

Medical Director's Notes

Last month I discussed how the Fed wanted to focus more on our member practices and PCNs. This week three Fed non-executives, Simon Rudland, Jane Wallace and Andrea Clarke, joined our clinical leads and senior managers for a workshop which focused on this topic during the afternoon.



We reflected on commonly held assumptions about general practice stimulated with candid reflection from our two practice manager directors. This led to thoughtful discussion about how the Fed stays relevant to our members. We also considered how we have a positive impact as an organisation, building on our successes but cognisant of the pressures and challenges general practice faces.

We have a lot of ideas to develop with members and I am encouraged that the Fed can continue to be relevant and energised to work positively with you in this challenging landscape.

Supporting members

At the April Board, we agreed to significantly increase our direct support for practices/PCNs and make this our key objective for the next few years. We are in a position to make a significant annual financial contribution to enable this.

We are starting to explore the specific support members want and are looking for ideas (please email David.pannell@suffolkfed.org.uk). Ideas so far include:

- Finance and budgeting training.
- HR – realistically this will probably need to be training and support rather than an HR function.
- Activity best done at scale e.g. automation and the digital work
- Services driven by the new GP contract e.g. data analysis
- Change management support e.g. facilitating PCN workshops using our experience of supporting 'at scale' working.

We will be advertising for a manager to support our Chief Executive who is leading this work.

Primary mental health

The Fed has been working with PCNs and NSFT since January with the aim of making the interface work more smoothly, particularly the ARRS mental health roles. This is one of the trickiest projects we have been involved with.

There are lots of issues on how primary mental health is working, which includes Wellbeing (about to be renamed Talking Therapies), Link Workers, ARRS practitioners and the Access & Assessment Team. There are also differing views across PCNs.

Our plan going forward involves addressing the 'nitty gritty' operational issues, communicating clearly how it will work from a general practice 'referrers' perspective and facilitating closer relationships with senior NSFT clinicians.

Conveyance Avoidance Helpline – outcome audit

This service helps our EEAST colleagues with prompt clinical advice so they can maximise their time on the road. Our team seeks to resolve issues for those not needing conveyance and not pass urgent work to practices.

We have audited 20 cases managed by the Fed in depth including what happened up to 2 weeks later. PPG also manage cases and we have not audited these.

- 4 were admitted e.g. PR bleed on warfarin.
- 6 had no further action.
- 6 had further contact with their GP within 48 hours. 3 involved no further action other than advice, one had an appropriate home visit that day and 2 had more contact but were complex cases.
- The remainder had further contact with their practice or were admitted within 2 weeks of the contact, 2 for related conditions not directly associated, one for ongoing symptoms of the same condition and one for general decline.
- There were no obvious cases where care was delayed or harm caused by not admitting the patient but clearly this is a small

Fed clinical leads and senior managers' 'awayday'

This is the first event we have held. We looked at the staff survey results, had a mini Question Time and spent the afternoon considering how we remain embedded with general practice.



General practice digital & automation

A small group of interested GPs and managers meets monthly including colleagues from North East Essex and our ICB. If you wish to join please email David Pannell.

Automation - We have a three-pronged approach for this:

1. Early win - Test automating new patient registration with Healthtech-1. Stowhealth, Framfield House & Unity will get this operational on SystemOne then we will roll-out to more practices. We will jointly work-up the data collection template.
2. Identify what other automation processes we could adopt 'off the shelf'. The next meeting will run through a sample from one provider (e.g. call/recall, smears filing, filing -ve retinopathy, allocation of tasks to GPs).
3. Longer term plans to build our own local capacity & capability.

ChatGPT & Bard – some members have been using ChatGPT and Bard outside work. These are 'large language' technologies which in the future may assist with diagnosis and treatment, patient communication and data analysis. It is worth noting Italy has banned ChatGPT and the UK and France have raised privacy concerns. However, in the last month the ICO has released AI guidance, the Government has published a White Paper and the MHRA has updated their medical device guidance to incorporate AI.

Fed Board self-review – reminder of Fed's objectives

As part of your Board's 'appraisal' we undertook a self-assessment exercise. This covered questions such as declaring conflicts of interest, quality of agendas and whether our non-executives are independent of our operational managers.

One issue highlighted was whether our members are aware of the Fed's four aims and objectives, so we have republished these:

1. Support and develop primary and community care in Suffolk and North East Essex.
2. Facilitate practices or groups of practices to be sustainable through innovation and collaboration.
3. Work collaboratively with local health and social care providers and commissioners through the alliances.
4. Build a sustainable Fed organisation based on the values of quality and excellence for our patients and staff.

Advanced Clinical Practice

There is a national programme looking at our advanced clinical workforce. For general practice this is generally advanced nurse practitioners. Within the Fed we have a number of staff with advanced in their role description and the work involved has been considerable. However, we are keen that general practice's 'advanced' workforce has access to the same opportunity as those working for larger and secondary care organisations.

The Fed work is being led by Penny Sibthorp (Penny.Sibthorp@suffolkfed.org.uk) who is available to share our learning. This includes supporting those who wish to follow advanced practice training, accessing funding (e.g. for supervision) and representing primary and community care in the system.

GP Support Hub (info@thegphub.org)

- Pensions Event - Wednesday 7 June 7pm – 9pm at Holiday Inn, Copdock. Speakers from Medical & Financial and Larking-Gowen. Book via: <https://www.eventbrite.co.uk/e/pensions-event-tickets-588050072597>
- Red Whale GP Update Courses - 20 May and 18 November. <https://www.eventbrite.co.uk/e/pensions-event-tickets-588050072597>
- Medical Applicants event - Saturday 13 May at the University of Suffolk with the Next Generation Project. For children or family interested in working in medicine then please contact ambassadors@caredevelopmenteast.co.uk
- Our popular BringBaby event is back! Webinar on Wednesday 21 June 10.00 – 13.00 covering child safeguarding, abnormal bloods and how to keep up to date when out of Practice? [Suffolk GP BringBaby webinar 21st June 2023 Tickets, Wed 21 Jun 2023 at 10:00 | Eventbrite](https://www.eventbrite.co.uk/e/suffolk-gp-bringbaby-webinar-21st-june-2023-tickets-wed-21-jun-2023-at-10:00)
- Litigation training in bitesize form - six hour long sessions: <https://www.eventbrite.co.uk/o/delivered-by-gp-support-hub-47226869053>