Free!

CPG

Churchmere Medical Group

Churchmere Patients' Group Newsletter

Spring 2021

May 2021- a Message from Churchmere Medical Practice.

Staff update

GPs

Dr Sheelin Newton retired at the end of April. Dr Newton has been a partner at the practice for over 31 years and will be remembered for her unconditional dedication, hard work and commitment to her patients. We hope you join us in wishing her the best in her retirement.

We are very pleased to announce that Dr Nadia Tharib became a GP Partner on the 1st April. Dr Tharib has been a salaried GP at the practice since January 2020.

We also have two new GPs, Dr Kiera Vaughan and Dr Richard Price who have joined the practice recently. Dr Richard Price completed his training with the practice so you may have already seen or spoken with him previously.

Nurses and HCAs

We have two new nurses that have recently joined our practice Sister Alice Evans and Sister Hazel Platt. Sister Evans sees patients for minor illness and also a wide variety of practice nurse appointment. Sister Platt sees a wide variety of patient for practice nurse appointments and has a special interest in diabetes. Also joining the nursing team is Sharon Edwards. Sharon is a Healthcare Assistant and sees patients for all healthcare work including bloods, dressings, ECGs etc.

First Contact Physio

We have two First Contact Physiotherapists (FCP) working at the practice. The role of a FCP is to assess patients with soft tissue, muscle and joint pain and to decide on the most appropriate management pathway. Cianan has been working at the practice for the past couple of months and Ruth start mid May.

Non-clinical staff

We have a number of non-clinical staff that have also joined our practice:

Patient Services Team - Nicola H, Carol C, Megan J, Dorothy a R, Jackie E

Secretarial Team - Laura L, Kerry F

Practice Operations Manager – Jessica Griffiths

Practice Transitional Manager – Elaine Ashley

COVID vaccinations

The Prees vaccination centre is now closed and all further COVID vaccinations are being booked centrally by calling 119. Thank you to all the staff and volunteers that have helped at Prees during the vaccination clinics.

We would like to take the opportunity to thank the volunteers that have come into practice to help us book thousands of COVID vaccination appointments. They have worked tirelessly to help us ensure we can get as many patients vaccinated as quickly as possible.

Practice Merge

The merge of Churchmere and Dodington practice is now complete. Thank you for bearing with us over the last few weeks whilst we faced numerous technical issues which heavily impacted our service.

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EPG Chairman's message

Dear Churchmere Patients, talking with a number of you over the past few months I know how frightened you are with the lack of contact through self isolating and even frustrated with the lack of local information and not being able to contact your GP in the ways that over the years you had come accustomed too. Hopefully this will change as things improve.

But we must not forget that all the staff at the practice are patients and just as worried and concerned about Covid and their families as you.

I must admit that like you I would prefer some messages giving information about what changes are going to be made and not find out after the event, plus the odd message of reassurance now and again.

There are a few changes happening in the NHS which will impact locally and nationally which are mentioned further in this newsletter. They are setting up of Primary Care Networks (PCNs) which involves the GP practices. And Integrated Care Systems (ICS). There are 2 articles hopefully explaining what they mean.

Medicines Management

The use of medicines is the most common therapeutic intervention in the NHS. Around 15 to 20 per cent of a Clinical Commissioning Groups' money is spent on medicines. Medicines Management is a term which encompasses all aspects of the supply, use and disposal of medicines. Effective Medicines Management contributes towards:

- Improved health of individuals and the population as a whole
- Improved patient care and satisfaction
- Making best use of available resources
- Making better use of professional skills
- Delivery of Clinical Governance

Prescribing

Prescribing is a key component of Medicines Management. Doctors and other appropriately trained clinical staff (collectively called "prescribers") can prescribe medicines (and certain non-medicines) for patients in their care using a written order, or prescription. Whilst prescribers have the freedom to prescribe whatever they think is appropriate for their patients, they are expected to take into account the evidence for the clinical and cost effectiveness of the medicines they prescribe.

Formularies

A formulary is a locally maintained document which lists the medicines that are deemed suitable for prescribing within the clinical commissioning group. Medicines that are included on the formulary are assessed by a committee of clinicians and medicines experts for their suitability for local use. The committee will generally assess medicines in terms of safety, clinical effectiveness, cost effectiveness and patient preferences. Most medicines accepted for use will be prescribable by primary and secondary care but some will have local restrictions on their use. Some will be prescribable in limited circumstances and some will only be prescribable in hospital settings. Some medicines won't be included on the formulary at all.
Shropshire and Telford Local Health Economy formulary is currently under development. Completed chapters can be viewed using the link in the Shropshire and Telford Local Health Economy section.
Links to other providers' formularies - Midlands Partnership NHS Foundation Trust

The NHS Constitution

The NHS Constitution identifies two key patient rights with regard to medicines

"You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you."

and

"You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you."

Local formulary decision making process take these into account. All medicines recommended by NICE are included in the formulary if local prescribers want to use them. All other medicines are assessed on their clinical evidence as presented to the formulary committee, which will decide whether a medicine should be available locally. Where a medicine is not generally available, or is not included on the formulary, there are mechanisms in place for considering individual circumstances.

The National Institute for Health and Clinical Excellence (NICE)

All medicines that have been assessed under a NICE (National Institute for Health and Clinical Excellence) technology appraisal are added to the formulary. Use of the medicine is generally restricted to the clinical indications that are described in the NICE guidance and so a medicine may be available for some conditions (i.e. those considered by NICE) but not for others.

Individual Treatment Requests

Local decision making processes around medicines cannot take into account all situations. There are many situations where an individual patient's circumstances are exceptional and such situations are considered on an individual basis.

If a prescriber thinks that a particular medicine should be used, they can apply to the local CCG using this process. Individual Treatment Requests are considered by a specialist panel who will take into account the clinical evidence for the treatment, its cost effectiveness along with any national or local policies regarding the medicines.

Local Prescribing Policies

Local prescribing policies may be developed to cover situations where there is no national guidance (for example NICE guidance) but where there is a local demand for the treatment. A local policy differs from the formulary in that it will normally contain far more detail about the clinical condition, the group of patients that are covered by the policy, and the treatment criteria.

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The Independent Review Into Maternity Services at the Shrewsbury and Telford Hospital NHS Trust Would Like to Hear From Staff Both Past And Present

The work of the Independent Review continues following the launch of the first report which was published in December 2020. The Independent Review is now seeking the views of both former staff and those currently working at the Trust.

The Independent Review Team would like to hear from staff who worked in maternity services at the Trust from 2000 until the current time. As part of this work, the review team would like to understand from current and former staff their experiences of what it was like to work in the Trust's maternity services. All responses will be held securely and confidentially within the review team and individual staff will not be identified within the final report.

Donna Ockenden, Chair of the Independent Review said: "It is very important that staff voices are heard as part of our review as this will really help our understanding of maternity services during this time period.

"Any former members of staff who were employed to work directly in the maternity services at the Trust and current staff can take part in this survey. This can include but is not limited to doctors, midwives, anaesthetists, obstetricians, nurses, support workers, administrators, theatre staff, portering staff and managers.

There will also be an opportunity for some staff to participate in more detailed confidential conversations with review team members if they wish to."

The first report of the Independent Maternity Review identified 27 Local Actions for Learning for the Trust that are essential to improve safety and 7 Immediate and Essential Actions for both the Trust and maternity services across England.

The Independent Review Team is now focusing on the completion of clinical reviews to enable the next report to be published. As well as family voices, staff voices will be clearly heard and represented within the next report.

Those who wish to participate or have any questions should email: **staffvoices@donnaockenden.com** in confidence.

They will then be sent an anonymised confidential questionnaire survey to complete.

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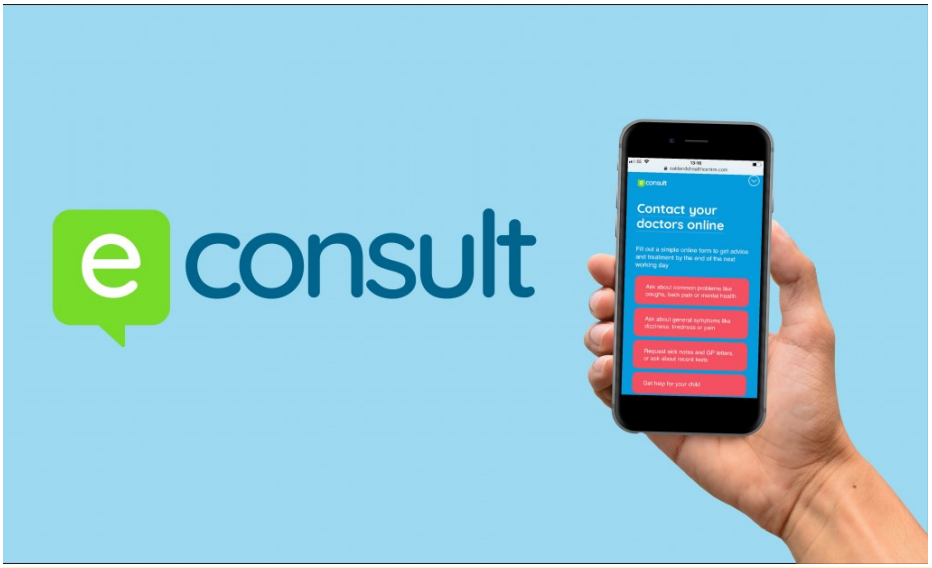

How does EConsult work?

EConsult lets you consult with your NHS GP online by completing a quick form that is sent to and reviewed by the practice. You can also be directed to patient self-help, pharmacy advice and local self-referral services.

Benefits

- Patients may not need a trip to the surgery and their query may be resolved with a phone call.
- Medical advice is available 24/7 even when the practice is closed Patients can check their health symptoms online and receive on the spot medical advice and treatment guidance thanks to NHS content.
- Patients will get a response from their own NHS GP practice by the end of the next working day or sooner.
- Access wherever and whenever patients want from any device.
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Unlike a telephone call patients can complete an EConsult at a pace that suits them, without taking up practice time.

What are Primary Care Networks (PCNs) ?

Primary care networks (PCNs) form a key building block of the NHS long-term plan. Bringing general practices together to work at scale has been a policy priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

While GP practices have been finding different ways of working together over many years – for example in super-partnerships, federations, clusters and networks – the NHS long-term plan and the new five-year framework for the GP contract, published in January 2019, put a more formal structure around this way of working, but without creating new statutory bodies.

As of the latest PCN sign-up in May 2020, all except a handful of GP practices in England have come together in around 1,250 geographical networks covering populations of approximately 30–50,000 patients. This size is consistent with the size of primary care homes, which exist in many places in the country, but is much smaller than most GP federations.

How are they formed?

Most networks are geographically based and, between them, cover all practices within a clinical commissioning group (CCG) boundary. There are some exceptions where there were already well-functioning networks that are not entirely geographically based. Some networks cross CCG boundaries.

While practices are not mandated to join a network, they will be losing out on significant extra funding if they do not, and their neighbouring networks will be funded to provide services to those patients whose practice is not covered by a network. In some cases, where a single practice has met the size requirements of a network, they are also able to function as a network.

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Primary care networks (PCNs) will eventually be required to deliver a set of seven national service specifications. Three started in 2020/21: structured medication reviews, enhanced health in care homes, and supporting early cancer diagnosis. A further four are also set to follow- anticipatory care (with community services), personalised care, cardio-vascular disease case-finding, and locally agreed action to tackle inequalities.

To do this they will be expected to provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices, for example, first contact physiotherapy, extended access and social prescribing.

Networks will also be the footprint around which integrated community-based teams will develop, and community and mental health services will be expected to configure their services around PCN boundaries. These teams will provide services to people with more complex needs, providing proactive and anticipatory care.

Primary care networks will be focused on service delivery, rather than on the planning and funding of services, responsibility for which will remain with commissioners, and are expected to be the building blocks around which integrated care systems are built. The ambition is that primary care networks will be the mechanism by which primary care representation is made stronger in integrated care systems, with the accountable clinical directors from each network being the link between general practice and the wider system.

significant support if they are to deliver the ambitions set out for them.

What difference will primary care networks make for patients?

Primary care networks have the potential to benefit patients by offering improved access and extending the range of services available to them, and by helping to integrate primary care with wider health and community services.

What will primary care networks do?

NHS England has significant ambitions for primary care networks, with the expectation that they will be a key vehicle for delivering many of the commitments in the long-term plan and providing a wider range of services to patients.

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Previous research on the impact of larger scale general practice on patient experience found mixed views. While some patients prioritise access above all else and are interested in the potential of larger collaborations to improve that access, others are more concerned about continuity and trusting relationships and are concerned these may be lost. Practices will need to work with their patient participation groups and the wider local community if they are going to address the needs of their local population.

What next?

Since their introduction in 2019, general practice has begun to grasp the opportunity presented by PCNs. This has been shown not least through their response to the Covid-19 pandemic. However, primary care networks continue to face a number of obstacles. Some of the most pressing relate to the introduction of new roles. Recruitment is often an issue for networks, particularly in remote or economically unattractive areas with wider health care workforce problems. New roles may be recruited primarily based on availability rather than planned around the needs of the patient population. Even when new staff are in post, there are challenges around culture, supervision, understanding of new roles and network sharing arrangements that need to be overcome if these staff are to become embedded as effective and valued members of their team.

For primary care networks moving beyond the immediate challenges of Covid-19, there is also a need to maximise the value of their spending and used their income effectively to develop and strengthen the network and ensure their offer matches local patient need.

The North Shropshire PCN:

Churchmere Medical Group
Drayton Medical Practice
Plas Ffynnon Medical Centre
The Caxton Surgery
Wem & Prees Medical Practice
Cambrian Medical Practice
Hodnet Medical Centre (LCS)
Clinical Director: Dr Tim Lyttle

Shropshire, Telford and Wrekin Integrated Care System confirmed by NHS England

NHS England has announced the roll out of 13 Integrated Care Systems (ICS) nationally, with effect from 1 April, 2021.This represents a major milestone in the NHS Long Term Plan.

As part of this, Shropshire Telford and Wrekin will become an ICS from 1 April, 2021, providing a joined up approach to planning and providing local health and care services across the county. This will replace the Shropshire, Telford & Wrekin Sustainability and Transformation Partnership (STP).

Integrated Care Systems bring together hospitals, community and mental health trusts, GPs and other primary care services with local authorities and other care providers across the whole area. This approach enables more effective use of resources, leading to higher quality, more efficient and effective services.

The creation of the ICS is particularly important in the light of the COVD-19 pandemic, which has seen a huge emphasis on partnership working. The establishment of the ICS will help us to build on the successes we have already achieved and continue with to provide flexible, connected solutions.

Through the ICS Shadow Board, independently chaired by Sir Neil McKay, the system will be publicly held to account for better prevention and outcomes for people in Shropshire, Telford and Wrekin; making sure that wherever possible, care is provided as close to people's homes and local communities as possible.

Sir Neil McKay said: "This is a really important milestone in our journey to provide a collective approach to health and care services across the county of Shropshire. It is about improving the health of local people, ensuring the patient remains at the heart of the services we provide. It will also support our journey to address local health inequalities and provide more consistent solutions, tailored to local needs.

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“The ICS will continue work to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. This integrated approach brings real benefits to patients.”

Mark Brandreth, Shadow ICS Executive Lead, said: “We have made great progress developing our relationships and working together over the last few years. As well as our collective response to the COVID-19 pandemic, we have some great local examples such as the Multidisciplinary Care Home Team in Telford and Wrekin which includes care home staff working closely with primary care colleagues to deliver enhanced support, utilising digital technologies to enable remote consultations.

"In Shropshire, Public Health, the Voluntary and Community Sector and Primary Care have been working collaboratively on a social prescribing model that supports people in the community where they live. We want to continue to embed and accelerate this joint working through our ICS development plan."

Dr Jane Povey, Clinical lead for Shropshire, Telford and Wrekin ICS said: “I am very excited that, as an Integrated Care System, clinical and care professionals will be able to work with people in our community to enable

ICSs, and formerly Sustainability and Transformation Partnerships, have worked for the last several years to break down barriers between organisations and improve care.

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And health and care services to better meet their needs. We will focus on preventing ill health, the provision of responsive and joined up health and care, and reducing health inequalities”

The Government has set out plans for a parliamentary Bill to put ICSs on a statutory footing, and NHS England and NHS Improvement (NHSEI) will give all systems the support they need as legislation takes effect.

The Bill will build on recommendations from NHSEI to remove current legislative barriers to integration across health and social care bodies, and foster collaboration between NHS and local government organisations. This reflects the thousands of views received from every part of the health and care system and the public as part of recent engagement on what local leaders need.

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Useful Telephone Numbers

For Covid-19 advice and/or to request a test contact 111 or 119 Or Website https://www.gov.uk/

EXTEND Group keep fit. Tel: 0345 678 9025 Email healthylives@ shropshire.gov.uk Website https:// www.healthyshropshire.co.uk/

Free! Fire Home Safety visits. Fire prevention team: **01743 260200**.

Email; enquiries@shropshirefire.gov.uk

Carers Trust4all. Support service for carers. Monday-Friday, 9.00-5.00. **01743 341955**. Web; carerstrust4all.org.uk/ shropshire

Ellesmere Widows Friendly Club. Thursdays 10.30am at the Ellesmere Hotel. Eileen: **01691 624028.**

Alzheimer's Society. North Shropshire Dementia Support Worker.

Lisa Hopwood: **01743 341800**. Nat Dementia Helpline: **03002 221122.**

MIND. Shropshire Mind is the local mental health charity. **01743 38647** Email; admin@shropshiremind.org Web; shropshiremind.org

Shropshire Autism Hub. 01743 539201. Email; shropshireautismhub@gmail.com. Web; shropshireautismhub.moonfruit.com

Action Advice Advocacy for disabled people. 01743 539201. Mon, Tue,
Wed 9.30am to 12.30pm. Web; a4u.org.uk

Taking Part. For people with Health and Social Care needs. **01743 363399.** Email; takingpart@takingpart.co.uk Web; takingpart.co.uk