



## A new model of care in Felixstowe

For some time three practices in Felixstowe - Howard House, Haven Health and Walton Surgery – have been experiencing a declining number of partners. We now have only four – with no success in recruiting replacements.

As a result, changes are needed and with the support of the GP Fed we have now worked up a model for how:

- Services can be delivered collaboratively across the three practices by sharing resources and making each more sustainable
- The workload on GPs can be matched to realistic capacity e.g. 1 GP per 3,500 patients rather than the historic 1: 1,800.

Since the summer, partners, salaried GPs, nurses, PMs, receptionists and administrators have met regularly to develop the proposals. We believe it is ground breaking, at least for Suffolk, because it brings together lots of initiatives from elsewhere.

### 1. Joint On the Day Team (OTD) – starting November:

- Initially one nurse and a GP will work in a hub, probably Felixstowe Community Hospital, dealing with minor and urgent conditions from all three practices. This will cover 4pm-6.30pm but once embedded will start earlier.
- Patients will continue to phone their own surgery from 4pm and calls will be triaged by reception staff. Receptionists will also have a list of calls which will not be filtered to the OTD team – e.g. end of life will continue to be dealt with by the practice but other work will be directed outside the practice (e.g. urgent medication requests will be directed to a local pharmacy).
- The On the Day team will be staffed from existing practice resources. Each practice will take turns staffing the service, with Mondays and Fridays rotating.

### 2. Domiciliary care team

- A nurse or emergency care practitioner (ECP) is being recruited for home visits. These will be triaged by a GP

before being passed to the clinician who will work under the supervision of the practice.

### 3. Prescribing team

- We are exploring how a pharmacist could work with each surgery's existing practice team. The objective would be for them to take on work usually done by GPs - e.g. medicine reviews/ reauthorisations, patent queries, reviewing changes from hospitals, audits, and quality initiatives.

### 4. Clinical administration

- There is now a good body of evidence to suggest two thirds of incoming clinical mail can be dealt with by a trained and supported clinical administration team without any input from GPs. The team, using existing staff resources, will work across the three practices with the aim of saving 40 minutes of time per GP day.

There were some early concerns about the implications of collaborative working but, in conjunction with staff, these have been addressed. The partners have made it clear there will be no redundancies and all three surgeries will remain open.

We are now consulting with patients, initially via PPGs. We have already briefed our local MP and will be doing the same for local councillors. The CCG is supportive of the approach and is helping Haven Health convert to SystmOne which, from a practical perspective, is critical to making the new model work.

We are pleased with the progress we have made in a short space of time. Critical to this has been strong local clinical leadership, a willingness to change and a really positive feeling that we can, once again, make general practice a great place to work.

From **Dr Billy McKee – Walton**  
**Dr Robert Mindham – Howard House**  
**Dr Paul Driscoll – Haven Health**



**PAUL DRISCOLL**  
GP Federation Chair

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

## Update on Suffolk Primary Care single-partnership

SPC is now moving forward. The following bullet points provide an update on how the plans have progressed.

- 14 practices representing 112,000 patients have signed a Letter of Intent and paid an initial 50p per patient from their commitment of £1.50. Requests have been made for the two CCGs to match-fund this contribution.
- Notes from the kick-off workshop have been sent to your PM (copies from David Pannell).
- SPC's purpose statement 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's values were agreed as:
  - Compassionate and effective care
  - Driven by evidence-based outcomes
  - Sustainable
  - Nurturing and supportive of our staff
  - Community focused
  - Ambitious
  - Innovative
- A follow-up weekend workshop will be held in November to refine SPC's clinical model, start preparing the partnership agreement and identify quick wins.
- Practices have now started due diligence.
- Over the next few weeks SPC will be communicating with our patients and staff and will be issuing a press release.
- The aim is to form SPC on 1st April 2017.
- The practices taking part are:

<b>Brandon</b>	<b>Lakenhealth</b>
<b>Combs Ford Surgery</b>	<b>Leiston</b>
<b>Deben Road Surgery</b>	<b>Norwich Road</b>
<b>Debenham</b>	<b>Oakfield Surgery</b>
<b>Glemsford</b>	<b>Orchard House</b>
<b>Haven Health</b>	<b>Stowhealth</b>
<b>Howard House</b>	<b>Walton</b>

## The role of Suffolk GP Fed

In our September newsletter we featured a survey which found members wanted clarity over the role of the Fed. The short description below hopefully explains what we do.

Suffolk GP Federation is a not-for-profit group of 58 independent GP practices covering 580,000 patients. Members remain independent organisations, whilst collaborating in the development of local primary care.

**The Federation was established to enable primary care to 'work at scale'. We do this by:**

- Helping practices to work together in an open, democratic and transparent way
- Addressing issues better solved through collaboration (rather than by individual practices)
- Providing a management infrastructure, skills and expertise that an individual practice would find uneconomic to employ

**The Federation manages two types of activity:**

### 1. Primary care

- Supporting complex service changes including collaboration between groups of practices or the transfer of work from hospitals into the community and primary care
- Leading a Suffolk wide workforce development programme including GP recruitment and retention, support for salaried and locum GPs, practice managers, nurses, administration staff and allied health professionals
- Delivering services where it is sensible for one organisation to take a management lead
- Support for member practices e.g. organising bulk discounts for medical defence cover

### 2. Services for patients

- Non-obstetric ultrasound, community ENT and cardiology in East Suffolk
- Lymphoedema and community pain in West Suffolk
- Diabetes in North East Essex
- Pan-Suffolk primary care including GP+ and managing Walton Surgery in Felixstowe

The Federation is owned by GP practices. It was established with a one off financial contribution and since its formation has funded all its activities without any additional contribution from members.

The Federation has a turnover of approximately £5m and employs around 120 staff.

## Observations from the 2016 RCGP Conference

The 2016 RCGP Conference was held in Harrogate and attended by 1,600 colleagues from across the UK.

With its theme of "Energising primary care" there was something for everyone, with workstreams across the three days focussed on clinical learning and challenges, research, campaigning for general practice, practice development, mental health, professional education, supporting doctors and short papers.

From the sessions I attended, the debate over working at scale appears to be over and the question now being discussed is how best to achieve it. This was reflected with the higher priority given to super-partnerships.

The conference appeared to be holding its collective breath about the GP Forward View (GPFV) and whether it will live up to its billing as the saviour of general practice. It was said there are 82 different funding streams associated with GPFV and many appear underfunded, even at this early stage.

The Junior Health Minister David Mowatt spoke of funding for general practice coming via the newly created Strategic Transformation Plans, but RCGP leaders and delegates expressed anxiety about the little or weak GP voice on these new committees, and the risk that funding intended for primary care again ends up with acute trusts.

There was an acceptance that GPs cannot continue working in a model where they are responsible for the delivery of most care. The view was that we are moving towards an evidence free model where GPs lead teams and other professionals – such as advanced nurse practitioners, general practitioner nurses, assistant nurses, physician assistants, pharmacists, physios, healthcare assistants and emergency care practitioners – provide most of the patient contact.

Such a shift will not be easy. For our workforce, however, there could be many positives – the opportunities for more structured quality initiatives, supportive clinical governance and a culture of mentoring, and opportunities for career progression.

The RCGP Conference is both an inspirational event and a source of new ideas. It would be great for more GPs from Suffolk to attend.



By Dr Tim Reed,  
salaried GP at Orchard  
Street in Ipswich

## Ipswich Action Plan

Ipswich & East CCG has obtained £250,000 of Vulnerable Practice Funding for Ipswich, which includes a small amount of start-up financial support for new workforce and workload management initiatives. The Fed has been asked to lead on care homes, a visiting service, pharmacists in practices and running another programme for newly qualified GPs alongside the Fellowship Scheme.

We are also looking at whether the Fed can offer mental health link workers to practices. We have started to develop some ideas for how these might work but would welcome more views.

### It is worth noting:

- Practices will have to pay the full costs of these services so, to ensure they are viable, we will probably need to offer them outside Ipswich.
- Our experience suggests we can only recruit staff on permanent contracts and so the Fed will need to take the risk of employing additional staff (we have assumed individual practices will not want to employ them on behalf of neighbours). Recruitment and ensuring governance is in place will take some time.
- We understand there may be a DES for care homes so we will wait for clarification before working this up. Similarly, NHS England is having a second round of bidding for the pharmacists in primary care initiative and this does offer a level of subsidy so will be attractive to members. Details are expected soon.
- The evidence nationally is that the gain from adding new skills is maximised when practices change the way they work, for example sending medication queries directly to pharmacists. However, it takes time and building consensus is difficult.

Our current thinking is that pharmacists would be the easiest to implement and have a high impact on reducing GP workload. We also believe standardising the processing of incoming clinical, which is not part of the action plan, would be a high impact initiative. If you have any views or ideas, please send them to one of us.

### From the Ipswich Fed directors:

**Debs Banerjee** – Barrack Lane

**Andrea Clarke** – Orchard St

**David Ward** – Chesterfield Drive

## Reflections on Leading the Way – a programme for newly qualified GPs

Leading the Way reinforces the fact that taking on leadership responsibilities can broaden one's horizon to work in primary care. From the first session I really enjoyed learning about the framework and governing bodies which make up the NHS and social care system.

The next session focused on the strengths and weaknesses of what makes an effective partnership and the qualities that one must possess to become an effective partner. In the third we learnt about effective and dysfunctional teams. I also really enjoyed the role plays which demonstrated our personalities and how we are all different at channelling our thinking.

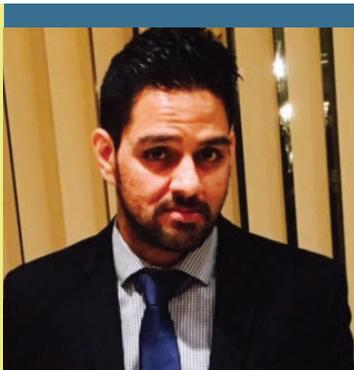
Session five was mainly focused at the wider community and basics like GMS, PMS practices, commissioning and QOF. In session seven we discussed individual projects and the difficulties managing a project. In session eight we discussed how to help others think and in doing so how that could improve productivity. We also discussed the 'What's in it for me' role in influencing stakeholders in relation to change.

The final session was the most enjoyable, involving an actor who looked at ways in which a presentation can be perfected. The role plays and individual tips I received and what I learnt from watching others was extremely useful.

In summary, I really enjoyed the course and have met colleagues who will be friends for life. I have learnt that in order to become the perfect leader I must always think of maximising potential and use my team to the best of its ability, as well as manage resources. I have taken exercises such as thinking pairs and showing an appreciation for your partner and team back to my surgery.

This year I will be working in ambulatory care looking after GP referrals, triaging patients and trying to keep my acute medical knowledge up to date as well as picking up learning points from a primary care perspective. I have also started the two-year diploma in diabetes at Cardiff University with a view to formulating a specialist interest in diabetes.

I'd like to thank all the Leading the Way organisers and teachers for their hard work, motivation and support.



By Dr Ayush Prabhakar, salaried GP at Swan & Forest Surgery, Bury

## GP+ update

NHS England, in conjunction with the I&E CCG, has now confirmed the shape of GP+ for the rest of the year.

- Bury and Ipswich will continue with new GP+ Locals (restricted operating times) opening in Felixstowe, Stowmarket and Saxmundham. Sadly, the way the service was contracted means we cannot expand in the West unless this is funded directly via the CCG.
- In Bury weekday and Saturday appointments are well utilised. We have decided to close on Sundays as utilisation is very low.
- The trial with longer mid-week opening times to support WSH and IHT EDs did not increase the numbers referred to GP+. We will revert to 6.30pm-9pm.
- We are funding 10 nurses to complete the prescribing course and in return they will be expected to undertake a minimum number of shifts in GP+.
- We have improved security at Swan Surgery where we run GP+ in Bury after an incident in June. The individual involved pleaded guilty at court and was given a 12-month prison sentence, suspended for 18 months.
- GP+ has been re-accredited as a training practice.

## NHSE pharmacists pilot – second wave

We understand there will be a second round of bids for projects aimed at integrating pharmacists into primary care. The Fed was unsuccessful the first time around but now has a greater understanding of how GP workload can be transferred to pharmacists, the management support needed to achieve this and the appropriate governance framework. We are intending to lead a second bid. If you are interested contact David Pannell. Please note, practices will have to make a significant financial contribution to costs.

## Board update

Sriyangika Ratnayake from Haverhill Family Practice has resigned from the Fed's Board. The Board would like to thank Sriy. We are holding an election for a replacement GP to represent the West and two candidates have indicated they would like to stand. We will organise the election during November.

## Fed's accounts for 2015/16

The Fed's financial adviser, BDO, has prepared our accounts for the year to March 2016. Turnover was £5.1m (up 28% on the previous year) and the surplus for the year was £266,558, which has been retained to support our reserves. The Fed's net assets are now £449,273. To be sent a copy of our accounts please contact David Pannell.