

MCP – more change please

Suffolk GP Federation recently presented its thoughts on the new Multi-speciality Community Provider (MCP) contract at a special healthcare event at the Trinity Park Showground in Ipswich (slides are available via the Chairman's blog on the GP Fed website).

We followed a presentation by Tracey Vell, Chief Executive of Manchester Local Medical Committee (LMC) and Lead for Primary Care in the Greater Manchester Health and Social Care Collaboration.

My thoughts on Tracey's presentation were:

- What a lot of money! The collaboration received £450 million of transformation funding over five years for 2.8 million patients, the equivalent of £32 per patient per year.
- General practice needs a louder voice. It is vital our views are heard and that's exactly why the role of Suffolk GP Fed is so important – representing the opinions of GPs and practice staff at the highest level. However we cannot do it alone – we must work in collaboration with the LMC and CCGs to provide a single, united front.
- Some of the innovations described are already happening here in Suffolk. GP+, which provides extra doctors' appointments for patients in the evenings and weekends, career development programmes for GPs and practice nurses and locality hubs (currently working in Felixstowe but with plans for other areas) are all under way.

I know some colleagues felt the Federation's presentation was somewhat downbeat. But my main aim was to make clear that the MCP is not a 'White Knight' that is going to rescue Suffolk practices from the severe pressure they face.

My reasons are:

- Funding. It is very unlikely Suffolk will be given huge amounts of extra money. Any resources will need to come from efficiencies made in the delivery of services e.g. community health, outpatients etc.
- MCPs may encourage members to delay their plans for being involved in other collaborative work which is already progressing.
- The promise that MCPs are a 'third way' from Personal Medical Services (PMS) and General Medical Services (GMS) seems unlikely.



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- There are other ways of achieving similar outcomes to the MCP by collaborative working.

So, what is the Federation's approach?

- Engagement at a high level. Through our work with the Suffolk & North East Essex Strategic Transformation Plan and with the Suffolk Accountable Care Organisation (ACO)/Integrated Care Organisation (ICO) we are ensuring primary care's voice is heard. We are looking at alliance working with key players, secondary care, social care, Norfolk and Suffolk NHS Foundation Trust and community services.
- Increased resilience. There are ways general practice can operate differently, particularly by taking advantage of our wide skills mix and coming together to be more efficient. This is often easier done with practices working at scale e.g. making better use of pharmacists and Emergency Care Practitioners. To help facilitate this, the Federation is supporting various collaborations that are now starting to appear across Suffolk.

Paul Driscoll

Medical Director and Chair, Suffolk GP Federation

To read more of Paul's thoughts on the NHS and general practice visit his blog on the GP Fed's website:

<http://suffolkfed.org.uk/chair-blog/>

Locum booking service – an update on progress

Suffolk GP Federation and the Local Medical Committee (LMC) have been working together to develop a proposal for a Suffolk Locum Booking Service.

As reported in December, a key objective is to streamline the sourcing and booking process for practices and locums via a dedicated online portal, providing a quick and simple solution to an activity that many practices encounter each week but takes a disproportionate amount of time.

We have also identified two further opportunities:

1. Greater support for experienced GPs at the end of their career who would like to stay working in primary care. This would be in the form of administrative support to help navigate the new ways of working as a Suffolk locum – for example practical help to arrange Smartcard access, promote availability to practices through the new portal and access mandatory training. Dr Nigel Gibbons (nigelgibbons50@gmail.com) has been helping us develop the detail around this service and is very keen to hear from GPs.
2. In the longer term, developing a locum chambers for Suffolk – a self-funded, professional group of locum GPs working as a 'virtual practice' who are supported by a team of managers and clinical directors. All business, professional and governance issues relating to the day-to-day engagement of GPs takes place within the chambers. The Fed will facilitate the formation of the chambers in a similar way to that of the First5 groups.

For the portal system to add value and help reduce unnecessary work it will need to be used by practices and locums. It is therefore important that we understand what features are required by practice managers and GP locums.

We have had a great response to a recent questionnaire about locum usage and booking arrangements. This has confirmed that the project objectives are right and that a locum booking service will help reduce the time practice managers spend on this activity.

The detailed responses are helping us to understand exactly what we need to do and will allow us to assess which of the portal systems on the market are best placed to meet Suffolk's needs.

We will be undertaking a similar fact finding exercise with GP locums to help us match their requirements and we would encourage those interested to get in touch and make their views known.

If you would like to comment or get involved in the project, please contact Penny Flack (penny.flack@suffolkfed.org.uk).

GP+ latest

Our GP+ service, which provides extra appointments for patients in the evenings, weekends and Bank Holidays, continues to go from strength to strength.

- The Stowmarket hub is now operational and there has been positive feedback – specifically around how smoothly the service has been running and how good it is for staff to work with colleagues from other practices.
- The new Felixstowe service is working well, although we are still looking for additional GPs and nurse practitioners to work in the hub.
- Ipswich is now delivering the new additional capacity of 623 appointments per week. Again, we need more regular GPs and nurse practitioners.
- Bury St Edmunds continues to run well but is still under used – please remind your receptionists to offer appointments.
- For the Suffolk Coastal area we will initially be opening two hubs – one at Wickham Market and another at Leiston. These will run for six months from March and will dovetail with a proposed collaborative 'On the Day' service.
- We are also looking at opening a Haverhill hub using money from NHS England's Vulnerable Practice Fund.
- West Suffolk CCG has funding to expand evening and weekend services and is asking practices how this should be delivered. If anyone would like to visit Ipswich we can demonstrate how the infrastructure has been set up.
- After a delay the EMIS/SystemOne interoperability pilot should start soon. The Fed will be one of the national pioneer sites.
- We will soon be running an awareness campaign for patients. We will brief practice managers beforehand as we expect more patients to ask for GP+ appointments, particularly at the weekend.
- We are running monthly inductions for GPs and nurse practitioners interested in working in the service – please contact Sally White (sally.white@suffolkfed.org.uk) for more information.



Felixstowe 'On the Day' service

In Felixstowe a shared 'On the Day' (OTD) service involving Haven Health, Howard House and Walton surgeries has been running since November. A number of members have asked why it was set up and how it works – all of which is covered in the following article.

The purpose of the OTD service is to help reduce the workload of the duty doctor who, toward the end of the day, often has to remain available for a small number of calls – but which prevent them from concentrating on other work. The OTD service aims to minimise that disruption by having a specified surgery cover these calls on a certain day of the week.

In Felixstowe the service runs from 4pm – 6.30pm Monday to Friday at the local community hospital. Each practice staffs the service on a rota basis according to patient list size. This equates to two days a week for both Howard House and Haven Health and one day for Walton. The rota changes every three months so there is a fair share of Mondays and Fridays.

The OTD team is staffed by a GP and nurse from a single practice. The team operates as an extension of the surgery and work to their own policies and procedures. In the event of staff leave or sickness, each practice is responsible for providing its own cover.

Patients continue to call their own surgery as usual but all calls after 3.30pm are filtered and triaged by reception staff using an agreed protocol.

Certain requests (for example prescriptions, routine follow up appointments, test results and controlled drug requests) can wait until the following day. Others may not be appropriate for the OTD service – such as palliative care where the patient's own GP may wish to continue to receive calls after 4pm.

If suitable for the OTD system, reception staff ask the patient if they would like a telephone consultation or a

face to face appointment. These are then placed on the shared OTD Clinic (a standalone portal in SystmOne into which all practices can book patients).

The work done by the OTD team includes on the day minors (face to face, phone and walk-ins), triaging requests after 4pm and clinical leadership of visits, which are likely done by an Emergency Care Practitioner.

The team at Felixstowe has access to both EMIS and SystmOne (Haven Health uses the former). This allows clinicians to view and update patient records directly and contemporaneously, supported by the usual audit trail. Any referrals and investigations are ordered by the OTD team. Important issues will be sent back to the patient's registered practice via tasking or messaging.

Governance is provided by the practice on duty. Patient complaints are logged and investigated by the registered practice. To ensure service introduction went smoothly at Felixstowe, weekly 'wash-up' meetings were held at 4pm every Wednesday for 30 minutes and these have now become monthly.

The Felixstowe OTD team took a significant time to set up as practices had to get comfortable working with each other. A key requirement was a desire from participants to work collaboratively and approach issues flexibly – with much 'give and take'.

Around the country, OTD models have developed to cover the whole day's urgent care workload. They are staffed by a range of primary care professionals including pharmacists, paramedics, nurse practitioners, physios and others, and are led by a single GP. This separation of urgent from non-urgent care reduces GP workload and helps bring back a feeling of more control over the working day.

If you would like to know more, please contact Tim Reed, Suffolk GP Federation's Director of New Models of Care (tim.reed@suffolkfed.org.uk).

Leadership programme for Ipswich GPs

In a fast changing profession it is vital that primary care has the necessary calibre and numbers of competent leaders to help facilitate change.

Over the last two years, the Fed has commissioned a training programme for a group of 10-12 senior GPs as a means of developing future talent.

The first programme ended in 2016 and attendees have now taken senior roles and responsibilities with Suffolk Primary Care (a collaboration of 13 GP practices launching in April) and the Local Medical Committee, as well as leading change within their own practices.

With the support of Ipswich & East Suffolk CCG we will be running a similar programme specifically for Ipswich GPs.

If you would like more details, please contact Linda West (linda.west@suffolkfed.org.uk).

Fed Board elections – an update

David Ward and Simon Rudland were the only candidates for the Ipswich and Suffolk Brett Stour areas so have been automatically elected.

We have decided to hold the Deben Health Group GP election again as members from this area were missed off the email announcing details. The post is open to any partner, locum or salaried GP on the Suffolk Performers List. If you are interested in standing, please contact David Pannell for a nomination form (david.pannell@suffolkfed.org.uk).

Nominations will close on March 17th, 2017. An election is only held if more than one candidate is nominated.

Successful candidates will be expected to commit at least half a day a month, with attendance at a monthly board meeting (held the first Thursday of the month at Stowhealth in Stowmarket). The period of office is three years and there is a salary of £300 per month paid via the Fed payroll.

Jargon buster

After feedback from members we will now be including a regular feature to explain some of the many organisations and acronyms that make up the NHS. First up are Accountable Care Organisations (ACOs).

ACO stands for Accountable Care Organisation and is sometimes referred to as an Integrated Care Organisation (ICO).

Currently, the local health system is complex – patients have multiple assessments by different agencies, providers compete with each other for funding and very often there is no joined up working (Out of Hours, for example, does not have access to patient records so unnecessary work comes back to GPs).

An ACO seeks to address this complexity by bringing providers together. By working collaboratively, resources can be released and reinvested in other parts of the system such as primary care, community services and mental health.

ACOs do not mean organisations merge. They simply work more closely together – redirecting existing resources to where they are most needed and signifying an end of competition in terms of funding.

In Suffolk we are at an early stage with the development of a West ACO and East ICO. Each group contains the local hospital, Suffolk County Council, Norfolk and Suffolk NHS Foundation Trust and the Fed. Your Fed reps on the ACOs are Nick Rayner (West) and Paul Driscoll (East).

One practical example is the community pain management service. Both West Suffolk Hospital and Suffolk GP Federation are working together, through the ACO, with the aim of creating an integrated service, where patients move smoothly and staff operate as a single team, albeit employed by different organisations.

ACOs present clear opportunities for primary care – bringing together community services, hospital outreach, Out of Hours, GP+ and mental health.

Suffolk GP Federation is arranging a visit to Rochdale – one of the Greater Manchester 'Devo Manc' ACOs. Email David Pannell (david.pannell@suffolkfed.org.uk) for details.

First5 invite

GP Fed members within the first five years of qualifying are invited to the first official gathering of the Suffolk First5 Group.

The purpose of the group is to form a peer-supported,

educational, confidential and friendly environment to help newly qualified GPs.

Please contact Linda West (linda.west@suffolkfed.org.uk) if you would like to attend.

News in brief

New Fed Director of Primary Care Services

Jules Styles has joined the Fed to manage our GP practices and GP+. Prior to joining us, Jules was Regional Manager for IMH, managing a portfolio of 24 practices across Southern England before becoming Director of Nursing for IMH supporting 45 practices nationwide. Jules is a supplementary nurse prescriber.



JULES STYLES

Closure of the Fed's Ear, Nose and Throat service

Suffolk GP Federation's Ear, Nose and Throat (ENT) service, which operates from Hadleigh, will close at the end of the year.

The service has been running for many years and the feedback from patients and referrers has always been excellent.

We will contact referring practices with more details.

Group buying project – commercial waste

From April 1st 2017, NHS England will no longer reimburse commercial waste – general, recycling and confidential. Clinical waste is unaffected.

Practice managers will have received a survey from Linda West about current commercial and confidential waste contracts. If you are interested in joining a group buying solution please return the survey as soon as possible.

Suffolk GP Fed in the news

Part of the Fed's role is to ensure the voice of GPs is heard at both a national and local level.

Over recent months we have received strong coverage in the local press – commenting on a range of issues including the Prime Minister's plans for [seven-day access](#) to GP surgeries and the current pressures facing Suffolk's [healthcare services](#).

Chairman and Medical Director Paul Driscoll and Non-Executive Board Member Simon Rudland have also featured on BBC Radio Suffolk.

Paul has also written to the Prime Minister and our local MPs to express our concerns at plans for seven-day GP access.

