

## Up all night

You may be aware that Suffolk GP Federation has been successful in winning the bid for the out-of-hours GP service in Suffolk. We are partnering with Care UK.

### Why did we bid?

The Fed believes that out-of-hours is an integral part of primary care. The patient presenting with a chest infection at 3am is no different from the one presenting at 3pm. Poor out-of-hours services lead to other pressures within the system, either secondary care or indeed daytime primary care.

We have been insistent that the IT system that is used most in general practice and by other services in Suffolk – SystemOne – should be the default system of choice. This has now been agreed with our partners.

We know that familiarity with the IT system and completeness of the patient record is extremely important to clinicians working in the service for patient safety, efficiency and indemnity. It is a mystery to me as to why it has taken so long to deliver it in this way. Using SystemOne will allow us to make appropriate referrals out-of-hours and decrease the necessity for follow-ups with GPs for simple administrative tasks.

### Working with Care UK

Suffolk GP Federation is a small clinician led organisation with patient care and quality of service at our core. Care UK is a much larger, corporate organisation but they were rated 'Outstanding' for their out-of-hours service in Suffolk.

Care UK will be running the NHS 111 helpline service. Due to the demands on those services only very large organisations have the necessary infrastructure to make them safe and resilient. Suffolk GP Federation is providing clinicians for face-to-face consultations, and also clinical input into the clinical assessment service. This is a service where calls will be triaged in 111, providing earlier clinician assessment.

There are risks at taking on this service. But a single workforce across our GP+ service, ED streaming and out-of-hours will give clinicians the option of where they want to work, with the same pay conditions across all. We also inherit colleagues from Care UK who will be working in the service.

### Demand

We have deliberately kept a low profile with this service. We do not want to ramp up out-of-hours demand. This should remain an appropriate service for things that cannot be dealt with during the day. We hope our position



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as a respected, clinically led organisation will help us to get this message out to patients.

### Positioning

Being involved in the out-of-hours service further supports the GP Federation's role in both East and West Suffolk healthcare alliances, as well as the local Sustainability and Transformation Partnership (STP). As we become increasingly integral within the local healthcare system it enables the 'GP voice' to be heard. Our experience is that if you want to change services you have to run them and have operational control.

### Finances

Out-of-hours is a more risky contract but there are opportunities. By improving the service we can bring more funding into primary care, as was suggested in the Care Quality Commission report on out of hours issued earlier this year.

### 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>

## Recruitment of Clinical Lead for Christmas Maltings & Clements

We are recruiting a Clinical Lead for our Haverhill practice. This has 17,500 patients and operates across three sites.

The Clinical Lead role combines six sessions of clinical work with two sessions of dedicated leadership time.

The Clinical Lead ensures the practice offers high quality patient care and takes responsibility for governance and the development of the practice.

The role involves working in a team with our Primary Care Medical Director, who provides mentoring and support, and Federation managers who take responsibility for all the non-clinical aspects of the practice.

If you would like an informal chat, please contact our Primary Care Medical Director Tom Curtis ([tom.curtis@suffolkfed.org.uk](mailto:tom.curtis@suffolkfed.org.uk)).

## Update on our primary care strategy

In April we reported that we would be implementing a new strategy in our practices.

The Safe, Appropriate & Sustainable (SAS) approach protects our workforce by providing fixed capacity and limiting patient contacts for individual clinicians. It uses an extensive skills mix and we no longer provide some services – such as routine ear syringing.

Our reception protocol allows the team to identify those who are clinically urgent. It is based on the Manchester Triage System.

The new approach has been fully implemented in Christmas Maltings & Clements in Haverhill which has a patient list of 17,500. We now have two months of data:

- Mean 5,050 acute appointments each month of which 44% were GP and the rest spread across ECP, Physician Associate, Nurse Practitioner, Pharmacist and Physio. We have tweaked this ratio going forward so it is 49% GP.
- Each GP has an average 31 patient contacts a day (phone and face to face).
- Typically, 14 patients in the morning were unable to get an appointment and were not clinically urgent. This falls to only five in the afternoon.
- There were only two complaints in June about not getting an appointment (three in May).
- The Friends & Family score rose from 44% in May to 79% in June. This is a small sample size but is supported by anecdotal reports.
- We have not been able to access data from hospital emergency departments but no significant increase in attends has been reported.
- Feedback from clinicians and our reception team has been positive.



## A day in the life of...a Physician Associate

As part of our Safe, Appropriate & Sustainable (SAS) approach we have introduced a wider skills mix to our practices.

To help members understand a little more about the approach and how it may benefit them, we will run regular articles introducing different members of the primary care team – exploring their background, qualifications and clinical responsibilities.

This month it's the turn of Luke Selfe, a Physician Associate (PA) based at our Christmas Maltings and Clements Practice in Haverhill.

Luke – who works alongside fellow PA Christian Nuestro – has been at Christmas Maltings and Clements for six months.

He has a 1st Class degree from the University of Roehampton in Sport & Exercise Science along with a Masters in Physician Associate Studies from the University of East Anglia Medical School. He undertook two years of training, which included time in the classroom and within a primary care setting.

At Christmas Maltings and Clements our PAs work under the direct supervision of a senior GP and carry out many similar tasks – including patient examinations and diagnosis. However, they cannot prescribe.

They treat those patients who need to be seen 'on the day' and have minor illnesses and infections. They will also soon carry out home visits.

If a patient requests a prescription while attending an appointment with a PA then this has to be discussed with – and signed off by – the supervising GP.

Typically, on the day appointments are allocated by the administration and reception team, with set guidelines as to what patients are suitable for PAs to be seeing. PAs typically get slightly longer appointment slots than prescribing clinicians to allow for the handover process that is often required.

If you are interested in employing a PA we would recommend hosting one on placement initially.

## Fed accounts 2017/18

Our revenue of 2017/18 was £12.9m, which is double the figure for 2016/17.

We made a loss of £160,915 compared with a surplus of £106,443 the previous year.

The main reason for the deficit was a number of one-off costs. The main one was the Integrated Urgent Care (Out of Hours) bid which cost us over £100,000.

We also had one-off investments in new HR and complaints/incident management systems.

## Podiatry referrals

Our self-referral system for podiatry is now up and running via [www.podiatryreferrals.co.uk](http://www.podiatryreferrals.co.uk). There is no phone access.

Health professionals should refer via SystmOne (Suffolk Podiatry Electronic Referral template).

## New Clinical Nurse Lead for GP+

Catriona McCallum from Framfield House in Woodbridge has been appointed the new Clinical Nurse Lead for GP+. As well as providing clinical leadership she will also drive the development of nursing, quality and safety within the service.

## GP 'Welcome Back to Work' service

Are you, or do you know, a GP who has taken a break of less than two years from general practice and would like some help getting back into work?

The Suffolk GP Welcome Back to Work Service is an exciting new project set up to help GPs re-join primary care.

Working with a local host GP practice, a GP clinical coordinator will help create a bespoke plan that suits your needs.

This includes getting you work ready by renewing your training, updating your local referral pathway knowledge and refreshing your understanding of clinical systems.

There is a small amount of funding to support each GP who uses the service.

If you would like to find out more, or for an informal chat, please contact Penny Flack ([07774 327339](tel:07774327339) or [paflack@outlook.com](mailto:paflack@outlook.com)) or Dr Lucy Henshall ([07710 446175](tel:07710446175) or [lucy.henshall1@nhs.net](mailto:lucy.henshall1@nhs.net)).

## Pilot for GPs leading multi-disciplinary teams (MDT)

As primary care teams become more multi-disciplinary the traditional role of GPs is changing from one of directly delivering most care to that of leading teams.

Members have asked for training to support this new role. Surprisingly, there is nothing available nationally.

We have therefore decided to team up with Red Whale, a primary care training organisation, to develop a pilot programme. Our CCGs have kindly agreed to fund the programme.

The first session will run on 13 September and will cover:

- The various non-doctor roles, their basic, postgraduate training and CPD
- Practical issues in managing these roles/teams e.g. governance, indemnity, leading the MDT, creating one team and educating patients
- What MDT members do
- Case studies

The pilot has a limited number of free places so please email Charlie Bland for more information ([charlie.bland@suffolkfed.org.uk](mailto:charlie.bland@suffolkfed.org.uk)). We will then evaluate, refine and offer more sessions later in the year.

## Significant event update

Last year in GP+ we had a significant incident involving a clinician inadvertently issuing very high strength morphine solution. I have never felt it necessary to issue this strength.

It was written up as a SUI and we alerted members via our newsletter. I also raised it with the CCG meds management team and suggested removing this strength from local formularies or triggering an alert when issued.

In our recent GP+ prescribing data a further prescription had been issued for this strength. NHS Business Services Authority (NHSBSA) data quality is poor and we do not think this relates to a GP+ consultation. However, it clearly shows the risk remains for all of us.

I have again alerted the CCGs and suggested this is discussed with GP prescribing leads.

**Paul Driscoll**

Suffolk GP Federation Medical Director