

CHIEF EXEC REPORT

We wanted to update you on everything that has been happening at GDoc. We have had a number of organisational changes. I was delighted to be appointed Chief Executive in November, in addition to my existing role as Clinical Lead. We welcomed Lisa Carey as a Business Development and Project Manager in the autumn. Lisa will have a particular focus on Gloucester, but also brings valuable expertise in communications, information governance and HR. Kate Walton has taken over Allen's role managing our finances; Allen will be retiring from his day to day work for GDoc, but I am pleased to say he will continue to support GDoc as the Chair of the Corporate Board.

There have been some changes to the Board. Robin Hollands has joined us as Cheltenham representative, bringing his wealth of experience in general practice and urgent care. We are also very pleased that we now have Mike Skene providing LMC representation on the Board. Patrick Holmes, Jon Unwin, Kesh Makhecha and Julia Tambini (once a replacement has been found) will be stepping down as directors. Patrick, Jon, Julia, Kesh and Allen have been at the core of GDoc's success, along with the other original directors. There would be no GDoc without their energy and commitment; we are extremely grateful for everything they have done. If you are interested in representing Gloucester, Tewkesbury, South or North Cotswolds on the Board, please let me know.

GDoc's work will be changing radically, with the end of the GP Access Fund (Choice+) contract in March. Our business managers have been working closely with clusters to help them deliver improved access from April. Unfortunately, the end of GPAF contract means that a number of services that were funded through it will no longer be funded for the county as a whole – including the current GDoc nursing service and business support. However, we are still able to offer these services to individual practices and clusters in a directly commissioned and paid for option: please contact your local business manager for more information.

GDoc is developing new services. Since October, we have been providing GPs in the Emergency Department of GRH. This has proved highly successful and we are looking at how this might be extended. We are also looking at opportunities for planned (elective) care in a number of specialities, including dermatology, gynaecology and ENT. Within GDoc, we are also developing our offer to practices, including help with recruitment, payroll and financial planning.

GDoc's aim is to support primary care in as many ways as possible. We will be attending the locality meeting on 21st February to hear from you. We are also happy to come out to your practice or cluster to discuss how we can help.



NEW WEBSITE!

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www.gdoc.org.uk

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"I have been very impressed at the new team's professional approach. The team has taken on a lot of prescription related duties that our trained staff were performing, but were overloaded. Since our involvement, the practice team have been able to concentrate on more complicated duties and are beginning to relieve the administrative burden of the GPs in the practice. I have been encouraged by the new team's helpful response to our contacts with them."

DR STEPHEN ALVIS, GP PARTNER, CAM AND ULEY FAMILY PRACTICE

PRESCRIPTION ORDERING CENTRE (POC)

GDoc was commissioned by the Berkeley Vale Cluster to set up and run a new pilot Repeat Prescriptions Ordering Service. GDoc sourced the location and equipment, set up all the systems and processes and employed the team to provide the service. This was achieved through working closely with a CCG Medicines Optimisation Team Lead to ensure the correct procedures were followed to achieve desired outcomes, such as waste reduction.

The Berkeley Vale (BV) POC went live on Monday 10 April 2017. The service commenced with two practices, Acorn and Walnut, and has subsequently increased the service level to include Marybrook Surgery from 22 May 2017 and Cam and Uley Family Practice from the middle of August. This represents four of the six practices within the BV cluster.

Unlike other national schemes which mainly handle telephone requests, the POC team handle all telephone, electronic, paper, voicemail and, in some cases, large nursing home requests, which can be quite complex. Work is now being undertaken

"I used the service recently for two items that I only order about once a year, a nasal spray and eye drops. I found the team very helpful, letting me know that they would need to check with my GP, but that this was unlikely to cause any delay. They also asked if I would like it left at the local chemist and knew which chemist I used, although I do not have regular prescriptions. They told me it would be there the following week and when I called at the chemist they had one item in stock and the other had just come in."

The system worked very effectively for what is not a run of the mill prescription. Had I collected the prescription from the surgery, I would probably have had two visits to the chemist, whilst they ordered in the item that they did not have in stock. My thanks to the prescription team."

PPG MEMBER, WALNUT PRACTICE

to streamline processes to enable the final two practices of Chipping and Culverhay to join the scheme.

So far results have been good. Savings have been made through waste reduction and the team have freed up staff time in the practices to support GPs with other work, such as clinical correspondence. Patients have also reported being happy with this new approach.

GDoc's thanks go to the team, which has shown immense dedication and hard work in getting the service up and running extremely well.

FEEDBACK

We are always keen to receive feedback in respect of the services and support we provide, so please get in touch and let us know what you think gdoc@nhs.net or complete the contact us page on the website.



GP IN ED

In October 2017, NHS Gloucestershire CCG asked GDoc to help with the provision of GPs in the Emergency Department of Gloucestershire Hospitals NHS Foundation Trust. This followed a pilot to test whether this would help alleviate some pressure on the system and is linked to a national initiative.

GDoc worked with the hospital to guide interested GDoc GPs quickly through the robust recruitment process enabling them to work shifts in the Emergency Department. Some local GPs already involved in the pilot wanted to continue, so we ensured shifts were available to them. GDoc prides itself on the speed of its response to requests. We were able to turn this piece of work around at pace and get the first GPs into the department within a matter of days.

GDoc is now regularly covering shifts ten hours a day, seven days a week, with additional cover provided during busy periods, such as weekends.

Statistics indicate that this work is already making a difference to waiting times and is assisting the Trust in meeting its national targets.



We are always recruiting for experienced locum GPs, ANPs and Countywide Nurses with Specialist Interests.

Please see our website or www.jobs.nhs.net for up to date vacancies.

UPDATE

Offering same day urgent primary care appointments was a key element of GDoc's successful GP Access Fund bid. The Choice+ service was rolled out across the whole of Gloucestershire under a phased approach. Formally launched during April 15, to date Choice+ has delivered over 185,000 appointments from 23 different locality 'hubs'.

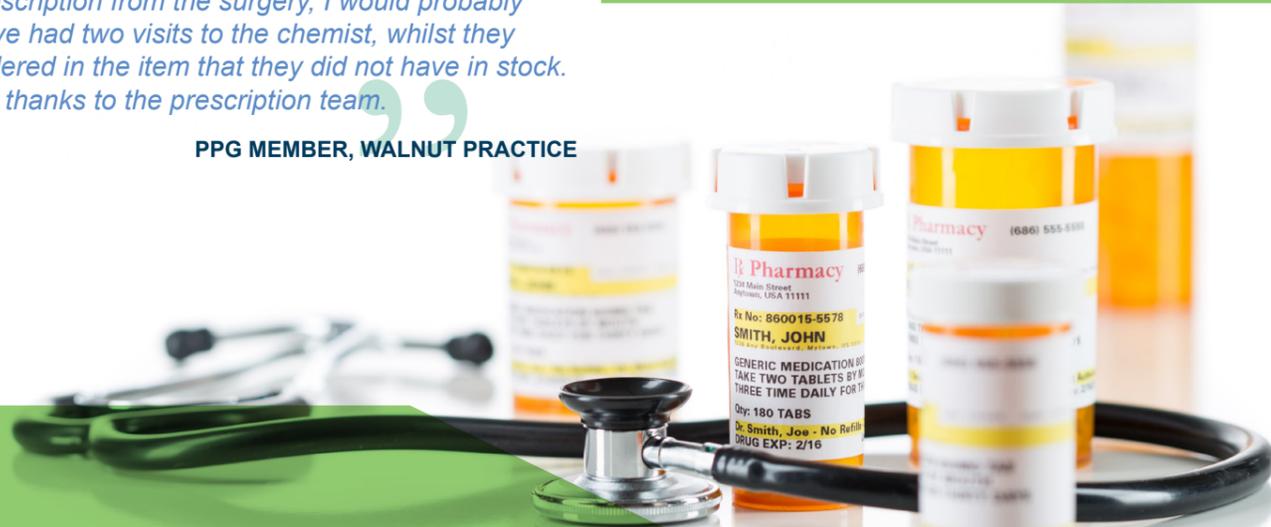
Implementing the service was not without its challenges. Where to host Choice+ hubs, particularly in the more rural localities, to ensure equality of access for patients proved difficult. Building up a sufficient pool of doctors to meet the scheme criteria set by NHS England also took time.

However, despite these challenges the service has continued to grow. In Financial Year (FY) 15/16 approximately 30,000 appointments were offered, rising to a peak of over 66,000 in FY 16/17. Changes to the service during the current financial year, allowing the introduction of Improved Access pilots by the clusters, has resulted in a reduction in the expected levels of service. Despite these changes Choice+ has offered over 44,000 appointments in the FY to December 17.

Throughout the life of the service Choice+ appointment utilisation has been very good. The current figure of 82% exceeds the National Scheme average and patient feedback has also been excellent. Within the year to date, 97% of patients described their experience of the service as 'Very Good' or 'Good'.

Looking ahead, Choice+ appointments will continue to be offered until the end of March 18 providing improved access to primary care appointments during weekdays and at weekends until 8pm. In addition GDoc are looking to extend access for NHS 111 Direct Booking, as the service was introduced over the festive period with some success. Offered initially at GHAC in Gloucester, the aim is to expand Direct Booking into Choice+ hubs in both Cheltenham and Stroud.

Into the next financial year, whilst there is always some uncertainty, it is likely that Choice+ will continue but focus more specifically to meet the demands of patients and practices for county-wide provision during Weekends and Bank Holidays. Notwithstanding this uncertainty, it would be reasonable to conclude that Choice+ has laid a solid foundation for Improved Access services in Gloucestershire. GDoc hope the experience and skills gained over the last few years can be used by the clusters to inform and assist Improved Access for the future.



PRE DIABETES EDUCATION GROUP PILOT FOR THE NURSING SERVICE

Pre diabetes currently affects around 7 million people in the UK (DUK 2009).

To check for Pre diabetes a patient's Hba1/HbA1c level can be measured by doing a simple blood test. Pre diabetes is described as an Hba1/HbA1c of between 42mmol/l and 47mmol (NICE 2012). The Health Survey for England (2015) estimated that approx. 5 million people (10.7%) of the English population are at increased risk of Type 2 diabetes with HbA1c levels falling into this category. This places these individuals at high risk of developing Type 2 diabetes when the levels rise above 48mmol (NICE 2012).

Although it is well documented that the risk factors include age, family history, genetic factors, ethnicity and gestational diabetes, the most common risk factors include; obesity, large waist circumference and lifestyle issues.

NICE (2012) recommends that the identification of pre diabetes and intensive lifestyle advice be used to contribute towards the prevention of Type 2 diabetes and reducing the potential risks of the complications such as heart disease, stroke, amputations, eye and kidney problems.

Education and knowledge is key to empowering people with pre diabetes to take steps to reduce the risk of going on to develop Type 2 Diabetes.

Therefore, GDoc have run the first of 2 education sessions for patients at Rendcomb Surgery, on 7 September 2017. Patients were invited to have an HbA1c blood test prior to the session and then attend the education session to discuss;

- What is pre diabetes and how it can develop into Type 2 diabetes
- Risk Factors
- Actions to reduce the risk i.e. diet and activity
- Goal setting

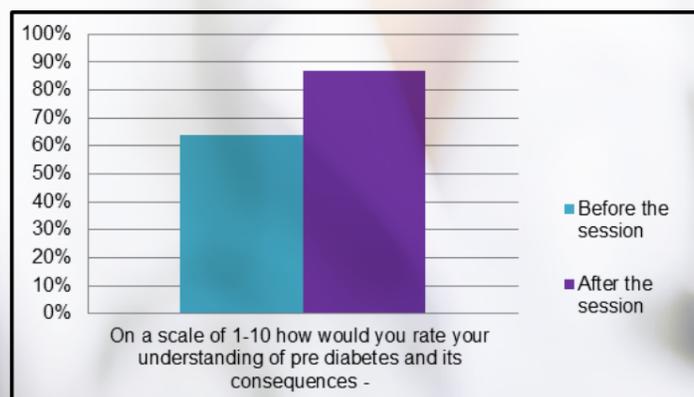
GDoc will be undertaking a follow up session in 6 months' time when the HbA1c blood test will be repeated and patients invited back to discuss their progress.

Please see graph for initial feedback regarding the understanding of knowledge before and after the first session.

Di Kalus GDoc Nurse with a Special Interest in Diabetes

References

DUK Preventing the Type 2 diabetes epidemic: October 2009 - Diabetes UK, Public Health England (2015) NHS Diabetes Prevention Programme (NHS DPP) Non-diabetic hyperglycaemia. Produced by: National Cardiovascular Intelligence Network (NCVIN) NICE 2012 T Type 2 diabetes: pre type 2 diabetes: prevention in people at high risk



NURSING SERVICE

Just a reminder to you all that as of 1 April 2018 the GDoc nursing service will no longer be funded by the GP Access Fund.

From April we are looking at new ways of working and GDoc would be very keen to hear from anyone regarding nursing support after this time.

We have a range of nurses with extensive skills, from diabetes, sexual health, CVD, general to respiratory, so please do get in touch on **01452 389302**

Above is an example of an innovation and prevention pilot we ran in September 2017;



GENERAL UPDATE

We have recently undertaken a complete review and revamp of our company website. It now contains a lot more information about GDoc Ltd, who we are, what we do, how to contact us, meet the team, find your local practice etc. Website address is

www.gdoc.org.uk

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VISION

With the end of the GPAF contract in March we enter uncertain times ahead, but are confident we can continue to add value as the only GP county-wide provider. There are many challenges facing primary care, with increasing demand and scarce resources in terms of staff and continuing pressure on NHS funding.

Forming geographical clusters has given our member practices great opportunities to work together and the injection of funding the Improved Access scheme provides will allow them to work at scale and pilot innovative approaches. We want to continue to support innovation and help relieve some of the pressures on the overall local system.

The NHS nationally is constantly changing and Gloucestershire is no different. Many threats could negatively impact primary care, such as new digital approaches being offered by private companies that could potentially impact the funding for practices in terms of their younger, fitter patients, who may find these applications attractive. There is the threat of being

squeezed out by larger providers and the competition grows even bigger and greedier.

There are also opportunities, which clusters could capitalise on, if they had the headspace to horizon scan and spot them, and the time, expertise and support to develop business plans and the resources to implement them. This is where GDoc could help. The team has a broad range of skills and experience built over many years, both in private industry and the public sector, including at senior level across NHS organisations. The GDoc team is passionate about primary care and supporting member practices and clusters to deliver high quality, sustainable services that serve the needs of local patients.

THE SERVICES THAT WE CAN SUPPORT YOUR PRACTICE WITH ARE AS FOLLOWS:-

- Improved Access
- Back Office Support
- Human Resources
- Recruitment and Selection
- Project Management
- Business Development
- Marketing
- Communication and Engagement
- Patient and Public Involvement
- Administration
- Directly Commissioned Services
- Nursing Services

You will read some examples of our work throughout the newsletter. Do please get in touch if you need our help or would like us to present to your cluster on how a county-wide provider, such as GDoc, can support you to achieve your ambitions.



GP TELEPHONE SUPPORT TO THE RAPID RESPONSE TEAM

GDoc has been supporting Gloucestershire Care Services' Rapid Response Team for the past two years. The Rapid Response Team (RR) aims to assess a patient within a defined time (often one to four hours) of a GP or other Health Care Professional referral.

The criteria to access the service is based on an unexpected clinical event or crisis requiring an urgent care clinical response provided by an appropriately skilled practitioner. The clinical care interventions are typically carried out over a period of up to 48 hours providing intensive support that would otherwise be delivered in hospital. RR also support early hospital discharge and are able to continue supporting people at home with complex clinical health needs.

The RR Clinical Advice Line, provided by GDoc has been operating since January 2016 providing clinical telephone support to RR teams for all GP localities within Gloucestershire. The service operates from 7-9pm Monday to Thursday and 6pm – midnight Friday and 8am-midnight Saturday, Sunday and bank holidays. The RR team have welcomed the support, as it gives them immediate access to a GP over the phone, rather than having to wait, sometimes hours for a call back. GDoc also invested in near-patient testing equipment for the team, which has proved invaluable, particularly in cases of suspected sepsis.

The objectives of the Advice Line are to provide:

- clinical support to RR practitioners in decision making, specifically around the use of diagnostics
- guidance on diagnostics; accessing/ordering/interpreting test results
- support with differential diagnosis
- clinical advice on complex patients, onward referral and admission to acute hospital when the registered GP is unavailable
- expert advice in complex care planning when the registered GP is unavailable

All the GPs providing this service are highly experienced in urgent care and the management of patients with complex healthcare needs. This experience, along with their expert ability to assess risk, enables them to effectively support the RR teams to treat patients safely at home without the need to admit them to hospital. This is better for the patient, relieves pressure on the system and is more cost effective. In addition, due to the way in which the service is managed, the team generally speak to the same GP over the extended period, where the registered GP is unavailable, providing continuity of support.

Pilot data collected up until May last year, showed that the service had, at that time, prevented over 186 admissions, which was considered a conservative estimate, and had aided prompt admission when this was appropriate. This has been shown to reduce length of stay.

Up to date evaluation of the service is now being conducted and it is hoped the service will continue from April 18 if appropriate funding can be sourced.

USEFUL RESOURCES

NHS Gloucestershire CCG

<https://www.gloucestershireccg.nhs.uk/>

Care Quality Commission

<http://www.cqc.org.uk/>

NHS England

<https://www.england.nhs.uk/>



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