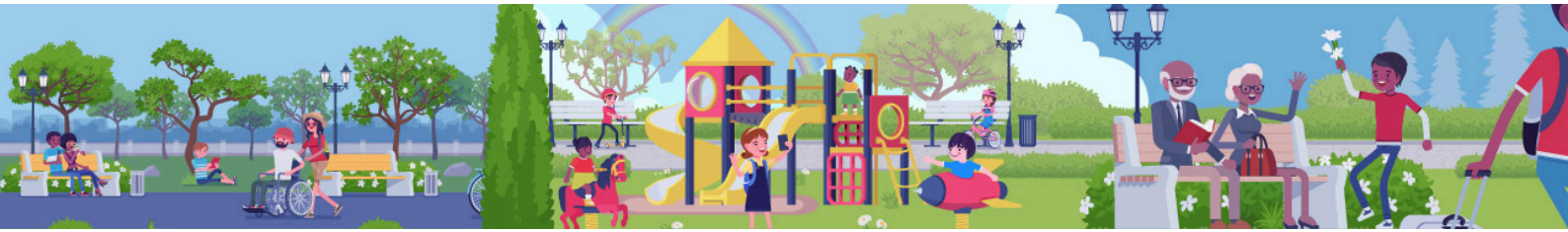# BLMK PRIMARY CARE

FESTIVAL OF LEARNING
Post Event Resource Pack

Connect, share and learn as we journey towards the future of integrated neighbourhood working.

CONNECT

SHARE

LEARN

Welcome to the Festival of Learning **post event resource pack.**

Within the pack you will find summaries of the hot topic table discussions as well as useful links and further reading to help consolidate your learning and share with your teams.

Please take the time to submit your **evaluation of the event,** this will help inform future events.

BLMK
Integrated Care System
Primary Care Training Hub

The Ridgeway Centre,
Milton Keynes MK12 5TH

29th February 2024
09:30 - 16:30

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

CONTENT OF POST EVENT PACK

You can click on each section of the content page to navigate to the page of this delegate pack where you will find out more information

Please take the time to submit your **evaluation of the event,** this will help inform future events.

BLMK
Integrated Care System
Primary Care Training Hub

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

SUMMARY OF THE DAY

MORNING SESSION	Registration & welcome to the day
	Nick Downham: Tackling the Increasing Demands we Face
	Guided Networking
	Hot topics tables

AFTERNOON SESSION	Nick Downham: Fundamentals of Network & Neighbourhood Team Working
	Hot topics tables
	Reflection & close

Nick Downham
Keynote speaker

Morning keynote session

The session addressed the growing demands by considering improving access, increasing touch point capacity, or reevaluating approaches. Nick introduced the Failure Demand concept - demand created by ineffective responses and explored sources of failure demand in primary care and team-based solutions, such as defragmenting teams, clarifying roles, supporting human systems, and understanding needs beyond labels.

Afternoon keynote session

In the afternoon Nick discussed the shift to team-based primary care models, highlighting challenges in network and neighborhood working. Characteristics of effective network and neighborhood working were explored, emphasising the need to focus on certain aspects for success. The session concluded by asking what changes will occur and for whom.

Hot Topics Tables

During the Festival of Learning delegates had the opportunity to visit four Hot topic Tables and engaged in a wide variety of discussions.

EDI & Wellbeing	OD & Culture	Recruitment & Retention	Learning & Development	Leadership & Management	Collaboration & Integration	Innovation

EDI & Wellbeing
- Prevention
- Healthy Workplace Standards

OD & Culture
- Utilising a QI Approach to OD
- Team Development & OD

Recruitment & Retention
- Career Conversations
- Career Development

Learning & Development
- Digital Placement Expansion
- Knowledge & Library Services

Leadership & Management
- Coaching Conversations
- Workforce Planning
- Team Coaching

Collaboration & Integration
- Working with the fire Service
- Working with Communities
- Personalised Care MDT
- Personalised Care Roles

Innovation
- Triage and Access Models
- Sustainability

Hot Topics Tables

Summaries and resources from the Hot Topics Tables

EDI & Wellbeing	OD & Culture	Recruitment & Retention	Learning & Development	Leadership & Management	Collaboration & Integration	Innovation

EDI & Wellbeing

Prevention - Faith Haslam & Megan Gingell

Discussions were extremely positive, engaging & encouraging. Overview of 1st iteration of BLMK ICS Primary Care Delivery Plan **(find here**) key messages from the prevention plan were drawn out including:

- Having more conversations with people about health behaviours (e.g. decreasing physical inactivity, stop smoking, healthy weight advice),
- Increasing awareness of local and national preventative services available and increasing referrals into these services.
- Improved management of long-term condition management was also discussed, including treating more people with hypertension to target and greater completion of diabetes care processes.

During the hot topic table session, participants engaged in open, honest discussions emphasising the importance of prevention in Primary Care. Many shared examples of successful preventative initiatives within their PCN or practices, utilising population health management techniques for targeted interventions and clinical reviews based on PCN data. Community pharmacies' role in prevention was also highlighted. Participants exchanged contact information for follow-up discussions on various projects mentioned. The discussions underscored the need to optimise data utilisation for guiding prevention efforts and emphasised the importance of robust data flows, such as incorporating community-based blood pressure readings into GP practices for further assessment and treatment. It was evident that fostering strong networks across the Integrated Care Systems (ICS) is crucial for coordinating and sharing knowledge about prevention initiatives.

For more information about the plan please see: Delivery Plan and please feed back any comments you have to Craig.lister4@nhs.net and Faith.haslam2@nhs.net

Healthy Workplace Standards - Sarah James

Our discussions were lively and revolved around a mixture of challenges that practices and PCNs are facing as well as the sharing of ideas and good practice. The major theme was stress in Practices and PCNs and how to maintain a positive culture and wellbeing in a challenging working environment.

Themes:

- What makes a healthy workplace for staff at all levels and patients?
- Work Facilities (professional structures) and working conditions are a challenge.
- The power of communication and shared experiences in work – connecting as people. Ideas of newsletters with achievements, key dates.
- Maintaining staff satisfaction and accommodating flexible working needs whilst offering a good service.

Take a look at their website for more information.

Hot Topics Tables

Bios and Synopses for the Hot Topics Tables

EDI & Wellbeing | OD & Culture | Recruitment & Retention | Learning & Development | Leadership & Management | Collaboration & Integration | Innovation

OD & Culture

Utilising a QI Approach to OD - Simon Beesley

An exploration how the use of a Quality Improvement (QI) based approach can support the development of high performing primary care teams. Studies of high performing teams across multiple sectors including healthcare have demonstrated that being part of a values and purpose driven team working in a psychologically safe culture brings the best out of staff and results in great patient care. The use of QI tools can shape your team, practice and PCN culture, improve team dynamics, and revolutionise your working environment for the benefit of GP partners, staff, and patients.

Summary of Key Themes From Hot Topic Discussions:
- The development of a PCN culture is proving challenging which impacts the experience of many ARRS staff who are unclear if they are part of a practice or a PCN or both?
- How much time do GP Partners, Practice Managers and PCN Managers have to commit to organisational development?
- What is the purpose which unifies staff and partners within practices and PCN's?
- What lessons can be learnt from PCN's in terms of organisational development, that can inform the development of integrated neighbourhood working?
- How effective are we at engaging staff from across our practices and PCN's and listening to the challenges they face? How can we give them a sense of empowerment to make improvements?
- How much time is committed to organisational development prior to practice mergers and / or PCN reconfigurations?

Take a look at the resource created by Simon exploring team dynamics and characteristics.

Team Development and OD - Martha Roberts

Teams are at the heart of the NHS. Not as an abstract concept but using evidence based approaches that structure team practice and leadership. Teams make great places to work. During my Hot Topic Discussions we explored what makes a great team and how to develop our own teams.

If you are interested in a bespoke team development for your team take a look here at the Affina Team Journey - limited time offer.

Hot Topics Tables

Bios and Synopses for the Hot Topics Tables

Recruitment & Retention

Career Conversations - Janet Thornley

During the Festival Janet shared ideas about what our colleagues may need from us as employers to have an exciting and rewarding career.
Following the link below you will find resources that are easy and effective to use in practice that will enable colleagues to stay and thrive in BLMK and achieve their career aspirations.

Take a look at career conversation resources by clicking here, including:

- Career Conversation Template
- Coaching Dials Exercise
- Stay Conversations

Career Development- Lois Nana Osei & Alex McGarvey

We enjoyed hosting a Hot Topics table at the Festival of Learning. There were lots of interesting and insightful discussions exploring how, when practices and PCNs invest in the career development of their staff (& themselves) they can re-energise the organisation and improve recruitment and retention of the team.

Learning & Development

Digital Placement Expansion - Kirsty Shanley

On the Digital Placement Expansion table, we talked about the digital placements we run currently for 2nd year nursing students and how these could also work well across other roles such as physios and paramedics. We also discussed using a similar model to provide a 3rd year nursing placement early in 2025. There was some great positivity for these, and it was understood how this was a benefit to practices verses a traditional placement. I explained how we use our local nurse experts to provide training and share their knowledge and experiences with students and promote General Practice as a 1st destination career. This is not only beneficial for the students but allows career progression and renewed motivation for the nurses as they hone their teaching skills. I received expressions of interest from a couple of practices on the day who would like to support this placement. Everyone agreed this type of placement can help with the space and time capacity of the practices.

Take a look at Digital Placement Expansion resource here.

Hot Topics Tables

Bios and Synopses for the Hot Topics Tables

EDI & Wellbeing	OD & Culture	Recruitment & Retention	Learning & Development	Leadership & Management	Collaboration & Integration	Innovation

Learning & Development

Knowledge & Library Services - Beth Thompson

It was a pleasure connecting with primary care and ICB colleagues to discuss information needs of different groups, such as staff transitioning into primary care. We explored the range of knowledge and library resources, which were seen as particularly beneficial for those in training, plus how evidence searches can support clinical and non-clinical decision-making.

It was fascinating to hear about the use of AI in triage and discuss its potential in research and information tools, such as **Medwise.ai** and **Consensus**. I'm looking forward to hearing from anyone interested in an evidence search or finding out more about the resources: **beth.thompson16@nhs.net**

Leadership & Management

Coaching Conversations - Shankari Maha

Many open and honest conversations, as everyone involved created a safe space for people to explore what coaching is and how it has or might in the future impact them and their personal and professional development. Discussions revolved around confidence at work, what feels overwhelming and how coaching style conversations with a trained professional could help and the ripple effect this would have on all of our colleagues around us too.

Funded coaching sessions details below:
If GPs or GPNs have any concerns or wanting to access mentoring/ coaching across BLMK: blmkicb.blmk.traininghub@nhs.net

Akeso coaching offer.

East of England Coaching Offer.

Hot Topics Tables

Bios and Synopses for the Hot Topics Tables

Leadership & Management

Workforce Planning - Stephanie King

The PCN discussion sessions addressed several key themes: the importance of retaining suitable staff over merely increasing numbers, developing both individuals and their roles within the team, defining the clinical responsibilities of the PCN team, and the disparity in salaries between practices and PCNs for similar roles. They also highlighted challenges such as a shortage of staff, difficulty in understanding roles and requirements, and integrating PCN teams into practice settings.

Similarly, the practice discussions focused on workforce expansion considerations, aligning decisions with patient needs, appointment length, staff morale, and the integration of PCN staff into practice structures, with variations in organisational culture across different locations. Lastly, PCN session 4 encompassed discussions on the activities of represented PCNs, staff recruitment strategies, services offered, and estate-related issues.

Team Coaching - Amanda Gadsby

The team coaching session highlighted recurring constraints such as time constraints and capacity limitations, underpinned by themes of silo working and reluctance to embrace change within teams. There was variation in team structure, with some teams operating at the practice level and others spanning multiple practices. Managers tended to intervene rather than allow space for exploration and learning, often due to time pressures.

The session framed these challenges as both immediate issues ('small fires') and broader cultural shifts necessary for transformation. We identified potential benefits in managers and teams receiving coaching support to foster a coaching culture and extend this mindset to team dynamics, highlighting the need for external support in this endeavour.

Take a look at the Team Coaching resource pulled together by Amanda here.

If you are interested in team coaching and development for your team take a look at the Affina Team Journey - limited time offer.

Hot Topics Tables

Bios and Synopses for the Hot Topics Tables

Collaboration & Integration

Working with the Fire Service - Matt Ockenden and Ian Howarth

The Fire Service hot topic table produced some very positive outcomes in terms of introductions to key PCN team members and strengthening of existing relationships. Further, good progress was made with the ongoing development of a collaborative approach to helping vulnerable people live more safely in their homes and the associated wellbeing checks.

Since the Festival of Learning several PCNs have signed the official scheme documentation and begun making referrals.

An all-round successful day from the Fire Service perspective.

Working with Communities - Mat Wright

I very much enjoyed the BLMK Primary Care Festival of Learning Event, where I introduced the topic of community engagement within primary care. How do you get an opinion from pockets of the population who have no voice?

I shared our successes with local community projects and hearing ideas on what may work for your practice catchments.

Take a look at some of the wonderful work Mat and his team have been implementing with their communities.

Personalised Care MDT Working - Julie Damon

The discussions went well, we talked about how the roles in the PCN came on board and were overlapping services to patients which was often confusing for clinicians referring in and for the patients receiving the care from numerous professionals. We went through how streamlining the referral process and educating practices on these holistic roles has meant there is an understanding, however facilitating a weekly MDT means that a full discussion can be had around personalised care for patients and ensuring they get the correct care and contact at the beginning of their journey.

We talked through how to expand this approach to bring in other roles and service but ensuring it is kept confidential, sharing agreements etc.

We also covered how to report on the data and the work that the additional roles do in practices, how can we show how they support practices and patients in with their care.

My key message was to try things, you won't know if it doesn't work unless you give it a go, then monitor, adjust and keep trying.

Hot Topics Tables

Bios and Synopses for the Hot Topics Tables

| EDI & Wellbeing | OD & Culture | Recruitment & Retention | Learning & Development | Leadership & Management | Collaboration & Integration | Innovation |

Innovation

Triage & Access Models - Nick Downham

Making the Most of Triage:
- Be clear on what you mean by triage. Classic triage (prioritising) or hybrid (looking to meet a proportion of need in the triage process). Be clear and document (map) your triage process. Do this before you engage tech providers. So you know what you want to achieve and what data you need (see conversion rates below).
- Be wary of tech systems that 'hold' the triage list separately to your clinical system and those that don't write direct into notes. These can very quickly result in practices losing the overall view of the queue and the risk within it.

Conversion rates matter:
  - Overall request > Appt Conversion Rate
  - Admin Triage > Clinical Triage Conversion Rate
  - Clinical > Appt Conversion Rates
- If running a hybrid system, it involves meeting need (using a digital channel like SMS) or tele. How do you know you are doing this? A potential measure might be re-triage rates. Proportion of people who come back round within 1-2 weeks is a useful proxy indicator.
- Running triage has an opportunity cost – especially if it has a clinical element. Linked to the conversion rates, is the triage saving enough appointments (as opposed to if you converted the triage clinical time to appts).
- Populations take time to learn new systems of access. So it is common to have a honeymoon period where triage seems to reduce pressure – but this could just be temporary while populations re-orientate.
- Triage systems can make access inequalities worse. Does it favour certain groups over others. Remember – a flat offer of access is not fair to all population groups.
- Remember demand only goes down if need is genuinely met. So don't fall into the trap of the illusion of meeting need (lots of access). Work on front end systems such as triage need to be considered alongside work on optimising the fundamentals of care (LTCs, Multi-Morbidity Care, Continuity, Surfacing hidden needs).
- Continuity matters. Consider the challenge of maintaining continuity with fast moving triage systems. How will you ensure continuity?
- Be clear on what you should not be triaging. For example, do you want to triage the same person multiple times per week? Or do you want to pull them out of the system and try and manage the pattern of attendance?
- Take time to case map a handful of patients and understand their interaction with your triage system. Take high volume users and long term, high volume users. Look for patterns. Are they looping round and round? Is their care fragmented? What is the underlying need (possibly not on the first screen – would the triaging clinician even spot this?)

Hot Topics Tables

Synopses from the Hot Topics Tables

EDI & Wellbeing	OD & Culture	Recruitment & Retention	Learning & Development	Leadership & Management	Collaboration & Integration	Innovation

Innovation

Sustainability - Tim Simmance & Raj Venugopal

Raj & I were very grateful for the thoughts of those that joined us to discuss Environmental Sustainability in primary care - **take a look at our sustainability resource.**

Climate change is happening, & is already impacting on the health & lives of our patients, staff, residents. Healthcare produces as many emissions as a small developed country, & amounts to 4-5% of the UK's emissions. The effects of climate change & environmental degradation will mean more & worsening health issues, higher demand for healthcare services. We need to act now – we have a moral, statutory and regulatory duty.

Sustainable Healthcare isn't just part of our job – it is our job! Moving to Sustainable Healthcare will mean a more-preventative, efficient, effective and low carbon system. It'll mean improved population health and wellbeing, empowered patients, happier staff, and more-affordable healthcare.

It won't be easy – as many on the table talked about, there are some things completely outside our control, some that we can only influence, and other things that will only make a small difference. Those of us working in environmental sustainability will always advise people to start somewhere. If we all start making changes now, the combined impact will be huge.

"We do not inherit the earth from our ancestors; we borrow it from our children"

Top tips to get you started:
1. Declare a Climate Emergency
2. Optimise inhalers
3. Calculate your carbon footprint, and that of your practice
4. Consider switching to renewable electricity
5. Consider switching to a greener bank for your business and yourself
6. Review prescribing practices to reduce overprescribing
7. Engage, educate and empower patients
8. Promote active travel for staff and patients
9. Reduce, Reuse, Recycle – embed this in your culture (especially "Reduce")
10. Use tools such as Green Impact for Health to guide further action
11. Keep discussing it at every opportunity.

Hot Topics Tables

Synopses from the Hot Topics Tables

VGC & Shine Programme

This is a learning session which took place at the same time as the hot topics tables, facilitated and led by Dr Tayo Kufeji and Bec Howard.

Tayo and Bec discussed how to run Group Consultations and how the ShinyMind app has been prescribed to patients in a pilot programme in some of the practices and PCNs across BLMK to reduce patient demand and increase access to mental health support.

After showcasing the incredible impact of the 'Shine' Wellbeing Prescription Programme within NPMC at the Best Practice Conference in October 2023, Dr Tayo Kufeji and his team of dedicated primary care staff joined forces with ShinyMind to deliver a 1-hour kickstart webinar on 'Coping with Anxiety' to patients with anxiety and depression, and those living with a long-term health condition (e.g. heart failure, COPD and fibromyalgia), of which 136 patients registered to attend.

The added benefit of this webinar session was the presence and support of their own GP being in the virtual space with them, collectively increasing GP contact time to empower their wellbeing journeys.
- **100% of respondents felt the session helped them feel better**
- **77% of respondents were likely to make changes because of the session**
- **77% of respondents were likely to recommend the session to somebody they know**

Take a look at their resource on widening access to care with pioneering large-scale, group consultations for patients

If you would like to express your interest, please scan the QR code:

Other contact details
For general enquires: **hello@shinymind.co.uk**
Visit the website: **www.shinymind.co.uk**

Introducing our Clinical Leads

The BLMK ICB has a variety of Primary Care Clinical Leads who have their own specific objectives to drive innovation, collaboration, and excellence across Bedfordshire, Luton, and Milton Keynes in their specialist area. During the event, some of the Strategic Clinical Leads will introduce themselves and give a brief overview of their areas of work but you can view the full list of clinical leads here:

Dr Shankari Mahathmakanthi
Primary Care Strategic Clinical Lead - Children and young people

Shankari is a GP since 2019 and currently holds a Salaried GP role at Lea Vale and for the BLMK ICB she is the GP Early Careers Strategic Lead, Deputy Chair of the Primary Care Training Hub and the Primary Care Strategic Clinical Lead for Children and Young People. To find out more about this, visit: https://www.blmkhealthiertogether.nhs.uk/ She has completed the Primary Care Innovation Academy Course at Cambridge University and is undertaking a Diploma in Coaching and Mentoring. She has a solution-focused mindset and supports our system through various projects.

Dr Chirag Bakhai
Primary Care Strategic Clinical Lead - Long Term Conditions

Dr Chirag Bakhai works closely with partners across the system to improve services for people with long term conditions, reduce unwarranted variation and drive equity in outcomes. He is also a Clinical Advisor to NHS England and the Primary Care Clinical Lead for Diabetes and CVD for the East of England. Chirag is particularly interested in disease prevention, supported self-management and the effective use of data in improving population health.

Dr Monjour Ahmed
Primary Care Strategic Clinical Lead - Access

Dr. Monjour Ahmed aids in addressing place-based access challenges, developing urgent primary care access, and diversifying access to ARRS. He liaises with other urgent care providers like 111, HUC, and GPUC to ensure same-day primary care. Additionally, he promotes integration with social services.

Dr Roshan Jayalath
Primary Care Strategic Clinical Lead - Mental Health & Learning Disability

Having initially trained and worked in Psychiatry, I qualified as a GP and have been working at King Street Surgery, a thriving training practice, in Kempston, Bedford as a partner for the past 14 years. With the introduction ICS in BLMK, my position has been extended in providing strategic leadership in mental health and Learning Disability across this footprint. I have been representing Bedford as the GP locality chair and as the governing body member of the Bedfordshire CCG since 2017 and later across Bedfordshire Luton, and Milton Keynes CCG.
In addition to my health roles, I am the founding member and the President of the Sri Lankan Society in Bedfordshire which was formed in February 2022 by a group of health care professionals working within the NHS in Bedfordshire.
As a local GP, I am committed to improving health care services in the community and would like to ensure equality, fairness, and collective leadership.

Dr Manraj Barhey
Primary Care Strategic Clinical Lead - Health Inequalities Lead

I am Dr Manraj Barhey - people call me Baz. I am a GP at Woodland Avenue Surgery in Luton and have been since 1995. I have an interest in Dermatology , Skin Surgery and Joint Injections, but really enjoy all aspects of General Practice especially Clinical variation and Health Inequalities.

Primary Care Strategic Clinical Lead - Workforce

This post is currently vacant.

Posters presented at the Festival of Learning

Hybrid and Remote Working Model Overcomes Estates Constraints for Additional Roles

Use of Community Spaces for Proactive Social Prescribing

Recruiting Nursing Associates at Scale

Innovative Approach to Estates Constraints

Outsourcing the Digital & Transformation Lead role

Single Point of Contact Referral Service: Personalised Care Roles and Occupational Therapist

Pioneering Large-scale, Patient Group Consultations: Widening Access to Care

Knowledge and Library Services

MDTs In Primary Care: The Evidence

BLMK
Integrated Care System
Primary Care Training Hub

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Hybrid and Remote Working Model Overcomes Estates Constraints for Additional Roles

Sandhills Primary Care Network

What?

Sandhills PCN have demonstrated how many of the additional roles can work remotely or in a hybrid pattern thus reducing the need for additional estate.

Why?

13 additional roles had been employed through the ARRS funding scheme and there was not enough estate capacity to provide each role with an office or consulting room.

How?

To avoid the need for new clinical spaces, the Digital & Transformation Lead, the Social Prescribing Link Worker and the Care Coordinators work fully remotely. The Health & Wellbeing Coach, Pharmacy Technicians and Clinical Pharmacists adopt hybrid patterns and the First Contact Physiotherapist and the Paramedic work in practice full-time. To maintain regular contact, and ensure all colleagues feel connected, daily huddles take place every morning, using the collaboration tab on TeamNet to record actions. Web-based telephony is used for remote staff to contact patients from home. All staff sign up to confidentiality and laptop use agreements and conduct their own risk assessments of their home working environments.

Impact!

This working model has enabled these roles to undertake proactive tasks that benefit patients, all while overcoming estates constraints and allowing them to work more flexibly. For example, the Care Coordinators are involved in cancer care reviews and cancer screening, offering support to patients not yet using the NHS app or digital tools, hypertension case finding and QOF work.

sandhillspcn

Sandhills PCN

@SandhillsPCN

BLMK
Primary Care Training Hub

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

SANDHILLS PCN

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Use of Community Spaces for Proactive Social Prescribing

East Bedford Primary Care Network

What?

Coffee mornings were established by the PCN's Wellbeing Team to foster community engagement and service collaboration. This is an opportunity for patients to meet with a variety of Voluntary and Community Social Enterprises so that they can access a range of support all under one roof.

Why?

After expanding the PCN wellbeing team to include Health & Wellbeing Coaches, a Mental Health Occupational Therapist, a Maternity Social Prescribing Link Worker and a Care Coordinator Team, more space was needed for the team to work and engage with the community.

How?

The Wellbeing Team began monthly drop-in coffee mornings in a local church. These are promoted via SystmOne messages and flyers in the practices.

Impact!

The coffee mornings are now vibrant gatherings featuring 14 local organisations.
They facilitate problem-solving for attendees, address housing and benefits concerns, and provide opportunities for practical assistance such as smoke alarm installations.
The Wellbeing Team has been able to connect with disengaged patients.
The organisations involved benefit from opportunities for effective referrals and strengthened collaboration.

EastBedfordPCN

@eastbedfordpcn

Recruiting Nursing Associates at Scale

Medics Primary Care Network

What?

Medics PCN recruited six Nursing Associate Apprentices, provided training and supervision to develop this role.

Why?

Medics PCN was enthusiastic about the potential of the NA role to broaden the clinical capability of the PCN team. After unsuccessful attempts to recruit a qualified NA, the PCN decided to opt for the Nursing Associate Apprenticeship pathway to nurture their own NAs, who would then be embedded into the practices and PCN.

How?

Five Nursing Associate Apprentices were recruited, with one transferring from secondary care. The University of Bedfordshire supported to ensure acceptance onto the NA course. ARRS funding and the apprenticeship levy transfer covers salaries and most university fees. In addition to the university course, the apprentices have one weekly afternoon protected learning time with the Advanced Practitioner, fostering peer support and using reflective practice to identify learning needs.

Impact!

One Nursing Associate Apprentice works PCN-wide and five in practices. The PCN apprentice is competent in phlebotomy, ECGs, vaccinations, health checks and care home patient support. One apprentice correctly identified an arrythmia, alerting the duty doctor.
Future training plans include asthma reviews and wound care, plus supporting NAs wishing to pursue full nursing qualifications.

MEDICS PCN

Medics PCN

Innovative Approach to Estates Constraints

Hatters Health Primary Care Network

What?

Hatters Health PCN maximised online group sessions, home visits and the use of community spaces to overcome estates limitations.

Why?

The PCN's ambition was to embed the additional roles into their team and to improve access to patients. The staff are based at a medical practice, but there is not enough space for designated consulting rooms for each additional role and therefore, the PCN decided to try innovative and different method of consulting.

How?

Alternative working practices were identified. The Social Prescribing Link Worker and Health & Wellbeing Coach host online group sessions for patient education. Care Coordinators prioritise housebound patients with home visits. The SPLW is collaborating with Luton Council's Local Area Coordinator to establish coffee mornings and discover other community spaces for group sessions. Remote working and hot desking further optimise space.

Impact!

These approaches have enabled effective working and patient engagement. The Care Coordinators conduct home visits, often with other personalised care roles or with the clinical team. The online group sessions enable large groups of patients to be reached at once, while only require the use of a confidential space for a short time. One online group session attracted over **100 patients**.

@HattersHealth

Outsourcing the Digital & Transformation Lead role

Nexus Primary Care Network

What?

Nexus PCN used the Additional Roles Reimbursement Scheme (ARRS) funding to outsource the Digital & Transformation Lead role and to address the disparity of IT and clinical system use.

Why?

The PCN experienced challenges when it came to recruiting to this role and needed to do something different. They also had practices at different levels digital utilisation and aimed to ensure parity of IT and clinical system use across all practices.

How?

The PCN Used the ARRS funding provided to contract Insight Solutions, a company providing services to general practice, to provide a Digital & Transformation Lead for one day per week for 12 months.

Impact!

The D&T Lead undertook a digital health check with each practice, standardised reporting, supported access plans and appointment ledgers. Their clinical system knowledge enabled them to develop templates and streamline processes.

Q. The role is Digital, and transformation, is there any expectation of them doing some transformational work with the PCN or is it just focusing on the digital aspect?

A. There are a few initiatives running in the PCN to help and the D&T lead is helping with getting things off the ground. Currently the practices are at different levels, so we're just trying to get them all up to the same to get a good foundation.

Single Point of Contact Referral Service: Personalised Care Roles and Occupational Therapist

The Bridge Primary Care Network

What?

The Bridge PCN aimed to improve patient outcomes by designing effective referral pathways to match staff skills to patient needs.

Why?

ARRS funding was used to recruit Social Prescribing Link Workers, Health & Wellbeing Coaches, Care Coordinators and an Occupational Therapist. However, they found they were often seeing the same patients and responding to the same questions, causing confusion and duplication of effort.

How?

The personalised care roles and the OT formed the Primary Impact Team, open for referrals from all PCN practices. Care Coordinators triage the referrals and direct to the appropriate team member or an MDT approach is taken for complex cases. It has taken time and effort to educate the practices on these roles and further refine the referral process.

Impact!

The practices value the streamlined referrals, as they no longer need to identify the most suitable team member themselves. The patients benefit from a single point of contact. The Primary Impact Team team gains from reduced admin time and more time with patients, and the sharing of expertise via the MDT approach.

Pioneering Large-scale, Patient Group Consultations: Widening Access to Care

Newport Pagnell Medical Centre (NPMC) & ShinyMind

What?

NMPC launched a programme of support for patients involving large-scale group consultations, supported by the Shine programme including the ShinyMind mental health and wellbeing app.

Why?

Virtual group therapy fosters a sense of community offering sustainable peer support to a wider group. Evidence shows it can be as effective as one-to-one face-to-face therapy. With group therapy accounting for only 5% of treatment, there is significant opportunity to support more people effectively. App-based interventions and motivational interviewing further enhance outcomes.

How?

This programme is supported by the 'Shine' programme package. Patients have been offered the ShinyMind app, including all three LifePacks on Coping with Anxiety, Mental Wellness and Menopause.

A 1 hour webinar on 'Coping with Anxiety' was delivered by ShinyMind lead psychotherapist Bec Howard. Aimed at patients with anxiety and depression, and those living with long-term conditions. The added benefit of this session was the presence of their own GP in the virtual space with them, collectively increasing GP contact time to empower their wellbeing journeys.

100 patients – 750hrs GP contact time

Impact!

136 patients registered to attend the 'Coping with Anxiety' webinar. 100% of respondents felt the session helped them feel better

- 77% of respondents were likely to make changes because of the session
- 77% of respondents were likely to recommend to somebody they know

NPMC hope to expand the Shine programme to a further 100 patients to take part in larger group consultations, including a pain management programme. It is anticipated this will increase the impact and uptake of the ShinyMind app, supporting over 400 patients to feel better, live better and improve their mental and physical health.

KNOWLEDGE AND LIBRARY SERVICES

Evidence Searches
Searching the literature on your behalf. Any topic, clinical or non-clinical.

Workshops
Research skills, finding evidence, health literacy, intro to AI tools, etc. These can be bespoke to your team or profession.

One-to-One Research Support
Bespoke support to find the information you need for your project.

NHS Knowledge & Library Resources
Athens accounts and using NHS Knowledge and Library resources.

Article Requests
Free supply of articles not available through Athens.

Find out more and access all resources at
bit.ly/blmk-kls
Or scan the QR code
Or email Knowledge Specialist
beth.thompson16@nhs.net

RESOURCES

Register with Athens today:

openathens.nice.org.uk

for access to:

NHS Knowledge and Library Hub

BMJ Best Practice

Royal Marsden Manual of Clinical and Cancer Nursing Procedures

Maudsley Prescribing Guidelines

Oxford Handbooks

Ebook collections

Databases: Medline, CINAHL, Trip Pro & more

Online Journals

BLMK Integrated Care System Primary Care Training Hub

Knowledge Specialists NHS Primary Care

MDTs IN PRIMARY CARE: THE EVIDENCE

This summary encapsulates the research evidence on enablers and barriers for MDTs for integrated working in primary care and the community.

Culture

Foster a collaborative culture, based on trust. Joint working, training and engagement activities support this.

Training & Development

Training in collaboration and OD processes can be beneficial. Allow time for training and reflection.

Leadership

Courageous, facilitative leadership is beneficial, empowering the team to innovate and make decisions.

Planning & design

Empower organisations with ownership of the process

Clarify purpose, goals, and roles

Align skill mix with local needs

Include community views

Embed evaluation at the outset

Seek system-wide support

Consider contextual factors

Co-location

Co-location has many benefits but is not essential.

IT & Data

Adequate IT resources and access to shared patient data are vital.

Workforce

Heavy workloads and high staff turnover hinder MDT working.

Communication & MDT meetings

Effective communication is essential. MDT meetings are a key aspect of MDT working, and require skilled chairing.

Download the complete summary

BLMK
Integrated Care System
Primary Care Training Hub

Knowledge Specialists
NHS Primary Care

BLMK PRIMARY CARE

FESTIVAL OF LEARNING

CPD CURRENT OFFERS 2024

We're excited to present our comprehensive Continuing Professional Development (CPD) opportunities tailored to enhance your skills and knowledge.

Here are all the current courses we are offering

- Phlebotomy Training
- Menopause Training
- Mental Health Awareness
- HCA Training
- Autism and Dementia Virtual Tours
- Pediatric Asthma Essentials

- Advanced Clinical Practice full or top up MSc
- Paediatric Examination and Assessment (Level 7)
- Postgraduate Pharmacy Diploma Credits

CPD opportunities with ease by scanning the QR code provided. Access our dedicated CPD site instantly and explore a wealth of courses

View our diverse range of courses, meticulously designed to cater to various interests and specialties within primary care.

We're proud to share that our CPD program has been rated 4.9/5 by participants. Your feedback is invaluable, and we're dedicated to keeping up the great work.

WHO IS WHO IN THE BLMK TRAINING HUB TEAM?

Contact Us

Here are all of our contact details for the BLMK Primary Care Training Hub.

Should you have any inquiries or require further information, please don't hesitate to reach out to us. We look forward to hearing from you soon!

🌐 **https://work-learn-live-blmk.co.uk/**

Sign up to access the SharePoint Site

✉️ **blmkicb.blmk.traininghub@nhs.net**

in **BLMK Primary Care Training Hub**

Stay informed about the latest offerings from the BLMK Primary Care Training Hub by subscribing to our mailing list. Keep up to date with our newest updates, events, and opportunities!

https://forms.office.com/e/sxdhZukep0

Please take the time to submit your **evaluation of the event,** this will help inform future events.

BLMK
Integrated Care System
Primary Care Training Hub

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board