

Bedfordshire, Luton and Milton Keynes Integrated Care System

Advanced Practice Conference – 22nd June 2023



Agenda

No.	Agenda Item	Lead	Time
1.	Welcome, registration & refreshments		09:45
2.	Introductions and agenda	Jo Finney	10:15
3.	Regional and national background and outlook	Katie Cooper	10:25
4.	Funding	Katie Cooper	10:55
5.	Supervision	Kim Treverton	11:10
6.	Governance Matrix	Jo Finney / Kim Treverton	11:40
7.	Questions so far	All	11:55
Lunch 12:15 – 13:00			
8.	AHP roles in Primary Care	Matt Cooper / Hannah Baker	13:00
9.	Advanced Practice in BLMK	Jo Finney	13:20
10.	BLMK Advanced Practice Strategy	Jo Finney	13:35
Refreshment break – 14:00			
11.	Final questions and reflections		14:15





Menti poll



BLMK Advancing Practice Conference

Katie Cooper

(NHSE Regional Faculty Lead for Advancing
Practice)



What is Advanced Practice – background / context



To meet growing service demand, NHS policies highlight the increasing need to establish innovative care models and develop advanced roles to contribute to the workforce transformation agenda.

Challenges

Historically advanced practice roles have been developed as a reactive service response resulting in disparities and variations between:

- Educational standards / quality of supervision
- Organisational governance / competencies and capabilities
- Job descriptions / job planning and pay bands

Raising concerns regarding the professional and organisational liability of practitioners working at this level.

The Centre for Advancing Practice

Centre for Advancing Practice Website: <https://advanced-practice.hee.nhs.uk/>



**Programme
Accreditation**



**Practitioner
Recognition**



**Advanced
Practice
Recognition**



**NHSE
Credentials**



**Co-produce
Workforce
Solutions**

EOE Regional Faculty for Advancing Practice highlights

Employer Support

Currently supporting 441 trainees
£4.6 million investment for
329 new AP trainees
In 2023/24



Communication

Regional webpage
Guidance documents
Monthly updates
Case studies / webinars



Centre Accreditation

2 HEI accredited
2 HEI submitted, awaiting outcome
2 HEI due to
submit by Oct' 23



ePortfolio (supported) Route

Cohort 1 - 122
Cohort 2 - 31
Cohort 3 - 44



Engagement

Established and support 6 ICS
Advancing Practice Faculties
Established NHSE / HEI AP
Network meeting



Supervision

Commissioned tier 3 AP Supervision
training
Funded 6 PC supervision
ambassadors



National Priorities 2023/24

14 trainee ACCPs
3 trainee LD&A
19 trainee Cancer &
Diagnostics



Trainee Information

Regional database to monitor and
track trainee changes
Support future AP workforce
planning



Projects

Research – Impact of AP roles (UEA)
Multiple AP study days/conferences
AP and EDI (UOS)
Community Rehab
Panopto / Bridge



What is Advanced Practice?

‘Advanced Clinical practice is delivered by experienced, registered health care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competencies.

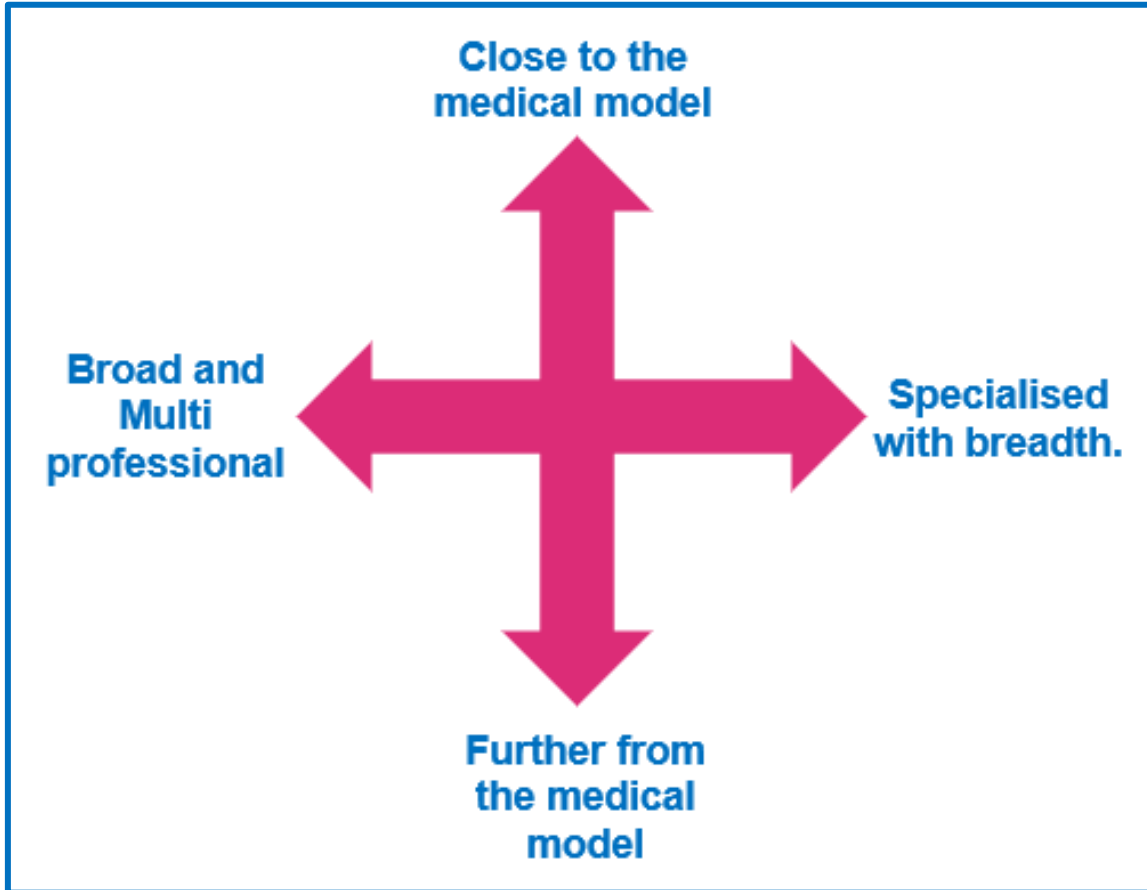
Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance peoples experiences and improve outcomes’.

**Multi-professional framework for advanced clinical practice in England
(NHS England 2017)**

What is Advanced Practice



What is Advanced Practice



Reach a shared understanding of advanced practice

Define the pathway / service under consideration

How will advanced practice roles transform the service (benefits / impact)

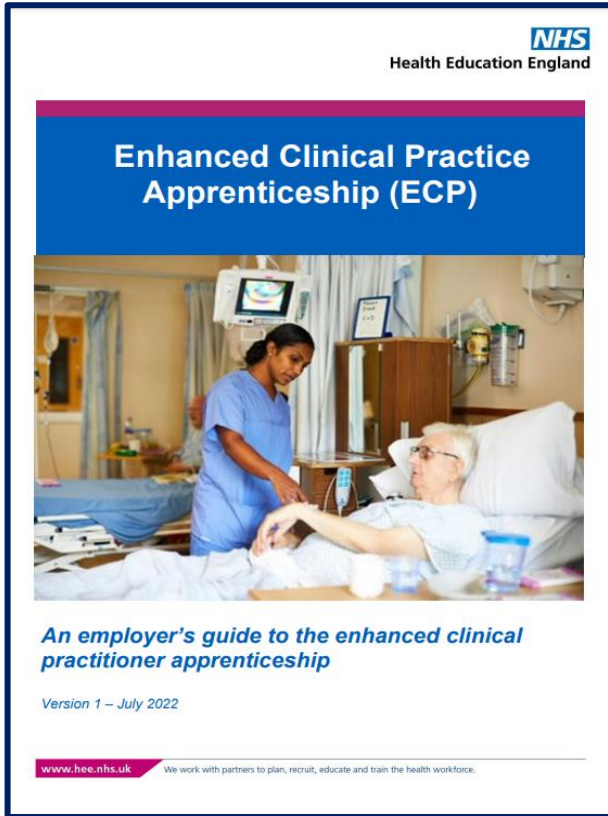
What are the knowledge, skills, competencies and capabilities required for the scope of practice

Link with organisational advanced practice governance [NHSE Governance Maturity Matrix](#)

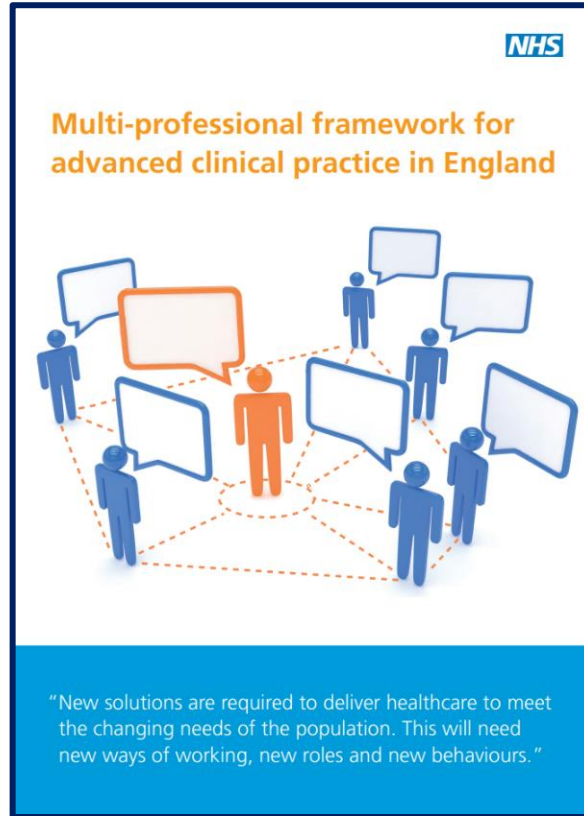
Enhanced

Advanced

Consultant



The Enhanced Clinical Practitioner Apprenticeship Employers Guide
(Skills for Health 2022)

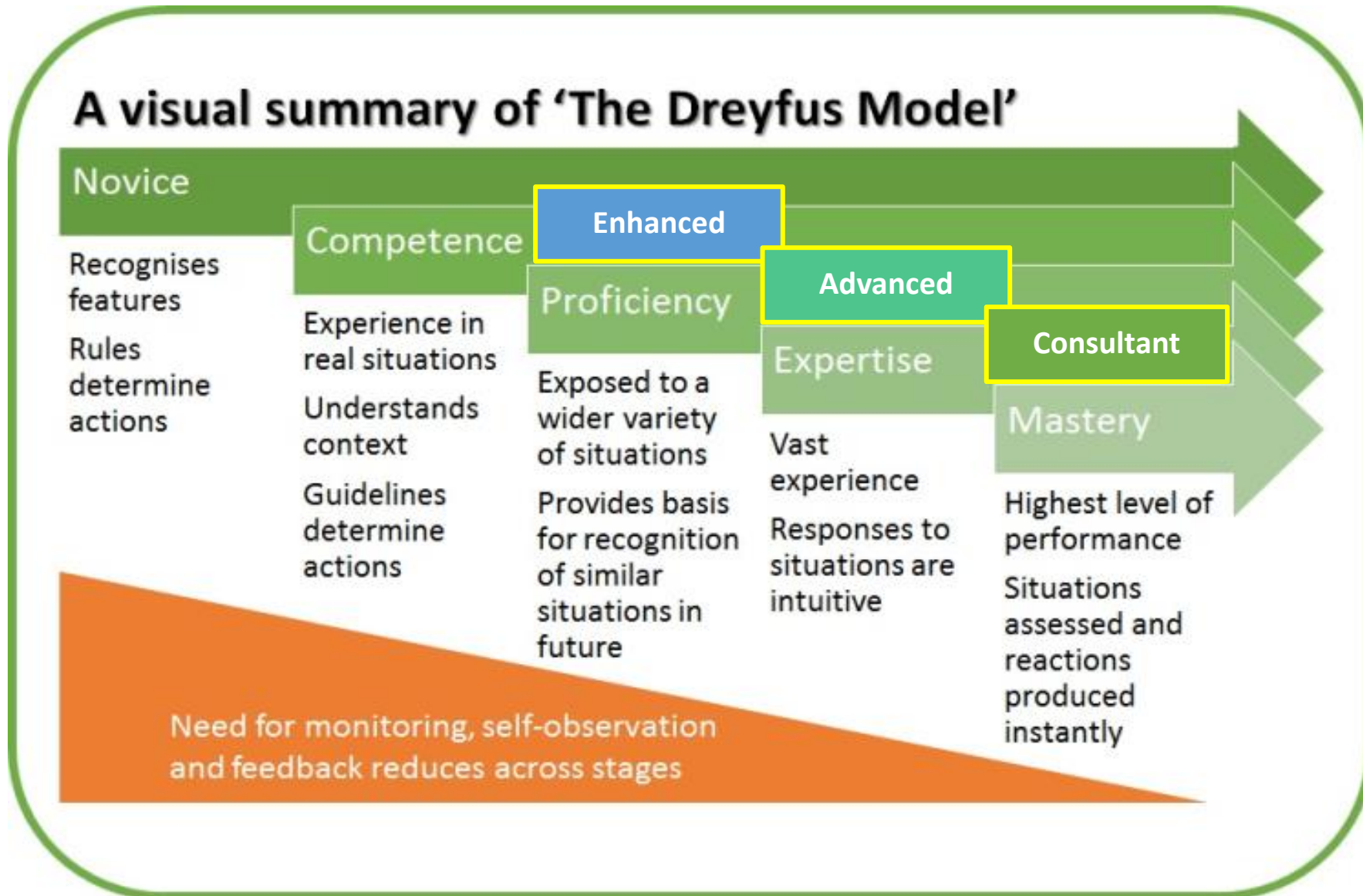


Multi-professional framework for advanced clinical practice in England
(NHS England 2017)



Multi-professional consultant-level practice capability and impact framework
(HEE 2020)

Enhanced / Advanced / Consultant



Enhanced / Advanced / Consultant

Enhanced
<ul style="list-style-type: none"> • Uses reflection in action to function in unpredictable environment, manages risk defers major decision making. • Uses freedom to act but within own scope of practice • Found in different settings, across professions with a specific body of knowledge • Complex clinical decision making but defers to others for overall plan • Manages a caseload, sometimes providing interventions as part of a dedicated clinical pathway • Will work within national and local protocols where there exist • Post reg/post grad qualifications/CPD occasionally Masters level • Proficient

Advanced
<ul style="list-style-type: none"> • Uses reflection in action extensively, unpredictable environment, manages risk. • Has freedom to act, and provides professional leadership and supervision in situations that are complex and unpredictable. • Found in different settings but also has highly developed specific body of knowledge • High level complex clinical decision making, including complete management of episodes of care. • Manages defined episodes of clinical care independently, from beginning to end • Will shape the design and delivery of local protocols where these exists • Masters level • Expert

Consultant
<ul style="list-style-type: none"> • Uses reflection in action across whole systems • Has freedom to act • Systems leadership • Establishes values based professional practice across pathways, services, organisations and systems • High level complex decision making • Will shape and design and delivery of national and local protocols • Masters/Doctoral • Consultancy across all 4 pillars, putting expertise in place across systems of health & social care • Mastery



Practitioner Recognition

All advanced and consultant practitioners will remain under the regulation of their professional bodies and must continue to comply with the relevant standards of proficiency

NHSE Centre of Advancing Practice: Advanced Practitioner Recognition

Recognises that a practitioner's education and training is considered equivalent to the standards of education training outlined in the NHSE (2017) *Multi-professional framework for Advanced Clinical Practice in England*, via either an NHSE accredited MSc advanced practice programme or NHSE e-Portfolio (supported) route





Programme Accreditation

Stage 1:
Submission
date
agreed

Stage 2:
Submission

Stage 3:
Thresholds
Review

Stage 4:
Standards
Review

Stage 5:
Independent
Panel

Stage 6:
Outcome
and
Notification



- 114 programmes have been reviewed through the accreditation process; 108 of these programmes have been accredited from 42 Education Providers.
- Full list available on the Centre for Advancing Practice website <https://advanced-practice.hee.nhs.uk/programme-accreditation/>
- 16 programmes are currently in progress and at various stages, and 44 others booked in for 2023.



ePortfolio (supported) Route

Expressions of Interest form

Cohort 4 –EOI now open – intended start date Autumn 2023

Centres briefing notes and EOI form will be available on Centre For Advancing Practice Website <https://advanced-practice.hee.nhs.uk/eportfolio-route/>





Advanced Practice Credentials

*Centre **gateway criteria**: A potential credential will be responsive to a high-priority/-stakes/-volume need, can usefully develop advanced-level practice capability and capacity, and be a proportionate workforce development solution.*

Credential specification**: 'Blueprint document' for delivery by education providers that meets the Centre's **endorsement criteria

'Credential':

A defined, standardised **unit of learning and assessment** to

- Develop **advanced-level capability** in a **specific area** of practice
- Address a **priority, at-scale need** on a **multi-professional** basis

*Use as a **noun**,
not a verb*



***Target group**: The registered professions for which a credential is designed, with specific requirements defined (**pre-** and **co-requisites**)*



Credential specifications to date

Endorsed and Launched

Acute medicine

Older people

Mental Health*

Community rehab – physical activity for LTC

Community rehab – healthy ageing

Learning Disability and Autism*

Autism

Pelvic Health

Neuro-rehabilitation (including stroke)

Endorsed being finalised

Public health

End-of-life care

Going through review

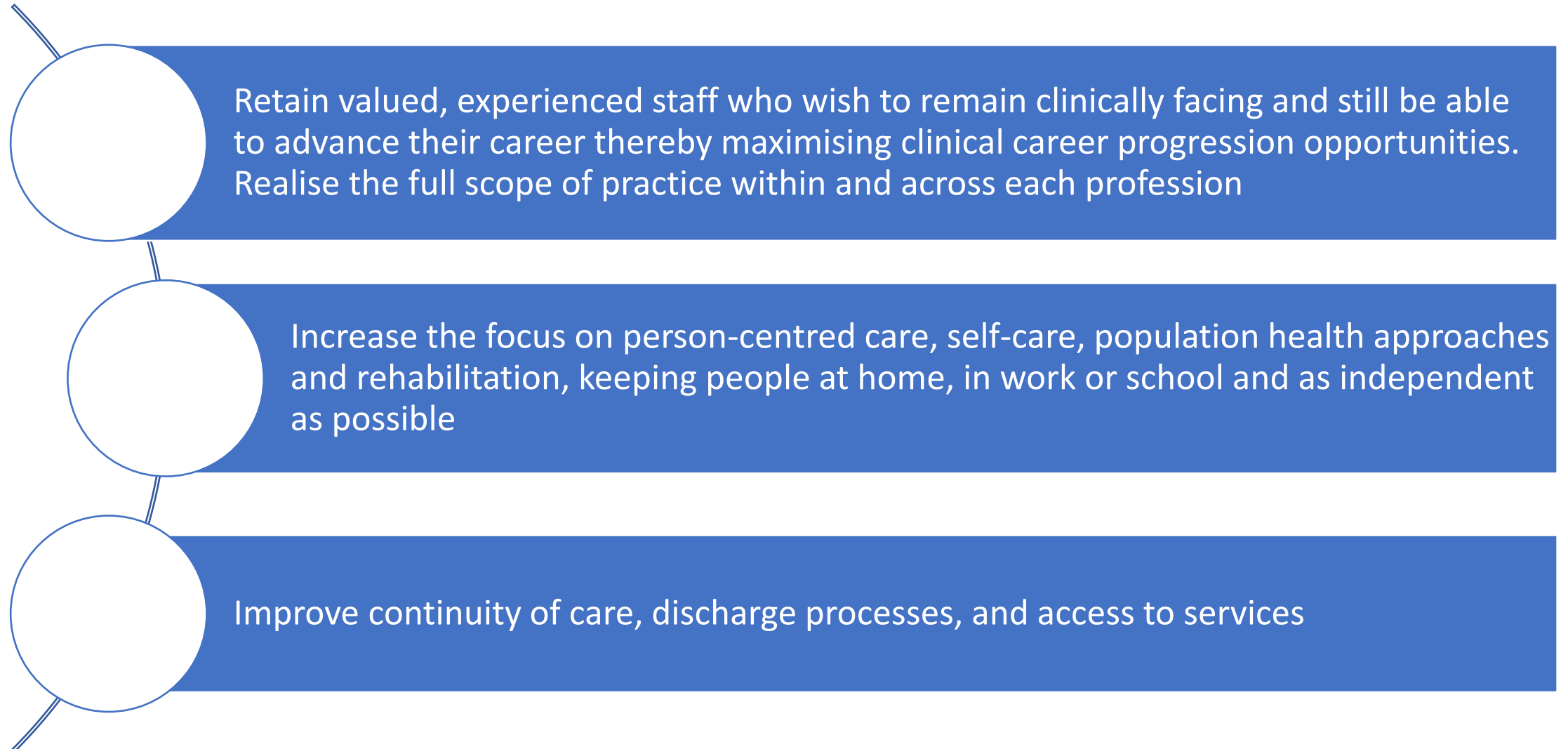
Surgery

Child health

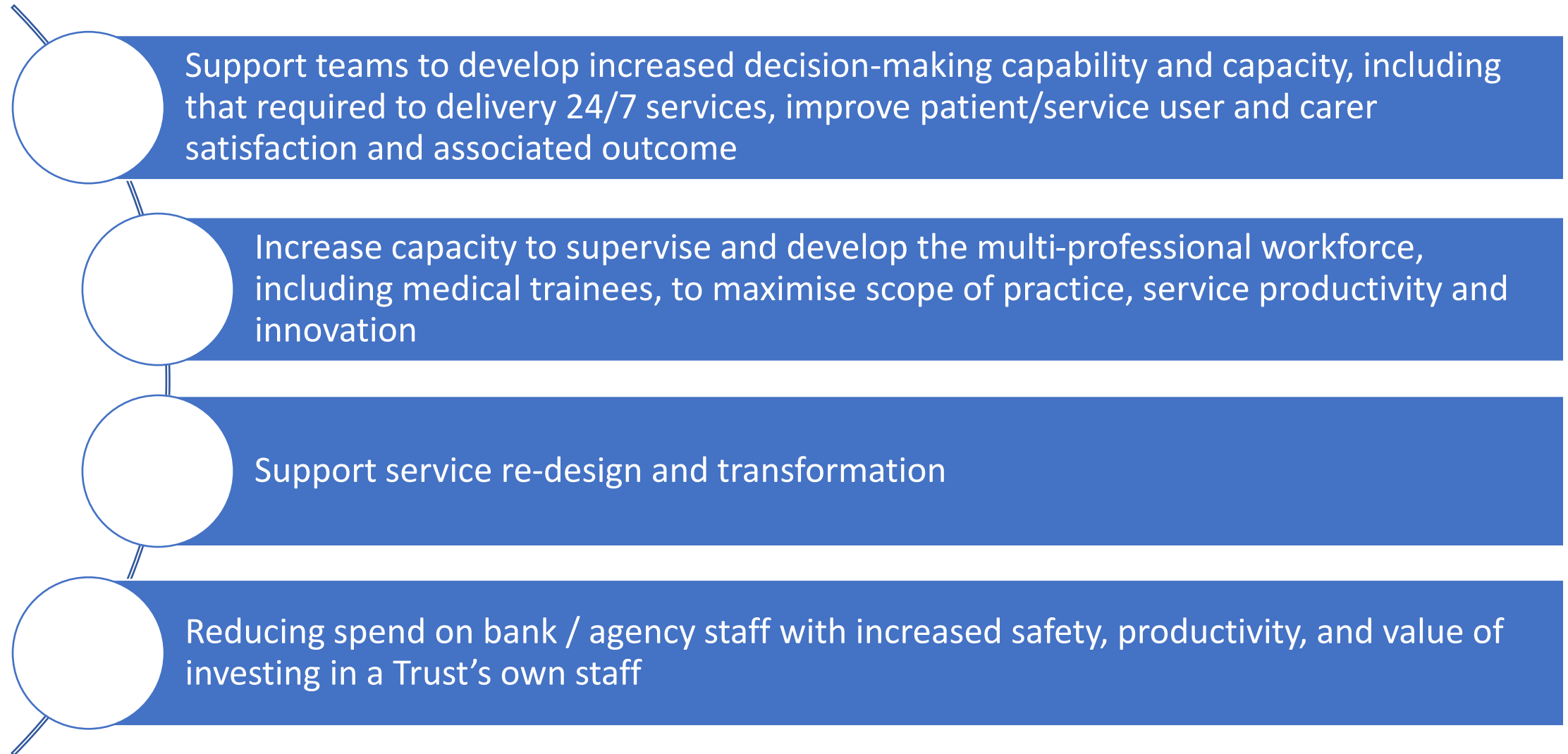
Respiratory

MSK

Impact of Advanced Practice roles



Impact of Advanced Practice roles



Resources



Regional Faculty for Advancing Practice email:
eoepfaculty@hee.nhs.uk

To join the Regional Faculty for Advancing Practice mail base:
<https://tinyurl.com/bjjcw3y8>

NHSE EOE Advancing Practice Funding and Commissioning guide: <https://advanced-practice.hee.nhs.uk/regional-faculties-for-advancing-practice/regional-faculty-for-advancing-practice-east-of-england-2/guidance-and-resources/>

Regional advancing practice webpage: <https://advanced-practice.hee.nhs.uk/regional-faculties-for-advancing-practice/regional-faculty-for-advancing-practice-east-of-england-2>



#advancedpractice
#EoEAdvancingPractice

BLMK Advancing Practice Conference: Funding

Katie Cooper

(NHSE Regional Faculty Lead for
Advancing Practice)



Funding models 2023/24

Full MSc advanced practice programmes (including apprenticeships)

- £6K training grants per annum (£18K over 3 years) to be paid directly to organisations, £2,600 to be used for supervision.
- High priority £10K training grants (£30K over 3 years) – Midwifery / Mental health / LD&A / paramedic / and Cancer and Diagnostics
- National Incentivised offers – Cancer and Diagnostics / ACCP and LD&A

Top-up to advanced practice MSc

- HEI LNA to ensure prior learning can be accredited. Max 100 credits funded which must lead to a Full MSc Advanced practice programme award.

ePortfolio (supported) Route

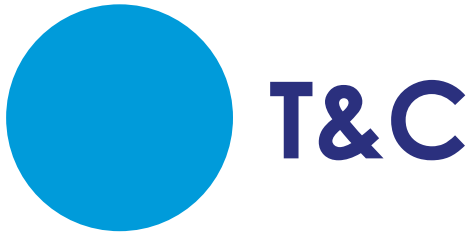
- National EOI: no cost to practitioners or organisations – Education providers paid directly

NHSE Advanced practice commissioning

- Be working within an NHS commissioned service
- Provide an advanced practitioner training post & guarantee an advanced practitioner post upon qualification
- Request advanced practice training places aligned to the organisation's local ICB/S workforce plans
- Provides a positive learning environment with a named Co-ordinating educational supervisor and agreed supervision plan
- Have an identified lead for advanced practice within the organisation / Primary Care Training Hub

Faculties for Advancing Practice have annual budgets to cover regional trainee commissioning demand to enable completion of an MSc Advanced Practice programmes.

[NHSE EOE Advancing Practice Funding and Commissioning guide](#)



If you are not sure if this offer applies to you, please check with us at learning_disability@hca.nhs.uk.

Terms and Conditions of the Offer

To be eligible for the 'Building the Right Support' funding offer the following conditions must be met (these align with the regional offer requirements):

5

Advanced practice training funding models 2023/24

Employer:

1. Provide a positive learning environment with a named supervisor and agreed supervision plan for each trainee.
2. Work in partnership with the Higher Education Institution (HEI) and HEE Regional Faculty for Advancing Practice to proactively identify any supervision issues, learning environment needs or difficulties in achieving learning objectives that may affect the trainee's progression and ensure these are raised at the earliest opportunity to try to find a resolution.
3. Have a plan to measure and evaluate the impact of this advanced practice workforce transformation on service and patient outcomes.
4. Build the understanding of advanced practice to prepare for future role/workforce expansion.
5. Ensure there is an advanced practice appropriately banded post within the Learning Disability and Autism service upon successful completion of the training.

Educational Supervisor:

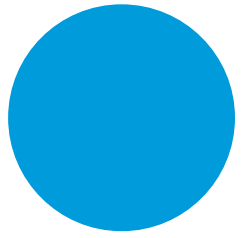
1. Monitor trainee progress and offer support to the trainee to enable a positive learning environment, facilitate trainee progression and complete or enable completion of any work placed based learning documentation as required by their course of study.
2. Dedicate a minimum of the remunerated 0.25 SPA (1 Hour) per week to this activity.
3. Communicate with HEE Regional Faculty for Advancing Practice to proactively identify any issues with trainee progression at the earliest opportunity.
4. Participate in formal meetings with HEE Regional Faculty for Advancing Practice Supervision and Assessment Lead for their area of practice when required, or as a minimum once every 12 months as part of quality assurance processes.

Trainees:

1. Work in partnership with their employers, Advanced Practice Lead, HEI and HEE Regional Faculty for Advancing Practice to proactively identify any supervision issues, learning environment needs or difficulties in achieving learning objectives that may affect their progression and ensure these are raised at the earliest opportunity to try to find a resolution.
2. Inform the Co-ordinating Educational Supervisor, Advanced Practice lead, Employer and HEE Regional Faculty of Advancing Practice at the **earliest opportunity** if personal circumstances change that affect completion of their training or changes the planned end date.
3. Complete the HEE Regional Faculty for Advancing Practice - Trainee Data Collection in a timely manner.
4. Participate in the NETS survey.

Frequently asked questions

Q. What is advanced practice?



Primary Care Funding

- Course fees – Apprenticeship funded either 100% or 95% through DAS account
- Trainee grant – usually £6,000 per trainee per year - £2,600 for supervision remainder to support development
- ARRS – subject to eligibility and maximum reimbursable limits – 8a equivalent funded salary
- Development to Advanced Practitioner - backfill to release FCP ARRS staff to train as an AP through ARRS claims – this could support the minimum 6 hours off the job learning required for the Apprenticeship MSc



Supervision and Advanced Practice

Kim Treverton, RN, BSN, MPA, MSc

Primary Care Advanced Practice Training Programme Director, East of England


NHS England

Menti poll



GO TO
menti.com

ENTER THE CODE
3547 3229

 0

Multi-professional framework for advanced clinical practice in England

- Core capabilities and competencies at advanced level across four pillars
 - Clinical practice
 - Research
 - Leadership and management
 - Education
- Evidencing knowledge, skills, behaviours relevant to job/role
- Assuring requirements for safe and effective clinical practice
- Intended to be used as a standard for:
 - Healthcare professionals
 - Healthcare and service providers
 - Service leads
 - Education providers



The Centre for Advancing Practice

Workplace Supervision for Advanced Clinical Practice:

An integrated multi-professional
approach for practitioner
development



Workplace supervision for advanced practice



Advanced Practice workplace supervision: Minimum standards for supervision

The Centre for
Advancing Practice

**Readiness to become an
advanced practitioner**

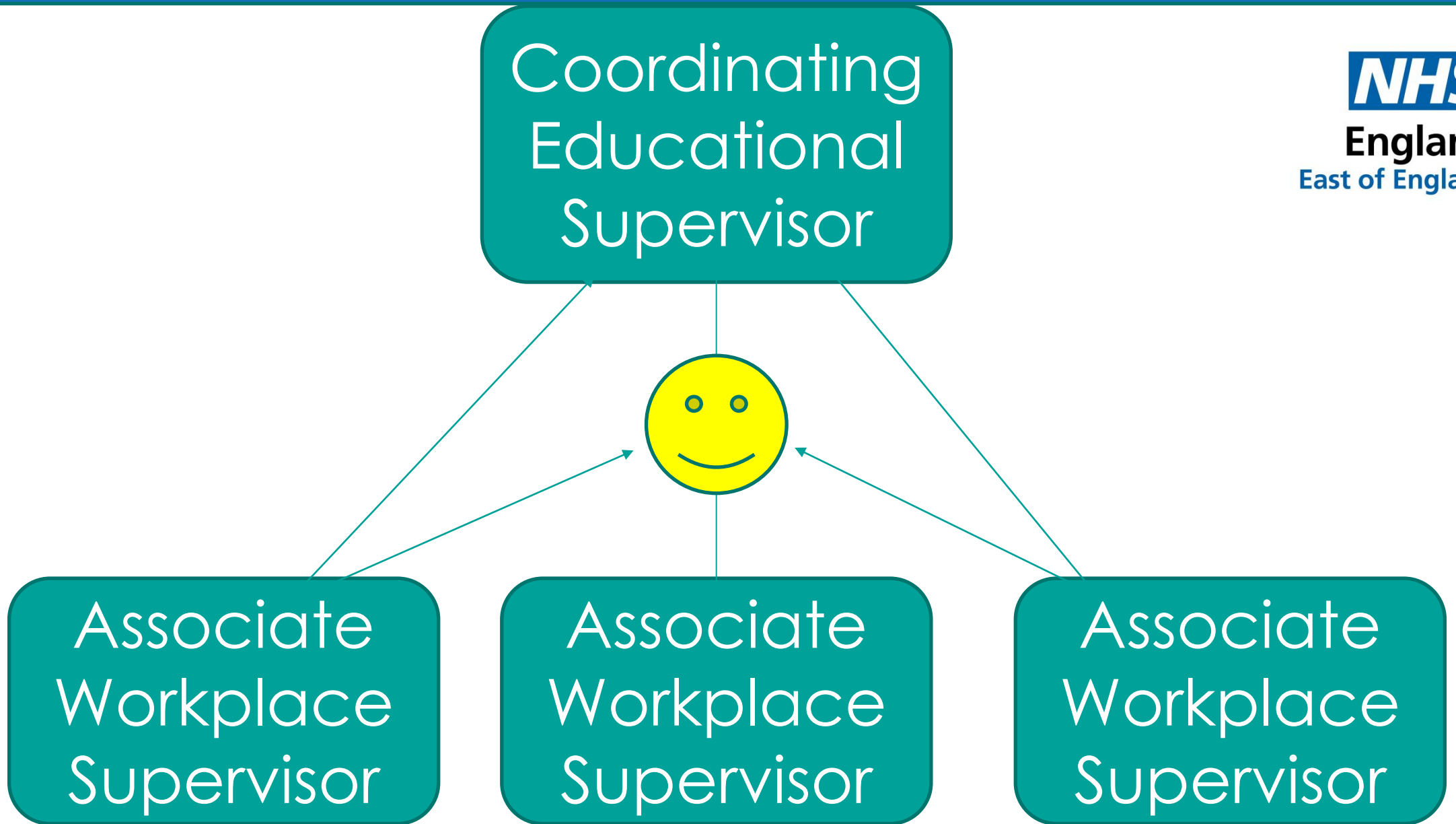
The Centre for
Advancing Practice

**Supervisor readiness
checklist**

Guidance for supervisors

The Centre for
Advancing Practice

**Employer's advanced practice
supervision action plan**



Outcomes:

When???

WHERE???

HOW
MUCH???

outcomes.”

Menti poll



GO TO
menti.com

ENTER THE CODE
3547 3229

0/0



Critical reflection on an observation of a clinical skill or consultation



Case based discussions



Communication skills development through coaching



Professional support and well being



Action learning sets



Facilitated discussion on challenging situations such as conflict resolution, difficult conversations etc.



Educational progress and personal learning plans

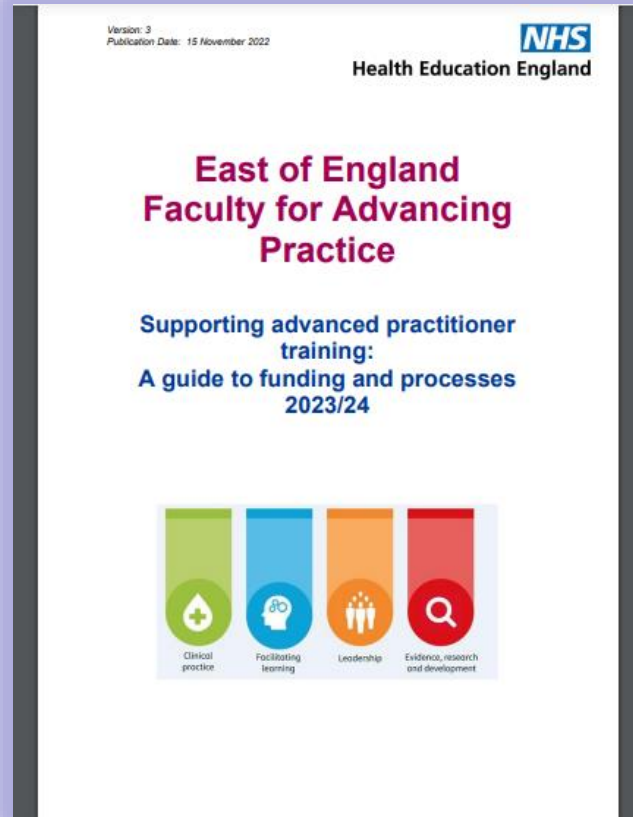
OUTCOMES:

Tier 3 training to become Coordinating Supervisor for Advanced Practitioners



- HEI online course
(equivalent of one day
study)
- Hub videos

Training grant and supervision funding



Full MSc funding

- Apprenticeship
- Traditional

Top-up MSc funding

****£2.6K MUST be used for supervision****

References

- **Training for Tier 3 Advanced Practice multi-professional coordinating educational supervisors-**
<https://advanced-practice.hee.nhs.uk/regional-faculties-for-advancing-practice/regional-faculty-for-advancing-practice-east-of-england-2/advanced-practice-supervision/2022-23-dates-tier-3-supervision-training-for-coordinating-supervisors-of-advanced-practitioners/>
- **East of England Faculty of Advancing Practice, Supporting advance practitioner training:a guide to funding and processes 2023/24-**<https://healtheducationengland.sharepoint.com/sites/RFFAP-EoE/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FRFFAP%2DEoE%2FShared%20Documents%2FGuidance%20and%20resources%2FGuidance%20to%20AP%20funding%20and%20processes%202023%5F24%20HEE%20EOE%20Final%20V3%2E0%2Epdf&parent=%2Fsites%2FRFFAP%2DEoE%2FShared%20Documents%2FGuidance%20and%20resources&p=true&ga=1>
- **Workplace Supervision for Advanced Practice-**<https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-2/>
- **Maturity Matrix-**<https://advanced-practice.hee.nhs.uk/news-and-events/governance-of-advanced-practice-in-health-and-care-provider-organisations/>
- **Multi-professional framework for advanced clinical practice in England-**
<https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>



Health Education England

The Centre for Advancing Practice

HEE's National Advancing Practice Programme

Governance Maturity Matrix

Jo Finney

Advanced Practice Governance



England

Health Education England

Patient Safety

Practitioner and organisational liability

Enable practitioners to work within defined scope of practice

Develop a sustainable and transferable workforce

Enable high quality patient centred care

Equity between professions

HEE Governace Maturity Matrix



Health Education England

Maturity Matrix was published July 2022

[HEE Governace Maturity Matrix](#)

Developed as an interactive tool which will enable organisations to develop and review their Advanced Practice governance across 8 themes

Organisational
Governance

Leadership

Workforce
planning

Buisness case and
funding

Clinical Practice

Training

Supervision

CPD

Provider governance of advanced practice roles

There is understanding of advanced practice roles within an organisation with support and commitment for an advanced practice lead role at executive / director level (or equivalent senior level) that offers clear corporate leadership within the provider and oversight for the governance of advanced practitioners across the whole of an organisation.

	Criteria	(B)RAG
Early progress	The provider is scoping and mapping the current advanced practice workforce and their reporting and accountability lines against available frameworks	Green
	Recognition of the need for corporate/organisational advanced practice lead is identified but not currently in place	Green
	There is a corporate team member representing advanced practice for the provider but no permanent formal cross-organisational advanced practice lead post is in existence	Green
Substantial progress	The provider has a clear overview of all individuals working in the advanced practice workforce	Yellow
	There is a corporate/organisational lead identified for advanced practice (who is themselves either an advanced practitioner or consultant-level practitioner) with an accompanying job description and allocated time within their job plan (so that advanced practice organisational leadership is the main focus of their role)	Yellow
	The provider has clear oversight of the whereabouts of staff working in advanced practice roles across the organisation	Red
	The provider is working towards consistent reporting and accountability lines for all those working at an advanced practice level	Yellow
Mature	The organisation has a clear overview of all individuals working in the advanced practice workforce and this is reflected on their electronic staff records	Red
	The corporate/organisational advanced practice lead is either working in correspondence with consultant-level practice (HEE, 2020), or is working toward that level, and is sponsored by an executive member and representative of advanced practice at professional boards/executive committees with the ability to influence	Yellow
	The corporate/organisational advanced practice lead influencing at system level	Red
	The provider ensures there is consistency in reporting and accountability lines for all those working at an advanced practice level and these are clearly understood.	Red

Dashboard



Health Education England

The Centre for Advancing Practice Governance Maturity Matrix

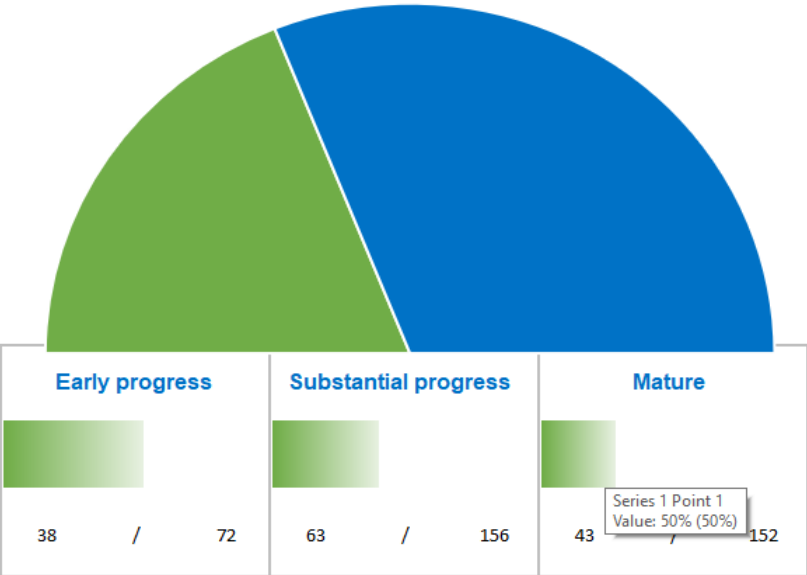


Organisation

Date

Summary

Overall



Area	Early progress	Substantial progress	Mature	Overall
G Provider governance of advanced practice roles	<div style="width: 50%;"></div>	<div style="width: 50%;"></div>	<div style="width: 50%;"></div>	<div style="width: 50%;"></div>
L Leadership at all levels	<div style="width: 75%;"></div>	<div style="width: 75%;"></div>	<div style="width: 50%;"></div>	<div style="width: 50%;"></div>
W Building advanced roles into the workforce	<div style="width: 50%;"></div>	<div style="width: 50%;"></div>	<div style="width: 50%;"></div>	<div style="width: 50%;"></div>
B Building advanced practice business cases and funding	<div style="width: 25%;"></div>	<div style="width: 25%;"></div>	<div style="width: 25%;"></div>	<div style="width: 25%;"></div>
T Advanced practice training and assessment	<div style="width: 50%;"></div>	<div style="width: 50%;"></div>	<div style="width: 50%;"></div>	<div style="width: 50%;"></div>
C Clinical practice				<div style="width: 50%;"></div>
S Supervision				<div style="width: 50%;"></div>
C Advanced practitioner continuing professional development (CPD)				<div style="width: 50%;"></div>

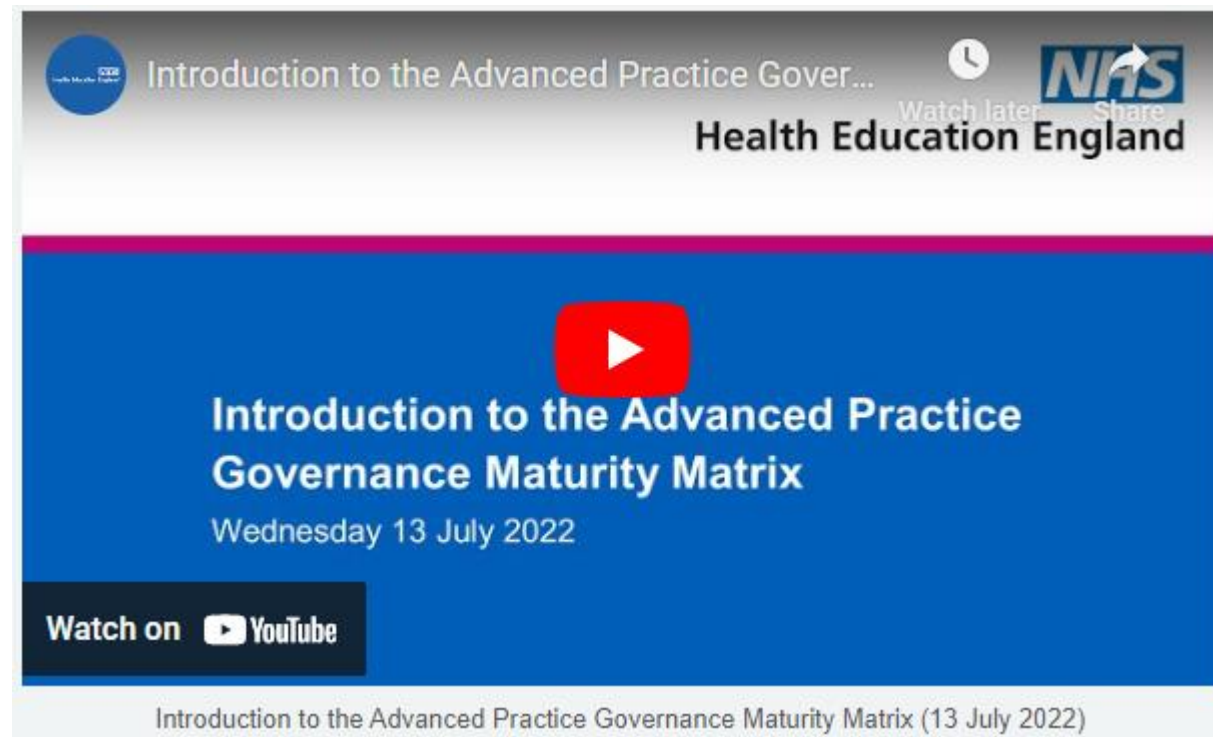
HEE Governace Maturity Matrix



Health Education England

Introduction to the Advanced Practice Governance Maturity Matrix webinar

<https://youtu.be/QP96k3roglc>



The Matrix in Primary Care

Employers are responsible for Organizational Governance

- PCN and/or Practice Level
- High volume of employers in Primary Care
- Less capability to engage with Clinical Governance / Organizational Oversight vs secondary care?

Successful implementation of the (ARRS) scheme requires extensive cultural, organisational and leadership development skills that are not easily accessible to PCNs.

Baird et al 2022 Integrating additional roles into primary care networks (Kings fund)

Provider governance of advanced practice roles		Weak No evidence this factor is embedded. Red Some evidence this address is embedded (partial) in the organisation. Amber This address is nearly fully embedded in the organisation. Green The address is fully embedded in the organisation.						
Early progress	The provider is scoping and mapping the current advanced practice workforce and their reporting and accountability lines against available frameworks	PCN externally hosted staff	Job descriptions and briefs/roles for lines of reporting and accountability?	Request that the hosted organisations are ensuring they complete this document				
	Recognition of the need for corporate/organisational advanced practice lead is identified but not currently in place	Small teams at practice level / PCN Leads PCN organisational structures	Smaller teams enable fast / dynamic shared decision making.	Considered how to integrate a Lead into a PCN? Consider board or partner level AP representative				
	There is a corporate team member representing advanced practice for the provider but no permanent formal cross-organisational advanced practice lead post is in existence	Primary Care Structures	Developing with Training hubs and PCNs to develop communication		Develop integration with Training Hub Lead and Regional Faculty support			
Substantial progress	The provider has a clear overview of all individuals working in the advanced practice workforce	Is there a PCN workforce coordinator?	Local knowledge: How many APs in post per 100K patients? Does this increase O/Ds numbers over time?	Undertake job matching to Advanced Practice standards. Strategy or AP Policy Statement?				
	There is a corporate/organisational lead identified for advanced practice (who is treated either an advanced practitioner or consultant level practitioner) with an accompanying job description and allocated time within their job plan (so that advanced practice organisational leadership is the main focus of their role)	Clinical work / demand / where is the extra money coming from?	Networking within PCNs / linking with other practices. Practice manager conferences					
	The provider has clear oversight of the whereabouts of staff working in advanced practice roles across the organisation	Large dispersed PCNs / large patient numbers need to consider staff proficiency	Small organisations more likely to be aware of staff skills		Have you mapped AP staff?			
Milestone	The provider is working towards consistent reporting and accountability lines for all those working at an advanced practice level	Individual surgery variability - define this.	Appraisals / Regional ICS Strategy / Training Hub strategy	Consider: Appraisal Policy / standardisation. Assurance around appraisal processes.				
	The organisation has a clear overview of all individuals working in the advanced practice workforce and this is reflected on their electronic staff records	GP surgeries don't use national NHS EOP database	Is software (such as Teamnet clarity) used to identify level of services? Consider developing Consultant level practice.	Electronic recording of staff who identify as Advanced Practitioners and matching qualifications to national standards. Consider business skills.				
	The corporate/organisational advanced practice lead is either working in correspondence with consultant level practice (NICE 2020), or is working toward that level, and is sponsored by an executive member and representative of advanced practice at professional boards/executive committees with the ability to influence	Organisational requirement for this?	Consider Primary Care Structures	May include Training linking with collaborative board / training hub / ICS / Training Hub				
	The corporate/organisational advanced practice lead influencing at system level	Time constraints	Appraisals Process / Inactivity structures / Linking with strategy		To develop organisational maturity regard this, enabling sharing and documentation of knowledge			
	The provider ensures there is consistency in reporting and accountability lines for all those working at an advanced practice level and these are clearly understood.			What mechanisms exist when things go wrong? SEA meetings / support through bad situations - what do you not do alone?				

Notes

Recommendations

Creation of **Primary Care Matrix prompts**

- Translating and stimulating thoughts “Translation” for Primary Care Leaders

Collaboration within small teams

- Utilize Advanced Practitioners *in addition* to Operational Leadership
- Opportunity for networking beyond isolated Primary Care organizations.

Utilize the Matrix as an opportunity for promotion of Advanced Practice

- Leadership / Research / Education Pillars and CQC standards.

With Special Thanks to:

- Katie Cooper
- Steve Blakeway

Any Questions



East of England Faculty for Advancing Practice

eoefaculty@hee.nhs.uk

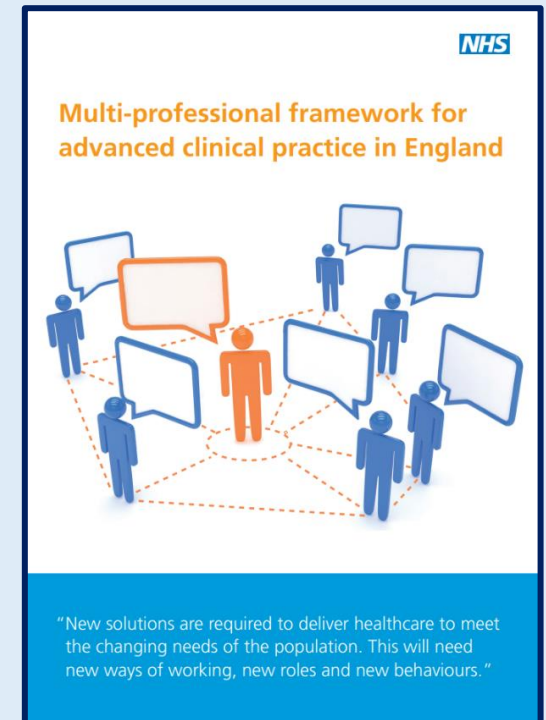
Divisional / Departmental - developing new training posts

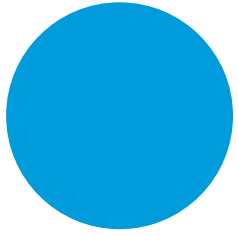
- The training / introduction of new role is underpinned by a business case which outlines the workforce planning for advanced practice, and which represents the full cost of training, supervision, further education and a seamless move to a post at point of qualification / accreditation.
- Detailed job description mapped across the 4 pillars of advanced practice
- Pre-determined job plans at the point of workforce planning that reflects the 4 pillars of practice
- Clear scope of practice / training pathways identified Inc., relevant credentials / competencies to be completed
- Identify Co-ordinating Educational Supervisor

Advanced Practice Governance

Divisional / Departmental - Current advanced practitioners

- Where possible PDPs should be undertaken with the designated clinical supervisor and line manager
- Objectives should be mapped against the 4 pillars of advanced practice
- Competencies and increase scope of documents reviewed and re-signed annually (as a minimum mapped against the multi-professional advanced practice framework)
- Job descriptions and Job plans should be reviewed
- Portfolio and CPD evidenced across the 4 pillars, recognition / accreditation timelines discussed and agreed.
- Ensure robust personal development plans are completed





Questions so far





Lunch



AHP Roles in Primary Care

Matt Cooper – Advanced Physiotherapist & Primary Care Training Hub Clinical Lead

Hannah Baker – Primary Care Workforce Transformation Manager



AHP Roles in Primary Care

First Contact Practitioners and the Roadmaps to Practice

What is a First Contact Practitioner (FCP)?

- Physio, Paramedic, Dietitian, OT, Podiatrist
- Masters level, diagnostic clinician
- Working at an advanced level clinically (academic level 7)
- May or may not be ARRS funded
- At least 3 – 5 years postgraduate experience



AHP Roles in Primary Care

- What is the Roadmap to Practice?
 - Supportive knowledge and skill framework
 - 2 stages
 - Developed by NHSE in conjunction with professional bodies
- Why has the Roadmap been introduced?
 - Standardised level of practice for safe patient care
 - Structure and governance
 - Career development into and within Primary Care
- Who needs to do the Roadmap?
 - Any clinician in one of the 5 AHP professions that is working in or aspiring to a First Contact Practitioner role in Primary Care (irrespective of how the role is funded)
 - CQC requirement to complete [GP mythbuster 106: Primary care first contact practitioners \(FCPs\) - Care Quality Commission \(cqc.org.uk\)](#)



AHP Roles in Primary Care

- How do you complete the Roadmap?
- Portfolio route
 - Stage 1 (knowledge)
 - Identify a suitable supervisor
 - Complete e-learning modules on e-LfH
 - Create a portfolio evidencing knowledge against the domains detailed in the Roadmap document
 - Supervisor to assess portfolio and complete checklist to sign off stage 1
 - Stage 2 (skill)
 - Continue development of the portfolio in stage 1
 - Evidence the application of skill against the domains in the Roadmap document
 - Undertake workplace based assessments with supervisor (approx. x2 per month)
 - Once supervisor and clinician feel level 7 skill has been evidenced, checklist completed and signed off



AHP Roles in Primary Care

- How do you complete the Roadmap?
- Taught route
 - Taught FCP modules available at selected Universities
 - Structured educational programme
 - Usually cover both stages 1 and 2
 - Appropriate supervisor still required in practice
 - University undertakes the assessment and submission
 - Some courses funded by NHSE
- Timescales
 - Best Practice is completion of both stages 1 & 2 within 6 months
 - Locally agreed as 18 months in BLMK
 - Stage 1 should be completed before working in Primary Care



AHP Roles in Primary Care

Supervision

- Supervisor, needs to be either:
 - Tier 3 GP Trainer with a recommended top up video
 - All other GPs with attendance at a 2 day training course
 - An advanced practitioner with a relevant MSc with attendance at a 2 day training
 - Supervisor training (multi-professional)
 - 2 day NHSE funded course
 - 1 hour top up video for Tier 3 GP Trainers
- [Supervision Training - CCG - BLMK \(work-learn-live-blmk.co.uk\)](http://work-learn-live-blmk.co.uk)



AHP Roles in Primary Care

Each FCP requires the following supervision:

- Daily de-brief sessions with a Clinical Supervisor (20-30 minutes)
- Monthly Clinical Supervision sessions with a Clinical Supervisor
- 6 weekly CPD Supervision sessions with an AP or someone that is familiar with the Roadmap process and requirements
- Monthly Consultation Observation and monthly Case Based Discussion review (45-60 minutes)



AHP Roles in Primary Care

NHSE Roadmaps website [Roadmaps to Practice | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/roadmaps-to-practice)

- Profession specific Roadmap documents (which include the templates required for completion)
- Guidance on supervision
- Stage specific information
- Pre-recorded webinars with information on how to complete the Roadmap
- FAQs

Primary Care training Hub

- Matthew Cooper – Physiotherapy Clinical Lead - matthew.cooper8@nhs.net
- Tom McNally – Paramedic Clinical Lead - tom.mcnally1@nhs.net
- Hannah Baker – Primary Care Workforce Transformation Manager is also available to support alongside our Clinical Leads and can be contacted at Hannah.baker11@nhs.net
- Local place based leads in the ICB Primary Care Team



AHP Roles in Primary Care

Advanced Practice MSK Physiotherapy in Primary Care

Advanced practice physiotherapists are invaluable career development routes. Physiotherapists in these roles work with high degree of autonomy, use complex decision making within multi-professional teams, and work across the health and social care system to enable quality and intergrated care - CSP 2023



AHP Roles in Primary Care

Background

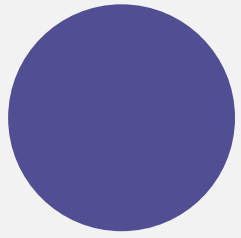
- Musculoskeletal (MSK) conditions affect many people and can affect your joints, bones and muscles and sometimes associated tissues such as your nerves. They can range from minor injuries to long-term conditions.
- Over 20 million people in the UK, almost one third of the population, have a MSK condition such as arthritis or back pain. Symptoms can include pain, stiffness, limited movement, and disability which affect quality of life and independence.

Why is MSK Health important

- Poor MSK health has a huge impact on people, their employers, the NHS and the wider economy. In fact, over 30 million working days are lost due to MSK conditions every year in the UK and they account for up to 30% of GP consultations in England.
- People are living longer with complex MSK conditions – for many people a longer life will mean more years spent in ill health. By 2030, over 15.3 million people in the UK will be over 65 years of age, resulting in an ever-increasing demand on MSK services.

Getting it right first time

MSK presentation yielding an overall prevalence of 21.1%. The commonest MSK presentations included the lumbosacral spine (18.3%) and the knee (17.4%). Re-presentations of original condition accounted for 73.9% of all MSK consultations. Steroid injections were administered in 33% of knee related consultations – (Br Jn GP – 2020)



AHP Roles in Primary Care

Advanced Practice in MSK

- Advanced Practice is an umbrella term inc. AHP
- Demonstrated ability to work autonomously at Level 7/Masters level
- Across all 4 Pillars of Advanced Practice (CP, Lead, Man, Ed&Res)
- Leadership – audit, service development, research projects, population health
- Natural progression for FCP's with MSc or level 7 learning
- AP in MSK Primary Care is growing (up to 80% of MSK now managed by FCP and AP in some PCN's) *MSK Science and practice 2022*
- No longer transition from FCP to AP with stage 3 of roadmap stopped.



AHP Roles in Primary Care

MSK FCP or AP in Primary care

- FCP could be viewed as progressive developmental/transitional role to AP if intended.
- Possible differences in FCP competencies and variability even with roadmap framework (prescribing, injecting, IR(ME)R etc....)
- AP is a status awarded for meeting a criteria against pillars – objective to be more comparable
- AP manage highly complex cases with autonomy
- Lead audit, research, teaching to other specialities, service development, structural design
- Takes personalised care population approach. Very autonomous, decisions based on patient presentations and needs rather than process.
- Leader Vs Contributor
- Differences can be very specific and individual (employment models)



AHP Roles in Primary Care

The ePortfolio (supported) route to AP

- Enables recognition with centre for advancing practice for clinicians already working at AP level in current roles
- Who have already completed their AP experiential and educational learning prior to 2017
- Voluntary route recognised by HEE
- Demonstrates capability, competency and expertise in profession at AP level through eportfolio portal
- Linking to 4 pillars of AP with evidence cross referenced and critical narrative



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board

Advanced Practice at Systems Level

Joanna Finney



Trust



Respect



Integrity



Accountability



Care and
Compassion

Background – National Picture

- Advanced Practice seen as a key in delivery of NHS long term plan – increasing numbers in reiteration
- Lack of consistency in numbers of doctors joining workforce
- High attrition rates across the country
- Worsening staff satisfaction
- Poor patient experience and satisfaction
- Rise in demand in access to healthcare
- Rising cost burden to the NHS in locum staffing
- Fuller report recommendation of transformation to neighbourhood and place teams
- Need for multidisciplinary teams to wrap care around most complex patients



Current BLMK Landscape

- Limited clarity and understanding of what advanced practice is
- Unclear picture of true advanced practice workforce
- Disparities in training, recruitment and development
- Retention issues due to lack of opportunities to progress
- Unclear/disparity governance and assurance standards
- Lowest declared numbers of AP workforce in region
- Disparity/lack of supervision for trainees
- No clear workforce plans / succession planning for onward roles
- Increasing population demand for access to services



Why is this needed?

- Advanced Practice has been identified in the Long Term Plan (2019) – Key area
- Advanced practice has existed for many years, however historically unregulated
- Development of the multi-professional framework for Advanced Practice developed in 2017 by HEE
- Guidance in competencies and workplace supervision, as well as minimum supervision standards produced to support training
- Ever growing move towards regulation of workforce – Centre for Advancing Practice developed in 2021, bringing recognition and guidance for national standardisation
- Development of national routes to recognition as an advanced practitioner
- Workforce now part of CQC inspections under expectations of the Health and Social Care Act 2008



Advanced Practice in BLMK Strategy

Part 1



Trust



Respect



Integrity



Accountability



Care and
Compassion

What is it?

- Whole strategy is planned to be delivered over 2 parts – Part 1 sets system wide best practice recommendations in regards to being the underpinning understanding, governance, accountability lines, roles and responsibilities, training guidance – aid in identification of those working at an advanced level, working towards or not at level. Provides overall parity across the system
- Part 2 will hopefully build on part 1 and will be the operational element to the strategy – once the workforce is mapped and identified aid in building true picture of current workforce, identify gaps in service provision, projected need over 5-10 year period and how the system will support the pipeline and development of Advanced Practitioners

3.0	Definitions	7
	Advanced Level Practice	7
	Consultant Level Practice	8
	Organisational Governance	10
	Roles and Responsibilities	13
	Role and responsibilities of the Advanced Practice Director/Corporate Lead/ Medical Director / Chief Nurse	13
	Role and responsibilities of the Advanced Practice Oversight Group (or relevant title)	14
	Role and responsibilities for the Designated Clinical Supervisor	14
	Roles and responsibilities for the Team Lead / Line manager	15
	Role and responsibilities of the Consultant Practitioner	16
	Role and responsibilities of the Advanced Practitioner	16
	Role and responsibilities of the Trainee Advanced Practitioner	17
	Regulation and Accountability	17
	Education and Development	18
	Masters and Portfolio completion	20
	Development	21
	Clinical Supervision	21
	Workforce planning, sustainability and recruitment	22
	Business Cases	23
	Job Descriptions and Job Planning	24
	Recruitment	25
	Appraisal, CPD, Banding and Competency	26

Organisational governance and infrastructure arrangements	How this is demonstrated within BLMK ICS organisations
Practice governance and service user safety requirements	<ul style="list-style-type: none"> - Advanced practice governance framework and competency document has been produced. This clearly states the roles and responsibilities of the employers, advanced and consultant practitioners. - An advanced practice lead role and Advanced Practice Oversight Group (or other relevant title) has been developed to oversee implementation, co-ordination, and oversight of advanced and consultant roles within the organisation/system. - BLMK ICS works in collaboration with the ICS Faculty of Advanced Practice to ensure consistent system wide working of advanced and consultant practitioners.
Adherence to legal and regulatory frameworks	<ul style="list-style-type: none"> - Advanced practice governance framework and competency document has been produced - All advanced and consultant practitioners will have to demonstrate that they are working at an appropriate level yearly within their Personal Development Plans (PDP) and link to relevant nationally recognised capabilities - As a minimum advanced practitioners must evidence against the NHS England (2017) Multi-professional framework for advanced clinical practice in England - As a minimum consultant practitioners must evidence against the NHS England (2020) Multi-professional consultant-level practice capability and impact framework. - All advanced and consultant practitioners must be registered with their own professional body - All advanced practitioners will be working towards or have HEE Centre of Advanced Practice recognition (digital badge / passport) - All advanced and consultant practitioners will be supported to gain professional accreditation / credentialing /

Continued assessment against, and progression through, the objectives identified within this framework	<ul style="list-style-type: none"> - The continued assessments are clearly identified within this document, sections 9 and 10 - All advanced and consultant practitioners are required to have a master's level qualification or equivalent and evidence against relevant nationally recognised clinical competency and capability frameworks - It is a requirement of BLMK ICS that the following are reviewed and assessed at all advanced and consultant practitioners' appraisals: <ul style="list-style-type: none"> - Core and specialist competencies have been maintained and signed by Clinical Supervisor. - Increased scope of practice must be reviewed and updated as required. - Job plan and job description reviewed and amended if required.
Location of advanced clinical practice within a career framework that supports recruitment and retention, and succession planning to support workforce development	<ul style="list-style-type: none"> - The recruitment processes are clearly identified within this document, section 9, and will reflect and support the BLMK ICS joint forward planning (JFP) and People Board - Recruitment process will be supported by Advanced Practice Oversight Group (or other relevant title), workforce subgroups and interprofessional education linked to service.
Regular constructive clinical supervision	<ul style="list-style-type: none"> - All trainee advanced and consultant practitioners must have a designated clinical supervisor, with mentoring continuing once

Roles and Responsibilities

Role and responsibilities of the Advanced Practice Director/Corporate Lead/ Medical Director / Chief Nurse

- Lead, influence, and shape advanced and consultant clinical practice within and across the organisation.
- facilitating standardisation of advanced level practice roles across all divisions
- Develop the advancing roles long term strategy for the organisation, identifying challenges that may accompany this and direct or influence the measures required to overcome these
- To have overall responsibility in providing effective professional leadership and governance to the advanced and consultant practitioners across the organisation, ensuring the governance framework for advanced level practice is embedded, reviewed, and reflects contemporary practice and workforce plans
- Provide expert clinical leadership in the delivery and development of new systems and processes which facilitate improved Advanced level practice recruitment, training, development, and retention
- Work in partnership with the divisional senior teams in developing and driving advanced practice workforce implementation and development
- Support and develop cross population working within region
- Hold an up-to-date register of advanced and consultant practitioners and Clinical Supervisors working across the organisation
- Monitor the progression of all trainees advanced and consultant practitioners across the organisation
- Work in collaboration with trainee advanced and consultant practitioners and HEIs reviewing the delivery of academic modules and evaluating effectiveness of the training programmes
- Assure that advanced and consultant practitioners have a professional lead,

important as some health and care professionals aspiring to work in an advanced practice role may have completed alternative qualifications at Masters' level.

BLMK ICS would expect all consultant practitioners to be able to provide an extensive portfolio of career-long learning and development including both experience and formal education at master's level and reflective of the four pillars of advanced practice: research experience, scholarship and some evidence of publication or dissemination/ sharing of learning and expertise as well as extensive clinical experience expertise, demonstration of education, training and development as well as strategic service development. Consultant practitioners will also be expected to either have, working towards or willing to undertake a doctorate or demonstrate level 8 educational attainment and or have a strong published research portfolio.

It is important to note that having a master's degree alone does not grant the practitioner advanced practitioner status within BLMK ICS, neither does a doctorate guarantee a consultant practitioner post. |

Essential components include: achievement of the relevant competencies and capabilities need to be demonstrated and evidenced, along with the employer's support that the role is required, funded through a robust business case including succession planning for career

Clinical Supervision

Lack of high-quality supervision for trainee advanced practice roles is detrimental in supporting the development of confident, competent, and capable practitioners which underpins both patient and practitioner safety.

Health Education England has published two supporting documents that should be utilised by all organisations who already have or are looking at developing advanced practice roles to ensure the quality of supervision required is met.

- [Workplace Supervision for Advanced Clinical Practice - Advanced Practice \(hee.nhs.uk\)](#) provides in-depth, evidence-based information and recommendations on how to develop quality supervision in the workplace.

<insert title and version number (v1.0)> NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board	Page 21 of 117
---	----------------

Key indicators that should be evidenced in a robust business case:

- What outcomes are expected from the advanced / consultant practice role?
- When will these outcomes be achieved and how will these be measured pre and post implementation?
- What risks and unintended consequences might there be to the introduction of this role and how may they be mitigated against?
- What resources and support are required for role development (clearly include any work based and educational supervision requirements) and succession planning?
- Is workforce optimised to ensure clinical and financial benefits are maximised?
- How will on-going competence and capability be reviewed and enabled?
- What reporting and line management structure will be in place?
- What processes will identify gaps in performance and/ or shortfalls in implementation and how will these be addressed?
- Has a quality assurance model been considered to measure this e.g., CQC 5 key lines of enquiry which will support inspection?

Job Descriptions and Job Planning

Job descriptions should map to the HEE Multi-Professional Framework for Advanced Clinical Practice, with job plans clearly supporting practice across the four pillars of advanced practice. The HEE ACP Toolkit has resources to assist with the development of advanced practice roles. A generic job description has been provided for BLMK ICS (Appendix 4). BLMK ICS

Accreditation / Credentialing

Accreditation is the process of assessing the background and legitimacy to practice at an advanced level by assessing qualifications, experience, and competence.

Accreditation allows practitioners to gain formal recognition from their professional body, acknowledging their level of expertise and skill in their clinical practice, leadership, education, and research, in a way that is recognisable to colleagues, employers, patients, and the public.

Accreditation is currently not a requirement for advanced and consultant practitioners within BLMK ICS, however, it is desirable if the advanced or consultant practitioner has an accreditation process in place.

Royal College of Nursing offer a credential in advanced level nursing practice. A credential with Level 7 modules is acceptable for BLMK ICS as a credential until time of next revalidation. Currently, the RCN credential does not completely align with NHSE 'credential of learning'. It is expected that with the next revalidation of RCN advanced level nursing practice, that candidates are to apply for the NHSE digital badge in advanced clinical practice.

Generic competencies will be maintained yearly to provide assurance of ongoing capability and knowledge (Appendix 6&7), and updated on the competency matrix (Appendix 8).

Linking assessment and competency to pay banding

It is expected that trainees complete core competencies throughout their training (either BLMK ICS Core competencies as well as any nationally recognised competencies; with the HEE centre for advancing practice website holding all nationally approved competencies and capabilities). **ALL** core competencies must be completed, attaining at least a level 3 on the taxonomy of attainment prior to progression from a trainee to advanced practitioner. Practitioners may choose to use the specific competences (i.e., acute medicine, general medicine, ED, surgery, general practice) as a basis for demonstrating some core competence as well. Practitioners should decide themselves how these documents can best support their development as well as providing evidence of progression and are expected to work with their

Guidance to determining your scope of practice

Practitioners have a responsibility to self-assess, articulate, and work within their own competence and scope of practice. Some useful questions to assist in determining if an activity / task is within your scope of practice include:

- Is it in the best interest of the patient?

<insert title and version number (v1.0)> NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board	Page 38 of 117
---	----------------

- Is it within the scope of practice for your profession (legislative, professional association guideline documents)? Is it accepted practice within your profession?
- Is there organisational support (e.g., guidelines, within job description, management approval)
- Is it within my own scope of practice (Do I have education preparation and clinical practice? I am I competent and confident to perform the task safely?)

Appendix 3 - Employer readiness checklist for Advanced level Practice

Advanced practice is delivered by experienced, registered health and care practitioners, characterised by a high degree of autonomy, complex decision making and leadership within their area of practice. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education, and research, with demonstration of core capabilities and area specific competence. Professionals working at the level of advanced practice will exercise autonomy and decision making in a context of complexity, uncertainty, and varying levels of risk, holding accountability for decisions made. Currently, there is a lack of consistency in how the titles 'Advanced Practitioner' and 'Advanced Clinical Practitioner' are used. In this document the term Advanced Practitioner/ Practice (AP) is used. HEE's national Centre for Advancing Practice has been established to lead the advanced and consultant practice agenda. Its aims are to:

- Establish and monitor standards for education and training
- Accredite advanced practice programmes
- Support and recognise practitioners
- Grow and embed advanced practice and consultant workforce

The Regional Faculties for Advancing Practice have been developed to work with local systems (STPs/ICSSs and NHS providers) to identify demand, commission high quality education and training and support the supervisory needs of learners.

Is my organisation ready to implement and support Advanced Practice?

Many employers have expressed a wish for support to develop AP roles and this AP Readiness Checklist has been developed to help employers to self-assess their organisational readiness for advanced practice trainees and identify possible next steps. The Checklist is based on the key principles of the [Multi-professional framework for Advanced Clinical Practice in England](#) and has been developed for AP leads (or other senior education leads responsible for APs) at an organisational level, with input from individual trainees and supervisors.

Organisations should rate their readiness on a scale of 1 to 4 for each domain, where 1 signifies there is no evidence and 4 signifies that the factor is fully embedded within the organisational infrastructure and governance. It is anticipated that the results of the checklist may help employers and AP leads identify areas for improvement to help ensure both the success of AP training for their staff and fully realise the potential benefits of embedding new AP roles within clinical pathways.

Core Competency Matrix			
Competency No	Date Completed	Evidence	Comments
C1 History taking			
C2 Clinical examination			
C3 Safe prescribing			
C4 Time Management			
C5 Clinical Reasoning			
C6 Pt Centred care			
C7 Patient Safety			
C8 Team Working			
C9 Quality and Safety			
C10 Infection Control			
C11 Long term care			
C12 Communication			
C13 Breaking bad news			
C14 Complaints			
C15 Communication 2			
C16 Health Promotion			
C17 Legal Framework			
C18 Valid Consent			
C19 Medical Ethics			
C20 Ethical Research			
C21 Guidelines			
C22 Audits			
C23 Teaching / training			

Departmental or General Practice level	Examples of evidence in your organisation	Extent to which these are in place 1-4	Explain your decision
Department or General practice Level			
The purpose and scope of AP roles in patient pathways are clearly articulated	Job descriptions, workforce plans		
We have in-house training pathways for AP, with speciality-specific curricula or core and specialist capabilities that encompass all four pillars of the Framework	Training pathway documents, curricula, competencies		
There is a commitment to provide protected study time/leave for all trainee APs	Contracts of employment, job plans		
Each AP trainee has a named supervisor who is familiar with the requirements of AP	Workforce reviews, local AP supervisor database		
We have mechanisms for evaluating the impact of AP roles	Service evaluations		
Workplace assessment of AP / trainees AP is carried out by competent assessors who are familiar with the assessment tools	AP strategy, workforce reviews		
We have links with speciality-specific AP networks e.g. Royal College of Emergency Medicine, Faculty of Intensive Care Medicine	AP strategy, network events		
There are processes to ensure that the HEE supervision fee is accessible at service level	Departmental budget line		
Supervision level and support			
Potential AP trainees meet the university entry requirements (including functional skills for the apprenticeship pathway), and are prepared for the demands of education and training for AP	AP recruitment and selection strategy		
Each AP trainee has a named co-ordinating supervisor who is familiar with the requirements of Advanced Practice	Workforce reviews, local AP supervisor database		
Appropriate governance processes are in place to support trainees in difficulty or those unable to complete an AP programme	AP strategy document		
Robust processes are in place to monitor trainee AP progress and certify completion of training	Training progress records		
There is support, training and induction for staff who supervise clinicians in AP roles in training	Clinical supervision policy, local AP supervisor database, supervisor network events		
All AP supervisors have allocated time for AP supervision (minimum 1 hour per week)	Job plans (where used), clinical supervision timetables		
Robust processes are in place to monitor trainee AP supervisee progress and certify completion of training	Robust processes are in place to monitor trainee AP supervisee progress and certify completion of training		
Key 1. No evidence of this 2. Limited evidence in place 3. Evidence is in place but not embedded across the whole organisation 4. Fully embedded within the organisation			

C15 Communication 2			
C16 Health Promotion			
C17 Legal Framework			
C18 Valid Consent			
C19 Medical Ethics			
C20 Ethical Research			
C21 Guidelines			
C22 Audits			
C23 Teaching / training			
C24 Personal Behaviour			
C25 NHS Structure			

Clinical Competency Matrix			
Competency No	Date Completed	Evidence	Comments
CC1 Acute presentation			
CC2 Life threatening			
CC3 Injuries / fractures			
CC4 Common symptoms			
CC5 Mental health			



Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Next Steps

- Strategy going through phased release – People Board May 2023
- Out for comment and chance for partners to influence content
- Advanced Practice engagement ICS wide event – 22nd June 2023
- Final version part 1 strategy Summer 2023
- Scoping of existing true AP workforce
- Scoping for Sept 2024 trainees beginning over summer
- Continue to support ICS wide partners with AP development and integration into services
- Scoping potential for pilots – particularly in PC/community



Contacts

Joanna.finney2@nhs.net

0781 083 2059

@EMACPJo



Bedfordshire, Luton
and Milton Keynes
Integrated Care Board



Questions?



Trust
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board



Respect



Integrity



Accountability



Care and
Compassion



Break



Menti poll



GO TO
menti.com

ENTER THE CODE
3547 3229

 0



Final questions and reflections