

PCN 5 Showcase event

On 28th June 22 three of us from Elmswood surgery patient participation group attended Primary Care Network (PCN) 5's showcase event, along with representatives from both Hucknall Road surgery & Sherrington Park surgery patient participation groups.

PCN 5 encompasses eight GP surgeries in Bestwood & Sherwood, and has a responsibility to all patients registered at these practices. If you're reading this on a practice website, that includes you.

We went to learn about the PCN. What did we learn?

Firstly, while the PCN may cover all eight surgeries, it liaises closely with each of them. The clinical director & deputy also work as GPs in the surgeries. There were doctors, nurses, practice managers and others from the surgeries at the event.

Secondly, that the PCN as an organisation has a budget and a contract to supply 'enhanced services' to the whole of the area it covers. The issues currently specified for enhanced services are:

- Enhanced health in care homes
- Extended access (to medical care, e.g. weekend and evening appointments)
- Standardised reviews of medication, and ensuring medication is as good and appropriate as possible
- Early diagnosis of cancer
- Prevention and diagnosis of cardiovascular disease
- Tackling neighbourhood health inequalities
- Anticipatory care (acting and advising early in order to help people live more of their life in good health).

It's an impressive list, isn't it? But how can the PCN make an impact in these areas?

One way we heard about is by appointing and funding so-called 'additional roles', employees who will work across more than one surgery in the PCN. Examples are physiotherapists, social prescribers, clinical pharmacists and physician associates – and soon they will be joined by a mental health worker. There will not be one of each working just at your surgery, but your surgery will have a link to one or more of each and as patients you will have a chance to see one of them if that is the right choice for you.

You may not recognise all those titles: and even if you do, what do they do?

While I went to a session run by the clinical pharmacists, my colleagues went to ones run by social prescribers and physician associates.

The clinical pharmacists have special training, and described how they do both telephone and face to face reviews with plenty of time to go into detail and discuss problems. Currently they are focusing on people who take lots of medicines, or who are frail or have multiple problems and risks. They gave good examples of managing to reduce the number of medicines, reducing side-effects and reducing the risk of further problems such as falls (or becoming dependent on a medication). They can also help with other medication related issues, and of course they liaise with the nurses and doctors. They clearly enjoyed their work.

Here's a brief report from my colleagues regarding social prescribers and physician associates: Derek noted that the Social Prescribing Link Workers also clearly enjoyed, and were enthusiastic about their work. The basis is the understanding that there are many things that can affect health which will not be directly helped by medical treatment. Some examples given were loneliness,

addictions, work and money problems (including accessing benefits and support), and language barriers. Currently people are referred through GP surgeries. The Link Worker will then direct them towards appropriate help, and/or offer direct help.. One example given was of a person who had not left their house for months, but with regular contact and gentle persuasion the Link Worker was able to connect the person with groups and activities. In time it is hoped that referral to the Link Workers may be possible through other routes – for example through community organisations such as religious institutions and clubs. It is also hoped that in time a clear relationship will be developed between Social Prescribing Link Workers and Social Services.

Sue was part of the group meeting, and learning about, the Physician Associates. They are mid level medical professionals, recognised since 2006. They usually have a relevant first degree (e.g. biomedical), and then they have 2 years further training based on selected areas of medical/GP training (Physician Associates work in hospitals as well as in GP practices). In general practice they do a range of things traditionally done by GPs: diagnostic and physical examinations, minor surgery, care home work, joint injections, and smears are some examples. They carry their own case loads, can prescribe, and they are supervised by a GP. In PCN 5 Physician Associates are currently based in in Welbeck, Alice and Hucknall Rd surgeries. It is felt that having them in the practice offers both a redistribution of some of the workload and continuity of care.

Is there a role for you?

Later in the afternoon we were all looking at the PCN's plans for the future. And one of these is for real patient involvement – indeed not just in discussion, but as patient leadership. Leadership in establishing what we believe are priorities for the diverse patients living in the area covered, leadership in developing projects that might help achieve those priorities. The PCN are offering help: a place to meet, some help with communications, leadership training if wanted, and potentially a budget for agreed projects. **Interested?** We will have more information soon, and are working towards a vision and planning meeting later this year. **Remember this is about your families, your community. If you are interested please contact suzannavanschaick@live.com (07581 735889).**

Suzanna van Schaick, Elmswood PPG, October 2022