

GP+

- Ipswich and Bury have now provided 8,140 appointments since we started in early September. The service is rolling on for another year, after which the funding will pass to the CCGs. The Ipswich service will be staying at Riverside for at least the next year.
- Weekday utilisation in Ipswich is running at virtually full capacity and we are finding most Saturday appointments are fully booked (Sunday remains quiet). Bury utilisation is lower, partly reflecting a later start.
- We will be holding further induction sessions for GPs and NPs. Please email sally.white@suffolkfed.org.uk if you would like to attend.
- Electronic appointment booking for EMIS practices into GP+ has gone live and is working well.
- Registrars are working in both GP+ hubs and feedback has been really positive.
- We audit all prescribing each month and it is high quality.
- The LMC has reviewed our Fed/practice Data Sharing Agreement and not suggested any changes. We will therefore be sending this out to practices. The Agreement means we will be able to add future services without needing a new agreement each time.
- We had an incident in Bury GP+ over Easter when the police, who were considering opening a murder enquiry, requested access to a patient's notes. In this case the GPs on duty refused and referred them to the patient's practice. The incident raises a number of issues which and we are agreeing an approach for future requests with the LMC.

Fed objectives for 2016/17

1. Primary care

- Complete the discussion on strategic options so members are fully informed and able to move forward if they wish.
- Work with practices and the LMC to respond to the 2017 voluntary contract.
- Agree with members how we are going to react when practices are unable to continue.
- Develop and implement a plan of how the Federation

will manage Walton sustainably including governance, staffing and financial.

- Develop a plan for automating LES administration reporting.
 - Develop a business case for centralising CQC policy administration
- ### 2. Primary care workforce
- Continue the Fellowship Programme and other initiatives with Health Education East of England.
 - Implement a pre-retirement programme for GPs to retain them in the workforce.
 - Explore again a service to increase GP locums.
- ### 3. Reset our relationship with both CCGs, the LMC and non-member practices so there is an alignment of our activities and goals.
- ### 4. Federation governance - implement all the learning from the incident we recently had with one of our NPs—detailed later in this newsletter.
- ### 5. Individual service objectives:
- North East Essex Diabetes Service - implement an end to end foot pathway in line with new NICE guidance.
 - Ultrasound service - increase activity so it matches capacity.
 - Community pain service - fully integrate with WSH and increase referrals to 100 per month.
 - Lymphoedema - recruit a nurse to the team and secure an ongoing contract post the current 1 year extension.
 - ENT - plan for when our clinical lead retires.
 - Community cardiology - work with IHT to increase activity and develop a plan to integrate the service with primary care.

Super-partnership and other strategic options

- The roadshow around members is going well with 30 meetings held or in the diary. If you would like a meeting please contact Linda West (linda.west@suffolkfed.org.uk).
- You will have seen in Pulse and GP many areas are starting to discuss strategic options, such as moving to a salaried model or super-partnership, going forward.
- We have published a detailed 'strawman' proposal to form a super-partnership in Suffolk. The Exec summary is below.

Exec summary of the super-partnership proposal

There are a range of strategic options available to practices in response to the "crisis in GP" - this paper is for those interested in the super-partnership option. Super-partnership is motivated by maintaining GP control over the future and facilitating the growth, once again, of primary care.

A super-partnership would create a single new 'joint and several' partnership. However, each individual PMS/GMS contract would be retained to avoid any changes to rent reimbursement, NHS Pension or dispensing. It would also allow practices to leave the super-partnership and return to their GMS/PMS contract or participate in the 2017 Voluntary Contract. There would be minimal initial entry criteria, but the partnership would be free to raise the criteria and cost for practices joining later.

The partnership would be clinically led and structured around 10 localities, each of approximately 60,000 patients, with six practices in each. Each locality would have an elected Board GP director and the partnership would have three managing GP partners. The Board would also include PMs, executives and an LMC observer could be invited. Ultimately, if a practice or partner consistently fails to meet the partnership's standards, they could be asked to leave. The governance arrangements would be set out in the partnership agreement.

The super-partnership would have a Five Year Development Programme, reviewed annually by the partnership:

- Some things would remain unchanged e.g. GP partners will always have full control over where they work, the network of practices would remain, and practices would have autonomy over their 'look and feel' and who works in them.

- On formation, all non-clinical staff would TUPE to the super-partnership. There would be a gradual move to avoid duplication e.g. single set of HR policies and CQC registrations. Surplus administration staff would be redeployed into areas of growth e.g. research.
- In Year 1 & 2 practices would retain autonomy for clinical services and each practice would have separate accounts. During this time the partnership would work up proposals for:
 - A new model of partnership with partners 1) having defined workloads and limits to uncontrolled workload; 2) separating property ownership from partnership. Property would be placed in a separate vehicle with new partners choosing whether to invest.
 - A single profit pool and how this will be shared. Individual practices would need to achieve minimum levels of sustainable profitability to participate in this, and dispensing is likely to remain linked to individual practices.
 - Potentially merging GMS/PMS contracts.
- At the end of Year 2 the partnership would vote on the proposals and individual practices would choose whether to proceed and with whom.

In Year 2 there would be a phased introduction of new approaches to LTC management and 'on-the-day' provision. Years 3 to 5 would include developing services to address home visits/care homes, on-the-day and using technology to improve self-management.

One-off implementation costs for practices forming the super-partnership will be £1.50 per patient (assuming 100,000 patients). There may be some financial support from NHSE and cost savings, but these cannot be relied on in the first two years. Implementation will take 6-9 months.

The Federation represents all members and is facilitating discussion regarding options going forward. It is up to practices interested in forming a super-partnership to form a Shadow Board and decide what relationship it wants to have with the Federation. It is likely that the Federation will continue to run non-GMS/PMS contracts, but some back office services might be shared.

There will be a meeting on 23 June for practices interested in forming a super-partnership. The venue will be mid-County so probably around Stowmarket.

Walton Surgery

Billy McKee has now advertised in the BMJ for partners to take over from him and to purchase the building.

Incident within our care home nursing service – lessons for sharing

In March 2016 the Federation dismissed a Nurse Practitioner, after we discovered she had provided false documents about her qualifications as a Nurse Practitioner and as a prescriber. The NP provided nursing support to Felixstowe care homes. Prior to working with the Fed the NP worked as a NP with Harmoni and Care UK.

Practices are currently auditing her work but so far we have found not evidence of any harm being caused and we have no historic complaints. We have written to all the care home residents and the home managers with details of the incident. The NP has been dismissed, reported to the Nursing & Midwifery Council, who have given her an Interim Suspension Order, and the police. We have reported the incident to the CQC and NHSE. We have confirmed all nurse prescribers working for the Federation are registered with the NMC website. Our procedures had already been updated.

Lessons from our investigation, which are worth sharing, are:

- The NP started working for the Fed as a research nurse. References showed she had been working as an NP but we did not check the original copy of her degree certificate. When she internally transferred to the care home role no additional HR checks were made. In future we will only accept originals, nothing will be taken on trust and internal transfers will be treated as new starters.
- There were a number of opportunities across the organisation to pick-up that the NP was not appropriately registered but we missed them e.g:
 - The NP applied to work in GP+ and our checks correctly picked-up her lack of registration. However she withdrew her application and this meant the unresolved issues were not pursued internally.
 - Other NPs raised concerns and the NP in question showed us a letter from the Nursing & Midwifery Council which suggested she was a prescriber. On the basis of this letter we let her continue but it turned out she had created this letter. We should have only used the NMC website as the authoritative source for

registration.

- We will be using the incident as a case study within the organisation.

Result of mental health bid

We were unsuccessful in our bid to manage primary care mental health services—the CCGs chose to stay with NSFT. We believed our model of basing mental health workers in practices was a strong one but clearly this was not what commissioners wanted. In the future we will be careful about getting involved in bids and have decided not to bid for the Marginalised and Vulnerable Adult Service.

East ultrasound contract

Ipswich & East CCG has renewed and updated our ultrasound contract so we are now paid for double appointments. We still have spare capacity and waiting times in all locations are less than a week (urgents usually seen the next day).

Link to the Fed website

To improve the Fed's Google rankings for GPs searching for 'GP jobs in Suffolk, it would be helpful if practices could link their websites to suffolkfed.org.uk. Our website has vacancies and supporting information.

Staff feedback on our services

The results from our staff survey were very positive. 96% of staff believe care of patients and service users is our top priority and 98% believe we act on concerns raised by patients. Only two staff would not recommend the Federation as a place to work.

Board change

Ann Sisson has now left the Board.

Who reads this newsletter?

This newsletter goes to 458 members and last month was read by 52%.

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