



MERRY CHRISTMAS & HAPPY NEW YEAR TO ALL OUR READERS



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Reflections on over a decade of working with Suffolk GP Federation

Tim Reed, Suffolk GP Federation's Director of New Models of Care, is stepping down at the end of the year. Here he gives his thoughts on more than 10 years of working with Suffolk GP Federation.



Dr Tim Reed

As I prepare to leave Suffolk GP Federation I have been reflecting on what I might look for in the Fed if I were just starting out, as we did many years ago. Thinking it through, it strikes me in many ways, the Fed has become a bright point among local health services.

It feels as though we are currently at a low moment in the history of our profession and of the NHS.

Privatisation, competition, markets and greater involvement from management have played key roles in damaging what many now believe has become a second-rate service. National and local leadership is weak, lacks any plan and has become dysfunctional. Doctors have protested such policies with government in the form of the junior doctors' dispute and lost. So what advice would I have for myself if I were just starting out? Are the options simply to put up with it, or leave?

On the contrary, there are choices open for young forward-thinking practitioners with a commitment to patient care. Why not play an active part in your local GP federation, super practice, or other grouping of GPs to keep alive a set of positive values and strategies which not only result in far better standards of healthcare for patients, but which are a lot more fun?

Collaborative working is more important than ever. One of the Fed's founding aims is to support the collaborative delivery of clinical services. At scale working is a good way to deliver some clinical services, such as the Fed-supported North East Essex Diabetes Service. GP practices in NE Essex have worked closely and clinical outcomes, including HBA1c, BP and cholesterol, have gone from bottom to top quartiles in CCG national rankings as a result. Separately, your Fed has supported practices working together locally in Felixstowe and in Ipswich, projects which GPs on the ground have said they find greatly encouraging.

Most organisations delivering healthcare are now management led. But as a young GP, you could contribute more effectively to organisations which are clinically led.

Groups like the old GP Co-op, Suffolk Primary Care and Suffolk GP Federation have a greater understanding of how to improve and deliver care to higher clinical standards. They are not confined by government policy in the way that CCGs and trusts are, or the need to maximise shareholder return or board compensation in the way that for-profit corporations are. Designed by jobbing GPs focused on delivering a good service for patients in a way that respects the clinicians delivering it, the Fed implemented the successful GP+ service locally. As a not for profit organisation, Fed strategy is free to start with the right clinical objectives, and empower clinicians to design with the right values from the bottom up.

As a young GP, your response to the health environment may be to have a portfolio career, or to work sessions as a locum or salaried GP. Such posts bring greater

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<< personal control, but perhaps carry a risk of isolation and a diminished collective voice. In the past, much medical leadership has been taken on by partners, but with their numerical decline, the Fed has invested in supporting and up-skilling the GP leaders of tomorrow.

Many young doctors are far more talented, mature and knowledgeable than I ever was at their age. So, step into a medical leadership role locally, and make sure the profession continues to articulate an evidence based, patient centred and humane voice. Ask your Fed how to get involved. Such voices right now, both of doctors and our clinician colleagues, are conspicuous by their common sense, and need to be maintained.

Keep patients at the centre. It's what we are here for. You can't do that through government committees or trust boards – they have other objectives. Many of the Fed's most successful clinical services have started out by asking simply, 'what's best for patients?' The ultrasound service in the East of the county was set up by the Fed in response to complaints from members that patients were waiting months for scans at local hospitals.

So, as I step down, thank you to all those at Suffolk GP Federation with whom I've had the pleasure of working. As to myself just starting out? I'd say collaborate, contribute to clinical leadership, keep an evidence based and compassionate voice alive and put patients at the fore. Resist!

Agree or disagree? Why not let me know what you think at tim.reed@suffolkfed.org.uk.

Fed Board elections

The Federation Members' Agreement requires a third of the Board to be elected each year. In March 2018 elections will be held for the following non-executive posts:

- Ipswich – Debs Banerjee is the current director.
- West Suffolk – Crispin Dunne is the current director.
- East and West Practice Manager – Jane Wallace is the current director.

The three directors have indicated they will be re-standing.

GPs on the Suffolk performers list (salaried, sessional & partner) are eligible. Locums must have worked at least 12 sessions annually in a practice in the locality for which they are standing. GPs on the CCG executives are not eligible. The practice manager post is available to any practice/business manager working in any member practice.

If you are interested in standing, please contact David Pannell (david.pannell@suffolkfed.org.uk) for an information pack. Nominations need to be in by February 12th. Andy Yacoub, the Chief Executive of Healthwatch Suffolk, has kindly agreed to be the Returning Officer.

Update on the Suffolk Locum Service

Suffolk Locum Service has now been running for a couple of months. Practices are given access to an online portal that allows them to advertise and book GP sessions. Locums that use the service can apply for sessions directly and also have access to a range of resources and professional support.

The site stores all registration documents, such as indemnity, and reminds locums when these need to be renewed. All of this is free.

So far, 26 locums have registered along with 40 practices and 45 sessions have been booked.

If any GPs need help in gaining the necessary documentation to complete registration, then please let us know via locums@suffolkfed.org.uk

Extensive support documentation for practices and GPs is also being regularly uploaded to the website. This includes self-help guides, training events, assistance with DBS and an induction pack.

To register, please go to www.suffolkfed.org.uk and click on the 'Suffolk Locum Service' button at the top right of the screen.

The role of physician associates (PAs)

PAs are healthcare professionals with a generalist medical education who work alongside GPs as part of a multidisciplinary team. The Fed will be employing two PAs from January and others should be available later in 2018.

PAs work with a dedicated GP supervisor but are able to work autonomously with appropriate support. Supervision of a qualified PA is similar to that of a doctor in training.

PAs can:

- Assess, manage and treat patients of all ages with a variety of acute undifferentiated and chronic conditions.
- Triage patients, carry out telephone consultations, make referrals, and review and act on laboratory results.
- Carry out home visits or visit nursing and residential homes.
- Teach and supervise students.

The level of competence at which the PA can work will depend on their skills and experience, and those of their supervising GP. PAs are aware of their level of clinical competence and cannot prescribe or request ionising radiation.

We have a governance paper which is available for sharing with members. For more information, please email David Pannell (david.pannell@suffolkfed.org.uk).

Update on the West Suffolk pain service

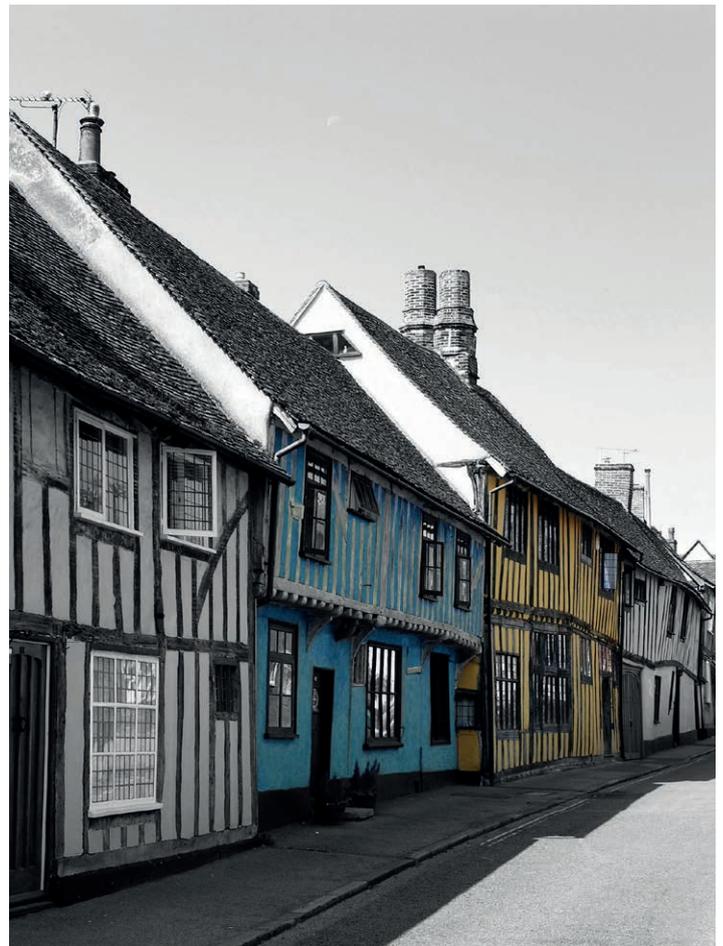
The West alliance between West Suffolk Hospital, Norfolk and Suffolk NHS Foundation Trust, Suffolk County Council and the Fed includes a principle about working together to solve issues.

In West Suffolk there are two pain services and the alliance is bringing these together as the Integrated Pain Management Service. This will be a multi-disciplinary and bio-psychosocial management model developed by clinicians from both organisations.

Staff will continue to be employed by their existing organisations but work as one team. The services (excluding inpatient) will be delivered in the community.

The Fed's pain service works closely with the local Chronic Pain Support Group. This brings people together in a safe environment to share concerns and ideas, build friendships and obtain up-to-date information about handling their pain.

The group's monthly meetings are on the third Thursday of the month at Southgate Community Centre in Bury St Edmunds and include speakers, presentations and refreshments. They also run a monthly crafting session and informal coffee mornings. Contact Graham Prentice on 01284 702973 or visit www.chronicpainsupportgroup.co.uk for more details.



Reminder – open meetings to discuss the Fed's strategy

We have a couple of open meetings in January to discuss the Fed's strategy going forward.

The dates are: Thursday, January 18th at the Butterfly Hotel in Bury St Edmunds and Thursday, January 25th at the Holiday Inn at Ransomes Europark in Ipswich. Both start at 7pm.

Please email David Pannell (david.pannell@suffolkfed.org.uk) to confirm your attendance.

Integrated Urgent Care tender – 111 and out of hours (OOH)

The Fed was part of a bid for this service covering Suffolk and North East Essex. The process commenced in October 2016 and was due to be completed in November 2017. The Fed partnered with IC24 which is an established 111/OOH provider. Our proposal was IC24 would lead and provide 111, with the Fed managing OOH and the Clinical Assessment Service.

We spent time developing a clinical model that would return OOH to being a local service, clinically led and owned and staffed by local clinicians. We spent a lot of time addressing issues in the current service including direct access to EMIS and SystemOne patient records. We spent time consulting with practices and modified our approach based on feedback.

We have now been notified that the CCGs have been unable to identify a preferred bidder as the outcome of the procurement process was so close. The CCGs aim to have a new contract in place by October 2018 and will restart the process early in the New Year. We will continue to keep all members up to date.