

Medical Director's Notes

You will know with grim experience how difficult the last two weeks have been. On top of a decade long developing workforce crisis, post pandemic backlog, estates challenges and system restructure, fate landed Strep A.

This is a crisis which is mainly affecting primary care and ED and stresses again how vital the work you all do is. I have been pushing for a system response, visibility of public health and clear communications. To me this needs local joined up conversations with schools, community pharmacies, ED colleagues and General Practice both in and out of hours.

What is clear to me is the 'system' is not going to be able to help us much. Priorities and initiatives are continuing to come to conclusions such as "see your GP" or "GPs need to do more". It seems that if the solutions will not come to us, we need to drive them and lead them.

Ruth Bushaway – Fed Medical Director



Strep A - Fed response

To our frustration, the Fed has only been able to provide very limited support to members.

- On a Sunday, our Out of Hours team quickly set-up an IT networked spreadsheet with antibiotic availability by pharmacy (they phoned twice a day). Only 10% of pharmacies open on a Sunday and there are multiple deliveries during the week so it was not possible to expand this.
- We looked at setting-up standalone respiratory Hubs. We concluded there is not a significant number of additional clinicians wanting to work f2f in Hubs. Also, space is unavailable until the evening.
- Finally, we looked at expanding out of Hours capacity but the service deals with a relatively small number of patients compared with Suffolk daytime general practice. Even if we could increase capacity quickly it would have offered only a very limited amount of support.

Advice for on scene ambulance crews (CAH Line)

The Fed originally started this service during COVID. Crews can call for advice and speak to a local clinician with access to SystmOne and EMIS. Currently crews mostly use the service in the out of hours period but it is available during the day. If your Duty is too busy to take a call please feel free to ask the crew to call the **CAH line 01473 299613**.

So far, the line has managed 1,988 calls. Crews receive a response on average in ten minutes. The outcomes were 16% advised to convey to hospital, 70% resolved with advice or a prescription – including a quarter suggesting the patient contact their practice for a routine appointment.

During the day crews will not be advised to contact the patient's practice and ask for an urgent appointment or visit. In these circumstances a patient would be conveyed to hospital.

Equality of Care Awards 2022

These are the diabetes' Oscars. The Fed's North East Essex Diabetes Service won the award for 'Three Treatment Targets in Diabetes'. Thank you to Ceri Jagger and Teresa Hart who lead our work supporting practices, also Hannah Addington and Dr Bodmer for their work improving cardiovascular outcomes.

Fed support for clinicians attending inquests and regulatory bodies

If a clinician from a member practice has to attend a hearing and would like informal support from the Fed we can provide:

- Basic support to ensure "you are not alone".
- Our experience particularly the procedures, a basic outline of processes and signposting to defence unions. Obviously we are not a substitute for proper professional and defence union advice.
- Someone to talk to in confidence at this difficult time
- Attend important meetings with you if your defence union is unable to attend.
- We are interested in the views and comments from clinicians who have had to attend a hearing.

Please email our MD (ruth.bushaway@suffolkfed.org.uk)

Our experience using 'end to end reviews'

Members may be interested in the Fed's use of End to End reviews as part of quality improvement. These follow the patient journey and to avoid 'finger pointing' we do not record sessions or take detailed notes.

One of the cases we recently looked at involved abnormal blood results. The patient's GP was unable to contact the patient and via 111, asked Out of Hours to continue trying. When we visited the patient had collapsed. The ambulance was then delayed and our oxygen was depleted by the time the patient was conveyed. The patient was eventually discharged.

Four learning points stood out:

- At every step each individual did their best to hold onto the patient. If they had left the patient until the following day their outcome would have been worse.
- Everyone was trying to protect the ambulance service. If anyone had made the reasonable decision to call an ambulance it would have delayed the patient's discovery.
- There is not a common understanding amongst clinicians of a question asked by 111 namely who is 'taking clinical responsibility?'

