

“A little less conversation, a little more action, please” (Elvis Presley, 1968)

“If anyone had said ten years ago: ‘Here’s what the NHS should do now; cut the share of funding to primary care and grow the number of hospital specialists three times faster than GPs’ they would have been laughed out of court. But that is exactly what has happened,” according to Simon Stevens in his Introduction to GP Forward View.

It is now three years since the GP Forward View was announced, and as a front-line GP, it is hard to see a significant change. We are still in the remarkable situation that there are more hospital consultants locally than GPs.

Many reports have stressed the importance of primary care, community services, and health promotion and prevention strategies. There is a recognition locally that resources need to shift and the ambition to do this. However, evidence for any significant change is thin on the ground.

Investment in new hospital buildings has not been matched by investment in primary care. We are lucky to have the Grove, Two Rivers, planned work on the Tooks’ Bakery site and Newmarket Hospital but this is dwarfed by investment in the acute sector.

Some sensible initiatives just do not transfer to primary care. For example, West Suffolk Hospital has been given a significant grant to digitise all its records. If that was also provided to primary care, it would free up significant amounts of space.

Investment in primary care continues to come from ‘pots of money’ through various complicated-to-bid-for funding streams. What is needed is consistent, long-term funding to allow us to employ permanent staff and invest with some certainty.

How can we move things forward? I think there are three immediate priorities for us:

- Engage with the Integrated Neighbourhood Teams (INTs) as this is the way integrated joined-up services will be achieved locally.
- Make use of the strength of the primary care groupings DHG, IPC, SPC, C&C and the Fed to provide a unified voice. The current multiple mixed messages from primary care mean it’s easy for our partners in the two Suffolk alliances not to prioritise our needs.

- Be clear that we understand working with our partners in the health and care system means give and take from each of us. Our priority is support to help us manage our workload, but in return we need to change some aspects of the way we work.

Your Federation is a key player in the local system resulting from our management of community services and in the future Out of Hours. We will continue to press the case for a shift in resources.

Paul Driscoll, Chair and Medical Director

“All this aggravation ain’t satisfactioning me” [Elvis, again]



Suffolk Out of Hours delay

The Fed-run service has been delayed because of a SystemOne technical issue relating to how the time clock counts down from 111 as the patient passes into our system.

This is an important safety feature that needs to be resolved before we can start. We have resolved all other SystemOne issues. We remain very positive the issue can be resolved and we are working on the fix.

As soon as the SystemOne issue is resolved and tested we will be able to agree a start date for the Fed-run service. This will not be before February 2019 as the NHS does not allow any changes to happen over winter.

As soon as the date is agreed, we will release dates for more face-to-face SystemOne training sessions and a video refresher for those who have already been on a session. As we mentioned in the last newsletter, we were really pleased with the interest expressed in working with us. Thank you for bearing with us.

Update on Suffolk Podiatry

The Fed has been managing this service since October 2017 and earlier this year we updated members on our Focus on Feet initiative.

This aims to modernise the service so it reflects NICE guidance, the service specification and prioritises patients likely to develop serious foot complications or foot disease.

The changes give a more responsive service to high-risk patients, particularly those with diabetes, offering longer appointments and faster access. Lower-risk patients are to be reassessed and discharged with self-care advice.

We are reassessing around 750 patients each month. Many have been on the waiting list for a long time and we are finding 59% do not meet our guidance and are therefore suitable for discharge. Our total caseload has fallen from 18,000 to 13,279. We anticipate it will fall to 11,000 after all the reassessments have been completed.

The early indications are the service is better able to focus on higher-risk patients. For example, mean wait times have fallen from 4.7 to 3.9 weeks with less than 1% now waiting for more than 14 weeks. While 56% of high-risk patients with diabetes are now seen monthly compared to 45% in May. The number who have had an ankle brachial pressure index (ABPI) measurement, which is a sign of quality, has increased by 76%.

These major changes have resulted in only 15 complaints. One of the issues we have faced is a perception that the podiatry team services a social need rather than being a specialist service focusing on those with most need.



Practice foot-education programme

Practices are seeing increasing numbers of patients with diabetes, each of whom should have an annual foot check. To support practices, Suffolk Podiatry is developing an education and training programme for those who examine the feet of patients with diabetes – primarily nurses and HCAs.

To help us develop the programme please ask your nurses and HCAs to complete a brief 2-3 minute survey at <https://www.surveymonkey.co.uk/r/YTT35JV>. The programme should commence in the New Year.

David Pannell

Chief Executive, Suffolk GP Federation CIC



SPC and Fed practice collaboration

Suffolk Primary Care (SPC) partnership and the Fed, with its three practices, are both building similar integrated general practice at scale.

Operationally, both organisations have almost identical workplans. The Federation's central services are more complete, particularly HR systems and integrated governance. SPC is more advanced in its development of primary care specific initiatives, which the Fed lacks the scale in primary care to replicate.

A plan has been agreed by the boards of both organisations. This includes Fed managers being part of the SPC manager group, our Medical Director being part of SPC's workforce transformation group and the Fed being supported to adopt SPC initiatives.

Examples will include long-term condition management, research, shared admin services and a Physician Associate network. The agreement excludes operational management, CQC, contract management, finance, governance, property and HR.

The Fed will pay £1 per patient for this support. This has been funded by rationalising our primary care management team.

The relationship is not exclusive, and the Fed will work with other collaboratives where they bring benefits to our practices.

Improving diabetes outcomes using Eclipse

The Fed has been managing the diabetes service in North East Essex since 2014. Over five years diabetes outcomes have gone from lower to top quartile nationally. In 2017/18, North East Essex had better results in 30 of 36 categories (care processes completed, HbA1c, BP, Chol and education), versus the two Suffolk CCGs.

A key facilitator for the improvement was access to really good data. In North East Essex we built a system that extracted data from GP systems and presented it back in a way that allowed the clinical team to monitor progress and proactively identify individual patients not on target. The system also allows practices to compare each other's outcomes.

The Suffolk CCGs have made available a system called ECLIPSE, which we will be using in North East Essex. We have found it really helps streamline diabetes management and the impact comes quickly. In our first year in North East Essex, the percentage with all eight care processes rose from 40.1% to 60.3%.

ECLIPSE is quick to implement, does not impact on existing system performance, does not require any ongoing maintenance (automatic) and is free due to being supplied via NHS Digital, much like your EMIS/ SystemOne.

The CCG is offering full support and training – contact Dean Onno (dean.onno@ipswichandeastsuffolkccg.nhs.uk).

Fed conflict of interest policy

The Fed Board has four directors whose practices are members of SPC. When the Fed Board discussed the proposed collaboration with SPC, we referred to our conflict of interest policy.

Unfortunately, this is no longer fit for purpose since it was written a decade ago when the primary care landscape and priorities were very different.

As it happened the Board agreed the SPC collaboration unanimously. However, we also agreed to drafting a new conflict-of-interest policy. If you have any thoughts, please send them to David Pannell (david.pannell@suffolkfed.org.uk).



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Access to patient records in GP+ and Out of Hours – learning

We received feedback from an EMIS practice relating to a patient seen in GP+. The patient had seen their own GP and a week later saw a GP in our GP+ extended access service. The patient went back to their GP four days later. Blood tests conducted on that day revealed a high calcium level. The patient was admitted and found to have cancer of the gastro-oesophageal junction. They sadly passed away with a rapidly progressive illness eight weeks later.

On review, we identified that the GP working in GP+ did not have access to the patient's notes because sharing had not been switched on by the practice. The GP had noted that he did not have any access to notes while making his decision. In hindsight, one might reflect that the access to the surgery notes could have influenced a different plan of management for the patient, though, it may not have affected the eventual outcome.

We have contacted all EMIS practices that have not switched on sharing. All have agreed to do so. We can already access all SystemOne notes with patient consent.

Dr Debs Banerjee

Medical Director Urgent Care & GP+



Matt Hancock MP [left] opens new ultrasound suite based in our practice in Haverhill

VIP opens new ultrasound suite

The opening of our new ultrasound suite was opened by our West Suffolk MP and Secretary of State for Health, Matt Hancock.

On hand to talk to him were David Brandon, the new clinical lead for Christmas Maltings & Clements surgery in Haverhill.

Mr Hancock said: "The most important thing is that the people of Haverhill, a growing town, are no longer going to have to travel to Bury for their ultrasound."