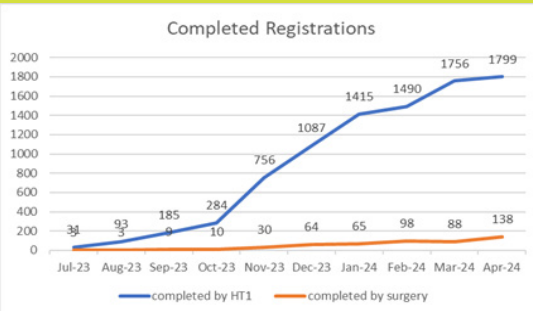


Medical Director's Notes

I am pleased the Fed, alongside colleagues at the ICB, are making very good progress with supporting practices and PCNs implement digital solutions. This is one of the few remaining areas where general practice can make internal efficiencies, which will be required as NHS funding is squeezed over the next few years.



We started by promoting a relatively simple offer from Healthtech-1 to fully automate new patient registration admin. This has worked well with 36 of 59 Suffolk practices now using it and 44 of 80 across Suffolk and North East Essex. Assuming a saving of 15 minutes, 1,799 automated registrations in April frees-up 450 hours of admin time.

We next move on to more complex automation involving saving non-patient facing GP time. Obviously this is the 'Golden Goose' if we can deliver meaningful savings and this can be released by practices. We have a great team, led by John Lynch and look forward to reporting on progress.

Health Checks

Public Health have asked the Fed to manage this three-year contract including the Waveney area. The new service is different:

- Tight fixed budget and zero financial flexibility.
- Need to target specific types of patients (e.g. disability, ethnic minority, deprivation, carers, exiting rehabilitation etc).
- Increased outreach provision and greater use of pharmacies.

Setting-up this service involves many new elements and is complex. For example, we need to ensure only targeted group individuals are invited and we want to make the claims' process paperless.

Estates Community Interest Company

The Fed Board is ready to formally create a Suffolk Estates CIC. This will be able to sign long term leases with third party developers when the practice development cannot occur via the traditional partnership ownership/leasehold model. To simplify matters, the CIC will be a subsidiary of the Fed, which is also a CIC and will not purchase existing practice buildings.

Community pharmacy minor illness clinic project

Pharmacy First is an NHSE scheme for pharmacists to manage certain minor illness. One of the challenges are differences in how pharmacists and practices manage these ailments. This project combines pharmacists receiving a day of training from a GP and then spending a session in their local practice. We are hoping this builds relationships and helps smooth pathways. Aimee Longfoot from the Fed is now recruiting interested practices (aimee.longfoot@suffolkfed.org.uk).

Long Melford and Unity Healthcare merger

The two Fed run practices have now formally merged, including their SystemOne units. The next phase is to create a single practice team and clinical model using e-Consult access. We hope to have a remote assessment hub, essentially office space, to house the multi-disciplinary team managing e-Consults and our pharmacists.

If member practices are considering merging, the Fed has an implementation plan we can share. This has been used three times so is comprehensive.

North East Essex Diabetes Service – ten year anniversary

Since the Fed established this service, outcomes have risen from bottom to top decile. This is despite North East Essex having high deprivation (Clacton is now the most deprived in England). The ten year anniversary brought together patient representatives, practice nurses and GPs, consultants and the diabetes specialist team.



News in brief

- **Spirometry** – this service is closing as we cannot deliver it within the budget envelope.
- **Inclisiran** – We are holding another recruitment round for patients to Inclisiran, which is for patients who have had a cardiovascular event. It can be used on its own or alongside statins or other cholesterol lowering drugs. Email catriona.mccallum@suffolkfed.org.uk
- **Fed restructuring** – funding is tight across the NHS this year and therefore the Fed is consulting on a small number of redundancies. We will have more staff based in the office as the laptops we were given during Covid are coming to the end of their life.
- **Pay rates** – each year we review our pay rates against local benchmarks to ensure we pay about the same. This year we have adjusted our daytime GP rate to reflect the local market. Out of hours and other clinician rates are unchanged.

GP Digital & Automation workshop

We held a successful workshop with a good mix of attendees. Overall 25 practices were represented which is the core of early adopters of automation and digital across SNEE. Key themes from the day were.

- Together with our ICB, we are making steady progress implementing our local GP digital and automation strategy.
- PCNs are at different levels of maturity. Benchmarking between PCNs could be helpful. We have started this with the chart at the end of this newsletter on NHS App sign-up rates.
- More training is needed, particularly on current systems especially SystmOne (not just new ones).
- Most practices need help with change management. Digital Transformation Leads need support selling transformation/automation within their PCN.
- There is little funding available for new systems – many of which are expensive. Realistically, practices will need to complete a cost/benefit analysis, setting out the internal staff savings v their cost, with a view to funding many themselves.
- Workforce planning is needed at practice and PCN level.
- Interoperability at a PCN is needed to enable practices to work together efficiently and to allow shared service 'hubs'
- Suffolk and North East Essex is 'ahead of the game' with forums to share ideas, successes, failures and pitfalls – along with close collaboration between practices, federations and the ICB's digital team. The Fed's in-house automation team is a capability no other area has.
- Patient engagement and training is needed, particularly using the NHS App and digital access (e-Consult and Ask my GP).



Key actions from the workshop

1. **Staff training** – particularly how to get more from SystmOne and also on how to facilitate change in practices/PCNs.
2. **Develop patient confidence with digital solutions.**
3. **Direct practice use of AI** e.g. Chat GPT – Emma Cooper from Kafico did a thought provoking session and SPC practice shared their experience. The Fed will share its policy which limits use to those who have been trained and after a project has been assessed. We see limited applications for its direct use by practices at the moment.
4. **AI note taker** – these use AI to summarise a meeting and work spookily well. Hopefully, to roll-out their use, we need to resolve concerns around data and patient privacy or find a way to use them only in meetings not involving individual patients.
5. **New patient automation (HealthTech-1)** – Leigh Ellsmore has done a brilliant job. After she has completed her last few visits she will move on to supporting results filing.
6. **Results automated filing** – at the workshop two products were presented from Go Automate and Healthtech-1. Both start to automate tasks partly done by GPs. They have approached it differently and we intend to pilot both over the next few months. Thank you for the practices who have expressed interest in wave one.
7. **New products** – there are three areas including document processing/coding (e.g. Anima Better Letters and Auxillis AI), access (e.g. Patches) and long term conditions (Innovative Practice).
8. **NHSE digital investment** – work with ICB to develop a compelling bid for our share of the £3.4 billion fund.

NHS App registration data

The chart below shows the NHS App penetration by practice at April 2024. It includes basic registration (appointments and repeat prescription ordering) and advanced meaning they have done the full ID verification enabling access to their record. Obviously it does not measure usage.

