

## Welcome to the job new Secretary of State for Health and Social Care Matthew Hancock

Congratulations to West Suffolk MP Matthew Hancock who is now the Secretary of State for Health and Social Care.

It's great that a Suffolk MP is in such a prestigious position and I look forward to continuing the close working relationship that he already has with the Fed.

It's interesting to note his three key priorities:

- Workforce
- IT
- Prevention

I would agree with all of them but make some observations.

### 1. Workforce

90% of all consultations in the NHS occur in primary care. Yet there is a pressing shortage of staff – not just GPs but also practice nurses and other healthcare professionals.

There is no quick fix to this situation. It's developed over many years for a variety of reasons. The repeated desire to expand community services and move care closer to home has not been accompanied by the funding and staffing to support this.

We need to make the profession more attractive and address workload issues. Suffolk GP Federation has been supporting collaborative working and innovative models of care involving an increased skills mix, working at scale and streamlining administration.

Mr Hancock's department and NHS England must actively demonstrate that primary care and those that work in it are valued as the cornerstone of the NHS.

### 2. IT

Mr Hancock's interest in digital technology and artificial intelligence has been well documented and he wants to make more use of it within the NHS.

Before we push too far along this path we need to make sure the basics are working properly first. Key priorities should be:

- **Improved co-ordination between GP IT systems.** When we at Suffolk GP Federation have tried to employ new, innovative ways of working, often the IT services are the biggest handicap.
- **Record sharing.** Educating patients about the value of record



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sharing with a consideration of automatic 'opt-in' would be far more efficient than the current practice of asking patients individually. Our experience is that only a tiny minority decline to share their records across health providers.

- **Digitisation of GP records.** This would free up considerable space.
- **Integration between hospital and community IT systems.** There is significant duplication of work reconciling medication from hospital letters and discharge summaries. These could be added on in secondary care, increasing efficiency and reducing delay and risk of error.

### 3. Prevention

Prevention has been a cornerstone of the NHS reports ever since I have been a GP, but it has never been associated with appropriate resources to support it.

Central Government has a key role in changing behaviour (take for example the effect of the smoking ban) and could do more to influence alcohol intake and healthy lifestyle.

This has also been noted as a priority in the North East Essex and Suffolk Sustainability and Transformation Plan and significant funding needs to be allocated to resource it.

I wish Mr Hancock every success. There's no doubt that there's a lot of hard work ahead.

### 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>



## Suffolk Out of Hours Service

The Fed will be managing this service from 1st November. We are partnering with Care UK which will provide 111, a new clinical assessment service (CAS) and out of hours in North East Essex.

The new service is called Integrated Urgent Care. The Fed will provide the face to face component (i.e. base and home visits) for Suffolk out of hours and we will also input into the CAS, which will increase the number of calls triaged by a clinician. This should address issues of patients being inappropriately sent by 111 to their practice and hospital emergency departments (ED).

The service will run in a similar way to GP+ and ED streaming. For example, a 'co-operative' working environment with local senior clinical support and full access to notes via SystemOne Urgent Care module and EMIS viewer. Episodes of care will be completed e.g. referrals made or diagnostics ordered, rather than needing to be passed to day time general practice.

The new service will give more opportunities for clinicians and administrators e.g. different shift lengths and mixed out of hours and GP+.

We will pay the same rates across routine out of hours, GP+ and ED streaming shifts. These are significantly higher than current out of hours rates. GP rates will be £80 p/h, nurse practitioners £38 p/h, prescribing nurses £28 p/h and non-prescribing nurses £21 p/h, with paramedics, pharmacists, physician associates and physios to be confirmed.

If you already work in the out of hours please contact us via [hr@suffolkfed.org.uk](mailto:hr@suffolkfed.org.uk) as Care UK are unable to give us your details.

For those working in GP+ or ED streaming we will be in touch via Rotamaster.

For those not currently working out of hours, in ED streaming or GP+ it is worth considering. The services are set-up to replicate daytime general practice, so members can easily and safely do one session per month for example. If you are interested, please email [hr@suffolkfed.org.uk](mailto:hr@suffolkfed.org.uk) to attend one of the following induction sessions:

- 2nd October 6.30pm – Riverside, Ipswich
- 10th October 6.30pm – Riverside, Ipswich
- 17th October 6.30pm – Bury St Edmunds
- 24th October 6.30pm – Sudbury

The NHS England GP winter indemnity scheme will run from 1st October. This meets the costs of personal professional indemnity for any out of hours work undertaken by GPs. This scheme ends on 31st March 2019, at which point the new state backed indemnity scheme will commence.

## Recruitment of medical director for Fed's urgent care services

We will be recruiting a one to two day per week medical director for out of hours, ED streaming and GP+. If you would like an informal conversation, please contact the Fed's medical director Paul Driscoll ([paul.driscoll@suffolkfed.org.uk](mailto:paul.driscoll@suffolkfed.org.uk)).

## Indemnity update

The new state backed indemnity scheme is due to commence in April next year. We believe it will replicate the Clinical Negligence Scheme for Trusts (CNST) already used by the NHS and the Fed.

We understand that GPs working in out of hours will be eligible for this scheme and the Fed intend to join it. This will mean a significant reduction in individual indemnity fees. GPs will just need to pay for the 'advice' component which we estimate to be between £2,000 - £3,000.

All other clinicians working in the Fed's services are covered by our own indemnity scheme.

## East and West First5 meetings

The West Suffolk First5 group met recently (pictured below) and heard a presentation from Dr Ayush Prabakeron on falls and syncope. Dr Craig Sheridan also presented a case study on multiple sclerosis. There was a good turnout and the feedback was extremely positive.



The East First5 meets regularly and is arranging its autumn sessions.

If you are interested in joining either group David Pannell ([david.pannell@suffolkfed.org.uk](mailto:david.pannell@suffolkfed.org.uk)) can put you in touch.

## CQC inspection at Christmas Maltings and Clements Practice

The Fed-run Christmas Maltings and Clements Practice in Haverhill was recently inspected by the CQC and given 'Requires Improvement'. The two issues are a historic backlog of medication reviews and the results of the National Patient Survey.



The Fed's Primary Care Medical Director Tom Curtis (pictured above left) recently met with West Suffolk MP and new Secretary of State for Health and Social Care Matthew Hancock for a roundtable event to discuss mental health provision in Haverhill.

## Prescribing Support Team (PSS)

This team was established in 2017 and currently consists of seven pharmacists and a tech. It's objective is to transfer workload and tasks previously undertaken by GPs.

The service was set-up to address the issues that arise when practices directly employ pharmacists. These include holiday cover and the training needed to ensure pharmacists can work productively in primary care.

Under the PSS each practice receives daily time 51 weeks of the year. The team are employed by the Fed and operate remotely and face to face, with practices purchasing the service. The team contains different levels of skill and expertise – with the aim of maximising tasks that can be completed without GP input.

Whilst there is a surplus of pharmacists nationally this is not reflected in Suffolk. Working as part of a team, with fellow pharmacists, is attractive and helps recruitment.

The team is now ready to expand, and we will be writing to practice managers with details of the specification and price.

## GP coaching offer

Suffolk's clinical commissioning groups have kindly funded five places for GPs wanting coaching. Our Future Leaders and Leading the Way programmes include coaching sessions and attendees have found it useful. If interested, please email David Pannell ([david.pannell@suffolkfed.org.uk](mailto:david.pannell@suffolkfed.org.uk)).

## GP+ to offer long term condition reviews

We will soon be expanding GP+ to include nurse and health care assistant appointments for long term condition (LTC) reviews. These include diabetes, hypertension, coronary heart disease and cardiovascular disease.

This will help working patients who struggle to get to their surgery 'in hours' and also practice QoF. We will be using the templates in SystemOne.

We will need to recruit nurses, so please share this opportunity with the nurses in your practice. They do not need to be prescribers or advanced nurse practitioners.

Our lead nurse, Catriona McCallum ([catriona.mccallum@suffolkfed.org.uk](mailto:catriona.mccallum@suffolkfed.org.uk)), is happy to discuss this opportunity with them.



## Tier 2 Home Office visa sponsor

The Fed is in the process of applying to become a visa sponsor. This will mean that if a member practice recruits an international GP who needs a visa then it can be done via the Fed.

If you are recruiting a GP who needs a visa sponsor, please contact our Head of HR Sarah Moody ([sarah.moody@suffolkfed.org.uk](mailto:sarah.moody@suffolkfed.org.uk)).

## East Suffolk ultrasound service now on SystmOne

Ipswich and East Suffolk practices can now refer to the Fed's ultrasound service via e-referral. This is quicker for practices and means the report back is embedded in the patient record – saving scanning time.

You can still refer via NHS mail but over time this is likely to be phased out.

## More praise for North East Essex Diabetes Service (NEEDS)

The Fed's North East Essex Diabetes Service has been shortlisted for several awards.

It's innovative 'Virtual Ward' project has been named as a finalist in the Health Service Journal's Optimisation of Medicines Management category. It has also been shortlisted in three categories of the Quality in Care Diabetes Awards 2018 for Diabetes Education Programmes, Best Practice Dissemination and Sustainability and Diabetes Team Initiative of the Year.



The NEEDS Virtual Ward team (L to R) Jo Danbury, Annie Johnston, Ceri Jagger and Lucy Gaffney.

## West Suffolk Lymphoedema Service

From 1st October the Fed will be transferring its part of this service to West Suffolk NHS Foundation Trust (WSFT). This is because our nurse specialist is leaving, and we cannot replace her because there is a national shortage of these staff.

Waiting times are already long for those not clinically urgent. There will be very little capacity over the next few months whilst new staff complete specialist training and recruitment takes place. During this time patients will be prioritised according to urgency and only those patients with severe symptoms and the highest clinical need will be seen.

WSFT expects these issues to be resolved by January. Patients already using the service will be written to directly to update them.

We are exploring whether west Suffolk patients could be referred to alternative services, but neighbouring trusts face similar challenges.

