

Medical Director's Notes

The Fed Board has started a review of our strategy. A lot has changed since we last did this. Most importantly, the creation of our Integrated Care System has reduced the influence of general practice and increased our isolation. This has combined with relentless pressure on member practices and our workforce.

Your Board had an interesting discussion, in July, on what Suffolk general practice may be like in 2028. Our conclusions are summarised in this newsletter - overall we think it will look and feel similar to now.

The Fed will be changing as a result of this review. We will be bolstering the services which directly support our members, such as the automation work. We will also be consulting with members on our objectives. All in all this will be a significant change and I look forward to telling members more about our plans in the coming months.

Lastly, some personal news. I am now the Fed Medical Director but also part-time Associate MD role with the ICB. This is a steep learning curve but a great example of different parts of our system working more closely together.



Using robots to automate new patient registration

Our area manually registers 92,000 patients a year. The first of our digital projects to go live involves automating this so most patients register digitally without the manual involvement of practice admin.

The Fed has been working with a start-up called Healthtech-1 and Orchard Street has it up and running. It currently works for non-dispensing practices and should be ready for dispensing practices in the next few weeks. A briefing note has been sent to practice managers which also covers how this will work with the NHS App.

Patient registration is the first in what we hope will be a suite of processes we automate. We are working on filing of negative bowel screening and smear results.



Ultrasound news

- **Backlog** - Demand for ultrasound exceeds capacity and our great team cannot continue to work additional hours. We are prioritising two-week urgents but routines have built up. To reduce this we have asked a third-party to scan our straightforward waiting list as a once-off exercise. Practice managers have been sent a briefing as reports will look slightly different.
- **Please state menopausal status on referral** - our protocol for bleeding in peri-menopausal patients on HRT is an urgent internal scan. However, many referrals do not state menopausal status and are triaged as urgent when they are peri-menopausal and can be scanned as routine. Please help us protect your access to urgent scans by stating menopausal status.
- **Virgo intact patients** - guidance for this has changed so if a patient has not had penetrative sex they are now offered trans vaginal scans. As we are performing these examinations on your patients, with consent, any guidance and support you can offer to ease their anxiety would really help.

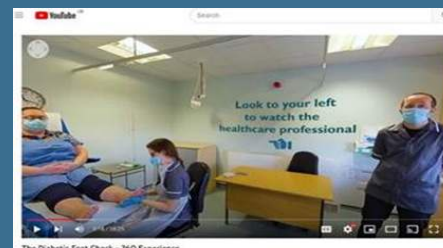
Jo Honey Clinical Lead Sonographer

Fed non-executive director Dr Nick Rayner attended the NHS 75th birthday service at Westminster Abbey



Quality in Care Diabetes 2023 Awards

Our podiatry foot care education project has been selected as a finalist in the prestigious national awards. Our team created a brilliant foot screening education program to help primary care staff accurately categorise the diabetic foot. If you would like to receive this training please contact samantha.watson-eaton@nhs.net



News in brief

- **Inclisiran** – the Fed is working with the Eastern Academic Health Science Network and colleagues in North East Essex to set-up a service for those with high cholesterol where existing treatments have not worked. This is a good example of what we call the 'third space' i.e. treatments which do not fit easily in general practice or secondary care.
- **Cervical Screening training events** - consisting of a mentor forum and sample takers and tri-annual update. Book via [GP Federation Suffolk Events | Eventbrite](#)
- **Spirometry** – the ICS have funded the service for a further year.
- **Community Service Contract** - extended until September 2027
- **Dermoscopy service** - that runs at Wickham Market was highly commended at the Dermoscopy Quality in Care awards 2023

GP Support Hub

- **Phoenix GP – starts September 2023** - This is a career and skills development program targeting mid-career GPs. Over six evenings it will include talks from inspirational GPs, dedicated skills workshops and time to focus on the challenges faced by mid-career GPs. These include change management, quality improvement, influencing people, facilitating online meetings and increasing personal impact. Please visit www.phoenixgp.co.uk for further details. If you would like to attend email info@thegphub.org.
- **GP-S Mentoring and coaching** – Free mentoring with a local peer available for all practice staff. For more information contact info@thegphub.org.
- **The GP Support Hub has a new website** - you will find events, information and support! <https://gpsupporthub.org.uk/>
- **2023 SNEE MSK Symposium 'End to end spinal care'** - click [here](#) to book
- **First 5 event for all Alliances** is being planned for October 13th – contact info@thegphub.org for more information
- **Red Whale GP Update Course 18th November**, to book, click [here](#) to book
- **Online Litigation training - bitesize form**, two sessions in October and November, 1 hour each session of click [here](#) to book

Fed strategy review

Our starting point is to think about the Board's expectations for Suffolk general practice in 2028. Largely we decided it will look and feel similar to now.

- Ageing population with the associated increase in work.
- An implicit shift to a two-tier system - disease management and urgent treatment. Less continuity of care.
- More private services and greater inequality.
- Continued top-down change regardless of government. Increased prescription of how services are delivered.
- Practices continue to be the core general practice delivery unit and PCNs continue in one form or another. INTs will continue to grow and will be the focus of new investment.
- General practice has a declining influence as other providers in the 'system' increasingly speak with one voice, integrating and collaborating.
- Slightly fewer but slightly larger practices/PCNs continuing to work in relative isolation from the rest of the 'system'.
- Less GP partners and an increase in salaried GPs, with no more than a possibility that the independent contractor model changes from its current form. Increase in portfolio working.
- Continued staff shortages and ongoing shift to GP Consultant led 'skills mix' workforce with associated teething issues e.g. regulation of staff.
- Squeeze on practice funding and little additional investment in estates.
- Gradual increase in a new technology such as chatbots and process automation.

The next stage of the work, which we will cover in next month's newsletter, is to consider how it could be different and what the Fed should do to help members.