

Medical Director's Notes

I thought it would be interesting to update members on my new part-time role as Associate Medical Director with our Integrated Care Board (ICB) which is now responsible for the NHS. I am still Medical Director of the Fed.

The Associate MD role is a clinical link between primary care, in my case Ipswich and East, and our ICB. David Brandon has a similar role in West Suffolk.



Overall, it's been a steep learning curve! I thought I knew a lot about health and care but I now realise I was only aware of part of the story. My three main learning points are:

1. The surprising breadth of the hugely valuable work done by our system – even dental which is new to me! Its worth highlighting our Integrated Neighbourhood Teams, which bring together health and social care teams. I believe PCNs should be more involved with them.
2. The financial constraints make it vital we work smarter not harder. There are many great ideas to help us, particularly digitalising services but we risk duplication.
3. The many situations where a general practice voice is needed. Sometimes to help shape a service or just describe how primary care manages a condition as often it's very different to our hospitals.

Inclisiran

This project commenced in June and the plan was for the Fed to be offering the therapy to member practices' highest risk patients by now. However, it has been stuck in the ICB's governance process but we understand this is nearly complete. We hope this will go live in the New Year.

Update on Member Support

The core of the Fed's new strategy is the creation of a Member Support division, offering direct support to members. The Fed is investing significant funds into the team and using expertise from within the Fed e.g. our senior managers and technology team.

We have now agreed a list of projects. Typically, these are complex, costly and/or longer term. They include forming a community interest company to develop practice estates and looking at how care homes could be managed in the future. Many are technology related particularly automation and improving how we use existing SystemOne functionality. We are hoping to obtain some additional funding to accelerate their development.

Health Checks bid

Health Checks are being tendered by Public Health. As its part of the County Council funding is very tight and there is no inflation increase for future years. The Fed is bidding on behalf of our members. The bid covers all the NHS Health Checks practices are currently doing.

Fed's Information Management & Technology team

The team supports Fed services 24/7 365 days a year and will lead technology related Member Support projects. It gives member practices access to the scale and specialist expertise needed to deliver non-NHSE funded digital initiatives.

The team is led by a Manager and Technical Manager with three small teams:

- **Business Intelligence** - The team is working with Unity Practice and SPC to build a monthly Dashboard with quality, risk and performance metrics that we need to be assured practices are operating safely.
- **Systems Development & Automation** - this contains our SystemOne expertise and is where we are growing our understanding of automation. The latter is a specialist and expensive area of digital and it makes sense to have expertise clustered as well as helping us with recruitment in this area.
- **Infrastructure & Networking** - maintaining the Fed services including the Help Desk and providing the LMC's IT.

GP+ roadshow

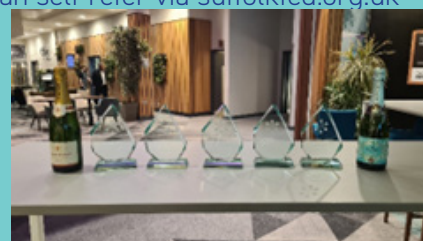
The Fed will be visiting PCNs over the next couple of months to review how GP+ is operating. We are hoping PCNs who are providing the service in-house will recommission GP+ as it provides the infrastructure, such as IT, for us to help practices with other services. For example, the Health Check bid and Inclisiran requires us to target underserved communities and we would do this mainly by using our GP+ network.

Evidence work is getting more complex

Often it is difficult in general practice to quantify what members are saying about work pressures. At the recent Board, our GP+ team presented data using the 2,000+ consultations a month which is a decent sample size. This showed that in the last six months a mean 46.5% of consults took more than 15 minutes. The Board agreed to change how GP+ operates to reflect this.

News in brief

- **Podiatry self-referral** – the new phone self-referral is operational alongside the old web route. Currently a third of referrals have not seen a GP which is a great start. The team are distributing cards to practice reception desks.
- **Podiatry PGDs** – the PGD for non-diabetic antibiotics is taking an age to be approved.
- **Cervical screening** – just a reminder that patients of practices who use GP+ can self-refer via suffolkfed.org.uk
- **Awards** – at the prestigious Eclipse awards we received five awards for our North East Essex Diabetes service including for 3 Treatment Targets and two for 8 Key Care Processes.



GP Support Hub update

- **Niche GP** - this helps practices' recruitment by expanding GP opportunities beyond a traditional surgery [Niche GP | The GP Support Hub](#)
- **LocumDeck** – connecting practices and locums. In October, there were 277 GP sessions posted by our practices and 93% were filled. Signing-up is free for practices and locums <https://www.nasgp.org.uk/for-practices/>
- **First 5 GPs Event** - 29 November, open to all, at Dragonfly Hotel, Bury. Email info@thegphub.org
- **Partial Retirements** – worth listening to the first 10 mins of this podcast <https://ockham.healthcare/podcast-paul-gordon-october-2023-nhs-pensions-update/>
- **Unravel the mystery of your NHS Pension** - hosted by Larking-Gowen and Medical and Financial. 15 February 7-9pm. Book via <https://www.eventbrite.co.uk/e/pensions-event-tickets-763880917387?aff=oddtcreator>

Follow the Fed on social media

SCAN ME

To view all our social media,
Website and YouTube links

suffolkgpfederation1 - Latest
Videos, Instagram Links
(linktr.ee)

