

Update on Suffolk Out of Hours (OOH)

The Fed was due to manage the Suffolk Out of Hours service from 1st November. Unfortunately we have had to postpone the start date.

Our plan involves being one of the few out of hours services in the country which uses SystmOne. Unfortunately we have identified a technical safety issue – hence the postponement. We are confident it can be resolved.

The launch had been going really well:

- Over 50 clinicians have already attended SystmOne Out of Hours training with really positive feedback. Clinicians have been really pleased to have access to notes and be able to complete episodes of care
- A significant group of new clinicians (over 30) has come forward to work out of hours

We want to keep momentum going and will update everyone on a revised start date.

In the meantime, Care UK will be continuing with their existing service. We are working to support this.

Fed shares and change in senior partners

Practices' shares in the Fed are held by senior partners on behalf of partnerships. When this changes the outgoing senior partner needs to sign a stock transfer form and we then update Companies House. Unfortunately, there is no way around this.

Stock transfer forms need to be signed by the following practices - Derby Road, Hawthorne Drive, Howard House, Ivory Street, Martlesham, Chesterfield Drive, Two Rivers, Angel Hill and Glemsford. Our solicitors, Gotelee, will be in touch. Thank you to those who have returned the forms.

Congratulations to Nick Rayner

Nick (pictured) was voted 3rd in the Pulse GP Rising Stars of 2018. He is Deputy Medical Director of the Fed and chair of Suffolk Primary Care.



Feedback or comment

If you have feedback on anything Fed related please contact either David Pannell (david.pannell@suffolkfed.org.uk) or your Board representative. These are:

- **West** – Nick Rayner, Matt Piccaver or Crispin Dunne
 - **Ipswich** – Andrea Clarke, Dave Ward or Debs Banerjee
 - **East** – Jane Wallace, Paul Driscoll or John Lynch
- David Pannell can attend practice or collaborative meetings.



GP+ update

The service is continuing to evolve. In the last 12 months we offered 45,843 appointments, of which 31,522 were booked directly via practices.

National utilisation of weekend extended access services has featured in the press, with only a quarter of slots filled. In August we had 66% utilisation on Saturdays and 47% for Sundays. From 1st November spare slots will be used by the out of hours service.

Bury St Edmunds GP+ will soon be moving from West Suffolk Hospital to Drovers House. We currently use the location for our pain and podiatry services. We will communicate directly with practices when we have a start date.

We have also launched a GP+ Colchester. The service runs from our North East Essex Diabetes Service base.

We will be offering nurse clinics in GP+ from Saturday, 20th October – running from 9am-1pm in Ipswich (Riverside Clinic).

These appointments will be available for injections (including depots but not travel vaccinations or child immunisations), dressings, pill checks, hypertension reviews and suture removals. To ensure this works safely we have sent guidelines to practice managers, so please check your inbox.

Updates from collaborations across the county

Deben Health Group (DHG)

This is a collaboration of seven practices in East Suffolk representing 63,000 patients. It works via a Joint Venture Contract to manage services provided by the collaboration. Current initiatives are:

- Nurse Practitioner/Paramedic visiting service – it is advertising for two positions to cover a home visiting and care home service (split North and South within the group). The clinicians will be employed by a lead practice – Framlingham in the north and Framfield House in Woodbridge in the south.
- Developing a Centralised Practices' Support Service – this will deliver back office support such as workflow and secretarial services. Infrastructure needed for this is now being installed – including GP Team Net Intranet, Ardens templates and a SystemOne hub.
- On the Day Team – this covers two practices, Wickham Market and Framfield House. All urgent 'on the day' requests to see a GP are triaged by one of the practices in rotation. The service currently operates on Monday afternoons with plans to include Friday afternoons as well. Only 30% of contacts translate into face to face appointments.
- Aspiring Leaders Training – the group has identified the need to develop future leaders and succession plan. It is organising joint training for staff across its seven practices.

Suffolk Primary Care (SPC)

Martlesham and the Birches practices will join the partnership in December. This takes the collaboration up to 41 partners in 13 practices, covering 119,000 patients. There is another practice in the due diligence phase and other practices interested in joining.

The partnership plans to become fully integrated on 1st April 2019. To achieve this, it has been tackling two significant issues for primary care – property and profit share.

At the last partners' meeting it was agreed that all GP property will be owned equally by all partners. SPC will now be re-financing the portfolio in a way which means new property owners' liability will be around £120,000 and they will not need to make a cash contribution.

The portfolio will be revalued every three years and adjustments made for new and retiring partners. Owning property in this way makes it attractive for new partners and therefore addresses the succession issues faced by most practices. It is a major step forward.

Further work is required regarding SPC's plans for profit

sharing. But broadly it wants to give practices flexibility to care for patients in whichever way they prefer, as long as they are able to demonstrate profitability, patient satisfaction, quality, adoption of SPC processes and engagement in its shared vision and values.

It is expected that SPC will have a single CQC registration by next summer. This means its central support team will manage CQC inspections, thus relieving member practices of a significant bureaucratic burden.

The SPC Support Unit is also now operational, with secretaries working across member practices. Its Workforce Transformation Group has finalised proposals to streamline long term condition management, introduce skills mix and improve the system of clinical audit. The partnership has also been shortlisted for a Health Foundation Award to look at continuity of care.

Ipswich Primary Care (IPC)

All Ipswich practices are members of IPC with the exception of the three SPC practices.

It is increasingly seeing itself as a group of Ipswich practices working collaboratively. For example, there is more willingness to share information, resources and work together.

The group is now awaiting the implementation of the new SystemOne visiting hub. Four practices are involved in the visiting service and others have indicated interest in joining once it is up and running.

It has also recently submitted a bid for a collaborative mental health service.

Coast and Country Primary Care Collaboration (CCPCC)

CCPCC is continuing with its three existing projects (ECP, domiciliary service and Admiral Nursing and specialist dementia support and Practice Nurse training and development).

Feedback from practices is that all work streams are having a positive impact, increasing additional clinical capacity, releasing GP time and enabling continuing learning and professional development for Practice Nurses.

The collaboration has also received approval to extend the ECP work stream following the submission of a successful business case for the 2018/19 transformation funds.

It is also discussing two further projects with the CCG and is awaiting a final decision on these.

Three new practices have applied to join CCPCC over the last three months – two have been confirmed, one is in process.

What is it like working for the Fed?

Chief Nurse Martin Edwards is directly responsible for the Fed's stoma, bowel and bladder and falls and fragility services, along with the Felixstowe Minor Injuries Unit. He transferred to Suffolk GP Federation in



October last year as part of the new healthcare alliances for East and West Suffolk. Twelve months on he explains what it's been like working for the Fed and the benefits he's experienced since joining.

Q: Had you heard of the Fed before you joined?

I was aware of the Fed's good reputation – so transferring across was exactly what I was hoping for.

Q: What role(s) had you had previously?

Previously I'd worked in acute trusts and while they're obviously very good at providing acute care, for community services it's good if the leadership has a community focus, which the Fed has. I think it improves the way the service is delivered and because the Fed is a smaller organisation, compared to say a hospital, decisions can be made a lot faster.

Q: What benefits have you seen since joining the Fed? How does that differ from your last role?

Obviously, there are still procedures and protocols that we must adhere to, but because there are less committees and the service leads are more hands on then we can be a lot more responsive.

I also like the fact that there's an opportunity to deliver lots of different skill sets. My previous role was very much a managerial one and I'd lost the clinical focus. But working at the Fed, I'm no longer just sitting in an office – I'm out there seeing patients and I don't have to stop being a nurse. That variety is hugely important.

It's enabled me to keep my hand in and then pass that knowledge on to other members of the team – for example work around preparing for CQC inspections and helping with the computer systems such as Datix.

But it also means that I've been able to work with lots of different people. I've been on site to look at infection control measures at the Fed's Christmas Maltings and Clements Practice in Haverhill and Kirkley Mill in

Lowestoft. It's this partnership working across lots of different departments and organisations that's been so enjoyable.

Q: How have you found working for the Fed?

Everyone has been incredibly supportive. It's often hard when you come into a senior role – people expect you to know everything. By working together and helping each other we've been able to share examples of best practice and see how they can work for this organisation. The Exec committee is also very approachable. Although we're quite spread out geographically, I feel confident that if I pick up the phone and speak to someone that I'll get a positive response.

Q: What do you like best about working for the Fed?

Importantly, I think the Fed is still small enough to understand the effect that things have on each individual member of staff. During the transition period for example any teething problems were dealt with quickly and effectively and you felt fully engaged.

From a wider healthcare perspective, I think it's great to have the Fed involved. The closer you are to the patient groups that you're serving, the more likely you are to meet their needs. The challenge moving forward will be for the Fed to maintain its independence so that it can continue to be a strong voice for primary care.

Physios as part of multi-disciplinary teams

First Point Physio has been providing Advanced Musculoskeletal Practitioners to Christmas Maltings and Clements Practice in Haverhill and Walton Surgery in Felixstowe for over a year.

The aim is for patients with suspected musculoskeletal conditions to have a first contact with a physio instead of a GP.

Patients are booked in with the physios directly from reception and are seen in 20-minute appointment slots. Patients are screened for red flags and assessed to ensure their condition has a musculoskeletal origin.

Outcomes include:

- Advice and exercises to manage their condition
- Referral to Allied Health Professionals (AHPs), spinal service, secondary care or joint injections
- X-rays/blood tests etc

Patients needing follow-ups are referred to AHPs instead of physios as the physio role is to reduce GP workload, not to provide an in-house service.

We are now also hosting physiotherapy students from the University of East Anglia which are some of the first student placements of their kind.