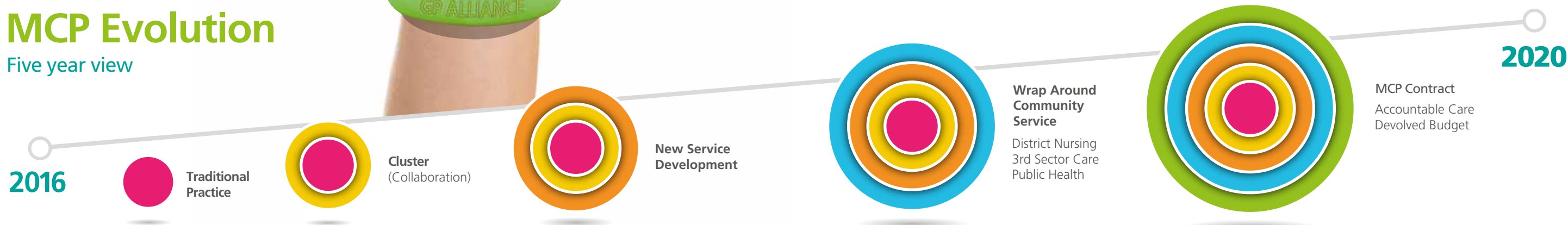
The GP Alliance aims to promote cluster working by supporting their development and enabling the new ways of working outlined in the GP Forward View.



Practice Engagement and Support	1) New staff role for proactive engagement with practices. 2) Minimum of two face to face practice visits per year. 3) Developing enhanced website and on-line presence. 4) EMIS Enterprise and Vision 360. Centralised reporting and data gathering.
New Business Development	1) Notes Summarising service 2) Adult Lifestyles tender. 3) Urgent Care STP Work stream.
Service Delivery	1) Develop Extended Hours provision 2) Community Specialist clinics. 3) Development of Frailty work stream.
Work Force Development	1) Development of on-line staff learning and appraisal tool for practices 2) Centralised basic life support and mandatory training. 3) Introduction of Clinical Pharmacists.
CEPN	1) Supporting workforce planning and responding to local need. 2) Coordinating educational programmes that are quality assured. 3) Developing trainers to support the nursing workforce. 4) Support the development of the existing workforce for Primary Care and foster innovation.
MCP Development	1) Enabling cluster working. 2) Community nursing service redesign. 3) Partnership working with other providers.
Organisational Development	1) CRGPA central offices development (Training room availability for practices). 2) New staff appointments and management team.

MCP Evolution

Five year view



CASE STUDY PARAMEDIC VISITING SERVICE

The Paramedic Acute Visiting Service (PAVS) was setup at short notice in January 2017 as part of the winter pressures schemes for the Coventry and Rugby CCG with three cars covering Coventry and Rugby Monday-Friday, 8am-6pm.

In the 16 weeks of the pilot the service conducted over 770 acute home visits, with an average response time of just 30 minutes and an 84.79% admission avoidance rate.

The pilot has led to a much better appreciation of the role of the modern paramedic and very positive feedback from all stakeholders.

What the service users have to say

“Another excellent service from the Paramedic team on Tuesday, by Neil who attended to my patient promptly and fed back/ discussed with me after. This service is really really helpful!”

2nd February 2017

“Gave the family & the practice fast access to care, good communication with paramedic, we need this to continue.”

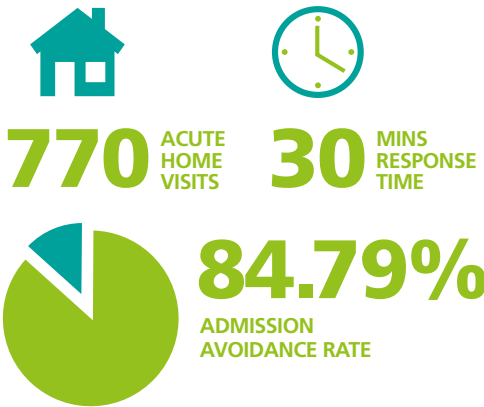
22nd February 2017

“Very prompt response, appropriate management of an elderly patient that may well have been admitted otherwise”

14th March 2017

“Excellent service. obviously prevents hospital admission. reduces the burden of workload on GPS. I am more than happy for the paramedic to call me directly on my mobile to discuss the patient-which I do. This means immediate communication between myself and the paramedic without delay.”

15th March 2017



“Feedback from GP’s is very few and far between so building relationships like this has been great. I really appreciate this opportunity you opened up for me and would be very keen to be involved in any future schemes.”

Tim Cronin
Advanced Paramedic

“I have several calls a day, it is a brilliant service.”

Paula Dodgson
GP Liaison Nurse, UHCW

CASE STUDY PRIMARY CARE FRAILTY TEAM

The Service

The GP led frailty team has been responsible for the implementation of screening for frail patients at the front door of the Accident & Emergency department.

“The service has “successfully shown that the model of Primary Care in an acute setting can deliver outstanding results.”

Jim McCabe
Director of services,
Age UK

What patients say

“We were concerned that she would not be able to cope but thanks to the combined efforts of the teams involved she has gone from strength to strength.”

She was feeling very vulnerable in hospital following her fall but the nursing help in the morning and the extra aids supplied have given her much more confidence.”

“The support since discharge has been excellent for my father and for myself. I started to receive support from the Community Matron. They have been a great support, recognising my exhaustion and putting things in place by referring to other agencies and supplying equipment.

This has taken the pressure off myself. Carers now visit twice daily, my fathers health is monitored closely and he gets up each day and is encouraged to eat and drink more.

This now gives me the opportunity to be a daughter and not just a carer. This experience on the whole has been a positive one for all of the family and my father continues to be managed/ supported by the community matron services.”

35-40% OF FRAIL PATIENTS SEEN IN ED WHERE DISCHARGED BY GPS AFTER BEING ASSESSED



Our Journey

2014

- Prime Minister Challenge Fund £4M
- Extended hours hubs
 - GP in ED
 - Frailty

Nurse Mentors

Student nurses into primary care

HCA Apprenticeship

Reception apprenticeships

Care certificates

Nursing associates

MacMillan GP's

CQC Training

Admiral Nurses

EMIS Enterprise, Vision 360

Cluster Working

Practice Engagement

Clinical Pharmacists

2017

Winter Pressures

GP Nurse facilitators

Care Home Flu Vaccinations

Advanced Nurse Practitioners

Reception Admin Training

Nurse & GP Bank

New nurses to Primary Care

New ways of working – long term conditions

Out of Hospital

Urgent Care

GP Development Programme

Web Consultations

Sustainability

2021

Notes to Financial Statements

Accounts

The GP Alliance has again maintained a healthy surplus, building on the services derived from GP Access Fund (GPAF) awarded in 2015. The three services (GP in ED, Frailty Service and Extended Hours) which commenced July 2015, are now fully functional and benefitted from a full year impact in 2016/17, yielding a combined revenue slightly in excess of £4M compared to £2.6M in 2015/2016.

The original Prime Minister’s challenge fund contract concluded in August 2016 and has now been adopted by the CCG which will be funded under a newly negotiated NHS contract going forward.

GP in ED is the most developed service of the three and has been divided in to an “in-hours” and an “out-of-hours service”, with UHCW funding the “In-hours” component under a discrete contract whilst the out-of-hours component is funded by the CCG as part of the Extended Hours service contract.

During the first year of operation the three services reported an under spend due to delayed start up, with Frailty being the main contributor. In 2016-17 due to the Frailty service being expanded beyond the original business case a decline in profit was reported. In 2017-18 service has been remodelled to remain within the £1.5M contract envelope.

Overhead Costs (Programme Implementation, IT Support and Management Costs) are in line with projections, and fully support the needs of the rganisation.

The Financial performance of the Coventry & Rugby GP Alliance in the financial year 2016-17 reported £3.93M spend (£2.4M in 2015-16) against £4.04M income (£2.64M in 2015-16), which with continued efficiency improvements means the GPA has generated an operating profit before tax of £107K, resulting in a net profit of £86K compared to £196K in 2016.

Retained earnings (reserves) stand at £281,896.

Other Business Activity – detailed commentary & forecast

Coventry & Rugby GP Alliance Limited is participating in other activities, providing following services:

CEPN – Supported by West Midlands Health & Education department. Total allocated funds for the year 2016/17 were £62K.

Nursing Support – Provides vaccination to the Local Community. As at end of financial year 2016-17, Coventry & Rugby GP Alliance has generated a small income of £2.5K. It is anticipated that more income will be generated via provision of the services by Nurses in the financial year 2017-18.

Admiral Nurses – Annual Budget of £226K as at the end of financial year 2016-17. This remains cost neutral to the GPA.

INT – Annual Budget of £70K as at the end of financial year 2016-17. This remains cost neutral to the GPA.

Winter Pressures Services – Both the Paramedic Visiting Service (PVS) and the Winter Pressure Extended Surgeries funded by NHS England with an estimated budget of £281k, with each scheme being split into a value of £148k for the PVC and £133k for the Extended Surgeries. This service was to originally scheduled to end by the 31st of March, but was extended to the end of May as a result of the cost efficient nature of the model demonstrating a value for money service.

Going Concern

The GP Alliance financial position is stable, indicating that the organization has a low risk of financial failure. The business from a finance perspective is expected to remain viable in the foreseeable future.

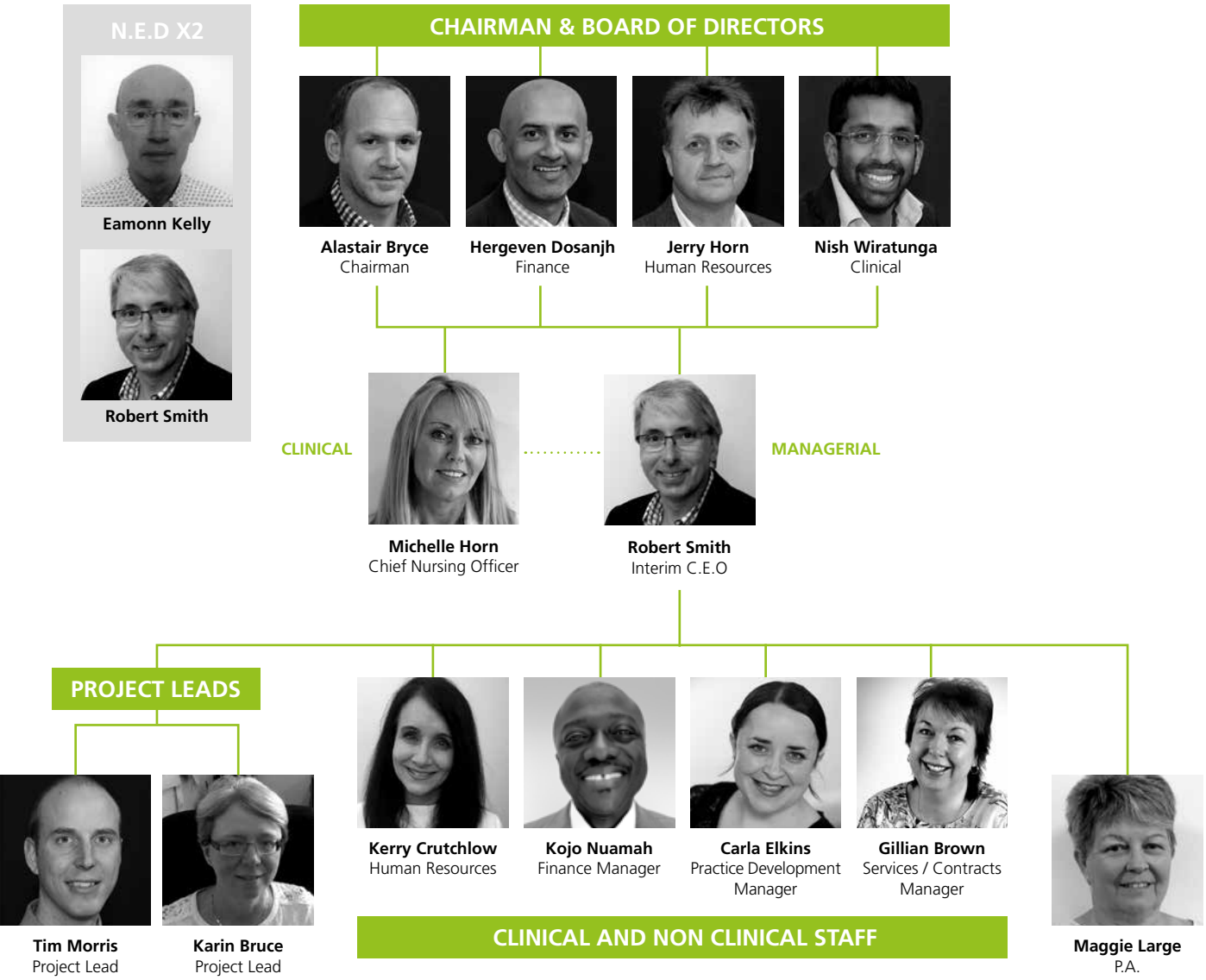
Contingent Liabilities

As at the end of 2016/17 the alliance is not aware of any potential liabilities that may crystalize in 2017/18 financial year and therefore no provision has been made in the account to mitigate against such an occurrence.

“THE GP ALLIANCE IS NOT FOR PROFIT AND ALL SURPLUS WILL BE REINVESTED TO FURTHER THE AIMS OF THE ORGANISATION AND ITS MEMBER PRACTICES.”



Alliance Governance



Our Values

Coventry and Rugby GP Alliance shares and promotes the best of modern medicine and looks for innovative solutions to the challenges we face.

The Alliance believes that by coming together we can better develop skills and consistency not traditionally available in General Practice to deliver improved services to our community.

The following vision and values are the principles that we work to:

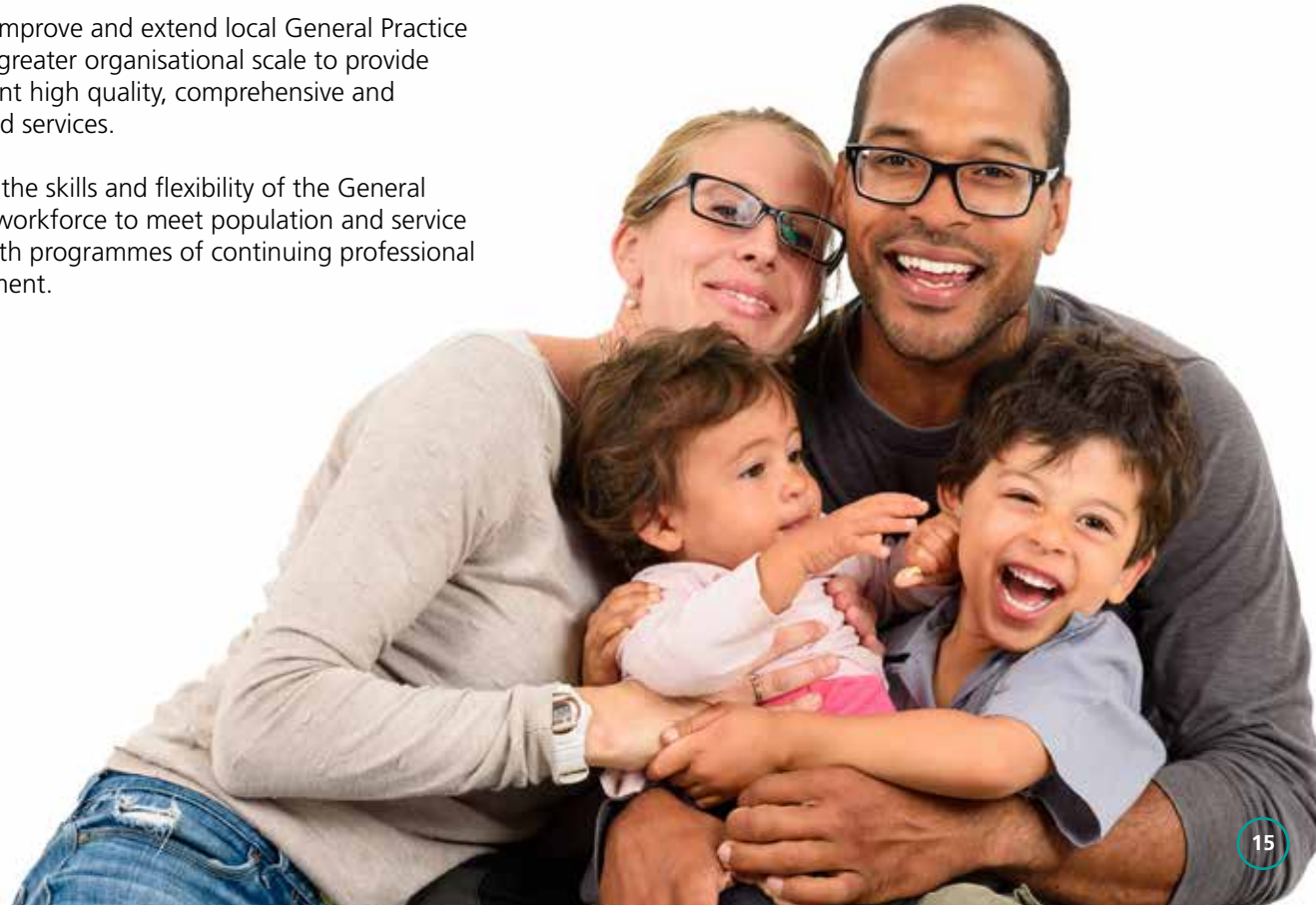
Work and collaborate with others to innovate in service provision, building on new technologies and recognising lifestyle choices of service users in the way in which they wish to access care.

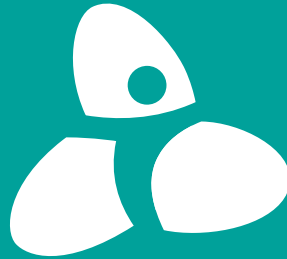
Ensure that all we do is valuable, both for the tax-payer and service user and for those investing their time and money into the Alliance.

Operate ethically, with accountability, probity and fairness at the heart of the organisation.

Protect, improve and extend local General Practice through greater organisational scale to provide convenient high quality, comprehensive and integrated services.

Enhance the skills and flexibility of the General Practice workforce to meet population and service needs with programmes of continuing professional development.





COVENTRY
& RUGBY
GPALLIANCE

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