

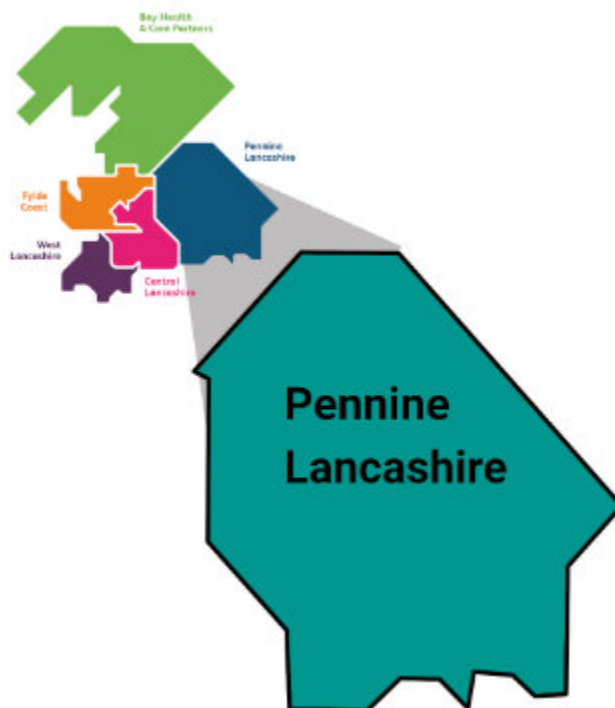
Pennine Lancashire Training Hub



**New Clinical
Associate Roles
in GP Practice**

Pennine Lancashire - driving change

Pennine Lancashire is one of the five Integrated Care Partnerships making up the Lancashire & South Cumbria Integrated Care System. It is the second largest in geographical terms, with a wide range of landscapes from the picturesque Ribble Valley to the sweeping moorlands to the bustling urban commutations. It has the largest and most diverse populations at around 550 thousand. It also has a very young population in many areas whilst also facing the challenge of an older population that is living longer, many with complex care needs.



The area is divided into thirteen Primary Care Neighbourhoods, four within the Blackburn with Darwen area and nine within the East Lancashire footprint. East Lancashire Hospital Trust provides Secondary Care Services from two main sites and three Community Hospitals. More Information can be found at <https://togetherahealthierfuture.org.uk/>

Pennine Lancashire in its history has always been innovative with some of the greatest inventions of the Industrial Revolution originating from the area. The area is now being recognised as an early adopter of alternative Clinical roles within Primary Care and with the development of the Training Hub we will build on this early success

**Please visit our website
www.penninelancashiretraininghub.co.uk
to find the latest news**

Buildings inside the Cover Logo from <https://commons.wikimedia.org/>

Pennine Lancashire Training Hub

Lancashire and South Cumbria Training Hub is made up of 5 localities that match the ICP Footprints which are : Fylde Coast, Morecambe Bay, Pennine Lancashire, West Lancashire and Greater Preston, Chorley & South Ribble. They support the development of the existing and future workforce of General Practice in our area by rolling out nationally and locally commissioned projects in line with educational and workforce priorities. Currently the L&SC Training Hub's multidisciplinary team focuses on facilitating, coordinating and promoting placements in general practice for student nurses, AHPs and Physician associates as well as clinical and administrative apprenticeship opportunities. We also provide support to staff returning to general practice as well as training and development opportunities for current general practice employees. We achieve our goals through close cooperation with our commissioning bodies, partnering universities and participating practices.

Pennine Lancashire Training Hub Contact

[email:pl.th@nhs.net](mailto:pl.th@nhs.net)

If you have any questions relating to education , training or workforce development opportunities please do not hesitate to contact any of the above.

Over the next few months our website will undergo major development and contain information about the Hub and the courses and support on offer, please visit often to keep up to date

www.penninelancashiretraininghub.co.uk

Training Hub Leads



Dr Mammen Ninan Darwen Healthcare & GP Lead

I am a GP Partner at Darwen Healthcare, and GP Trainer since 2006. I was the Training Programme Director for GP specialist training for East Lancashire between 2005 and 2012.

Training hubs aim to train and develop the future primary care work force involving a range of associate clinical roles from different backgrounds. My role is to support and facilitate the Pennine Lancashire hub to ensure consistent supportive and safe learning environments for all the trainees



Ann Neville, Business Manager Darwen Healthcare, Joint Lead Pennine Lancashire Training Hub and Darwen PCN Practice Manager Lead

I have worked within Healthcare settings for the last thirteen years with the past 7 years working in General Practice at Darwen Healthcare initially as Customer Service Manager and for the last 6 years as Business/Practice Manager. I am fortunate to work alongside an amazing team of both clinical and non-clinical staff and enjoy seeing staff develop, upskill and take advantages of any learning opportunities available.

Quality of patient care is extremely important to me and my practice team and I have thoroughly enjoyed working within a practice that has been an early adopter of the newer clinical roles which I hope will ensure that we have a sustainable future within General Practice.

Alongside Pauline I also have a real passion for education and training hence our agreement to jointly lead and develop the Pennine Lancashire Training Hub and promote Healthcare Placements, training and education across all practices within Pennine Lancashire.

Training Hub Leads



Dr Ailsa Cormack Irwell Medical Practice & GP Lead

I have been a GP partner in East Lancashire since 2005, working at Irwell Medical Practice, Bacup, Rossendale and have been involved in the training of doctors to become GPs for many years. The development, training and integration of the newer associate clinical roles will be exciting and challenging. I look forward to being part of the training hub team, supporting both trainees and supervising practices.



Pauline Aspinall Practice Manager Irwell Medical Practice & Joint Lead Pennine Lancashire Training Hub

I have worked in General Practice for over twenty years, starting as a Medical Receptionist, progressing through to my current role as Strategic Manager at Irwell Medical Practice. I am delighted and proud to be part of the Irwell Medical Practice team and assisting in the delivery of high quality patient services to all those registered at the practice and the Rossendale Locality. I am a local girl and I want to see my locality be as healthy and well lead as it can be. I am passionate about staff development and training hence my involvement as joint Lead in the Pennine Lancashire Training Hub. I believe in upskilling and skill mixing in practice, the introduction of new staff roles into General Practice will, I believe, ensure the survival of our NHS for future generations.

MONIQUE MARCOLINI ADMINISTRATIVE CO-ORDINATOR PENNINE LANCASHIRE TRAINING HUB



Monique graduated with a business management degree followed by managing a Dental Practice in Manchester before moving to general practice in 2013 as a Senior Receptionist and dealing with the general day to day running of a branch surgery.

My current position is within Darwen Healthcare complimenting the role of Administrative Co-Ordinator for the Pennine Lancashire Training Hub. Assisting with the development of the Training Hub has seen me recently arranging the tutorial sessions for the student nurse and physician associate placements within General Practices,

An important element of my role is to assist with the robust collation of practice information relating to Nursing Supervisors and Assessors ensuring that annual updates are provided along with the administrative duties of the quarterly Nursing Supervisor and Assessor Educational Meetings. I am excited with the development that is taking place within the Training Hub and delighted to be playing a part in it.

Vicki Jordan Mental Health Practitioner



Vicki qualified as a mental health nurse from the University of Central Lancashire in 2003. She has worked in and around the East Lancashire area all of her career in both inpatient and community settings. She has worked with people with different mental health difficulties including anxiety, depression, mood disorders, psychoses and more. Vicki has a good knowledge of local mental health services and her specialist areas of interest are Perinatal Mental Health and promoting the physical health of those with severe and complex mental health problems.

Philip Driver MSK First Contact Practitioners & Primary Care AHP Ambassador

Phil has been a Physiotherapist for 18 years and gained his MSc in Advanced Clinical Practice in 2011. He has worked for the Integrated MSK, Pain and Rheumatology service at East Lancashire NHS Trust for 10 years and enjoyed helping to shape and innovative a forward-thinking clinical team. Over the past 2 years, Phil has been at the forefront of planning and delivering a First Contact Practitioner (FCP) service with one of the local Primary Care Networks.



He was an integral part of the pathfinding team to identify demand, design and implement the new care pathway and has enjoyed building relationships with key stakeholders throughout the system. Recently, Phil was successful at securing a

secondment role for Health Education England as a Primary Care AHP Ambassador, and is excited about the opportunity to influence healthcare workforce transformation and support the implementation of AHP roles into general practice across the North West.

My role as a FCP Physiotherapist is to provide highly skilled MSK assessment as first point of contact for the patient within primary care. Patients are directed by either practice receptionist staff or as part of an online booking system to the FCP and is booked into a 20-minute appointment.

Following assessment and diagnosis, the patient moves into one of 4 clinical arms although the majority of patients are managed within the first:

1. Clear explanation of diagnosis, time frames for recovery and first line management
2. Referral for further investigation to help differential diagnosis
3. Referral to secondary care
4. Referral to specialist services such as community Physiotherapy.

There are a number of potential clinical structures that a PCN could utilise the skills and expertise of a Physiotherapy FCP dependent on local population size and distribution as well as prevalence of MSK condition. Further details can be found in the Musculoskeletal First Contact Practitioner Service implementation guide released by Health Education England in January 2020.

Neil Sinclair Physician Associate & Training Ambassador

I previously worked in banking and accountancy, as well as living and working in Spain with a number of different roles between all this.

Studied Bsc (Hons) Radiotherapy at Liverpool University.

Worked as therapy radiographer at Royal Preston Hospital 2014-2106. Unfulfilled with little career prospects. Contemplated leaving healthcare altogether.

Researched PA role and began PA studies at UCLAN 2016, graduating 2018.

First PA role in primary care at Darwen Healthcare since 2018.



The role attracts mature students with previous healthcare experience or scientific background. This role engages a new population of professionals who would potentially not have engaged in a healthcare career – most students not taken from existing Primary Care Professions.

A PA is a Generalist trained to the medical model over 2 years to supplement, not replace, existing healthcare framework. My day includes a variety of duties, I currently operate an AM/PM clinic with appointments lasting 13 minutes. This is a mixture of acute and pre-bookable appointments. Able to interpret and action lab link reports. Acute and frailty home visits. Public health work including bowel screening, immunisations and developing CKD work in general practice. I undertake Digital consultations, teach and assist with students.

Not being a Prescriber has not been seen has an issue, the practice patients are set up for electronic prescribing. I screen message the on-call GP to issue an electronic prescription, after reviewing my case notes. A simple and effective solution.

An experienced PA should be able to see most patients, supported by an on call GP within the Practice. A PA frees up the GP to see complex patients and our practice has recently been able to extend the time allowed for GP consultations because of the role of Associates.

I am Ambassador for the role of Physician Associate.

Emma Hoyle Physician Associate & Training Ambassador

A day in the life of a PA within general practice:

8:30 – start – review investigations and make clinical assessment calls -

Morning clinic – see patients which are pre-booked or booked in from clinical assessment

- Clinical assessment
- Home visits
- Afternoon clinic

Review investigations/referrals and patient follow up where required using telephone/secretaries/reception/text service

6:30 pm finish 4 days per week



My role in general practice is varied and satisfying and converting from secondary to primary care is the best move I have made.

I jumped ship to primary care 6 months ago, after working in secondary care for 18 months. My knowledge and experience gained from rotating through Acute medicine, Gastroenterology and Diabetes and Endocrinology as a new graduate PA has provided a great background of information and experience for which to transfer to my current role.

I tend to see the less complex patients currently, and am keen to develop a good knowledge and understanding of how to best manage these patients, both acutely and chronically. Once I have mastered this, I hope to continue to build on my knowledge and skills in order to progress to seeing and managing the more complex patients, provided that these are within my competencies. My aim is to reduce the burden on my colleagues and become a really valuable part of the clinical team.

I currently see an average of 17 patients per day in clinic, plus home visits and telephone clinical assessment.

I am also a PA ambassador for Health Education England so provide tutorial support for trainee PA's, as well as working on projects which hope to promote and increase digital working in general practice. I am also working on upscaling and supporting the LIFT2 programme throughout the North West and am working on providing progression and development opportunities for qualified Physician Associates, so those who want to progress, have the option to do so.

My background as a teacher in higher and further education prompts me to take an interest in medical education and I look forward to future developments which may arise within the PCN for me to continue this educational role.

David Carter Physician Associate

Physician Associates (PAs) in general come from a varied background but all undergo the same general medical training covering all key specialities, making them generalist medical practitioners. This experience combined with their previous work experience makes them very adaptable and useful in a primary care setting.



Before becoming a PA I spent time in the military, worked as a heating and plumbing engineer, eventually finding my way into nursing, where I spent 5 years as a Charge Nurse in Emergency Care. I then undertook the PA course. Having a young family the LIFT II program provided me the perfect work life balance as well as a structured training and supportive career pathway.

As a PA who is also part of the LIFT II pilot program I have a varied week in practice. This incorporates time in both Primary and Secondary care settings. The first three days of the week are spent in a GP setting, here I undertake patient face to face clinics with a named GP to support my decision making and management planning. I refer my patients to secondary care services routinely or under more urgent pathways. I undertake home visits, frailty assessments and work to update individualised patient care plans. I also work as the practice Armed Forces Lead and incorporate forward thinking ideas supported by HEE to develop the role of the digital clinician.

The other two days of the week are spent in Secondary care, currently in the speciality of Medicine for the Older Person (MfOP), the ward also incorporates Stroke patients, and this enables me to participate in consultant lead ward rounds, join the junior doctor ward team, and attend specialist clinics in OPRA and TIA. I am also undertaking a Quality Improvement project to assess the management of Osteoporosis, and the management of fragility fractures in the elderly.

After the two year program it is envisaged that PAs will have a good knowledge and experience in General Practice, supported by two 12 month placements in secondary care for two additional specialities. My experience will incorporate two years in primary care, one year in MfOP/Elderly Medicine and one year in Psychiatry. This will be on top of my general training and previous Emergency Department experience of which I continue on a Locum basis.

Simon Holden Paramedic Practitioner

Simon recently joined Darwen Healthcare as a Paramedic Practitioner seeing patients in clinic, and doing home visits. Previously to this Simon has spent 15 years registered as a HCPC Paramedic with North West Ambulance Service and has 19 years experience working on an Emergency Ambulance. With range of clinical skills from basic observations to 12 lead ECG interpretation, cannulation to intubation, trauma management, emergency medical presentations, acute exacerbation of chronic conditions.



A Typical Day for Simon

My role within the practice has been developed in partnership with the GP Partners, practice manager and other HCP's. It is a proactive role out in the community and liaising with the Integrated Neighbourhood Team, Voluntary Sectors and Hospice Services.

A typical working day in the practice commences with telephone consultations with patients who have recently been discharged from hospital. This is to ensure that any recommendations from the hospital have been actioned within the primary care setting e.g. Discharge Medication, Home / Community Nurse Support etc. A check on the patient's recovery is undertaken to see if any additional support is required. This ensures that all measures have been actioned to avoid re-admission. I then ensure that the patient's named GP is aware of their progress and any further action.

This is followed by a small patient clinic, a meeting with the Patient Engagement Lead/Home Visit Administrator, to triage any home visits for the day. I will then go out into the community and visit the patients requiring a home visit. I am in contact with the team throughout the day and may receive extra visits as patient contacts are triaged. I have full access to the EMIS Web system via the practice ultra laptop.

I return to clinic to ensure any blood or tests requests are ready for transport to collect at the end of the day. I may also see patients in clinic at this time, as part of the Extended Hours service we offer

Julia Mullaney Advanced Nurse Practitioner

My name is Julia and I am an ANP. I started out as a HCA in a care home. I used to watch the District Nurses come visiting patients in the home and decided this was my goal, this is what I wanted to do, I wanted to be a District Nursing Sister. I applied to university and commenced my nurse training in 2002 at UCLAN. My goal never changed all the way through and I was successful in securing a place in a district nursing team in Blackburn in my final placement of my nurse training. I started as a community Staff Nurse, with that Sisters post always in my sights and applied for the degree in September 2006. I commenced my Degree in Sept 2007. I then qualified and continued as a DN Sister for almost 6 years and loved every second. I then decided to further my career as a Community Matron which I worked as for over 3 years and then finally successful in securing an ANP role at Darwen Healthcare where I remain today.



My current role is very varied with a wealthy mixture of patient care, leadership, mentoring and service development. I autonomously see patients in clinic who present with a wide variety of acute and chronic health conditions. I have successfully completed the royal college of nursing credentialing process which assesses the background and legitimacy of nurses to practice at an advanced level through assessing their qualifications, experience and competence. This has allowed me to gain formal recognition of my level of expertise and skill in my clinical practice, leadership, education and my research in a way that is recognisable to colleagues, employers, patients and the public. I specialise in the care of frail and palliative patients and play a lead role in frailty for the practice and offer training to the multi-disciplinary team in advanced care planning and care of palliative patients.

I mentor students and junior members of staff and offer coaching and leadership. As a practice Teacher and an ambassador for the Training Hub I work closely with managers to ensure learning environments are effective and conducive to provide an opportunity to meet the educational needs of the multi-disciplinary primary care team, bringing together NHS organisations, community, local authorities and education establishments.

I work as the nurse lead for Darwen Primary Care Network, being involved in shaping the provision of service and getting the most out of the services in the community. I work to engage the wider multidisciplinary network to enhance local service provision to improve health outcomes for patients. I have a role in the nurse forums in the Blackburn with Darwen and have been on local strategic teams. I have embraced the role to facilitate nurse involvement across the network to improve working towards a common goal of improving outcomes for patients within the neighbourhood networks.

Claire Downs Advanced Nurse Practitioner

I am an Advanced Nurse Practitioner having completed my MSc Advanced Practice in 2011.

I started my nursing career in 1993, graduating from Nottingham University with a BN (Hons) and have benefited from working in a range of settings and roles across primary and secondary care to date, including Neurosurgery and High Dependency and have worked as a Respiratory Nurse Specialist, Community Matron/Clinical Lead and most recently as an ANP.



I am employed by Irwell Medical Practice, Bacup where I see patients in urgent 'on the day' slots, and also in routine pre booked appointment. I will see patients in their own homes when needed. As an ANP and Independent Non Medical Prescriber, I am able to see patients independently, assess, diagnose them, treat, arrange investigations/tests and refer as needed, within my scope of professional practice. As an ANP in Practice I assess and manage patients with a wide range of conditions although I have a particular interest in elderly medicine, frailty and polypharmacy. My clinical slots are 15 minute appointments. Patients are booked in to see me by our care navigators. I work closely with the wider MDT and represent our practice patients within the Integrated Neighbourhood Team meetings. I am also responsible for assisting with Practice workload – for example dealing with documents e.g. discharge summaries/consultant letters, and reviewing test results and taking action as needed. We are a training practice so I am involved in the supervision and training of students from a variety of disciplines – including student nurses and return to practice nurses, physician associates, MSc Advance Practice Trainees, Medical students and Fy2 doctors.

As an ANP, I have worked across all of the 9 GP practices in Rossendale and feel well placed to represent and advocate for the nursing teams within the PCN, CCG and wider. I am Locality Nurse Lead for Rossendale, working with both Rossendale East and West PCNs. I have a keen interest in clinical leadership and staff development. I have been Locality Lead Nurse since 2015 and during that time have enjoyed having scope to influence change, for example, being part of task and finish groups to extend the ANP care home service to include domiciliary visiting, and working with Radiology to devise a protocol to enable ANPs to request USS and Dexa after these privileges had been withdrawn. Within the PCN I am now take the lead on the Social Prescribing Service and have had the opportunity to drive our development in implementing group consultations within the PCN, although both of these pieces of work are in their early stages.

Within the Local PCNs, the Advance Nurse Practitioner role is already being utilised across a number of individual Practices and within our local services across Rossendale East and West PCN, which provides ANP review to care home residents and the housebound. There is certainly scope to expand the ANP role into all practices and to include more crossover.

Carrie Locker Advanced Nurse Practitioner

Carrie has been a nurse for almost 20 yrs now. She sees patients from aged 1 up to the very elderly. Carrie is a very experienced and educated nurse who is able to assess, investigate, diagnose, and prescribe. She can request scans, x rays and refer patients to the hospital for further treatment or admission as needed. Carrie sees a similar range of patients as the GP would normally see. Daily workload includes requests for same day tel triage , face to face same day urgent appts , reviewing blood results and other tests requested e.g. x rays and scans . She carries out frailty reviews and home visits too. Her passion is reviewing frail elderly pts that are at risk of admission and putting plans in place , reviewing meds, acute and chronic conditions in order to keep them safe at home.



She carries out frailty reviews , in surgery and at home , post discharge review follow ups discusses DNR wishes and advanced care planning with patients . A frailty pathway has been developed at the practice that she hopes to share with other PCN members when fully embedded.

She also has the role of nurse manager for the surgery and manages 7 clinicians . She also reviews policies and protocols for the surgery and has responsibility for areas of QOF allocated to her. She inducts physician associate and student nurses to the surgery and liaises with the Uni and training hub in order to get students allocated and mentors these too. Carrie is a PCN Burnley East board member , and attends monthly board meetings which allows input and contributing to local pathways.

A large range of posters and leaflets for promoting the multidisciplinary teams in General Practice can be found at

<https://campaignresources.phe.gov.uk/resources/campaigns/98-nhs-general-practice-multidisciplinary-team-/resources>



Nurse Career Pathways



Angela Ormrod Practice Nurse Team Leader

Angela has been a registered nurse for 18 years initially working in women health within the hospital setting before joining General Practice 10 years ago and has developed into the practice nurse team leader. She has completed her diplomas in long term conditions, non-medical prescribing and recently started the MSc in Advanced Clinical Practice. She has led on Improvement programmes alongside NHS England, designing and implementing a one stop clinic within the practice and has successfully mentored new practice nurses, trainee nurse associate, student nurses and return to practice nurses.



Hannah McLaughlin – Newly Qualified Practice Nurse

Having recently gained an honours degree from the University of Central Lancashire School of Nursing, I was keen to pursue a nursing career within a General Practice setting. I had previously undertaken student placements in primary care and during this time I was able to see how holistic nursing and healthcare support was made easily accessible to members of the local community. I have really benefited from the support given to me through my local practice team members and the wider nursing team across the PCN, making the transition from student nurse to newly qualified nurse less of a challenge.



Nyomi Hope Trainee Associate

Nyomi is a trainee associate at Irwell medical practice. Nyomi began her career at a day centre for young adults with learning disabilities for 2 years. She went on to work at a residential care home for 10 years where she obtained her NVQ 2 and 3 in care. Nyomi wanted to challenge and develop herself as a health care assistant for 18 months, Nyomi was given the opportunity to undertake the trainee nursing associate course which has enabled her to develop her nursing skills and knowledge within this new exciting role.



Sharon Turner Training Nursing Associate

I have worked at Thursby Surgery for 13 years, initially as reception staff moving to phlebotomy then HCA. My role involves health checks, B12 injections and flu vaccines, under direction, ECG and ambulatory blood pressure monitoring amongst many other responsibilities. Since starting the nursing associate course I have gained knowledge and skills which has helped me understand why I undertake the tasks I perform enabling me to help patients to understand their care better. Also the practice are now developing hypertension reviews and diabetes care for nursing associates to support the clinical team and patients.

Lisa Collins Clinical Pharmacist in GP Practice

Lisa has been a pharmacist for 18 years, with additional qualifications of post graduate clinical diploma gained in 2004 and independent prescribing in 2007. Lisa had experience mainly in primary care PCT role, later having a roles as CCG employed practice pharmacist and care homes pharmacist for a number of years. Lisa moved into a Practice Pharmacist role 2 years ago and finds it professionally very satisfying.



The Role of the Practice Pharmacist

The overarching aim of the role is ensure safe, effective and optimised use of medicines. Lisa works alongside the GPs, nurses and non clinical staff embedded within the practice team.

The role undertaken is primarily patient facing, but incorporates a variety of medicines related tasks. Some of these tasks are “added value” and would not have been previously undertaken, and some of the work would otherwise be undertaken by GPs. A typical week includes:

- Resolution of day to day medicines issues e.g stock shortages
- Medication reviews of patients with polypharmacy, focusing on deprescribing and frail elderly
- Medicines reconciliation following discharge and outpatient clinic attendance.
- Acute prescription requests
- Medicines information and education for clinical and non clinical staff
- First point of contact for medicines queries for colleagues and patients
- Development/ review of policies and procedures for safe medicines use, storage and prescribing
- Supporting the practice to deliver on QIPP and QoF, prescribing incentive schemes
- Implementing drug alerts and withdrawals e.g MHRA alerts

The scope for what a clinical pharmacist can do in a GP practice is wide, and can include long term condition clinics, care planning, minor illness clinics. It is vital to consider what the practice needs are, and match this to the individual pharmacist’s skills and time available.

Junaid Mohamed, Clinical PCN Pharmacist

I conducted my pre-registration and worked my initial years as a pharmacist in community pharmacy, working for Boots. I then went on to develop my clinical skills in hospital as a Clinical Hospital Pharmacist. In my time working in hospital I completed a clinical diploma and the Independent Prescribing course. This led me to take a role in primary care as Clinical Practice Pharmacist working for a local practice across four surgeries. As the PCN Pharmacist team was introduced I was welcomed in to the team to provide a service across the local area.



Working as a clinical pharmacist in primary care I support safe and effective prescribing within practices. I ensure protocols such as repeat prescribing and high risk drug monitoring are appropriate and implemented. I utilise Eclipse, a medication risk stratification tool to highlight any patients that could be potentially harmed by their medication. As part of the practice team I provide a medication information service for both colleagues and patients answering queries regarding medication. I conduct face to face medication reviews for complex patients with polypharmacy issues to ensure their medication regime is clinically appropriate. I also have clinics for chronic disease management for patients that require intensification of treatment with up titration of medication.

Colleagues have welcomed me to the practice teams as I am able to contribute with valuable clinical input which has improved safety and quality as well as easing pressures from GP workload.

Patients have fed back positive outcomes from the service as I have been able to support them with safe and effective use of medication and provide ongoing support in disease management.

Charlotte Atkinson Medicines Optimisation in Care Homes clinical pharmacist

I am a care home pharmacist working across Blackburn with Darwen. Prior to this role, I worked as a hospital pharmacist in London. Together with my colleague, I work with care homes and GPs in the area to optimise medications and ensure medications add value to their residents' wellbeing. We also provide advice to care homes on safe systems and procedures relating to medicines. I am passionate about applying my expertise in medicines to reduce polypharmacy in the elderly.



The Role of a Social Prescribing Link Worker

Social prescribing is a means of enabling GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services. Link workers give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning. They connect people to community groups and agencies for practical and emotional support. Link workers collaborate with local partners to help community groups be accessible and sustainable and support people starting new groups. Social prescribing improves outcomes for people by giving more choice and control over their lives and an improved sense of belonging when people get involved in community groups. It is also effective at targeting the causes of health inequalities and is an important facet of community-centred practice. It is particularly useful for people who need more support with their mental health, have one or more long-term conditions, are lonely or isolated, or have complex social needs that affect their wellbeing. Social prescribing can meet many different types of non-clinical need, ranging from support and advice for individuals experiencing debt, unemployment, housing or mobility issues to tackling loneliness by building social connections through joining local community groups, such as walking, singing or gardening groups.

Debbie Dewhurst. - Social Prescribing Link Worker.

I am employed by BPRCVS and based within PCN's for Rossendale West covering Waterfoot Medical Practice with Fairmore Medical Centre, Irwell Medical Practice, Bacup and Whitworth Medical Practice. I previously held the role of a BPRCVS Community Connector, for the Social Prescribing Health and Wellbeing Project. My knowledge of the development of Social Prescribing within BPRCVS and the value it holds within the community for the community has grown immensely over the 3 years. I worked within the Rossendale area and have established excellent links with local Community Groups and the wider MDT.



I have experience of working as a Personal Assistant for a gentleman with Autistic Spectrum Disorder as well as having 12 years' experience of working within Community Adult Mental Health in different settings. I have experience of working with Dual Diagnosis Patient (mental health with alcohol/substance misuse). I have also experience of working with both children and adults with Learning Disabilities and additional needs. I'm excited about putting all these skills into practice as well as developing many more.

Shahan Lais – Social Prescribing Link Worker

I will be working as a Social Prescribing Link Worker targeting Rossendale west, working with Dr Mackenzie & Partners, Ilex Medical View, Rossendale Valley Medical Practice, St James Medical Centre, and The Surgery in Haslingden. I have an interesting and varied work history, working locally nationally and beyond! I have previously worked as a Public Health Specialist in the NHS for 18 years. My areas of expertise are Health Inequalities, Population Health, Epidemiology and Community Engagement. I am also a volunteer for a local charity in Rossendale and work with Young people and the wider community on initiatives to create cohesion and advance well-being and health. As evidenced, the Social Prescribing agenda can make a difference to the lives of vulnerable people and communities, and alongside my colleague Debbie, I am excited to be a part of the journey



Contact and Reference Information

Pennine Lancashire Training Hub Contact
[email:pl.th@nhs.net](mailto:pl.th@nhs.net)

Please visit our website
www.penninelancashiretraininghub.co.uk
to find the latest news or sign up for our newsletters

A large range of posters and leaflets for promoting the multidisciplinary teams in General Practice can be found at

<https://campaignresources.phe.gov.uk/resources/campaigns/98-nhs-general-practice-multidisciplinary-team-/resources>



Pennine Lancashire Training Hub

Pennine Lancashire



Locality Training Hub

Please visit our website

www.penninelancashiretraininghub.co.uk

to find the latest news or sign up for our newsletters