

Welcome



It has quite rightly been said “If general practice fails, the NHS fails”.

As shown by the latest [GP Patient Survey](#) published last month, confidence and trust in GPs and primary healthcare professionals remains extremely high at 95.6%.

Given its cornerstone role, it is vital that general practice is supported and developed to ensure its long-term sustainability and leading role in transforming our health and social care services for the future.

A key element in this process is the development of “hubs” or networks of practices working together. This model enables practices to share services, such as community nursing, mental health, and clinical and community pharmacy teams, and to pool responsibility for urgent care and extended access.

Evidence shows there are many benefits for patients, practices and the wider system in working in this way, from access to enhanced care and new services closer to home, to improvements in quality and opportunities to develop the workforce, as well as economies of scale.

Primary Care Networks were a feature at the Health and Care Innovation Expo 2018 earlier this month. You can find out more on page 4 about what was covered and our plans to support the development of more PCNs in the region.

As well as facilitating longer-term transformation, the GP Forward View also addresses immediate challenges. Helping GPs to stay in the workforce is one of these. You can find out more about how the £2.07 million allocated to our region will be used by STPs to support this, as well as some excellent examples of the innovative work that’s already underway, on page 6.

We are just a few days away now from the national deadline of 1 October 2018 when all of the extended access schemes in the Midlands and East region are planned to go 100% live. I appreciate how much work has gone into this over recent months, so it’s very rewarding to hear how much patients are appreciating this new service as you can read on page 2.

Going forward, work to sustain and transform our general practice services will continue across the two new NHS England regions of the Midlands, and Central and East of England once they have been established later this year. The good news is that national funding has been secured to continue the implementation of our GPFV programme of work for 2019/20 and 2020/21, and we look forward to working with you further on this journey.

Dr Paul Watson
Regional Director – NHS England (Midlands and East)

Featured in this issue

- Extended GP access – pages 2 and 3
- ETTF premises investment – page 3

New models of care:

- Primary Care Networks – page 4
- Primary Care Homes – page 5
- GP retention – pages 6 and 7

Spotlight on workforce:

- International GP recruitment – pages 8 and 9
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- Clinical pharmacists – page 10

Plus funding for practice staff training, the latest in digital, and a report on our recent stakeholder event – pages 11 -13

Improving access to general practice - latest update

Good progress has been made in Midlands and East towards ensuring all patients will have access to GP services at the weekends and evenings by the national deadline of 1 October.

CCGs and practices have been working hard over recent months to put the extra appointments in place, and we are grateful for all their efforts.

The challenge now is to ensure the extended services are advertised widely so that as many people as possible know about the extra appointments available and how they can benefit from them. We will be continuing to support our CCGs to do this and help them stay on track with their delivery plans.

Planning for winter

With winter just over the horizon, it is really important that local extended access schemes are fully established and running smoothly.

We know that urgent and emergency care (UEC) services need our support over the winter period and the extra sessions provided in primary care should have many benefits including:

- Patients finding it easier to get an appointment at short notice, or at a more convenient time;
- Less pressure on primary care services during core hours; and
- Helping reduce pressure on urgent care services, potentially avoiding unnecessary attendances at A&E.

Across the region, NHS England is working with UEC leads to make sure that we support areas where pressure is likely to be high.

Extended access will be a focus of the 2018/19 Stay Well This Winter campaign, beginning in early December. The availability of evening and weekend GP appointments will be promoted through outdoor advertising, local radio, print and social media.



Herefordshire welcomes extended access

Patients in Herefordshire, who have had their extended access services in place for a few months now, have given really positive feedback to their provider, Taurus Healthcare:

- “I work full time - 44 miles away, so I’m unable to visit my GP during surgery hours unless I take a day off sick or as holiday. This availability during a Saturday is fantastic.”
- “I’m self-employed so this service to me is convenient to say the least. First class!”
- “I work away from home all week, and find it difficult to see my own GP in the week, so to have access to see a GP on a Saturday for me is very important.”

Animation helps improve access for all

The University of East Anglia has developed an [animation](#) to support CCGs in addressing inequalities in access to GP services. The animation, hosted by NHS England on its YouTube channel, aims to demonstrate where inequalities may be experienced by a patient and some solutions to overcome them.

The animation supports NHS England's practical resource, [Improving Access for All](#), which aims to provide:

- a guide in assessing local issues, supporting local equality analyses and providing examples of how barriers arise at different points on a patient's journey, from identifying a health problem to getting an appointment to seeing a GP or other healthcare professional;
- practical tips on a wide range of issues related to protected characteristics and other groups who experience barriers to healthcare, for example through homelessness; and
- quick links to video clips, learning materials for practice staff, case studies, examples of good practice and a wealth of information on [NHS England's website](#).



ETTF aids dementia-friendly services in Evesham



Funding from NHS England's Estates and Technology Transformation Fund (ETTF) has helped to improve access and create the first dementia-friendly surgery in Evesham in Worcestershire.

The extension at DeMontfort Medical Centre has resulted in seven more clinical and treatment rooms, and there is scope for developing the second floor to create more consulting space in the future. There is also a new lift and automatic front doors, and the reception desk has been improved for greater access and privacy.

Improvements such as signage in both written and picture form, a clear colour scheme and labelling, and suitable flooring and surfaces, are all designed to benefit dementia and learning disabled patients in particular.

The GP partners have invested £350,000 in the development themselves and were supported by an ETTF grant of £735,000.

The region has some £49 million in ETTF funding for 2018/19. All the schemes being funded have been proposed by the region's 17 STPs, based on the priorities of their estates plans and aligned to their local digital roadmaps.

Primary Care Networks: the case for change

Dr David Levy, Regional Medical Director, for NHS England (Midlands and East) explains why Primary Care Networks are the way ahead for general practice:



General practice has to change if it is to meet the needs of its patients, who are living longer, many with long-term conditions or mental health issues, and work within the increasing pressure on our workforce.

Many of our practices are now operating as Primary Care Networks (PCNs), working together in their local areas and with community, mental health, social care, pharmacy, hospital and voluntary services to varying degrees of integration.

These arrangements are built on the core of current primary medical care services, enabling greater provision of proactive, personalised and co-ordinated health and social care.

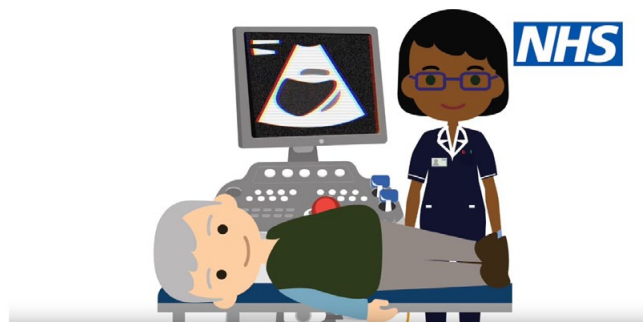
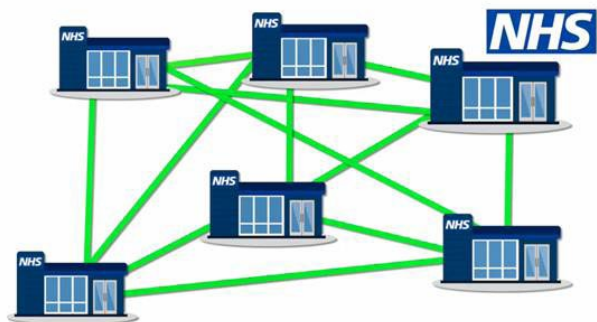
Many clinicians see this as a change from reactively providing appointments to proactively caring for the people and communities they serve. Where emerging PCNs are in place in parts of our region, there are clear benefits for patients and clinicians. These include a better working environment, which helps to attract and retain staff, making for a more sustainable model.

Many existing PCNs are creating shared approaches to developing their workforce. They are finding that collaborating at scale presents greater opportunities to recruit and build a more multi-disciplinary workforce to meet the specific needs of patients, whether employed directly or through partnership with other local providers.

[Refreshing NHS Plans for 2018-19](#) set out the ambition for CCGs to encourage every practice to be part of a local PCN so these cover the whole country as far as possible by the end of 2018/19.

PCNs will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. 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.

Our local teams are on hand to support the region's GPs, practices and CCGs to become primary care networks, and NHS England is finalising a detailed reference guide. Please contact [us](#) if you would like to know more or have any queries.



NHS England has produced a short animation to explain how, by working together in a Primary Care Network, a number of practices can meet the needs of all their patients in a neighbourhood.

Help us help you to develop PCNs

There are free workshops taking place in the region in October, open to all those working in primary care (commissioners, GPs and practice staff), pharmacy, ophthalmology, dental and the voluntary sector.

Each event will provide an update on PCN development, with examples of the positive impacts for patients and staff, and consider what support may be needed and how it could be delivered at national, regional and local level.

Click [here](#) for more details and to book:

Central Midlands

Monday 8 October, Holiday Inn, Leicester
East

Friday 12 October, Chelmsford City FC

West Midlands

Tuesday 16 October, West Bromwich Albion FC

The workshop for North Midlands DCO took place on 20 September.

Stretching the boundaries of traditional general practice



You can find out more about Primary Care Homes in a new report from NAPC.

Wolverhampton Total Health Limited (WTH) was one of the original 15 'primary care model rapid test sites'. Its chair, Dr Gillian Pickavance, describes how the support of the [National Association of Primary Care](#) (NAPC) and other Primary Care Homes across the country allowed them to try and share new ideas and stretch the boundaries of traditional general practice:

By actively seeking new ways of working and collaborations with new and old organisations we aim to try and get the best possible care for our patients.

We have managed to move away from working in silos and support each other clinically and with back office functions. Communication has been greatly improved between ourselves, the CCG, acute trust, public health, fire service, other groupings within the city and voluntary services.

Through collaboration we have run pilot studies in counselling, which has encouraged a citywide service to be set up, and frailty clinics which are hopefully forming the evidence base for a service at city and STP level.

We felt strongly that there was a risk of developing pockets of inequality and, by collaboration with the other groups in the city, we are instead forcing good practice to be spread more rapidly with the needs of the patients at heart.

IT was one of our first blocks to overcome and we have worked with EMIS to develop the information governance and structure to enable sharing of notes across our sites. This has enabled us to provide seven day access for the patients in our Home for both routine and urgent appointments sent by 111.

Working together allowed us to access funding via NHS England that is only available at scale, enabling the arrival of our clinical pharmacists to provide additional appointments and support so that our GPs are able to concentrate more on complex patients.

- [Wolverhampton Total Health](#) is a group of nine Wolverhampton GP practices working together to increase patient access to services and appointments for a combined population of just over 70,300.

GP retention

Dr Dave Briggs, Acting Medical Director for NHS England (Central Midlands) and Regional Workforce Retention Clinical Lead, describes the steps being taken to retain GPs in the region:



Retention of our GP workforce is a key national and regional priority with specific work underway across key stages of the GP career pathway, focusing on in-training years, First5, mid-career and Wise5.

We recognise that building a sustainable workforce will take time; however, with the right plans and focus, we can achieve small but tangible changes this year.

Our immediate priority is to work more closely with GPs training in our local areas and develop schemes that will support transition and retention into local practices.

This year has seen the release of enabling funds, including the [Local GP Retention Fund](#) and GP Retention Intensive Support Site initiative. Our two intensive sites, The Black Country and Mid and South Essex, and 15 other STPs are now able to take forward their priorities for GP support, using the money they have been allocated according to their demographics.

A [new national pack](#) has been developed by NHS England, the Royal College of GPs and the BMA to signpost GPs to the support available at different stages of their working lives, whether in training, the first five years, mid-career, or approaching retirement.

GPs are encouraged to liaise with their responsible officer team, usually via the appraisal lead, for further advice and support.

A regional version with local examples of innovative schemes to support retention is currently being finalised. If you have an example you would like to put forward for inclusion or would like to discuss your plans for retention, please [contact us](#).

GPs – the next generation

Next Generation GP is a programme for emerging leaders in general practice, designed by three GP trainees.

It provides those in the first five years of their general practice career access to the stories, perspectives and expertise of inspiring leaders.

It also offers a supportive network of like-minded local trainees and early career GPs.

For more details, visit [NextGeneration GP](#).

Help to develop practice skills for change

Just over £300,000 has been made available in Midlands and East in 2018/19 to help develop the skills of GP practice managers.

The scope of this funding is for additional activities prioritised by NHS England local and regional teams as part of the region's strategy to develop general practice and future primary care. It has been allocated to STPs on a population basis so they can determine at a local level how best to support their practices.

This could range from subsidised places or other support to take part in national programmes like the [diploma in advanced primary care management](#) and the [General Practice Improvement Leaders programme](#), to providing training locally to meet specific management challenges.

STPs have been asked to submit plans setting out how they intend to use their allocation in line with NHS England guidance.

Derbyshire takes transformation barriers to task



Doctor Susie Bayley of Derby & Derbyshire Local Medical Committee describes how their [GP Task Force Derbyshire](#) programme supports practices to change the way they work:

We have a range of practices that don't wish to continue working as they do currently but feel unable to take the leap of faith towards transformation.

We found this reluctance to embrace change was mainly due to capacity and demand issues, underpinned by recruitment, retention and retirement problems.

The Task Force held a listening event focusing on those GPs who had left practice in the last two years or aimed to leave within the next five. The

key messages they heard were:

- The need to feel valued
- Flexibility of working patterns – both in terms of roles and the make-up of the working day
- The need to have networking opportunities
- Support structures
- Mentorship
- Addressing workload.

Projects in progress, which the Task Force hopes to continue if funding is secured, are:

GP ASPIRE

Work to develop a menu of flexible career options to retain GPs who would otherwise leave practice and includes looking at retaining clinical and non-clinical expertise, limited scope practitioners, and working with the local appraisal and revalidation team to look at dedicated end-of-career appraisals.

Derbyshire Medical Chambers

The project is designed to try and stabilise the quality of the locum workforce across Derbyshire through a non-profit initiative, using experience from Chambers across the country. It is also hoped that this will help practices by freeing them of agency fees. It gives support to those GPs at the beginning of their career who can access a dedicated clinical lead. It is also aimed at those at the end of their career who wish to step away from partnerships, but want to continue clinical sessions while being free from the administrative burden of locum work.

Derbyshire Sessional GP group

This provides ongoing educational peer-to-peer support, networking and signposting to the sessional workforce, continuing the Derbyshire Education Network programme in the north of the county and introducing similar in the south.

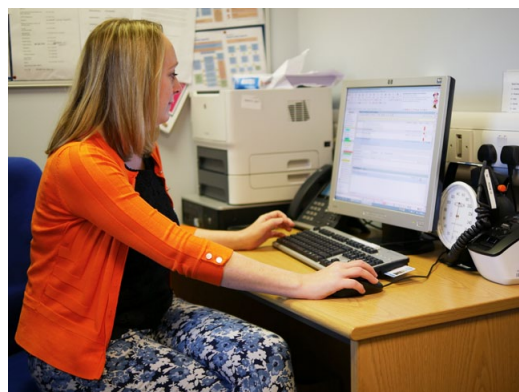
For more information please contact susie.bayley@derbyshirelmc.nhs.uk

National General Practice Bulletin

NHS England has relaunched its national General Practice Bulletin.

The monthly e-publication provides resources on health policy and practice for GPs and others working in primary care, including practice managers and nurses.

You can subscribe on the [NHS England website](#).



West Midlands plays host to first international GP recruits

Hari Atwal, NHS England lead for International GP Recruitment (IGPR) in the West Midlands, describes what happened when they hosted their first visit by international recruits to Birmingham and Solihull STP in August:

After a short afternoon excursion into Birmingham city centre to see the Bullring and central areas, our four candidates first met clinicians from the area, NHS England's local medical director, the interview panel, and Local Medical Committee (LMC) and Health Education England (HEE) representatives over an informal dinner organised by our recruitment company, Medacs.

The next day was very packed, starting at Friarsgate in Solihull with an array of presentations from key representatives including the LMC, Birmingham City Council and NHS England's associate medical director.

This was followed by a learning needs assessment of the four candidates led by HEE, and a networking dinner to meet with GP providers from across Birmingham and Solihull. Each provider set out a stall for the candidates to visit in turn and exchange information, which proved very successful.

The final day started with visits to Bernays & Whitehouse Medical Partnership and Hall Green Health Centre (pictured above), to see these busy practices in action and meet some of the staff.

During lunch the candidates were able to network with GP providers again and then rank their preferred employer. After individual interviews with a panel of clinical and non-clinical people, we were delighted to tell all the candidates that they had been successful and would be placed with their first-choice practice.

The candidates were so pleased and overcome with emotion. "I can't express how much you have changed my life by giving me the opportunity to start my career with the NHS," said Kristine Raudape. It had been a long, demanding three days, as Ayay Tokhi commented: "I have been amazed, absolutely overwhelmed. The whole recruitment process is, although lengthy and exhaustive, fair and necessary".

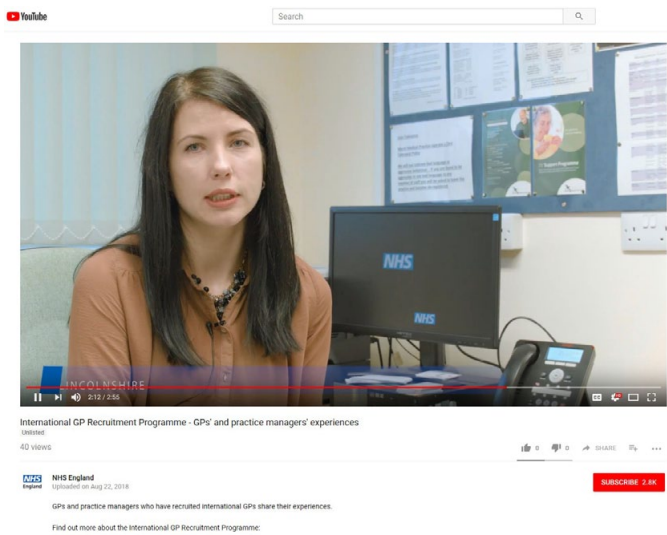


Norfolk and Suffolk, and Cambridgeshire and Peterborough STPs have also held successful interviews during visits by their first recruits. These doctors are set to start work soon.

Orientation visits by potential doctors are an essential part of the IGPR programme. Such visits are offered to candidates who have passed the first stage of the recruitment process by demonstrating they met the programme's standards for medical training, experience and language skills and undergoing an initial Skype interview.

The IGPR programme was rolled out by NHS England nationally earlier this year following three pilots, two of which were in Midlands and East, in Lincolnshire and Essex. The programme is currently live in five of the region's STPs, with the other 12 to follow shortly.

IGPR on film



NHS England has published three short films on YouTube to support the IGPR programme.

A [general video about the programme](#) features interviews with some of the international recruits, GPs and practice managers from the Lincolnshire pilot.

There is also a [practice-facing film](#) and one focusing on the [experiences of a long-serving international GP](#), Dr Penny Navarro, who came to England from Spain 12 years ago.

Mental health therapists in primary care

New guidance has been drawn up by NHS England to encourage GPs to place mental health therapists in their surgeries, and bring more mental and physical health services under one roof.

Evidence suggests nine out of 10 adults with mental health problems are supported in primary care.

In-house mental health therapists, largely provided through collaboration with local IAPT services, are expected to be full members of the primary healthcare team, receiving self-referrals from patients as well as GPs and the wider clinical team.

Claire Murdoch, NHS England's national director for mental health, said: "We are on track to deliver 3,000 therapists in primary care, with over 800 in GP surgeries at the end of last year, and this handy guidance should convince those practices that are yet to take the plunge of the benefits."

PAs: a valuable addition to the wider workforce

The physician associate (PA) is a new healthcare professional who, while not a doctor, works to the medical model and is a valuable addition to the wider primary care workforce. PAs have the attitudes, skills and knowledge base to deliver holistic care and treatment within the general practice team under defined levels of supervision.

Currently the majority of PAs work in secondary care, particularly in emergency medicine. With the national commitment to have 1,000 physician associates working in primary care by 2020, Health Education England (HEE) is leading the work to encourage more PAs into GP practices.

HEE is extending its current cohort of PA Ambassadors to the end of the 2018/19 financial year and increasing their numbers to ensure coverage across the whole of the Midlands and East region.

With their support, HEE will increase access to preceptorships for newly-qualified PAs and build on the successful Staffordshire Physician Associate Internship, which was supported by HEE and NHS England in 2017/18 and has been endorsed by the Royal College of General Practitioners.

The Staffordshire programme is the largest primary care internship for PAs nationally. Currently it has nine PA interns on the programme with 11 more appointed to start by September 2018 (based on exam results).

The interns work two and a half days a week in their host GP practice and two in secondary care post (A&E, psychiatry and surgery), and are released for teaching every Wednesday afternoon.

For more information on PAs in general practice, please contact [HEE's Workforce Training Hub](#).

Research backs benefits of clinical pharmacists

Clinical pharmacists are an integral part of general practice, according to a new independent report published by the University of Nottingham.

Researchers evaluating NHS England's 2015 pilot programme found that the role significantly increases the number of patient appointments and reduces pressure on GPs.

A key impact area was medication reviews, which often accounted for a significant amount of a clinical pharmacist's workload. As part of these reviews, they were able to provide invaluable medicines education and usage advice to patients, in particular to those with long-term health conditions.

Experts from the School of Pharmacy at the University of Nottingham, supported by patient representatives and colleagues from the University of Queensland in Australia, carried out the research, looking at 78 GP sites where

373 pharmacists were employed as part of the scheme.

An executive summary and the full report, commissioned by NHS England, are available on the [University of Nottingham's website](#).

- GPs can continue to apply to NHS England for funding to recruit, train and establish clinical pharmacists in their practices for the long term. Applications for the three-year funding can be made at any time using an online portal and are considered each quarter. The next cut off point is 23 November 2018. For further details, visit the [NHS England website](#).

Primary Care Talks

Primary Care Talks is a series of podcasts produced by the Eastern Academic Health Science Network discussing innovative developments in the primary health and care sector.

In the latest episode Dr Hasan Chowhan meets Caroline Prentice, a practice manager at Goldington Avenue Surgery in Bedford, and her colleague Emma Bowler, a practice nurse, to find out how they have introduced new technology to detect Atrial Fibrillation, a condition that could lead to a stroke, at seven practices in the area.

You can download this at www.eahsn.org/resources/primary-care-talks-podcasts and subscribe to all the Primary Care Talks podcasts via iTunes.

The study found that most GPs involved in the pilot programme will continue to employ clinical pharmacists after the funding ends.

As Pulse reported: 'Although the role requires financial commitment from practices, GPs believe the role to be sustainable'.

One GP quoted in the report said: 'We see we can't survive without pharmacists, they are part of what we do'. Another said it had 'enormously helped our GP workload'.

New film asks "Can the doctor see you now?"



Read [the blog](#) by the two CCG chairs, Dr Kashif Siddiqui and Dr José Garcia Lobera, to find out more.

A [new video](#) aimed at improving primary care for patients and reducing workforce pressures for those working in GP practices has been produced by Castle Point and Rochford and Southend CCGs as part of the Mid and South Essex STP.

The film features interviews with GPs, including one who has joined the NHS through the area's international recruitment pilot programme, and wider primary care staff such as an emergency care practitioner and clinical pharmacists. It aims to support the STP's work to deliver a new innovative primary care strategy.

Training for GP reception and clerical staff

GP reception and clerical staff throughout Midlands and East are to benefit from training to help them reduce their workload and improve patient care.

Just over £3 million has been made available to CCGs in the region from the GP Forward View programme for this financial year. The funding is specifically to commission training in active signposting, one of the 10 High Impact Actions in the [Time for Care Programme](#), and correspondence management.

Active signposting is an enhancement to normal good customer service. It requires the receptionist to be skilled and confident in sensitively ascertaining the nature of the patient's need and exploring with them safe and appropriate options. These options will usually include sources of advice and support outside the practice as well as within, and will often be drawn from a directory of services. Training should ensure receptionists are confident in communicating available options.

This innovation frees up GP time, makes more appropriate use of each team member's skills and increases job satisfaction for receptionists. It is also easier for patients to get an appointment with the GP when they need it, and shortens the wait to get the right help.

Correspondence management is an enhancement to typical tasks of handling this documentation, such as scanning, forwarding to GPs and filing. It requires the staff member to be skilled and confident to make decisions about how to code a letter and its contents in the patient record, how to use an approved protocol for deciding which letters need to be sent to a GP and with what level of urgency, and when to ask for help.

Using this system, 80%-90% of letters can be processed without the involvement of a GP, freeing up about 40 minutes of their day. For the clerical team, job satisfaction is often increased as well. Practices report they are often able to take speedier action on some issues, and more detailed coding of clinical information in the GP record results in improved monitoring and management of certain conditions.

CCGs have been requested to submit plans on how they intend to use their allocation. You can find out more about the training [here](#).

Care navigators offer right care, right place, right time



As a trained care navigator, Lee White can direct patients at Wickham Market Medical Centre to the best person to help them.

The Deben Health Group in Suffolk was looking to implement care navigators to direct patients more effectively to the most appropriate person for their needs, helping to free up time for GPs to see those patients who need their care the most.

Ipswich and East Suffolk CCG supported the eight practices in the Group to do this work through the Learning in Action element of the [Time to Care Programme](#).

By developing a care navigation protocol and resources, the reception teams could effectively navigate care in a consistent way across the eight practices. As a result, they have collectively released 227 appointments, equating to 37 hours a week of clinical time.

You can find out more about what Deben Health Group did and the benefits [here](#).

The Releasing Capacity in General Practice network on NHS Networks has a range of resources for using the 10 High Impact Actions to release time for care. [Why not join?](#)

“Outstanding” virtual GP service

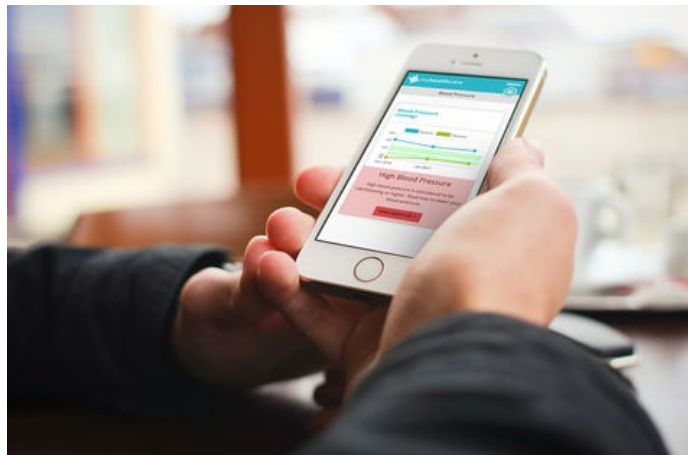
A Birmingham GP Federation received an outstanding rating from the Care Quality Commission (CQC) for its virtual services recently. South Doc Services Limited provides virtual primary care services for the [SDS MyHealthcare GP federation](#), which are run at several hubs across Birmingham and involve more than 47 GP practices, covering around 300,000 registered patients.

Each practice has full access to the virtual centre, based at West Heath Medical Centre, which was inspected by the CQC in April 2018.

The digital service allows patients to book telephone and video consultations with a GP, nurse practitioner or prescribing pharmacist seven days a week. Patients are also able to order prescriptions over the phone. Since October last year, this service has taken over 30,000 calls.

Patients have praised the service, saying it “makes it easy” to talk to a doctor. The GPs have found they now see fewer of the less complex cases, allowing them to concentrate on people with long-term conditions and multiple morbidities, and there is also anecdotal evidence it reduces pressure on A&E services.

The virtual centre was launched in 2015 and is part of a pilot project initially funded by the [Prime Minister’s Challenge Fund](#). The service is part of a larger ambition within Birmingham and Solihull CCG for an improved and sustainable primary and urgent care system operating 24 hours a day, seven days a week with a ‘single digital front door’.



Virtual services include an app for patients to access appointments and medical records. [The CQC report](#), published in July 2018, noted that some 6,000 patients have registered for the app so far.

Be a digital nurse champion

How we create digital nurses in general practice is the focus of a conference in Birmingham in November.

Case studies will demonstrate how upskilling nurses in general practice can speed the digital transformation of technology-enabled care services.

These include an example from Staffordshire which is now being rolled out nationally, where nurses will showcase how technology has helped them to promote self-care, encourage shared management of long-term conditions, and underpin prevention, leading to more effective and productive working.

[Book your free place online.](#)

GP Online guides trio launched

NHS England’s Primary Care Digital Transformation team has launched three new guides to support GP practices in encouraging further take-up of GP Online services:

[Patient Participation Groups: what you need to know about GP Online Services](#)

Gives ideas and resources that PPG members can use to support their GP practices in encouraging patients to sign up for GP Online.

[Flu season: making the most of online appointments](#)

Includes information on how flu clinics can be used to register patients for online, as well as providing information and links to further resources on the wider benefits of GP Online Services for both patients and practices.

[Promoting to students: a guide for Universities, GP practices and CCGs](#)

Aimed particularly at practices in student areas, this includes information on how to encourage more students to access their health care online and includes case studies where this has been achieved.

Positive progress and more to be done

Representatives of Local Medical Committees and Royal College of GP Ambassadors from across the Midlands and East came together in Leicester on Wednesday 12 September to hear about regional progress on the GP Forward View and share their ideas on what needs to happen next.

Professor Vijay Nayar, Director of GP Education and Deputy Postgraduate Dean at Health Education England, set out the work HEE is doing to attract and increase the number of trainees coming into general practice.

Mani Dhesi, Transformation Director for SDS MyHealthcare, described how working at scale was delivering real benefits for their patients and for GPs and the wider primary care workforce.

Meanwhile Dr Duncan Gooch spoke about how they had overcome the challenges of working together in Erewash, Derbyshire, and shared some key solutions: ensuring a safe environment in which networks could form; focusing on the importance of relationships; and finding common areas of concern.

Representatives of the two GP retention intensive support sites in the region, The Black Country and Mid and South Essex, explained the workforce issues they faced and how they were working with their practices to support GPs at different stages in their careers.



Dr Mark Sanderson, Deputy Regional Medical Director for NHS England (Midlands and East), said:

“It was great to hear about the positive progress that is happening in the region. We recognise that there is much more to be done, and we had some good discussions about this.

“We will be feeding back to NHS England nationally on what our GPs and their practices say they need, both to deal with the pressures of today and move towards the new models of care of tomorrow.”

Stay in touch

To keep up to date with the latest news and information, please:

- visit www.england.nhs.uk/gp
- watch [NHS England's Primary Care and NHS111 animation](#)
- view the [General Practice Forward View animation](#) explaining the changes and additional support being rolled out
- join the discussion at [LinkedIn](#)
- follow [@NHSEnglandMidE](#) on Twitter, #GPForwardView

This **Midlands and East Bulletin** is designed to bring you the latest news and opportunities available through the GP Forward View. We want to reach GPs, other primary healthcare professionals, practice staff, LMCs, LPCs, commissioners, STPs and anyone else who is interested in sustaining and transforming primary care in Midlands and East. Please pass on the news to your colleagues who can [sign up](#) to our mailing list to get the next issue straight to their inbox.

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