

# Bristol, North Somerset and South Gloucestershire Community Education Provider Network Review 2016 to 2019



In the Network Everything is Connected

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# Forward

## Forward

Workforce development, new and imaginative roles, and education and training are recognised as being needed across Bristol, North Somerset and South Gloucestershire health and social care system. The Community Education Provider Network (the CEPN) focus continues to be about building partnerships, relationships and putting innovation at the centre of issues faced in Primary, Community and Social Care; supporting workforce planning, recruitment and retention, workforce education and training, influencing workforce commissioning decisions and new models of care and services.

2018/19 marks the third year of operation for the CEPN. We are a multi-organisational, multi professional, cross sector network focusing on improving the health outcomes of the local population and the service user experience by strategically investing in and shaping education and training for health and social care professionals. The aim is to systematically improve services through professions learning with and from each other.

With statutory and voluntary sector, Community Interest Companies and private care providers as members, the CEPN has become an essential coordinating partner in developing and delivering education, training and workforce planning across the whole healthcare system to improve service delivery outcomes.

Key achievements between 2016 and 2019 include:

- Coordinating educational programmes
- Managing cross community, cross organisational projects,
- Innovation funding


- Developing networks for Clinical Pharmacists across primary care, the high street and medicines optimisation, Paramedics and Nursing
- Developing and supporting new care pathways
- Developing new roles for both registered and non-registered clinicians
- Providing leadership and management training to practice managers
- Providing leadership training to all types of clinicians
- Promoting, supporting and facilitating apprenticeships within primary care supporting and facilitation
- Organisational development in the emerging primary care locality organisations
- Promoting improved multidisciplinary working
- Delivering education to professionals and groups who would not normally be trained together
- Increasing nurse mentors in community and primary care
- Increasing membership to multiple organisations and working with primary care, community and social care representatives to promote an independent and person-centred perspective
- Strengthening the network's identity
- Closing the gap between providers of health & social care and providers of education

The CEPN has strengthened inter professional learning and working and is now recognised as a vehicle for delivering local priorities through workforce education. The network is a member of the strategic System

Transformation Plan, primary care and workforce development group programme for BNSSG, working with key sub-groups looking at recruitment and retention.

The CEPN is planning for the future and has drawn together partners to consider next steps for multi-disciplinary cross system education. System leaders in BNSSG acknowledge that a network of organisations

working together can achieve a great deal more than any single organisation working alone.



“For me, the CEPN has a genuinely integrated approach to its work with a strong sense of equality and with an understanding that we are all working to improve the experience for the people who use health and social care services.”

# **Introduction from the Clinical Chair**

## Introduction from the Clinical Chair

Recruiting, training and supporting the health and social care workforce is critical to the provision of care to the communities of Bristol, North Somerset and South Gloucestershire.

As a result of the impact of the GP Forward View and the growing development of BNSSG Sustainability and Transformation Plans (STP), referred to as Healthier Together, it is clear that for BNSSG workforce transformation must happen. In order to properly support workforce transformation to deliver the Care Closer to Home & Out of Hospitals agenda, it is imperative that BNSSG CEPN or other providers embrace this approach whilst continuing to thrive and deliver innovative solutions that support health & care services.

The BNSSG CEPN successfully brings together representatives from primary care, mental health services, community services, and social care, including domiciliary care, nursing homes, residential homes and learning disability services with local training providers. As a consequence, the CEPN has increased their collective efficiency and effectiveness in training and developing the workforce in primary, community and social care. The CEPN is coordinating the education required to support the workforce and integrated service delivery models outlined in the General Practice Forward View, and the General Practice Nursing Ten Point Plan with a view to improving the health and well-being for our local population.

The success of the CEPN has been the close working relationships across organisations in both health and social care. The informal network approach has engendered a positive contribution across education providers in both health and social care, prioritising the training and workforce requirements to fulfil

the needs of patients / residents. It has been possible to provide training at very low cost using this approach.

Training provided across organisational boundaries has helped to develop understanding and cooperation between employees of different organisations. The future sustainability of the CEPN is critical to ensure that we continue to have a workforce to support out of hospital care.

One of the most important factors in the success of the CEPN has been our ability to harness the enthusiasm and energy of the network. The network is guided and driven by the needs of its members, clinical leads leading, which has meant that the CEPN has been able to respond quickly and directly to the workforce educational needs of our community while being guided by the workforce needs of Healthier Together.

CEPN focus continues to be about building partnerships, relationships and putting innovation at the centre of issues faced in Primary, Community and Social Care. These include workforce recruitment and retention, workforce education and training, influencing workforce commissioning decisions and new models of care and services. Whilst remaining aligned with the developments and needs of the BNSSG Healthier Together system.

The CEPN needs to continue to be allowed to embed these processes locally expanding them to wider community care and voluntary care services but more importantly, convincing network partners that real transformation can only happen if there is continued willingness to work together as a team in the system.

We have engaged with all BNSSG GP practices and almost all practices have responded with involvement with our initiatives. Continuing to engage with practices and developing Primary Care Networks will underpin our work as we transform into one of the newly mandated Training Hubs.



Dr Ann Sephton

Clinical Chair

Bristol North Somerset and South  
Gloucestershire CEPN & Training Hub



# **Overview and Context CEPN 2016-19**

## Overview and Context CEPN 2016-19

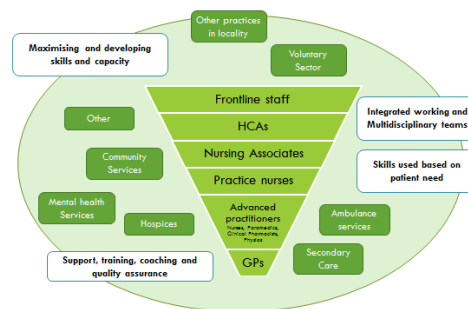
The CEPN provides education and training across the Bristol, North Somerset and South Gloucestershire CCG which is the NHS organisation responsible for planning, buying and monitoring the majority of healthcare services for the 968,314 people who live in our area.

In the early days of the CEPN there were three CCG's in our area; in August 2017 they applied to move to a single, merged CCG for Bristol, North Somerset and South Gloucestershire, coming together in April 2018 as a single commissioning voice for services in the area, including delegated commissioning of Primary Care services on behalf of NHS England.

There are 83 General Practices in Bristol, North Somerset and South Gloucestershire, three acute hospital providers, three community service providers and a myriad of services such as South Western Ambulance Services, Brisdoc and Onecare BNSSG Ltd as well as numerous nursing homes and domiciliary care providers. The CEPN works across the whole and engages with our partners:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Avon Local Medical Committee
- Bristol Community Health
- Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (CCG)
- Bristol, North Somerset, South Gloucestershire STP group – Healthier Together
- Brunel Care
- Care and Support West
- Health Education England
- Health Learning Partnership
- North Somerset Community Partnership

- North Somerset Council
- One Care
- Skills for Care
- Sirona care & health
- South Gloucestershire Council
- South West Academic Health Science Network
- The Care Forum
- The Milestones Trust
- The Severn Deanery
- South Western Ambulance Service NHS Foundation Trust
- University of the West of England



Local GPs and Health Professionals provide the clinical leadership and the direction of travel for all our activities.

BNSSG is a diverse area with thriving and growing communities, but also areas of deprivation. The population of Bristol, North Somerset and South Gloucestershire (BNSSG) is 968,314, with 17.5 per cent (164,613) of the population living in the most deprived areas of England. Over the next five years, the overall population in BNSSG is predicted to increase by 50,000 additional residents. Our priorities are informed by working with and listening to our partners.

The local health system has agreed to develop a single sustainability and transformation approach for the services provided to a population of over 900,000 people, with organisations working towards a single system

known as Healthier Together. The CEPN actively engages with the workforce transformation work stream of Healthier Together.



### **Inner City and East (ICE) Bristol**

The Inner City and East area has around 145,000 residents served by 14 GP practices, including the Homeless Health Service which provides services for homeless and vulnerably housed people. This diverse community has areas of high deprivation in the inner city and the highest proportions of black and minority ethnic (BME) residents in Bristol.

### **North and West Bristol**

North and West Bristol has around 187,000 residents served by 15 GP practices. This locality covers some of the most affluent parts of Bristol where many benefit from longer life expectancy and better health. However, there is significant deprivation in some communities where people are more likely to die younger from cancer, heart disease and stroke.

### **South Bristol**

South Bristol has around 159,027 residents served by 14 GP practices. Some parts of South Bristol are within the most deprived 10 per cent in the country.

### **Weston, Worle and Villages**

Weston, Worle and Villages has around 104,000 patients served by 10 GP Practices and 5 satellite surgeries. Weston currently has an older demographic with pockets of significant deprivation and large health

inequalities, whereas Worle has a younger population profile.

The health status of people in parts of this locality is poor compared to North Somerset overall with about 20% reporting a long-term disability that limits day-to-day activities.

### **Woodspring**

Woodspring has around 117,000 patients served by 6 GP practices and 6 satellite surgeries. The demographic of the locality is older with fewer young children. The health status of the population is generally better and many benefit from longer life expectancy.



### **South Gloucestershire**

South Gloucestershire has over 270,000 residents served by 24 GP Practices. It is predominately rural although most of the population live in the urban areas. The level of deprivation is generally very low with the majority of areas being among the least deprived nationally. However pockets of overall deprivation exist, and deprivation related to access to services and education add complexity to the picture. <sup>i</sup>



# Developing the CEPN

## Developing the CEPN

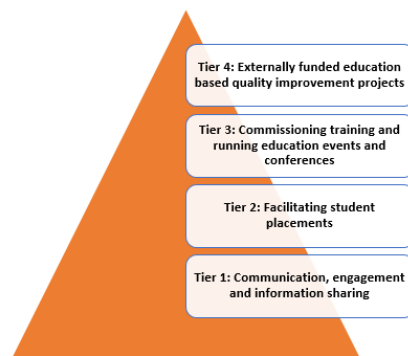
Community Education Provider Networks (CEPNs) are groups of organisations working together within a specified geography in order to develop the community-based workforce to meet the health needs of the local population. CEPNs are a model of health and care education which brings together health and social care service providers, community groups, patients and education providers focused around assessing workforce training needs, and expanding capacity for training, enabling the development of dynamic communities learning with and from each other. The model was developed to deliver Health Education England's strategic aspiration of improving population health through the development of the current and future primary and community care workforce. The key elements of CEPNs are<sup>ii</sup>:

- They are multi-professional provider-led cross-organisational networks whose work is explicitly linked to local population needs.
- Their work is closely aligned with the aspirations of key policy initiatives such as the 5 Year Forward View, and Health Education England's general practice 10-point plan.
- They are designed to support:
  - a shift in education to community and primary care communities where greater integrated health and social care services will be delivered;
  - enhanced experiences for sections of the workforce traditionally not exposed out of hospital healthcare e.g. undergraduate students;

- overcoming the difficulties of engaging a dispersed provider landscape;
- primary and community services having a voice in the allocation of limited educational resources and contributing to primary care workforce planning.

### Impacts and outcomes

- Joined up infrastructure
- Robust workforce planning for the future
- Increased education capability and capacity
- Consistent education quality
- Combined negotiating power
- Developing new roles to support new ways of working
- Transforming workforce development
- Better outcomes for patients and the public.



### CEPN Benefits

Key benefits include:

- Provision of a coordinated approach to workforce training education at a local level
- Increasing capabilities of the local workforce in Primary Healthcare

- Targeting of education and training needs to a local level to address skills gaps
- Building relationships between organisation and individuals which lead to strengthened commissioned provider delivery.
- Broadening the reach of people taking part in education and includes other professional groups (such as social care) that have previously sat outside of local health sector workforce development plans
- Upskilling the workforce and ensure well supported
- Ensuring wide range of professionals and staff groups are involved

BNSSG CEPN was established in April 2016, initially in South Gloucestershire. The West of England Academic Health Science Network (WEAHSN) was appointed to have oversight of all CEPN's within the South West. Following this an agreement was made to join other CEPNs within BNSSG to have a single BNSSG CEPN. Reporting was quarterly via the WEAHSN and more latterly monthly then quarterly to the newly formed LWAB of the STP. Since September 2018 the CEPN has reported to the Primary Care Workforce Subgroup of Healthier Together.

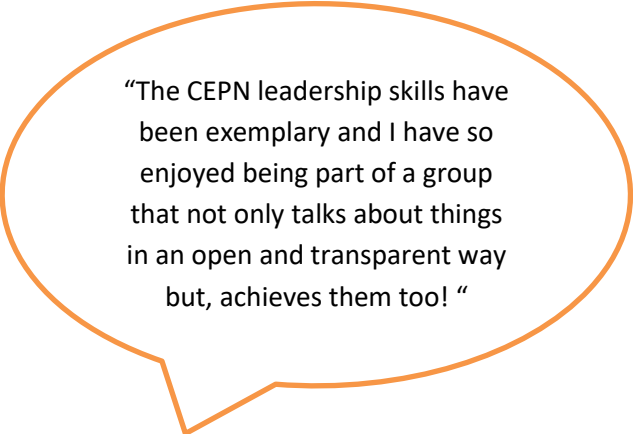
The network was developed to build on the educational systems that were already in place, and that were quite well developed within the established health and social care organisations, but which were traditionally delivered within organisational boundaries. Prior to the CEPN general practitioners had access to centrally organised training on clinical and governance topics. Practice nurses and HCAs benefited from clinical training commissioned via Health Education England funding. Other established organisations all had their own internal budgets and often comprehensive programmes of training for

staff. However, the fragmented systems of delivery meant that often there was:

- duplication of effort and delivery of training;
- no overarching training and development plans for primary care informed by workforce or training needs analysis;
- ad-hoc and limited multidisciplinary training.

There was recognition that new ways of working meant moving away from traditional professional boundaries and ensuring that staff are able to take on different roles where it benefits patients. Training is a key success factor in integrated and interprofessional working, so the CEPN was developed as a vehicle to plan and provide easily accessible education programmes and resources to help the new and existing workforce enhance their integration skills.

The CEPN is a network, not an organisation. It has been developed and operated by a small part time core staff, consisting of a clinical lead and a management lead supported by an educational co-ordinator and the network members. There was minimal ad hoc administrative and IT support. In its first year, although only a small team the CEPN made significant strides in only a short time, obtaining buy in and engagement, developing the networks and delivering education across multidisciplinary teams in areas such as workforce development and practical skills development.



“The CEPN leadership skills have been exemplary and I have so enjoyed being part of a group that not only talks about things in an open and transparent way but, achieves them too! “

The CEPN has delivered its program of work through a very small team, working with the wider network, to commission design and deliver the training and development needs prioritised across the BNSSG region.

From December 2017 the CEPN has had GP champions linked to groups of practices to support practices and the implementation of new ways of working. The total GP champion input has been a day a week.

From November 2018, supported by Health Education England, the CEPN has been able to appoint a part time Project Manager and a part time Administrator.

The CEPN Steering Group membership includes social care, general practice, mental health and community services, the LMC, higher education, and voluntary organisations. All members are in roles which have an interest in managing and developing the workforce that they represent.

The Steering Group is chaired by a GP. The CEPN Steering Group is accountable to Health Education England and works closely with the Healthier Together workforce group.

The CEPN has developed a strong network with excellent collaboration and contributions from Primary Care, three Community Provider organisations, Learning for Care, One Care GP

consortium, the LMC, The Deanery, HEE, Brisdoc, AWP mental health providers, Milestones Trust, Brunel Care, Care and Support West, Public Health, Bristol Health Learning Partnership, and The University of the West of England.



We have engaged with all BNSSG GP practices and almost all practices have responded with involvement with our initiatives. The CEPN continues to welcome and embrace new members.

## Influencing Strategic Programmes

The table below demonstrates where the CEPN has contributed to or led strategic development across BNSSG


Core Function	Activities	Outputs
Supporting Workforce Planning	<p>Attending the Healthier Together Workforce Sub group</p> <p>Work with UWE to develop New Into Practice nursing course</p> <p>Primary Care Workforce survey</p>	<p>Survey completed of current and predicted workforce and education and training resources in primary care in BNSSG</p>
Responding to local workforce needs	<p>Recruiting practice nurses to primary care and the development of Nurse Ambassador roles</p> <p>Work with UWE to make graduate nursing programme more Primary Care friendly</p> <p>Commissioning of training for general practice staff</p> <p>Widening participation with the recruitment of apprenticeships in general practice</p> <p>Undertaking Training Needs Analysis across the general practice workforce</p>	<p>Attendance at UWE open days to promote careers in primary care</p> <p>Redesigned course materials to include reference to primary care</p> <p>Programme training materials</p> <p>New learning materials - the breathlessness pathway</p>
Education programme coordination	<p>Co-ordinating the commissioning or the provision of and monitoring of integrated educational programmes</p>	<p>Cross organisational training events</p>



# **CEPN Network Activities 2016-19**

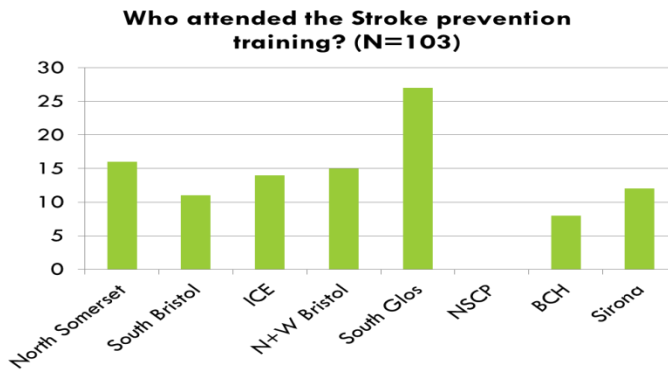
## CEPN Network Activities 2016-19

The table below demonstrates the activities CEPN during its first year 2016/17

Key achievements 2016-17	
<p>Appointed to all main roles – clinical chair, managerial lead, educational co-ordinator and driver, IT support</p> <p>Developed a strong network with excellent collaboration and contributions from Primary care, 3 community providers, learning for Care, One Care GP consortium, the LMC, The deanery, HEE Brisdoc, AWP mental health providers and The University of West of England</p> <p>Held a successful Launch Event, developed a website and communicated regularly with practices and with community providers.</p> <p>Formed CEPN Steering group representative from multiple agencies and met every month since the BNSSG CEPN was formed in November 2016.</p> <p>The CEPN launched an Innovation Fund in 2017, to support and stimulate innovative ways of working, a total of eighteen applications were received. The winner is using the innovation funding to develop an EMIS protocol to improve the accuracy and cost effectiveness of repeat prescriptions.</p> <p>Appointed GP Champions and all have received training and are working closely with practices.</p> <p>Delivered the first cohort of a Mental Health Pilot, 16 non registered and registered nurses have been trained to see patients presenting to practices with low level mental health issues.</p> <p>Communicated and raised the profile of the BNSSG CEPN to multiple agencies including GP Practices</p>	
	<p>HCA training developed and delivered to enable a structured approach, following new EMIS templates, to initiate management of patients with high stroke risk and patients living with frailty.</p> <p>Set up a BNSSG wide Paramedic Forum and Network</p> <p>Set up a BNSSG wide Pharmacist Forum and network</p> <p>Held a workforce workshop with contributions and representation from GP practices and the three community providers, presenting the findings of a BNSSG wide practice questionnaire about current and predicted workforce shortages and training and placement capacity</p>
<p>Development of a BNSSG CEPN TeamNet Portal to collate all training opportunities and supporting documents, accessible to all GP practices and to community providers</p> <p>Planned and delivered a Nursing Conference for the 11<sup>th</sup> May 2018 to include primary community and nursing home nurses.</p>	

The CEPN has secured additional funding via the Local Workforce Action Board and delivered:

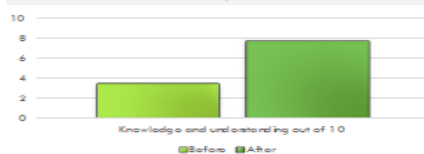
- HCA training for Stroke prevention and Frailty at scale,



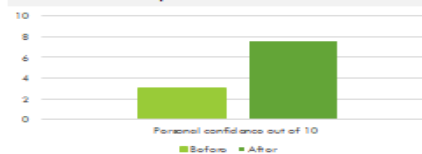
- Further cohorts of the Mental Health training for Primary Care In 2017 the first cohort of a Mental Health Pilot, consisting of sixteen non-registered and registered nurses, were trained to see patients presenting to Practices with low level mental health issues. Subsequently this training has been delivered to over eighty registered and non-registered staff. The new role is being used in Practices, in the Prison Service and in Long Term Condition Clinics.

## MENTAL HEALTH SUPPORT TRAINING (2)

Did the training improve knowledge ± understanding of how to support patients with a mental health problem?



Did the training improve personal confidence to support patients with a mental health problem?



The Mental Health training is being evaluated. Anecdotally the training is being used by staff to support patients in Primary Care and also in community services to support people with LTCs and also in a prison setting.

- Leadership Training for GPs has been developed for roll out in 2018
- Continuation of Peer Networks,
- Developed training strategy to support cluster based respiratory and heart failure services.

Organisational Development workshops were developed with the OD lead for NHS England South and rolled out in 2018

Workshops developed to support improved multidisciplinary team working across primary, community, social and voluntary care

Appointed Educational Facilitator to the CEPN to work with HEE and The University of the West of England to increase placements for nurses and allied health professionals in primary and community care.



The table below demonstrates the activities CEPN during its second year 2017/18

### Key achievements 2017-19

A workforce workshop was held with contributions and representation from GP Practices and the three Community Providers, The workshop addressed the findings of a BNSSG CEPN wide Practice questionnaire about current and predicted workforce shortages, as well as training and placement capacity

The CEPN developed a BNSSG CEPN TeamNet Portal, in order to collate all training opportunities and supporting documents, accessible to all GP Practices. Alongside the CEPN has develop a 'Twitter' account and a 'LinkedIn' profile to support the promotion of work in BNSSG and to reach a wider audience with regard to training opportunities. Training opportunities are also distributed to communications teams at the CCG, the CIC's, Care and Support West for direct distribution to their staff through internal communications.

Over one hundred registered nurses from across Primary, Community and nursing settings attended the Nurse Conference on the 11<sup>th</sup> May 2018 with National speakers Key note speakers were:

- Anne Morris Director of Nursing and Quality BNSSG CCG
- Karen Storey Lead Nurse for Primary Care NHSE
- Emma Self Nurse Advisor for Community Nursing NHSE
- Lesley Bainbridge Lead Nurse Newcastle Gateshead CCG Vanguard
- Amanda Cheesley RCN Lead Nurse for Long Term Conditions and End of Life Care

Feedback from the event:

**"Brilliant opportunity for networking with colleagues from other areas. "**

**"A wonderful celebration of nursing"**

**"I feel inspired to influence nursing in my own area"**



A second nurse conference is planned for May 2019.

The CEPN was awarded funding for Practice Managers Development. As a consequence the CEPN set up and led a Practice Managers Focus Group, Following the Focus Group the CEPN also provided leadership training to Practice Managers and produced a " how to guide" for Practice Managers. A 'Hot Topics' day has been developed, this will be delivered to Practice Managers on 3<sup>rd</sup> May 2019 and will include HR, Finance, Contract Management, preparing for CQC inspections.

Domiciliary Home Care Training has been provided to fourteen Team Leaders and Trainers from six Home Care organisations. The CEPN engaged with all three Community Providers and Domiciliary Care Networks to identify areas for development. The session covered pressure ulcer recognition, an introduction to simple dressings, human factors using SBAR to facilitate communication with Community Services and Primary Care staff.

An Apprenticeship Event was held, the aim was to provide an update on how to increase the workforce, improve recruitment and retention, grow talent and to highlight the range of apprenticeship training available.

The CEPN recruited and appointed GP Champions who were then trained and are now working closely with Practices in order to implement and embed new ways of working, introduced by CEPN

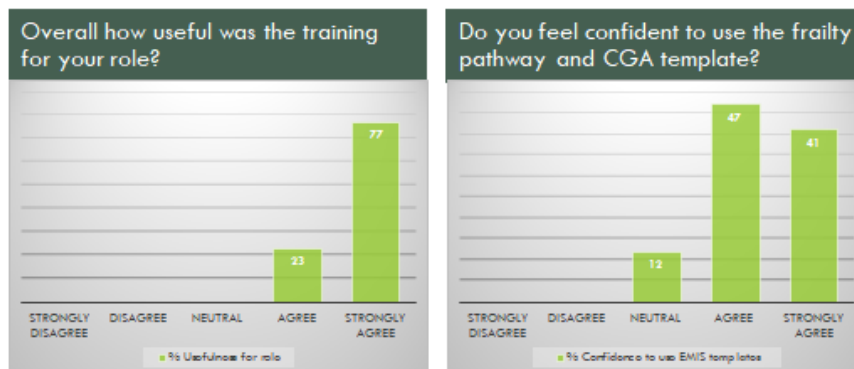
Training for Stroke Prevention was developed and delivered to one hundred and three non-registered Clinicians. Protocols and EMIS templates were developed to support this role.

## HOW WAS THE STROKE PREVENTION TRAINING EVALUATED?



Frailty training was developed and delivered to one hundred and five non registered clinicians.

## HOW WAS THE FRAILITY TRAINING EVALUATED?



Leadership Training for GPs was developed and delivered to fifty GP's, excellent feedback was received from the attendees on this course.

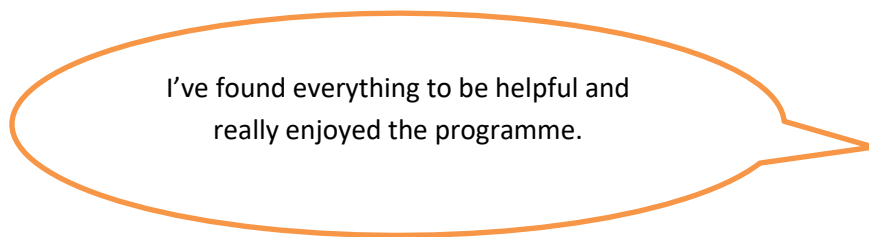
In 2018 the CEPN has ensured the continuation of Peer Networks, in addition an Allied Health

Professional Conference was delivered.

The CEPN developed a module for AHPs and Senior Long Term Condition Nurses in order to support improvements in the diagnosis and management of COPD and Heart Failure. Protocols and templates were developed to support this. This work was developed in collaboration with the University of the West of England and the first cohort of students will start in March 2019.

The CEPN is also working with UWE to develop a New into Practice Nursing Module.

Organisational Development workshops have been developed and are being delivered to GP localities across BNSSG.



Workshops are being developed to support improved multidisciplinary team working across Primary, Community, Social and Voluntary Care.

The CEPN has developed an End Of Life course, a full day training event will be held on 9<sup>th</sup> May 2019 and a half day event will occur on 4<sup>th</sup> July 2019

The CEPN has developed a Spotting the Sick Child Course to be delivered in June 2019

The CEPN Network provided multiple stalls at the UWE open days on 6<sup>th</sup> October 2018 and 17<sup>th</sup> November 2018. The purpose of attending this event was to showcase Nursing and AHP careers within Primary, Community and Social Care, thereby encouraging students to select these career pathways and undertake relevant under graduate training course at UWE.

The Educational Facilitator has increased student placements across BNSSG for various disciplines of staff. Places have been sourced and secured on the mentoring course in order to support the training of students.

The CEPN has recruited 12 nurse ambassadors from a range of backgrounds, Out Of Hours, community services and GP practice to act as champions to highlight the benefits of working within Primary Care. Working with Future Quest Bristol, they will be going to schools to promote careers in primary care including nursing, General Practice and paramedic.

Two CEPN Nurse Champions are engaged in the NMC Future Nurse BSc redesign and will be working with UWE on three projects:

- Read and provide feedback on draft programme proposal
- Writing Primary Care focused case based learning and simulations
- Proof Reading teaching material for level of primary care sector language used

Working with our partner, B&S Healthcare, the CEPN supported a bid for and secured funding, via Skills for Care, in order to deliver further Domiciliary Care training session across the care sector in BNSSG. The first session was held in January 2019, and subsequent sessions are planned for February and March 2019

I have learnt a lot that will be very useful in my role

The CEPN Innovation Fund will be run for the second time, increasing access to this opportunity. Funding will be allocated to three bidders this year, aiming to develop nurse led innovative cross organisational working

The second Nursing Conference is planned for 10<sup>th</sup> May 2019, speakers will include:

- Karen Storey Lead Nurse for Primary Care NHSE
- Emma Self Nurse Advisor for Community Nursing NHSE
- Dr Dr. Shan Williams - Training Programme Director, Old Age Psychiatry, Severn Deanery
- Dr. Alison Tavare - Primary Care Clinical Lead, West of England Academic Health Science Network
- Aileen Fraser - Clinical Director, Bristol Community Health CIC

The CEPN is developing training to deliver Enhanced Signposting .



The CEPN has designed and is delivering, with the support of the NHS Leadership Academy and the WEAHSN, five different leadership courses.

These include Next Generation GP (second cohort of sixty people ongoing), System Leadership, and Putting Leadership into Practice, Leadership for Non-Medical Clinicians and Leadership for Senior GPs. These courses are proving extremely popular and successful. The courses vary in duration from three to six days.

The CEPN Coaching and Mentoring courses took place in April 2019 and Resilience Training for Managers and Clinicians starts in May 2019.

Originally I was not looking forward to the coaching session but I took a lot away from it subconsciously.

The CEPN successfully recruited three Health Inequalities Fellows in November 2018. The fellows will work one session a week focussing on Health Inequality projects in areas of high deprivation and are signed up to attend Certificate in Public Health course at UWE from September 2019.

# **Reflections & Lessons Learned as a CEPN**



## Reflections & Lessons Learned As a CEPN

### Success Factors

Our key success factors include:

- Dedication of Steering Group members to strive for overall success
- Commitment of members who have integrated the work of the CEPN into their roles.
- Strong clinical leadership
- Support from Health Education England
- Careful planning, attention to detail and effective communication.
- Having accountability and monitoring frameworks to maintain an overview on the progress and quality of delivery of projects.
- Building on the successes and good work in the previous year.
- Increased multi-professional working
- Delivering multi-organisational training programmes.

BNSSG CEPN has learnt that successful projects start with the end in mind, and require that the team allows itself sufficient time to clarify its short to long term objectives, rather than be reactive, as this will determine the quality of the strategy and the outcomes. It takes time for members of diverse organisations and diverse roles to build relationships and embed a culture of joint working to be an effective team. Appropriate governance with a sound infrastructure, as well as a comprehensive marketing plan is critical for sustainability. Shared ownership by all member organisations is also critical to ensure appropriate CEPN capacity and resources in delivering transformational change.

### Challenges Faced

#### Capacity

It was recognised that whilst funding the core staff to manage the CEPN, capacity remained a significant issue, with the project lead being part-time, and limited time for the GP Clinical Lead. Due to difficulties recruiting linked to uncertainty about the timing and amount of funding available, the lack of administrative support impacted on planning, organisation and undertaking essential activities such as marketing the CEPN to the wider organisational networks. The CEPN now has a part time Project Manager to undertake the breadth of work that is required, as well as administrative support. In addition, it is important that the CEPN limits its work programme to support sustainability and not be stretched too thinly.

#### Timing of Funding

The late agreement of funding means there is often a requirement to spend funding and complete the delivery of projects within a short time periods which means that there were dependency and resource conflicts, with the same people having to deliver across a range of projects in the same limited time scale. The short term nature of funding also adversely affected the CEPN's ability to recruit and retain staff. In addition the timing was too short to be able to comprehensively evaluate the added value and impacts of training. We undertook to deliver as many training sessions as was feasible, however, to gain good attendance and effective partnerships with educational providers, we made the decision where necessary to spread training programmes into the next financial year. We are also of the view that building in funding for longer term

follow up of some seminal programmes will be essential.

### **Sustainability**

Clarity on the future of the CEPN is critical to maintaining motivation and interest of members and stakeholders to ensure that impacts can be sustained. The CEPN is mainly reliant on Health Education England for funding and these funding amounts are decreasing. The current thinking is the development of Primary Care Training Hubs as the next stage development of CEPN's; the proposal is that hubs will be allocated recurrent core funding which will help with the issue of sustainability.

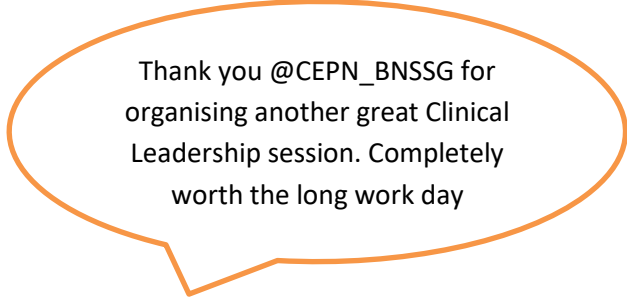
### **Maximising Training Attendance**

The release of staff to attend training has been an ongoing issue both in regards to backfill to release staff, as well as the difficulty in accessing training. To aid accessibility, a significant amount of training was provided in venues that are local to delegates. Some training was held in the evenings to aid flexibility of attendance.

There are a number of avenues that we have already identified where we need to increase our educational reach and these include strengthening our links with nursing and care homes, extending multidisciplinary training to

professionals allied to medicine. Ultimately, the CEPN aims to ensure a more sustainable, upskilled and relevant workforce, working together to improve outcomes for the local population. These are long-term aims, which are sometimes challenging to measure and therefore we want to ensure that we have systems that allows the measuring our impact not only on professional learning but importantly on the services received by service users.

Evaluation is an area that is developing; we need to get better at showing impacts. Even with the short time period we could still use a more standardised approach and upskill ourselves more in how to show the impact of the training. We will therefore consider how to produce an Evaluation Guide with templates and a Report Template to ensure a standardised approach. Increasing the evaluation and report writing capability in project leads will be considered as another developmental area.



Thank you @CEPN\_BNSSG for organising another great Clinical Leadership session. Completely worth the long work day

# **Primary Care Focus for the Immediate Future**

## Primary Care Focus for the Immediate Future

*Building the Workforce – the New Deal for General Practice* published in January 2015 set the vision for training hubs where groups of GP practices could offer inter-professional training to primary care staff, extending the skills base within general practice and developing a workforce which can meet the challenge of new ways of working. In July 2015 the Primary Care Workforce Commission's report *The future of primary care: Creating teams for tomorrow* recommended the need to develop a truly multi professional workforce in primary care consisting of nurses, pharmacists, paramedics, physiotherapists, and other allied health professionals (AHPs). The *General Practice Forward View* published in 2016 set out the plan to support and develop the wider workforce within primary care by investing in multi-disciplinary training hubs in every part of England. Over the period 2019/2020 the vision is for the CEPN to transform into a Training Hub

The core functions of a training hub are:

- Develop and expand capacity of high quality learning placements at undergraduate and postgraduate level. Include provision for training and development for multi-professional educators
- Support better understanding of local workforce planning needs and how these might be realised across the STP, ICS and Primary Care Network level across health (and social care)
- Support the development and realisation of educational programmes to develop the primary / community care workforce at scale to address identified population health

needs or support service re-design and delivery of integrated care

- Coordination of education and training placements
- Support improving educational quality and governance
- Enable, support and embed 'new roles' within primary care
- Support for recruitment and retention of the primary care workforce across key transitions (e.g preceptorships) and stages of career
- Active role in promoting primary care as a career aspiration

As it develops into a Training Hub the CEPN's main aim will be to support stakeholder networks to enable the delivery of a primary and community care workforce working with voluntary sector and social care, capable of meeting the needs of a local population's health and ultimately improving clinical and non-clinical outcomes.

The *General Practice Forward View*, published in April 2016, identified the need to provide support for practices to build the capacity and capabilities required to meet these needs, including support to adopt new ways of working at individual, practice and level. This includes the use development of the broader workforce, or alternative services. The CEPN has played a key role in supporting the development of general practice capacity and capability, and will continue with this work as Primary Care Networks across BNSSG take shape.

Refreshing NHS Plans for 2018-19 set out the ambition for CCGs to actively encourage every practice to be part of a local primary care network. Primary care networks will be based on GP registered lists. They should be small

enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system.<sup>iii</sup>

Within BNSSG the CCG has established six localities to ensure that services and local healthcare meets the needs of communities by allowing GPs who understand their practice populations to plan local services. The proposal is that these localities will be made up of a number of Primary Care Networks. The CEPN has already engaged with the localities and has supported them through successfully supporting Organisational Development sessions with the new locality boards.

The CEPN will engage with the networks to make them aware of the CEPN offer, working with them to engage and align provide training to support their workforce needs.

The CEPN will continue to work and communicate closely with GP practices, social care colleagues and community providers to ensure that we are always aware of the issues that need to be addressed alongside the development of the training hub. The CEPN

will provide training to develop new roles and to provide opportunities for staff from across the health and social care setting to learn together, to share ideas and to increase cross-organisational understanding and cooperation, and thereby support staff workforce development to support capacity within primary care.

There also needs to be continued focus on the development of joint working with Higher Educational Institutions to increase non-medical placement capacity in primary care. We will support and develop practices who may not have previous training experience to take student placements for nurses, pharmacists, AHPs and others. We will work closely with the University of the West of England and University of Bath to ensure that we maximise the numbers and the quality of training experience for their students. We will collaborate with the University of Bristol medical school and the Severn Deanery around training for medical students and GP trainees, ensuring that the core functions of a Training Hub are considered in all of our future planning.

# **Legacy Beyond**

## **2017-19**

## Legacy beyond 2017-19

We have made great strides in developing the network and establishing an identity for the CEPN. We are now seen by partner organisations as the vehicle to support delivery of local priorities. We want to continue promoting the work of the CEPN to raise awareness of how it can support workers as well as organisations as we develop into a Training Hub. We want to move to a place where not only face to face training programmes are integrated, the use of e-learning, clinical and professional supervision systems can also be integrated where it makes sense. The CEPN believes the network has evolved substantially over the past two years in bringing organisations together in the joint pursuit of an improved workforce.

We have strong individual champions leading the way and recognise that there are

opportunities to do much more, to embed CEPN processes and mindsets more widely within organisations, to be a vehicle for transformational change and to ultimately impact positively on patient care and satisfaction. Members can see advantages. There is a commitment for pushing things forward.

We have a clear vision for where we are going now and recognise that without the CEPN things would be more fragmented. Jointly we have more power than ad hoc individual work.

The table below is a snapshot of the course deliverables planned by September 2019.

In addition to these the CEPN will be continuing to support and develop the Steering Group and networks and develop and evolve into a Training Hub.

### Expected Deliverables by Sept 2019

Mental Health Support Training – Registered staff in primary care and community settings. 3 events January & February 2019

Domiciliary Care Human Factors Training – Domiciliary Care Staff. 3 events January to March 2019

Practice Managers Workshop – Practice Managers. May 2019

Mentoring Training – GP's and senior non medical clinicians. February and March 2019

Nurse Innovation Fund –to support and stimulate innovative ways of working across organisations. March to July 2019

System Leadership at the front line – Senior clinicians. March 2019

Paramedic Network Educational event – Paramedics working in primary care and 3<sup>rd</sup> year paramedic students. March 2019

Breathlessness Pathway – Nurse specialists and prospective nurse specialists working in Primary Care – March to June 2019

### **Expected Deliverables by Sept 2019**

Second Annual Nurse Conference – Nurses across Primary, Community and Social Care. May 2019

Resilience Training – GP's Practice Managers, Senior clinicians. 3 events May & June 2019

End of Life Care – Nurses and HCA's May 2019

Spotting the sick child – Multi disciplinary. June 2019

Long Term Care BP/AF/Diabetes – HCA's June 2019

Care Navigation/ Social Prescribing event – June 2019

Lead, Manage and Thrive in Primary Care – 26 GP's. June 2019

Long Term Care Frailty and Dementia - HCA's July 2019

Diabetes – Multi Disciplinary. September 2019



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- <sup>i</sup> Acknowledgment to Bristol, North Somerset and South Gloucestershire CCG
  - <sup>ii</sup> Acknowledgement to West of England Academic Health Science Network
  - <sup>iii</sup> Acknowledgement to NHS England