

**NHS Vale of York CCG Practice Nurse Forum
12.30-1.30, Thursday 25 March 2021
Microsoft Teams**

CCG Representatives: Paula Middlebrook, Shaun Macey, Sam Varo

Practices Represented: Haxby Group Practice (X2), Priory Medical Group (X2), Kirkbymoorside Surgery (X2), Tadcaster Medical Centre (X2), South Milford Surgery (X2)

Item	Lead
<p>Welcome and Introduction</p> <p>Paula welcomed everybody to the meeting. The forum is designed to provide an opportunity to come together as a senior nursing workforce to form a collective and discuss needs as professionals.</p>	<p>Paula Middlebrook</p>
<p>Primary Care Network Workstream and New Clinical Roles Update</p> <p>Shaun Macey (Acting Assistant Director of Primary Care, NHS Vale of York CCG) attended the forum to give an update around the work currently taking place within Primary Care Networks (PCN's) following on from an update he gave for nurses at Protected Learning Time in October 2019 where awareness of PCN's was low.</p> <p>A PCN is a collaboration between a group of GP practices to meet the health needs of their local population. Following some changes, the current PCN's in the Vale of York are the below. NimbusCare previously were a single PCN covering York, but this has been split into 5 to be able to better target local populations.</p> <p>Priory Medical Group Selby Town South Hambleton & Ryedale Tadcaster & Rural Selby West, Outer and North East York York City Centre York East York Medical Group</p> <p>The major pieces of work currently taking place are:</p> <p>Enhanced Care in Care Homes- This is aimed to be an MDT approach to helping improve the health outcomes of care home residents. This links into the idea of community response teams/MDT's that is still being looked at around how practice nurses and community nurses work together.</p> <p>COVID Vaccination- Vale of York continues to be one of the best areas nationally for vaccination, with under 50's now being invited. A huge thanks to all those involved with the vaccination programme.</p>	<p>Shaun Macey</p>

<p>Population Health Management- Looking at the health needs of the local population in collaboration with community providers/hospital/voluntary sector/additional partners. This includes proactive care around multi morbidity, including using data to understand the local population. Ultimately this aims to focus on prevention and wellbeing, a lot of which is already taking place but will be an increasing ask around case finding and case management. Examples are pre-diabetes and at risk lifestyle choices linking to long term conditions, sitting alongside education and screening.</p> <p>Services that PCN's are contracted for include extended hours service, enhanced care in care homes, structured medication reviews, early cancer diagnosis and social prescribing.</p> <p>PCN's are also an increasing number and variety of roles which has included: Clinical pharmacists, pharmacy technicians, social prescribing link workers, health and wellbeing coaches, care coordinators, physician associates, first contact physios, dieticians, podiatrists, occupational therapists, mental health workers, trainee nursing associates and nursing associates.</p> <p>Further Information on PCN's can be found through this link: https://www.valeofyorkccg.nhs.uk/pcn/</p>	
<p>Role of the Nurse within PCN's</p> <p>There was a discussion around recruitment of nursing associates which can prove difficult, both in terms of finding a suitable candidate and distinguishing them from associate practitioners and skilled health care assistants. The main difference is the level of decision taking autonomy. Training courses tend to be tailored to either HCA's or registered nurses, meaning nursing associates can sometimes fall into a gap in training between them. As it is a new role then practices have found there sometimes isn't certainty around what the role should involve, and in accessing peer support from those in the same role especially as unlike counterparts in hospital they work in isolation.</p> <p>The April Practice Nurse Forum will be attended by Victoria Scorer who will give a detailed overview of the nursing associate role. It was asked if this could cover associate practitioners also.</p> <p>There was a discussion on how workforce recruitment is decided and what involvement nurses have in this, in some practices they are part of an MDT that decides this. Consulting rooms can be a limiting factor due to physician associate's needing to work in the same room as their GP, meaning nurses are given lower priority for rooms.</p> <p>Technology can prove a barrier for nurses in accessing support and training as well as doing parts of their role at home. The CCG are</p>	<p>All</p>

<p>looking at a scheme called "Use your own device" which would allow personal devices to be used to access clinical systems and do virtual consultations in some circumstances. It was agreed reimbursement for this does need to be looked at further. The CCG is also reviewing usage of the 150 laptops rolled out at the start of the pandemic to see if they could be allocated elsewhere.</p> <p>Nurses were asked how involved they feel in PCN's and any affects on their day to day work; the introduction of new roles has been felt the most. COVID has helped the collaboration between practices, but common theme that nurses don't feel involved in decision making. A nurse representative at PCN meetings would be helpful to have involvement and communicate back to teams, or a PCN lead nurse role which only a small number of PCN's nationally have. In addition there is no requirement for a PCN clinical director to be a Dr, and there are some nurse clinical directors elsewhere (Though more common in acute settings). There was discussion on how PCN's are challenged to involve nurses, and that to take on a leadership role there would be a need to allow time for this. The clinical director role can be a lonely so likely would appreciate additional support.</p> <p>This links in with the general practice nurse leadership programme, details of which will be resent.</p>	
<p>Future Meeting Arrangements</p> <p>Further Dates Will be:</p> <p>Thursday 29 April 12.30-1.30 Thursday 3 June 12.30-1.30</p> <p>If there are any suggested topics that would be valuable to cover in a future session, please let Paula know.</p> <p>These sessions are designed for senior nurses messaging will be tailored to this, and invites resent to lead nurses.</p>	<p>All</p>

Next Meeting: Thursday 29 April 12.30-1.30 via Zoom