

Being smart – brain tricks for busy GPs

If you're anything like me you will have become increasingly irritated with the amount of advice that's thrown around suggesting that GPs should address their workload crisis by working smarter – rather than tackle the real problem of not having enough staff or resources in primary care.

But while on holiday this summer my wife bought a book from the airport called *How to Have a Good Day* by Caroline Webb. I'm not sure it was exactly what she had in mind but it was a fascinating read – “a central toolkit for a productive day at work and beyond”.

In fact, it did have lots of very sensible advice about how we can be more productive at work. It is evidence based from clinical research, rather than the usual bright ideas, and much of it was relevant to our general practice workload.

Thinking fast, thinking slow

Daniel Kahnman in his Nobel Prize winning book *Thinking Fast and Slow* noted that our brains work in two different ways. A quick reflex system for quick decisions, known as “effortless intuition” and a slower system for more complex thoughts, or “deliberate reasoning”. It is important that we use the right system for the right decision and make time for the complex ones.

Single tasking NOT multitasking

One key thing was multitasking, something that we do a great deal of in primary care. I believe this contributes significantly to our fatigue, as our brain continually flips between clinical, managerial, medical, psychological and social problems, minor and more serious, throughout the day. If we can find some way to separate these tasks it is easier to focus more appropriately, be more productive and less tired.

It is possible to separate admin tasks. I've found the “do not disturb button” on my phone and have turned off any email prompts so that I'm not distracted. The evidence is that just the alert is enough to distract you from your task. We can have the same varied workload but in a planned way. It would be interesting to do the same within clinical work e.g. separating acute illness from chronic disease management.

Personal organisation

Turn on the DND on the phone. Turn off email prompts. Have a fixed time for fixed tasks. Check email at certain times of day, four times a day. Complete all similar tasks



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at the same time. Clear your desk. Allow time for proper thinking and planning.

Email

Learn the four Ds of email management. Delete, delegate, deal with, delay.

I have implemented most of these since I have returned from holiday and have been surprised at the effect it has had.

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/>

Update on East ultrasound service

You will have noticed that waiting times are much longer than we want. This has been caused by a host of reasons including long term sickness.

We have looked at different options for increasing capacity but cannot recruit, agencies have no suitable staff and our two hospitals are also struggling so cannot help.

Our team are putting on extra sessions where they can, but our backlog is unlikely to be cleared until the late spring of 2018.

Launch of Suffolk Locum Service

Suffolk GP Federation, in partnership with Suffolk LMC and the county's two CCGs, is launching a Suffolk Locum Service.

The online booking portal will provide a way for practices to advertise and book sessions from a bank of Suffolk based locum GPs who work in the local area.

Locums will be able to book sessions online and will only have to upload registration and indemnity information once. The service will streamline invoicing and other administration. The Fed will also provide administrative support.

Key features are:

- Direct connection between practices and GPs – no need for phone calls or long email exchanges
- All GPs pre-approved by standards endorsed as exemplary by the CQC
- Compliance documents permanently and securely stored online
- Notification to locums of when compliance documents are due to expire
- Simple invoicing and timesheet calculation
- Pensions are auto calculated as are other matters like IR35

The service is completely free of charge for locums and practices providing they are booking locums from the Suffolk bank. If locums are used from banks outside Suffolk a 10% charge applies.

Over time we will also facilitate the formation of a chambers to support full time locums.

As well as helping address some of the recruitment problems that many practices face we hope the service will provide local GPs with a way to find locum work and retain the skills of experienced GPs who find it a hassle to work in new practices.

By keeping the pool locally sourced we can also reduce reliance on expensive agencies and out of area clinicians.

Practice Managers and Partners will soon be receiving emails providing more details about the service, so please keep an eye on your inbox.

We very much hope it will become an integral part of how GP practices and locums work together in the future. In time we also hope to extend the service to include other clinical staff including nurses.

If you would like more information about the service, please email locums@suffolkfed.org.uk or visit the Suffolk GP Federation website.

GP+ and ED streaming update

- NHS England has withdrawn its offer of £1.4m to fund the expansion of GP+ in the West. No explanation has been given but West Suffolk CCG has kindly agreed to continue funding a reduced service in Bury and Haverhill. There should be funding for a more comprehensive service from April next year.
- GP+ has now been running in Haverhill for a few weeks. It runs all day Saturday.
- An instruction by the Information Commissioner to switch off SystmOne's override consent function has been suspended for now. GP+ and ED streaming both use this. The override is not needed if patients have given consent for their records to be shared and this has been recorded on SystmOne. Please remind reception staff (or anyone else who refers patients to GP+) that they must ask for patient consent to share their records on every occasion.
- ED streaming has been running for a few weeks at Ipswich Hospital. After a few teething issues it has generally gone well. We have had good interest from GPs in booking shifts but are struggling to recruit administrators. Despite much scepticism about the value of the service, including from the Fed, ED feedback has been very positive.
- West Suffolk streaming starts at the end of this month.
- Utilisation and capacity were both up in September.

If you are interested in working in either GP+ or ED streaming, please email Sally White (sally.white@suffolkfed.org.uk) to book an induction.

Community services transferred to the Fed

On October 1st, five teams from Suffolk Community Healthcare transferred to the Fed, representing a total of 95 individuals. The teams are bowel and bladder, fracture prevention, the Felixstowe Minor Injuries Unit, podiatry and stoma care, along with a reception team and two managers.

The teams will be part of our community services division led by Sheila Smyth. This is part of the new East and West alliances alongside our hospitals, NSFT and Suffolk County Council.

The transfer itself has gone smoothly and the Federation has demonstrated our capacity to successfully manage complex change such as this.

Royal College of General Practitioners Annual Conference 2017

Tim Reed, Fed Director of New Models of Care, attended this year's RCGP Conference. Below he gives his personal impression of the key talking points:

- The atmosphere was one of slight pessimism and there was little sense of joy. It was summed-up by Roy Lilley saying GPs cannot provide care in the way they want, the job has become too difficult to be sustainable and we can see it being replaced by something worse.
- The spectre of losing the junior doctors' dispute hung heavy over everything but was not mentioned.
- There is a disparity between politicians/GP leaders on the one hand, who see the GP Five Year Forward View as having started well, and front line clinicians who see little or no benefit from it.
- STP is this year's reorganisational idea.
- The tension between access and continuity of care came up several times. There was nothing to suggest the Fed clinical model of transferring work away from GPs is wrong but there is no leadership from the college along this line.
- The language has changed from supporting federations to supporting at scale organisations. Large organisations such as Haxby and super partnerships are prominent. Working at scale is a given, not to improve quality – but to survive. One fifth of practices are now part of an at scale organisation.
- NHSE are aware of the Fed's work and are complimentary.



Waveney general practice

Waveney is geographically part of Suffolk but is separate from an NHS commissioning perspective.

Many practices in the area have been struggling for some time, largely because the age profile of GPs is slightly older than in the rest of the county. As a result, the succession crisis hit them earlier and the result has been a large number of struggling practices. It is worth noting that these include practices in rural areas and are not just concentrated in areas of deprivation.

The Fed has now agreed to manage Kirkley Mill, a 6,500 list practice in Lowestoft, on a caretaker basis. The practice has struggled for several years and has a CQC 'Inadequate' rating.

The practice does not have any permanently employed GPs. We will be recruiting a clinical lead for the practice with the role combined with a wider Federation role.

We have been impressed by the wider practice team, which also includes many locums. The practice has an in-house mental health nurse and pharmacist.

We will be participating in locality working in Lowestoft.

North East Essex Diabetes Service

Clinicians across Suffolk and North East Essex – including the Fed's North East Essex Diabetes Service (NEEDS) – are launching a major public awareness campaign to improve awareness of diabetes.

Around 48,000 people across the patch live with the condition and the campaign – called 'Let's Beat Diabetes Together' – aims to increase understanding of the structured education programmes that are currently provided for Type 1 and Type 2 diabetes.

Federation 2016/17 accounts

Our turnover increased by 23% to £6.3m and we made a surplus of £106,443 for the year. We now have £555,716 of net assets, including £330,576 of net current assets (debtors and cash less creditors).

Since March the Fed has grown significantly with Christmas Maltings and Clements Practice in Haverhill and community services staff joining us. Currently we employ 350 staff and will have a turnover of £13m in this financial year.

Agreeing to take on a practice – the process of negotiation

The Fed now runs Walton Surgery in Felixstowe and Christmas Maltings and Clements Practice in Haverhill. The negotiations have all had their own set of challenges. We are keen to share our learning and have highlighted the following key points:

- 1 Provider of last resort.** This has worked well and means there has been no competition with member practices.
- 2 Negotiating contracts takes considerable time.** In order to reduce timescales, we will consider specifying what legal agreement we will sign upfront, and this being included in the Heads of Agreement.
- 3 We cannot always communicate with staff.** TUPE regulations limit what can be said so communications need to focus on reassuring practice staff. Early and often is key.
- 4 Historic liabilities are a minefield.** Typically, an incoming partner assumes all historic liabilities of a GP partnership. Non-primary care business transactions are different as vendors take responsibility for liabilities up until the point of new ownership. SPC adopted this approach and the Fed could do so in future.
- 5 Property issues can be complicated.** In the future, if property is not fit for purpose the Fed will only pay a valuation based on residential/alternative use.
- 6 Due diligence is limited.** The most useful part of due diligence is feedback from staff.
- 7 How do we avoid ex-partners off-loading liabilities to us?** In future we will look at introducing a 'lock in' period, providing an incentive for partners to remain for a set period.
- 8 Who pays the upfront costs?** NHS England supports some costs via the Resilience Fund but cannot fund property related work. Historically the Fed has been able to fund these internally, but this is unlikely to continue. In future we will need a clear agreement upfront regarding what NHSE will fund.
- 9 A sustainable clinical model needs to be introduced immediately.** The changes need to be made quickly and communicated during the due diligence stage, otherwise the practice will continue to struggle.
- 10 Change needs senior clinical and managerial leadership.** Because it involves changing clinical models and complicated legal and managerial issues.

Fed's governance report for 2016/17

The Fed has an 'integrated' approach to governance. This enables equality of input from clinical and non-clinical sources for the purpose of delivering high standards of care.

Events are escalated to the full Fed Board when they are particularly serious, represent a significant risk to the organisation or where there are wider learning points. During 2016/17 we had two such incidents.

In the first a nurse was prescribing without the appropriate qualification. As a result we:

- Wrote to all patients and care home managers concerned
- Reviewed all consultations
- Terminated the nurse's contract and reported the incident to the NMC (who subsequently removed her from the register).
- Reported the incident to Suffolk Constabulary, Ipswich & East Suffolk CCG and NHS England.
- Reviewed our HR processes. From now on only original documentation is accepted and nothing is taken on trust. Any staff transferring roles within the Fed also have all HR checks undertaken before they start their new role. No staff are allowed to start work until all checks are complete.

The second incident was a personal performance issue which resulted in potential serious harm. We sought an occupational health assessment and the nurse resigned.

We have set the following governance related priorities for 2017/18:

- 1** Given the rapid growth in the size and complexity of the Fed, both the Board and Integrated Governance Committee will be reviewing how they operate and asking if our governance is 'fit for purpose'
- 2** The Fed will be implementing Datix patient safety and risk management software. This will streamline the recording and management of events and incidents.

Fed Information Governance (IG) training

We run face to face training sessions on IG, both for our staff and those from member practices.

The training is more interesting than the usual online method. It is hosted by Emma Cooper who is a specialist and can answer all questions. Feedback from the last session was very positive.

If you would like details of the next sessions please email admin@suffolkfed.org.uk