Suffolk GP FEDERATION

NEWSLETTER

www.suffolkfed.org.uk

December 2023

Medical Director's Notes

One of the most noticeable changes of recent years is the dominant influence of a very small number of large providers, particularly our hospitals. The shift of the NHS to integrated care systems, which seek to integrate health and social care, has exacerbated this trend.

By contrast, general practice, dentists and care homes, all with large numbers of relatively tiny providers, in comparison to our hospitals, have noticeably less impact. Within this environment, general practice's many 'voices' including LMC, clinical directors and the Fed, often struggle to steer system change in the right direction. Examples include difficulties around welfare checks and unfunded shared care agreements.

We now have the challenge of influencing what is being called 'left shift'. This is shorthand for shifting work and resource from hospitals into the community. But this is taking place when the budgetary reality is 'right shift' - increasing consumption of the fixed budget by our acute providers.

This is a national phenomenon and Suffolk, in general, is faring better than most. Despite this, it is clear that significant further improvement is needed if primary care is to remain viable in the face of unprecedented demand. To this end we have made some small steps - the LMC and the Fed are working more closely together, whilst protecting the statutory role of the LMC. Our explicit aim, wherever possible, is delivering effective representation coupled with a wide scope of service delivery capacity.

This is helped by the fact that I am on the LMC Committee and Peter Smye, LMC Medical Director, is on the Fed Board. Both of us attend the East and West PCN Clinical Directors' meetings. This dialogue also allows us to focus the Fed's offering to member practices with current attempts to preserve Health Checks (via a Fed bid on behalf of practices) and the pivot to explicitly developing a Member Services division.

On a practical front, the Fed is providing back-office support to the LMC. From January, Aimee Longfoot will be working part time for both organisations (replacing Chris Watts at the LMC and working as Member Services Project Manager for the Fed).

Given the acute pressures on general practice we clearly need to think about what else we, and the system at large, need to do. Colleagues and I will be thinking about this in 2024.

Member Services update

- We now have a plan for our digital automation work – outlined in the next article.
- In the new year we will:
  - Form a practice-owned Estates Community Interest Company. This can sign long-term leases with third party developers and develop and own general practice premises.
  - Start to develop options for how care homes could be managed differently.
- We have a new manager starting in January, Yemi Olatunji, who will be working with David Pannell on these initiatives. As part of his induction we will ask if he can attend PM and CD meetings.
- Finally, we have confirmed how we can sustain this significant investment, particularly automation which is very expensive, over the next few years.

Digital automation

During 2023 we have been working with members to test the waters with digital automation. Given the funding pressures on practices, this is the main opportunity to significantly reduce costs. Whilst there are different types, the simplest version uses a bot to replace a process previously done by a human.

Automation of new patient registrations, using Healthtech-1, has been our quick win. 23 practices locally are now using this and saving lots of admin time. Leigh Ellsmore, from DHG PCN, will be seconded to us and help with rolling this out to more practices.

For 2024, we will adopt a slightly different approach. The Fed will build what we are grandly calling a Centre of Excellence for general practice automation. This will use Blue Prism software and have a team to implement projects including developers and specialist expertise on infrastructure, smart card management, data security and governance. We will offer each PCN the opportunity to train someone as an analyst.

This is a significant financial investment on behalf of members and will take some time to deliver results. Whilst automating GP activity is the ultimate aim, for 2024 we will focus on admin tasks. Top of the list is filing of normal diabetic eye screening results and two-week wait referral safety checks.

Health Check competitive tender

A number of members expressed surprise after last month's newsletter, that this work had been tendered by Public Health, who are part of the County Council. The Fed has bid for the work which has a reduced budget and different requirements. These include a focus on 'hard to reach' groups and increasing the number of checks done by pharmacies. The bid is competitive and we will hear the result in the New Year.

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Last month we updated members that the plan was to offer the therapy to our highest risk patients in the New Year. There has been no progress over the last few weeks but we still hope to hold the ICB to this deadline.

East ultrasound backlog

We are pleased the backlog has now been scanned.

GP Support Hub update

- **GP Educator training** – the Educator/Trainer pathway is changing. If you have started the 'old' pathway you can swap over. To express interest or ask a question CLICK HERE
- **GP First 5, Mid and Later career groups** – The GP Support Hub | Confidential support service for GPs
- **Pension event** – online 15 February 2024 7-9pm - Larking-Gowen and Medical and Financial - open to all staff -https://www.eventbrite.co.uk/e/pensions-event-tickets-763880917387 **Information on partial retirement**: https://www.nhsemployers.org/publications/using-flexible-retirement-support-retention
- **Tier 2 sponsorship** – a reminder that if you register to become a sponsor practice the fees will be fully reimbursed. This is a great opportunity to welcome international GPs to your practice. For more information contact the GP Support Hub.

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