

## Talkin' bout my generation

A year or so ago I sat in a tutorial at the deanery autumn seminar taken by Vijay Najjar talking about the different generational groupings and their different attitudes to life, work, the universe and everything.

Generally, Vijay was talking to a group of Baby Boomers and Gen X-ers, but describing our VTS trainees mainly as Generation Y, Generation Z and Millennials. For those completely baffled by the last sentence I list the differences below.

- **Baby boomers** – born 1946-64
- **Generation X** – born 1965-79
- **Generation Y** – born 1980-94
- **Generation Z** – born 1995-2010
- **Millennials** – born 1981-1999

### Does this matter?

There are considerable differences in workstyles between the groups.

- **Baby boomers** – organisational / careers defined by employees
- **Generation X** – portfolio careers / loyal to profession not employer
- **Generation Y** – entrepreneurial / work with organisations
- **Generation Z / Millennials** – multitasking / will move easily between organisations

That will not come as news to those of us currently recruiting. Generally, we are looking to recruit Millennials (born 1981-1999).

### How does this help?

An important hurdle to get over is that our new colleagues entering into the profession want something different. We need to provide jobs in a career structure that addresses this.

The temptation to label the next generation as more flippant and less hard working than our own needs to be resisted. I remember Vijay had a great quote from Socrates (not the footballer) from 400 BC:

*“The children now love luxury. They have bad manners, contempt for authority. They show contempt for elders and love chatter in place of exercise.”*

This sounds like my dad – and now me!



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As a profession, we need to recognise that these work preferences relate to all members coming into our now extended primary healthcare teams – nurse colleagues, ECPs, physician associates and admin staff.

We need to provide flexibility – portfolio working, lack of fixed commitment, tech savvy mutual respect and the possibility of progression.

To address these, general practice needs to work differently. What may have suited many of us – the traditional partner model – is not an aspirational model for our new colleagues.

I've been impressed by the amount of collaborative working across the patch in all groupings, more than I have ever seen, and I think this sends a strong message to young colleagues that general practice can adapt to the current climate and address these aspirations.

### 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>

## Bladder and Bowel Service

In Suffolk the NHS provides continence products to eligible patients at a cost of £2m a year.

Often these products remain unused because they are no longer needed, but they need not be discarded.

Practices can return unopened and unwanted packs to the Bladder and Bowel Service, who will then send them on for redistribution. The return of these products saves an average of £2,000 a month – which can then be reinvested back into the service.

To arrange for a free collection of unopened products please contact the Care Co-ordination Centre on 0300 123 2425. For any questions, please contact Shirley Carter, Bladder and Bowel Service County Manager, ([shirley.carter@nhs.net](mailto:shirley.carter@nhs.net)).

## Integrated Urgent Care contract win

Care UK – with the Fed as key subcontractor – has been awarded the Integrated Urgent Care contract. This covers 111 and face to face Out of Hours in Suffolk and North East Essex. The contract starts on 1 November.

Working with Care UK will enable us to utilise their national expertise, experience and resilience. The Fed brings clinical leadership and a localised approach.

The Fed will deliver Out of Hours in Suffolk. It will be a locally-run service, clinically led and staffed by local clinicians who have a tangible commitment to providing quality care. This is not without risks, but the Federation board believe that this makes a very positive statement about general practice in Suffolk.

Our approach will be to have a simple, straightforward clinical model that does the right thing for patients and staff. Clinical risk will be reduced by having access to full patient notes in SystmOne and EMIS.

We will offer a supportive working environment modelled on our GP+ service – creating an integrated system with GP+ and ED streaming that utilises the same IT systems and work conditions so that clinicians can move seamlessly between them.

One of our priorities will be to improve integration with daytime general practice and the wider health and social care system.

Over the next few months we will be contacting practices and local clinicians with more details of our approach. If you have any thoughts or questions please contact Medical Director Paul Driscoll ([paul.driscoll@suffolkfed.org.uk](mailto:paul.driscoll@suffolkfed.org.uk)).



## Fit for November programme

Delivering the Suffolk Out of Hours service will place new demands on the Federation. To ensure we are ready for this we are running a project called Fit for November – which is when the contract starts.

We have reviewed our central teams' readiness to manage Out of Hours including governance, HR, finance, technology etc. Our investments in systems such as Datix and MoorepayHR during 2017 mean we are generally in good shape. We will however need to recruit some additional staff.

## Suffolk and North East Essex lead the way for integrated care

NHS England has announced that Suffolk and North East Essex are one of four areas to join the development of integrated care across health, social care and the voluntary sector.

It is still very early on in the process and we will continue to keep all members up to date with any developments.



## Congratulations to our North East Essex Diabetes Service (NEEDS)

Congratulations to the Fed run North East Essex Diabetes Service (NEEDS) who were shortlisted finalists at this year's Health Service Journal Value Awards for 'Improving value through better diabetes care'.

Unfortunately, they were just pipped to first place, but it was a great evening and testament to everyone's hard work.

NEEDS has gone from strength to strength since it was launched in 2014, continually recognised as an example of best practice for having such a positive impact on patients' lives.

## Kirkley Mill and Nelson practices

The Fed has been caretaker manager of Kirkley Mill in Lowestoft since 1 November last year. Since then the practice has turned around.

We have started to recruit a permanent workforce and Dr Kevin Udeh is clinical lead. Patient feedback has also improved. The practice, which has a list size of 6,400, is due for a CQC inspection and we are expecting to get a 'Good' rating.

The CCG has now put the contract to manage the practice full time out to tender and we have submitted a bid. We have also bid for a similar sized practice called Nelson in Great Yarmouth.

### Shared learning from significant events

The Federation shares learning from significant events in our services. Over the last few months these have included our experience of making referrals to LADO and a safety issue with liquid Oramorph.

We thought it would be useful if practices could share their learning from events via this newsletter. Please feel free to send learning to David Pannell and we will have a dedicated section each month in the newsletter.

### Possible Myocardial Infarction

We recently had an incident where a colleague saw a patient urgently with a typical chest pain and arranged an ECG. The ECG clearly showed an acute myocardial infarction and the patient was advised to attend A&E immediately. He did so and was then referred on to Papworth for revascularisation / stenting and has made a good recovery.

The ambulance service made a complaint that the patient should have been via 999 as the patient would have been taken direct to treatment at Papworth avoiding any delay. We have accepted this and apologised to the service and the patient. Even though we know it may be quicker for a patient to attend A&E directly rather than wait for an ambulance at the surgery in these cases we should follow the national guidance and dial 999.

Included in our newsletter is wider learning from the Federation's significant events. If any member practices have had an event, which colleagues could learn from, please feel free to send them to us and we will publish them.

### Fed share register and special resolution

The Fed's solicitors have asked us to resolve two issues.

We now manage Walton Surgery and Christmas Maltings & Clements Surgery which were previously shareholding members of the Fed. We are unable to own our own shares and are obliged to buy these back at the nominal price of 1p per share. To allow us to do that, members need to authorise it via a special resolution. This has been sent to PMs.

The second issue is our share register. Shares in the Fed are held by senior partners on behalf of each member practice's partnership. We have recently updated our register and many senior partners have changed. Our solicitor now requires the retiring senior partner to sign a Stock Transfer Form. We have sent these to practices where there have been changes.

If you have any changes coming up, please email David Pannell ([david.pannell@suffolkfed.org.uk](mailto:david.pannell@suffolkfed.org.uk)) and he will send you the form which just needs a couple of signatures.



### Suffolk GP Fed in the news

We're regularly asked to comment on stories in the news and we thought it would be nice to share some of this coverage with members.

Chairman and Medical Director Paul Driscoll was quoted in the East Anglian Daily Times in an article on **rising rates of depression**, while Andrew Barker, team leader and clinical specialist with our podiatry service featured in an article published in the **Society of Chiropractors and Podiatrists' Podiatry Now** magazine on record-keeping and litigation (pictured opposite).

Our work at **Christmas Maltings and Clements Practice** in Haverhill and an investment in our **Community Ultrasound Service** has also been of interest locally, while a **wellbeing and education event** hosted for by our North East Essex Diabetes Service and our **leadership training programmes** have been covered nationally.

