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Issue 3

LPN Assembly 9 September Registration Now Open!!!!

<http://www.events.england.nhs.uk/all/162>

Welcome to the LPN Newsletter

Dear Colleagues

*Welcome to the latest edition of the LPN newsletter. As you will see this issue is full of useful information and updates. Special thanks to members of the new LPN newsletter working group for helping to produce this newsletter. Thank you also to the many other LPN Chairs who are involved with the other working groups we have established. Please contact me if you would like to be involved, as it's important that LPN Chairs are involved as much as possible. If you would like to contribute or have suggestions for how this newsletter can be improved, please contact sandra.janney@nhs.net Please remember to visit the LPN webpages as we will be adding information on a regular basis: <http://www.england.nhs.uk/ourwork/d-com/primary-care-comm/lpn/>
Best Wishes*

*Sue Pritchard
Assistant Head of Primary Care
Commissioning,
National LPN Lead*

LPN Working Groups Update

LPN Assembly

The LPN Assembly working group has been working hard to ensure that the next LPN Assembly is as successful as the previous ones. It will hopefully demonstrate the progress that is being made across the country, whilst providing the networking

opportunity that so many people value. Registration is now open for 9 September and we are delighted that Earl Howe continues to offer his support by providing the opening address. The working group has made the decisions on each aspect of the Assembly and we all hope you enjoy the day and are able to provide us with the feedback that is so helpful in the continued development of these events.

LPN Website

The LPN Website working group has been really focused on revitalising the LPN webpages. We have taken the approach of providing information that we think LPN Chairs and the public will want to see and know about LPNs. Please take a moment to review and let us know what you think, so we can make the site a great source to utilise:

<http://www.england.nhs.uk/ourwork/commis-sioning/primary-care-comm/lpn/>. The LPN webpages will also be including links for each area team so that local LPNs can update their pages accordingly and hopefully streamline how we share information and best practice.

LPN Leadership Development

Following feedback from LPN Chairs about their leadership development needs, a development programme is currently being established by the working group, with an expectation that a series of development days will commence late September. The days will cover such things as: networking, negotiation, influencing and facilitation skills. There will also be some online modules and dedicated bespoke training. LPN Chairs can access 360 degree

feedback via the NHS England intranet, along with coaching and mentoring.

LPN Newsletter

The LPN Newsletter group is proud to have produced the third issue of the newsletter and hope you enjoy reading it. As always any feedbacks is greatly appreciated, and of course please send in your articles! We hope in future to be able to bring you web-based versions of the newsletter and



provide a more interactive approach to obtaining views, feedback and discussion forums.

At the end of the newsletter please find details of all of the working group members.

Chair views of the LPN Assemblies

As the Chair of the Essex Dental LPN (Nick Barker), I attended the second National LPN Assembly in Manchester on 25 March. It was an informative day with representatives from eye health, pharmacy and dentistry in attendance along with representatives from Area Teams and Public Health England. The morning session was spent with all attendees gathered together to discuss their experiences in development of LPN's with some good and some not so good.

In the afternoon session we were split into our three disciplines with the dental attendees discussing the topics of Dental Contract Reform and Call to Action. It is likely that both will be discussed repeatedly over the coming months, however, the opportunity to gather the latest information is always helpful.

It was at the National Assembly that the decision was made about having national assemblies for each of the professional groups in between each of the national LPN events. The articles below provide feedback

from each of the professional assemblies.

National Assembly for Dental LPN Chairs

In my role as Chair of Essex Dental LPN, I attended the first National Assembly of the Dental LPN Chairs. This proved to be an extremely interesting and informative day with presentations from a contract pilot, British Dental Association and Department of Health in the morning session on the reform process.

The afternoon session saw presentations from CQC on a new inspection regime that is being introduced with indications that CQC inspectors will receive direct input from dental clinicians, many attending during inspections.

Finally, I would like to take the opportunity to remind everyone of two matters.

Firstly, the latest version of Delivering Better Oral Health has just been published and is available for download that I would recommend all dental professionals to review.

Secondly, 4 consultation papers for the Dental Contract Reform have been published and available to download from the Department of Health website, again for review.

National Assembly for Eye Health Chairs

My name is Claire Roberts and I am the Chair of the Local Eye Health Network in Birmingham, Solihull and Black Country. These are my personal thoughts on the LPN Eye Health Assembly in June.

The day included a variety of engagement sessions, with a focus on developing relationships with various groups within in the local eye health economy such as CCGs, Public Health, HWBs and patient groups. We shared ideas on how to foster good working relationships and better understand their issues to help us facilitate collaborative working and joint solutions.

In the afternoon we had a wide-ranging discussion around eye care service

redesign, including examples of schemes such as Minor Eye Conditions Services (PEARS), Ocular Hypertension (OHT) Monitoring, cataract pathways and other stable eye conditions. There was opportunity to discuss clinical issues as well as practical aspects of implementation and learning from experience where schemes are already in operation.



We also discussed how we could increase the uptake of GOS sight tests, particularly

around Black and Minority Ethnic Groups (BME) and the homeless. At the moment we have very little idea on take up of sight tests for these groups, so the group raised a query over whether additional data could be collected via GOS. We all agreed that a basic lack of awareness among patients around eye health is one of the biggest barriers to people being accessing sight tests.

The eye care Call to Action (CTA) had just been released when we met so this was a big topic of discussion. It was recognised that CTA presents a tremendous opportunity for everyone to contribute their ideas around improving services. We focussed on those consultation questions we felt would particularly resonate for patients, such as access to services, prevention and the impact on transferring services from acute trusts into the community.

All in all it was a great day and everyone felt it was productive. The chance to meet with other LEHN chairs and hear their thoughts and views was invaluable and certainly helps me in my chair role. I hope we can continue to build on the momentum we have gained with more days like this.

National Assembly for Pharmacy Chairs

The second national Pharmacy LPN day

was held on 16 June. The event, hosted by The Royal Pharmaceutical Society (RPS) was chaired by Clare Howard, NHS England, Deputy Chief Pharmaceutical Officer. There was a packed agenda which stimulated much discussion and debate. Just a taster here; presentations are available on the Pharmacy LPN NHS Network.

Clare kicked off with an LPN progress update and the launch of the Medicines optimisation dashboard. She encouraged LPNs to look at the tool and think about ways of using the data e.g. by identifying target areas.

There was a wide range of presentations. We heard about; the role of Health Education England; the role of Healthwatch England and details of their first special enquiry around patient discharge; <http://www.healthwatch.co.uk/then-what-special-inquiry> and from RPS about the Now or Never update, Innovators Forum and leadership training.

In the Urgent and Emergency Care Review presentation we were informed that community pharmacy is included in the clinical models pathway- great news to see



pharmacy embedded in the whole system. It was also fantastic to hear about the large

number of responses to the Pharmacy Call to Action which are currently being analysed- the best response to date! There was also further hopeful news about a 'proof of concept' project for pharmacy access to Summary Care Records. Exciting times!

Finally, we were inspired by the LPN Chairs who spoke about their work to date. Clare Howard summarised:

"I was encouraged to see so many LPN

chairs and hear how much work they are leading locally. They are evidently up and running with clear work programmes addressing some key areas where patient care can be improved e.g. discharge planning, flu vaccination and use of patients own drugs on admission to hospital.”

The LPN chairs seem keen to learn from one another and supportive of each other; Sam Travis from Derby & Nottinghamshire received a spontaneous round of applause for her summary of their LPN achievements over the last year!"

LPN Dental Steering Group Update

The National LPN Dental Steering Group has representation from LPN Dental Chairs (twenty six out of twenty seven LPN Dental Chairs are now in post), Area Teams and Consultants in Dental Public Health from each region as well as representation from Public Health England and Health Education England. The representatives seek feedback and disseminate key messages from the steering group to their peers across the Area Teams. The Steering Group has also put in place a number of forums for Dental LPN Chairs to have the opportunity to network with each other. The forums also provide the opportunity to share information between the national teams, the Steering Group and the LPNs

The first LPN Dental Chair National Assembly was held on 19 June 2014 and was very well received, with key themes of the day emerging around the communication and roll out of any future contract reform, the current consultation, and next steps around this programme of work.



Dental LPNs are now maturing, many are moving forward with key projects, others are

still in the formative stages and will need peer support to help them move on to supporting delivery against key local priorities. We are currently collating LPN Area Team work priorities to identify where there are similar priorities and thus providing an opportunity for knowledge transfer and optimal use of limited resources. Members of the Steering Group are also involved in the working groups looking into developing an online presence for Dental LPNs. The aim is to provide Dental LPNs with an opportunity to share good practice in a timely and efficient manner.

For any queries relating to the LPN Dental Steering Group please email Pritesh Shah: pritesh.shah@nhs.net

‘Our Friends in the North’

During 2013/14, the two Area teams covering the North East and Cumbria (Durham, Darlington and Tees, and Cumbria, Northumberland, Tyne and Wear) worked together to support and develop seven Local Professional Networks, including a joint Local Eye Health Network which covers both areas.

Summary of their individual views are available via the following link:- <http://www.england.nhs.uk/north/lpns/> Developing new networks has been a challenge, particularly in the context of significant organisational change in the NHS, but chairs have been heartened by the overwhelming support and enthusiasm of professional colleagues, the public and key stakeholders; this has been reinforced by some excellent engagement through the various ‘Call to Action’ events.

Water Fluoridation and Dental Caries

Dental caries is a significant public health problem internationally and, despite reductions in prevalence since the 1970s, remains so in England. Sizeable inequalities still exist between affluent and

deprived communities and dental caries is one of the most common causes of hospital admission in children.

Water fluoridation has been shown to be a significant measure in reducing dental caries. The first substantive water fluoridation scheme in the UK was for Birmingham in 1964. Further schemes were progressively introduced that now cover around 6 million people across England.

Water fluoridation schemes aim to adjust the level of fluoride to one part of fluoride per million parts of water. Fluoride is naturally present in all water supplies and some supplies in England naturally contain levels of fluoride close to those which fluoridation schemes seek to achieve.

The recent Public Health England report: [Water Fluoridation Health Monitoring for England \(March 2014\)](#) found that children in fluoridated areas of England generally have fewer teeth affected by decay than those in non-fluoridated areas and that, by the age of five or twelve, children in fluoridated areas are less likely to have had any tooth decay at all than those in non-fluoridated areas.

In addition, among children aged one to four years in fluoridated areas there appears to be a significantly lower overall rate of hospital admission for dental caries – primarily to have decayed teeth extracted under a general anaesthetic – than in non-fluoridated areas.

The report also compared a range of general health indicators in fluoridated and non-fluoridated areas in England and concluded that there was no evidence of risk to health. Specifically:

- There was no evidence of a difference in the rate of hip fractures, Down's syndrome, osteosarcoma and all types of cancer between fluoridated and non-fluoridated areas;

- There was evidence that the rate of kidney stones, and bladder cancer was lower in fluoridated areas than non-fluoridated areas;
- While there was some evidence that the rate of deaths from all recorded causes was lower in fluoridated areas than non-fluoridated areas, the size of the effect was small.
- The report can be found at <https://www.gov.uk/government/publications/water-fluoridation-health-monitoring-report-for-england-2014>.
- Water fluoridation remains a safe and effective measure to help people achieve good oral health.

The Mary Seacole Programme

Dentistry already has good leaders, developing and building a dental practice, a secondary care team, or a special care service all require leadership skills which dentists have had to learn either consciously or experientially. However leadership isn't necessarily about charisma or power, it is about empowering others, both patients and colleagues, supporting and developing skills in others, motivating others to succeed, encouraging and developing innovative ideas and not being afraid to suggest and initiate change for the better.

The Mary Seacole programme has helped me consolidate my experience with sound knowledge. It has given me the confidence of knowing that what I have learnt by experience is actually what leadership is about. It allows me to feel confident to pass on skills that I never formally knew that I had.

The course itself is a joint venture between the Open University and the NHS leadership academy, and is the largest leadership initiative in the world. It is intensive with numerous resources, workshop back up and tutor support. You will meet colleagues from all areas of healthcare.... there seem to be very few dentists; I can't be the only one surely? The

course is designed to last a year and candidates are expected to undertake an improvement project over that period of time. The course is assessed by completion of 5 written assignments to demonstrate increasing knowledge and reflective learning experiences as the project progresses. I have found it very useful, if intensive, and it is certainly challenging. I would recommend this course to all LPN Chairs and to anyone wanting a stimulating course and lots of CPD hours!

NHS Leadership Academy
http://www.leadershipacademy.nhs.uk/discover/leadershipmodel/Janet_Hayes – Hall BDS MMedEd

Community pharmacy staff training

In Nottinghamshire, the Local Professional Network for Pharmacy has bid for and been successful in securing £7,000 of funding from the Wider Workforce Participation funding stream of the Local Education and Training Council (now Health Education East Midlands) for use in training 85 community pharmacy staff (medicines counter assistants and dispensing assistants) to become Healthy Living Champions.

The funding has been used to purchase training materials accredited by the Royal Society of Public Health which will provide those undertaking the learning with a Level 2 qualification in Understanding Health Improvement.

On completion of the training, the Healthy Living Champions are better able to offer patients advice on self-care, signposting to the most appropriate health care professional, where appropriate, and to provide members of the public with evidence based health and lifestyle advice in convenient and accessible locations.

LPN Working Group Members:

LPN Newsletter

Sue Pritchard, Assistant Head of Primary Care Commissioning
David Brown, Optometry Lead, B&BC
Julie McCann, Assistant Director Pharmacy, BGSW
Vicki Dodds, Project Officer, CNTW
Sandra McGregor, Business Manager, Primary Care Commissioning
Kirsty Haston, Senior Project Support, Primary Care Commissioning
Nick Barker, Dental Chair, Essex

LPN Assembly

Sue Pritchard, Assistant Head of Primary Care Commissioning
Vicki Dodds, Project Officer, CNTW
Sandra McGregor, Business Manager, Primary Care Commissioning
Kirsty Haston, Senior Project Support, Primary Care Commissioning
Linda Bracewell, Pharmacy Chair, Lancashire
Frances Ramsey, LEHN, Thames Valley
David Knowles, LEHN Chair, CWW
Richard Hayward, Dental Chair, Derbyshire and Nottinghamshire
David Landes, Consultant PHE
David Bearman, Pharmacy Chair, DC&IofS
Julie McCann, Assistant Director Pharmacy, BGSW
Jane Brown, Pharmacy Chair, BGSW
Simon Butterworth, Pharmacy Chair, CNTW
Sally Greensmith, Pharmacy Chair, Surrey and Sussex
Mike Williams, Dental Adviser, Merseyside
Nadeem Ahmed, Dental Chair, Shropshire and Staffordshire
Richard Hancox, Assistant Director Clinical, AHW
Tony Baldasera, Assistant Director Clinical, AHW
Richard Holmes, Events Team
Ravi Rattan, Dental Chair, H&SM

LPN Website

Sue Pritchard, Assistant Head of Primary Care Commissioning
Sandra McGregor, Business Manager, Primary Care Commissioning
David Brown, Optometry Lead, B&BC
Hassan Argomandkhah, LPN Pharmacy Chair, Merseyside
Julie King, LPN Dental Chair CNTW
Jill Loader, Regional Pharmacist (England South)
Nick Barker, Dental Chair, Essex
Carole Pitcher, Contracts Manager Dental and Optom
Tushah Shah, Clinical Adviser

LPN Leadership Development

Sue Pritchard, Assistant Head of Primary Care Commissioning
Amrit Rai, Dental Chair, Surrey and Sussex
Elaine Hawthorn, LDN Chair, Greater Manchester
Janet Hayes-Hall, Dental Chair, AHW
Richard Allott, Dental Chair, South Yorkshire and Bassetlaw
Steven Farmer, Dental Chair, CWW
Lyn Price, Eye Health Chair, Essex
Simon Hearnshaw, Dental Chair, North Yorkshire and Humber
Manir Hussain, Pharmacy Chair, Shropshire and Staffordshire

Key Team Contact

For all enquiries to the Team, please e-mail
england.primarycareops@nhs.net