

TyneHealth (your federation) puts as its priorities the health and care of the population, and the continued viable independence of general practice. We're your Federation, reflecting your views and negotiating enhanced services and other contracts which will benefit both the population of North Tyneside and Primary Care.

This means we need your feedback and comments, and we need your support.

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Welcoming The Bridge Medical Practice

The Bridge is our newest GP practice, based within the Shiremoor Resource Centre alongside Earsdon Park and Northumberland Park practices.

The partners are Dr Nick Lawson, Dr Helen Coundon, Dr Reshmi Salam, Dr Simon Young and Dr Eugenie George. The practice management team includes Jacqui Bradley, Jo Houghton and Janice Turner.

The practice is going to have an interesting time getting up to speed so please welcome and support them, and remember to use the correct name for the practice!

North Tyneside Care Plus Whitley Bay Pilot

The Care Plus GP-led multi-disciplinary service is accepting new referrals from practices in the Whitley Bay area. There are still a few teething troubles, and we ask for your patience if test results come back to the practice and/or someone accidentally tasks our GPs on your practice SystemOne instead of NTCP SystemOne, but the fundamentals are in place.



North Tyneside Care Plus

Criteria for referrals in

- Frail patients: the eFrailty Index is running on both SystemOne and EMIS web, and will identify some of your most frail patients. However it doesn't handle missing data well so you may know of patients who are frail that the index doesn't pick up. Identified patients will typically be on your high risk register, and as long as they are over 18 then there are no age criteria
 - Have had at least one emergency admission within the last 12 months
 - Be resident in (or half a mile of) Whitley Bay
 - Be resident in their own home (ie not residential or nursing care home)

Once you have identified patients and they have consented to a referral, then the referral process is straightforward – both clinical systems have referral letters, and practices using SystemOne can do an e-referral including offering shared care access to the records. EMIS practices need to fax across the referral form and the GPs will make arrangements to collect notes and summarise the relevant parts onto our system if the referral is appropriate.

At the moment it's probably best to refer your complex patients in and we'll explain the acceptance criteria in more detail based on your referrals, rather than delaying further. You probably want to give these patients more attention and haven't got time!

What happens when you refer in?

As usual, the beneficiary needs a bit of information about the service they are being referred into, and what to expect. Practices probably want this too.

When a patient is accepted, the first thing that happens is that they get a face-to-face assessment by one of the Care Plus GPs. Usually this would be at the clinic at North Tyneside General Hospital, Rake Lane, and as it's a hospital site we can arrange transport. Housebound patients can of course be assessed at home.

Care Plus includes Age UK PIC (Personal Independence Co-ordinator) workers who assess your support from the voluntary sector and social care, pharmacists for long-term and short-term medications, community matrons (your existing ones Kevin and Lesley), hospital geriatricians and the Elderly Care Assessment Unit, and Social Care as well as the GPs who make sure it all runs smoothly. So each member of the team coordinates a whole lot of organisations and professional groups which provide your care and support through the week.

We aim to put years into your life, and life into your years. We aim to improve the delivery of care so that you feel happier and more supported, and that you don't have the exacerbations that make

you go to hospital (apart from coming to our service, of course). Once we believe everything is stable, we'll agree with your GP practice and discharge you back.

Whilst you are under the care of North Tyneside Care Plus, all of your healthcare is coordinated through North Tyneside Care Plus. If you forget and call your practice, then they have a flag on your record to say that you are under the care of North Tyneside Care Plus so nothing falls between the cracks and you get the support, in a coordinated way, that you need.

We look forward to welcoming lots of new patients. Assuming the pilot in Whitley Bay goes well, we hope to evaluate within 6 months and could potentially extend the service to other parts of North Tyneside shortly after that.

NHS Healthchecks – refresher training and roll-out

I hope everyone who attended (36 of you) enjoyed the NHS Health checks training at the Langdale Centre on Weds 27 April. Everyone got chance to try out the new Point of Care cholesterol (+ LDL and HDL) equipment although it works pretty much the same as any other pinprick/ drop of blood point of care testing equipment. The next training session is 11 May (also a Wednesday) in the evening, so if you would like to attend, please book up. Find it on EventBrite (search for “NHS Healthchecks” – you do not need an account) <https://www.eventbrite.co.uk/e/north-tyneside-nhs-healthchecks-nurse-gp-training-tickets-24018022552?aff=eac2>.

I did the training last year – what's different?

The NHS Healthcheck training both a refresher and full training, so it's entirely appropriate for people who have already trained, as it explains the changes for this year and points you at existing courses on motivational interviewing, and online resources.

This year, the focus is on reducing inequalities. This means that we're trying to run more tests in worse deprivation areas, and it means that there's less funding in more affluent areas to pay for lots of healthchecks. In practice, comparing the numbers of tests with last year, you won't actually lose out, but you will have the chance to do more tests in the worse deprivation areas.

NHS Healthchecks are all being done by GP practices. This means that all patients are invited via your registered list, which will help considerably. We're reducing the work you have to do by preparing standardised invitation letters, follow-up invitation processes, and how you give the results to your patients, and we're sending out a search to allow you to report at the touch of a button rather than designing your own search.

We're providing Point of Care Cholesterol Test equipment – 2 – 3 per practice. This allows you to get a cholesterol reading on the spot, and for a few patients (the ones who are basically healthy and have no risk factors), you can make a clinical decision to not take full bloods. This will save a bit of time and effort for you the practice, and some pain and time for the patient.



Do I need to do anything differently?

It does mean that the person doing the healthcheck may get asked more questions, such as “what is a healthy cholesterol range?”. Most HCA at the first Training Session were actually quite comfortable with this, but some will feel more confident if you arrange for a GP to explain some of the questions that come up. The Practice Nurse will know the questions and be able to advise.

Some practices do all the measurements in one double appointment, then call all patients back to communicate risk once the results have come back. This year, the commissioner (Public Health at North Tyneside Council) wants a one-stop healthcheck – get the measurements, press the button on the clinical system to get a QRISK2 score, and signpost the patient on to where is most appropriate. If they need to see a nurse or GP as a result of the healthcheck, that is additional to the one-stop healthcheck appointment (and doesn't need to be same day), but communicating the QRISK2 is part of the first appointment.

We are issuing standard “Results” sheets which will print from the clinical system and you can give to the patient on the spot.

What about payments and reporting?

Practices will report on the number of healthchecks offered (and age/sex/ethnicity) and the number taken up each quarter. There are a few other things wanted, and we're preparing standard searches.

Payments will be £25 per healthcheck plus £2 admin fee, plus £4 per healthcheck for the test strip although TyneHealth is buying in bulk (as £4 per strip didn't include delivery costs so we're buying 6000 at once), and distributing test strips to you.

When can I start?

We should get the invitation letter, SystemOne and EMIS web templates, and SystemOne and EMIS web results sheets to you within the next few weeks, and copies of the NHS Healthcheck patient information, the Point of Care Testing equipment and test strips to you in the next couple of weeks. In the meantime you can begin identifying the patients to receive invitations.

This year's NHS Healthchecks officially go live on 1 June, although if you do some before then, as long as they appear on the searches we can remunerate you.

NHS Vanguard 111

The specification required of practices in North Tyneside has now been agreed, and practices have the safeguards that you need to ensure you are remunerated towards the work you put in and that when your data are used for secondary purposes (analysis and prediction), they are adequately protected. Many thanks to the regional LMC for identifying areas of concern, and NTCCG for responding to those concerns and adjusting the specification.

TyneHealth is now sending out the SLA (specification) as it has been approved by NTCCG Executive. If you are going to participate then please could you return these to us as soon as possible and in any case before Thurs 12 May. You can scan the signature sheet and email that over if you like.

Please record your intention to offer either face to face or telephone on <https://www.surveymonkey.co.uk/r/LHZZDLB> - this will be used to inform NEAS/ NHS 111 what your practice is offering.

GP sending patients to A&E and urgent hospital

We're all aware that hospital A&E and urgent care are overwhelmed at the moment, so we're looking for ways to help and at the same time help our patients.

GP Hotline on 0191 203 1414.

The emergency department at Northumbria Specialist Emergency Care Hospital (NSECH) remains very busy and there are a number of other referral routes available at Northumbria Healthcare which may be appropriate for you to consider.

Please call ahead for guidance and advice on where to send a patient. There are direct numbers below and you can find contact information on Northumbria Healthcare’s Ciix app, advice lines, and you can call their GP hotline – **0191 203 1414** for emergency admissions and acute advice and guidance on where to send patients.

Ambulatory care and surgical assessment

If you consider that a patient is seriously ill and needs to be treated quickly, it may be appropriate for you to refer them directly into the medical ambulatory care unit or surgical assessment unit at The Northumbria hospital. Please call on the numbers below to discuss a patient referral:

Medical Ambulatory Care – **0191 607 2326**

Surgical Assessment Unit - **0191 607 2015**

Elderly assessment units

Elderly patients requiring urgent (but non-emergency) assessment can be referred into our dedicated elderly assessment centres at our general hospitals:

North Tyneside General Hospital – **07917 263 443**

Hexham General Hospital – **01434 655 406/7**

Wansbeck General Hospital – **07789 941 148**

Paediatrics

Emergency referrals for children will be to the short stay paediatric assessment unit (SSPAU) at The Northumbria hospital. This can be done by contacting the paediatric registrar or paediatric nurse practitioner on-call via the GP hotline on 0191 203 1414. A consultant paediatrician is also available for advice on this number if needed - please call if you require any information on where to send a child.

IMAT (Intermediate MusculoSkeletal Assessment and Treatment) service – TyneHealth

There are two IMAT services and two physio services in North Tyneside, available for practices to refer into. Nearly all practices have physio from Northumbria Healthcare NHS FT (NHCT), which has the advantages that it’s integrated with the hospital and is based on a large team of physios to provide cover for staffing absence most of the time. Practices have a choice which IMAT service you use, between Connect and TyneHealth.

We’d like you to consider using your federation for IMAT. We bring care closer to people’s homes.

At the moment we have 13 clinics per week, covering all localities. We’re planning to expand further into the North West locality.

With all of these clinics, waiting times should now start to shorten. Clinics are:

Day	Time	ESP	Clinic location
Monday	9:30 - 12:45	Candice Smith (upper limb)	Monkseaton Medical Centre
Tuesday	8:30 - 11:45	Jonathan Kelly (all body parts)	Shiremoor Resource Centre
	1:30 - 4:15	Josie Highmoor (lower limb)	Monkseaton Medical Centre

Day	Time	ESP	Clinic location
	2:00 - 4:45	John Roberts (all body parts)	Sir G B Hunter, Wallsend
Wednesday	8:30 - 11:30	Clair Rudd (all body parts)	Shiremoor Resource Centre
	1:15 - 11:30	Candice Smith (upper limb)	Monkseaton Medical Centre
Thursday	8:30 - 11:45	Jonathan Kelly (all body parts)	Sir G B Hunter, Wallsend
	9:00 - 11:30	John Roberts (all body parts)	Shiremoor Resource Centre
	8:30 - 11:45	Candice Smith (upper limb)	Monkseaton Medical Centre
	1:30 - 4:15	Diarmaid Ferguson (all body parts)	Priory Medical Group
	1:30 - 4:45	John Roberts (all body parts)	Priory Medical Group
Friday	9:00 - 11:45	Caroline Clark (neck, upper limb, knees and ankles)	Forest Hall Medical Group
	1:30 - 4:00	Caroline Clark (neck, upper limb, knees and ankles)	Forest Hall Medical Group

We're still looking for more GPs with a special interest in physiotherapy, to join the team. The Extended Scope Practitioners are skilled and experienced and have access to the orthopaedics consultants at the hospital for advice, and GPs will be made to feel welcome. Please let us know if you know of anyone who may be interested.

Direct Booking into Hospital, instead of referring back to GP: We've been given the go-ahead to book surgery directly from the TyneHealth MSK service without having to refer back to the patient's own GP, although it will take time to roll this out to all clinicians. Please bear with us. This is a big saving for NTCCG as patients worked up by our IMAT are usually accepted by NHCT without further workup.

The Right Care commissioning pack identifies secondary care orthopaedics as an area where NTCCG could save £2.6million. In order to make these savings, we believe that NTCCG will need to invest in pre-hospital care (physio and IMAT) to keep the patients well. Therefore we believe that it would be a false economy to put pre-hospital care (physio and IMAT) out to procurement. Practices have already expressed their views to NTCCG, and we hope will continue to do so. Thank-you.

A Multi-Disciplinary Team

Anyone remember what it was like before the commissioner/ provider split, when doctors in GP practice talked to doctors in hospital, and district nurses were based out of GP practices? Brings a tear to the eye!

Communication is not only important, it can also save lots of time to deliver the same or better care. Handovers between teams are easier and more effective. MDT meetings can often be shorter and you may need fewer of them.

Does everyone know that there are Consultants on Call for most specialities to enable a GP to ask for a second opinion by telephone during the working day, which could avoid a referral? Do you know who your community nurses and community matrons are, and do you see them, in your practice and face to face, often enough? Let me know, and I'll have those conversations once instead of 29 times.

Practice Pharmacists

We're currently exploring with NHCT whether we can get pharmacists into member practices to free up some GP time by processing discharge letters, meds reviews, and some other tasks. NHCT has not only experienced pharmacists but also trainees, which allows them to make a cost-effective offer. We'd like this to include the Meds Optimisation that NTCCG fund, because that will hopefully

mean you get the same pharmacist for both the NTCCG meds optimisation work and for your practice work.

Some practices already employ pharmacists and find them to be a great benefit. We aren't planning to change anything. We're just negotiating an offer for our members that you may find valuable. It's in early stages but please feel free to comment.

Building Communities, and the Federation as a Practice Partner

Many practices have already developed excellent relationships with one or two other practices, whether GP to GP or practice manager to practice manager. We'd like to help these relationships to develop and expand, forming clusters, and at locality and Federation level.

We'd like you to share proven practice, whether it's clinical system templates, or reports you find useful for improving care or maximising income. TyneHealth, your federation, may be able to employ people on a single contract and deploy them into lots of individual practices (where that staff member wouldn't accept a contract for a day here and a day there), whether clinical or admin. We can share proven solutions and help practices to identify what they don't understand, and share the best way to solve a problem. We can take a share in your practice and through this means provide the backup that you need to help you to retain your GMS and remain independent, your partnership making decisions at just the size you want to be but having the cost and process standardisation benefits of primary care at scale.

The concept will need a lot more thinking through and every member practice's input is welcomed.

Queries and Comments

Board Members: Dr Kerry Burnett (Chair), Darren Berry, Dr Jane Derry, Karen Iliadis, Dr Nick Lawson, Dr Jake Pearson, Hugo Minney (Chief Executive)

Contact

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