



CEG Practice Newsletter

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Time to Retire From CEG



Sally Hull

Just 40 years ago I started as a GP at Jubilee Street surgery— which was then in portacabins. One of the first GP trainees we had was actually a young Kambiz Boomla!

Together with John Robson, we started the Healthy East Enders project. Over the years, the labour-intensive practice audits on MIQUEST morphed into the sophisticated support programme that CEG has now become. (You can read more about how CEG developed [here](#).)

In 1983, the London hospital finally joined the modern world and founded a General Practice teaching unit, which I joined. Initially, Jubilee Street did much of this as a one-month student attachment – we pioneered OSCEs and started video consultation work.

Wanting to learn about research, I went to the London School of Hygiene for a MSc in Public Health. 1993 was a good time to be there, as the debate over the purchaser/provider split and GP fundholder was raging. Some of my tutors—like [Martin McKee](#) and Steven Evans—are still there, popping up on TV to comment on the pandemic.

Returning to Queen Mary, CEG supported practices to make the most of the Quality and Outcomes Framework and pioneered the use of templates for

accurate data entry. When all practices adopted EMIS and we could centralise searches across the patch, we found that east London had the best ethnicity recording, and the best blood pressure management in the UK.

Using this, we could research health inequalities by age, gender and ethnicity across a range of common chronic diseases, and most recently during the [COVID-19](#) pandemic.

I've always believed that the engine of innovation in practices needs more of a showcase. Some of my most enjoyable work has been supporting GPs and networks demonstrate the difference they can make, whether in improving the uptake of [MMR](#), or reducing the impact of [DNAs](#).

As a new grandmother and septuagenarian, I'll still be around to finish off a few projects, but I know that the future of east-end practice is in your good

Upcoming Events

COVID-19 vaccination programme
webinars

Please send any questions you may have in advance to our CEG training email address at:
cegtraining@qmul.ac.uk

To book your place on a workshop please
[Hackney](#)
[Tower Hamlets](#)



Also Retiring From CEG Kambiz Boomla



Like Sally, I started as a GP in Poplar in 1982, joining John Robson at the Chrisp Street Practice. John trained under Julian Tudor Hart, and brought the challenge to Tower Hamlets of how in an inner-city area, we

could break Julian's law of halves: Half not measured, half not diagnosed, then half not treated, and half not treated to target.

We decided we needed computers to track numbers and patients, and health promotion nurses. So Healthy East Enders—the precursor to CEG—was born. Starting with five practices, including Sally's, we now cover all of east London, inner and outer.

By becoming IT lead and London Medical Committee chair, it was possible to increase investment in programmes that led east London to become national leaders in quality improvement and reducing health inequalities.

The 1990 contract brought more money for Primary Care, with QOF and enhanced service. The trick was to avoid this extra investment becoming an opportunity to privatise general practice, with contracts for long-term condition management going to large private healthcare corporations. We demonstrated that the extra money could be well-spent by our GP networks in east London, delivering astonishing and well-documented improvements in patient care and outcomes. By doing this, I think we played a major part in securing the future of general practice nationally.

In my LMC role, with colleagues, we resisted the fragmenting effect of GP fundholding with the purchaser/provider split. Now we are going full circle to create integrated care organisations—which is the model of care I think the NHS should have.

However, any organisational reconfiguration brings its dangers, and there will be those in Government who will seek to outsource ICSs to the private sector.

Integrated care demands integrated data and information. So I have spent the last few years of my career helping set up the Discovery Data Service, which brings information from across the healthcare sector together into a single platform. This will allow CEG to expand its scope from supporting general practice, to one that supports quality improvement and reducing health inequalities across the whole of the NHS in east London.

I started my clinical training at Barts in 1973. That's being in the East End for two years shy of 50 years. It's time to retire. I wouldn't have worked anywhere else. There are too many people to thank, and a great crew to take things further forwards.

Recent CEG Research

We used data from practices across East London in all of these publications:

Reducing missed appointments in general practice: evaluation of a quality improvement programme in East London

<https://doi.org/10.3399/bjgp20X713909>

Reducing the use of inhaled corticosteroids in mild-moderate COPD: an observational study in east London

<https://doi.org/10.1038/s41533-020-00191-y>

Prevalence of suspected COVID-19 infection in patients from ethnic minority populations: a cross-sectional study in primary care

<https://doi.org/10.3399/bjgp20X712601>

Progress in using the electronic health record to improve primary care

<https://doi.org/10.3399/bjgp20X708281>