

Edition 4

October 2021

**Your PCN
Executive Team**

**PCN Clinical
Directors (job share)**

Dr Lesley Freeman

Dr Sagar Shanghavi

PCN Lead Nurse

Lisa Tindall

**PCN Lead Practice
Managers (job share)**

Karen Nicholson

Karen Smith

PCN Manager

Hilary Brockway

**Primary Care
Development
Team PCN
Support**

Dawn Gunga

Sonia Robson



LS25/26 Primary Care Network (PCN) Newsletter

Our PCN Team

PCN Pharmacy Team

- Michael Richards – Senior Clinical Pharmacist
- Scott Dagleish – Senior Clinical Pharmacist
- Alisha Clair – Senior Clinical Pharmacist
- Maariyah Pandoor – Clinical Pharmacist
- Shiv Mistry – Clinical Pharmacist
- Noel Kizere – Clinical Pharmacist
- Diana Apostolescu – Pharmacy Technician
- Juliet Francis – Trainee Pharmacist

There is an update from our Pharmacy Team later in the newsletter.

PCN Care Coordinators

- Danielle Gunga

Danielle is continuing to support the Care Home MDT meetings to ensure that these meetings are run effectively, and actions are recorded and circulated in a timely manner. She is currently reviewing the meetings to run monthly and try to get input from more professionals. She has also been supporting the pharmacy team with the steroid card work, and she is starting to look at some of the PCN targets for our Care Homes.

- Rebecca Farrar

Rebecca has joined the PCN team on a secondment from Garforth Medical Centre. She will be supporting with the administration of the Covid boosters, as well as providing general administrative support for the PCN.

Physician Associate (PA)

- Amina Osman (Garforth and Gibson Lane)
- Bakhtawar Nawaz (Oulton, Kippax Hall and Nova Scotia)
- Bethany Power (Lofthouse and Moorfield House)

There is an update from our PA team later in the newsletter.

Social Prescribers/ Healthcare Assistants

- Jo Lee (LS26)
- Charlie Easter (LS25)

The PCN Social Prescribers/Healthcare Assistants are working with practices. They are doing home visits to housebound patients and patients in care homes, and supporting with clinics in practices. They are now supporting the Leg Club in LS25.

PCN Member Practices

Garforth Medical Centre

Practice Manager: Lisa Carroll

Lead PCN GP: Dr Aparajit Kakkar

Gibson Lane Surgery

Practice Manager: Gill Collins

Lead PCN GP: Dr Clare Hirst

Kippax Hall Surgery

Practice Manager: Karen Taylor

Lead PCN GP: Dr Jacqueline Hawkhead

Lofthouse Surgery

Practice Manager: Karen Nicholson

Lead PCN GP: Dr Anna Tarr

Moorfield House Surgery

Practice Manager: Ade Brownlow

Lead PCN GP: Dr Nighat Sultan

Nova Scotia Medical Centre

Practice Manager: Karen Smith

Lead PCN GP: Dr Vishal Kapoor

Oulton Medical Centre

Practice Manager: Hilary Farrar

Lead PCN GP: Dr William Cowie

First Contact Practitioners (FCPs)

- Rob Southern & Mark Wood (FCP Leads)
- Laura Nolan, Sam Davies, Rosh Bodley and Ben Foxcroft (FCPs)

The First Contact Practitioners are employed via Leeds Community Healthcare on an employ/deploy model of employment. The team are now starting to see more patients face to face

Paramedics

Judith Myhill joined the PCN team in September and is working with Moorfield House, Lofthouse and Oulton, and she has settled in really well to the teams across the practices. Judith and one other paramedic will be rotating between primary care and with West Yorkshire Ambulance Service (YAS). We'll meet our 2nd paramedic in December when Judith goes back to YAS for a few weeks.

Our paramedics are supporting practices with acute and long term conditions clinics as well as carrying out home visits.

Planning Ahead Coordinator

Jo Joy-Jones started in August as the PCN's new Planning Ahead Coordinator. Since then she spent time researching into Advance Care Planning, meeting with professionals involved in supporting people to develop Advance Care Plans (ACP) in Leeds, as well as discussing how wider organisations such as Carers' Leeds, Garforth Net and Adult Social Care contribute to future care planning. There has been some great learning, inspirational conversations, and thoughtful observations around how Jo could best support ACP locally.

Jo has met with LS25/26 GP surgeries prior to opening for referrals to introduce herself and discuss plans for the service, as well as make connections with key members of staff.

She is available to work with patients with frailty who have expressed an interest in talking about their future care options. Jo can visit patients in their homes and talk about what matters to them, power of attorney and will making, funeral arrangements and their preferences for their future care. Jo can refer patients onto the relevant health professionals if they would like to talk about Advance Decisions to Refuse Treatments.

Please contact Jo on jo.joyjones@nhs.net for more information about the Planning Ahead Service, or to refer a patient with frailty who has given verbal consent for Jo to contact them about their future care plans.

Health & Wellbeing Coaches

We appointed Helen Brown as our Health and Wellbeing coach and since joining us Helen has also been busy setting up the service. She has spent time visiting practices and getting to know staff there as well as finding out about other services including Linking Leeds, One You Leeds and Active Leeds. She is starting to get in touch with more information about what Health Coaching can offer patients and how to make a referral. We are currently advertising for a 2nd Health and Wellbeing coach to join Helen.

[Job Advert \(jobs.nhs.uk\)](https://jobs.nhs.uk)

Recruitment

Over the next couple of months we will be recruiting to other roles within the PCN including another PA, Pharmacist, Health and Wellbeing coach, Occupational Therapists and Nurse Associates.

An update from our Pharmacy Team

Staffing: A new clinical pharmacist Noel Kizere joined the PCN Pharmacy Team in July. Shortly after this a new trainee pharmacist Juliet Francis also joined us. We are currently out to advert to recruit an additional pharmacist.

Care homes: We are moving our focus with structured medication reviews to care home patients, with an aim to help the PCN achieve the target that 98% of patients living in a care home will have had an SMR by March 2022. In our area this equates to roughly 690 patients. We are hoping that other healthcare professionals can help support us in that aim too. This will provide additional funding to the PCN through the Investment and Impact Fund. The care home MDT meetings will be changing to monthly shortly.

Clinical sessions: We have now aligned our pharmacist clinical sessions to the pharmacist practice pairs and increased the number of appointments available for practice work. In each hour of pharmacist time 4 appointments are now available instead of 3 appointments as was previously the case. When fully staffed, this equates to 216 bookable slots a week, with additional capacity provided by our pharmacy technician and trainee pharmacist. The practice pairings are as follows: Alisha Clair & Noel Kizere: Gibson Lane Practice & Lofthouse Surgery. Scott Dalgliesh & Shiv Mistry: Oulton Medical Centre & Moorfield House Surgery. Michael Richards & Maariyah Pandor: Garforth Medical Centre, Nova Scotia Medical Centre & Kippax Hall Surgery.

PCN Pharmacist Task Groups for each practice are active and we are currently checking them. The aim of these is to assist practices with supply disruption/ out-of-stock queries, medication queries and Treatment Advice Notes.

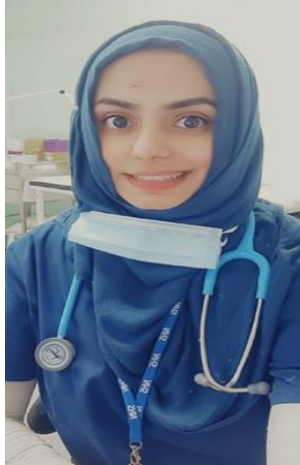
Steroid emergency cards: We have been collaborating with the CCG by showing them the work we have been doing on steroid emergency cards. They plan to adapt it for other GP systems and roll it out across Leeds.

We are continuing to look through patient lists for the different steroid forms to see which patients are eligible. Each patient needs to be individually assessed.

Community Pharmacy Consultation Service: Scott is co-ordinating with Community Pharmacy reps and individual practices to support roll out of GP referrals to Community Pharmacy for minor ailments. The aim is to release 6-8% of appointment capacity by moving consultations to community pharmacy for conditions/symptoms that can safely be referred. Practices are now in the process of setting up their referral processes and you may have seen small numbers of referrals starting to come through the system. Half of the practices are in progress with this and we are aiming to get everyone set up by early November. The service will involve reception/admin leads in coaching staff and overseeing referrals day to day, as well as a specific clinician per practice to be a point of contact with the pharmacy team, who can liaise on clinical issues e.g. urgent referrals back to the practice where pharmacies identify this is necessary. Please contact Scott for more info or if you have any questions.

We continue to provide our regular clinical sessions, support to vaccination clinics, care homes MDTs and support and training. We have several projects in development including working alongside the CCG to review frameworks for DOAC initiation and review.

An Introduction to our Physician Associates



Hello my name is Bakhtawar Nawaz. I am a Physician Associate working across 3 practices within the PCN, these include Oulton Medical Centre, Kippax Hall Surgery and Nova Scotia Medical Centre. I joined the PCN 6 months ago. I also have a degree in Medical Biology.



Hello, my name is Bethany I am a Physician Associate working across Lofthouse Surgery and Moorfield House Surgery. I graduated from the University of Leeds in 2020. Prior to this I gained a degree in Biochemistry and worked in a clinical lab.



Hello, my name is Amina, I am a Physician Associate working across 2 practices within the PCN, these are Gibson Lane and Garforth Medical centre. I joined the PCN this August. I also have a degree in Biochemistry.

What are Physician Associates?

Physician associates are healthcare professionals, although they are not doctors, work to the same medical model, with the skills, abilities, and knowledge base to deliver holistic care to all patients, under the supervision of a doctor.

Education and training

Physician associates must have an undergraduate degree in a healthcare or science related subject. The Physician associate programme is a 2-year intensive medical training programme. We undergo many different clinical placements of various specialities during our training. Physician Associates are trained as generalists this means we can switch into different specialities, without needing to retrain. Physician associates are required to recertify every 5 years. We are currently enrolled on a 2-year preceptorship training programme.

All Physician associates are required to sit the same national written and OSCE examination, to allow them to be enrolled onto the voluntary register. The GMC will soon start to transfer candidates onto the GMC register. We currently do not have prescribing rights, and cannot request ionising radiation, as we are in the process of regulation.

Physician Associates in Primary Care

As a Physician associate in primary care, we can do a variety of jobs. We are trained to the medical model, and can assess, manage and treat patients of all ages, with acute and chronic conditions.

As a Physician associate we can be involved in a variety of activities at the practice, such as seeing acute on the day patients, triage, routine appointments, eConsults, referrals, home visits,

and processing and interpreting pathology results. We are also trained and competent in a range of clinical skills. Physician associates can undergo training programmes to specialise, such as minor surgery, baby wellbeing checks, and many others. The Physician associate role is very new to the PCN, however there are many Physician associates who have been practicing in different specialities including primary care for many years.

Leeds Mental Wellbeing Service

The current staff who work for the LMWS are:

Sarah Kennedy – Mental Health Specialist

Clare Wheeler – Mental Health Practitioner

Rebecca Rose – Primary Care Mental Health Support Worker

Case Study

Presenting: 50 year old male approaching the service having had multiple past suicide attempts, feeling empty, hopeless for the future with an upcoming court case. Said with certainty he would take his own life before the court case using a home BBQ kit. He told me he did not want help around his suicidal thoughts, but did want support around his sleep – his nightmares kept him up all night.

Outcome: We had four appointments together in total. Upon taking brief mental health history in the first session we were able to identify that this individual was experiencing a trauma response, arising from an experience 20 years ago where he was trapped in an explosion at work. This accounted for his disconnect from his emotions, his flashbacks and nightmares, his avoidance of social relationships, and his strategy of planning different methods of suicide to hold on to a feeling of control. He had not considered the impact of the explosion before. This individual quickly progressed over the next few appointments, and by the end he told me he was ready to finish our sessions; his creativity had returned, was sleeping much better, had been reconnecting with friends and was no longer thinking about suicide, for the first time in 20 years.

How to refer?

All referrals can be made via a task on S1 to the LMWS unit.

If you have any questions, please do not hesitate to send us a task or email us at pcmhcluster7.lypft@nhs.net.

Linking Leeds (Social Prescribing)

Linking Leeds are continuing to take referrals and our practices having been doing incredibly well this year making over 500 referrals made since the start of April. Please keep on referring as the feedback from patients is really positive. For more information on the service have a look at the latest newsletter which includes a case study from a patient from Nova Scotia surgery.

- Janni Lewis - Janni.Lewis@nhs.net
- Sarah Bradley - S.Bradley7@nhs.net
- Jo Mackmann - Jo.Mackman@nhs.net

We have attached a pdf which is the Linking Leeds newsletter.

PROSPER

What is PROSPER?

Age UK Leeds is working in partnership with Bradford Teaching Hospitals Trust and the University of Leeds to develop and test a person-centred approach to support for older people aged 65 and over who are living with frailty. The aim of the service is to explore how patients can identify ways to improve their well-being, quality of life and independence via a 12-week goal setting programme, with the support of a Personal Independence Coordinator to guide them. Age UK Leeds's Personal Independence Coordinators are working a number of GP surgeries across the city, including Garforth Medical Centre. The programme also aims to improve coordination of GP, voluntary sector and social care services and increase the social networks of older people living with frailty.

Types of support

- Confidence building – to overcome fears about falling, going outdoors, walking alone, using public transport, reconnecting with former activities.
- Tackling loneliness - identifying and connecting with local groups and activities
- Benefit advice/ support with Blue Badge applications
- Support to access clinical interventions/support
- Digital help
- Looking into adaptations/aids to help maintain independence
- Joint visits – e.g. with Neighbourhood Teams
- Information sharing about local services

Update from Garforth

Age UK Leeds PROSPER Personal Independence Coordinators have been working with Garforth Medical Centre since the end of July and have received just under 30 referrals so far. Around 50% of patients from Garforth identified some goals they would benefit from working towards with support from our Personal Independence Coordinators and the rest concluded after an initial meeting that they were managing their health and wellbeing really well at the present time. However, they said they valued the visit and in particular the fact that their surgery was being proactive in helping them to get the most out of their lives.

For further information or to get in touch about any of the above, please contact Rachel.mchale@ageukleeds.org.uk 07432 477 529

“One of the main things that I have noticed is that almost all of the participants have been keen to express that they get a great service from Garforth Medical Centre and the main reason for agreeing to participate in the research project is that they are keen to help out the surgery. I was left with a sense that they are very loyal to the practice”.

“The patients regularly comment on how much they value the service they receive from Garforth Medical Practice. Comments are usually around the efficiency of the services provided, friendly and supportive GP’s and staff and that they usually get to see the GP of their choice and feel well looked after”.

What else is happening in the LS25/26 PCN

Leg Club Relaunch

Garforth Leg Club

The Garforth Leg Club restarted on 22nd September 2021 as a soft launch and following a recent review meeting it was decided that the Leg Club is now able to accept referrals from LS25 GP practices and the Leeds Community Healthcare Neighbourhood Team on a first come first serve basis.

The Garforth Leg Club takes place on a weekly basis on a Wednesday morning with two sessions taking place between 8:30 – 11:45am. Due to the ongoing Covid situation, the site has been assessed by the Health and Safety Team and the number of patients attending the Leg Club are currently restricted to ensure that social distancing and additional hygiene measures can be maintained. We have 20 clinical appointments with some additional capacity for members just attending the social part of Leg Club. The service will therefore be offered via a referral system rather than a drop-in session as previous.

Referrals are managed by the volunteer team at Garforth NET and patients are asked to contact Garforth NET to book a place at Leg Club to ensure that we can monitor attendance and that we do not exceed the maximum numbers allowed.

The contact details for Garforth NET are shown below: -

- Email: info@netgarforth.org (preferred method of contact)
- Telephone: 0113 2874784

Please find attached a patient leaflet which provides some important information about the Leg Club and how it will operate post Covid.

Due to the restriction in numbers patients must ring to book prior to attending Leg Club regardless if they are attending for treatment or the social aspect.

Rothwell Leg Club

We have recently restarted the planning meetings to launch a second Leg Club in Rothwell. There are a number of actions we need to undertake before launch date can be agreed but we hope that we will have some further information to share with you shortly.

Diabetes Three Treatment Targets Project

Diabetes Leeds have initiated a project that aims to raise the standard and quality of care in diabetes by optimising the NICE three treatment targets (3 TT's) to reduce the risk of mortality and its impact on individuals. This includes achieving optimal or individualized HbA1c (<58mmol/mol), cholesterol (<5mmol/L) and blood pressure targets (<140/80mmHg); and building on existing initiatives within the city such as collaborative care and support planning (CCSP) and home testing of ACR and blood pressure.

LS25/26 PCN has been selected as one of 4 PCNs to pilot this project. Amongst other things there will be training opportunities for clinical staff and funding to support backfill and other interventions as agreed by the PCN.

Micro Grants

Applications are still open for a micro grant funding opportunity set up by the LS25/26 Local Care Partnership. This is to support local groups and leaders to improve access to sports and exercise groups in the area. Further information and guidance can be found in the supporting attachments.

We have attached a pdf with information about the micro grants.

