



Newsletter

Spring 2024



The Primary Care Collaborative is a combined voice for dentistry, general practice, optometry, and pharmacy, working together to improve people's health across the North East and North Cumbria. The PCC will act together to solve problems, influence decisions, and share good ideas.

Looking forward

You, your views, and your interests are our main concern. We're always ready to listen so drop us an email or join our informal WhatsApp group. We've come a long way since last summer when we ran a series of workshops to test out the concept of a Collaborative organisation for primary care and define our purpose. Since then, we have been successful in securing investment funding from NECS to set up our infrastructure. A team from across general practice (PCN Clinical Directors, LMCs and Federations) with Pharmacy, Optometry and Dentistry colleagues has been meeting regularly to agree early priorities, including how we will operate as a Collaborative to improve health across NENC. Look out for workshop dates – your input can shape future priorities.

As we move into '24-'25, embedding some of our early initiatives will be a major focus, including supporting the roll-out of Pharmacy First and next steps for the Community of 1000 project. Updates on both below.

As well as working on priorities from our membership, we've also already been asked and funded by the ICB to join or lead some primary care projects. Currently, we're playing a role in designing the ICB's digital strategy, working out what that looks like in practical terms, and how the whole of primary care can have its say and share its insight. The ICB value the work we've done so far and are supporting both our infrastructure and future projects.

Workforce

The ICB has requested a strategy for the future of primary care's workforce. This is a sizable, exciting piece of work with major challenges. We're taking the time to really scope it out. It's ambitious and we want to do everything in our power to attract, develop and retain the right people. Consideration will be given to creating broader universal training opportunities, potentially reflecting the protected learning time (PLT) of general practice across primary care.

Connecting with each other

We're on a journey to create a unified voice for primary care, which we believe will help us all to look after local people better, together. The strength of that voice can only be built on real connections. The Collaborative will allow us to build relationships within primary care with each other, and so far, we have learnt a lot about the challenges each sector is facing. We have lots in common. We hope that you will continue to engage and get involved in our future work.



Engagement events open to everyone

In the autumn we held two engagement events, gathered some great insight, and received valuable feedback. Now, we have two more events planned, scheduled to take place via Teams:

Wednesday 24 April, 12.30

- [Join the meeting now](#)
- Meeting ID: 350 747 200 778
- Passcode: VVWJbA

Thursday 2 May, 18.30

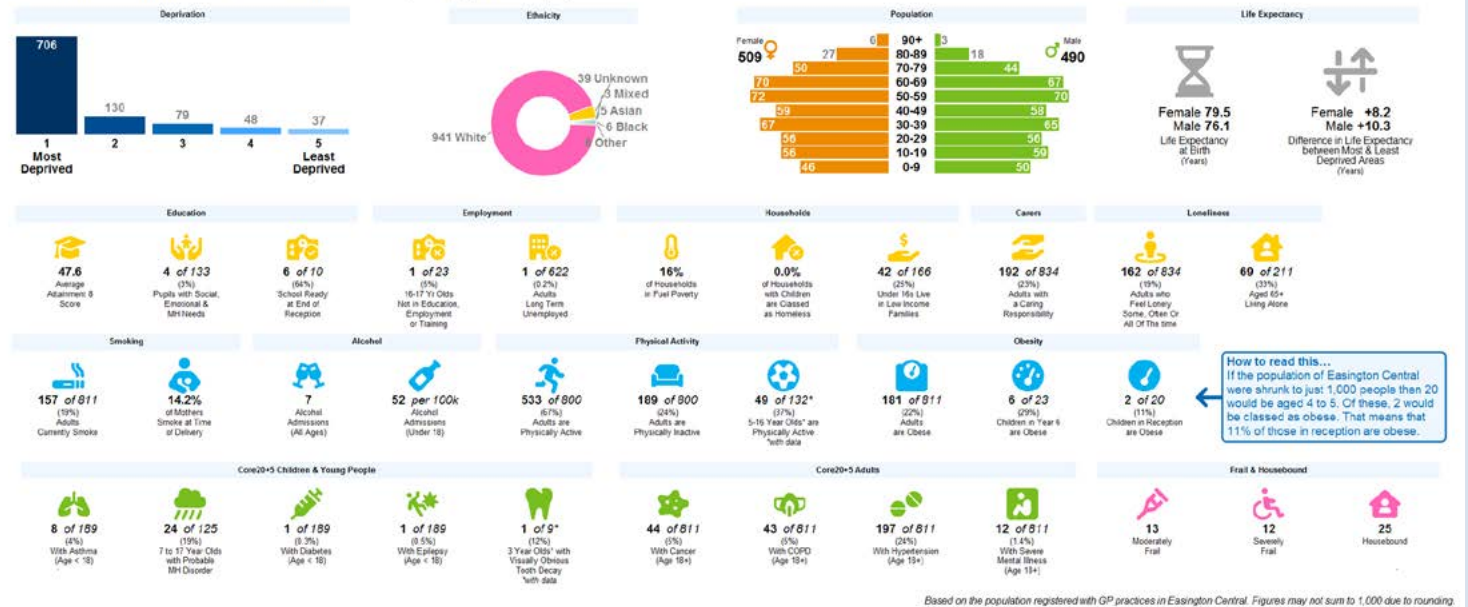
- [Join the meeting now](#)
- Meeting ID: 344 337 783 216
- Passcode: 53DfZy

These events are open to everyone and are a chance to learn about work we're doing on your behalf and workstream priorities. Come along to find out more, suggest next steps for the PCC and ask questions.

If you would like to receive a calendar invite to these events, email: necsu.primarycarecollabnenc@nhs.net

We're currently planning further events for later in the year.

If Easington Central contained 1,000 people... (actual population ~33,700)



Using data to understand the health of local populations

One of the early priorities identified by the PCC working group was to help local teams use the data available to them to understand issues in their communities. We believe this will give our Primary Care Networks an excellent basis for integrated ways of working, and in time bring colleagues looking after people across general practice, pharmacy, optometry, and dentistry closer together.

Over the last four months a NECS team has worked closely with the PCC to develop and implement a Population Health Management approach to support the development of this integrated neighbourhood working.

We've done this by working on a pilot with South Durham Federation and their PCNs, taking the data and analysis they had already done and building on this with some of our population health analytics.

Community of 1000 reports

We've developed reports such as the Community of 1000 (see illustration), to bring data to life across an Integrated Neighbourhood Team area or PCN. The analysis was delivered in a workshop style format, and teams were able to understand and discuss the insight. Conversations highlighted population cohorts that may not have been identified previously.

As a result, South Durham are now looking at defining their 'frequent flyers' from a joined-up Primary / Secondary and Mental health perspective and doing more detailed work with NECS' support on 111/999, Emergency Department, and In-Patient and Out-Patient activity.

Patient benefit

The teams are now considering what they can learn from their data, and what they might be able to put in place for local people using that understanding. They are also considering how they use existing tools such as RAIDR to identify cohorts of patients that could benefit from a more joined-up model of care from a multidisciplinary team.

The PCC have asked the Analytics and Insight team to provide all PCNs across NENC with their own Community of 1000 report and these have now been distributed to Clinical Directors. They make fascinating reading! As part of its work this year, the team hope to support general practice to use this data to understand their local population and begin to build integrated neighbourhood working with other partners to make a real change to patients' lives. Coming soon there will be opportunities for other PCNs and Federations to get involved and learn from the South Durham pilot.

New ways of working that work for us all

The Pharmacy First service launched on 31st January. The PCC decided that one of our first priorities should be to help our General Practice and Community Pharmacy members to get maximum benefit from the scheme. It's a good example of how building relationships across primary care can provide a better service to local people. It also attempts to tackle the issue of access, which is common to all of us working in primary care.

[Pharmacy First gives pharmacists new supply powers](#), which allow patients to be referred into community pharmacies for common illnesses including shingles, impetigo, or sore throats. Pharmacists can now also supply antibiotics for these conditions where appropriate. Pharmacy First offers significant patient benefits and although it is early days, the initiative is an excellent example of what we can achieve when we work together. Our joint efforts can improve access for patients by helping them to understand the options open to them.

Sharing expertise

We wanted the PCC's support of the scheme to be practical, sharing expertise and answering questions. In February and March, we held a series of Pharmacy First drop-in webinars. Led by Geraint Morris (PCC Pharmacy Lead), these sessions targeted GPs, clinical teams, practice managers and admin teams. With over 200 attendees, including 100 NENC GP practices, the webinars received a positive reception, highlighting the initiative's significance for both general practice and community pharmacy.



Supporting patients

Service Coach Lead Dee Talbot-Bosworth's role is to embed the service, acting as a bridge between pharmacies and practices. Dee also works directly with community pharmacy leads. She knows that cooperation and communication are key to Pharmacy First's success. She says:

"Getting people into the same room, face-to-face has unlocked so many doors. We've had evening networking events to bring people together. In one practice the pharmacy was in the same building, but the pharmacist and admin lead had never met. Pharmacy First challenges those silos. It's about listening, teamwork and recognising the common good."

Embedding the new system has not been without its challenges. It will take time for everyone to become accustomed to the new ways of working, and the PCC is aware of and trying to influence solutions for IT issues that have arisen. However, we're seeing real success as new lines of communication between the practices and the community pharmacists open. Pharmacies are providing a more accessible service, and some GP time has already been saved. Most importantly, Community Pharmacies and Practices have a shared understanding of how we can work together to support our patients.



A shared vision for the future

Optometry has historically operated in a silo, but the PCC is determined to change this, putting the service at the centre of primary care conversations.

There's an over-riding mood for change across the North East and North Cumbria Integrated Care System right now, creating exciting opportunities for improvement to the eye care pathway. Meanwhile, Optometry's involvement with the Primary Care Collaborative is setting a positive tone for collaborative working across the region.

Patients at the centre

Stephanie Cairns (pictured above) chairs the Northumberland, and Tyne and Wear Local Optical Committee. She shared her thoughts on the Primary Care Collaborative's formation, and her hopes for what it can achieve.

"I know that our position within the Primary Care Collaborative will help Local Optical Committees (LOCs) support the Optometry workforce more effectively. I also believe primary care Optometry can become an integral part of Neighbourhood Care Systems. Collaborative working will be key to this. I see this work as a unique opportunity to overcome barriers and make unprecedented service changes. This means putting patients at the centre of care, bringing care closer to home, and ensuring people receive the right help at the right time, with less duplication."

"My many conversations with wider health professionals during my 15 years of LOC involvement, tell me there's uncertainty about what we do, and people are often surprised at how much clinical time we spend working on behalf of the NHS. Including Optometry in decisions or incentives is sometimes overlooked. Equally, many optometrists, working independently with little direct daily interaction with the non-optometry workforce, have limited awareness of the wider services available beyond Ophthalmology."

Promoting change

The current landscape for Optometry as Stephanie describes it, creates key opportunities for the PCC to promote change and improvement:

- Work to help the ICS understand Optometry as an integrated and respected part of the primary care network with a highly skilled workforce that could be utilised to relieve some secondary care pressures.
- Prioritise digital connectivity as a keystone of service integration and improved patient outcomes. Shared health records would save admin time but also potentially avoid referrals.
- Support Optometry First, an NHSE model to standardise services, which is currently at test stage with very promising early results.

By bringing Optometry into the fold, building better mutual understanding of how workstreams operate, and combining our professional insight, the PCC can effect real change, prioritising patient needs and nurturing our workforce every step of the way.



Governance update

Thank you for your feedback on our draft governance framework. Pharmacy, Optometry and Dentistry colleagues have confirmed they are happy with the proposals and have allocated their representatives. General practice members posed some additional questions about the role of the Collaborative, some of the wording in the document, and how we can ensure that 'Place' and geographic representation is right. We are working through these questions with a view to finalising both the framework and the general practice representatives by June.

Stay in touch

If you have news you'd like to share in the next issue, drop us an email: necsu.primarycarecollabnenc@nhs.net

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To stay in touch between issues, join our dedicated Primary Care Collaborative WhatsApp group. Simply scan the QR code.

