

## An ounce of prevention is worth a pound of cure

I am sure I'm not alone in being alarmed by the recent statistics from NHS Digital that 6.3 million British adults aged 40-60 (41% of that category) do not manage 10 minutes of **brisk continuous walking** in an entire month.

In this age group people seem to be polarized into two camps, either Lycra clad gym worshippers undertaking decathlons or those doing nothing. Unfortunately, there does not seem to be a sensible middle ground. The 2012 Olympic legacy has been squandered, with an emphasis on elite sport rather than increasing activity levels among the general population.

As GPs and practice nurses, we know only too well how difficult it is to change peoples' behaviour. Research from the MRFIT study back in the 70s and its follow-up intervention studies (ARMS), show how much effort individual's need to put in to change their lifestyle. This is still very much the case 30 years on.

The introduction of the smoking ban and subsequent fall in the number of people smoking is an example of the impact that can be had when Central Government takes its responsibility seriously. It is disappointing that there has been no similar intervention on other significant causes of ill health such as alcohol, obesity and lack of exercise.

It is not unexpected that a politician would be interested in a policy that may take longer than the next election to show benefits, but this argument falls apart with alcohol pricing. The impact of town centre shops in Ipswich not selling high strength alcohol is having a significant effect on antisocial behaviour and featured in the GP Five Year Forward View.

The evidence for minimal alcohol pricing is robust and would address problematic heavy drinkers most, with immediate benefits in terms of social disorder, domestic violence and A&E attendance.

Cuts to Public Health England's budget and failure to invest in simple sports facilities for the general public will also be costly for us all in the long run.

As ever, headline grabbing hospital interventions trump health promotion.

**PAUL DRISCOLL**  
Medical Director

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



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

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 to be added to the workforce rota.

During the week, West Suffolk Hospital will run 11am-9pm and Ipswich Hospital 1pm-11pm. Weekends are 9am-9pm at both locations. The Fed's Operations Director, Julie Smith, recently visited the clinic at Ipswich Hospital and reports the facilities are impressive and a great working environment.

Both services will see four patients per hour and they will run using GP+ infrastructure. Pay rates are £80 per hour. You will need to arrange and pay for your own indemnity cover. We have drafted a paper, which you can send to your indemnity provider, to explain how streaming works.

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

## Update on community services

Two new alliances will soon form in the east and west of the county. The aim is for greater integration of services that work as a 'system' rather than individual organisations.

The alliances are made up of Ipswich Hospital NHS Trust (in the east) and West Suffolk NHS Foundation Trust (in the west), with Norfolk and Suffolk NHS Foundation Trust (NSFT), Suffolk County Council and Suffolk GP Federation in both.

From 1 October, IHT, WSH and the Fed will be awarded a new seven-year contract to manage community services. A lot of work has been taking place to ensure the transfer is seamless and that patients' care will not be adversely affected.

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.

This means an extra 91 employees will join the Fed. To help with the transition, Chief Nurse Shelia Smyth has been appointed our new Director of Community Care Services. This also includes our existing services (pain management, lymphoedema, cardiology and ultrasound).

We will continue to keep members up to date with the performance of the alliances and will discuss if there is likely to be any impact on general practice.



## NHS England completes GP+ audit

NHS England recently completed an audit of our GP+ service – looking at the role of the Fed and the support offered by Ipswich and East Suffolk CCG.

On the whole the report was very positive and both ourselves and the CCG are pleased with its findings.

There are some areas that need further improvement. In particular, only 32 of 40 practices promote GP+ on their websites. If you do not have information on your site we can provide wording and a logo that can be used.

Together with the CCG we are also continuing to increase awareness of GP+. This includes a recent visit to the Ipswich clinic by the town's new MP Sandy Martin (pictured above).

Please remind staff to offer GP+ to patients if they are unable to access an appointment during normal working hours. Additional training can be arranged for practice teams if necessary.

Contact Linda West ([linda.west@suffolkfed.org.uk](mailto:linda.west@suffolkfed.org.uk)) for more information.

## Integrated Pain Management Service

Both the Fed and West Suffolk Hospital currently run pain management services. There is much overlap between them. In the spirit of the alliance we are now working together, with the support of the CCG, to start an integrated pain management service from April. Staff will continue to be employed by both organisations.

From a patient and referrers perspective, the aim is to offer a seamless service across primary, secondary and community care. There will be more support for patient education and self-management and more services will be hosted in the community.

## GP+ launching in the West

GP+ will be launching in Haverhill on 30th September. Initially it will be open Saturdays 9am-5pm (two shifts of 9am-1pm and 1pm-5pm) and include Bank Holiday Mondays.

We will open on Sundays and weekday evenings (probably a Thursday) once the service is established.

Pay rates are £80 per hour. You will need to arrange and pay for your own indemnity cover.

In October, the hub in Bury St Edmunds will relocate to West Suffolk Hospital. Future sites will include Sudbury, Mildenhall and Newmarket.

Contact Julie Smith ([julie.smith@suffolkfed.org.uk](mailto:julie.smith@suffolkfed.org.uk)) for more information.

## Alert for clinicians RE liquid morphine (Oramorph)

Recently in GP+ a clinician inadvertently issued liquid morphine at a strength of 20mg/5ml (CD) rather than the standard dose of 10mg/5ml. This was picked up by the community pharmacist.

There were no alerts on SystmOne and the clinician simply picked the wrong choice from the list. We have reported the incident to the appropriate authorities and have raised these concerns with the CCGs and TPP (SystmOne provider).

As a result, an alert is going to be added to the SystmOne prescribing module if the higher strength is issued. There will also be an alert via Optimise Rx.

Please share this information with your clinical teams.

## Q&A on Fed bid for Out of Hours and 111 contracts

The Board asked for feedback from members on our proposed bid for the Integrated Urgent Care contract which covers 111 and Out of Hours.

We responded individually to those making comments but thought it useful to share both the questions and answers with all members.

The Q&A pack has gone to practice managers but if you would like a copy please email David Pannell ([david.pannell@suffolkfed.org.uk](mailto:david.pannell@suffolkfed.org.uk)).

## Employing Emergency Care Practitioners

Emergency Care Practitioners (ECPs) are now being employed across a number of practices for home visits. Based on the experience of his own practice (which shares an ECP with Howard House and Walton surgeries), GP Fed Medical Director Paul Driscoll has put together some advice:

1. Meet with all other practices involved to agree the rules of engagement.
2. It is best for the GP to triage visits first.
3. Access to mobile IT is vital – particularly an ability to message GP practices. This increases efficiency.
4. Make sure there is equal use of the ECP across all practices – but allow for flexibility. This can be particularly helpful if a practice is unexpectedly short.
5. Share tutorials across practices. Topics include examination techniques and consultation skills.
6. Two part-time ECPs provide more cover than one full-time.
7. One practice should act as the employer.

## Launch of Prescribing Support Service

The Fed's pharmacist lead, Lucy Beer, is now in post. Lucy, who specialises in mental health, is a prescribing pharmacist with previous roles at Hollesley Bay prison and the Norfolk and Suffolk NHS Foundation Trust.



Lucy will be setting-up a Prescribing Support Service that will initially consist of a pharmacy technician and two other pharmacists (who will be expected to become prescribers).

The team will undertake work currently done by GPs. This will include medication re-authorisations, phone queries, discharge note reconciliation, requests for drugs and liaising with pharmacies. The team will mostly work remotely but will attend practice meetings and offer practice based services such as depression/anxiety clinics, LTC reviews, CCG prescribing incentive work and polypharmacy reviews. Each practices' SystmOne unit will be used.

The service will launch at the Fed run practices of Christmas Maltings and Walton. Once up and running it will operate for 51 weeks of the year. We will offer it as a paid service to members. It is likely to appeal to practices who have a shortage of GPs and the opportunity to reduce locum time.

## Update on Christmas Maltings & Clements

Suffolk GP Federation became responsible for the management of Christmas Malting & Clements in Haverhill on 3rd July 2017. The focus has been on stabilising the practice and we have been awarded Resilience Funding.

There has been significant progress overall but many challenges remain. A new appointment system has been introduced, a 'practice board' formed and a staff recruitment programme initiated.

We have received an eviction notice from the owners of the Christmas Maltings building which means the practice will need to consolidate onto two sites - Clements and Keddington. The dispensary will also move.

A physiotherapist now sees patients with MSK problems instead of GPs. We also plan to work with the Haverhill LifeLink project to trial a social prescribing service for patients who have a non-medical reason for contacting their GP. Administrators are starting to process more incoming mail which used to go to a GP and the practice will also pilot the Prescribing Support Service which should significantly reduce workload.

## Nurse leadership programme

The first module of this programme (pictured right) started this month. It is designed to recognise the vital role nurses have in general practice and community services. It will provide skills, tools and techniques and allow participants to develop as clinical leaders.



## West First5 - first meeting

Suffolk First5 is a peer group for GPs who have qualified in the last five years. The East group is now established and we would like one going in the West. Dr Craig Sheridan has kindly offered to facilitate.

Each meeting will have a discussion topic presented by a member and plenty of opportunity for continued professional development.

If you are interested, please email David Pannell ([david.pannell@suffolkfed.org.uk](mailto:david.pannell@suffolkfed.org.uk)). We will work out a date and venue once we have all responses.

## East First5 - update from the last meeting

*At the August meeting of the East Suffolk First5 group, Suffolk GP Fed Chief Executive David Pannell was asked to introduce a talk on 'The future of general practice in Suffolk and how young GPs can influence it'. Here he sets out some of the key points for discussion.*

The above question tends to elicit two responses - either, 'There is no future for general practice, how soon can I draw my pension' or 'No one knows what the future holds - but it's probably not good'.

Virtually no-one gives a positive answer. This leads most GPs to conclude that general practice is experiencing a 'lingering death'.

However, there is an alternative. Personally, I think there's a strong argument to be made that the future looks relatively bright and general practice can undergo something of a renaissance.

All trends in life change direction - it's just sometimes hard to spot the turning point. We are now pretty much at the bottom of a decade long period of general practice decline.

Things can only get better. There are early signs that the shift of resources to hospitals is slowing and even starting to reverse. Unbelievably, emergency admissions and A&E attends at Ipswich Hospital appear to have peaked. Now no-one really believes

the solution for the NHS is more funding for hospitals. The east and west Suffolk alliances see the future in the community.

On the workforce front, hospitals are going to be much less attractive for ambitious young doctors. There will be fewer chances of making consultant as departments are full of young doctors. Compare this with general practice where the ambitious can advance into leadership positions with little or no competition.

I also believe we have solutions to the big strategic challenges. Super-partnerships and new salaried models are addressing the problems with traditional partnerships. There are new clinical models involving a wider skill mix and GPs are leading teams, which means general practice workload can be made sustainable. Anecdotally there is even some sign that demand may have peaked.

Obviously, the renaissance will not just happen on its own. It needs young GPs seizing leadership opportunities and driving innovation and as a Federation we will work hard to encourage that.

Following these thoughts there was a positive discussion about the future and the role younger GPs want to play in it.

The East First5 meets monthly. If you are interested in finding out more, email Dr Imaad Khalid via David Pannell ([david.pannell@suffolkfed.org.uk](mailto:david.pannell@suffolkfed.org.uk)).