



CULM VALLEY PRIMARY CARE NETWORK

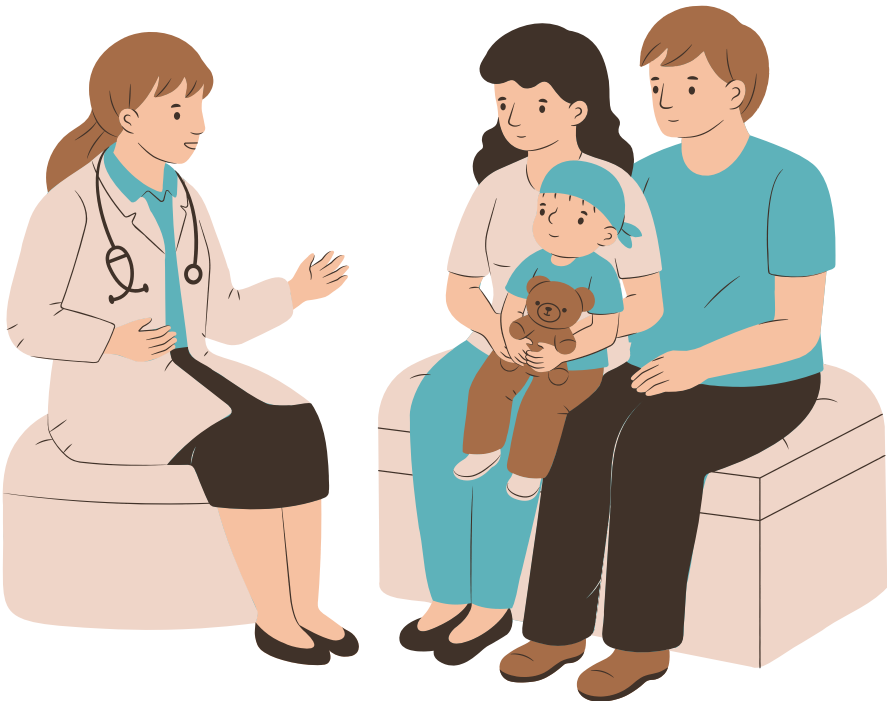




Table of Contents

- 03** About Culm Valley PCN
- 05** What is a PCN?
- 06** PCN Practices
- 07** What does the PCN offer?
- 08** Meet the team
- 10** ARRS roles
- 12** PCN projects 2023-2025
- 17** Referral's into PCN services

About Culm Valley PCN

A series of approximately 10-12 thin, wavy yellow lines that originate from the left side of the page and flow horizontally across the middle section, creating a sense of movement and depth.

Culm Valley PCN comprises of GP practices stretching across the Culm Valley in Devon.

The practices include;
Wyndham House Surgery in Silverton
College Surgery Partnership in Cullompton
Bramblehaies Surgery in Cullompton
Bradinch Surgery
Sampford Peverell Surgery
Willand Surgery
The Blackdown Practice, Hemyock
Churchinford Surgery
Dunkeswell Surgery

Dr Anthony O'Brien, Partner at Wyndham House surgery is the Clinical Director for Culm Valley PCN. His role provides clinical direction and support to ensure the delivery of the network's strategic plans, improvement and quality of the services offered within the PCN. He also collaborates with external stakeholders to provide support and to network.

Ellie Ferguson is the Culm Valley PCN Manager and Digital and Transformation Lead. Working closely with the PCN's practice managers and clinical director, Ellie is involved with all aspects of the PCN.

We are also fortunate to be supported by a fantastic group of Practice Managers and GP partners who help to drive innovation and implement change. This provides us with the very best opportunities to demonstrate how we can utilise our additional workforce roles to best suit our growing populations.

Culm Valley Primary Care Network is a forward thinking, proactive network who are constantly striving for a more streamlined, patient focused way of working.





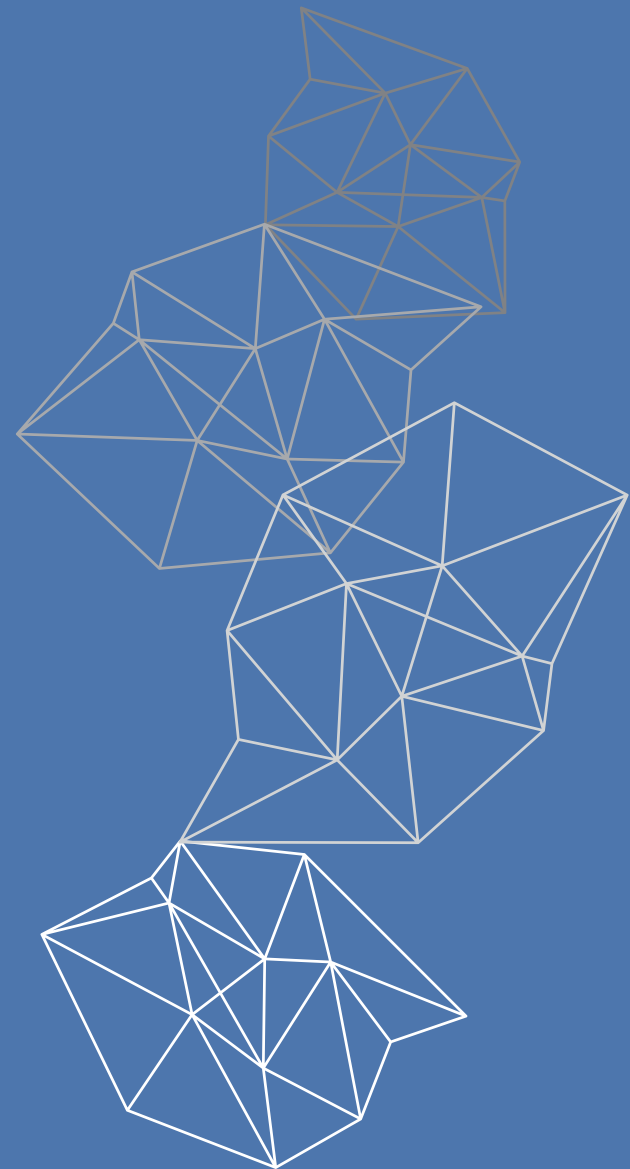
What is a Primary Care Network?

Primary Care Networks consist of GP Practices working together in a collaborative approach to provide enhanced healthcare services.

Primary Care Networks were created with an aim to solder the divide between primary care services and other allied health services.

The structure of Primary Care Networks was part of a 5-year plan set out by NHS England.

PCN's vary in size however, Culm Valley PCN provides healthcare services to circa 38,000 patients.



PCN Practices

College Surgery Partnership



College Surgery Partnership operates two Practices, College Surgery and Sampford Peverell Surgery. College Surgery has its main site at Culm Valley Integrated Centre for Health in Cullompton and branches at Bradninch and Uffculme from which it dispenses medications to registered patients. Sampford Peverell Surgery is based in Sampford Peverell Village and also dispenses. The Practice Manager of both practices is Kyla Dawe.

Bramblehaies Surgery



Bramblehaies is also located in Cullompton. The Practice is managed by Tracey Worley.

The Blackdown Practice



The Blackdown practice is located in Hemyock, on the Devon border the practice boasts its own dispensary. Shoulder sites are in Dunkeswell & Churchinford. The practice is managed by Karen Button.

Wyndham House surgery



Wyndham house is situated in Silverton and boasts its own dispensary. The practice is managed by Mark Dodds.



What does the PCN offer?

01

Integrated working

With a variety of skilled positions, the network can offer a more cohesive service to patients.

02

ARRS roles

Our skilled ARRS colleagues help to support the Primary Care Network. Working across multi sites provides greater access and healthcare services for patients.

03

Community Involvement

Within the PCN we aim to achieve better healthcare outcomes for our communities. This provides us with the opportunities to work within our locality on population health management projects such as fuel deprivation, young person's mental health services and working alongside charities to offer digital support.

04

Future Work

The network aims to provide services which will continue to develop in the future to ensure our patients receive ongoing support with the help of our ARRS teams.

Meet the Team



Anthony O'Brien

Clinical Director
anthony.obrien2@nhs.net



Ellie Ferguson

**PCN Manager
Digital &
Transformation
Lead**
ellie.ferguson@nhs.net



Mark Dodds

**Wyndham House
Practice Manager**
mark.dodds1@nhs.net



Kyla Dawe

**College Surgery
Partnership &
Sampford
Peverall Surgery
Practice Manager**
kyladawe@nhs.net



Tracey Worley

**Bramblehaies
Surgery
Practice Manager**
traceyworley@nhs.net

Karen Button

**The Blackdown
Practice
Practice Manager**
karenbutton@nhs.net

Primary Care Network Board members

We also have a board of practice partners who attend regular PCN meetings. They are heavily involved in the decision making process within the network and provide support to all members of the PCN.

Dr James Rowbury - College Surgery Partnership
Dr Lorna Mason - College Surgery Partnership
Dr Stuart Murray - The Blackdown Practice
Dr John Woodland - Bramblehaies Surgery





Additional Roles Reimbursement Scheme

What is an ARRS role?

The demand on primary care services is constantly growing. We are able to employ additional roles to help with increasing patient demand. This service agreement was rolled out in 2019 as a 5 year contract however, as the contract term is due to end in 2024 we are secure in the knowledge that ARRS roles will continue to be funded and are helpful in supporting the functions of primary care.

Who makes up our ARRS team?

Across the PCN we have a variety of clinical and non-clinical roles which make up a proportion of our workforces across the network.

Our ARRS employees are directly employed via practices within our PCN. This provides our roles with embedded support, managerial supervision, and a practice to call base.

ARRS staff members

Our ARRS roles support us to deliver healthcare services across the network. Our team comprises of;

General Practitioners
Advanced Clinical Practitioner's
Nursing Associate's
Occupational Therapist's
Paramedics
Clinical Pharmacists
Pharmacists
Pharmacy Technicians,
Trainee Nursing Associates
Care Co-ordinators
Cancer Care Co-Ordinators
GP Assistants,
Digital Social Prescribers
PCN Manager/Digital & Transformation Lead






PCN Projects

2024-2025

What have we been working towards?

Over this upcoming year, we have been looking at how we can better serve our patients. Some of these projects are a pilot scheme, as we want to provide opportunity for innovation. This will not only benefit our collaborators, but also our patients so we can gain feedback and look at clinical outcomes for these projects.


- Cancer Care Co-ordinator
- Digital Social Prescribing
- Fuel Poverty
- Enhanced Care Home Team
- First Contact Physio
- Mental Health Practitioner
- Social Prescribing
- Health and Wellbeing Coach
- Young Persons Social Prescribing



Our Cancer Care Co-ordinator works across our PCN delivering a bespoke service. The job entails discussing with recently diagnosed patients what to expect over the coming weeks during the transition from primary care into secondary care for treatment and ensuring they have all the documentation they will need to ensure a smooth and collaborative approach to the care pathway. We aim to pick up any of the short falls between the acute and primary care relationship where administration is concerned so the patient feels better supported during the difficult time they are experiencing

The digital social prescribing service was initially onboarded at our Wyndham House Surgery in 2020 and has been running successfully for several years. Our digital social prescriber has now undertaken teaching other staff members across the PCN how the service has been designed. This has helped to engage team members with supporting digital in primary care to enable patients to be able to undertake tasks such as ordering of prescriptions, renewal of bus passes, passports, benefits claims, and the use of social media platforms to stay better connected with families and peer groups.

The Fuel Poverty project was first initiated across PCNs in North Devon. The scheme onboarded external energy companies to provide energy efficiency tools and advice to patients suffering from chronic respiratory conditions who's symptoms were exacerbated by poor living conditions. The patients selected for Culm Valley PCN were targeted at College Surgery Partnership. We worked closely with the academic health science network to provide us with the details of the postcode areas our patients were living in with an EPC rating of D or below, our data teams ran reports to show those over the age of 65 with the above health complaints. We chose 30 patients who fit the criteria and will be running this pilot into 2025 where we should be able to gain further feedback from the patients who engaged with the project.



Our PCN care home teams demonstrate how collaborative working within our local communities and primary care can be beneficial to those of an ageing population. Virtual ward rounds are completed by the PCN enhanced care home team. This provides our care homes with ongoing clinical support, a point of contact which supports our aim in achieving continuity of care.

With MSK issues becoming one of the most common causes for repeat GP appointments, the first contact physio service was introduced. This helps with supporting patients suffering from MSK issues. We see benefit to our first contact physios being part of our clinical teams and in turn our patients can use the service to help manage and support ongoing matters with our dedicated teams.

Working alongside Devon Partnership Trust, we are fortunate to have mental health practitioners who work within our PCN. The Mental Health Practitioner service is an example of a fantastic cohesive working relationship that provides additional mental health support to our patients.

Within Culm Valley PCN we contract a company called Involve to host our social prescribing services. Involve receive referrals via the JOY app from our MDT's. This is to provide social support to those who are isolated, struggling with financial issues that is then impactful on the wellbeing of the patient and any social issues they may be subjected too. We work in very close contact with Involve to adapt and improve the service that is offered. Working in collaboration we have managed to link a QR code to the social prescribing service so patients will not need to see a GP to be re-referred back into the service, they will be able to self refer back to Involve. In 2025 we will be utilising Involve's services and welcoming a Health and Wellbeing coach from the Involve teams to support weight loss, wellbeing coaching, lifestyle changes, smoking cessation and carrying out health checks for Culm Valley PCN.

Young Persons Social Prescribing has provided younger patients with the support and skills needed to navigate social issues. We continue to work closely with Young Devon who run drop-in sessions within the community and local schools to provide additional support to those who need it. We are constantly looking at additional ways to improve and adapt the services we offer with the support of Young Devon.




PCN Projects

2023-2024

What have we been working on?

During the 2023-2024 year, we were working with a variety of service providers to enhance the scope of healthcare opportunities our patients could engage with. Some of these service provisions were to support clinical matters however, we also took the opportunity to engage with services which supported parents of children who attend our PCN practices.

- **BeeZee bodies**
- **Health Transformation project**
- **Parental Minds**
- **Sleepstation**



BeeZee bodies are a organisation who support weight loss and healthy living support targeted at males with a BMI of 30 or over. We were able to offer this service to patients who were identified as fitting the criteria and were then eligible to attend the sessions hosted by BeeZee bodies. The aim of this was to see an over all reduction in weight and in turn a reduction in BMI..

The Health Transformation project was run by Dr Emma Richardson of College Surgery Partnership with the aim of supporting weight loss for patients who were ready to engage on a lifestyle transformation journey. We identified patients via GP appointments and they were referred into the opportunity to immerse themselves in a 12 week scheme which was with Dr Richardson and her team. During the 12 week period the patients were provided with nutritional advice, healthy living advice and exercise sessions. The project was delivered virtually using smart phone apps to support patients over 12 weeks.

Parental minds is a organisation who support parents of children and teenagers who are neurodiverse or struggling with poor mental health. The support consisted of WhatsApp groups, in person conversations and was used as a peer support platform. The feedback was that parents felt they were not alone in the challenges they were facing and support and advice was able to be provided when hurdles were met during some of the diagnosis process.

We engaged with Sleepstation to support patients who were relying on medication to aid better sleep. Sleepstation were able to offer advice and guidance on sleep patterns, looking at alternatives to medication and were able to offer insomnia courses. Sleepstation were contracted with the goal to look to reduce medications for patients who had become reliant on using medicinal means to sleep. Once the pilot project had run its course patients were advised they can still refer into the service but this would need to be paid for by the patient.

Referral's into PCN services

Culm Valley PCN strives to ensure that all patients can access our additional services. This is not exclusively via the typical route of visiting a clinician. We have self referral services which provides our patients the autonomy to utilise the PCN services without the necessary need to seek clinician approval.

