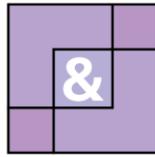


Cheshire & Merseyside  
Health & Care Partnership



# Primary Care Transformation Cheshire and Merseyside

Stakeholder Briefing  
August 2019

This stakeholder briefing has been developed to give an oversight of Primary Care transformation across Cheshire and Merseyside



## Introduction

Since our last primary care transformation bulletin in February, work has been progressing both locally and nationally to further develop and launch Primary Care Networks (PCNs).

From 1 July, around 7,000 general practices - more than 99% - have come together across England to form almost 1,300 new Primary Care Networks, in Cheshire and Merseyside 374 practices have joined together to create 55 networks.

Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

They have a wide-reaching membership, led by groups of general practices. This should include providers from the local system such as community pharmacy, optometrists, dental providers, social care providers, voluntary sector organisations, community services providers or local government.

As outlined in the NHS Long Term Plan, £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices. Networks will be guaranteed funding for an up to estimated 20,000 additional staff by 2023/24, which will include clinical pharmacists, social prescribing link workers, physiotherapists, physician associates and community paramedics.

Here in our fifth transformation bulletin we update you on the progress that is taking place across the Cheshire & Merseyside Health & Care Partnership as we strive to deliver more quality care to patients, closer to home.

### In this issue...

- **Primary care networks launched – page 3**
  - **Case study: Healthier South Wirral – page 4**
- **Workforce update – page 4**
  - **Case study: Physician Associate, The Village Surgery, Formby – page 5**
  - **GP Retention – Page 6**
  - **General Practice Resilience Programme – page 7**
  - **International GP Recruitment – page 7**
  - **New joint training scheme for Foundation Doctors and Physician Associates – page 8**
- **Digital – page 9**
- **NHS Community Pharmacist consultation service – page 9**

---

## **Biggest reform to GPs in a generation brings new services for patients in Cheshire and Merseyside**

The biggest transformation to the way family doctors work in more than a generation was launched on Monday 1 July.

It will see general practices, large and small, working to support each other while offering a wider range of specialist care services to patients from a range of health professionals.

In the North West, Healthier South Wirral and Aintree Primary Care Networks are just two examples of how networks are already rolling out programmes of work which are having a direct benefit to the populations they serve.

GPs will recruit multi-disciplinary teams, including pharmacists, physiotherapists, paramedics, physician associates and social prescribing support workers, freeing up family doctors to focus on the sickest patients.

Anthony Leo, Director of Primary Care and Public Health for the NHS in the North West and Senior Responsible Officer for Primary at the Cheshire & Merseyside Health & Care Partnership said, "Primary Care Networks allow the practices within them to think differently about the services they are offering to their patients.

"By working together, they can share the workload and ease pressure on the individual practice teams. As primary care networks develop, they will work closely with other health and social care partners and the wider system to offer better access to a wider range of joined-up services more quickly for people who need them most."

This milestone for primary medical and community care, which forms a major commitment of the NHS Long Term Plan, will see neighbouring practices working more closely together and with other services in their area to provide more joined up care for patients.

The additional funding from the five-year GP Contract agreed with the BMA at the end of January, includes £1.8billion to fund the recruitment of 20,000 more specialist health care staff to support general practices.

Up to 40% of GP appointments don't need to be with a family doctor and the new recruits will free up GPs to spend more time with patients who need them most,

offering longer appointments to those who need them, as well ensuring patients can get a wide range of expert specialist services at their local practice.

Patients will also have a range of options when it comes to getting appointments at their practice, including the introduction of digital appointments, which will build on the progress which saw evening and weekend appointments made available across the country at the end of last year, with an estimated nine million appointments a year now available at more convenient times.

It means GP practices will be able to drive further action on killer conditions such as cancer and heart disease as well as doing more to tackle obesity, diabetes and mental ill health, and support older people at home and in care homes.

### **Case study: Healthier South Wirral**

Healthier South Wirral is a Primary Care Network (PCN) of seven practices made up of Spital Surgery, Civic Medical Centre, The Orchard Surgery, Allport Surgery, Eastham Group Practice, Parkfield Medical Centre and Sunlight Group Practice supporting 49,356 people. Through working collaboratively, the PCN has been able to implement a number of key projects which are making a real difference, not only to the day to day working of the practices but most importantly to the patients the practices serve.

Dr Thomas Wyatt, one of Healthier South Wirral's Clinical Directors, said, "There is already so much great work going on out there, both in our health and care services as well as our local communities. But we need a place to pull it all together, where nobody has to do everything, but everyone is able to do something to help people in our communities stay well for longer."

By encouraging better conversations and new relationships, both patients and those who work in health and social care can focus on what matters, what is currently working and how together we can create new solutions.

To help improve access to mental health care we were able to trial the use of a Psychological Wellbeing Practitioner within General Practice. This member of staff was able to see people sooner and deliver group educational sessions. Our experience of this role has been used to inform our future local service design.

Read more [here](#).

## Workforce

The NHS Long Term Plan commits extra investment for primary care to increase the numbers of clinical staff working in general practice, introducing pharmacists, physiotherapists, paramedics, physician associates and social prescribing support workers into general practice.

### Case Study: Physician Associate

#### The Village Surgery, Formby

The Village Surgery in Formby has a registered patient list of 12,800 and six full time GPs, as well as a host of other clinicians including general practice nurses, healthcare assistants and a clinical pharmacist.

Over the past few years the practice has worked hard to implement ways of working that will help future proof the service for patients.

During her training, GP Partner Dr Jacqueline Reddington spent some time in the USA and experienced first-hand what physician associates could offer to general practice. Inspired by this, the practice has now become a training practice for physician associates.

Sue Lowe, Practice Manager Partner at the Village Surgery, said, “After our first clinical placement of a PA, we knew we had found a role which could help ensure the sustainability of our future. Patients quickly grew to understand that they could see a GP or a PA.

“It was clearly apparent that the trust of patients in the new role was as a direct consequence of the trust the other senior partners had in the role, and at the end of the programme the practice was delighted to employ a full time PA.”

PA Paul Kenton, who has a background in biomedical science, trained at the Village Surgery and has now been employed there since qualifying 13 months ago. His daily work includes telephone consultations and home visits.

He said, “As a student PA I was fortunate to be rotated into general practice. After ten years working in hospitals, I found primary care refreshingly interesting. A small multi-disciplinary team working with common goals to improve services and provide excellent community care.

“Consulting with patients from birth to death allows me to develop my clinical and patient relationship skills.”

## GP Retention

The GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice.

Here is an example of how doctors in South Sefton are working together to retain their clinical workforce.

General Practitioners (GPs) in South Sefton, who are in their first 5 years after qualifying, are meeting monthly for mutual support and are offered extended clinical and non-clinical learning opportunities funded through the GP retention scheme. They are called the South Sefton First 5 Support Group.

Local teaching and experience is offered in sexual health, transgender, drug and alcohol misuse, and dermatology. There are also visits to third sector organisations and attendance at Clinical Commissioning Group (CCG) meetings as observers which will offer an insight into how services are commissioned and the role of the GP in the commissioning cycle.

Angela McMahon, Primary Care Network Manager, NHS South Sefton CCG said, "We have been lucky to recruit a GP mentor, Dr Raj Patel, to work with the First 5 Support Group to offer further support as the newly qualified GPs navigate through their learning.

"He is also able to offer help and advice through their first appraisals. Dr Gina Halstead, a local GP, has taken the lead on the support group, which has had a really positive start thanks to Gina's innovation and dedication and the backing of all the Primary Care Networks in South Sefton CCG."

Angela added "There was a real concern that young GPs may feel unsupported and potentially leave the area to seek employment elsewhere. We hope the First 5 group will also encourage more GPs to work in Sefton."

This programme offers a real benefit to newly qualified GPs, in particular the mentorship programme we are developing and the dedication from a senior GP, Dr Patel, who has worked in the area for a number of years."

Dr Gina Halstead, Concept House Surgery, said "There have only been 2 meetings so far and though it's early days. We are encouraged that the support being offered will have a real benefit for newly qualified GPs. Those who have attended to date have been very positive and have already made a valuable contribution to our understanding of recruitment and will continue to drive the development of the group.

The central philosophy is for us to create some time and space for our colleagues to decide on what they would like as learning experiences in the widest sense and also to provide a safe and supported space for them to discuss the challenges they face.”

## **General Practice Resilience Programme**

The 2019/20 General Practice Resilience Programme launched across Cheshire and Merseyside in May.

The purpose of resilience funding is to deliver support that will help practices become more sustainable and resilient, be better placed to tackle the challenges they face now and into the future, and secure continuing high-quality care for patients.

The support available from the programme ranges from helping to stabilise practices at risk of closure through to more transformational support, including, if appropriate, helping practices to explore new models of care.

This could include:

- Diagnostic services to quickly identify areas for improvement support
- Specialist advice and guidance
- Coaching / Supervision / Mentorship
- Practice Management capacity support
- Rapid intervention and management support for practices at risk of closure
- Co-ordinated support to help practices struggling with workforce issues
- Change management and improvement support to individual practice or groups of practices

Applications for the programme closed at the beginning of July and

If any practices have any queries in relation to applying for resilience funding, please contact Gemma Murray on [gemma.murray11@nhs.net](mailto:gemma.murray11@nhs.net).

## **International GP recruitment (IGPR)**

Nationally we are seeing an increase in the number of candidates expressing an interest in the programme and doing preparatory work in their own countries like studying for the English exam.

Locally we have two candidates on the programme currently. One working in Liverpool and one on the Wirral. Both are progressing well and being supported closely by the practices they are working in.

Both candidates relocated to England prior to joining the IGPR programme but found it difficult to progress to GP status via the usual routes. The support provided as part of the IGPR programme has enabled both candidates to start to progress through

the system which will allow them to reach full GP status at the end of their training. Both candidates are committed to a long term stay in C&M and have settled into the area well with their families.

We have a third candidate who is looking to relocate and is in the process of taking her English exam to enable her to join the scheme.

As well as supporting candidates., we are working closely to support practices who would like to employ international recruits.

### **New joint training scheme for Foundation Doctors and Physician Associates**

Longitudinal Integrated Foundation Training (LIFT) was developed in partnership with NHS England and NHS Improvement, Health Education England North West, NHS Trusts and GP's across the patch.

The new LIFT2 scheme has now been expanded to provide an opportunity to introduce a Foundation Doctor (FD) and a Physician Associate (PA) into GP practices and the local hospital across East Lancashire. This will give Physician Associates and Foundation Doctors the opportunity to continue to enhance their clinical skills and working in a multidisciplinary team. It aims to provide PAs and FDs with experience of working in both primary and secondary care and the rotational nature of the placements provides opportunities to bring skills from secondary care into primary care and vice versa.

The first LIFT pilot between 2016 and 2018 involved several Trusts and GPs across the North West and saw two foundation doctors job share each post. LIFT was popular with foundation doctors involved with the pilot and the practices which hosted them. Evaluation of the pilot showed good outcomes for learning, development, performance alongside work life balance with LIFT foundation doctors when compared to non-LIFT foundation doctors.

LIFT2 has now been extended to include the PA roles and will be starting across Cheshire and Merseyside from September 2019. We will be following the LIFT2 programme and updating on the progress of Foundation Doctors and Physician Associates as they go through the training programme.

---

## Digital



All GP practices in England are now connected to the NHS App. Patients can download the NHS App from app stores and use it to check their symptoms and get instant advice. Once their GP practice is connected, they can book and manage appointments, order repeat prescriptions, securely view their GP medical record, and more.

---

### NHS Community Pharmacist consultation service

As part of the Pharmacy Integration Fund programme of work to integrate community pharmacy into local NHS urgent care pathways, a new approach is being taken with minor conditions which involves making a digital referral to a community pharmacist for a private consultation freeing up GP or practice nurse appointments.

It is estimated that six per cent of all general practice consultations could be safely transferred to a community pharmacy<sup>1</sup>, saving an estimated 20.4 million appointments per year. There is also good evidence the advice provided by community pharmacists will result in the same outcome as if the patient went to see their GP or nurse.<sup>2</sup>

Access to the service will be via the GP practice over the phone, website or in person. The practice care navigator will follow the usual process to determine the most appropriate clinician for the care needs of the patient. Those who are suitable, will be given the opportunity to be referred to community pharmacist.

---

<sup>1</sup> <https://www.england.nhs.uk/gp/gp/v/workload/releasing-pressure>

<sup>2</sup> <https://bmjopen.bmj.com/content/5/2/e006261>

David Scannell, NHS Head of Primary Care in Cheshire and Merseyside said, “Pharmacists are integral to community health and this new service enables them play a stronger role in local primary care networks”.

Practice staff will then digitally stream the patient to a local participating community pharmacy most convenient to them. Patient details are sent through to the pharmacy as an electronic message using agreed secure platform with the option of patients having a text messaging service confirmation.

The NHS Community Pharmacist consultation service (NHS CPCS) ensures that pharmacists undertake clinical assessments in a private consultation room and provide GP practices with details of the care provided. If a referral to another service is necessary the pharmacist follows the agreed referral route.

The pharmacist may, where appropriate, offer self-care advice to patients by recommending medicines available in the pharmacy. The pharmacist can also, if required, further support patients by referring into local NHS services to access to medicines through a minor ailments scheme, local public health services or flu vaccination.

Bruce Prentice, Clinical lead for NHS Community Pharmacist consultation service in Cheshire and Merseyside said: “This new service supports the delivery of the NHS Long-Term Plan and makes the best use of the clinical skills of our community pharmacists. Streaming patients with minor illnesses in this way releases practice appointments and will be game-changer for primary care”.

---

## Further Information

We hope this information has been useful and would like to let you know that we will continue to keep you regularly updated about our work to sustain and transform primary care services in Cheshire and Merseyside.

If you have any questions in the meantime, please contact: David Scannell, Interim Head of Primary Care, [david.scannell@nhs.net](mailto:david.scannell@nhs.net).