LEEK AND BIDDULPH PCN

INTEGRATING GENERAL PRACTICE, LOCAL COMMUNITIES AND PATIENTS

Leek and Biddulph Primary Care Network (PCN)External Newsletter February/March 2023

Summary

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Covid spring Boosters update

You may have seen in the national press that spring Covid booster vaccinations will be on offer for eligible patients. Leek and Biddulph PCN has participated in all but one of the previous phases, primarily because we understand that a number of our patients are geographically isolated and struggle to travel to more centralised centres.

Unfortunately and reluctantly we have made the decision not to offer spring Covid booster vaccinations, thus patients will not be able to receive Covid vaccines at their GP practices. (This is a decision that has been mirrored by many other PCNs both locally and nationally.) Over the last year as individual practices we have faced huge access demand for appointments. We expect this demand to only increase into 2023-2024 and as such a difficult decision between administering vaccines and meeting patient expectation for access needed to be made.

There are a number of National Booking Service (NBS) centres locally where patients will be able to attend, but we appreciate these are often not local enough for many. We are currently working with our Local ICB to try and on-board new NBS sites in and around our PCN geography to mitigate this issue.

Any housebound or nursing home patients that are registered with our PCN practices will still be vaccinated by an approved third party, and we will keep you updated on the specifics of this as we move forward.

We appreciate this will be disappointing news to many of our patients, but hope you can understand our reasons for not participating. If an autumn 2023 Covid vaccination program is needed we are hopeful that we can run this alongside our planned flu vaccination campaign, again we will keep you all informed nearer the time.

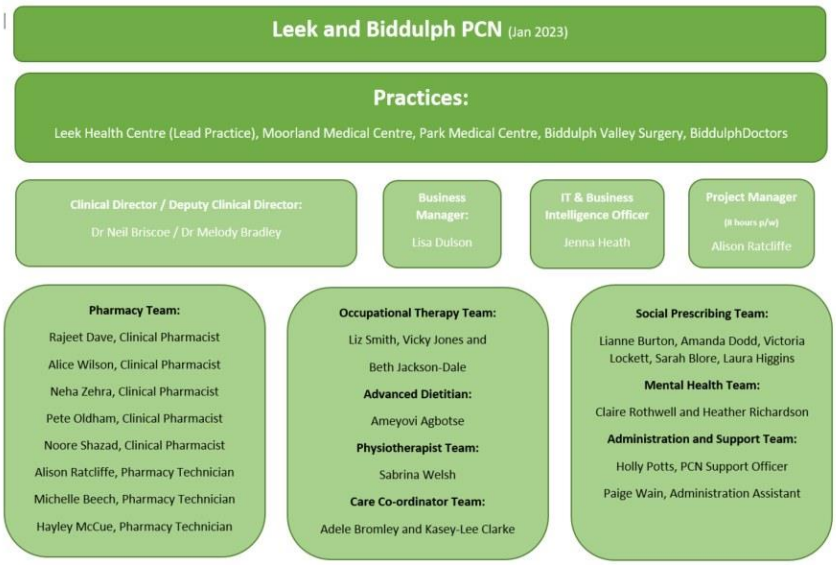
Many thanks.

PCN Staffing Update

I am pleased to announce that we have a new member of the team, Kasey-Lee Clarke, who joined us at the end of January 2023 as our new Care Co-ordinator. Kasey will work with our existing Care Coordinator, Adele Bromley to deliver support to our Care Homes and work with practices to support our Cancer patients and patients with Learning Disabilities and Autism.

We are also hoping to go out to recruit a 3rd Care Coordinator in the next few weeks to further expand the team. In addition, we will also be advertising for a Clinical Pharmacist and Physiotherapist to cover maternity leave posts within our PCN. We will update you on the success of these vacancies in the next addition.

Our updated Staff Structure is below:



A word from Kasey:

Hi, I'm Kasey-lee and I like to spend time with my family. I also like going the gym and watching endless Netflix series. Before working within the PCN, I looked after children in a residential setting. A few things about me:- My favourite film is either, Black swan or whiplash. My favourite food has to be Chicken Red Thai Curry! My favourite holiday destination would be Croatia and my favourite song/artist is Fleetwood Mac.

Our First Contact Physiotherapy Service

We are sad to inform you that due to the inability to recruit additional First Contact Physiotherapists to our team, the service is currently on hold.

We started 2022 out with 2 part time Physiotherapists who quickly got our service up and running and made excellent progress delivering high quality first contact support to our patients. Unfortunately in October 2022 one of the team had to relocate due to personal reasons and had to leave us. In addition, Sabrina, our remaining Physiotherapist gave birth to a bouncing baby boy in early January 2023.

Whilst every effort has been made to fill these vacancies – we had a recruitment advert running from September 2022 to January 2023 – we have not had any suitable candidates. We are going out to advert again in March 2023 in another attempt to attract a suitable candidate, however, there are a number of factors that are currently impacting PCN recruitment – including the fact that NHS

England have not yet announced what will happen to PCNs after 31st March 2024 - just twelve months away.

We will keep you all updated on our progress in getting this service back up and running as fast as we can.

Patient Feedback (Nov 2022 to February 2023)

Over the last few months we have started to collate Patient Feedback in a more co-ordinated way. The data below is from our PCN Patient feedback form. However, it should be noted that our Mental Health Service seeks Patient feedback in another form and so we will produce these results separately in a future edition of our newsletter.

Also, as noted elsewhere in the newsletter our Physiotherapy service is currently on hold and so have only a small amount of data for the service at the present time. Once this service is up and running again we will provide you with the data.

1. Which Service did you use?

	Answer Choices	Response Percent	Response Total
1	Occupational Therapist	12.09%	11
2	Pharmacy Team	42.86%	39
3	Dietitian	27.47%	25
4	Social Prescriber	10.99%	10
5	Physiotherapist	5.49%	5
6	Mental Health Practitioner	1.10%	1
		answered	91
		skipped	2

2. What is your Age Group?

	Answer Choices	Response Percent	Response Total
1	Under 18	1.08%	1
2	19-29	2.15%	2
3	30-40	4.30%	4
4	41-55	20.43%	19
5	56-64	11.83%	11
6	65-75	48.39%	45
7	76-84	9.68%	9
8	85 and above	2.15%	2
		answered	93

2. What is your Age Group?

	skipped	0

3. What is your Gender?

	Answer Choices	Response Percent	Response Total
1	Male	49.46%	46
2	Female	49.46%	46
3	Prefer not to say	0.00%	0
4	Other (please specify):	1.08%	1
		answered	93
		skipped	0

4. I felt that i was being listened to and the focus was on me and my needs

	Answer Choices	Response Percent	Response Total
1	Strongly agree	70.65%	65
2	Agree	26.09%	24
3	Neither agree nor disagree	0.00%	0
4	Disagree	3.26%	3
5	Strongly disagree	0.00%	0
		answered	92
		skipped	1

5. I felt that i was shown care and compassion (feeling of genuine concern, connection with me on a human level)

	Answer Choices	Response Percent	Response Total
1	Strongly agree	68.48%	63
2	Agree	29.35%	27
3	Neither agree nor disagree	1.09%	1
4	Disagree	1.09%	1
5	Strongly disagree	0.00%	0
		answered	92

5. I felt that i was shown care and compassion (feeling of genuine concern, connection with me on a human level)

	skipped	1

6. I was involved in the decision making about my care and my views were not ignored

	Answer Choices	Response Percent	Response Total
1	Strongly agree	64.84%	59
2	Agree	27.47%	25
3	Neither agree nor disagree	5.49%	5
4	Disagree	1.10%	1
5	Strongly disagree	1.10%	1
		answered	91
		skipped	2

7. A plan of action has been agreed about my care

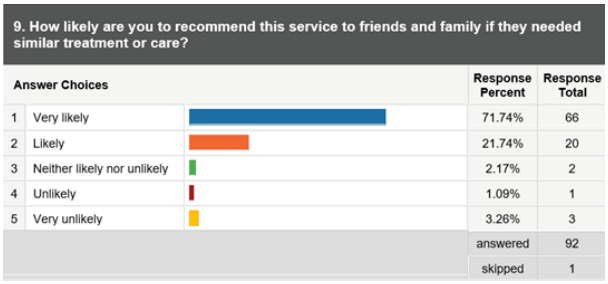
	Answer Choices	Response Percent	Response Total
1	Strongly agree	57.14%	52
2	Agree	27.47%	25
3	Neither agree nor disagree	12.09%	11
4	Disagree	2.20%	2
5	Strongly disagree	1.10%	1
		answered	91
		skipped	2

8. I felt that there was a positive approach and attitude towards my care

	Answer Choices	Response Percent	Response Total
1	Strongly agree	64.44%	58
2	Agree	28.89%	26
3	Neither agree nor disagree	3.33%	3
4	Disagree	2.22%	2

8. I felt that there was a positive approach and attitude towards my care

5	Strongly disagree	1.11%	1
		answered	90
		skipped	3



9. How likely are you to recommend this service to friends and family if they needed similar treatment or care?			
Answer Choices		Response Percent	Response Total
1	Very likely	71.74%	66
2	Likely	21.74%	20
3	Neither likely nor unlikely	2.17%	2
4	Unlikely	1.09%	1
5	Very unlikely	3.26%	3
		answered	92
		skipped	1

10. Overall how would you rate your experience of this service?			
Answer Choices		Response Percent	Response Total
1	Very dissatisfied	4.35%	4
2	Dissatisfied	2.17%	2
3	Neutral	1.09%	1
4	Satisfied	25.00%	23
5	Very satisfied	67.39%	62
		answered	92
		skipped	1

Not everyone wished for their comments to be published and so below are the comments that patients were happy with us to use:

1. This service has been a great help to me.
2. Alison was very approachable, informative and open to planning around my wishes, whilst being realistic.
3. Beth was amazing and truly cared, she was one of the first people to actually believe me. once when she came around to do a plan i was in so much pain that she could tell instantly and she rang 111 for assistance. If everyone was like Beth kind caring and compassionate the world would be a better place. She is a credit to your service and i cried when she had to leave as she was so nice. Thank you for all the help.
4. I did not have to wait long for my appointment. Everything went OK.
5. A very helpful discussion
6. I was happy with the discussion of my medication he was very helpful and sympathetic about my. Condition and is trying very hard to help me with my medication thank you.
7. I was sceptical b4 the my appointment to go through my prescription requirements. However as a result we have been able to put several drugs on repeat .....to make accessing them easier ....Hrt , oestrogen pessary, testosterone....(which should be obvious as I've had a total hysterectomy)and update others ... it was a useful conversation for myself and the pharmacy team... Mr Rajeet David was excellent. thank you
8. Excellent service
9. Very kind and compassionate and listened to what I had to say
10. Helpful, but put some scores lower just because of phone call. I would prefer face to face conversation. Otherwise brilliant 👏
11. First time had this phone call about my medication And the pharmacist was brilliant She explained everything about the tablets I was on and gave me alternative to napraxon which was making me feel unwell This was really a great service, I feel I can move forward.

12. So pleased that I took this opportunity, it has given me the kick start I needed and the support that I wanted. Thank you
13. Very good service
14. A positive & professional consultation with Alice from the pharmacy team thank you
15. Not enough regular contact but when they do it's very good, a phone call possibly would be a good idea
16. Alison was friendly, helpful, put me at ease. She explained everything for me to allow me to choose what was best for me. She was amazing, professional but so easy to talk with
17. I was very satisfied the nurse Alison Ratcliffe was very through. She explained what would be happening and made subsequent appointments straight away.
18. Beth has been amazing and very supportive throughout my treatment.

Working with Our Community

Leek and Biddulph PCN in conjunction with our Social Prescribers have been working hard this year to bring much needed community services to Leek and Biddulph.

Our Social Prescribers, earlier in the year, identified a need for face to face bereavement support for our patients and in partnership with Biddulph Town Hall and Support Staffordshire, set up a monthly bereavement support group in Biddulph Town Hall which first met in October 2022. The team have then been working hard to provide the same service in Leek and have worked closely with Leek Town Council, Beth Johnson Foundation and Support Staffordshire to go live with the new service at the John Hall Garden in Leek on 31st March 2023.

Our Social Prescribers not only identified the need in the local area, but also sourced venues, funding and support from the local Councils to deliver this service. They also attend the groups when they can so that attendees can also access their services for other matters should they wish.

In addition, we have also been working with Biddulph Town Council to introduce a Community Lounge within Biddulph, which again, we will be replicating in Leek as soon as we can. A Community Lounge is a space where the community can come together to access a range of services in one place, such as benefits advice, housing support, health advice etc. At Biddulph Town Hall they already ran an existing group, Feast and Flicks and so with the support of our Social Prescribing Team, this service has been extended in a community lounge style with the first hour being dedicated to advice and support from various services.

Feast and Flicks is open to everyone and held every Wednesday at Biddulph Town Hall between 12.30pm and 3.00pm, where a light lunch is provided free of charge, followed by a film at 1.00pm. The Community lounge and Social Prescribers, Victoria and Laura, are present fortnightly at

the group and are on hand to support patients from Leek and Biddulph. The next community lounge event at Feast and Flicks will be on Wednesday 9th March 2023!

For more information contact our Social Prescribing Team on sp.team@nhs.net.

Beth Johnson Foundation - Bereavement Friendship Group.

There's no guidebook for grief, but talking openly to others who have experienced bereavement can help.

Come along and meet our Social Prescribers at John Hall Wellness Gardens, Fowlchurch Rd, Leek ST13 6BH on the Second Friday of the month 10.30am - 12noon.10th March, 14th April, 12th May and 9th June – more dates to be announced!

Case studies from the Social Prescribers

Case study 1

Background information and main issues:

Patient was referred from the GP as they had several bereavements recently.

What did you do to outline the issues addressed in the referral?

Spoke to the patient initially – they had several close family bereavements over the last 18-24 month with the last bereavement just three months ago.

Talked to the patent about the new Bereavement Friendship Group in the area – patient said that they would attend but was also looking for other social activities where they could meet new people and hopefully start some new friendships.

Later I met the patient at a local library coffee morning which she enjoyed; patient also started to look at different volunteering opportunities.

What outcomes were evident after follow-up?

The patient now attends the bereavement group monthly, from that group they have developed friendships and still attends the library coffee morning and meets some of these friends there too. The patient has also started to volunteer at this session doing the 'meet and greet' and making refreshments. The patient is also doing a craft course at another local library.

The patient said that they are enjoying going to the different groups for peer support, friendship and connecting with the local community.

Case study 2

Background information and main issues:

Patient was referred as his home needed repairs. He is elderly, has Alzheimer's disease and frailty as well as multiple physical health problems. His wife is his main carer.

What did you do to outline the issues addressed in the referral?

I had a long chat with patient's wife. She explained everything that was wrong with their home and that no repairs had been carried out in over 20 years. She didn't know who to contact and didn't want to make a fuss. Reassurance was given that she had the right to ask for repairs on their home.

The path outside the back of the house was broken and she had fallen a few times going out for her walk. Asked if she had spoken to her GP about having regular falls and she hadn't so at this point I added her to my caseload and signposted her to her GP for a falls team referral.

I emailed the Your Housing Team and arranged for a housing officer to visit and assess the property inside and out.

This lady had to shower her husband and struggled doing so. She was frightened of letting him fall and of falling herself. We discussed having a wet room installed which she was keen for.

I made a referral to MPFT Occupational Therapy Team to assess this. I also referred them to Social Services for an assessment for help at home.

What outcomes were evident after follow-up?

Following the referrals made, social services have assessed and they are eligible for help.

The OT are due to assess this month.

The housing team came and started the repairs and when I last spoke to their daughter, the last repair was due to be done that week.

The wife can now walk outside without the fear of tripping on the path.

During her GP appointment, her medication was changed as that could cause her to be light headed and to fall. They also referred her to the falls team for support.

Case study 3

Background information and main issues:

Patient was:

Struggling with mental wellbeing. Physical health having a major impact on mental wellbeing, especially physical pain from Fibromyalgia.

Experiencing falls – was anxious about leaving the house due to the fear of falling.

Using food as a comforter, especially sweet foods – diabetic – wanted to lose weight for health reasons and become more physically active.

Patient disclosed safeguarding concerns during one of the appointments.

What did you do to outline the issues addressed in the referral?

Pain management – referred to practice OT for support

Falls – signposted to Everyone Health's 12 week Falls Prevention Programme.

Mental wellbeing – liaised with Ashcombe regarding if patient was still open to them – once confirmed they were closed to their support a referral was submitted to Wellbeing service and information posted out regarding relationship counselling.

Physical activity – used health coaching to find an achievable way forward in regards to patient engaging in physical activity. We made a patient-centred plan and goals were discussed, set and reviewed.

Weight management – health coaching used. We discussed the option of Everyone Health's 12 week Weight Management programme – patient felt they would like to start independently. Signposted to helpful apps/online support – discussed what had worked well for them in the past and how they may be able to re-introduce things that have worked previously – encouraged patient to prep how they may start the process and note a starting point/date.

Diet – discussed alternatives to cake/sugary sweets/breads – patient identified healthier options.

Patient was open to support regarding diabetes management – a referral was submitted to the practice Dietician.

Safeguarding – pt. disclosed information and an incident of concern. Discussed a referral to Safeguarding with the patient – spoke with practice GP – referral was submitted to Adult Safeguarding.

What outcomes were evident after follow-up?

Pain management/Falls –patient spoke very highly of OT input – numerous coping strategies/techniques were discussed/implemented which they now use day to day. This has also

had a positive impact on patient's mental wellbeing as they feel more able to manage the pain and engage in activities that are positive for their mental wellbeing.

Mental wellbeing – pt. is engaging well with CBT therapy and is finding it very helpful – mental health has improved - patient also considering relationship counselling.

Physical health – patient is now engaging in regular gentle exercise and has started using a hula hoop!

Diet – patient has re-introduced a 'Nature diet' which has worked well for them previously. Has lost weight in just 4 weeks. Pt. has replaced unhealthy snacks with healthier options and is no longer experiencing the same cravings.

Safeguarding – patient found social care/police input positive and felt well supported by services. A plan was put in place and actions taken by social care have had a positive impact on patient's mental wellbeing.

Dietician input – pt. working with Dietician on improving diabetes management – is following advice and making positive changes.

Patient has since expressed a keen interest in discussing volunteering/employment moving forward.

PCN Occupational Therapy Care Home Criteria

The role of O.T is varied, however our aim is to enable patients living with a range of health problems and chronic conditions to overcome barriers which are preventing them from participating in the daily activities which they need and want to complete.

We work with patients and staff to improve their health and well-being, to promote independence and improve quality of life. We assess the needs of patient's producing care plans with them to enable re-engagement in everyday life.

Assessments PCN Care Home Initial Assessment: Pool Activity Level, MEAMS, Sensory Integration Inventory, Observations. PCN OT Care Home Report will be produced for each resident after assessment and intervention provided.

Inclusion Criteria Older Adult service Over 65:

Physical or mental ill health impacting on the residents abilities to engage in activities of daily living (self-care, leisure) or quality of life.

Exclusion Criteria:

Learning disabilities, Pressure Care, Manual Handling or Equipment Needs Mobility needs.

Referral Criteria:

- Residential or care home staff who need guidance identifying the level of support required with activities of daily living to maintain optimised independence. (Personalised Action plans will be created for staff to support the patient's needs based on the identified level of functioning)
- Individuals struggling to engage with the hobbies/activities on offer.
- Staff are struggling to engage with the resident Support with dementia residents who are restless and wandering or displaying anxiety/low mood that's interfering with their functioning.
- Challenging behaviours from lack of stimulation or disease progression.

All referrals to be made through the PCN Care Co-ordinators.