

JULY 2017 - Progress Report

The Executive team is:

- **Finance** – Jane Deacon with Mark Hone from Open Junction acting as a mentor/consultant
- **Governance** – Martin Durrant
- **HR and Ops** – Stephanie Durrant
- **IT, Estates and Business Development** - Paul Conroy
- **Comms and Marketing** – Caroline Bowden
- **Ops** – vacant. (3 nurse applications being considered)

Board Secretary – vacant

Managers

- Zoe Cronin – operations
- Becky Piper – HR
- Dawn Baker – Finance
- Joanna Chaplin – IG Manager

Chief Operating Officer - Ann Read

The execs will form task teams which are appropriate for the delivery of each of the 5 key strategies, and will jointly plan and implement the projects. It is likely that support will be needed from a project manager and a data processor. The possibility of using interns and/or apprentices for these roles is being investigated.

Outcomes of Board Development From The Meeting on 6th July:

- We defined our **vision** of ColTe
- Timeline planned:
 - In 3 months:
 - In 6 months:
 - In 12 months:
- We decided on 5 key strategies
- The ColTe board will meet once a month .



Senate Members:

Surgery:	Senate Member	Senate Deputy
Ambrose:	Dr Victor Gil	<i>TBA</i>
Ardleigh:	Dr Rob Lenart	Dr Radrie Cole
Colne:	Dr Dan Bateman	<i>TBA</i>
Creffield:	Dr Hasan Chowhan	Dr Ajula Gunasekera
Mersea:	Dr Katherine Patel	Dr Omar Abdullah
North Hill:	Dr Kilian Hochstein-Mintzel	Dr Ajula Gunasekera
Riverside:	Dr John Hoskyns	Dr Ada McMahon
Rowhedge:	Dr Matthew Dawson	Dr Carolyn Richardson
Tiptree:	Dr Nick Turner	<i>TBA</i>
Walton:	Dr Eric Lemke	Dr John Harriet
Wivenhoe:	Dr Shelley Cooper	Dr Andrew Cope



Five Key Strategies:

1. **Why - Communications** – Our first step has to be improve communications within ColTe to engage with all of our staff so that everyone has “Bought into” our product. We also need to engage with the wider community, patients and potential stake-holders, and we will do this via our website, followed by social-media, main stream media etc and then set about digital platforms to help build intelligent data capture.
2. **What - Savings & Efficiencies – Start with procurement** as it’s a quick win and essential to the success of ColTe, but move on to service integration, Risk stratification etc. to look at where we can reduce costs as a whole, rather than just change supplier.
3. **Who – Look at options of Mental Health Worker** - Aim to employ a mental health worker to improve patient services, reduce workforce time-burden. This may be our first project followed by clinical pharmacists, apprenticeships to use our levy up, Bank staffing & locums (order to be confirmed)
4. **How - Core Functions – Policies** – need to be adopted and integrated with local operating procedures across the patch in preparation for CQC; this will be followed by service redesign and looking at supporting IT and Estates
5. **Where - Onboarding** – “Market” ourselves to encourage expansion of ColTe with not only other partnerships joining, but also pharmacy, dental etc and brokering key partnerships.

Vision & Values

"Colte-ability" means: a team, motivated by enthusiasm, job satisfaction and innovation, providing excellent care to enable a healthier community.



Vision:

- To have excellent leadership with a matching reputation
- To be a place where people want to work
- To make a difference to patients' well-being and be valued by stakeholders
- To have financial stability, viability and partnership sustainability
- To generate hope and optimism for the future of general practice.

Values:

- To be compassionate and effective
- To be transparent and trustworthy
- To be nurturing and supportive
- To be innovative
- To strive to achieve excellence.

Extended Hours:

Aims:

- Appointments 8am – 8pm Monday to Friday
- Appointments 8am to 2pm at weekends
- Potentially provided through 2 hubs initially
- Offering diversity of consultations: length, type eg telephone, face to face, online and video consultations.

Information:

- The steering group is considering using Care Navigator tools to train/upskill reception staff to enable them to send patients to the most appropriate person to deal with their problem/health issue. Mersea surgery is interested in piloting the scheme.

- If ColTe apply for research cluster status there will be funding for a research nurse to do the work. This will provide a source of income to ColTe. Any IG concerns have been dealt with (regarding consent etc).

Action Points For Everyone:

1. We are considering the options for data collection for the savings to be achieved. It would be most cost effective for practices to provide the information requested electronically for collation but there will be a limited time for this to happen and those not providing the necessary stuff straight away will risk not being included in the negotiations. It is imperative for these savings to be made for ColTe to be able to achieve its objectives so could everyone please prioritise this work. If you wish to be included, but are unable to provide the information in a timely manner then please let us know as we have an option to provide someone to do this for you at a very competitive cost.
2. All practices need to surrender their GPPC share A certificates as ColTe will have a share certificate as one entity.
3. Promotion is extremely important. We need to be known about to attract other partnerships, and everyone within ColTe has a part to play. What can every member do?
 - Click on our website (this will improve its rating and bring it to the top of any Google search) www.coltepartnership.co.uk
 - Follow us on Twitter (this will spread the word and help get people interested) [@ColTe_GPs](https://twitter.com/ColTe_GPs)
 - Positive discussions with staff (self-perpetuating positive feedback)

**"Coming together is a beginning, staying together is progress,
and working together is success."**

Henry Ford