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GP Federation Chair

For all the latest news and views, including Paul's blog, please visit <http://suffolkfed.org.uk/chair-blog/>

Results from the Advanced GP Leadership Programme questionnaire

In our June newsletter we included an article by Neil Macey on our Advanced GP Leadership Programme. Following the course, the participants compiled an online survey looking at various issues affecting local primary care.

93 GPs completed the survey and the winner of the £100 prize, chosen at random, was Ayush Prabhakar, an Associate Doctor at Swan Surgery in Bury St Edmunds.

Key findings from the survey are:

- A significant number of respondents report very limited or no understanding/awareness of the major structural issues likely to impact primary care, such as the Five Year Forward View (28% limited/no understanding), GP Forward View (27%) and Sustainability and Transformation Plans (42%). There is high awareness of super-partnerships (only 14% reported limited or no understanding).
- 51% of respondents intend to retire in the next 6-10 years, with 32% retiring in the next five years.
- None of the 22 salaried GP respondents intend to become partners. Reasons included workload, hassle, too much expectation, uncertain future of NHS, no benefits evident and three said they valued their flexibility too highly to move.
- 74% would recommend Suffolk primary care. Respondents like the clinical support they receive from

their practice team (88% satisfied) and working with colleagues (92% satisfied). GPs have divided views on their working hours with 33% satisfied/very satisfied and 35% dissatisfied/very dissatisfied. 49% are satisfied with educational opportunities.

- 70% describe their workload as 'heavy' most of the time or 'unmanageable'. The main growth in workload is from administration, patient demand and work pushed from secondary care.
- GPs most like their patients and continuity of care. Most dislike their general workload, patient numbers and demands and paperwork.
- 86% believe general practice has to change in order to meet current and future demands. Frequent suggestions were more integrated MDT working - e.g. upskilling health visitors, midwives and school nurses to manage more work, using geriatricians to manage nursing homes and working collaboratively at scale for a louder voice and increased influence.
- A number of comments suggested that relationships could be improved between the Federation, CCGs & LMC. 40% do not believe the three organisations work well together but 77% believe close collaboration between the three organisations is important to help sustain Suffolk primary care.

If you would like a full copy of the survey, which also includes views on the CCG, LMC & Suffolk GP Federation, please email melissa.tooke@suffolkfed.org.uk.

Update on our services

GP+

The GP+ service has now celebrated its first anniversary – providing a total of 15,270 appointments in Ipswich and Bury St Edmunds in its first 12 months. Of these, 11,620 have been booked by practices, thus providing additional capacity. In Ipswich all capacity on weekday evenings and Saturday is now utilised. Bury has much lower utilisation. Sunday in both locations still has plenty of capacity, although the A&E departments are usually busy.

Other news:

- Akash Karki has now taken over as Clinical Lead.
- We are filling GP and NP rotas.
- We continue to receive positive patient feedback and had no complaints in the last quarter.
- During September we have trialled an extension of the weekday opening times in Ipswich to 9.30pm. In Bury we are working with WSH ED to offer spare capacity and have changed our Sunday times to 1pm-5pm as this is when they are busy.
- We are taking part in the national evaluation and the results should be available soon.
- NHSE has announced there will be a significant increase in GP+ funding this year, rising to £6 a patient for the next two years. This will allow us to expand our offer and launch GP+ Local services. We are working through the detail as GP+ will be commissioned by the CCGs from April.

Community pain management

Please remember nearly all pain referrals should be sent to the community service not the hospital. The MDTs with WSH are now working well. Patients are setting up a Facebook support group for Fibromyalgia. Our ground breaking service has featured in a special edition of British Pain Society's Primary & Secondary Care Special Interest Group newsletter.

Ultrasound

We still have spare capacity and wait times remain very short. We have worked on ensuring our images and reports are more often used by secondary care and this is working really well for gynae - we are working on the other specialties. We continue to receive some referrals without a reason for referral and obviously we cannot scan these.

Cardiology

The service is working well with wait times of a month. We have successfully dealt with 1,250 follow-up backlogs transferred from IHT.

Lymphoedema

We still have not heard what the CCG intend to do with patients needing a Lymphoedema service.

Our service is due to close in March 2017 but we have told the CCG it could continue if we have certainty over a contract which will allow us to recruit staff.

National GP retainer scheme now expanded

The retainer scheme has been expanded to include GPs wanting a career break but who intended to return and those nearing retirement. There are 100 places nationally. Practices hosting a GP retainer receive a fee per session and the retainer also receives financial support. An outline of the scheme is at www.angliangp.org/about1-chbk and more details at <https://heeo.e.hee.nhs.uk/retainer>. If you have any questions, please contact Kev (Kevork) Hopayian (k.hopayian@nhs.net).

Should the Fed bid to run Out of Hours?

The two Suffolk CCGs and North East Essex are putting the Out of Hours service up for tender, as part of a package with 111 and the co-ordination centre for community services. OOH

is currently provided by Care UK. The Fed Board believes this is a service which should be run by a GP owned organisation and it fits neatly with GP+ and the move to working in localities.

Realistically, we recognise that the Fed cannot lead a bid because we have no experience running a 111 service. We also have concerns about funding, staffing the service, integrating with practices, having inappropriate work transferred from 111 and our poor track record when bidding for large services (we have never won a large bid in Suffolk).

We therefore need to team up with a larger organisation and are currently looking for potential partners.

The service would start in October 2017 so the timeline is very tight. We would welcome any comments from members. Please email David Pannell (david.pannell@suffolkfed.org.uk).

MCP contract

The Multi Speciality Community Provider is a new voluntary contract, intended to integrate general practice and community services around a GP list. An MCP needs to cover a population of at least 30,000 (although NHSE mention most are working at 100,000) and could be held by practices, a federation, hospital or community services provider (i.e. it is not exclusively for GP practices). Contracts will last 10-15 years and be procured via tender.

An MCP will have a fixed budget to change the way care is delivered, with savings retained within the MCP. The details of what an MCP will manage are still unclear. Potentially all services that do not need to be delivered in a hospital could be included – but to start with it will likely have more limited scope. Seven day GP working appears to be excluded.

The MCP contract sum will be made up of a fixed base per head, performance element (around 10% including QoF) and a risk/gain share on acute activity (likely to focus on acute admissions or outpatient activity).

Once the bidding process is announced the timelines will be tight so members should start to think about MCPs now. When doing so it is worth considering:

- MCPs are unlikely to generate a huge financial windfall for practices but they will be the only new money around to fund working at scale.
- Realistically groups of practices need to have a plan to reach 100,000 patients.
- Each MCP will need strong and credible GP leadership.
- Practices and individual GPs will need to change how they work e.g. implement an On the Day/minors service or home visiting across a group of practices.
- Bidders will need a legal vehicle to bid for and hold the MCP contract. We think it unlikely any Suffolk practice partnership will want to hold a contract directly so bidders will either need to form their own legal entities or work through either the Federation or the single-partnership. If forming their own legal entities practices will need to set out how they will accept financial risk. One option could be forming joint ventures with hospitals or other third parties to provide infrastructure and credibility.
- NHSE is likely to have very tight deadlines and experience suggests they select bids which have a high probability of being successful which usually involves lots of upfront work.

The Fed is able to support practices wanting to bid and who can address the issues raised above. If practices want, the Fed can be the bidding entity and hold the contract.

We are well positioned for this as we already hold contracts and can demonstrate a robust organisational form with the experience, governance and infrastructure required.

David Pannell has a more detailed briefing note if you would like more information and there is a BMA paper available. We hope to run some workshops for members if there is interest.

CCGs set out primary care plan

Both Suffolk CCGs have jointly published their Commissioning Intentions covering the next two years. The key themes are for providers to work in alliances and partnerships. For primary care it contains important changes:

- The CCGs will be consulting about taking full responsibility for primary care commissioning.
- They will accelerate action to enable practices to work at scale and they specifically mention the GP Federation, single-partnership and mergers.
- LES services will be contracted with groups of practices covering at least 30,000 patients. This gives groups of practices the opportunity to work together or alternatively the Fed can manage this on behalf of members.
- The CCGs will support primary care 'to be in a position to compete for new business, particularly through the GP Federations as they further develop and play a growing role in the out of hospital models across the STP'.

Update on strategic initiatives in Suffolk primary care

A kick-off workshop has been held for practices joining Suffolk Primary Care (the single-partnership). Full notes have been sent to your PM (or are available from David Pannell). The group defined the SPC single-partnership as 'GPs joining together to deliver high quality health care.'

Suffolk Primary Care's purpose was agreed as: **'We are an innovative partnership of local GP practices working together at scale with an influential voice. We sustainably deliver new models of health care, whilst retaining the best of current practice and local identity. Together, we provide care more effectively with better experience and outcomes for our patients, their families and our wider community.'**

SPC will have six values:

1. Compassionate and effective care
2. Driven by evidence-based outcome
3. Sustainable
4. Nurturing and supportive of our staff
5. Ambitious
6. Innovative

The Fed's offer to support other groups of practices remains open. Please contact David Pannell.

Recruitment and retention - Federation development programmes and courses

For more information on any of these programmes please contact Linda West (linda.west@suffolkfed.org).

Our new Legacy by Experience Programme

This is a new initiative and we believe it to be the first of its kind for GPs in the UK. It brings together GPs at a late stage in their careers and allows them to reflect on some of the issues and dilemmas they face – including financial considerations. There are still some places on the programme, with the first evening being October 5. This will be run by Judy Oliver from Oliver & Company and further sessions are planned for November 2 and February 15.

2016/17 Advanced Leaders Programme



Akash Karki
Locum GP & GP+
Clinical Lead

We are running this again jointly with GPs from North East Essex. The programme is now full.

Akash Karki, who attended last year's programme, has had an article about his experience published by GP Online. You can read it here: www.gponline.com/federation-helping-its-gps-develop-leadership-skills/article/1410600.

Leading the Way

Eight GPs who have qualified within the last five years have been attending the programme. At the last session in October they will be presenting their Change Projects, developed during the 10 workshops. We are running series two of Leading the Way starting in November and still have places available. If you are interested or want to know more, please contact Linda.

We are hoping to work with the RCGP to sponsor a Suffolk First Five programme. Please contact Linda if you are interested.

Practice Managers' Development

This programme is also running again this year but is now full.

GP Fellowships

The funding for these has been withdrawn so we are unable to continue this scheme.

Suffolk GP Fed Executive team and Integrated Governance Committee of the Board

Nick Rayner, a partner at Oakfield in Newmarket, is now an Executive Director leading on strategic issues in the West and is a member of the Integrated Governance Sub-Committee of the Board. The rest of the Exec is:

- Paul Driscoll – Chair and Medical Director
- Julie Smith – Operations Director
- Sheila Smyth – Chief Nurse
- David Pannell – Chief Executive

The Integrated Governance Committee, which is a sub-committee of the Fed Board, includes the Executive and the following non-executive directors – Andrea Clarke, Jane Wallace, Marilyn Martin (independent) and our Financial Controller Katrina Pollard.

Elections for Fed Board

The Suffolk GP Federation Members' Agreement requires a third of the Board to be elected each year. In January 2017 elections will be held for the following non-executive posts:

- Ipswich – Debs Banerjee is the current director
- SBS – Simon Rudland is the current director
- East excluding Ipswich PM – Jane Wallace is the current director
- West PM – post currently vacant

All of the current incumbents have indicated they will be re-standing. If you would like a detailed briefing pack, please contact David Pannell.

Help raise the profile of the Fed

The GP Fed is raising its profile on social media, particularly Twitter and Facebook. To keep up to date with our news please follow us on Twitter or 'Like' our Facebook page. Facebook in particular has been very good for patient facing communications and we post regular updates – promoting the work we do locally such as GP+ and issuing health advice to members of the public. We use Twitter for members and healthcare organisations.

Search for 'Suffolk GP Federation' on Facebook or find us on Twitter at [@SuffolkGPFed](https://twitter.com/SuffolkGPFed) for more.