

## Supporting practices at scale – an update

When Suffolk GP Federation was first set up, one of our three aims was to support general practice at scale. Five years later it is interesting to note that this aim is now becoming mainstream. As practice groupings emerge, often in response to the £3 per patient payment from CCGs, questions have been asked about how the Federation supports them. I thought it would be helpful to outline a few principles that we are applying:

- **The Federation supports all models of collaboration,** from small groups of practices working together through to integrated super-partnerships.
- **We support all collaborations of member practices equally.** We are happy to use our knowledge, expertise and personnel to help practices work together. We have experience of innovative change and setting up new services.
- **Involvement of the Fed CEO.** David Pannell, Federation CEO, is on the executive of the Suffolk Primary Care super-partnership and is also happy to bring his experience to other groups.
- **Sharing initiatives.** Where the Federation works up an initiative we will offer these services across all groups. Examples include working at scale using pharmacists and physios, the introduction of a quality dashboard and use of DATIX (a significant event software system). The Fed website also includes details of the practicalities of introducing an on the day team or domiciliary care team.
- **Transparency.** Minutes of meetings between the Federation and other at scale groupings will be sent to all practice managers.

The Federation will also “piggyback” on schemes of other at scale providers where they benefit our services e.g. Walton Surgery in Felixstowe working with Suffolk Primary Care on £3 per patient initiatives.

### Current Federation governance arrangements

The Federation has a Conflict of Interest policy and Register of Interests. These are overtly checked at the start of every meeting. Individuals declare when they have a potential conflict of interest and we put structures in place to ensure this does not influence outcomes.

The Federation’s legal construct is a Limited Liability Company and by law directors are required to act in the “best interests of the company”, rather than personal or practice shareholder interests. This is clear in the new



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board members’ induction pack.

The Federation works as a membership organisation and all opportunities are offered to all member practices equally. The Federation now provides primary care services at Walton and Haverhill, and we carefully consider ensuring we do not disadvantage other member practices in their operations.

### Transparency

The Federation’s approach has always been to be open and transparent. We are currently considering how best to keep members informed. I feel this newsletter has gone some way in getting information out to practices. We are looking at how best we can share the decision-making processes with members e.g. board meetings without compromising commercially sensitive data or putting information in the public domain about new services.

The Integrated Governance Committee (more in my next blog) is asked to approve projects where the Federation either shares with other at scale initiatives or piggybacks on any new innovations.

### PAUL DRISCOLL

Chairman and Medical Director

To read more of Paul’s thoughts on general practice and the NHS, visit his blog: <http://suffolkfed.org.uk/chair-blog/>

## North West Ipswich On the Day Service

In last month’s newsletter we said that patients calling Chesterfield Drive and Norwich Road surgeries after 3pm were directed to a joint On the Day service. This should have been 3.30pm. We apologise for any confusion.

## West First5

There is now a successful First5 in East Suffolk and we are keen to get a group going in the West. First5 is a peer group for GPs who have qualified in the last five years. Each meeting will include a discussion topic and plenty of opportunity for professional development. If you are interested in meeting, please email [tracy.sutton@suffolkfed.org.uk](mailto:tracy.sutton@suffolkfed.org.uk).

## East & West Alliances to manage community services

There is general agreement among healthcare providers in Suffolk that the current health and social care system is unsustainable. Financially, most providers are in deficit and 18% of our workforce will retire by 2021.

Change is needed and in the future providers will be required to collaborate and integrate. Suffolk has an opportunity to pioneer this approach with community services.

Two alliances have been formed – East and West. These are made up of Ipswich Hospital (in the East) and West Suffolk Hospital (in the West), along with the NSFT (mental health trust), Suffolk County Council and GP Fed in both.

The CCGs have awarded the community services to these alliances on a seven-year contract which will start on October 1.

The alliances will work in a different way, for example health and social care Occupational Therapists working together. We will also cluster services around localities which will be called Integrated Neighborhood Teams. Eventually we hope these will include wider services such as GP out of hours and GP+.

Under the new alliances, the vast majority of community services will be run by the acute trusts as these are the only organisations large enough to employ 1,000+ staff each. This includes the local healthcare teams which contain the District Nurses. We are exploring how the Fed can be involved in shaping how these teams work as most of their interactions are with general practice.

The Fed will manage podiatry, Felixstowe Minor Injuries Unit, bowel and bladder, falls fracture liaison (West service) and stoma (East service), along with administrative staff. These teams give the Fed an important seat at the table and allow us to fully engage with the alliances.

### What future for the Multi-speciality Community Provider (MCP) contract?

In February, Paul Driscoll and David Pannell presented at Trinity Park on MCPs. Since then the contract concept seems

to have disappeared from the NHS radar. Instead, as in Suffolk, large consortia are being awarded contracts to manage non-acute services. In Manchester a consortium has been awarded a 10 year, £5.9billion contract.

There are a couple of reasons why these contracts are not coming directly to primary care. Firstly, individual practices and even big federations are too small to employ the large number of community staff involved. Secondly, we are not in a position to take on the level of risk that hospitals can assume.

### What next?

Suffolk is at the beginning of a journey whereby health and social care providers start to work together in a more integrated way.

Initially, patients and practices will not notice any significant differences and any changes will be communicated well in advance.

As the alliances progress we will keep members informed and will discuss if there is likely to be any impact on general practice.

## Opportunities to work in the Fed's GP streaming service

We mentioned in the May newsletter that from this autumn NHS England has instructed all Emergency Departments to have an onsite GP streaming service where patients with minor illness conditions can be diverted.

The Federation has been asked by the two CCGs to provide this service in both our hospitals and there will be opportunities for local GPs from the early autumn.

During the week, West Suffolk Hospital will run 11am to 9pm and Ipswich Hospital 1pm-11pm. Weekends are 9am – 9pm at both locations. Both will see four patients per hour and they will run using GP+ infrastructure. Pay rates are £80 per hour with indemnity included.

If you are interested, or would like further information, please contact Julie Smith ([julie.smith@suffolkfed.org.uk](mailto:julie.smith@suffolkfed.org.uk)).

## Prescribing Support Service

We are happy to report our bid to NHS England for funding for our pharmacist in primary care service has been successful. We have also recruited a prescribing pharmacist to lead the team. We will initially start the service with the two Fed run practices in Felixstowe and Haverhill.

## General Data Protection Regulations

Suffolk GP Federation is currently working with Emma Cooper, our Information Governance Advisor, on implementation of the General Data Protection Regulation (GDPR). This is relevant to member practices who will need to do the same thing.

GDPR became law in 2016 and organisations have until May 2018 to comply with the legislation, which replaces the directive that is the basis for the UK Data Protection Act 1998. Many of the principles of data processing remain unchanged but there are some key changes that will impact practices:

- Practices are not only obliged to comply but will need **evidence** of this, including recording all data processing activities, their lawful justification and data retention periods.
- Practices are now required by law to appoint a suitably **qualified** Data Protection Officer who must have expert knowledge of data protection law and GDPR.
- Penalties for any breach (not just the loss of or inappropriate access to data) are much higher.
- Data Protection Impact Assessments (DPIAs) are required for high risk processing and considerations should include documented '**minimisation**' of data being processed. This threshold is higher than under the Data Protection Act 1998. Where data was required to be 'not excessive' it should now be the minimum necessary.
- Specific requirements for **transparency** and **fair processing** (this should be a multi layered approach that goes beyond posters).
- Tighter rules where **consent** is the basis for processing but the introduction of a broader legal gateway for **healthcare processing**.

The Information Governance Alliance has produced this helpful **guidance** and will continue publishing additional information through the year. The Federation will include information about GDPR in its training sessions but, in the meantime, remember to give your practice sufficient time to prepare and implement the necessary changes.

### Federation staff survey results – 2017

In total, we had 96 responses including those working in GP+.

Generally, the results were very reassuring and the Fed compares very favourably with NHS organisations.

However, there were one or two areas highlighted that have caused concern. Members can be assured that we will look into these as a priority.

To view the results in full details, please visit:  
<https://suffolkfed.org.uk/news/>

## GP+ news

Utilisation of GP+ has dropped over the last couple of months. Weekends are particularly quiet and we would ask receptionists to offer Saturday appointments (also Sunday in Ipswich). Following feedback from practices we will revert to releasing the on the day appointments at noon each day.

We are required to keep appointments free for 111 and the emergency departments. We will be asking the CCG to allow practices to use some of these.

We are being asked by the two hospital emergency departments to transfer GP+ resources to them so improving utilisation is a priority. Interestingly, A&E attends have dropped by 3% year on year which is the first reduction for a decade.

### Physios in primary care

The Fed has written a mini-specification for using physios in primary care which is available to members. The objective is for the physio to see patients with musculoskeletal conditions who would previously have been seen by a GP.

To work, it needs patients to be booked directly into the physio clinic by either receptionists or as part of a GP telephone triage. Email David Pannell ([david.pannell@suffolkfed.org.uk](mailto:david.pannell@suffolkfed.org.uk)) for more.

## Diabetes funding

NHS England has recently awarded the Sustainability and Transformation Plan (STP) covering the CCGs of West Suffolk, Ipswich and East Suffolk and North East Essex £955,000 to improve diabetes services.

The funding is aimed at increasing the number of places available for diabetes education such as DAFNE and DESMOND and improving uptake of the courses. It is also for implementing services within primary care which aim to improve diabetes outcomes such as HbA1c, cholesterol and blood pressure.

Of this, the Fed's North East Essex Diabetes Service (NEEDS) has been awarded £192,000. As well as being used to support existing services the money will also be spent on a mental health practitioner link, additional dietetic services and the introduction of health coaching. We are not yet sure how the funding will be allocated in Suffolk.

**Please note**, following feedback from readers we have decided to keep the newsletter to three pages. There will also be no newsletter in August because of holidays.