

The case for more transparency from our regulatory bodies

I have written before about Suffolk GP Federation's policy of being **open and transparent** regarding significant events and issues that we come across.

It's interesting to note that organisations advising us to be open are less transparent themselves when they make much larger errors (e.g. the recent issue involving all patients on the DoLS needing to be referred to the coroner). I don't recall anybody from NHS England or the Department of Justice apologising for the extra work and distress caused to patients and staff.

At a recent talk by MDDUS we were advised that there are nearly 20 monitoring bodies that a patient can complain to about a GP. As a Federation we have reported issues regarding safeguarding, prescribing, information governance and fraud to the appropriate authorities. We have taken seriously any failings and have introduced appropriate steps to address them. We have also shared our learning widely with practices and the CCG.

I'm sure these incidents are not unique to us, but that other organisations are just not reporting them because of the significant amount of form filling involved. This is a time consuming, box ticking exercise to address somebody else's agenda. It does nothing to improve patient safety.

The fault lies at the door of the regulatory bodies. When reporting such instances there is very little feeling of this being a 'no blame culture'. Indeed, the feeling is more of being a naughty schoolboy.



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The recent case of the paediatrician accused of manslaughter and subsequently struck off by the GMC has been **widely reported**, with much correspondence in the professional magazines. It clearly shows a regulatory organisation which enjoys neither the confidence of the patients it purports to be looking after or the doctors it is supposedly supporting.

Their suggestions leave frontline clinicians exposed due to inadequate staffing and financial resourcing. We are made to take personal responsibility for system failings. The idea by the GMC that anybody coming on shift who feels uncomfortable should be flagging this up, filling in yet another form, shows how far removed they are from real life in the NHS.

Personally, I also don't believe our defence unions go far enough to support us. We are always judged against best practice in a perfect world, which we know is not the case.

Only when the last doctor leaves, retires or is struck off will the GMC learn that empty chairs do nothing for patient care.

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/>



What we achieved in 2017/18

With the end of the financial year and Spring just around the corner, now is a good time to take stock and reflect on whether we have achieved our objectives for 2017/18. Overall, despite it being very busy, we have generally managed to deliver what we planned.

We have continued to support practice 'at scale' initiatives with a joint visiting service launching in Ipswich. Our pharmacist led Prescribing Support Service is now up and running across four practices and we plan to expand to a further five sites over the next few months. The Suffolk Locum Service, in conjunction with the county's CCGs, is also now operational.

Generally, our services have developed according to plan. GP+ has expanded in the West of the county and was highly rated in an NHS England review. Meanwhile, our North East Essex Diabetes Service has continued to receive national recognition and has had its contract extended by another two years. Although the Community Ultrasound Service has struggled with waiting times, this is now resolved, and we have invested in three new scanners as well as employing extra sonographers.

We have also worked with our CCGs to deliver a range of career development programmes. These have included an Ipswich GP future leaders course, nurse leaders and practice manager development. Both East and West Suffolk now have a First5 group for those GPs in the early part of their career. We have also established an ECP/practice paramedic network.

We successfully worked with Suffolk County Council, Ipswich and West Suffolk hospitals and Norfolk and Suffolk NHS Foundation Trust to launch the East and West alliances, which now run community services across the county. For the Fed this now means we manage podiatry, bladder and bowel, Felixstowe Minor Injuries Unit, stoma and fracture prevention. We are also working with our alliance partners to bring together our two pain services and we have recently launched a joint lymphoedema service in West Suffolk.

As an organisation we have doubled in size over the last year. This is a result of taking on the community services mentioned above and two new practices – Christmas Maltings and Clements in Haverhill and Kirkley Mill in Lowestoft. At times our central services such as HR have been creaking at the seams. Nevertheless, we have managed to maintain our financial balance and introduced new electronic systems, such as Datex, to support our governance – and launched a new website.

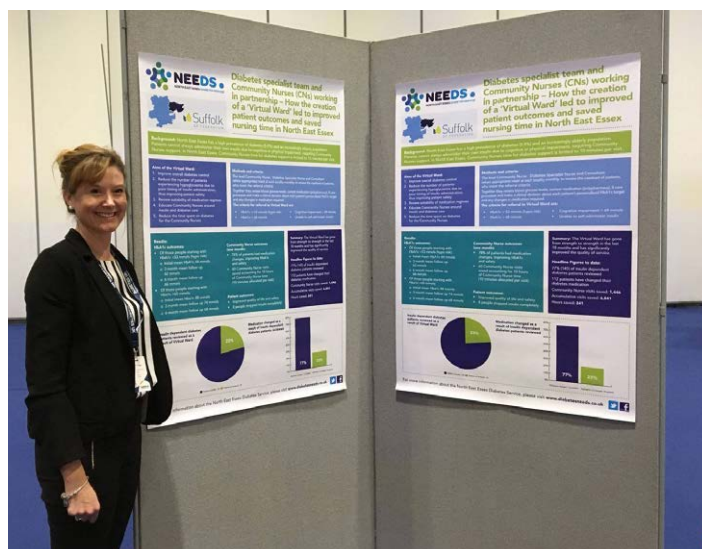
Unfortunately, we have not increased the diversity of GPs involved in the work of the Fed – especially younger GPs, those from ethnic backgrounds and female non-partners. This is an area we will look to develop in 2018/19.

SystemOne – access to patient records

Earlier this month SystemOne removed the functionality which allows Fed clinicians working in GP+ or ED streaming to access a patient's record if they have not previously agreed to sharing.

Our solution is for SystemOne practices to form a group with the Fed. When a Suffolk patient arrives in GP+ or ED streaming and their record is not shared, we will have a conversation with them and – with their permission – re-set their preferences to enable sharing.

We have received an amazing response from practices. To date only one has not switched on the group functionality. Thank you for responding so promptly.



NEEDS Diabetes Specialist Nurse Ceri Jagger at the Diabetes UK Professional Conference 2018

Continued recognition for North East Essex Diabetes Service

Our North East Essex Diabetes Service has been shortlisted for a prestigious Health Service Journal Value Award for improving diabetes care.

We will know the result in June and will keep everyone updated with how we get on.

The team also recently showcased their work at the Diabetes UK Professional Conference (pictured). The team has also been involved in a multi-centre real world study looking at the effects of insulin which was presented as a poster abstract during the recent ENDO 2018 conference in Chicago.

Introducing a wider skill mix – the Suffolk experience

This article is based on a presentation given at the most recent West Suffolk GP Educational Event.

The GP workforce is shrinking. As a result, if we are to continue to provide safe, sustainable and appropriate care, we need to use GPs more effectively and reduce workload pressures. One solution is to introduce a greater skill mix into the practice team dealing with on the day acute demand, including home visits.

Many practices have used nurse practitioners for some time, while out of hours services have pioneered using pharmacists and minor illness nurses. Some member practices have already introduced a wider skill mix. In Felixstowe and north west Ipswich for example, 90% of home visits are carried out by Emergency Care Practitioners (ECPs). At the Fed run Christmas Maltings and Clements Practice in Haverhill, only 43% of 'on the day' activity is seen by a GP. Elsewhere, our GP+ service has introduced a skill mix in the larger bases.

Pharmacists can deal with most medication queries, requests and reviews that are normally dealt with by a GP. They can also carry out care home visits and hold face to face clinics. The key is to recruit a pharmacist with good clinical skills.

Physiotherapists can be used to deal with musculoskeletal conditions that would have previously been seen by a GP. Their role is to assess, triage and advise - not hands on treatment (patients can be referred to an Allied Health Professional).

ECPs and Physician Associates can be used for 'on the day' or acute problems, plus home visits. Individuals have a broad range of skills, need supervision and do not prescribe. We no longer use them for triage. Generally, patient feedback has been very positive.

Mental health nurses are also an important part of the mix. At the Fed's practice in Lowestoft they see all patients presenting with mental health issues. They liaise with Norfolk and Suffolk NHS Foundation Trust (NSFT) and can prescribe. However, it is important to organise regular supervision sessions through NSFT.

It takes time to bed new skills in, so it requires an upfront investment. Most of the team will need some support, for example to discuss patients and get prescriptions. In Haverhill we have a clinical support GP, with no booked appointments, who does this.

Workload needs to be managed as there is a tendency for this to grow rapidly. Feedback suggests individuals can feel unsupported. The Fed is creating networks, starting with ECPs, to address this issue.

Finally, not all GPs feel comfortable managing mixed teams or have the right skills. The Fed will run a course, later in the year, to help address this issue.

Launch of joint lymphoedema service

We have now launched the **West Suffolk Alliance Lymphoedema Service** in partnership with West Suffolk Hospital. This was supported with an event held as part of Lymphoedema Awareness Week by Lymphoedema Support Suffolk.

The new service is based at Drover's House in Bury St Edmunds. It is led by a lymphoedema nurse consultant who is supported by two lymphoedema practitioners and one healthcare practitioner.

Treatments are planned and agreed with the patient and include decongestive lymphatic therapy, manual lymphatic drainage, multi-layered bandaging and compression hosiery. The use of low level lasers and Kinesio taping is also provided along with advice on exercise, positioning and skin care.

Referrals are accepted from all registered healthcare professionals. The service is an example of work under the auspices of the Suffolk alliances which seek to provide a more joined up approach to patient care.

For more information email lymphoedemaservice@nhs.net



Suffolk Locum Service update

The number of practices signed up to Suffolk Locum Service remains at 59. So far this month, 317 hours have been filled – a 20% increase from the 265 hours in February. For more information visit <https://suffolkfed.org.uk/gp-recruitment-support/suffolk-locum-service/>