



# The infrastructure of general practice

ST1

COLLATED FOR YOU BY THE LANTUM GP COMMUNITY

ST1 – THE INFRASTRUCTURE OF GENERAL PRACTICE

# Overview

- Apps
- Infrastructure of general practice
- Key organisations
- How to get involved
- Setting up for the next three years
- The future of general practice

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# Support each other

- Whatsapp groups
- Encrypted and secure
- Peer support
- Debrief job related frustrations
- Sharing useful information to make working life better
- Organise MRCGP prep

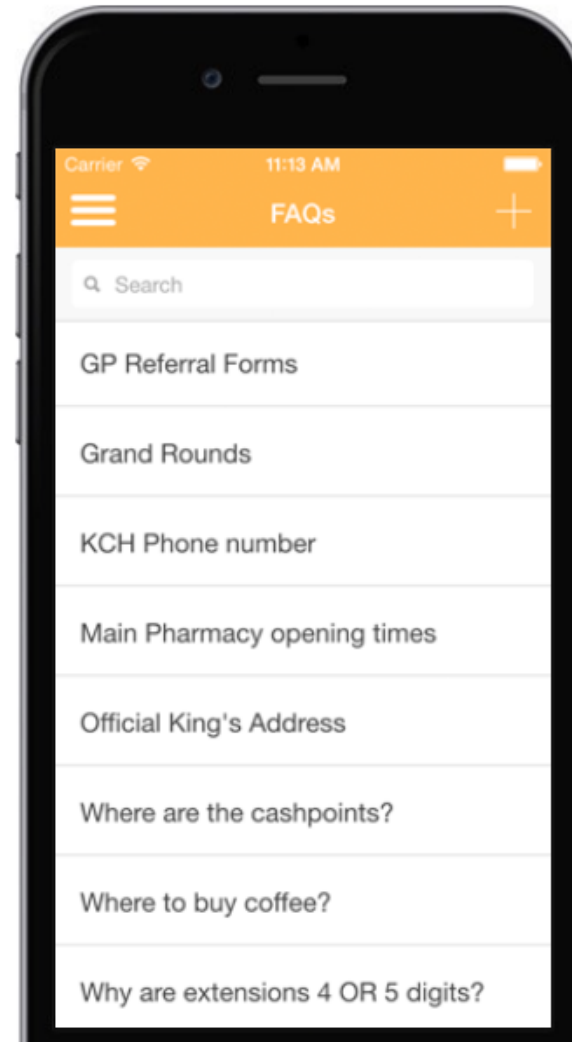


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# Induction App

- Free app that gives 24,000 healthcare professionals a month the information they need to work in any UK hospital
- Ward and office telephone numbers
- Fast beep info
- Where to get coffee!
- E-Induction information
- Developed by podmedics

[WEB VERSION](#)



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# MedShr

- Discover and discuss medical images & cases
- Share knowledge with verified members
- Expand your professional network
- Help make a difference
- 150,000 members
- 12,000 GP members
- Developed by doctors for doctors



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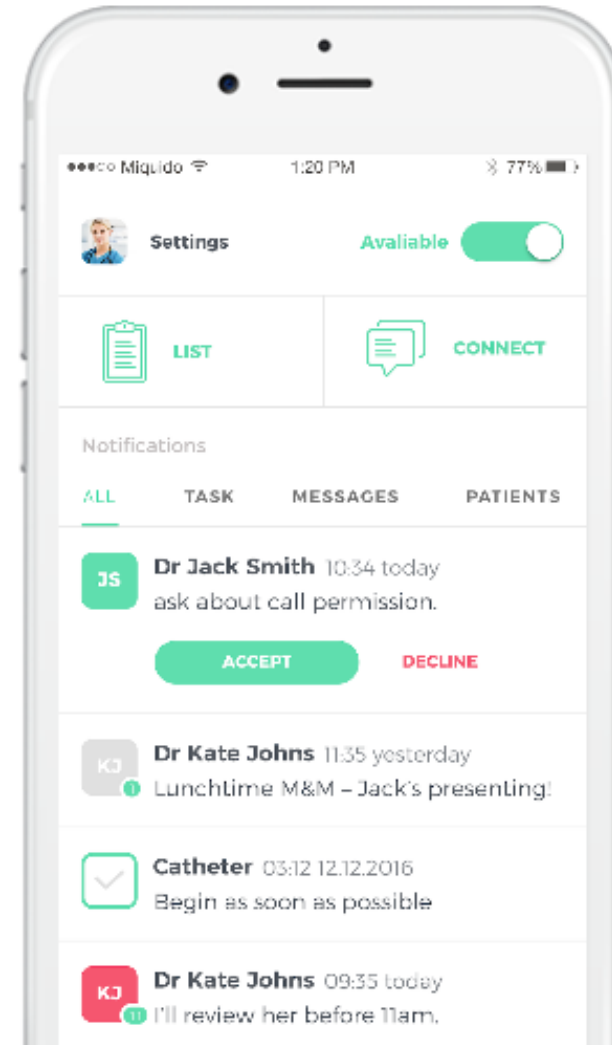
# Forward App

Forward seeks to make bleeps, switchboards and paper handover lists a thing of the past, freeing up doctors to do the things that really matter.

To communicate, clinical teams use a combination of bleeps & the switchboard, physically locating colleagues, and non-secure instant messaging. Inefficiencies across these channels frequently result in wasted time of more than 1 hour per doctor per shift.

This app facilitates efficient and timely communication within healthcare teams.

See your most urgent tasks, most recent messages, and any changes to the patients in your care.



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# History

- Independent General Practice partnerships
- Minimal collaboration
- Independent contractors
- Lack of integration with other Primary and Secondary Care services



## Recent years

- Increased workload – multi-morbidities, older population
- Increased patient demand
- Increased emphasis on community lead care e.g. diabetes
- Increased administration/complex finances/Network plan/QOF
- Practice managerial role too big
- Traditional model not able to cope
- NHS/CCG cost cutting
- Increased GP “burnout”

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# GP Population

- Older GP workforce – early retirement
- Not enough GPs in training
- GP as an attractive speciality – 10 years ago huge demand for jobs, now minimal.
- How to cope with new demands?

# GP Workforce

- Full-time GP numbers in England fell almost 2% in 2015, official estimates show, leaving the government facing an uphill battle to reach its target of recruiting and retaining an extra 5,000 GPs by 2020.
- GP leaders warned that the data showed the extent of the crisis facing general practice in England, with doctors retiring early to escape unmanageable workload.
- In 2015 there were 34,055 full-time equivalent GPs in England excluding locums, down 657 (1.9%) from the 2014 estimated total, data from the Health and Social Care Information Centre (HSCIC) show.

# GP Workforce

- Full-time GP numbers excluding locums, retainers and registrars fell even faster - dropping 3.2% to 29,271 in 2015 - a fall of 980.
- Headcount figures showing the total number of GPs in England - excluding locums - also fell to 40,697 in 2015, down 408 (1%) from 2014, the HSCIC data reveal.
- **GP recruitment**
- Despite the RCGP hailing a surge in GP trainee recruitment in 2016 as evidence of a 'turning tide' in GP recruitment, the latest official data are a blow to health secretary Jeremy Hunt's pledge to recruit and retain 5,000 extra GPs by 2020.

[READ MORE](#)

- GPs want fewer sessions as “full time”, “portfolio careers” and job flexibility.
- Emigration – Burnout - Retirement
- Affects patient care and satisfaction also ... “workload crisis” for GPs



**‘...greater control of their health and their wellbeing, and to be supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly-improving...’**

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# NHS England

- Leads the NHS, sets the priorities and direction
- Encourages and inform the national debate to improve health and care
- Shares out over £100 billion
- Holds organisations to account for spending this money effectively for patients and efficiently for the tax payer.
- Commissioning of health services
- Commission the contracts for GPs, pharmacists, and dentists
- Support local health services that are led by Clinical Commissioning Groups (CCGs).
- CCGs plan and pay for local services such as hospitals and ambulance services.
- Prevention, identifying and delivering improvements in health care
- Redesigning the NHS so it continues to meet the needs of patients
- Ensuring financial sustainability and engaging the public in this whole process.

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# NHS England

**Medical Director: Sir Bruce Keogh**

**Director for Primary Care: Dr Arvind Madan**

- A strategic vision for the NHS, along with partners in health, called the Five Year Forward View
- Believe in health and high quality care for all, now and for future generations.



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# Clinical Commissioning Groups

- Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts (PCTs) on 1 April 2013
- Clinically-led statutory bodies responsible for the planning and commissioning of health care services for their local area
- 209 CCGs in England
- Responsible for healthcare commissioning such as mental health services, urgent and emergency care, elective hospital services, and community care;



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# Clinical Commissioning Groups

- Independent, and accountable to the Secretary of State for Health through NHSE
- Responsible for the health of populations ranging from under 100,000 to 900,000, although the average population covered by a CCG is 250,000

NHS England has three roles in relation to CCGs:

- NHSE has a responsibility to assure themselves that CCGs are fit for purpose, and are improving health outcomes
- NHSE must help support the development of CCGs
- NHSE are also direct commissioners, responsible for highly specialised services and in some cases primary care.

# Clinical Commissioning Groups

- Statutory role to improve the quality of outcomes for the patients they serve; whilst improve the quality of primary care
- Membership bodies, with local GP practices as the members
- Led by an elected Governing Body made up of GPs, other clinicians including a nurse, secondary care consultant and lay members
- Responsible for approximately 2/3 of the total NHS England budget (£71.9 billion in 2016/17).

# What is Commissioning?

- Commissioning is about getting the best possible health outcomes for the local population, by assessing local needs, deciding priorities and strategies
- Buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc.
- It is an ongoing process, and CCGs must constantly respond and adapt to changing local circumstances
- Responsible for the health of their entire population, and are measured by how much they improve outcomes.

# What is Commissioning?

- A number of CCGs have now taken on either full or joint responsibility alongside NHSE
- As co-commissioners, CCGs work with NHSE's Regional Teams to ensure joined-up care.
- Co-commissioning is recognition that clinical commissioning groups (CCGs):
  - harnessing clinical insight and energy to drive changes in their local health systems
  - hindered from taking an holistic and integrated approach to improving healthcare for their local populations
  - lack of say over the commissioning of both primary care and some specialised services
  - unable to unlock the full potential of their statutory duty to help improve quality
- The FYFV advises the introduction of co-commissioning as an essential step towards expanding and strengthening primary medical care

# What is Commissioning?

- All London CCGs have signed up for Level 2 co-commissioning
- As there is no single national solution NHSE is giving CCGs the opportunity to vote for Level 3:
  - proposing even more GP influence over the wider NHS budget
  - enabling a greater shift in investment from acute to primary and community
- GPs currently feel conflicted in specific decisions about primary care commissioning, managing perceived and actual conflicts of interest
  - contracts would be held by the CCG!
  - requires trust and cohesion

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# Local Authorities

- Local Authorities are now responsible for Public Health
- CCGs work closely through Health and Wellbeing Boards
- Achieve the best possible outcome for the local community
- Developing a joint needs assessment
- Strategy for improving public health.

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# British Medical Association

- BMA is the trade union and professional body for doctors in the UK
- **Employment advice** – Offers with specialist advice on issues such as contracts, pay and discrimination
- **Work-life support** – Gain access to resources, advice and support
- **Career development**

# General Practitioners Committee

- The BMA general practitioners committee (GPC) is the only body which represents all GPs in the UK
- It deals with all matters affecting NHS GPs, whether or not they are BMA members
- Steps to address trainee pay have been approved following a meeting between the BMA, NHS England and HEE (Health Education England)
- They include the development of an HR advice service to assist practices to calculate pay and identify unpaid trainees.
- Chair: Dr Chaand Nagpaul



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# Junior Doctors Contract 2016

- The 2016 contract came into effect on 3 August 2016.
- Phased implementation timetable from October 2016
- Safer and fairer for doctors and dentists in training and for patients.
- In addition to the protections offered by the WTR, the proposals provide safeguards on working hours and patterns.

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# GP Current Issues

- Capita service failure
- LMC support for GP integration
- NHS111
- Proactive support for vulnerable practices
- Safe working
- GP workforce 10 point plan

# GPC Sessional Subcommittee

- Provides national representation for all salaried and locum GPs:
  - consider all matters of interest for salaried and locum or freelance GPs
  - lead on all GPC issues that primarily affect sessional GPs
  - respond to relevant consultations affecting sessional GPs
- Key issues for sessional GPs:
- **Top tips for working out of hours (OOH)**  
Helpful tips and be aware of the benefits and the pitfalls of working out of hours.

## WORKING OOH TIPS

- **Sessional GP contracts**  
Offers support on all aspects of your contract, from locum pension contributions to the model contract for salaried GPs.

# Local Medical Committee

- London wide LMC is the clinically led independent voice of GPs in the capital
- Aim to secure the future of general practice in London through working with all partners in the health and social care sector and beyond
- LMCs supports and represents over 7,000 GPs and over 1,300 practices in London through 27 locally elected committees
- Stable part of the NHS landscape
- Provide independent advice, guidance and support on a range of issues that affect general practice
- The only independent, elected, representative body for local GPs.

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# LMC

### **Leading**

- Continually improving leadership within in Londonwide LMCs, local LMCs and promoting excellence in General Practice.

### **Representing**

- Putting members, their profession and their customers at the core.

### **One Organisation**

- Championing collaboration and building strong relationships that enable robust delivery.

### **Integrity**

- A trusted partner, with a sound reputation for honesty and clarity.

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# LMC

London wide LMCs' team provides support on three main levels:

### **1. London wide**

- Ensure London GPs and their practices have access to the information and support to help them provide the best possible service to their patients
- Key strategic delivery partner influencing the capital's health and social care landscape
- Stakeholder and advocacy support - raising contractual and strategic issues on behalf of LMCs and GPs across the capital with local authorities, the Mayor and London Assembly, Parliament, bodies such as HSCIC (Health and Social Care Information Centre) and CQC (Care Quality Commission), and commissioners including NHSE

# LMC

## 2. Locally

- Negotiate at local and pan-London levels to seek agreements that help practices and primary care management organisations to work together to improve patient care.
- Split into three sectors: North Central and North East (Barnet, Camden, Enfield, Haringey, Islington, City and Hackney, Newham, Redbridge, Tower Hamlets, Waltham Forest), North West (Brent, Ealing, Hammersmith and Hounslow, Harrow, Hillingdon, Kensington, Chelsea and Westminster) and South (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Merton, Sutton and Wandsworth, Southwark)
- Each committee consists of Chair and Vice Chair roles as well as elected members. GPs who work in an LMC area are eligible to stand for election to the committee covering their place of work.
- Committees are often supplemented with co-opted members with special interests, GP trainees and colleagues from other professions within the practice team such as practice managers and general practice nurses.
- LMCs tend to meet bi-monthly but a significant amount of work is led by members, local GPs and staff from Londonwide LMCs outside of meetings. LMC members often meet with CCG (Clinical Commissioning Group) boards, public health leads at local authorities as well as local councillors and MPs.

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# LMC

### **3. Individually**

- Support for individual GPs who may be experiencing problems at work through our GP Support team made up of expert advisors and practising GPs
- Training for practice staff through Londonwide Enterprise Ltd (LEL) subsidiary.



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# Health Education England

*General practitioners who choose to work in London will have opportunities to develop and grow their skills throughout their working lives.*

## **London School of General Practice**

- Synapse
- Working with RCGP

## **London Specialty School of General Practice**

- Improve the quality of patient care by supplying doctors who are educated, trained and motivated to play their part in a first-class modern health service
- Sufficient numbers of competent and caring general practitioners to meet the diverse needs of the local population and the NHS both now and in the future.

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# RCGP

- Professional membership body for family doctors in the UK and overseas
- Improving patient care, clinical standards and GP training
- Online learning environment
- CPD and Revalidation
- Quality Improvement Guide
- InnovAit
- British Journal of General Practice
- Chair: Dr Helen Stokes-Lampard



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# Indemnity

Doctors require a complete service designed offering advice, support and protection, at whatever point you are at in your career.

- MDDUS
- MPS
- MDU

# General Medical Council

- **Independent organisation that helps to protect patients and improve medical education and practice across the UK.**
- Support doctors in achieving and exceeding those standards, and take action when they are not met.
- Decides which doctors are qualified to work in the UK and oversees UK medical education and training.
- Prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

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# General Medical Council

- Managing the UK medical register
- Investigating and acting on concerns about doctors
- Helping to raise standards through revalidation

# Care Quality Commission

- CQC ensures health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage them to improve
- Making sure services meet fundamental standards that people have a right to expect whenever they receive care
- Registering care services that meet our standards
- Monitoring, inspecting and regulating care services to make sure that they continue to meet the standards.
- Protecting the rights of vulnerable people, including those whose rights are restricted under the Mental Health Act.
- Listening to and acting on your experiences

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# Care Quality Commission

- Involving the public and people who receive care in our work and working in partnership with other organisations and local groups
- Challenging all providers, with the worst performers getting the most attention.
- Making fair and authoritative judgements, supported by the best information and evidence
- Taking appropriate action if care services are failing to meet fundamental standards of quality and safety
- Carrying out in-depth investigations to look at care across the system
- Reporting on the quality of care services, publishing clear and comprehensive information, including performance ratings to help people choose care.

# Current Picture

## Finance

- Reduced by 0.8% in real terms since 2008/09 (compared with 12.3% increase in acute)
- Reversed recently under NHS England by 2.7% (14/15), 4.1% (15/16) and 4.4% (16/17)

## Patient Satisfaction

- 4 in 5 patients got same day appointment (if they wanted one)
- 8% found it difficult to get a convenient appointment
- 1 in 20 patients describe experience of care as poor



# Current Picture

## Performance

- CQC 87% practices rated good or excellent of the practices inspected so far
- On Primary Care Web Tool - 20% practices require review and 30% approaching review

## Workload

- Workload volume and complexity increasing in several recent studies

## Morale and Workforce

- Morale lowest since 2001 when records began
- 35.3 % of GPs intend to quit in the next five years (up from 21.9% in 2010)
- For the over 50s, the figure has gone up to 60.9% (up from 41.7% in 2010)

# Changing Times

## **NHS has dramatically improved over the past fifteen years.**

- Cancer and cardiac outcomes are better
- Waits are shorter
- Patient satisfaction much higher
- Progress has continued even during global recession and austerity thanks to protected funding and the commitment of NHS staff
- Quality of care is variable, preventable illness is widespread, health inequalities deep-rooted
- Patients' needs are changing
- New treatment options are emerging
- General practice faces particular challenges in areas such as mental health, cancer and support for frail older patients.
- Service pressures are building in primary care.

# Partnership Model

- 2009 – 69% all GPs in England Partners, 20.5% Salaried
- 2015 - 55% partners, 24% salaried
- Large numbers giving up partnerships
- ?Not popular
- Survey of 573 partners:
- 51% partners would consider becoming salaried
- 54% do not think the partnership model of GP will exist in 10 years
- 10 years ago large competition for partnerships/now many vacancies

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# Multi-specialty community provider

- MCP model framework available now
- Full contract Sept 2016
- Launched April 2017
- Neighbourhood units 30,000 – 50,000 smallest ? > 100,000
- Local 10-15 year contracts

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# Vertical integration

“A further new option will be the integrated hospital and primary care provider – **Primary and Acute Care Systems** – combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.”

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# Community Care

- Emphasis on community led care: diabetes, dermatology, musculoskeletal, urology, gynaecology, ENT
- Cheaper
- Closer to home
- CCG incentives to decrease hospital referrals and unplanned admissions
- ? Delaying tactic...CCG incentives

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# New models of care: GP Federations

- A GP federation is a group of GP practices that decide to collaborate to provide improved access and quality whilst reducing variation in general practices' services.
- E.g. Hammersmith & Fulham GP Federation formed: Out of Hospital Contracts, CEPN, Diabetes nurses, HENWL
- 90% of London's population covered by a federation
- 58 Federations

# Practice Mergers

- Rise of the “Super-practice”
- ?  $\geq$  100,000 patients
- MCP/ACO
- **New care models – vanguard sites**
- In January 2015, the NHS invited individual organisations and partnerships to apply to become ‘vanguard’ sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services.

## NHS 5 YEAR FORWARD

- In March, the first 29 vanguard sites were chosen. There were three vanguard types – integrated primary and acute care systems; enhanced health in care homes; and, multispecialty community provider vanguards.

## ACUTE CARE SYSTEMS

## HEALTH CARE HOMES

## MULTISPECIALTY COMMUNITY



# Vanguards

- In July 2015, eight urgent and emergency vanguards were announced.

## 8 URGENT VANGUARDS

- In September 2015 a further 13 vanguards were announced – known as acute care collaborations – they aim to link local hospitals together to improve their clinical and financial viability.

## ACUTE CARE COLLABORATIONS

- The 50 vanguards were selected following a rigorous process, involving workshops and the engagement of key partners and patient representative groups.
- Each vanguard site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

## GP Forward View

- Supporting the increased use of technology
- Supporting new models of care in vanguard sites, to spread innovative solutions, and the development of a voluntary MCP contract for larger GP groups and community health services;
- Improving the interface between hospitals and general practice, beginning with changes to the NHS Standard Contract from April 2016;
- Continuing to make capital investments, with the estimated likely capital investment over the next five years to reach over £900 million;
- Bringing forward proposals to tackle indemnity costs; and
- Reducing the frequency of CQC inspection for good and outstanding general practices, whilst continuing to protect patients and drive up quality.

**“Taken together, these measures represent the most far-reaching support offered to general practice in a decade.”**

# Sustainability and Transformation Plans

As part of the Five Year Forward View, every health and care system in England has been asked to create their own local place-based plan for the next five years.

These are referred to as Sustainability and Transformation Plans or more commonly as STPs.

Key facts about STPs

- They are place-based plans, which cover an entire health and care system rather than a single organisation
- They are multi-year, which cover the period from October 2016 to March 2021
- Each footprint has been asked to identify 3-5 critical decisions to prioritise
- They are umbrella plans that cover a range of delivery plans, different geographies and types of services
- The plans must show how they will achieve sustainable financial balance by 2021
- The plans are expected to set out how the local area will implement a number of national priorities, such as seven day services, improving cancer outcomes and a paperless NHS.

# Sustainability and Transformation Plans

## **The health and well-being gap**

- the need to start prioritising prevention to address health inequalities and reduce avoidable illness.

## **The care and quality gap**

- to use technology effectively and reshape care delivery to reduce the variations in quality and outcomes of care.

## **The funding and efficiency gap**

- to ensure that additional funding for the NHS is used to make it more efficient and eventually financially sustainable.

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# Stabilise our profession

- The foundation of NHS care will remain list-based **primary care**.
- Given the pressures they are under, a 'new deal' for GPs is needed.
- Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years.
- GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services.

# Future Opportunities

- NHS organisations will need to act coherently together
- Provide **meaningful local flexibility** in the way payment rules, regulatory requirements and other mechanisms are applied.
- Diverse solutions and local leadership, in place of the distraction of further national structural reorganisation
- New options for the workforce, and raise our game on health technology – radically improving patients' experience of interacting with the NHS.
- Improve the NHS' ability to undertake research
- Apply **innovation** including new 'test bed' sites for worldwide innovators, and 'green field' sites where **completely new** services will be designed from scratch.

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# Future Opportunities

- NHS practitioner Health Programme
- The NHS Practitioner Health Programme is a free and confidential NHS service for doctors and dentists with issues relating to mental or physical health concern or addiction problem
- Headspace
- Mindfulness for doctors

[PHP NSH](#)

[HEADSPACE](#)

[MINDFULNESS FOR  
DOCTORS](#)

# Resilience and avoiding burnout

- Look after yourself!
- Stay interested and interesting
- Keep the passion and the lesson
- Talk to your educational supervisors and programme directors
- Engage with your peers
- Facebook group: Resilient GP
- Balance: 'Work to live' over 'Live to work'
- Avoid professional isolation
- Be tech smart not tech dependent
- Digital detox and holidays essential



# What does this mean in ‘real’ terms?

## Key principles

- Build and maintain the momentum and confidence
- This needs a shift in mindset, not just a set of commitments
- Balance of national and local actions

## Governance

- External Oversight Group allows stakeholders to monitor, challenge, steer and help deliver
- Primary Care Oversight Group to provide internal governance
- Development of metrics of success

## Early priorities

- Help for struggling practices e.g. Practice resilience programme
- Help for every practice e.g. National development programme
- Streamline processes to reduce workload and speed up workforce expansion
- Urgent Issue: Indemnity proposals end of July

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# How to get the most out of your training years

- Get involved!
- Connect!
- Attend CCG and / or LMC meetings
- The Wachter report

[THE WACHTER REPORT](#)

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# How to get the most out of your training years

- Quality Improvement
- Completion of an audit cycle
- General Practice Forward View (GPFV)
- Know your local STP
- Professional pride
- Community thinking
- Resilience
- Stay up to date with medical politics
- Prepare for large scale general practice

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# Role of the future GP – you!

- Collective working across practices and more support from specialists
- New business and contractual entities encompassing allied services  
e.g. community, outpatients
- More career opportunity and flexibility for clinicians in larger organisations

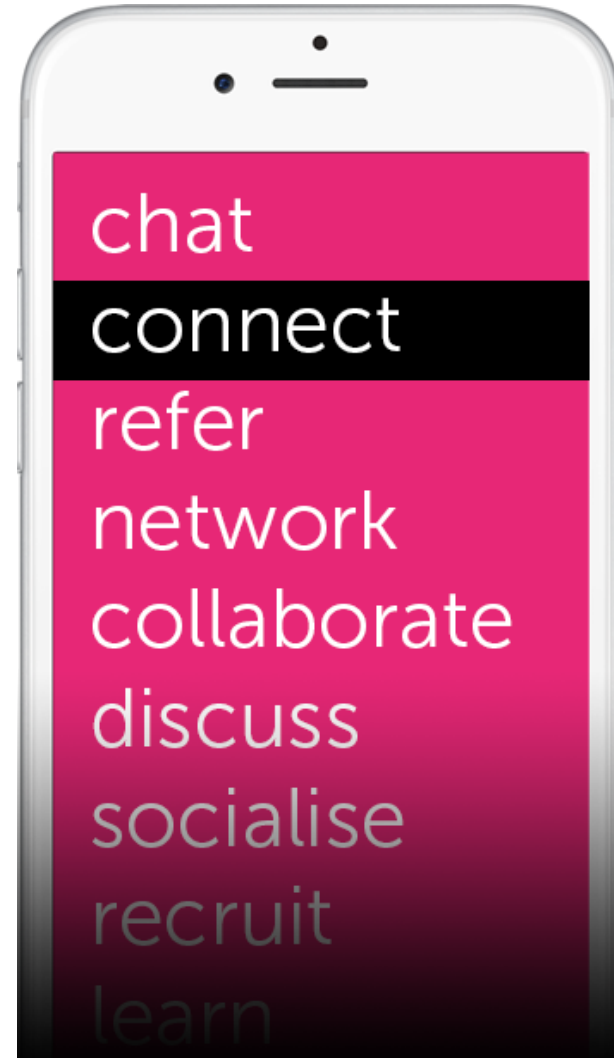
General practice in 2020 will not look the same.

GPs working as part of a more joined up primary care workforce will be able devote the greatest amount of time to quality and health improvement for patients and local communities.

# Doctoring

- Doctoring is a secure professional network exclusive to UK doctors that lets you find any UK doctor colleague in seconds to connect, network, message and collaborate
- iOS and Android
- Recruiting! Looking for an “advocate” to help set up a VTS groups on the app.

[DOCTORING](#)



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# Networking and Social Media

- LinkedIn
- Twitter
- Facebook
- Instagram
- Synapse (London only)

Be courteous, responsible and professional; social media highway code.

[RCGP SOCIAL MEDIA](#)

Elective course focusing on medicine and social media for medicine and public health

[WEBICINA](#)

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# Facebook

## **Tiko's GP Group**

- Over 4,000 members
- Forum for clinical queries
- Peer support



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# Melissa and Will's GP Locum Group

- Lantum's **mission is to empower and support GPs** throughout their professional life-cycle
- GPs should prosper professionally, and this is a ring-fenced space for engagement and sharing intended to support and empower GPs
- Welcomes individuals who believe in our mission and is thereby not a GP-only group, although members are GPs by majority
- Upholds a **supportive, non-judgemental, positive** and **vale-adding community** space.
- The mission: **To empower and support GPs throughout their professional life-cycle**
- Set values: Community, Connectivity, Empowerment and Transparency



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# Melissa and Will's GP Locum Group



\* lantum

**Thank you.**

Do you want further information?

Contact our Head of Community: [jess@lantum.com](mailto:jess@lantum.com)