Leeds Local Medical Committee Limited

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Summary of key themes and learning points from LMC Event:
'Delivering an enhanced general practice workforce' – Tuesday 7th March 2017

1. **Workforce issues and challenges**
   Dr Mark Purvis, Director of postgraduate general practice education at Health Education Yorkshire and Humber and an acknowledged expert on workforce issues, opened the discussions by highlighting the following points:
   - The supply of consultants in the medical workforce is growing significantly, whereas the number of GPs is "falling off a cliff edge"
   - The decision density of the GP day is unsustainable – the caseload is more morbid, consulting more frequently, for longer, with greater complexity
   - Need to think about skill mix and broadening the workforce. 3 key requirements: better workforce intelligence, leadership and infrastructure
   - ATPs (advanced training practices) are providing undergraduate nurse placements and so aiming to orientate student nurses towards general practice earlier in their careers
   - GPN Ready Scheme – a new scheme to support and develop general practice nurses (GPNs) when they first work in primary care
   - HCA apprenticeship scheme – a good density in West Yorkshire
   - Practice Managers – they are moving from leading smaller organisations to leading federations. They are key change agents and can play a significant role, e.g. in empowering patients re the self-care agenda.

2. **Workforce data statistics for Leeds and the practice workforce tool**
   Kirsty Turner, Associate Director – Primary Care at Leeds West CCG and speaking on behalf of all the Leeds CCGs, noted that one of their main ambitions for general practice was to ensure a motivated, engaged, integrated and healthy workforce with the right skills, behaviours and training, available in the right numbers:
   - Workforce data which they hold currently is of relatively poor quality (based on a 36% response rate) and good data is essential to facilitate workforce planning
   - Recommend that practices in Leeds use the HEE workforce tool
   - Data suggests there is still a high proportion of GP partners in Leeds, of which a significant proportion are at risk of retirement. The locality view shows, for example, that in Armley and Chapeltown approximately one-third of the GP workforce is aged over 55 years. With regard to the nursing workforce, 40% of nurses in Armley are aged over 55 years
   - Overall the data suggests that there are certain areas in the city which are particularly concerning and work needs to be done to target the localities with high risk of retirement
   - From 1st July 2017 practices will be contractually required to allow collection of NHS Digital workforce consensus, amongst other data requirements.

3. **Pharmacists working in practices**
   Katie Burnage, Clinical Practice Pharmacist, explained how her role had evolved since she first joined the Robin Lane Health and Wellbeing Centre in Pudsey:
   - Initially sitting in on GP consultations, worked with the reception team, dealt with information governance issues and gave on call support

- Current remit: safe and effective prescribing which involves medication reviews and other clinical support
- Very involved with CQC preparation: policy implementation and audit cycle
- Medicines management – LWCCG amber drug and antibiotic audits (previous GP role)
- Dealing with MHRA alerts and NICE guidance. Stock availability/problem solving
- Now involved with eDAN reconciliation, flu vaccinations, meetings e.g. clinical, palliative care and prescribing leads
- Clinical and non-clinical audit
- Role progression: long-term condition clinics (prescribing role)
- Increased time commitment in the practice from part-time to full-time in view of the additional work that had been identified that she was able to deal with
- Key questions: can tasks be done differently/more efficiently? Can someone else help?

4. Physio First programme

Dr Guy Baker from the Street Lane Practice spoke about their experience of integrating an MSK specialist into primary care:

- This was a CCG-funded transformation project involving Street Lane and North Leeds Medical Practices
- Patients with MSK problem signposted to the MSK telephone list – either directly by reception/triage team (Street Lane) or following GP appointment (North Leeds)
- Range of problems, predominantly MSK. Age range of population group: 13-93 yrs
- Outcomes: 87% of consultations by telephone. Good patient feedback.
- 1,379 new patients used the service in 9 months. Estimated it would have required 38 days of GP appointments to deal with the 1,379 patients for one face-to-face appointment
- Decrease in referrals to LCH physiotherapy of 63%. Decrease in referrals to Tier 2 MSK services of 19%
- MSK specialist a fully integrated member of the primary care team.

5. Mental health therapists

Dr Kate Armitage of the Leeds Student Medical Practice gave a very honest description of her practice's experiences in developing an integrated mental health team to assist with the huge range of mental health presentations in their student population:

- The project was linked to the University of Leeds counselling service and the University contributed 25% funding. 3 mental health workers (MHWs) in place by September 2015
- Aim was to access timely interventions for students, reduce dropout rate from studies and reduce self harm and suicide attempts, crisis and A&E contacts
- Huge demand for the service. Initially patients booked directly to MHW appointments but very difficult to manage the workload and challenging for MHWs to manage unpredicted breadth of presentations. MHWs were used to dealing with a defined caseload. Used NICE guidance to reformat the service. Group sessions halted as very poorly attended.
- Use of service: anxiety and depression – 87%; sleep – 5%; eating disorder – 4%; other – 4%. From Feb-Nov 2016 there were 459 referrals. 35% attended for only 1 session and 8% attended for 4 or more sessions
- What has gone well: patient feedback very positive, improvement in PHQ-9, reduction in A&E attendance, better understanding for the GP and the MHW about each other's roles and responsibilities

- What has not gone so well: recruitment and management of staff not familiar with general practice setting was difficult. MHW perceived need for defined case load. Demand outstrips capacity and clinician concerns over waiting time for new and follow-up appointments. Difficult to cover service during periods of MHW sickness.
- Conclusion: it has not freed up GP/practice time and has taken a significant amount of management at both the strategic and operational level.

6. Physician Associate scheme

Nick Nurden, Business Manager at the Ridge Medical Practice in Bradford and the Westfield Medical Centre in Leeds, explained his views re the Physician Associate programme and he also covered his practice's role as an advanced training practice (ATP) hub in Bradford

- Two matters need to be addressed in order for the PA scheme to reach its full potential in primary care: indemnity and prescribing.
- PAs are a real opportunity for primary care and should not be "lost" to secondary care
- PAs can have a particular role in managing long-term conditions
- Although many GPs are sceptical, when they know more about the PA programme they realise that this is a keen and motivated group with huge potential
- Re advanced training practices, Leeds Student Medical Practice is the ATP hub for Leeds and The Ridge is the hub for Bradford
- The practices are engaged in training and developing the future workforce. Nick Nurden was keen to encourage all practices to become involved, noting that "no-one will produce our workforce for us". Summer work experience placements are an excellent way of encouraging students to become passionate about working in the NHS, as are the healthcare apprenticeships.

7. Live Well Leeds – a new model of care to manage population health and wellbeing needs

Dr Tom Gibbs, GP at Shaftesbury Medical Centre Leeds, concluded the presentations by explaining how the Live Well project was progressing in the city:

- The project is an example of multi-disciplinary team working and is being trialled across two sites: Beeston (2 participating practices – 600 patients; population of high deprivation and long term conditions at a younger age) and Crossgates (3 participating practices – 600 patients; population with high proportion of frail elderly living in their own home). Patients with 4 or more long term conditions including COPD or CVD with frailty identified
- Aim of project is to move from current model of episodic and fragmented care towards a new model of care which is more proactive and involves a single team but with multiple skills
- Strong links with other health providers (community matron, other community services, some hospital specialists) and third sector
- A different approach. Less about assessment/referrals and more about 'The Conversation': understanding the person - present and past, looking at their needs and goals, virtual ward round, screening for falls etc. Other issues present e.g. carer support/carer needs, loneliness, diet etc
- No formal evaluation of project so far but ongoing learning process re staff and relationship building, IT development, IG governance.