# Newsletter
# June/ July 2016

TyneHealth (your federation) works with all 29 GP practices in North Tyneside to ensure that the people who live here are happy and healthy, and that the care delivered is high quality. General Practice is fundamental to NHS – the GP partner makes a commitment to their practice (in effect, their business) for 25-35 years and looks after generations of patients and from cradle to grave (actually, from fertility treatment to bereavement counselling). This is true continuity of care.

The Federation helps GPs reach a consensual viewpoint and so put the voice of primary care when other NHS and private sector organisations have such a strong voice in setting the plans and in negotiating on each new pathway.

This means we need your feedback and comments, and we need your support to carry out what you want us to do.



## Recruiting GPs and other staff – making it (more) attractive

The shortage of GPs and primary care staff means we all need to make our job offers as attractive as possible. Will it help you to recruit if you add the following paragraph (or some variation on this wording – suggestions gratefully received) to all of your advertising?

*<<>> practice is a member of the TyneHealth GP Federation. TyneHealth includes all 29 GP practices in North Tyneside and maintains close links with local hospitals and regional organisations, as well as giving us a stronger voice together. For you, this means opportunities to pursue special interests and portfolio working, and early visibility of partner opportunities in practices; the world becomes your oyster!*

TyneHealth is also considering whether to run regular advertising listing all of the vacancies in any of our member practices. We haven't taken it much further and we're just seeking feedback.

## Recruiting patients into Care Plus

North Tyneside Care Plus is a pilot in Whitley Bay, which allows practices in the pilot area to ask for intensive support for their most frail patients. Three GPs and an admin team within TyneHealth coordinate the activities and contributions of Community Matrons, Age UK Personal Independence Coordinators, Mental Health, Social Work, Pharmacists and the hospital geriatrician service. We hope through this intensive burst of support, these patients can have better outcomes and a better experience, and as a result, avoid emergency hospital admissions.

This is a real opportunity for practices to focus your time on your next tier of need by asking us to provide the intensive support for your most frail patients. You need to make use of it.

Please consider everyone on your High Risk of Admissions register and ask patients if they would like to be referred. It's a short-term intensive support service, and the patient is discharged back to their own GP once we've done what we are able, which typically means rationalising the care from all of these different services.

Patients need to be adult (18 or over), and ideally have had at least one hospital admission in the last 12 months. Typically they will be under the care of a number of different teams. They need to be resident (as well as registered with a practice) within the pilot area, and not in a care home (neither residential nor nursing).

If you have any question, please speak to the GPs or the Care Plus reception on 0191 293 4361 and northtyneside.careplus@nhs.net

## Support available from Cancer Research UK to care for patients

Last month, ONS figures were published showing that the North East has the highest rates of cancer incidence in the UK. In North Tyneside we now have two Cancer Research UK Facilitators - Debra Daglish and Fiona McQuiston - who are working alongside GPs and GP practices to offer free support, advice, tools, training and resources regarding the early diagnosis of cancer. With the aim of improving outcomes for patients, Debra and Fiona's remit covers a review of practice cancer data, prevention and risk reduction, promotion of screening and support with audit, case review and safety netting.

Debra and Fiona are already working with practices in North West and Wallsend and are currently making contact with practice managers in North Shields and Whitley Bay. If you're a GP or Practice Manager and would like to find out more about the support available, please contact Debra Daglish in the first instance on: debra.daglish@cancer.org.uk or 07887 651 155.

## Introducing Dr Justine Norman and Research in General Practice

My name is Dr Justine Norman and I am the GP Engagement lead for Research in our area and I'm trying to coordinate research across our federation. I know that many of you are already research active or have been in the past. There are many opportunities to undertake Primary Care Research and these need not be onerous but enable practices to offer research to their patients and in addition receive financial remuneration for the work they do. You can do as much or as little research as you like. At present we have a couple of very straightforward research studies which would give you a good taste of what research is like, all you need is an interested GP and/or Practice Manager.

I would be really happy to meet any practices who were interested in finding out a bit more about the opportunities there are re Primary Care research in our area. Please contact me on justine.norman@nhs.net for further info.

I look forward to hearing from you

## Safe Places

A new scheme has been launched within North Tyneside which provides a network of Safe Places for any individual who feels vulnerable lost or afraid (who will usually sign up to be a **member** of the scheme). Any building can be a Safe Place; All Safe Place buildings are easy to recognise as they display the Safe Place logo in a prominent place. The staff within a Safe Place have been trained and know how to support someone who needs to use the Safe Places scheme.

Members of the scheme have an information card and a key ring which has the contact numbers of two trusted people. If you display the logo, then members in difficulty may come in and show you their card, and you are asked to contact one of these trusted people to come and pick up the individual who needs help.

GP practices and branches are already treated as Safe Places by many of the public. If you would like to sign up to display the logo, or for further details on Safe Places, please contact Anthony Howe on (0191) 6437057 or email anthony.howe@northtyneside.gov.uk

## Healthchecks Reporting Q1 and Packs Q2

Nearly all practices have now received their NHS Healthchecks packs. This means that you now have the leaflets, Cholesterol Point of Care testing equipment, test strips and so on to perform the new-style Healthchecks.

## Q1 (Apr – June)

you should report your (old style) healthchecks on the usual returns form, which Claudia has just sent out.

## From July onwards

Q2 (July – Sept) we will send out searches for your clinical systems to allow you to report on new healthchecks with minimum effort, without having to transcribe numbers.

When you check your report before submitting (end Sept), please make sure you record old-style healthchecks as well.

Some practices are still having problems with the Point of Care blood collection – the trick seems to be to get the blood to rise up the capillary tube on its own and you need a big drop of blood for this to work (some practices are having no problems at all!). It's all in the technique. The company (POCT) wants to talk to any nurses and HCA who are having trouble, Linda Pitchfork's number is 07813 695329. She will probably arrange to visit North Tyneside on 27 July at the same time as the Brief Interventions Training to check technique and give some practical advice.

## Brief Interventions Training

Training for Nurses and Health Care Assistants on giving brief interventions (smoking, weight, alcohol, etc) will take place on 27 July (10:30 – 4pm) at the Langdale Centre.

Please confirm attendance with David Fellows at Public Health, North Tyneside Council. He can be reached on 0191 643 5323 and david.fellows@northtyneside.gov.uk

# Tripartite strategy – get involved in your own future

Practices, the Federation, LMC and CCG put together a Primary Care strategy which says how we think services can best deliver population health. The strategy highlights four (interconnected) areas where we need to plan a way forwards – Access, Enhanced Primary Care Team, Specialist Services coming closer to Patients, and Prevention & Self Care.

The actual solutions may be different in different localities in North Tyneside, and practices need to get involved in this planning process. We had a BluePrint meeting on 29 June with representatives from each locality, backfill funded, and agreed that we need business cases to fund the development of the responses to each of these opportunities. For example, we may want out-of-hospital pathways for respiratory care which means commissioning (buying) a team of specialist nurses, some consultant support, education for GPwSIs, and clinical treatment rooms in practices. To design a new pathway takes resource (your time, my time, a project manager), and to get this resource we need to demonstrate that there's a return on investment (more cost savings to justify the investment in developing the new pathway).

This may seem like a lot of paperwork, but if we can't pay practices backfill, then it will be difficult to get the most experienced and valuable people into the room to plan the way forward. So I need to work out what it will cost in backfill and design time and produce a business case..

We'll bring some ideas from Blue Print meeting to Locality meetings. Please can you **have some ideas how you would like to take them forward**. Business cases need to be complete by September. Thanks for your help.

## Possible ACO and where TyneHealth fits in

North Tyneside CCG is asking GP Practices in North Tyneside (ie the CCG membership) to consider an ACO structure for the delivery of healthcare in North Tyneside.

We know that patients want continuity of care, and that General Practice is the right place to deliver continuity. We know that the volumes (GP Practices see around 1.3million patient contacts per year, compared with 350,000 in ambulance, A&E, Admissions, Day Care combined) mean that GP Practice registered list has to remain the largest component of a future health system, because it's the only affordable way to go forward.

Therefore TyneHealth is negotiating a form of ACO that we hope will be attractive to members, although it's still ultimately your choice whether to vote for or against.

The ACO is likely to be a board made up of members of separate organisations (Ambulance, Hospital, Mental Health, Primary Care, Adult Social Services) which can make decisions on pathways of care and threshold criteria. This will direct patients to the staff who can give them the best care, and the best care (especially preventative and self-care) is often also the lowest cost. We think it's highly likely that more care for patients will be received in their own GP practice, with appropriate transfer of resources whether it's Enhanced Services (payment per activity so the GP practice plans the staff and equipment needed) or Outreach teams from the secondary care providers and voluntary sector (GP practices provide a room).

It's difficult to give more details, not because of confidentiality, but because they haven't been decided yet. However other ACOs around England have come unstuck because they tried to decide their structure too early so North Tyneside is actually progressing very well.

## Transfer of activities from hospital

Many of you have already told me that you are overwhelmed with work – patients have more co-morbidities and need more chronic disease management and all within the same resources. To reassure practices that it isn't just you – in Kent and the South East, practices average 2,500 – 3000 patients per whole time equivalent GP, whereas in the North East it's 1,300 – 1,500 patients per GP. Actually in the North East GPs are working harder, because worse deprivation leads to 3 x the demand for GP appointments compared with better affluence.

Since practices get a very similar amount per patient wherever we are in the country, this means that some GPs are relatively comfortably paid, whereas others are not, as the costs for buildings and nurses and reception and insurance has to come out of the GMS and PMS funds.

To add to the workload, a whole lot of activities that used to only be done in hospital (pre-operation assessments, kidney function, post-operation checks, annual checkups post discharge, etc) are now being passed to practices. This would be fine if the funds followed and GP practices could employ more staff to take up the extra workload, but we've been alerted that a lot is being passed on to GPs without funding.

British Medical Association (BMA) has responded to this challenge with some template letters to advise the hospital that without funding, the practice cannot provide the extra activity. In North Tyneside, LMC and ourselves are negotiating with the hospitals to secure the funding that would enable us to deliver these services, which are of course more convenient for patients. The hospital has agreed to look at prices for a range of activities.

## Practice pharmacists

Many practices want to deliver an Enhanced Primary Care Team (see Tripartite Strategy, above) early, in other words to include a range of differently skilled professionals in the GP practice. Although a General Practitioner (GP) can do just about everything in General Practice, there aren't enough hours in the week (168 hours – it's hard to work all of them) nor enough GPs so it makes sense to bring in specialists in one or other aspect to free up some GP time for seeing the most complex patients.

The most obvious specialists to bring into GP practices are pharmacists, physios and counsellors. The physio contract is being reviewed by CCG (and they are likely to withdraw physios from most practices to concentrate them in just a few centres). However TyneHealth has circulated a proposal from PSS (Prescribing Support Services) who can run a team of pharmacists, managing the recruitment, supervision, career paths, standards etc, allocating a part of a pharmacist to a GP practice as required.

If you would like to know more, please contact Jill Wilson of PSS on jill.wilson@prescribingsupportservices.co.uk .

## Alternatives to practice merger

On one hand, we're being told that patients want continuity of care and an independent GP practice gives them this. On the other, we're told that the coming "voluntary contract" will only be available to super-practices, with more than 30,000 patients.

Does this mean that your practice isn't viable, if it's smaller? Should you merge with a neighbouring practice (at potentially huge expense and disruption), or go salaried and join a large employer?

There are a number of alternatives and approaches which involve working with neighbouring practices, which allow you to retain your autonomy and individuality, and at the same time get all of the benefits of scale such as proven practice, design once and implement in many places, shared staff. Patients keep the personal contact and continuity which has demonstrably led to better outcomes for chronic disease management; practices retain their individuality,

The GP Forward View suggests that the money coming into Primary Care will go up by around 1/3. This is hardly the time to sell up your practice and go salaried. But it's also likely that there will be a change of Secretary of State and Health Policy in the next few months, and this could detract from the super-practice model, which is why merging may be a step too far.

Any practice that thinks their current size is not optimal, please come and talk to LMC and/or ourselves. We can bring experience and negotiating skills, and act as a dating agency to get you in touch with similar-minded practices to associate with or simply continue to share proven practice and pathways to help reduce costs and increase income.

The usual piece of advice – if it looks too good to be true, it probably isn't. Unicorns don't exist and rainbows and puppies are in short supply in General Practice.

## Medication & new pathways

Some new medications are simply expensive – clinical evidence of benefit is limited and it's difficult to justify taking money away from the patients with a more common condition, to issue these meds to one person who might not actually benefit.

Medical knowledge and technologies, including medicines, are moving forwards all the time and at a phenomenal rate. We have meds that keep patients out of hospital, where the meds are hugely

expensive but they give better clinical outcomes for patients, a better experience (at home with friends and family), and the savings on hospital care more than pay for the meds.

NHS in general, and in particular NHS in North Tyneside is under huge financial pressure, and we need to justify expenditure on expensive meds by how much actual difference they are expected to make to secondary care costs. **If you have a medicines optimisation idea that you would like to see implemented, please ask TyneHealth to help you with a business case.**

## Date for next Shareholders' Meeting 13 September

Next Shareholders' Meeting is 13 Sept evening. You will remember that the one in April was a lively affair and some significant decisions were taken. The shareholders' meeting is an opportunity to review the direction of the Federation (although you can always talk to board members and discuss direction and progress) and to get together with fellow shareholders to set opinion.

We've invited Sintons, RMT and Lloyds Bank along to discuss the implications of practices associating in different ways.

## Queries and Comments

If you would like to know more, or want to speak to a board member, then please contact us

Board Members: Dr Kerry Burnett (Chair) (Park Road), Darren Berry (Woodlands Park), Dr Jane Derry (Collingwood), Karen Iliadis (Portugal Place), Les Miller (Appleby), Dr Jake Pearson (Whitley Bay), Hugo Minney (Chief Executive – based at Monkseaton)

### Contact

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