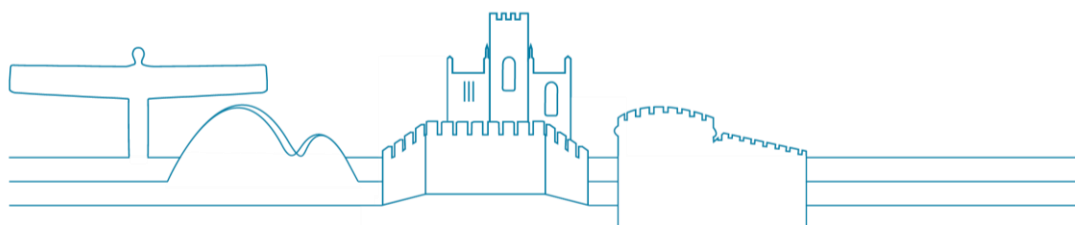




North East and North Cumbria ICS Overview of Deep End Webinar 6

30th March 2022



1. Introduction

The Deep End movement started in Glasgow and is spreading across the world. Funding was secured in 2020 to help establish a network of Deep End practices in the North East and North Cumbria region. The Deep End Network is made up of the practices in the North East and North Cumbria serving the most socioeconomically deprived patients and is focussed on working collaboratively to create positive change for practices, patients, and communities, working to address the inverse care law and health inequalities.

The NENC Deep End Network aims to support member practices not just through new initiatives and opportunities but also act to influence how resources are allocated. The webinars are an opportunity for member practices to come together and share issues, learning and ideas to inform the future work of the network.

The theme of the sixth webinar was education; specifically, how can practices in the Deep End engage in education and workforce development? The keynote speakers were Dr Rob Carter who spoke about Hub and Spoke Models for Teaching Placements; Dr Hussam Mohamed who gave a presentation on International Medical Graduates Family Physicians and how they could be an additional resource for Deep End Practices; and Dr Claire Norman who presented the 'Roadmap to the Deep End' and discussed how we can harness enthusiasm and promote working in the Deep End to students at all stages of their journey into medicine.

Group discussions took place in breakout rooms and discussions centred around:

- Benefits & barriers to being a training practice
- What can be done to try to overcome some of these barriers for Deep End practices
- How would practices prioritise proposed initiatives (education and workforce group and further roll out of current pilots)
- Insight into how PCN ARRS workers have been embedded across the ICS

2. Agenda

The agenda for the event is outlined below:

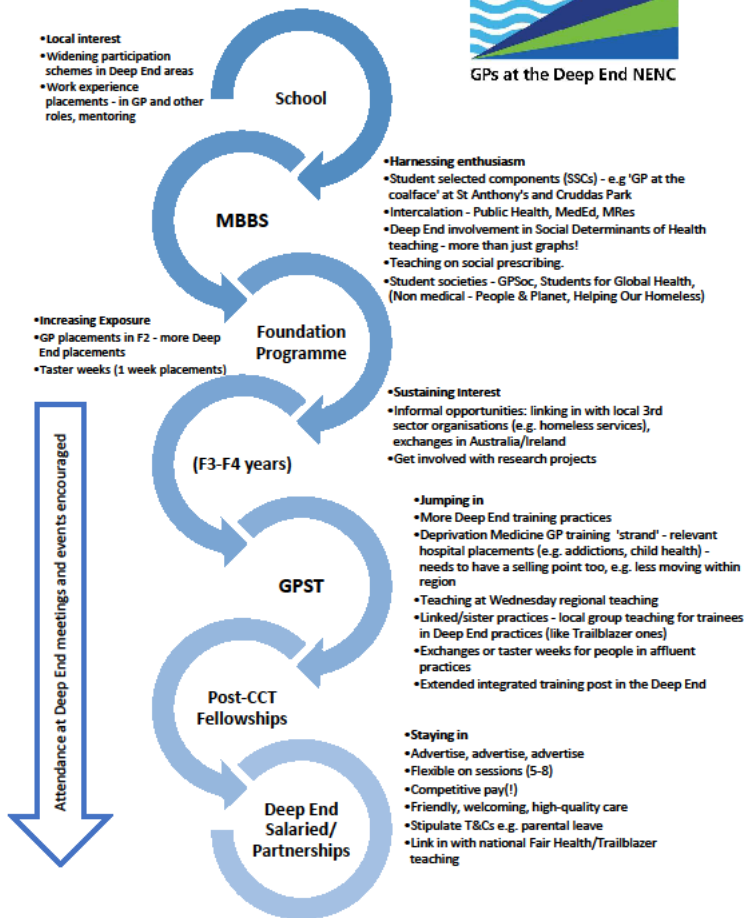
Item	Topic	Owner	Time
1	Welcome & Introduction	Dr Sameena Hassan	12:30 – 12:35
2	Roadmap to the Deep End - Education and Workforce Development	Dr Claire Norman	12:35 – 12:55
3	Hub and Spoke Models for Teaching and Placements	Dr Rob Carter (HEE)	12:55 – 13:00
4	International Medical Graduates Family Physicians	Dr Hussam Mohamed	13:00 – 13:10
5	Update on Pilot Projects	Donna Bradbury	13:10 – 13:15

6	Breakout Groups <ul style="list-style-type: none"> • How would practices prioritise the proposed initiatives (education and workforce group and further roll out of current pilots) • Insight in to how PCN ARRS have been embedded across ICS • What else can the network do to support Deep End Practices 	ALL	13:15 – 13:45
5	Feedback on Key Themes	ALL	13:45 – 13:55
6	Next Steps & Close	Dr Sameena Hassan	13:55 – 14:00

3. Roadmap to the Deep End - Education and Workforce Development

Dr Claire Norman session focussed on how we can harness enthusiasm and promote working in the Deep End to students at all stages of their journey into medicine.

The Road to the Deep End



C Norman Sep 2020



Education -
Workforce

The full presentation is available here

4. Hub and Spoke Models for Teaching and Placements

Dr Rob Carter from Health Education England session focused on the challenges faced by practices to become training practices and what additional support can be offered to enable them to host trainees. He discussed in detail the hub and spoke approach for training and how they are encouraging this model as a means to enable practices who aren't able to be training practices.

Full presentation available here:

5. International Medical Graduates Family Physicians

Dr Hussam Mohamed's session focused on how IMGs could potentially be an additional resource for Deep End Practices and shared his proposal for a clinical attachment project, whereby IMG doctors visit practices for a taster session over the summer to stimulate their interest in working in General Practice. By doing an early placement in Deep End practices, we hope to establish links which will increase the chance of them applying for a post in one of the Deep End practices if they then chose to pursue a GP career.

Dr Hussam advised he had a number of IMG doctors who are keen to attend taster sessions and requested any practices who were interested in hosting them to contact him via email: hussam.mohamed1@nhs.net



International Medical
Graduates (IMG)

Full presentation attached

6. Update on Pilot Projects

Donna gave a brief update on the progress of the pilot projects, namely, the Deep End GP Fellowship Scheme, the clinical psychologist pilot and review of opioid / gabapentinoid prescriptions. Project groups for each pilot will be set up to support practices with implementation and evaluation.

Practices were reminded that if they wish to take part in any of these pilots or would like to be involved in future pilot schemes to get in touch at: necsu.deependnenc@nhs.net

7. Breakout Groups

Group 1 – Key Points

- All practices who were part of this group expressed an interest to work on funded collaborative projects in DE with short turnaround time – however one concern was the issue of space that would need to be considered.
- The group discussed barriers to training, the key ones being space and lack of time. There was an interest in ways to share/reduce this burden. Rob Carter acknowledged that there is quite a hill to climb in respect of becoming a training practice and that is why they are keen to promote other incentives.
- Talbot Medical advised they have just started to train up a couple of reception staff as GP assistants through the University of Chester – this model requires someone to take the lead and invest a lot of time and input is needed from a GP. This is something that could be shared across practices and maybe look at mentor sharing for some of the training. Agreed that this is something DE could have a look at and explore possibilities with other roles.

- Park Surgery advised they are not a training practice but are keen to be involved in hub and spoke model of training. Their PCN training practice was not keen to support this due to workload pressures, so Rob confirmed that it doesn't necessarily have to be PCN practice that is the 'hub' element.
- From a GP Trainee perspective, it was noted that it is often difficult to find out what is available in respect of job opportunities, schemes etc and it can be hard to know where to look for them. It is important that they are advertised more.
- Rob acknowledged this and advised they do struggle to determine what is the best way to disseminate potential opportunities. There is a local training hub and the centralised website is linked onto the HEE website which has contact details listed for the management team. Martin enquired whether it would be possible to have a Deep End presence on this hub site and it is something we can look into.

Group 2 – Key Points

- The group discussed being a training practice and the challenges associated with this, mainly the issue of time as it is hard to dedicate the time needed to give the level of support each trainee needs.
- One practice noted that 4 of their partners had gone through the training path and stayed with them and it would be interesting to look into the reasons why people stay where they are trained or vice versa.
- Some advised they chose their practices based on the breaks available, as to them this is really important and gives them time to chat with colleagues and feel part of a team.
- It was noted that extra training and support would be needed for IMG trainees, but all would be happy to do this if possible.
- The group discussed how they could make roles more attractive – there is a shortage of skills and people have left/reduced their hours following the pandemic which puts additional pressure on other staff members.
- It was agreed we need to consider how to make these posts attractive given the complexity and challenges faced in Deep End practices.
- It was also agreed that there is value in practices working together to develop the fellowship scheme for the future and this is one way they can try to address recruitment issues.

8. Feedback on Key Themes

Education & Training

- Lots of practices are already involved in training at different levels. The issue of space came up a lot as well as the issue of time and difficult process to become a training practice (lots of paperwork etc).
- To address the barriers identified, practices are keen to get involved in the hub and spoke model, but this presents its own challenges in respect of a struggle to find the 'hub'

- GP trainee perspective flagged that one barrier is actually finding out about opportunities available and knowing where to look for them – this demonstrates that we need to look into how posts are identified
- Lots of benefits to being a training practice, these include: it is good for practice and staff, good for retention of trainees (however it was noted that this is easier for some than others and we maybe need to look into the reasons for this, is the size of practice a factor?), trainees can provide extra capacity which is particularly what is needed in DE.
- Barriers include: time commitment involved to be a trainer, DE workload, energy required to be a good trainer.
- In terms of what support the DE network can offer to practices in respect of this, it would be in respect of promoting the hub and spoke model
- Also looked at how can we make best use of IMG trainees – good resource for primary care to tap into if possible.

9. Next Steps

Feedback from each session held by the Network to date has shown that practices appreciate the value of support from coming together as a network to share experiences with similar practices. Further webinars will be organised for the network to come together.

In the discovery interviews with Deep End Practices, it was noted that the biggest challenge for practices working in the deep end is time, and this is kept in mind by the network with all incentives/projects that we implement. The expression of interest process for the pilot projects was kept as simple as possible for practices as a result. The network is keen to hear from practices who didn't put forward an expression of interest as to whether we can do anything differently in future to encourage more applications.

The breakout discussions gave useful feedback, which will be taken forward to the steering group. The discussions generated some useful ideas for us to work on for any future rounds of expressions of interest.

Working together and having a cohesive voice to advocate for the Deep End is already making a difference in new initiatives being implemented and data to help us highlight the issues with current resource allocations. We will build on this, with future webinars being an important mechanism to make sure we are addressing the key issues faced by practices in the network.

For further information, queries or comments please contact necsu.deependnenc@nhs.net