

# ***Central Manchester GPPO Newsletter***

## ***Hello***

Welcome to the first newsletter of the Central Manchester GPPO. We are aware it has been some time since the meeting at Hough End where we got our mandate from practices to form, and there is a lot to talk about!

We have been working hard at getting the organisation up and running. This has involved lots of meetings with lawyers, accountants, project managers, the CCG, as well as people with experience of similar organisations elsewhere.

We have also been working on services that we could provide (see below) and been involved in weekly meetings with the other providers in Manchester.

## ***Our GPPO***

There has been some confusion as to the role of the GPPO and how it fits with the CCG and the 35 practices in Central Manchester, so I think it's important that we reiterate our founding principles and ethos.

We are an organisation that will be owned by its shareholders, which will be the 35 practices in Central Manchester. The directors, who run the company, will be answerable to the shareholders, who appoint them. The purpose of the company is to support primary care by facilitating new investment and to aid practices in the delivery of services. By working as a group of 35 practices, we can ensure that primary care services are sensibly funded and appropriate to our patient populations.

We will be working closely with the CCG, as they will be commissioning services from us. However, it's important to note that we are entirely independent from them. We are accountable to the CCG only for the delivery of any services they commission from us. Our aim in implementing services will be to make them work in a way that is best for patients and practices, whilst fulfilling our contractual commitments.

## ***Incorporation***

We have been working hard sorting out the financial aspects, organisational structure, governance arrangements, accountancy and legal aspects required to make the GPPO successful. We expect to finalise the articles of association and shareholders agreement shortly, and would look to formally incorporate in the next few weeks.

## ***Developing Services***

We have had discussions with the CCG about the services that they would look to commission from us. We have also been involved in meetings with CMFT, amongst others, and are starting to sketch details about how services currently delivered in hospitals can be moved into primary care. This work is still at a very early stage and discussions are ongoing.

- ***Extended Access***

A major priority of the CCG is to increase the availability of primary care. As a GPPO, we are keen to protect GPs from increased workload.

We are working on a model that would involve facilitating the extending opening of a single (volunteer) practice per local area. A number of appointment slots will be available there for patients to see a GP. We will recruit GPs from within the area in preference, these sessions will be funded appropriately to facilitate this.

Other practices in that locality will be able to book their patients directly into slots at this practice, under a quota system based on list size. This may include patients who have urgent problems that present late on during the working day or patients with routine problems who have work commitments during core hours.

This is additional capacity which will be made available to all practices for the benefit of their patients. With this model, there is no need for individual practices to open for longer, but it allows all patients to benefit from extended availability.

- **Care Homes**

The CCG is looking to commission a GP-led, ANP delivered service that will go into nursing and residential homes to provide proactive medical care for residents. They will be supervised by a GPSI, who will be available to deal with any problems identified. This service will cover all of the care homes within the CCG. This is expected to reduce the number of hospital admissions amongst care home residents, and will help with the workload that practices face in dealing with this complex group of patients.

- **Long Term Conditions**

Currently, about 50% of practices are able to offer the diabetes LES, and about the same proportion offer the Heart failure LES. The GPPO is looking at ways to allow patients registered at all practices to access a similar level of service. This will then allow duplicated services in secondary care to be decommissioned.

As part of our discussions around diabetic services, we are making the point that initiating diabetic patients on injectables is not a “one off” activity – these patients continue to be complex and require a great deal of input and monitoring on an ongoing basis. We feel that there needs to be additional funding for these patients on an annual basis.

- **Dementia / Homelessness**

The CCG are looking to commission services for these groups of patients. These are still in early stages of discussion, and we will keep you informed.

### **To do List**

As you can see, we have been extremely busy over the last few weeks and we are trying to set this GPPO up whilst continuing to work full time in our busy and demanding day jobs. If anyone is interested in helping out in any way, please get in touch.

1. Any comments or suggestions about what we are doing would be gratefully received.
2. Send us your suggestions for a name for our newsletter.
3. Look out for the shareholders agreement coming soon.
4. Look out for our first annual general meeting to be confirmed soon.
5. If you have an interest in any of the above projects, let us know.

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