

GP+ update

In the first nine months of operation GP+ has delivered nearly 13,000 appointments and provided additional support to practices. Utilisation in Ipswich is much higher than Bury. Practices in the West that are close to Bury but not using the service might want to consider referring as otherwise we will be pressured into using the resources to support A&E and 111.

We are really pleased to have been chosen as one of the first pilots to test inter-operability between EMIS and SystemOne, starting in September. In order to test this we need to have Data Sharing Agreements in place with all practices. We have already worked with the LMC to create an agreement and will be sending this out to practices and would be grateful if you could sign and return it as soon as possible.

Strategic options for primary care

The roadshow around practices discussing the various strategic options for primary care continues. The options include 'Do nothing', merging, forming mini-federations, going salaried and super/single-partnership. Nick Rayner is now available to support this work in the West.

If there is sufficient interest the Fed will organise a workshop for those practices wanting to explore in more detail forming mini-federations or the merger option. Please contact David Pannell if this is of interest.

In neighbouring counties there are various initiatives of note:

- In North East Essex two groups of practices are forming super-partnerships and there are many practice mergers. The community services provider now runs several practices.
- Practices in Norwich, covering 300,000 patients, are forming a Multi-specialty Community Provider which brings together primary care and community services.
- In the rest of Essex and Waveney/Great Yarmouth one of the key trends is for practices to become salaried – with partners handing back contracts and hospitals or community services running practices. One practice has been taken-over by a private company.

You will have seen the draft voluntary contract has now been published and we will work through the options for how this can be delivered in the Autumn.

Suffolk single-partnership update

The Shadow Board of the Suffolk single-partnership met again in July and the key decisions were:

- The single-partnership's name was agreed as Suffolk Primary Care.
- The first tranche of the £1.50 set-up costs would be a 50p contribution to be paid with the Letter of Intent in September.

- Financial and legal advisers have been appointed.
- A detailed communications plan will be ready for September when the Letter of Intent is signed. This will cover staff, patients and key opinion formers such as MPs.
- There will be a Friday evening/Saturday morning workshop for all partners and PMs forming Suffolk Primary Care on 23 and 24 September, facilitated by Judy Oliver who has worked in Suffolk before. Key objectives are:
 - To have a shared understanding of what we understand a single-partnership to be.
 - To agree what kind of organisation and working environment we want to create.
 - To agree the key components of the new Practice Partnership Agreement including, the new Clinical Model and an Implementation Plan.
 - To agree fundamental ground rules to ensure we maintain strong engagement.
 - To get to know one another better and build trust and understanding between us.
- To test out new ways of working SPC are using a communications app called Slack instead of email.
- Next Shadow Board meeting is 18 August 7.30pm. Practices who have not yet attended, but who now intend to join Suffolk primary Care should attend.

Mark Shenton, Chair of the Ipswich & East CCG, was quoted in a Health Service Journal article saying "I am delighted that so many of our local practices have supported the proposal to work together so proactively at the first opportunity, with significant numbers considering joining at a later stage. Not only will this measure support the sustainability and transformation of general practice, it is imperative for commissioners to have the opportunity to engage with primary care working at scale."

Closure of our West Suffolk Lymphoedema service

The Fed Board has decided we have to close our Lymphoedema Service. The main reason for this is that we have been unable to recruit Lymphoedema Specialists, of whom there is a national shortage, because there is no certainty that the CCG will continue to fund the service. No-one is willing to give up existing roles to join given the uncertainty.

We are continuing to see patients already referred/being treated until 31st March 2017 by which time we hope all will be suitable for discharge.

CCG cuts to our services

Both CCGs have asked us to accept 20% in-year cuts to the income from our West Pain and East ultrasound services. We believe it is unfair to ask small providers for cuts when the hospitals and CCGs are not being asked to make similar savings. Nevertheless we have offered to accept a 5% cut from our West Suffolk community Pain service.

Update on Walton and the Felixstowe Project

We are proceeding with our project for the Federation to become a signatory on the Walton contract and purchase the surgery building. Subject to final Fed Board approval we aim to go live at the end of October. This would be the first PMS/GMS contract in the East of England which would be run by an Community Interest Company rather than named individual partners.

Walton is working with two other Felixstowe practices, totalling around 20,000 patients, to jointly deliver various services, notably On the Day minor illness and home visiting—which will launch in September. Later we will implement a joint incoming Clinical Mail Admin service.

Fed development programmes and training

- We have decided to run another Advanced Leaders' Programme again this year after the success of the first. The programme is for GPs who are at a point in their career when they want to take on more responsibility. It consists of three blocks of two days including guest speakers and a visit to Tower Hamlets. This year one of the speakers will be from the Modality super-partnership.
- Leading the Way for newly qualified GPs (qualified in the last 4 years) will run again from the Autumn. It comprises 10 monthly modules.
- Assuring Better Practice for Practice Managers also has ten monthly modules and is suitable for experienced PMs.

We are in the process of finalising dates but if you are interested in attending these programmes please email: linda.west@suffolkfed.org.uk. We receive no funding from the CCGs for these programmes so they will be for member practices only. We are unable to fund expenses or back-fill.

- In October the Fed will be running face to face Information Governance training open to member practice staff. It's a more enjoyable way, than the online courses, to cover what can be a dry subject. Please contact Melissa.tooke@suffolkfed.org.uk if interested.

Suffolk/North East Essex Strategic Transformation Plan (STP)

The STP is the new way of planning for health and social care services and replaces much of the role of CCGs. They are set at much greater scale with ours covering the whole of Suffolk and North East Essex. Budgets from the three CCGs will be combined.

The STP submitted an initial plan which needs to be finalised by the end of September. Whilst it inevitably focuses on our hospitals there is a primary care component which STPs are mandated to deliver, copied from the GP Five Year Forward

View:

- Supporting the primary care workforce e.g. new types of staff which many of our practices are already starting to employ, such as pharmacists and physios.
- Additional routine appointments in the evening and weekend via an expanded GP+ style service.
- Greater use of technology.
- Working at greater scale, for those practices wanting to do so, with the potential to create integrated primary care and community services providers (Multi-specialty Community Provider).

The national direction of travel is for practices to work at scale and any new primary care funding from the GP Five Year Forward View will come through this route. However, practices will be free to focus only on their PMS/GMS contract if they wish.