

NOTTINGHAM CITY EAST PRIMARY CARE NETWORK NEWSLETTER - Autumn 2019

Welcome to the first of our Nottingham City East Primary Care Network newsletters. Primary Care Networks (PCNs) are a national initiative set up in July 2019 to create groups of GP practices in local areas so they work more closely together and with the other health, social care and community groups in that area. It is hoped that this collaborative working will produce care that is more pro-active and accessible, reduce duplication and address gaps in services. It is also hoped that this integrated working will increase the resilience and long term sustainability of local services that face challenges with workload and workforce.

Nottingham City East PCN is made up of the 7 local practices covering the areas of St Anns, Sneinton, Carlton, Bakersfield, and Mapperley. The practices are Bakersfield Medical centre, Family Medical Centre, Greendale Primary Care Centre, NEMS PlatformOne, Victoria and Mapperley Practice, Wellspring Surgery and the Windmill Practice.

So what have we been doing since July 1st when the PCN was set up? Representatives from the practices have been meeting monthly and so far we have elected the leadership team, chosen a logo after a competition organised through St Anns Valley Centre Library (well done Keira for the winning design!), worked together to provide extra appointments at weekends, appointed a pharmacist and social prescriber to work across the area and decided on some of our priorities for the coming year. We hope you will support us in our efforts to improve local services and if you have any ideas or feedback we would be keen to have them – contact details at the bottom of the newsletter.

Dr Hussain Gandhi, Dr Margaret Abbott (Joint Clinical Directors), Robana Hussain-Mills (Deputy Clinical Director)

How can we improve the health of local people?

Residents in our part of Nottingham have been shown to have, on average, shorter lives and develop long term health conditions sooner than people in more affluent areas of the city.

What determines health is much broader than medicine so we want to work with the City Council and others on housing, debt, employment issues, loneliness, and social support services all of which impact on health. In order to link patients to these services we have employed a "social prescriber" to work across all 7 practices. He will start work in January 2020 and appointments will be available through the GP practices.

The GPs and nurses are also meeting monthly to look at the greatest health challenges in our area and are concentrating on 6 this year – diabetes, cancer, lung diseases (COPD),mental health problems, alcohol abuse and frailty. In particular we want at look at prevention of these problems as well as how clinical staff can provide the best medical and nursing care.

How can we increase the resilience and sustainability of local services?

Nationally there is a shortage of GPs and practice nurses and this is true of our area too. One GP practice in our area closed in June and other health and social care partners have staff recruitment issues and funding cuts too. There is some extra funding for staff to work across the PCN but we also want to make our existing services as efficient as possible so we use our limited workforce in the best way.

This may mean receptionists asking more questions so they can signpost patients to the most appropriate services first time, encouraging uptake of the extra weekend appointments we have provided and promoting the use of online services to book appointments or order prescriptions - to take pressure off the phone lines and reception staff.

We have recruited a clinical pharmacist to work across the 7 practices and hope to have a second in place next year. They will be available to undertake medication reviews across the 7 practices from 2020 as well as providing links to community pharmacies and supporting with prescribing issues within practices.

How are we working with local health and social care partners?

When we started looking at what health and social care services were working in our area we were amazed at the number and variety. They are however not all well linked to each other and some are in competition with each other or have restrictions in what they do that leaves gaps in services. We have started to meet with some of these services therefore to explore ways we can work better together to reduce duplication and fill gaps in care.

Meeting with representatives of the community pharmacies revealed that there are schemes about to start that encourage pharmacies to offer more direct patient services. These include testing and prescribing antibiotics for urinary tract infections, screening for treatable conditions like hepatitis C and heart problems as well as reviewing the use of medication. These services will be more available to patients as the opening hours of pharmacies are often longer than GP practices' and no appointment is needed, and will take some of the workload from GP practices. Not all pharmacies will be offering these extra services immediately but it is positive that this is the plan.

We have also made contact with the local mental health team to discuss how we can work together to get quicker access to their services when people become unwell, as well as better support when people no longer need their services. Talks and plans are at an early stage but this is a priority area for us to improve as our PCN has the highest rate of severe mental health problems in the county.

How are we working with patients and the community?

Our area is represented by 3 City Council wards and their 9 elected councillors so we are planning to meet with them in the New Year Most of our 7 practices have a Patient Participation Group but also there are several local active community groups who already are linked into forums to make the patient and public voice heard about health and social issues.

Over the coming months we will be considering the best approach to involve patients and the community with our PCN. If you have any ideas or comments, please contact us – see details at the end of this newsletter.

How are we working to prevent health problems?

As well as considering the social reasons people have poor health, we also want to look at what patients and staff can do to help themselves live more healthily. Rates of smoking and drinking alcohol to a harmful level are high in our area and we want to promote the smoking cessation and alcohol support services. Lack of exercise is a local as well as a national issue so we have formed a group to look at ways to promote exercise. As part of this, PCN staff have started to attend the Colwick Park Run on the last Saturday of each month (weather permitting!) – do come along!



Nottingham City East PCN staff (+ family and dog!) at Colwick Park Run June 2019

For more information about this free weekly Saturday morning event see www.parkrun.org.uk/colwick/

If you have any comments or ideas about what we are doing or might do in the future please contact us on our Twitter account (@ncepcn) or our email address: ncccg.nottinghamcityeastpcn@nhs.net