Emma Ryan

00:00:00Update.

marie-clare wadley

00:00:02This is Facebook CSP members. You can also get some really good CPD there at virtual PT UK. So get the early bird ticket.

Unknown Speaker

00:00:30Luckily I'm just checking that everyone that was in the waiting room is coming in.

- 00:00:41So we've got 100 so far we've got 130 people
- 00:00:46Doing this tonight which is fantastic. Thank you so much, everyone.
- 00:00:51And right I'll, I'll hand over to Ella, Ryan, who is the Vice Chair of the CSP South Central regional network.

Emma Ryan

00:01:01The fleet and then. Good evening, everybody. And welcome to tonight's FCP event which should be really, really exciting. It's great to see so many people here.

- 00:01:13And just a reminder that this will be recorded. It's going to be put up on the CSP website and on the south central Facebook group.
- 00:01:23And if you've got lots of things you want to talk about, we can use the chat function tonight and if after each presentation. There'll be a short period of time for some questions. So if you think of anything jot them down so that we can have a nice little chat at the end.
- 00:01:38At the end of the session. If you could use the chat room function to tell us your take home message. So put hashtag message

and tell us what you thought. And if there's anything that CSP could help you

- 00:01:51In your SCP role, start your messages in the chat room with hashtag help and
- 00:01:57throughout the session tonight. Feel free to tweet and get the message out there about hashtag First Contact physio and if you mention at the CSP South Central and CSP.
- 00:02:09Se will can retweet your messages and get everything far and wide and and then at the end, would be really happy to hear what else you'd like in further sessions.

Unknown Speaker

00:02:25Well, I'm just going to stop the serve my screen for one second, so that I can bring up the best presenters have a point which is Amanda Henson group and I'm just bringing this up for you now.

amandahensman-crook

00:02:39Match or take the opportunity was to do that to say good evening to everyone and thank you for joining this evening.

- 00:02:45And I'm going to be doing a whistle stop tour of the roadmap. That's just landed last Thursday. And so for those of you that don't know me.
- 00:02:56I am health education England's Allied Health Professions national clinical fellow and my my work sits within primary care and looking after the new Vols moving into primary care with regard to training supervision and governance of the first slide, please.
- 00:03:15So I like to start my presentations right at the very beginning to set the scene before we start launching into the roadmap, because it's always questions without fail about the difference between band sevens and band a taste and also about where these will sit in terms of
- 00:03:35In terms of level of practice. So if you look to the left hand side of the screen you see a Venn diagram. It says enhanced on the left bubble and advanced on the right bubble. But you can see there's an inter linking

- 00:03:50Part in between so forth the center of events in practice, health, education, England, we recognize three levels of practice, which is enhanced.
- 00:03:59Advanced and consultant, the consultant bubble would go on there. But at the moment, that's not relevant for primary care. So an enhanced level of practice for sake of argument would be a band six
- 00:04:12And and in advance, would be a band at but in the middle. You'll see. That's where FCP sets entry level is in the crossover between
- 00:04:21Enhanced standard Vance. So it's at the beginning of the events press and factors pathway, but they're not advanced practitioners yet. So that's what has been seven
- 00:04:29So that's the last you're going to hear of me talking about banding this evening. Because what's important is about the capability.
- 00:04:37On the right hand side of the screen you can see four bubbles. So you might have heard the deconstructed model of the pillars of practice which a clinical need to ship research and
- 00:04:51The other one that I can't see those later. Nice.
- 00:04:54So, so, but but what they're not they're not separate pen as a practice. They're all interlinked and interwoven and they they go across all areas of clinical practice and feed into it. Can I have the next screen up please
- 00:05:09Okay, so it is a pathway is a pathway to primary care and it's really exciting for for students because for the first time they've actually got a career pathway that will take them straight through to
- 00:05:21Advanced Practice in primary care that's really explicit, but anyone can join on
- 00:05:26In the at any point in this. So it starts a pre registration degree level health education in going to put money into placements into primary care.
- 00:05:36And for for undergraduate students. It's really important that people are able to touch base in the sector early careers. It's a very different world to second. You can community care and it's really important that people are exposed to that straight away.
- 00:05:52Once you come out of the free registration degree and you're registered
- 00:06:00I am. You can even sort of move into the workspace. So there's a few things I'd like to say about this. The first of all, it doesn't matter how you qualify. When you come out, whether it's a degree course or master's course or if, indeed, you're coming out.

- 00:06:13A PhD level you're coming out as a novice practitioner. So because you've got a higher academic qualification. It doesn't mean that you come into primary care any sooner than anywhere. Anybody else
- 00:06:25And the reason for that is you have to learn mastery and that's what advanced practice is about. It's about being able to apply that
- 00:06:32academic knowledge into practice, and that only happens over a period of time. So when you move into the workspace. It's important to consider.
- 00:06:42your end goal in advance practice with with a dense facts. It's not just about
- 00:06:47The speciality it's about the broad base of knowledge in primary care. It's really important to be able to know about the spiritual and frailty mental health.
- 00:06:56Women's Health everything that underpins MS k that you can be drawn into the MS K world to be able to influence your clinical decision making. And it's also about
- 00:07:07touching base with all the other sectors, so that you understand care pathways and you understand how that how pathways work across the whole of the system, not just in the area that you're working
- 00:07:19So what you would do after maybe a couple of years is then you might specialize MS K and after three years of specializing in MS k then is that is that point that you're able to start doing your primary care training.
- 00:07:34The primary care training you can do in two ways. You can either use portfolio route or you can go down a taught route.
- 00:07:43At a university. The Hei abbreviation. That means higher education institutions. So for us, he oh you know I'm talking about universities.
- 00:07:53So both ways will qualify you to be able to be recognized by the center of advancing practice and be put on a first contact directory. What that does is it shows everybody that you have got the right capability for working in primary care and it's a standardized capability.
- 00:08:13So for the portfolio routes you would be following the knowledge, skills and attributes document. It's really explicit in the roadmap document if you haven't got that I'll make sure the links on the chat box later so that you bet so that you have access to that.
- 00:08:29So there's two, there's two stages on the portfolio. You've got the stage one, which is where you are cross referencing with

- 00:08:37triangulating evidence is not a tick box exercise across the domains and. Once you have completed stage one and that's been verified by your supervisor, you can move into primary care for stage two and stage two is where you are showing that you're applying that knowledge into practice.
- 00:08:56What that means is, and
- 00:08:59What that means is, in practice, you have a supervisor that's that's
- 00:09:03taking you through the work based placement assessment, which is exactly the same system as the GPS us they have medical students coming into primary care.
- 00:09:12And then they have to follow the same process as we're following to become GPS at the end of the day, so we're doing
- 00:09:19Two things, what's really important about those the GPS understand what level of practice of first contact practitioners working at and it also means that they can support them in supervision.
- 00:09:30With clinical supervision, in particular in the workplace, because they understand
- 00:09:36What these what these work based placements assessments on how to do that. Obviously, it's not just GPS that will be doing the assessment will also be supervisors, but we're going to talk about that IP supervision later. So for the top modules.
- 00:09:51Everything that's in the portfolio module. Thank you. MC I've just noticed that she's putting something up.
- 00:09:57Something and in the portfolio module is in the taught module for a university module.
- 00:10:03Now that means that people that have done the FCP modules don't have to do the stage t because the Stage two is within it, they've already done that and again they will go on to the directory once they've completed.
- 00:10:15Now to do a first contact and the the portfolio every all the all the top rates to first contact practitioner is not just the clinical pillar that has been signed up to level seven
- 00:10:27Although the other three pillars of practice and not completely signed up to level seven. Some of them have been populated already, which means there's a remainder in each of the other three
- 00:10:37Each of the other three areas of practice that you can continue along nicely along the portfolio rate and do a top up so that you can become an advanced practitioner, which would be the band a table and I have the next slide please.

- 00:10:53Okay, so what we've just talked about. This is a very busy side. But what we've just talked about is the left hand side of the screen. So we won't talk about that again. Well, let's talk about is on the right hand side of the screen.
- 00:11:05So on the right hand side of the screen is about getting
- 00:11:10Recognition by higher education institution as an advanced practitioner. So very often I get asked, Why can't advance practitioners, just come into primary care without any primary care training. It's because
- 00:11:27That part of it. The primary care part of it that broad base of knowledge that I was talking about doesn't exist. Currently in the events practice masters and curriculum.
- 00:11:37However, the way that we are developing the events practice curriculum. Now for for the with the university's means that there's a generic core of which is multi professional of capabilities and then you can pull in different modules into that call to build on.
- 00:11:57To build on to make a bespoke advanced practice master's degree for you so you might do your generic call with everybody else.
- 00:12:06And then you might think for you. You need to do an MS K module, you can pull that in and then you might do enough CP module and pull that in
- 00:12:14But for those that already have it and they don't have the FCP module part they will be required to be able to sign off against the knowledge, skills and attributes document which has the primary care training in on the portfolio route of the next slide please.
- 00:12:31So this slide, you won't be able to read very well, but it's just useful for me. And this is what's causing all the excitement today on Twitter.
- 00:12:38So this is about supervision. I'm sure there's going to be plenty of questions about this later.
- 00:12:42So the supervisors for the roadmap need to have specific training. And the reason for that is really because we use in the work based placement assessment.
- 00:12:53And it's not just supervision, the supervisors need to be able to verify triangulate evidence to level seven so that they can then verify them to recognition as first contact practitioners both
- 00:13:08stage one and stage two. So the two day course the first day of the course is really understanding what supervision is and the difference between CP DC vision and clinical supervision.
- 00:13:23It's also talking about how you supervise a multi professional team because as an advanced practitioner as part of your, your job role.

- 00:13:31You're able to supervise multi professionally, not just within your own practice.
- 00:13:36So it's about understanding other multi professional roles and what to do when indeed you need to be able to talk to an expert that you can link up with them to be able to help you.
- 00:13:46It's also about how to give feedback is about how to identify gaps of knowledge and how to help support somebody to fill those gaps in knowledge.
- 00:13:54And it's about debriefing debriefing something that you do in primary care as a clinical supervisor at the end of the day where you're looking at a clinical workload. And it's also
- 00:14:06About understanding advanced practice and the four pillars of practice and how they're not separate but they influence every single clinical decision that you are making
- 00:14:16So, day two is all about the work based placement assessment. It's about understanding how to use reflective learning logs, how you verify consultation.
- 00:14:26Observation tools case based discussions clinic exhibit nations and procedural skills quip expectations and and education management evidence for advanced practice.
- 00:14:38So I think I'm going to stop now having set the scene to allow for some questions.

marie-clare wadley

00:14:48Thank you, Amanda. There are a couple of questions in there. Sorry, Mr. I think I might have just stolen your thunder.

- 00:14:55So,
- 00:14:57This one from cat say it's probably a tough question. But what is expected of bands Evans and acute sector, Ms. K service who are being asked to move into FCP roles are they to complete this portfolio training before being able to be an FCP

amandahensman-crook

00:15:14Okay, no question is a tough question festival. Just putting it out there and you can ask anything you like nothing's done is everybody will want to know the answer.

- 00:15:24So currently, the band sevens can move into primary care. Now what's going to be happening is from eight for the first 2022
- 00:15:35Will be when it will be a requirement. Try to interview to move into primary care and you have to have Stage one done before you move into primary care or have completed the first contact module. So that's still some way away.
- 00:15:47So at the moment, you've got five months before the clock starts ticking for that year beforehand. It's really important because
- 00:15:56From March the 31st 2021 you'll need to start thinking about retrospective training. So these people moving into primary care. Now you can start signing off against the knowledge, skills and attributes document and collecting the triangulating evidence now.
- 00:16:13Say that you're way ahead of the game, but we do know from from trials. We do know that people can sign off within a year at the lowest common denominator, which is if somebody just does one session a week in primary care.
- 00:16:26There will still be able to retrospectively verify against the portfolio route within a year.

marie-clare wadley

00:16:34Thank you, Amanda. Darren's got a great question. Would a rigorous in house developmental EIGHT. EIGHT OR EIGHT a process carried out over 18 months.

- 00:16:47To two years, be able to map against the FCP process.

amandahensman-crook

00:16:52Well, that's a question, half I'm having to bring up to repeat that I do apologize. I think that

marie-clare wadley

00:16:59House training program over 1818 months to two years is that able to be mapped against the E portfolio essentially

amandahensman-crook

00:17:10Depends if it's to level seven. So in in house training.

- 00:17:16And in house training may or may not be to level seven, you've got to remember that this is a capability framework.
- 00:17:22And it has that to level seven masters level because it has to be comparative with a master's degree to be an advanced practice. So it would really depend, it would have to go to the center. If it's a if it's a vent to first contact or a route to advanced practice.
- 00:17:41From an in service perspective and you think that you've got something that will be able to take them through then you would have to go to the center of rancid factors to be rubber stamped as a way through.

marie-clare wadley

00:17:53Fabulous. I happens also got a great question. If supervisors have to go through. Whoa, hang on a minute, it's moving all the time, supervisors have to go through a portfolio route as well. Question Mark, how are those who are supervised the course have already achieved. Don't move.

- 00:18:12Well roadmap with me launched once a week ago right the roadmap was any launched a week ago. Yes. How did they supervisors. Get, get the training and do they have to go through the portfolio as well.

amandahensman-crook

00:18:26Right. There's a lot in that question. So first of all, no they don't have to go through the portfolio as well.

- 00:18:32So what is important about the supervisors, is that they are advanced practitioners and by that they either have to have an advanced clinical practice master's degree or we are saying that they need to have
- 00:18:43A master's degree and work within MS K or they need to be a consultant to be able to do the supervisors course.

- 00:18:49Now the reason for that is, again, it goes back to the fact that this is level seven and you need to be able to verify evidence to level seven. So there has to be a
- 00:19:00Quality assurance on that. So this is the quality assurance for supervisors and supervisors that go through the supervision course will be also held on the directory

marie-clare wadley

00:19:10I was right.

- 00:19:11There questions coming thick and fast. So I think I'm going to ask one more question and then Amanda. If you can maybe reply to the questions that I haven't asked. I got it's moving all the time.

amandahensman-crook

00:19:24Someone will have to tell me how to reply to each

marie-clare wadley

00:19:26Individually, I think we can. I think we can put that together with Mindy and then respond to people. This is quite a different

- 00:19:34One, if it stops moving. I'm working in private practice as an MS K practitioner and I'm 19 years post graduation. How would I move into an FTP role would I approach a local hospital or university.

amandahensman-crook

00:19:49You could do that or you could approach this SRM or you could approach the AP VPN or the MA si P will help support you through that process.

marie-clare wadley

00:19:58And maybe the training hubs as well.

amandahensman-crook

00:20:01The training hubs will do. But at the moment, if you want to do it immediately. Then there were three organizations to approach.

marie-clare wadley

00:20:09Okay, thank you, everyone. I'm going to, I'm going to jot some of those questions down that we haven't been able to answer right now and ask Amanda maybe to answer them in the chat or we'll, we'll put something out on the CSP. So you'll get below from Amanda. Thank you.

Unknown Speaker

00:20:32Thank you. Yeah, we've got half an hour. Q AMP a session later so

- 00:20:39Amanda, you might be able to answer some of those, then, but the rate that these, these questions are coming through.
- 00:20:46We might not be able to get all of these done on the night so don't worry. We are going to take a transcript of this chat room.
- 00:20:56And get the responses I will keep it anonymous as well. So there's no sort of named individuals against it, but we will get the information to you right. Thank you very much. Amanda, I'm now going to hand over to Carmen de who's the chairman of physio fast.

Karen Lay

00:21:15Thanks very much. Monday and Hello, everybody. And so I just want to talk a little bit about this development because the title of this was, what's in it for me. So from a private practice perspective, obviously.

- 00:21:28You were could private practitioners go with this well physio first as an organization supports the development of the FCP role as clearly it will raise the profile of the physio

sally York

00:21:39Therapy profession.

Karen Lay

00:21:40Across the board, which is good for everyone. And we know private practitioners often see patients who self refer so they are often the first point of contact.

- 00:21:51For patients and they often also work in a soul capacity without the benefit of an MTT around them.
- 00:21:58So clinical reasoning red flags nearly pathology identification and differential diagnosis of course recognition are all skills required to practice safely.
- 00:22:08And whilst FCP is in primary care primarily assess and then refer on a physio therapy is being necessary.
- 00:22:15Private practitioners could use the capability framework to identify the gaps in their skill set that would be the first thing I think
- 00:22:22Or knowledge level to benchmark themselves against the standards. So the knowledge, skills and attributes the E learning programs that you can do you can do as an individual and
- 00:22:33I think it's a it's a small license fee to get access to that and. But the other thing that I just want to talk about briefly is that physio first has a project called the data for impact project, which is free to members and this is where
- 00:22:50Members input.
- 00:22:53Information about their patients. It goes through to a portal through to the University of Brighton. It's independently validated by the University of Brighton.
- 00:23:01And it downloads three times a year, your outcome data and members are assessed on five criteria which is waiting time between referral and
- 00:23:13Being seen the numbers of treatments. The goal achievement of the patient outcome of the referral and the

difference in their FPS scores between starting and finishing and everybody who

- 00:23:27Participates in this gets an individual report, which you can use to identify your CPD needs and work towards
- 00:23:37An independently validated validated kitemark called quality assurance practitioner and there's also quality, you should clinic. If all your MS K practitioners in your clinic are inputting data to the project now looking at the for
- 00:23:54The four pillars as Amanda said there are elements in that what we hope to be able to do as physio first going forward says, look at how the elements of the
- 00:24:04Dead for impact project might help you map against those four pillars, for example, and in your individual report you could
- 00:24:13Look at your CPD needs. You can see where the gaps are in your knowledge which which patients. You're doing really well with
- 00:24:19Which patients, you're not doing so well with you can audit that and you can look at quality improvement with your colleagues for that. So that might be something that helps you look at the the one of the pillars. If you take students at your practice, which is something
- 00:24:36Else that we're talking to
- 00:24:37CSP colleagues about, particularly for the quality assurance clinics you that might help you map against some of the education and teaching standards in the in the pillar.
- 00:24:48And and your leadership and management. Again, if you're doing your auditing and you've got stuff in your clinic. If you're multidisciplinary clinic. There are elements in there that might help you on this route to to attain your standards.
- 00:25:03And that's really in a nutshell what the DNI project is about and I can put up at the end, a link to it so people can access it on the physio first website and it can read a bit more about it.

Unknown Speaker

00:25:18Thank you, Karen. I've just put a note up

- 00:25:22To ask any questions in the chat room and catch to my hand over to you to run to ask some thanks

Kat

00:25:31Me. So read the most questions so far. So being for Amanda I think there's one that Karen might be able to answer it was if if a private practitioner takes an FCP. Well, how is the ethical dilemma of suggesting private physio managed

Karen Lay

00:25:46And that's a very good question and I think it's something that Amanda did discuss in a forum that I was on recently. I mean, clearly the will have to be some governance around that, because there's an FCP roll your

- 00:26:00Your, your Gatekeeper. So if you are recommending physio therapy. There are obviously some governance issues about recommending to another practice. I'm not quite sure whether there are
- 00:26:13Guidelines in place yet for that, but I'm sure it's something that will be looked at.
- 00:26:19Amanda. I don't know if you can add anything to that.

amandahensman-crook

00:26:23Well, in, in terms of bias towards your own practice, you would type that physios wouldn't do that because it's against your registration to do that. So you would take this over, there's an element of trust.

- 00:26:36And should somebody decide to do that and they get caught, they'll just have to stand in front of the HTTP said explain why they're doing that because it is essentially forward.

Kat

00:26:50There's another question that probably be

- 00:26:51Probably more for both of you. I thought isn't many of these cases DPS would be our supervisors and will there be any way to support conditions to have a sufficient time for supervision to achieve the requirements with a portfolio.
- 00:27:03That might be from Karen from experience have you managed to spot. So anything from that point of view.

Karen Lay

00:27:09And well I think because

- 00:27:10This is relatively new. There was a question earlier about accessing
- 00:27:15supervision and
- 00:27:18If this is something that we will have to look at, perhaps, in the future, but
- 00:27:23I think often it will come down to where you're working if you're working with a GP or you have good contacts with the GP. It's finding out who who
- 00:27:32Is in those roles as a supervisor. Who's, who's local to you that you can perhaps access in a similar way too often how private practitioners access
- 00:27:42supervision and add up there, you know, build up their hours when they're doing injection therapy often comes down to local contacts I think

amandahensman-crook

00:27:54It's okay if I add to that.

- 00:27:56So the
- 00:27:57Private practitioners can be supported by at the IP address. So, Ma, Ma, si P and also because all the supervisor courses.
- 00:28:06Will be recognized the people that are go through the supervision causes will be recognized and held in a directory at the center of events in practice a private practitioners will also be able to get
- 00:28:17Access to that directory so they can seek and they can see remote supervision from a supervisor in the system.

marie-clare wadley

00:28:28I think the supervisor section is really interesting. And I think what Amanda is is trying to do is make sure there's enough supervisors to train supervisors out in the system so that we've got enough people to mentor, even though we're not working within the same

- 00:28:48Maybe in the same PCN but we've got someone to go to as a central point that can help us get through our portfolios and that's something we're definitely doing in Buckinghamshire Oxfordshire, and box here, and I'm working directly with Amanda on that.

Kat

00:29:08Thank you, Karen. I'm ready for the questions, but

- 00:29:13At the moment,

Unknown Speaker

00:29:20Okay, then I must see that there's still questions filtering free so the South Central and South

- 00:29:25East Coast team will continue to monitor the chat room and practice questions are in the appropriate slots and now we're going to move on to the FTP case study section of the event. And first, I'd like to introduce Sally York Sally, would you like to take a vote and share your screen.

sally York

00:29:46Yeah, no, I think I'll just do talking to begin with. That's all right. And then

- 00:29:50There's been a phone, etc. So

- 00:29:53Thank you for inviting me. It's supposed to be myself Jess and Matthew button for. She just can't join us. So, I'm sure.
- 00:29:59Between Matthew and I, we can represent and the SAS it's wide FCP at the moment.
- 00:30:05So it's one of the things which been really positive coming out of that is that we've been working collaboratively across organizations and cross Sussex.
- 00:30:13And actually helping and supporting each other to actually set up MCPS in the roles across the PC ends.
- 00:30:19And it's, it's kind of growing exponentially. I said we're we're victims of our own success at the moment, but it's really exciting to be
- 00:30:26Finally, working in what feels like a real MDT environment working within primary care and changing patient journeys and changing the workflow for GPs.
- 00:30:38So I think one of the key things is Ms K providers. So I work for Sussex. Ms. K is providing
- 00:30:44Really high quality staff going to SCP roles and really supporting people in terms of their training and governance and really reflecting Amanda's excellent work with the roadmap given us clear guidance around that.
- 00:30:57And we employed by span sevens and eights into SCP roles. Again, reflecting Amanda's favor slide.
- 00:31:07And what I feel is important that we're using staff and what I call a portfolio route so sevens coming in as physio or osteopaths and also doing FCP work.
- 00:31:17And eight to coming in as physios osteopath and also doing advanced practice work and FTP and I think it's really important that the staff is still involved.
- 00:31:26With their local MS K pathways know what's happening in the physio department, knowing what's happened in secondary care.
- 00:31:33And I think being able to talk to patients in terms of shared decision making that you can talk about the escape pain program.
- 00:31:39Actually with passion and understand how it works or talk about how your local surgeons work seems to really be helping
- 00:31:47So the question I keep asking myself at the moment is actually what is an FTP
- 00:31:52And I guess I've worked out with it's not it's not being a physio therapy and physical therapist in primary care. It's not back to the old days when there was GP fund holding and you're the physio in the practice.

- 00:32:03It's also not being an advanced practitioner either. And so it's about seeing people right at the beginning of their journey. And I think that's what
- 00:32:11The key point of this is the closest I've come up with is your primary care clinician with an interest in MS k. And I know that sounds a bit vague, but it's so much more than just the MSP bit of patients journeys and
- 00:32:29I think in terms of how we support people and train people because it's such a tight curve at the moment we're trying to support everybody. So I have a undergraduate students, starting with me next month.
- 00:32:41To be shadowing the clinics, but also all the way through our MS K departments, it's talking about the FTP role.
- 00:32:48And in fact, the skills he learns FCP a really valid for physios in department, especially if you have self referral.
- 00:32:55So I think it isn't a separate thing that you start working at I think it should be something that we're working at throughout our careers and hopefully that's what's going to be changing over the next few years.
- 00:33:06And
- 00:33:08The other thing I guess the unexpected consequence that the GPs would say to me, it's not just about us upscaling it's actually upscaling primary care as well.
- 00:33:16About having those relationships, talking to the GPS talking to the nurses talking to the paramedics. So when I said beginning it's MDT I think it really is.
- 00:33:25And everybody coming together. So it's more like a health center than a GP practice and people are coming in. See the appropriate person for their care.
- 00:33:34And you kind of feel, you know, you're getting it. One of the GPS comes in. Quite often at the end of my clinic Nancy says, right, Sally. Let me talk to you about two patients. I saw this morning.
- 00:33:42Let's go on. Yeah, but only if I can tell you about the two weird ones I had maybe not weird but interesting ones I heard, but I think it's just beginning to get
- 00:33:50That cross professional working an increase in MS K awareness is it's really exciting. I've been a video for ages and
- 00:34:00I've come to the ACP route. I'm an advanced practitioner and Spinal Care and to be honest. This is most exciting job I've done. It's so varied. It's so different. Every 20 minutes, you have to kind of literally switch off and switch on again the next patient coming in.
- 00:34:16And so as kind of thing. I think that's why I enjoy it. You kind of have to

- 00:34:21Think on think straight away. You got to change your mind all the time. You got to be curious, you got to be open and really be alongside the patients, and I know it sounds silly like what
- 00:34:32Rather than what's the matter with you, what matters to you, but I think if we can do that at the beginning of the patient journey, then that's very exciting.
- 00:34:40And I thought, I tell you about a couple of examples which may be I think telling patient stories tells much more information. Maybe so. I had an
- 00:34:50older man he was on the phone and he was telling me about his back pain, but it didn't seem that interested in his back pain.
- 00:34:57And then he suddenly dropped the corkery certificate issue Corky said, do you think it's to do with my drinking that's
- 00:35:03Okay. And I said, well, there's not a direct link between drinking and back pain, as far as I'm aware.
- 00:35:08But I said, Certainly if I have a glass of wine in the evening. I spent 10 spend the rest of the evening sat on the sofa convey sedentary
- 00:35:15He said, Yeah. He said, No, I didn't move at all. Once I'm drinking and I said, If I drink a lot of become a bit wobbly on my feet and your age of worry about falls.
- 00:35:24And he said, if I'm honest here. I've had three falls already so we kind of suddenly realize we're talking about a very different thing to Ms. K.
- 00:35:33And he said, I said, Tell me, tell me about your drinking what seas and he was drinking. About three bottles of wine a day from lunchtime.
- 00:35:40He said, I used to have a really good job in the city. And then when I finished I got into motorbikes.
- 00:35:46And I had a group of friends. We used to tinker with motorbikes. He said, Now I'm not allowed to do motorboats in our I've got drink.
- 00:35:52And so it's just kind of exploring that and finding out how he was going to change it.
- 00:35:57And at the end, he he he said he go down to half a bottle in the afternoon, which we all agreed was fabulous.
- 00:36:03And actually we talked about men in sheds, which I do a little plug for men and chips, which is a brilliant organization, getting people together.
- 00:36:10So that's nothing to do with my physio training, but it's something about that level of experience and patient mileage and just being able to talk honestly with people.

- 00:36:19And the second example, and I'm sure I'm probably running over to overtime and and this is this specific person. This is an amalgamation for about 10 patients.
- 00:36:28But it's the lady, probably about my age coming in with multiple joint pain. So she comes in one week with her knee one week with her Achilles tendon one week with her shoulder.
- 00:36:38And actually rather than treating that as different MS K conditions coming in.
- 00:36:42Just try to talk a bit more trying to talk about. In fact, are you lonely. Do you have depression. Do you have stress obviously wouldn't say it in these terms.
- 00:36:51But actually talking about mentors. So I've started talking about menopause, lots of lots of my patients now.
- 00:36:57And it's amazing the kind of missing links and actually that's why I've gone away and learned. So I've been a physio for 30 years but something I learned about menopause and it's very good webcast out there from the ACP. So I think it's just the breadth of what we're doing and the
- 00:37:12great honor of being there right at the beginning of the patient's journey to think we can actually make make a real difference. And I think that's me. Done.

marie-clare wadley

00:37:22Sally fabulous always amazing to hear from you. You've always been ahead of the curve and you clearly carving the path for FC Ps and we can learn so much from you so

- 00:37:33There's some some fabulous questions coming in at Jane says, and I think you possibly have answered this, but we can go with it was the most fulfilling part of your part of being an FCP and conversely, what is the biggest challenge. Yeah.
- 00:37:50So feel free to expand to that I've got questions coming in thick and fast cat. Can you help me out here.

sally York

00:37:57And I'd say,

- 00:38:00I'm the biggest challenge probably is time. So it's interesting in primary care patients don't expect you to run to time as much as they do in physio departments.
- 00:38:10So when we started pre coven is busy apologizing for being five minutes late, and patients were like really, no. This is the quickest I've ever been seen.
- 00:38:18But some patients will take you longer some patients take you half an hour 40 minutes. Some patients, you can't
- 00:38:24Interrupt and then some will take five or 10 minutes so it's moving away. It's not a physio assessment June left side collection on every patient is not what you need to be doing. So it's really tailoring your consultation with the patient in front of you.

marie-clare wadley

00:38:39There's a great one from Ramsey saying regarding the caseload and quick turnaround, do you and your FCP staff manage this. Do you have any issues with burnout really really good point and DRM recommend full time FCP or various cross departmental roles. Brilliant question.

sally York

00:38:58Brilliant question. I think you've answered it already. Actually I think burnout is a real problem and isolation is real problem.

- 00:39:04And so that's why i mean i'm really pushing our model that we have a FCP doing a maximum of three sessions a week and the rest of the time they're still with their team of advanced practitioners or Vizio osteopathy
- 00:39:16I think when I do a full day of FCP so morning and afternoon sets to for our sessions. I'm completely exhausted by the end of it, and it's not physically exhausting. It's, it's kind of emotionally thinking exhausting.
- 00:39:28And I would say the people who struggle with this are the people I really respect her reflectors, because I'm not a good reflective. But if you like to think a lot, but for saying things
- 00:39:38And then it's harder for those people. You can learn it, you can adapt, but it's a the people who like lots of pauses and time to

think about what they're doing your struggle more with it. I'm sure you come up with much better solutions than I ever do. But being a reflector is a challenge.

marie-clare wadley

00:39:54Sorry, I'm going to ask you to really great questions. There are a few more in here that I probably need you to answer anyway. And there's definitely a few for

- 00:40:03The lovely Beverly harden, who I think can answer about the bigger picture of FCP but there was a great one here, which is very, very masculine, delete, or do you need to be able, this is from Nick, do you need to be able to inject an ultrasound scan for FCP roles.

sally York

00:40:22No, you don't. But it's great if you do so in my particular GP practice. I have another FCP working with me. He does injections. So we swap between us. So I will organize their shoulder injection. Then I'll book them in with her to have an injection. But otherwise, use your local MS K pathway.

marie-clare wadley

00:40:38Okay. And I've lost the other one that I thought was, I think it's from neck again but on it's a different name. Given the current waiting list for intermediates and secondary care, Ms. K physio are there are other FCP is treating during sessions.

sally York

00:40:56You know, that's really good question. I hope not.

- 00:40:59Most patients say to me, I don't actually want treatment. I just want to know what's wrong with me and I want to know what I should be doing about it.
- 00:41:06So I repeat, and referral into intermediate care for you and secondary care.
- 00:41:10Is lower than the national average and packed with covert referral rate into physios gone to them to 9% which is about half for us was pre covert I've got some interesting data comparing pre and post coated
- 00:41:22With FCP clinics. But no, I think if we get there right at the beginning before people start filling community and sensitization, and all the other words that people have
- 00:41:31I think we're going to make a huge difference. And I think that's what's really exciting about having Sep I think it could really change the journeys, we have for our patients.

marie-clare wadley

00:41:40I'm going to ask you one more Corker because it's a little left of the field. And I like that. And there's some fabulous questions coming in. But this is a great one from Karen. This is great. Sally, I am trained as both MS K and pelvic care P O GP got great for dyslexic physio

- 00:41:59And predominantly working in prior pelvic health at the moment, but we'd like to consider a bit of a career move into FCP it's nice to hear that you talk about the wider, more holistic approach and the and that excites me. What would you advise as my next step.

sally York

00:42:18What was the name of the lead you ask the question.

marie-clare wadley

00:42:20Karen irons.

sally York

00:42:21Heroin come and work for me.

Unknown Speaker

00:42:23Because

sally York

00:42:25Actually, there is a job advert going out next week. Not that it's a plug and literally on talking to a couple of their partners in my practice next week because he was saying what

- 00:42:35It's a nice, he said, what else can you do is with us because we love you being part of the practice, but can you do other stuff other than Ms. K.
- 00:42:41And so we're actually going to meet the GPS and they want to talk to us as primary care conditions and thinking about other roles we could be doing
- 00:42:48But actually that's exactly. I was thinking we will be brilliant at doing women's health, wouldn't we within I know Amanda enhancement group has done.
- 00:42:54Excellent frailty work blah sync in terms of women's health. I think we'd be in a really good position to do that within primary care.
- 00:43:02So if there's videos out there who are women's health and Ms. K. I think this could be a really good role for you. And I think you'd have a really good offer for for GP practices. So yes, come and come and see me.

marie-clare wadley

00:43:16Brilliant. Thank you, Sally, and there are loads more questions in the chat and we'll need to get back to those and and i think Karen's got a couple of job offers but

- 00:43:28So thank you, you are fabulous. Thank you.

Unknown Speaker

00:43:32Sally and now it's like sometimes very good to see the car.

Matthew Carr

00:43:39Right. Evening everyone and products to follow. Great job, Amanda. Karen and Sally good tilting MC and yeah I'm

- 00:43:48We've only had 169 participants now. So we've only had four people drop off. So I'm still pleased that so many people are still here this evening interested in FCP
- 00:43:57And and it's all new. I think one of the things that we've got to reflect on is, it's a really new field that we've got a lot to learn from each other. So it's great to have so many people here that we can learn from
- 00:44:08And so the reason I'm here this evening and I do feel like a little bit of fraud, because I'm not doing any FCP work.
- 00:44:15But I was asked to come on this evening to share some of the experiences I've
- 00:44:20Been involved with with setting up FCP services across the East Sussex, and to reflect on some of the research I'm involved in about developing clinical expertise and how we need to consider different
- 00:44:32Peer Support in terms of setting up clinical expertise and pathways for clinical expertise development within FCP roles.
- 00:44:40So my name is Matthew on the clinical director for the MS K services through Sussex, and in my role we have both NHS and private providers delivering
- 00:44:51The NHS service across much of East Sussex. And in, in my clinical director role. One of the key things that I've had to lead on is how we move to position to influence
- 00:45:05And ensure that there's a good and robust service of FCP across the whole of the sauce it because the fundamental
- 00:45:13Issue of CPS that when you're setting up a service that you've got to remember is that the GPS or in the driving seat the GPs are the decision makers.

- 00:45:22They have to control, but we can actively influence. And for anyone out there who's keen to get involved with delivering FCP services think that's a real key message to remember
- 00:45:35And to be able to influence. We have power in numbers. And so one of the things that in a Sussex, we did when we were setting up FCP services.
- 00:45:44Is we recognize that if if we don't do this as a joint voice and and form a common model that we can go out and pitch to GPs to say
- 00:45:53You know what, I know you're in control, but you don't know what you don't know. So this is what you need to consider if you want to have a good robust and future proof FCP service.
- 00:46:04For for the future. And as a result of that we have nine primary care networks. Who are the people who the GP practices that come together to commission FCP services.
- 00:46:15And out of the nine F prime. We can networks, we've now got eight of them wanting to work with local providers to deliver FCP services.
- 00:46:23So one of the things I really urge people to do is reach out to other FCP in their local area, whether they're NHS providers, whether their private providers.
- 00:46:32And just try to understand what models of care. They've set up and what models of practice. They work to principles they work to
- 00:46:40Because we don't want to see people trying to undercut other people. So we've got a common model where each appointment is 20 minutes
- 00:46:47We don't budge on that. And when we pitch it to GPS when they try to challenge us because we have a voice of numbers, we say, well, that's the best model to deliver care for patients. If you want to try and seek that from someone else.
- 00:46:59Please feel free, but because there isn't anyone else because everybody's come on board with us and it's meant that they they've actively have to work with us in some ways.
- 00:47:09So I wouldn't, I would stress that, if anyone's thinking of taking up these FCP roles linking with others and influencing the GPS and having a common model.
- 00:47:19Is really important, but I would suggest that the other thing that we've been really strong on is governance and when I say governance, I think it's really that word is open to interpretation. And a lot of people
- 00:47:32Think, think of governance in different ways. But what we've done as

- 00:47:37A collaborative physio provides working together is we've used Amanda's great work in the standardized templates which produces
- 00:47:46Automatic reports, when you're in FCP roles to produce standardized data sets, but then together locally. We've also devised local measures for understanding the effectiveness of the FCP services and as a as a unit where we're looking at that data every month and building
- 00:48:06A common model of reporting that we can feed back to GPS about our referral trends about our
- 00:48:13Diagnostic request rates etc and able to then look at variation within practice. So the, the goal that we're working towards is having a costly.
- 00:48:23FCP Governance Forum, where we collectively, look at the data and look at variants of practice and we can do that. And it's all quite automated because the fab work that
- 00:48:33Amanda's done with some others in NHS digital and making sure that data reporting is automated. So anyone who doesn't know about that stuff go and have a look at look at that because
- 00:48:45Because you can automatically produce reports that spits out levels of MS K appointment.
- 00:48:51Per practice size levels of diagnostic request rates, etc. And now we're starting to get data through, we can see commonality in certain behaviors. And then we can see some real variances and by working together to understand those variances, you can really improve the
- 00:49:07Quality of practice.
- 00:49:10The other bit that I just wanted to touch on was my interest in how we develop MS K clinical expertise and and from the research that I've been involved in and continue to be involved in all that is is
- 00:49:22I want to just to reflect on that with the FCP role and from my viewpoint, there's three elements of developing expertise within MS K physiotherapy
- 00:49:31And one of them, one of those three facets is scientific or technical knowledge so so testing knowledge that you have to be able to demonstrate, you know,
- 00:49:42And people have touched on this already this evening, that there are modules out there. Level seven modules, where basically you have to demonstrate, you've got a robust level of
- 00:49:52empirical knowledge or technical knowledge and what you're doing to to demonstrate the if you've got that that base level of skill before you enter these roles.

- 00:50:02Or when you're retrospectively doing your portfolio to demonstrate, you've got that level of knowledge. But that's only one facet of expertise.
- 00:50:10And the second facet is is understanding the ethics and the system you work within. And so that's what I really liked Sally's message was you're not trying to be a physiotherapist in a 20 minute appointment in primary care.
- 00:50:24You're trying to deliver a very different role of assessment assurance reducing people's anxieties looking outside your scope of practice. But recognizing when you're
- 00:50:35When you're working within your scope of practice. So you've really got to take your physio hat off in terms of your treatment physiotherapy hats off and put on an SCP hat, which is a very different role.
- 00:50:47Which is why I think again, going back to that message of we're better in with with large numbers, we can sort of debate and and have sessions of exploring how we're doing it well and how we're not
- 00:51:00So the third bit and the bit. I'll leave everyone on is of the third facet of expertise is practice based knowledge. Now this is one thing I'm really quite
- 00:51:10Excited about but also quite nervous about is with these FCP roles being new roles. Nobody's going to be expert at them at the moment and Amanda's pushing ahead but I'm sure she agree with me that to develop expertise in these roles, you need to be in them for a good three
- 00:51:26510 years
- 00:51:28And you need to be
- 00:51:30You need to be reflecting and practice. You need to be exploring what works. Well, what doesn't work well and you can only do that by being in practice in these roles and and the other
- 00:51:42And to do that, well, you really need to be observed in practice doing these roles. So one thing that we're going to try to develop is a framework of being able to
- 00:51:52Watch and observe people in clinic to to do that in a collaborative way do it in a constructive way doing IT doing it within a culture where people are happy to share their experiences and happy to
- 00:52:06Feedback on what they would have done differently because we can only become expert in our practice if we can be open to people seeing us in practice.

- 00:52:14So we're at the start of an of a long journey and this is quite exciting for physiotherapy because this is adding another facet to to our profession.
- 00:52:23But we've got to get the basics right with the with the the scientific and technical knowledge which is a fairly easy bit to get done.
- 00:52:32We need to make sure we we put our hat on as an FCP rather than a tracing physiotherapist to recognize that we're there to give that early
- 00:52:41Diagnosis that early assessment that early advice to get people into the right system that they need to be in
- 00:52:48And we need to recognize that we won't become expert unless we share our learning share our practice and open up to wider groups of clinical teams so that we can do that. So that's all I wanted to share with you at this point, but I'm happy to take any questions.

Kat

00:53:07THANKS VERY MUCH, MATTHEW that's very interesting talk. We've got a few questions for you.

- 00:53:12So the first one is from Ian how you recording local data without generating lots of extra work. The SCP we already use templates currently having to without a lengthy spreadsheet to

Matthew Carr

00:53:24Yeah, good question.

- 00:53:26So we work with the NHS digital team locally. So the most places have developed integrated care system. So we've got
- 00:53:36Us the sauce, it's integrated care system and there are others locally.
- 00:53:41And we've worked with the digital lead there who's worked worked with us to make sure that everything that is possible to generate from Ms and system one
- 00:53:49Which are the two common systems that are used in our primary care networks.

- 00:53:53Can be used to its full advantage. So by doing that the lead FCP is literally click one button on the first of the month to run a standard report that spits out most
- 00:54:0480% of the data that we need. So that means that with the job planning that we've done with our FCP where they do have a proportion of their time allocated to non clinical contact time
- 00:54:16That the actual delving into local data is very limited.
- 00:54:20Most of what they do comes from the top level reporting that's that's the automated version from a missile system one I'm no expert in it. I had to link in with Hillary Connor is our digital lead for the integrated care system.

Kat

00:54:35Thank you very much. And there's been a couple of questions in regards to what's happening through coded where they've said they've had an increase in time.

- 00:54:44For their session. So there's one said, I'm an f f t FCP sorry I'm not an FTP persons the abbreviations are a little bit of skill.
- 00:54:52And I have 30 minutes initial and 15 minutes so follow up. So I'm guessing if needed. So is that something that you've noticed as well with the CO bid process or

Matthew Carr

00:55:01No, that's, that's not something we've

- 00:55:03Experienced loss of capital.
- 00:55:05Standard 20 minute appointment.
- 00:55:07And we don't per se have follow ups like
- 00:55:11That if any imaging is requested because of the governance that's followed up in the community. Ms. K service if people are on put on
- 00:55:20Active monitoring, if you like, and and can come back for further management of that condition, they'll be followed up within a standard 20 minute appointment.
- 00:55:28We haven't shifted from the timeframes, but we have shifted in some of the practices to delivering telephone consultations.

- 00:55:35And I think telephone consultations can work well for certain cohorts of patients where you can do that bespoke task with the information you can gather from a telephone assessment.
- 00:55:46So if you think about it for the role of an FCP being collecting the subjective history and formulating a differential diagnosis, giving
- 00:55:56Patients and initial advice and guidance and then giving them advice on what to do if things don't progress in the way that you would expect.
- 00:56:03That can be achieved quite well over telephone consultation, you can achieve those tasks. If you've got a complex presentation where you need to
- 00:56:14Evaluate that against the objective findings and obviously you can't do that well from the subjective assessment on the telephone. So we've changed model, but
- 00:56:23Where for that example. We would then bring that patient in for further appointment, but we haven't. And we've changed model where we embrace telephone consultations, but we haven't changed appointment times

Unknown Speaker

00:56:48Okay, do you think we covered all of the questions tab.

marie-clare wadley

00:56:55As it was one from Phillip Harris, Matt, how much time do you give over to add them in. And I'd like to add to that, how much time do you give over to supervision.

Matthew Carr

00:57:06Yeah, that's a really interesting point. And that's where power in numbers is so important. I've acted engaged with over 43 GP practices and then now formed into nine PCN

- 00:57:18They all want maximum patient facing time. Absolutely, and I and as we've suggested, and as you can see, there's a lot of work to demonstrate your learning
- 00:57:28And if you don't have space built within your job plan, you're not going to be able to do that unless you do that in your own time.
- 00:57:33So by coming together with all of the providers of FCP in a Sussex. We have carved out a model where an
- 00:57:41Elite FCP which is our eight AFC because they have if I'm by memory. If it's a 37 and a half hour they have something like is somewhere between 31 and 33 hours of I think it's 31 clinical hours.
- 00:57:57Yes, they do. So a full time equivalent has 31 clinical hours. So we've carved out the, the remaining 6.5 to be non patient facing time that involves some GP training that involve some personal reflection time that involves as a lead FCP supervising your
- 00:58:17FCP or band seven and colleagues. So, when am because we were able to take our standard model tool of the PCs. They all push back and they all wanted more patient facing time
- 00:58:28But we were basically saying, well, if you want that go and find it elsewhere. And then they couldn't. So they all came to us.

marie-clare wadley

00:58:36Okay, so I think the take home message is stand your ground a bit and make sure that you get your supervision in there as well as your admin time

- 00:58:46And I'm just going to ask one one thing of people who are here this evening. That is a term and Khan, who is starting a new FCP role in Swindon and wants to connect with people in the local area.
- 00:59:04Just to just to help them out for a bit and networking cat. Have you got anything else that you can pick out from that.

Kat

00:59:12The majority and there's lots of general discussion going on the

- 00:59:15Hit a few the questions, but I think we've got most of them for you, Matthew has any I've missed that obviously we'll go back to

the chat later and answer any of them. Thank you very much. That was very interesting.

marie-clare wadley

00:59:26And please do use this as a networking opportunity because we're all a bit free flying at the moment.

Unknown Speaker

00:59:33Lovely, thank you right now.

- 00:59:36I'd like to move on to Jane Mitchell, who is
- 00:59:39The CSP professional advisor.

Jane Mitchell

00:59:49Sorry, I'm

- 00:59:50unmuted myself.
- 00:59:52Right.
- 00:59:57I'm sorry, I'm having trouble getting the slideshow stuck. There we go.
- 01:00:03Hi I'm. My name is Jane Mitchell. I'm the professional advisor for the Southwest, but I'm part of the FCP implementation core team and CSP as well. And I've been asked to speak briefly about where we see FCP going in 2021 but also talking about
- 01:00:22peer support local training opportunities and other things like that. I put my email on
- 01:00:30And I'm very happy if the gentleman, or the person from Swindon would like to contact me because that's in my patch and I can try and link them with other FCP
- 01:00:40To get some support locally. If they can't find any. I'm also on Twitter at j no net
- 01:00:48So I've messaged me to dislike directly from the South Central and West commissioning Support Unit workforce mobilization report that was published in June this year.

- 01:01:00And it sets out really what the expectations are of the FCP workforce evolution over the next couple of years and it's it's set up into their regions, rather than our region. So I think most of us are covered within
- 01:01:15Southeast and Southwest. So you can see that really by April 23 we should have double the amount of FCP that we have in each area and by then we have in March this year march 21
- 01:01:31All the GOP all the primary care networks have submitted their workforce plans, up until the end of March and 21 and I know that by the end of October, they're looking to
- 01:01:43Have their workforce plan submitted for the next financial year as well. So really,
- 01:01:50I'm not sure where the FTP rollout is happening or how quickly it's happening in your regions, it sounds like it's rolling. Well, in my my area in southwest, we have some Arizona do really well. Like some sentence got
- 01:02:05Over 92% FCP coverage and and there are other areas that they're still finding their way and we next year, we're really focusing on
- 01:02:18Supporting the rollout of FCP in more more primary can networks NHS England and really driving this now. So we're we are kind of thing and more of a supporting role.
- 01:02:30In the, in the rollout and then linking with any Jesse and NHS and health, education, England, and with the support and workforce development. So that's really quick.
- 01:02:44Overview of where we're going, we're also looking at connecting Asif ease together so that they're getting to getting more support and and we're also looking
- 01:02:55To
- 01:02:57support those people that are evolving into the road.
- 01:03:02What would like to cut really as primary care training comes in and I apologize for those of you that know all about this.
- 01:03:08But they, as it says their work virtual networks of education service providers and they play a key role in supporting
- 01:03:16Education training in primary care setting. They were originally called GPU training helps, but now they've evolved to look at the most professional training and they will be supporting
- 01:03:28The training and education in the supervisors, but also supporting primary and networks to enable their FCP to
- 01:03:37Get the skills that they're required to become Accredited
- 01:03:42So I've got a little video here that just shows you a bit more about what a primary care training hub is let's just dive in and out. So I'll just play this for a moment, and then I'll come back to

Unknown Speaker

01:04:00The to our core purpose of helping deliver excellent health care to education and training to our current and future workforce meeting the priorities outlined in the NHS long term plan they are based in primary and community care to serve the local community.

Unknown Speaker

01:04:19By focusing on health care priorities training hubs in partnership with other educational providers such as universities and primary care schools will facilitate or provide training and professional development opportunities for the workforce of today. And if the future.

Unknown Speaker

01:04:37Training helps work with key stakeholders, such as primary care networks, sustainability and transformation partnerships STP and integrated care systems to enable educational transformation that is right for the local area.

Unknown Speaker

01:04:53Training hubs core role is to increase placements by working with educational providers to ensure their quality learning environments facilitate student placements in primary care, such as GP practices to allow learners to gain more exposure and experience.

Unknown Speaker

01:05:11Support the promotion of primary care as a great place to work at all stages of career development from school on with

Unknown Speaker

01:05:19Act as a single point of contact for workforce education initiatives in the area, making it easier for individuals to access information regarding education and training.

Unknown Speaker

01:05:31Work with NHS England and the NHS improvement to help retain staff throughout their career from start to finish, for example through the Fellowship programs.

Unknown Speaker

01:05:42So how can training hubs benefit you. They enable and facilitate new and existing roles in primary care as part of a multi disciplinary team.

Unknown Speaker

01:05:51To include roles such as physician associate Ness social prescribing link worker and clinical pharmacist, they can help to facilitate training clinical staff to supervise or mentor students on placements.

Unknown Speaker

01:06:06They support the development of the multi disciplinary team and they support the facilitation of CPD of the workforce working in primary care.

Unknown Speaker

01:06:16You can work with your training hub to identify opportunities to upscale which will ultimately benefit the care your patients receive

Unknown Speaker

01:06:25For more information, please visit www dot ATT dot NHS UK forward slash forward slash training hard

Unknown Speaker

01:06:41Just

-

Jane Mitchell

01:06:43share my screen back to the presentation.

- 01:06:50Let's have thought this time of night we might need a bit of sunshine.
- 01:06:53So,
- 01:06:56The term care tractor started in primary care training hubs are available to anybody that was in primary care setting.
- 01:07:04So if you're starting out in the first contact in your own if you're already in one is, it would be really beneficial to find out who your training.
- 01:07:11Have lead. These are what's happening in your region. I live in Cornwall and down here, they're being very proactive in the primary care hubs and they're looking at setting up communities of practice.
- 01:07:23Which is for the multidisciplinary team to have peer support facilitated by the primary care training helps
- 01:07:30Understand that this, this isn't as evolved in other areas and not all primary care training comes directly
- 01:07:36At the same level of development, but they are very much linked into the work to health, education, England's doing and the NHS England is doing around first contact physiotherapy

- 01:07:48It's really worth looking at how you can engage with your local health because they will help you with the learning and development needs.
- 01:07:56And this I thought this picture sort of summed it up quite well in the bag. You know, they have started the ones I think really that
- 01:08:04Would help the first contact physiotherapists to evolve into their role and coordinating education programs helping you to embed your role within the practice and supporting yourself and your primary care colleagues throughout your careers.
- 01:08:22And and also supporting in CPD, which is also already discussed.
- 01:08:28We're also very keen to see CSP to encourage the formation of peer support networks.
- 01:08:35What they can vary in shape or size and quite a lot of areas have developed them. So I'm sure that you already have some networks. But again, if I look at the southwest. We have
- 01:08:46Somerset wide network of the
- 01:08:50NHS providers, but we've also got a much smaller network facilitated by an independent first contact practitioner. Who's, who's pulled together as a group of other independent practitioners to support each other. So when are they happening.
- 01:09:08Again, it depends on, on what the localities, like, but you don't have to live in an area or work in an area to be part of peer support network so
- 01:09:18One of the networks in Southwest hasn't hasn't members from sunset Cornwall Devon, and I think they've got a gentleman from Amanda's neck of the woods as well so that they're all linking in with each other, they're acting as peer support they are
- 01:09:36Very aware that people in this role, and if you don't come from a main and it just provide a can be isolated so they using these networks.
- 01:09:46As body support, but also they're going to use it to to work through their portfolios and do joined joined up learning and bring one person and to speak to all of them to cover different parts of what they're going to be expected to do
- 01:10:04And when are they happening is they tend to start meeting together.
- 01:10:11During shorter periods of time, they're moving to a month and some are actually new new further apart.
- 01:10:16And there's no optimum size, but from talking to people who have set the month they would suggest that really, if you

wanted a tight knit peer support group that eight seems to be a number that works quite well.

- 01:10:33If you're looking to set one up and you don't have any nearby contacts. If you are an independent FCP
- 01:10:41And you can contact your CSP regional network Western Regional professional advisor or myself or the FCP email that I'll give you at the end.
- 01:10:52And we can do this work to find out other people that are looking to network together. We're very keen to build these communities of practice within FCP but also then to link with what
- 01:11:04The primary care training comes in looking at
- 01:11:08And
- 01:11:10What what I'm, what I'm seeing again in in in my area and where I'm hearing, we are getting FCP coming in from all diverse backgrounds, from probably from
- 01:11:22Acute trusts from Community trusts. We've got some who are directly employed by the PCs, you've got something private practitioners
- 01:11:31And for these peer support networks to work well. We need to keep them clinically focused and looking at the needs of the patients as well as the FCP themselves so trying not to have employment.
- 01:11:45As a
- 01:11:46Barrier to being part of a peer support network. So they have the ability to support each other, whether you're employed by
- 01:11:57PCN directly or big major provided because it's about improving quality of care, but also protecting our clinicians, then they're not feeling isolated and hopefully if people are starting to feel burnt out your peer support network should be able to support you in particular it
- 01:12:15So that's why I really wanted to say I've given this for another Portuguese beach sunset there.
- 01:12:22But if you want any more support or advice with the FTP implicate their implementation or any information on how to
- 01:12:31Find a peer support network. If you're interested in setting one up and you'd like a little bit of support and please contact either myself or this SCP
- 01:12:41Email address on the screen at the moment, and we'll see how we can help you all of your regional professional advisors have been asked to support
- 01:12:50The evolution of peer support networks and will also be coming out and asking you what's happening in your area we're trying to get a really good picture together.

- 01:13:00Of how this rolling out across the UK, not just England and and it's quite difficult. So, you know, if you can give us lots of information. That'd be brand because it will help us all. We're all on this journey of
- 01:13:17Evolving SCP so try and do it together. Thank you, watching something

Sarah-Jane Ryan

01:13:24Insane. That's great. And the main questions were just more about whether you knew of the training hopes that already existed. So were you aware of any in central Sussex in heart share and how they go about finding their local code.

Jane Mitchell

01:13:39Um, I, my understanding is that it just TP area does have a primary care training of us to have for each area is evolved. I'm not sure, but the your medical director of PCN or

- 01:13:55Somebody who yeah somebody within the PCN should be able to tell you all your clinical commissioning groups should be able to tell you, and
- 01:14:04All your health, education, England, right, those kind of people that can tell you, but if you're working in a practice, I would, I would ask your, your GP in the practice and they should be able to link you and

Sarah-Jane Ryan

01:14:16It's great. Thanks, Jay. And just people were asking about access to current networks and the FTP current networks. Is there a list anywhere. Is it best just to email the FTP email address.

Jane Mitchell

01:14:29There isn't a list, but I kind of see myself in my region as a bit of a Cilla Black putting people together and they're blind date. So if, if, if people come to me in an area, saying, I've just started off as a

- 01:14:40FCP I really need to make contact with others are now learning others around and I can say join this group are smaller groups are getting fuller in the southwest.
- 01:14:51So what ideally somebody who's bit more experienced and then break off and facilitate another group, but it's very much about peer support. So there's nobody particularly leading leading it. It's about working together the clinician supporting each other.
- 01:15:07And then, but yeah, drop us a line and we can you know if you couldn't you really can't find anybody give us the sharks. I'm sure we'll find you somebody

Sarah-Jane Ryan

01:15:14Yeah, that's great. And this is why events like this are fantastic, really, to be able to come in and copy it. Thanks Jane handing back to Mindy, please.

Unknown Speaker

01:15:22Access J. Right. I'm just going to mix it up a bit and bring on some polls.

- 01:15:29So I'm just going to launch the first poll, just like to see we've got 160 people on the call. So just be good for us to get a bit of information as to your background and where you're based. And so first of all, and it would just be good to know how your employees next ep
- 01:15:47So obviously, those of you on the call the RFC
- 01:15:49Days. If you could just tell us to. So you've got an idea of where you are in the system.
- 01:16:03It's a slight pause while I that everyone answer and then I'll share the results in a minute, just so that you can see
- 01:16:10where everyone's coming from
- 01:16:15I've got two more quick questions after this. And then we're going to go straight to the the Q AMP a
- 01:16:30Okay, I'll just share the results.

- 01:16:35That's interesting. Split actually with the majority of you employed by a larger provider business case services like okay, I'm just going to launch another poll now.
- 01:16:51So don't stay with that one.
- 01:16:58And then I just want to find out from you how you're currently networking and then I went I know a few of you have asked questions about networking, but it is good to find out from you or where you are at the moment with that.
- 01:17:35Okay.
- 01:17:38Most of you have applied. So I'm just going to show themselves for that one. As you can see a lot of you aren't currently linked to a local group recipe so
- 01:17:47That's good information for us to know and we're actually going to after this event and send you a survey with some questions about Sep so it'd be really good.
- 01:18:00To find out more from you about what we can do in terms of offering a sort of a group or facilitate a networking group be well I'm obviously we have got our FCP I CSP network, we've been testing to see what we need on a more local level by account going to stop.
- 01:18:20The polling now and I'm just going to hand over to the fantastic south central and south east coast.
- 01:18:29Core team and that have kind of volunteer their time tonight to host this event and also filled the questions. So this is now the general Q AMP a session.
- 01:18:40civil use this time to lock up some of the questions that were announced earlier and also for you to pose any more questions to our panel of presenters and so can I go back to a member of the core team. If you've got any questions that you want to pose, one of the presenters.
- 01:19:03Or do you like to just go into the chat.

Kat

01:19:05Was one question that I saw earlier that

- 01:19:08Will be quite interesting to answer is the deadline.
- 01:19:11For the portfolios and that 2022 deadline is there for physios only or they've all HP

amandahensman-crook

01:19:19And currently, it's set in stone for physios and the paramedics actually have a different one. But it's not been announced yet.

- 01:19:25So I'm not
- 01:19:26Going to be doing that. So I'm not going to say it's going to be the same for all of them, but certainly by 2022 you would expect all of them to be on the same definitely by 2020 they'll be all needing to be completely trained when they go into primary care. Okay.

Kat

01:19:43Thank you.

- 01:19:45And there's another one from Mackey that came up earlier on, which was
- 01:19:52And I can't be bothered, I would ignore that one. Sorry.

marie-clare wadley

01:19:57Know that I saw one from

- 01:19:58Josh, do the majority of FCP not prescribe exercises in order to attempt to manage the person in primary care and prevent onward referral.
- 01:20:10And if I have phrase that really badly. Josh, please feel free to ask the question yourself to whichever fabulous person we have here this evening.

sally York

01:20:25Thank you coming on that while we're waiting

marie-clare wadley

01:20:28Great Sally, please.

sally York

01:20:30And so yes, when I'm

- 01:20:33When it's appropriate. We are. I do use exercise with patients with in primary care or use
- 01:20:40Our website which is excellent and I use a different is something called we have lab.
- 01:20:45But I think it's only when their patients really signed up signed up to that. And that's something they want and also with physio waiting times five referred somebody on physio
- 01:20:54Quite often I get them something, give them something to get started with on the basis that them better. They don't need to go through to physio so yes it's a part, but it's the icing on the cake. It's not the main part of what I'm doing with patients.

Unknown Speaker

01:21:07Thank you. Sorry.

Kat

01:21:11There's a couple of questions in regards to the virtual roles, which I think is become a bit more prevalent over the last few months and

- 01:21:17And people are trying to look at this one from Kathy's and I'm starting a virtual SAP Rolf HTTPS. So is there anyone else and similar post, you can have ideas.
- 01:21:26And there was one earlier on in regards to telephone triage before you see them as an STP. And is there any links or any any benefit for doing that.
- 01:21:35I'm sorry, who asked asked for, but it down.

amandahensman-crook

01:21:39Let's start on that.

Kat

01:21:41Yeah, yeah. Good.

amandahensman-crook

01:21:43Lisa first one I'm curious about. I just like to expand on the question of virtual FCP role is that

- 01:21:50Just left CP role on it saying is that actually a thing.

Kat

01:21:54It's wrong. Kathy's I didn't know Kathy wants to jump in and explain a bit more but she wants what she means by that.

kathy

01:22:02How I do that.

- 01:22:04Through

Kat

01:22:05Yes, you have to

kathy

01:22:07See, um, it's a new role it's been

- 01:22:11Come out through my employer for the
- 01:22:14Healthcare business services and it's working as an SCP for initially it's AXA PPP so basically patients are coming on and
- 01:22:29So it's been done over a video link. So it's just the same as the FCP roles that you're doing in GP surgeries.
- 01:22:36With assessment on would referral.
- 01:22:41Further further investigations referring into secondary care if required.
- 01:22:47So it's a new role is just starting with us in our in in this area, and I've just wondering if there's anyone else doing it.

amandahensman-crook

01:22:55I think my question for that. Cathy, is it goes back to what would you do if you needed to see somebody to check for reflex. And how are you going to roll out or red flags. If you're not seeing a patient face to face or hands and finally cancers and things

kathy

01:23:09It some is done through the subjective and objective. You know what we can over the, over the video link, but obviously there's if there's red flags being picked up, then you refer them on to consultant or to the GP.

- 01:23:27To their to their own services, the MS K pathway services.

amandahensman-crook

01:23:33Okay, thank you.

Kat

01:23:35Thank you, Cathy

- 01:23:41And

- 01:23:41I'm not coming on. Yes, please be messy.

Matthew Carr

01:23:44It's just said, and because of covert two of the pieces that we work with that because of space issues that they had within the GP practice.

- 01:23:53To have our FCP did have to move to virtual consultations for part of their time.
- 01:23:58And with that scenario that Cathy just described, if they recognize that there was a patient that was at risk of any of those
- 01:24:05Serious conditions they would bring them in very quickly for that assessment. So there is
- 01:24:12It's not common practice across the whole of our models across the Sussex that because they were forced into that way of working, we're using that Collaborative Governance Forum to look at the value of virtual consultation.
- 01:24:25And where it is helpful. So we haven't rolled it out yet, but we're still continuing to look at its value.

Kat

01:24:37Question specifically for Sally. Do you have a database of patient information. You may provide patients with an assessment or do you use any generic patient information sites, for example, the NHS CSP, etc.

sally York

01:24:57So you talked about patient information do you think can kind of sources of information.

Kat

01:25:02It came from Phil Harris and it sounds. Yeah, from the question interpretation of the patient information, but unless they wanted to expand on that.

sally York

01:25:10So maybe I use a little bit of a plug, but the Sussex. Ms. K partnership central website we completely revamped to encode and it's it's really excellent. We've got huge

- 01:25:20Amount of patient information videos.
- 01:25:22And links to NHS websites as well. So let's go and have a play on it spent about 10 minutes going through the different things that so she is trying to be really patient friendly and it's been designed with patients. So I start with that.
- 01:25:36And then we do collect some of our favorite things. So I said earlier menopause matters brilliant websites is only I've got the link for that. So it's almost like you
- 01:25:44Create your own little library of things that you find useful that aren't standard Lee on MS K
- 01:25:49Websites, so I'm on Google drivers as FCP we kind of collect things together. So if we seen a good
- 01:25:57Webinar or something like that. So we kind of collect these resources and that is patient information as well. But no, start with website. And if you ever want specific information really happy for you to contact me.

marie-clare wadley

01:26:11I've just seen a lovely, lovely.

- 01:26:15Thing in the chat that I have to share with you. There's a Leroy home here. I am a student here looking to volunteerism FCP clinic in Oxford
- 01:26:25Please email. So if anyone is in or around Oxford chair that can help this student out and let's get our undergrads out there and starting to learn right from the
- 01:26:47Catherine do FCP discuss work as an outcome. What training experience, do they have in work or ergonomics.

sally York

01:27:01To be taken that

- 01:27:03Valley. Oh, I just went along to an OT conference once, which was really exciting being the only person in blue trousers in the room.
- 01:27:12But that was talking about the HP fit note so partly let's let's celebrate allied health professional networks.
- 01:27:20And I think if you do some work and occupational health. That's great, using the techniques, great, but get to know your local duties, get them to come and talk to you as a group, as a group, was an FTP group because they're fabulous at this. They really are.

marie-clare wadley

01:27:36Fantastic brilliant HP attitude. Love it.

- 01:27:41And I saw, I also saw another one from Katie which caught my eye, and I've lost it. Again, if there's too many of you asking questions. This is outrageous I'm
- 01:27:55Sorry, can't find that cat. Your turn. Oh, it was from now, I've lost it again cat. Your turn.

Kat

01:28:06Quite a lot of the questions can be answered. And it's general discussions and see if there's anyone that wants to put a hand up if that we've missed a question. You've got a few minutes. They want to stick your hand up.

- 01:28:16If we've not picked a question up, then please put your hand up now. So we can ask it for you.

Unknown Speaker

01:28:22Okay.

marie-clare wadley

01:28:25Well,

- 01:28:27We've got the
- 01:28:27Most noise in the background as a has asked if you would all consider
- 01:28:33To take student placements in your services, there is a real dearth of student placements particularly overcame it and it's absolutely imperative that we have a workforce for the future and with such fantastic clinicians around us, please. Even if it's virtual take a student

Sarah-Jane Ryan

01:28:53MC and and I think, you know, Sally is about to have a student with her. That's going to be part of their times will be working alongside her and their FCP clinic, which is really exciting because that's, you know, that's actually

- 01:29:05empowering them to think about this as a root for them in the future. Exactly what Amanda was talking about two hours ago. So definitely get in touch with your local Haiti. I'm sure they jumped at the chance to have patience with you.

marie-clare wadley

01:29:17And they lovely Rebecca has taken this opportunity to not just talk about students but also to talk about work experience and careers events because you are the people that will be

- 01:29:29guiding our future workforce. So please think about your work experience students as well as careers events, I see the difference and inspiring the future are definitely things to sign up to

Kat

01:29:51Okay, I think that most of the questions on subsea will go through the chat. And if there's any that we've missed. Then we'll be able to ask them way individually. And I think we can hand back to Mindy for the closure of the session

Unknown Speaker

01:30:08Thanks Pat i'm i'm actually going to hand over to Mc, Mc. He wants to introduce our final presenter.

marie-clare wadley

01:30:15I have the honor and pleasure of interviews and introducing the amazing Yoda of HP and Moscow sorry physiotherapy respiratory physiotherapist by backgrounds.

- 01:30:30Who I only recently awkwardly discovered that she's written a very famous book.
- 01:30:36You can tell I'm a musculoskeletal physiotherapists so Beverly harden is the national HP lead. She is a Pepsi of Cafe. She's most professional advanced and consultant
- 01:30:48Practice lead for health, education and visiting professor for university of Winchester, thank you everybody for joining us this evening.

Beverley.Harden

01:30:57Thank you Mary Claire what an introduction goodness me, I'm delighted to join you all tonight, I have to say that this agenda of first

- 01:31:05Contact practitioner is an absolutely fabulous example of teamwork over the last decades. Well, several decades. So many people across the absolute length and breadth of the country.

- 01:31:20From physiotherapy from the chart started as a therapy and the numerous other parties have come together to absolutely drive a belief.
- 01:31:28That by putting physiotherapists and other professions in primary care at the first point of contact for patients that we can genuinely improve the care for people
- 01:31:37improve access to people. But also, more recently, support our beleaguered colleagues in primary care and the challenge we have around GP.
- 01:31:47Appointments the need for GP, but also the lack of GPS. So it's a really interesting agenda that has the opportunity to be amazing. Our job is to make it amazing we owe it to those people who have given
- 01:31:58Their lifeblood for decades to make this happen. And although it feels clunky, it feels difficult
- 01:32:04It is perhaps the most exciting coming of age of our profession in physiotherapy I am the physiotherapist with you and this is incredibly exciting.
- 01:32:12We've got a point in time where the government has the opportunity to bring in numerous professionals into primary care physio is the one in our world going first.
- 01:32:22And as a Jane rightly said, we're on a journey together and this journey is going to need us all to travel together in the spirit of understanding and forgiveness, but to drive the absolute transformation.
- 01:32:34That needs to happen. I have to commend a man has cooked leadership in this space because the work she has done.
- 01:32:40Had to drive the delivery of this with the CSP with NHS England with he is incredible and absolutely hats off to everybody involved in that.
- 01:32:50But when you think about the responsibility. Our job as the policy leaders for education and training and for the NHS is that we're bringing into the NHS 26,000
- 01:33:00New roles new people 5000 dish of those we physiotherapists we have an absolute duty to make sure that the people coming in are able to realize the transformation opportunity. This is not just 26,000 people coming in to do stuff.
- 01:33:14This is a transformational opportunity to bring into primary care people who will generally make better
- 01:33:21At better experience patients better clinical outcomes for patient. I was overjoyed to hear people talking about work as a clinical outcome of course work should be a clinical outcome. This is our chance to transform

- 01:33:33But when you bring in 26,000 people in a few years into primary care. We have an absolute duty to make sure that the people coming in are the best they can be
- 01:33:41That we pin this down the safe and effective way. Because the only thing that generally matters is the safety of our patients because all of us at some point will either take yourself or a loved one to see one of these FCP
- 01:33:53It's our duty to make sure that those FCP are the best we can possibly make ourselves.
- 01:33:58So we need to help ourselves be the best we can be and the team are putting together numerous number of different interventions to help that from supervision training.
- 01:34:08To portfolio routes to training programs, the great work that CSP have done around creating networks for people
- 01:34:15But we also need to teach people how to use us
- 01:34:18You ask the average GP. What a first contact practitioner is going to do in their practice. They look at you like you're an
- 01:34:24Alien from the planet saw and can't even understand what the terminology means it's a but my receptionist as a first contact practitioner. What do you mean, what's the physio going to be doing.
- 01:34:32So we absolutely have to teach people teach GPS, how to use us teach practice managers, how to use us teach the team, the role that we play and our contribution in the team, but also give our public confidence and the fact that we are good enough.
- 01:34:47A patient and their relative sit opposite you in that GP practice consulting room and they make a decision about whether you are good enough.
- 01:34:53Within the first few seconds of you opening your mouth. Our duty is to make sure that we are all good enough because otherwise we are not doing our
- 01:35:02Best to deliver this incredible transformation.
- 01:35:06And we've got a moment you talk to her about the art of the possible to absolutely deliver and train people to optimize the transformation.
- 01:35:13If we end up just running GP substitute clinics where every seven and a half minutes. Another MS K patient appears through your doors we have missed the opportunity
- 01:35:23This work was predicated upon you being good enough to see that person work with that person commence treatment or to refer if required.
- 01:35:32But all the financial data, we did over the years that we have worked to make this happen.

- 01:35:37Was around evidence in the fact that by you doing your job, Brittany at the first point of contact instead of the GP not substituting with the GP putting you there by choice. Instead of the GP.
- 01:35:48would reduce the downstream costs, the people because we would refer less people in for surgery less people for downstream physio less people radiology because you
- 01:35:57Theoretically are better diagnostic clinicians, we need to prove that fact. Because actually, we believe that is true, but we have to make sure that we are, the better diagnostic clinicians that genuinely deliver that improvement for patients.
- 01:36:11So really, really key for us to be able to show that transformation.
- 01:36:17But it means several colleagues in the chat box are talking in terms of while I all I'm doing is seeing a patient, every three and a half minutes. Well,
- 01:36:23We need to get to a point where we are educating the GP practice that first contact physiotherapy is not just
- 01:36:29Three minutes in out and you got, but we need to get to a point where, actually, you can start that treatment properly, you can deliver better care.
- 01:36:36If you've got that frail patient, the whole GP practice GPS included should be able to be now in a far more intelligent place.
- 01:36:42Where they can have more time with the patients who are in more need
- 01:36:46absolutely vital that you work as agents of change in GP practice to help people think differently about how we get off this rat rather just every three and a half minutes and other person through the door.
- 01:36:57We've had great examples of the opportunity for change, but that is not everywhere, all of us will come across different ways that people are delivering
- 01:37:07Care. I absolutely excited beyond belief to hear people talking about students coming into these placements every single one of you should have a student attached to you.
- 01:37:18Because that is how we train the next generation to see the aspiration of our roles truly delivering our full purpose.
- 01:37:24I couldn't believe when I graduated I needed left physio off the first year of graduating, so I could not believe
- 01:37:30That they had paid to train me to have all of this clinical skill and no one allowed me to use it as absolutely bewildered by the fact that people were curtailing my ability to do what I believed. I've been trained to do

- 01:37:43This is your moment to do what we were trained to do and absolutely deliver that. But you must show your students, you must bring those students into that environment. So we inspire the next generation.
- 01:37:53Don't forget, I returned to practice colleagues, we have got incredible colleagues who would have loved these jobs, who often left video because like me.
- 01:38:00They couldn't see where they could really deliver their full genius, bring them back end support people back into these roles and absolutely work experience. Think about the the people who actually would
- 01:38:11Love to do what we do, but never get a chance to see it. So thank you so much for colleagues who mentioned that that is absolutely brilliant. We've got to create a 21st century workforce together.
- 01:38:21But again, many of you have talked in terms of the fact that this is not just Ms. K. But I want to bring you back to the fact that we are trying to teach GP practice, which is a really interesting environment, all of us working in primary care.
- 01:38:34Know, just how interesting and environment, it is in primary care. It's a strange and different ecosystem.
- 01:38:41So the only way that we help primary care start understand what we can offer is by teaching people that we have a very clear opportunity here. Ms. K and frailty.
- 01:38:51That's absolutely what we're here to do in primary care. It doesn't mean that we can't do himself. That doesn't mean that we can't do other
- 01:38:57Specialties like respiratory but the average GP practice needs to start with high volume when understood clearly defined patient cohorts that they can move through to these staff that they are still learning what you do.
- 01:39:10Because we need to make sure that when you shut the door on your patient. You've got a patient that's been appropriately moved in your general direction, but that

Unknown Speaker

01:39:17Was

Beverley.Harden

01:39:18Our sweet.

- 01:39:20Little person. So really vital that we start simply and we build once we've proven the concept we start to
- 01:39:28ambitiously too early.

Padmashree Manivannan

01:39:30We've lost it.

Beverley.Harden

01:39:31So it's vitally important that you stay patient and that we allow this to grow over time, absolute key.

- 01:39:37We're having some fascinating conversations with dietitian and occupational therapy colleagues who are stuck in this place of that we can do all of these things we need to do all of this stuff. And we're saying no start here.
- 01:39:47And grow once people have gained trust and faith and confidence in you because. Patient Safety is absolutely everything and that required the GPS to know who you are, what you can do and how we can then start to work and use the workforce differently.
- 01:40:02But it's also really important that we are not over specializing we must not become specialists in the left little toe on a Thursday. There's no Roman primary care.
- 01:40:11For left little taller Thursday specialist and forgive me. I say that to you as a physio and, you know, forgive me, risk management is never quite understood. Ms. K. So that's my
- 01:40:20That's my ignorance for you, but just love me through it. But the issue for us is, is to really, really think through, how do we really make sure that we are delivering full value to our patients and really delivering on this moment.
- 01:40:36There's so many other bits that we need to think through the training opportunity that Manders, putting in place to support this work is really key for those who need it to make sure that you've got the opportunity to train. If you are earlier in your career.

- 01:40:48And you need more access to learning. If you're later in your career. We've got respectful interventions and places support you into the space. So we can set a standard
- 01:40:57You are leading the way the other professions paramedics dietitians occupational therapists for doctors coming into primary care.
- 01:41:04We have to set this one up right to make sure everybody who follows can be treated equitably and we can hold the standard of primary care.
- 01:41:12What happens now and what happens in two and five years time will be different things. We are an evolution to teaching primary care how to safely work with you.
- 01:41:20So again, stay in this moment, and we will work. Our socks off to support you to be able to drive this work.
- 01:41:27We're also doing a lot of work, you'll see that prescribing consultation is out at the moment to transport and liberate you to be able to offer your full capability.
- 01:41:36We're working with the Department of Work and Pensions to work with.
- 01:41:39Government to realign the true fit notes so that we're able to then get you able to sign the real footnote, and they'll be a small little credential that you'll be able to do online to evidence and ability
- 01:41:49But that's why the work that Amanda is doing to get a directory to get people register read recognized
- 01:41:55And then to build towards advanced practice is so important because we need to get to a space where we've got a marker of capability to that attach the fitness to
- 01:42:04To prevent people training ban three staff to run fitness clinics, because we need to ensure that
- 01:42:10Vocational Rehab a true understanding of the value and the importance of work is never lost with the fit note. It is not just something to sign. It's an absolute responsibility to send somebody off with a footnote, and not to be at work or even still to be at work.
- 01:42:25So Jane, talk to us very clearly about using the system working with the system. The worst thing we could possibly do is silo ourselves off into fortress physiotherapy FCP
- 01:42:36James point was, get yourself involved in the system.
- 01:42:40The system needs to learn who you are, what you do. You are the pioneers of this work, you need to be out there with those primary care training apps as Jane says we can find you the route into wherever you need to be just asked us

- 01:42:53And get yourselves bedded into the system, see yourselves as pioneers trailblazers with a real responsibility to teach people but then to support and teach the next generation.
- 01:43:03You've got your students, you need to have your new trainee FCP is coming through. You then trains a supervisor you mentor. The next people coming through and you take pride.
- 01:43:12In seeing this transformation through that is the absolute mark of our profession standing at the stepping into it space and being truly understood
- 01:43:22And the Mindy's and Poles 68% of you not linked into FCP group.
- 01:43:27If we ran that pole in a week's time. I definitely hope it says 100% of you are LinkedIn to FCP group, it's vital these jobs are hard.
- 01:43:36These jobs are lonely these jobs are really tricky. You're going to come across stuff you've never seen before. You need friends you need support you need love
- 01:43:45You need motivation. You need energy get yourselves involved in a group, get yourself some support and thrive on being the pioneers of your, of your profession. Don't get squashed by it. Don't get tired by it.
- 01:43:58So you need to be in the primary care training humps, you need to be driving this agenda together. The primary care schools where the GP trainees look
- 01:44:06worth getting in there because the training and the support you can offer those GPS is second to none and the support the love and care, they can offer you a second to none.
- 01:44:13See also training the next generation to understand our genius and us as well. Work with the MDT Pramod can nursing INCREDIBLE BUNCH OF PEOPLE.
- 01:44:24Help them understand your roles and work with them help the other professional groups coming in as a reversal roles come in. We have ot coming and dietitians coming in.
- 01:44:33The world is going to be perplexed What earth to do with some of these professions help people understand how we absolutely support primary care.
- 01:44:42And most importantly, the populations we serve to utilize these incredible professions coming in, I have to say, if I needed CARE FOR MS K or Dan static related issue.
- 01:44:54Or a vocational or frailty issue I want to see one of us. I wouldn't want to see a GP. I love doctors America. Doctor, I don't want to see a doctor if I have something that you can do better for me. So, you know, help us to deliver for our populations.

- 01:45:07But build your community. Teach people and absolutely drive home this opportunity vitally important.
- 01:45:15So I'm going to send you off to make connections bed yourselves into the primary care training hubs teach people
- 01:45:23And that's everybody from students right the way through to those GPS.
- 01:45:27And be really proud and see yourselves as delivering decades and decades of other physiotherapists hard work.
- 01:45:34To realize the potential the profession and this is transformation not substitution. You are not GP substitutes, you are proud physiotherapist delivering delivering incredible
- 01:45:44musculoskeletal and frailty care. You must not think that this is mess musculoskeletal alone, you are looking after the care needs of vulnerable people
- 01:45:53And your job is to optimize and to offer that care. So I challenge you to absolutely go and make this agenda, everything has got the possibility to be
- 01:46:02And to be really proud while you do it and thank you so much, what you're doing. You are pioneers. It's hard work, being a pioneer
- 01:46:09But you're brilliant and you are absolutely driving the change that we will benefit from as patients as cares and as taxpayers to be brutally frank with you in the future. So thank you very much indeed, he

Unknown Speaker

01:46:20Enjoyed last

marie-clare wadley

01:46:25Very much for those

- 01:46:28Please stand up.
- 01:46:30If you've been sat for

Emily

01:46:39Inspiration.

marie-clare wadley

01:46:49Right, this point my WhatsApp.

Unknown Speaker

01:46:52Group has gone silent.

Beverley.Harden

01:47:00comment in the chat box. I'm a colleague's written in the chat box. I'm the people, the Fc today are standing on the shoulders of giants. That is the tweet everybody that is absolutely it

- 01:47:11And I think there's a bit to me which the clap that you just gave us a clap for all those incredible people leadership of so many people who've given their life to this agenda so absolutely brilliant. Really, really proud of our profession.

amandahensman-crook

01:47:23It was coming later. But you're amazing.

Beverley.Harden

01:47:27Cheeky minx. Amanda

marie-clare wadley

01:47:29Does anyone else.

- 01:47:30Noticed any comments in the chat box. I know that BOB'S GONNA GET SOME QUESTIONS SO AS MUCH AS SHE WANTS TO HEAD OFF FOR THAT glass of wine. I think there's a few minutes left that we have stolen her for so cat. Is there any questions that you've picked up in the chat box.

Kat

01:47:50And I didn't see any particular questions just lots of

- 01:47:54Thank you. Beverly and inspirational.
- 01:47:58Is quite a motivational speech to try and get us all going on late on a Thursday evening, towards the end of the week.
- 01:48:05To fade.

marie-clare wadley

01:48:06So, trust me.

Kat

01:48:07This woman is

marie-clare wadley

01:48:08Like gold dust. If you've got a question. Put your hand up, ask it to me right now because the opportunities are few and far between.

Beverley.Harden

01:48:18They're running a famous Mary Claire you

marie-clare wadley

01:48:21Have

- 01:48:21The frying them all.

Beverley.Harden

01:48:23I think

- 01:48:24Last one. I think you should be benevolent and release people to the wilds. Very good.

marie-clare wadley

01:48:28But I've got a I've got a question.

- 01:48:32That more around
- 01:48:34And you've covered everything but your vision of FCP is so bigger than anyone else's I've come across
- 01:48:44Is
- 01:48:46Is, is your vision of HP
- 01:48:51Where do you see us going.

Beverley.Harden

01:48:55In the primary care space empty.

marie-clare wadley

01:48:58Primary Care initially

Beverley.Harden

01:48:59Yeah, okay. Um, so I think for me the vision of primary care for the future is absolutely a multi professional team wrapped around the needs of the population.

- 01:49:09And that multi professional team has worked out who's in that team has worked out. And what that population requires. So if I'm in
- 01:49:15Bournemouth, for example, and I know that I've got an incredibly old and frail population. I'm going to have a primary care team with some fantastic general generalist skill GPS.
- 01:49:25I'm going to have a whole host of occupational therapist and physiotherapists to drive a lot of the change. I need to see
- 01:49:31And I'm going to have a group of professions that mirror the skill sets that are required.
- 01:49:36What we're doing at the moment with the professions as a little bit clunky, because we're having to teach people how to safely use the professions that the conversations that we're having with all of the
- 01:49:45The professional groupings is we need to help people. As I said earlier, understand what an occupational therapist is what it does. What are the three key things that could do in primary care. The same for the dietitian, the same for the pedometer same for the physio whatever
- 01:49:58We're starting in that space of utter simplicity, to help people and ensuring that the workforce is safe.
- 01:50:04That starting point five years time, we're at a point where, actually, we've got frailty clinicians, potentially, which could be an OT, it could be able to ask. It could be, it could be anybody working in that for their skills of frailty clinician working in primary care.
- 01:50:15Hopefully working across primary and community care, maybe even with the following wind working with people going into cute to pull people out of acute keeping people at home, keeping people well in community.
- 01:50:26My vision for dr is a become the absolute protectors of feet to make sure nobody loses a limb unnecessarily because foot protection is absolutely key. And they're working with you.
- 01:50:36And part of your physical assessment. When you have a diabetic patient is your eyeballing their feet and giving them probably foot care advice on the prevention of, you know,
- 01:50:44Damage two feet and therefore the risk of amputation, we start to skill share, not to make us generic sludge or somebody told me today hybrid

- 01:50:53Omni professionals, we're not creating that we are creating brilliant physiotherapists are able to meet the needs of their population through the lens of their physical therapy skill.
- 01:51:03But we then at that point MC once we understood what the different options are we then do have the ability to bring in some of the more specialist skill sets over the next few years. Once we've landed the fashion safely.
- 01:51:15And we get to a point where the PCN will have
- 01:51:17Clinicians doing the high volume work and then they will hopefully have work that they do with the community trusts and with the acute trusts to bring in the clinical
- 01:51:24The, um, the specialist clinicians that they need to deliver some of the more niche work that their populations require
- 01:51:30Working seamlessly across various different mental health learning disability acute community services.
- 01:51:36So we get to a point where we actually have the ability for primary care setting to know what people need. It's got a workforce that can deliver for its people.
- 01:51:44And that we're thinking about the capabilities of workforce requires rather than 860 PS3 nurses, a physiotherapist the arm of a speech and language therapist.
- 01:51:52And the leg of the darkness, please. We've got to get to the fall, clever, a place where we can use the skill sets, we've got in our
- 01:51:59Local Workforce labor market and the needs of our population. So it's just a bit about America thinking
- 01:52:04Slightly differently and slightly bigger about how we staff to meet the needs of population so that prevention is everything that we do everything starts with prevention everything ends with prevention and we do genius management in the middle.

Kat

01:52:19Of after that we've now got a couple of questions that have come in.

- 01:52:24Are you happy to answer just one or two before we close
- 01:52:27Absolutely as one from Matthews. How do we influence at our CG P at a national policy level to achieve this ambition.

Beverley.Harden

01:52:37What you said about cooking Amanda has been all over the various different parts of the Royal College of General Practice, but also networking with all of your professional multi professional groups.

- 01:52:49With several of the medical special interest groups, what I've seen, and how this work has been set up the work of the CSP and all the early work that's been done around driving networks.
- 01:52:59Is that this has been an incredibly inclusive piece of work and what I've seen through that influencing
- 01:53:05Is influencing by building relationships and understanding about what matters to them. What makes them scared.
- 01:53:11And absolutely understanding how we work together. And when all this work started properly and with real gusto. About three years ago when I joined, he, he, we were working very closely with with
- 01:53:22numerous different medical colleges across NHS England to make the case CSP building the evidence base, the work Amanda did right the beginning to affect the core data set.
- 01:53:32People can't call Davis's work to come up with a commissioning framework all the work that we did, but we did it together.
- 01:53:38The magic of this work. It's been so many partners coming together to put the benefit of patients first to say, Actually, if we can pull this off. There's a distinct benefit for patients to think benefit for the taxpayer.
- 01:53:49But we need to work together and that is the magic of what we see in this work is absolutely collaboration through shared purpose.
- 01:53:55So I think what we've done with that is trying to build shared purpose with the GPS that the game changer was the GP challenges around, they're not being enough GPS.
- 01:54:04And a desire, then to save GP appointments. How do you save to your point oh GPA appointments, you bring up in other people who are skilled to do other work and then you then start to segment that work.
- 01:54:13But in an intelligent way, not in the left little tone or Thursday way because we cannot we cannot organize diaries, if I can only see the left little Toyota Thursday I need to have a bigger aggregate skill set. So,
- 01:54:26I believe that there is great influencing going on.

- 01:54:29WE'RE WORKING WITH THE VNA where we are colleagues niches, England, working with the BMA at the moment, in order to negotiate the detail of the various changes to the days. So we've got more influence and more conversation happening across
- 01:54:41All aspects of work, having Andrew been in the NCD Rolodex, for example, as well. All helps us to have different points of contact across the patch.
- 01:54:49To drive forward something which is a very intelligent thing the magic of this work is it is the right thing to do. If that makes sense, which makes something much easier to influence our around when there's actually clearly is the right thing to do for patients.

Kat

01:55:05Okay. And there's one more on the financial aspect that bed that's the vision, it should be. But the piece is a force in a race to the bottom, due to the costing

- 01:55:16To how do we safeguard this is a professional role. The people already begin to talk about burnout and the job role is relatively new.

Beverley.Harden

01:55:25So related to finance. One of the key things that

- 01:55:30We are doing and we must, we must never forget that primary care is not held to account for Jennifer change Terms, Conditions primer carries its own marketplace, it can do as it chooses
- 01:55:39And often that is not so much a race to the Boston but erased the top often we've got a lot of people in roles currently are paid incredibly well.
- 01:55:46In some of these roles to so it goes in both directions. And I think the key thing that if you if you have been a fly on the wall with many of the conversations that Amanda I played through with colleagues across the system.
- 01:55:56Over recent time. It's about being really clear that to affect the transformational opportunity of this moment these roles are not just a banana seat pay bottom whack money these roles have to be competitive in the marketplace.

- 01:56:09And they have to offer the skill set that is I'm going to use Word good enough, forgive me. It's not meant in a bad way at all. It's meant genuinely skills, it has to be good enough to achieve the outcomes which are to
- 01:56:20Assess strongly and well enough that you can diagnose what's going on. You can confidently then decide not to refer somebody on
- 01:56:28Is a great skill I think anybody working in FCP role would agree. It's a great skill to have confidence, not to refer somebody on if you're not sure
- 01:56:36And the issue we see is when people are not good enough. Forgive me, I don't mean that. But not skilled enough in their diagnostic role. Sorry I'm late. It's late. And I've done
- 01:56:44That are not skilled enough in their diagnostic roles they will not make that decision, they will refer
- 01:56:48And we know
- 01:56:49Fully where we've had staff who are not skilled enough and it's not about what grade you're paid, necessarily, because we have a lot of very good band six is doing this sort of work in different pockets across the country because they are well supervised and well supported
- 01:57:00We've deliberately brought this role in at a high level, because we believe we need to effect the change confidently.
- 01:57:06I have no doubt back to America last conversation about the future that in the future. There may be band six is in these roles, because we've got a far better infrastructure and a far better
- 01:57:14education, training and supervisory structure in place where we can train the next generation in these roles but with much more supervision.
- 01:57:21When you see the amount of supervision, a GP training has that they you know that they are debrief after patients, they're not allowed to leave the building till they've been debrief at the end of the day.
- 01:57:31And incredibly different level of supervision that we might have some of our staff. So there's a bit about understanding you are the first point of contact for these patients, you are there to spot the red flags. You cannot have
- 01:57:42GP care on the cheap.
- 01:57:45If you get my just you can quite happily have people below grade seeing people who've seen a GP have been triage. That's a very different kettle of fish.

- 01:57:52But if they genuinely want you to be the first point of contact for undifferentiated pathology. You've got to be paid at the right level skilled at the right level to do the job.
- 01:58:00And everything we've done has been to try and hold that level because we need to make sure that this transformation delivers the impact that we have promised it will, which is reduction in referrals better patient outcomes, etc, etc, etc, all well rehearsed.

Emma Ryan

01:58:16So, which is brilliant.

Beverley.Harden

01:58:18But we can't make primary care do what it doesn't want to do. But once you in their news feed them the benefit. Why would they want somebody cheaper who can't do the job.

Emma Ryan

01:58:28Emily. That's amazing. Thank you so much. So

- 01:58:32Yes, absolutely. It's absolutely time for everyone to go and grab the gin and chill out for the evening, but I just really want to say that's so inspiring. Thank you so much. Beverly
- 01:58:44Thank you to all our speakers this evening. It's been such an amazing event and Amanda for discussing the roadmap and Karen for your private practice brilliant case discussion, Sally. That was really, really good.
- 01:58:58**Matt, thanks for all your advice on the supervision in the SCP will that's fantastic and and Jen just telling us how important it is to get them networks out there locally and nationally and Mindy brilliant event. Thanks again, and South Central team and**
- 01:59:18Southeast team. This was great working together. Let's do it again. And if everyone could just let us know what they want in the future. That would be fantastic.

- 01:59:27And this will be put on the CSP website and it's on Facebook. So if you're not part of the Facebook groups. Please join and just thank you for everyone for taking part.