

# Jewels in the Crown

## Trent Practice Education Centre Project Final Report 2003-2006

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# Acknowledgements

The considerable effort, commitment and personal energy invested by those involved in making these models work is acknowledged. Work of this nature is demanding, relentless and necessitates professionalism and leadership.

It has only been with the willingness to take risks and experiment with innovation by past and current colleagues working in the centres that such progress has been made.

Over the life of this project we would like to acknowledge the contribution of the following organisations and individuals. Without their vision and unfaltering support these achievements would not have been possible.

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Trent Multi Professional Deanery

Central and Greater Derby PCT

Collingham Medical Centre

Chesterfield PCT

East Lincolnshire PCT

Lincolnshire Teaching PCT

Mansfield and Ashfield PCT

Newark and Sherwood PCT

North East Derbyshire PCT

Nottingham City PCT

Nottingham NHS Walk-In Centre

South West Lincolnshire PCT

West Lincolnshire PCT

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PDF versions of this report are available at:

[www.trentdeanery.nottingham.ac.uk](http://www.trentdeanery.nottingham.ac.uk)

[www.lpct.nhs.uk](http://www.lpct.nhs.uk)

[www.chec.org.uk](http://www.chec.org.uk)

[www.tin.nhs.uk](http://www.tin.nhs.uk)





	Page
Foreword	4
Executive Summary	6
1. Showcase	8
1.1 The Seven Centres	8
1.2 Examples of activity in support of national and local policy	13
2. Findings and Learning	27
2.1 Trent Practice Education Centre Strategy	27
2.2 Reflection on determinants of success	28
2.3 Accountability and local management	29
2.4 Specific findings	30
3. Centre Summaries	32
3.1 CHEC	32
3.2 WiC-ED	33
3.3 West & South West Lincolnshire PCTs	34
3.4 East Lincolnshire PCT	38
3.5 Chesterfield PCT & NE Derbyshire PCT	39
3.6 Mansfield & Ashfield PCT	40
3.7 Derby City PCT	41
4. Conclusion	42
5. References	44
6. Appendix	46



*Dear Colleague*

*The current major reforms in national and local Health and Social Care policy require workforce modernisation. These changes must cross traditional service boundaries and involve a wide range of staff.*

*Those in PCTs, new service developments and local health communities who are planning the workforce of the future will need to find ways to orchestrate these changes.*

*The initiatives described in this report provide options and presents approaches for the development of staff within the career framework (A Career Framework for the NHS 2004). The models show how they might enable service providers to meet the aims of Learning for a Change in Healthcare (First report of the National Director for Widening Participation in Learning) as well as realising the ambitions of The NHS Plan, Shifting the Balance, Choosing Health, Our Health, our care, our say and local integrated service improvement programmes (ISIPs)*

*This report showcases what can be achieved through innovative provision in education, training and development. In this case through the Practice Education Centre Project. It identifies what might be learnt from what worked well, and key messages from less successful aspects.*

*Some of the models of Education Centre in this report demonstrate the potential for an exciting learning infrastructure that would help PCTs and Practice Based Commissioners realise their ambitions as commissioners and providers of services fit for purpose with particular regard to the delivery of high quality patient services.*





*For example, multi professional learning organisations can be developed in primary care to facilitate practice based (team focussed) learning, streamline quality standards and achieve economy in scale and opportunity for inter professional learning. This in turn supports a shift towards primary care, opening the way to influence and shape delivery of services.*

*The engagement of primary care/general practice has increased the capacity for work based learner placements. In addition it has encouraged practices to take Foundation year two doctors, supporting the Modernising Medical Careers programme.*

*In many cases the models described in this report have enhanced the work, interest and careers of experienced clinicians through the development of clinical educator roles.*

*The Institute of Multi Professional Education & Learning (East Midlands Healthcare Workforce Deanery) seeks to work collaboratively with PCTs, Practice Based Commissioning Clusters, Service and Education providers in taking forward locally appropriate models.*

*I would like to congratulate those contributing to success stories within the Practice Education Centres Project both past and present. Individuals and teams have shown commitment, innovation and have risen to the challenge in developing and testing out these models.*

*These are definite Jewels in the Crown!*

*David Sowden, Dean Director, Trent Multi-Professional Deanery*

The Practice Education Centre Project was initiated jointly under the auspices of Trent Workforce Development Confederation (WDC) and Trent Deanery in September 2003 and continued through to completion in September 2006 under Trent Multi Professional Deanery.

Its aim was to develop pilot sites to increase the provision of primary care based multidisciplinary education and learning. The initiative was designed to test different models for serving the development needs of the workforce anticipated from policy such as The NHS Plan, Shifting the Balance of Power and new ways in working to achieve reform in practice.

The philosophy of the WDC was to facilitate the initiation of new learning activities; providing support, direction and leadership to enable health communities to develop models suited to meeting their local needs.

Taking a project management approach the intention was to initiate at least one learning /development model in each of the three counties within the former Trent area. Expressions of interest meeting specific criteria (appendix 2) were invited and seven pilot sites recruited in three waves.

The first model was based at an existing teaching and training practice (Collingham Health Education Centre-CHEC) in Nottinghamshire. The second wave models were in Central Derby and East Lincolnshire PCTs. The third wave were in West & South West Lincolnshire (Lincolnshire Teaching PCT Teaching Practices), Nottingham Walk-in Centre (WiC-ED), Mansfield & Ashfield PCT and North Derbyshire; Chesterfield PCT and North East Derbyshire PCT.

Greater financial investment was made in the first model to employ a part time GP/ Learning champion to undertake a scoping exercise, co-ordinate and provide support to subsequent models, and establish a corporate image and website which might benefit them all.

A Practice Education Centre Steering Group provided support for centre leads and guided developments.

The strategy has been monitored by the Trent Primary Care Education Development Reference Group (comprising health community, social care, education, Deanery and Learning & Skills Council representation). Initially, reporting was to the Trent WDC Education & Training Strategy Group to ensure consistency with the overarching Education Strategy, more latterly reporting was to the Trent Deanery Business Review Group.

Of the seven models designed to expand primary care multi disciplinary learning and development three different types of initiative were commissioned:

- Hub and spoke learning provision
- Practice Education Centre
- Virtual learning/e-learning facility



Their relative successes are described, demonstrating how different models of practice based learning initiatives in primary care have delivered a range of programmes and outcomes. They have demonstrated how:

- The demand for new and more practice based learning opportunities for both clinical and non clinical skills can be met in conjunction with independent providers or through new social enterprise models.
- The careers of experienced staff in primary care can be enhanced through an educator role and an expansion of opportunities for multi and inter professional education
- Developing learning organisations presents the opportunity for primary care and practice based commissioners to progress new forms of service delivery through a changed workforce with upgraded/different skills.
- Staff development costs, including those of practice based education and learning, need to be factored into new service contracts.

Multi Professional Learning Organisations are waiting in the wings to deliver education, training and development for the current and future workforce to deliver modernised services in local settings. To do so requires sustainable investment in primary care learning infrastructures.

Shifting resources to support pre-registration learning in primary care is a subject for national discussion (historically non-medical, practice based learning in primary care has not been funded from outside the practice). However, there is scope for reciprocal arrangements e.g. Nurses training foundation doctors in return for supervision and assessment for non medical prescribing.

Lessons learnt from the investment in this project by the WDC/MPD inform stakeholders of potential education and learning infrastructures that might equip the workforce with the knowledge skills and competence to deliver care outside hospital.

## 1.1 The Seven Models in outline

*“Effective learning needs a strong and sustainable infrastructure, people (including skilled mentors, supervisors and managers) knowledge, technical resources and partnerships” – Working Together – Learning Together (Department of Health 2002)*

*Locally commissioned practice based learning that facilitates multidisciplinary and interagency education is advocated as a key initiative in workforce development*

Common Learning: Overview of inter-professional education (2004).

The Trent Practice Education Centre Project was set up to assist in meeting these challenges.

### Collingham Healthcare Education Centre (CHEC)

CHEC is a not-for-profit primary care educational facility; established to provide inter-disciplinary practice-based training.

It does this by designing and offering courses and events intended to meet the learning needs for a range of clinical and non-clinical primary care staff. It complements existing education and learning provision

Education and support is available to practice and community teams including nurses, healthcare assistants, general practitioners, practice managers and reception staff.

Recruitment is supported through the promotion of careers in primary care and support for staff returning to work.

The continuing professional development of existing primary care staff is supported through skills development and mentoring.

Check out CHEC at [www.chec.org.uk](http://www.chec.org.uk)







## WiC-ED

### Walk-in Centre Education Department

The Nottingham Walk-in Centre is a nurse-led service delivering advice and care to over 55,000 patients per year. Hosted by Nottingham City PCT, it offers shared services provision to the population of Greater Nottinghamshire. Since its inception in June 2000 the Walk-in Centre has developed its role in training and education.

The unique strength of the Walk-in Centre is the volume and the variety of patients that attend and the breadth of experience this offers Health Professionals.

WiC-ED provides a safe environment to practice and observe skills in assessing, diagnosing and treating patients with a wide variety of conditions to complement knowledge gained from attending courses organised by WiC-Ed or other educational organisations.

Educational services are provided in partnership with stakeholders and other providers of education e.g. medical educators and local universities.

The Walk-in Centre offers 'real-time' resources as the central hub for inter-disciplinary, interagency training within primary and unscheduled Care.

Mentorship helps learners maximise skills and knowledge in assessing, diagnosing and treating patients, increasing access to learning in the workplace .



## West & South West Lincolnshire Teaching Practices

Under the Lincolnshire Teaching PCT umbrella, West and South West Lincolnshire PCTs worked collaboratively in recruiting six general practice teams to a network of teaching practices. The pilot was designed to provide an educational infrastructure that would increase capacity to take practice based learners within 3 Key Themes:

1. The development of skills that are high in demand and in short supply to include
  - a. monitoring of long term conditions,
  - b. assessment and diagnostic skills for non-medical staff,
  - c. prescribing for non-medical staff
  - d. public health skills
2. The development of the non-registered workforce to include:
  - a. delivery of the new GMS contract
  - b. developing Health Care Support Worker staff skills e.g. into Assistant Practitioner roles
3. To increase the number of placement opportunities for all disciplines to ensure people in training get exposure to primary care from the outset. To include:
  - a. First Contact Practitioners
  - b. Allied Health Professionals
  - c. Pre-registration Nurses

Overall co-ordination and administration has come from the Associate Director of the tPCT and tPCT Facilitator. Placements have been facilitated for a wide range of learners wishing to achieve different learning outcomes. The project illustrates the potential of multi professional, team based learning to operate in a network delivering bespoke learning opportunities.

Working in conjunction with local universities, Lincolnshire inter-professional practice learning unit, Lincolnshire workforce modernisation team and local practices the model demonstrates success in its approach to meeting workforce development needs.



## Integrated Healthcare Centre East Lincolnshire

Historically the East of the county suffered from lack of investment in an educational infrastructure with resources focussed on the larger cities. As a consequence the PCT and local practices were disadvantaged in their ability to promote development opportunities to the existing or potential workforce

The PCT led the development of a virtual learning/e-learning model compatible with the Kaiser Permanente philosophy of integrated care. By broadening access to learning and development opportunities, through the creation of a local e-learning centre the situation was recovered. Local educational and personal development opportunities have improved, enhancing the ability to recruit and retain employees as well as develop the existing workforce.

## Derby City PCT

Hosted by the PCT this initiative had considerable initial enthusiasm from the Medical School (in Derby), local practices, a nurse led practice and the University of Derby.

Developing a learning network, co-ordinated through a PCT data base, this initiative intended to match learner demand for specific skills acquisition with practice educators as part of a learning circuit. It was hoped to make best use of unique real time learning opportunities with patients.

During the development of this initiative, Central and Greater Derby PCT merged to become Derby City PCT. Development of the placement learning support unit for Southern Derbyshire called for the initial proposal to be revised. Aligned with the unit the plan is now to replicate the West & South West Lincolnshire teaching practices model.

## Chesterfield PCT

### Programme in Practice Based learning - Community Matron Development

The ambition was to develop a programme delivered in primary care to advance the knowledge, skills and competence of nurses to achieve community matron competencies. (Case management framework DH 2005)

Four practices participated with Brimington Surgery taking the lead in delivering interactive training sessions followed up with supervision by a GP and on the job training. The project accommodated 4 community matrons initially, however, the scope of the project was to involve other specialist nurses and community matrons across the patch

One afternoon per week was allocated to education, training and mentoring community matrons in

- Respiratory disease
- Cardio vascular disease
- Neurological disease

GP sessions enabled them to observe and participate in examination, diagnosis and assessment and to take referrals on to their own case loads

Action learning sets facilitated by external consultants were organised for supervisors, mentors and assessors. These sessions were opened up to the neighbouring PCT.

## Mansfield & Ashfield PCT

The initial concept was to develop a multi professional team of educators using an e-learning platform based on the one originally designed by the School of Nursing in Kansas University, USA.

The resource was intended to provide a range of virtual interactive learning experiences for primary care staff, while developing expertise amongst educationalists, practitioners, learners and healthcare users. A number of local change factors prevented this aspiration being achieved.



## 1.2 Examples of Practice Education Centre activity in support of national and local workforce development policy

*"This White Paper will mean changes for all staff, whether they are focussing more on prevention or working in new settings"*

Our health, our care, our say: a new direction for community services January 2006

*"I am currently working as a practice nurse for the RAF whilst studying for a Masters Degree in First Contact Care, with Sheffield Hallam University. My population are aged between 17 and 45 years old and are generally "fighting fit" Whilst an interesting job, the age range and fitness of personnel clearly has its limitations in terms of advancing my practical skills. This learning placement provides wonderful opportunity to broaden my experience in general practice whilst enhancing my level of nursing skills"*

J Shimell

First Contact Practitioner

(Teaching practice placement in West & South West Lincolnshire)



*"As care moves closer to people, many hospital-based staff will spend time working with multidisciplinary teams, with specialist nurses and with practitioners with specialist interests."*

Our health, our care, our say: a new direction for community services January 2006

### Spirometry Training

For practice nurses and healthcare assistants

Run in conjunction with the Respiratory Department at Kings Mill Hospital Trust, delegates receive in-practice support from the respiratory team.

This is helping to reduce barriers between primary and secondary care staff to deliver a more integrated service for patients.

CHEC

*“Improving urgent access.....giving people a wider range of services that can provide urgent care”*

Our health, our care, our say: a new direction for community services January 2006

## Nurse led service skills training

- In conjunction with United Hospitals Nottingham Emergency Department, plans are in place to introduce staff to skills used at the Walk-in Centre.
- The ambition is to provide a service by nurses and support workers to treat conditions quickly and effectively to avert hospital admission. Reform of the service will enable best use of clinical expertise for those truly requiring emergency care
- WiC-ED has worked closely with a number of LIFT projects, mentoring staff for up to three months, equipping them with the skills to provide local “Walk-in” services

WiC-ED





## *The way forward*

### *Recruiting and retaining health professionals.....*

*"The aim is to build on the success of the last four years in attracting health professionals into primary care"*

Our health, our care, our say: a new direction for community services January 2006

### **Young Apprenticeship in Health & Social Care**

A two year programme for 14-16 year olds offering a chance to get a taste of real work in the NHS alongside their continued school work

### **Pre registration Pharmacists**

In conjunction with Nottingham University, WiC-ED have facilitated opportunities for undergraduate pharmacists to experience primary care services in action at the Walk-in Centre. This is a first for undergraduate pharmacists and a chance to consider career development opportunities in NHS primary care

### **Health Service Management Trainees**

WiC-ED has provided health service management trainees with placements to gain insight into leading edge services in primary care

WiC-ED

*"... enlightened and progressive people management is a vital part of improving organisational performance. High-quality patient care needs effective organisations with strong leadership, clear strategies and business plans with explicit criteria to monitor performance"*

HR in the NHS Plan-More staff working differently DH 2002

### **Practice Managers Master-class**

This highly successful master-class has been run as a two day residential programme for Practice Managers

Master Class (3) offers

- Personal and corporate image projection
- Age discrimination- mock tribunal
- Managing staff under-performance
- Career development for practice managers
- Developing media skills
- Building a business plan
- Building a financial plan

CHEC



*".....a range of individuals and organisations have a part to play in delivering this strategy.....many practices are taking on health care assistants who can carry out a range of tasks which were previously done by a nurse –such as weighing patients, measuring their blood pressure and taking blood samples"*

HR in the NHS Plan-More staff working differently DH 2002

## Primary Health Care Assistants Course

Increasing numbers of Health Care Assistants (HCAs) are being employed in GP practices with little opportunity to engage in education and learning.

This course was specifically designed for Health Care Assistants in conjunction with Nottingham Local Medical Committee (LMC) and Teaching Primary Care Trust (tPCT)

Run over two months, flexible to the practice needs, the first month was spent in the Walk-in Centre where individual competencies were assessed. The second month was spent in their own practice under the supervision of their practice mentor where competencies were completed.

Contents :

- Observation skills
- Health and safety
- Food hygiene





- Infection control
- Fire safety
- Protection of Vulnerable Adults,
- Venepuncture
- Chaperone skills
- Health Checks
- Electro cardiograms
- Spirometry
- Obesity management
- Blood pressure monitoring
- Understanding cholesterol
- Ear assessment
- Communication and consultation skills
- Running a dressing clinic
- Reflective diary and continuing personal development.

**Feedback:**

*“Our health care assistant is now carrying out health checks, new patient checks, spirometry and running a controlled hypertension clinic.*

*This has freed up a lot of our nurse hours enabling them to extend their own professional practice”*

(Practice Manager)

WiC-ED



*“By 2008, there will be 3,000 Community Matrons who will take the lead in providing personalised care and health advice for patients with complex problems...”*

Choosing Health-Making healthy choices easier 2004

## Practice based learning programme for Community Matrons

The PCT devised a training needs analysis tool to be completed by each community matron. Based on the core competencies of the “Long Term Conditions Framework” it details strengths and development needs of participants on the matrons development programme.

Each community matron was allocated a GP supervisor providing clinical supervision and on the job training.

GP sessions enabled them to observe and participate in examination, diagnosis and assessment and to take referrals on to their own case loads.

The programme has supported the roll-out of supplementary and extended nurse prescribing. This has involved the GP supervisor supporting the programme and supervising the training on drug pharmacology and the development of clinical management plans.

Assessment of competence has been by GP supervisors

- Competencies and implementation tools:
- Advanced clinical nursing practice
- Leading complex care co-ordination
- Proactively manage complex long term conditions
- Managing cognitive impairment and mental well being
- Supporting self care, self management and enabling independence
- Professional practice leadership
- Identifying high risk people, promoting health & preventing ill health
- Managing care at the end of life
- Interagency & partnership working
- Verifying death
- Enabling learning through demonstration and instruction
- Enabling individual learning through coaching
- Enabling group learning



## Wider outcomes

- Continuing education of other members of PHCT, nursing homes, secondary care
- Forging of links with other integrated services i.e. discharge teams, social services, Crisis resolution team
- Closer working relationships within the practice, i.e. with district nurses and GPs
- Enhanced training opportunities for example; Diabetes training with social services, COPD with district nurses
- The role of the community matron is better understood and accepted within the practice and with other agencies
- Proven track record through patient satisfaction and improvements in quality of care
- Ongoing commitment from the PCT Chief executive to provide a clinically sound and cost effective service that meets the needs of patients with long term conditions
- "Right Care" programme implementation rolled out for "out of hours"
- Liaison with EMAS (East Midlands Ambulance Service) to reduce inappropriate admissions
- An increasing advisory role within the practice

*"Feedback from the appointed matrons has been extremely positive and they have been able to utilise the new knowledge and skills on their return to their own surgeries"*

K. Martin

Chesterfield PCT



# 1. Showcase

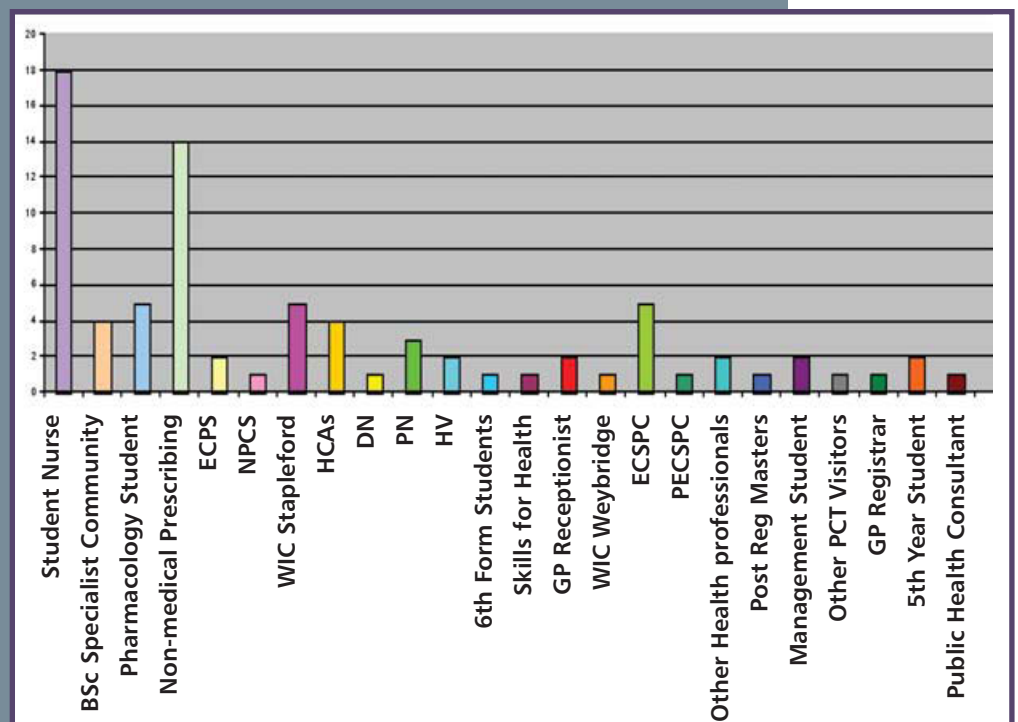
*"A modernised workforce is essential if the NHS as a whole is to be improved"*

*"...many new roles are being developed based on a more modern and flexible workforce that posses the appropriate skills to deliver modern, safe and effective healthcare"*

A Career Framework for the NHS 2004

## Mentorship Scheme

Our great strength at the Walk-in Centre is the volume and the variety of patients that attend on a daily basis. This offers health professionals a safe environment to practice new skills, under the supervision of the Walk-in Centre staff experienced in 'first contact' care, mentoring and teaching skills. This opportunity helps health professionals to maximise their skills and knowledge in assessing, diagnosing and treating patients with a wide range of health problems.



Between January 2006 and November 2006 the Walk-in Centre has mentored seventy-six Health Professionals from a wide range of specialties



*Inter professional education – “occasions when two or more professions learn from and about each other to improve collaboration and the quality of care”*

CAIPE, 1997

## Integrated Healthcare Centre (IHC) East Lincolnshire

Interventions range from half day workshops to global conferences, open learning, e-learning and accredited courses

Examples of learning enabled partly or wholly by the IHC:

- Elderly health & social care joint training seminar
- Practice based phlebotomy open learning
- Amspar medical terminology certificate (in partnership with ULHT)
- Heart failure conference
- Conflict resolution training
- Fire CD Rom
- Chaperone skills CD Rom
- Practical training skills (ILM accredited)
- Customer care course (NHSU)
- Primary care induction day
- Drugs and how to dispense course (ASET accredited)
- Team leadership (ILM accredited programme)
- Human resource management development modules (ILM accredited)



Ongoing developments include:

- Nutrition project – e-learning development
- Extending mentoring capacity using virtual 'learning community' tool
- Compliance for new legislation e.g. The Health Act 2006, Mental Capacity Act 2007
- Mapping the NHS Knowledge & Skills Framework to organisational development activities e.g. Integrated service improvement programmes and new ways of working in conjunction with the Teaching PCT

# 1. Showcase

*"The demand for training places in general practice is set to increase greatly over the next few years"*

Watton R 2005



*"We are great believers in primary care and welcome any opportunity to maintain standards. As we are a small, rural practice we have never previously had the opportunity to become a teaching practice and feel that bringing other professionals into our practice is both challenging and stimulating"*

Dr C Lawrenson

Long Bennington  
Surgery

(Teaching Practice  
-West & South  
West Lincolnshire)



*"We were really struggling to provide a placement for a pre-registration student nurse through our normal allocation process. One phone call was all it took and because of the arrangements with the new teaching practices we were able to secure a place for the student at very short notice. The scheme worked really well for us and has proved to be a success"*

J. Skinner

Head of Clinical Development  
West Lincolnshire PCT

# 1. Showcase



An approximate total of 381 'placement' days have been offered to clinical and non-clinical staff from Sept. 05 to Sept. 06 within the six Lincolnshire teaching practices

*"This is about sharing the wealth of experience and knowledge available in general practice, to a range of staff in order to improve care"*

Lynne Moody

Associate Director Teaching PCT





# 1. Showcase

*“Foundation doctors will be able to apply for a run-through speciality or GP training programme during their F2 year”*

Modernising medical careers: The facts 2006

Some of the teaching practices (Lincolnshire) and some supervising community matrons (Chesterfield) have expressed interest in the potential to take F2 learners.

Opportunities exist for those nurse educators, mentors and assessors in primary care to transfer their skills and knowledge to work collaboratively with general practice to help increase capacity for F2 learners

In such a way reciprocal arrangements might be put in place for the supervision of advanced practice skills such as non medical prescribing thereby establishing a virtual currency.

*“...improving the skill levels and creating a culture within the workforce of Trent NHS organisations-present and future-where lifelong learning at all skill levels is developed and encouraged”*

Healthcare for the Modern World

Trent Strategic Health Authority Strategic framework 2005-2010

## CHEC

*“We found audiology training for the primary healthcare team invaluable. Our objective for the day was to gain a better understanding of the interpretation of the results and action required. Not only did we achieve our objectives but learning from the day enabled review of our current service and propose improvements. Service developments include investment in equipment and change of environment for the audiology service. Ultimately this has led to improved quality in service provision and increased patient accessibility”*

Practice Manager & Practice Nurse

Dr Dennis and Partners





## Enhanced Clinical Skills in Primary Care

Intended to improve access to primary care for patients this course is designed for all first contact workers and nurses to improve skills in the treatment, examination and management of common primary care presentations.

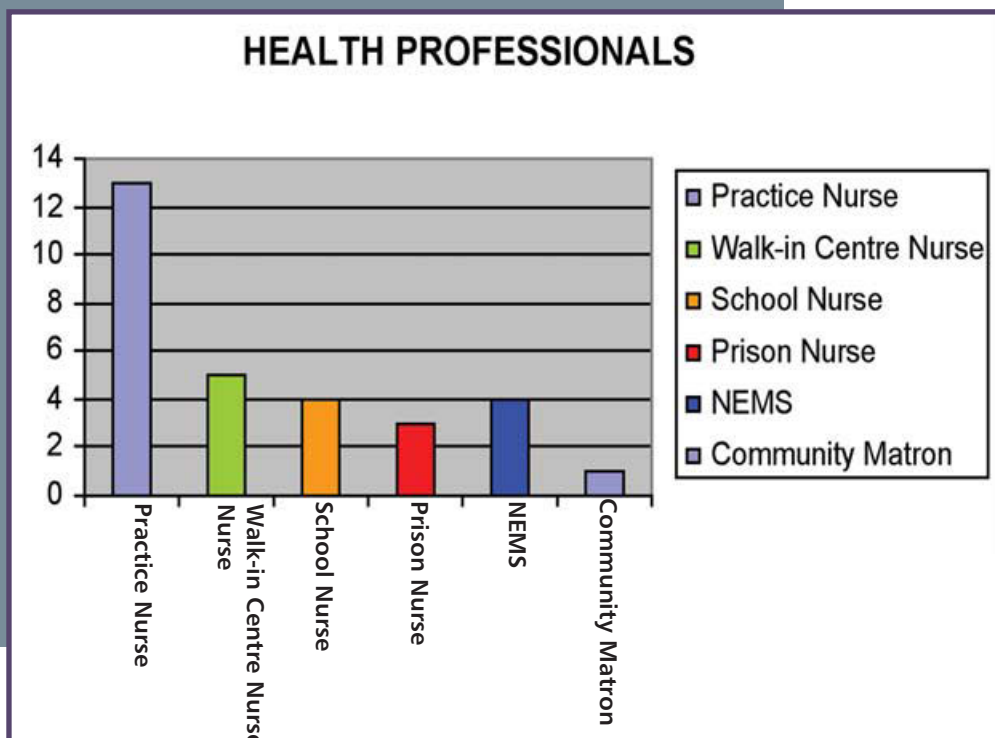
A four day course delivered over 2 weeks; two days on minor injury and two days on minor illness. Each theory session is followed by a practical session in order that attendees may practice their new skills.

Regular volunteers willing to have their abdomen and chest examined by participants have been recruited to assist with the course.

A GP lecturer delivers the minor illness sessions, and two experienced Nottingham Walk-in Centre nurses deliver the minor injuries sessions.

The Walk-in Centre has successfully run this course for a number of years. It continues to be well attended by health professionals from a wide range of specialties including practice nurses, health visitors, community matrons, prison nurses, NEMS nurses, Nottingham Walk-in Centre and district nurses.

In the last year we have had thirty health professionals attend the course.





*“The explicit aim of Learning for a Change in Healthcare is to mobilise learning, and wider participation in learning, as a major element of health service reform and planned transformation*

*Current opportunities for participation in learning through work and levels of qualification amongst support staff are unacceptably low”*

Learning for a Change in Healthcare-First report of the National Director for widening Participation in Learning 2006

## Young Apprenticeship in Health & Social Care

A two year programme for 14-16 year olds offering a chance to get a taste of real work in the NHS alongside their continued school work

WiC-ED

## Recruitment to Primary Care

### CD rom for schools

Produced in conjunction with the Learning & Skills Council this resource was developed to provide insight into potential career opportunities for young people in school making career choices. It gives a tour around the practice introducing roles to stimulate interest in career options within the NHS.

CHEC

There are many more examples from the centres of innovative approaches for the development of staff.

For further details centre contacts are provided in section 3



### 2.1 Trent Practice Education Centre Strategy

*“Effective learning needs a strong and sustainable infrastructure, people (including skilled mentors, supervisors and managers) knowledge, technical resources and partnerships”*

– Working Together – Learning Together (Department of Health 2002)

The Trent Practice Education Centres Project was set up to assist in meeting these challenges. Initiated under the auspices of Trent Workforce Development Confederation (WDC) in September 2003 and continued through to completion in 2007 under the Trent Multi Professional Deanery. Its aim was to develop pilot sites to increase the provision of primary care based multidisciplinary education and learning in support of a workforce for a modernised NHS. The initiative was designed to test different models serving the development needs of the workforce anticipated from policy such as The NHS Plan and Shifting the Balance of Power and new ways in working to achieve reform in practice.

The philosophy of the WDC was to provide funding that might facilitate the initiation of new learning activities rather than provide substantive funding. The WDC role was to provide support, direction and leadership to enable health communities to develop models suited to meeting their local needs as part of an emergent strategy. Funding excluded costs for capital build.

Taking a project management approach (modified PRINCE 2) the ambition was to initiate at least one learning /development initiative in each of the three counties within the former Trent area. Expressions of interest were invited meeting specific criteria. Seven pilot sites were recruited in three waves (Trent Practice Education Centre Strategy-Primary Care appendix1). The strategy reflected Trent Workforce Development Confederation objectives and was agreed by the Stakeholder Board.

This initiative was designed to allow local strategy to emerge within the broad umbrella. As a result, three different types of initiative were commissioned:

- Hub and spoke learning provision
- Practice education centre
- Virtual learning / e-learning facility.

Mintzberg H (1988) suggests that strategy outcomes are seldom achieved as intended and yet great outcomes are not achieved without any intended strategy!

Of the seven initiatives, three demonstrate a high degree of success in meeting the criteria (appendix 2) establishing innovative approaches in the provision of education, learning and development. These are CHEC, WiC-ED, and the Lincolnshire Teaching Practices. All three achieving outcomes over and above those anticipated, demonstrating transformational leadership. (Burns J Mc Gregor1985)



## 2. Reflection on Findings and learning

Two have achieved a moderate degree of success – Chesterfield & North East Derbyshire PCTs and East Lincolnshire PCT initiatives.

Two, Ashfield & Mansfield PCT and Derby City PCT, had made little or no progress. Due to organisational change and subsequent revision of the initiative, Derby City PCT have addressed their difficulties and progress is now being made.

### 2.2 Reflection on determinants of success

Reflecting on learning from the overall project (Kolb 1984), the following characteristics pre-empting success have been identified.

#### 2.21 Leadership

Those Centres demonstrating greatest success include strong local leadership, dedicated educators, committed administration and a collaborative approach to working with partner organisations. Where Centres have been hosted/owned by an identified organisation with an infrastructure to support them, significantly more progress has been made (e.g. Collingham Medical Centre, Lincolnshire tPCT and Nottingham Walk-in Centre).

Although the overall Project remit was agreed with the WDC/SHA Stakeholder Board, those initiatives establishing a management group reflecting local stakeholder interests (relevant partner organisations) fared significantly better than those failing to do so. They also had more active support from their health community workforce group, PCT or host organisation.

Those making little or no progress experienced successive changes in leadership for example in Mansfield & Ashfield PCT. In Derby City PCT team changes within the health community led to a change in focus and direction.

#### 2.22 Style

The successful centres distanced the monies available from direct payment for specific training services. For example the Teaching practices in Lincolnshire received payment as a token gesture in acknowledgement of their willingness to participate. Those achieving moderate success (whilst satisfying the service level agreement) had leaders who entered into more transactional arrangements with general practices or NHS organisations. Here practices see their involvement as a limited contract to deliver training. In East Lincolnshire the Integrated Healthcare Centre project coincided with local investment by the PCT to develop an internal workforce development function *“.....for this reason it is sometimes difficult to decipher what investment resulted in which outcome.”*

Wendy Cundy East Lincolnshire PCT





### 2.23 High level support

The vision outlined in the strategy document was presented to the five health community workforce groups and at individual PCT meetings to invite expressions of interest. The project steering group aimed to see equitable investment across the three counties, if possible establishing two centres in each. Varying levels of support for the initiative were received. This appeared to reflect the interests of the health community workforce chairman, with those from secondary care Trusts less supportive of primary care initiatives.

### 2.24 Communication

Service level agreements between the WDC and host organisation reflected local project plans as well as a standard set of outcomes. Best performing initiatives identified and communicated their project plans through their health community workforce groups, with partner organisations and stakeholders.

### 2.25 Generating short-term wins and collaboration

Those centres achieving the best outcomes identified their early successes in progress reports, sharing them with other centre leads. Examples have been promoted through the WDC/MPD and where appropriate used to influence or complement other projects.

## 2.3 Accountability and local management

At individual initiative level those demonstrating greatest success and transformation had effective local management groups representing local stakeholder interests. These groups reviewed activity against the criteria and service level agreement (monitoring expenditure /income). One effective use of these groups was in providing a local “think tank” determining direction and validating plans. Additionally CHEC has held specific stakeholder events.

CHEC, West & South West Lincolnshire Teaching practices initiative (managed under the Teaching PCT), Nottingham Walk-In Centre and East Lincolnshire all had effective local management groups. Chesterfield PCT and North East Derbyshire PCT initiative has been managed through the shared services training department in conjunction with PCT managers.

However, Mansfield & Ashfield PCT did not have a local management group. Despite attempts by the Learning Champion and overall project lead to stimulate the interest of local stakeholders, Derby City PCT experienced difficulty in establishing and maintaining a local management group. This work was superseded by Health Community developments in Southern Derbyshire interrupting dedicated leadership and revising the initial proposal.

The Trent-wide steering group helped both Mansfield & Ashfield PCT and Derby City PCT initiatives change direction; Mansfield & Ashfield PCT investing in the two centres in their county (CHEC and WiC-ED) and Derby City PCT recruiting practices as per the Lincolnshire Teaching Practices model (with leadership from the Southern Derbyshire placement learning support unit).

### 2.4 Specific Findings

**2.4.1** Primary care based centres can provide the facility to develop staff through quality provision of locally accessible development opportunities tailored specifically to primary care.

CHEC and WiC-ED demonstrate the range of learning it is possible to facilitate; short courses, one to one mentorship for advanced practice roles, bespoke practice learning events, PCT protected learning time events, resource development (e.g. CD-roms).

These initiatives have shown the willingness of patients to be involved as expert patients in programme delivery, patient models in clinical settings and advisors in the development of learning facilities (e.g. active management group membership at CHEC).

The website model and transfer toolkit developed by CHEC captures some of the salient points for successive practice education centres.

Evidence from the scoping activity, “hits” on the CHEC website, specific requests for copies of the transfer toolkit (in excess of 20) and visits from elsewhere in the country indicate a growing interest both locally and nationally in the development of near patient /practice based education and learning initiatives.

**2.4.2** It has not always been appropriate to have formal academic accreditation of the programmes delivered. Where practice based learning activity complements an academic programme there is normally a tool (portfolio, competency framework) against which achievement is judged. Others contemplating accreditation of prior learning (APL) for an identified academic programme may consider “Learn through Work”. For most, certification of attendance aligned to learners assessed needs and further professional development is sufficient.

**2.4.3** Quality assurance of learning provision; ongoing evaluation of the quality of learning provision by specialists, peer educationalists and learners themselves has been employed in all the centres. Lincolnshire West /South West recommend use of the Royal Marsden Manual to Teaching practices to ensure the teaching of safe effective clinical skills.

**2.4.4** Collaboration with other education providers/HEIs/Inter professional learning units etc has been received with enthusiasm in developing partnership approaches to enhance learning (sharing skills centres, consulting rooms with video facility) and providing skills based learning to complement academic programmes (First contact practitioner, Nurse practitioner, BSc. Pre reg. Nursing University of Lincoln).

Joint working between centres, local workforce modernisation teams/ Inter professional Learning Units is an area of mutual benefit.

## 2. Reflection on Findings and learning



**2.4.5** The findings regarding effective change are generally consistent with theoretical stage processes (Kotter J). The conclusion in leading innovation and change in this project is that it is not an exact science but an art performed at all levels of the organisation.

**2.4.6** Building on the model centres described here, it is envisaged that an NHS East Midlands network of multi professional learning organisations (MPLOs) may be developed making best use of educator expertise and capitalise on unique local learning opportunities where they present.

The multi professional learning organisation project (MPLO) is designed to address the issues related to funding, educational delivery and quality assurance in a multi professional setting. We hope to see the first pilots of this in the next year.

Such a network would be a valuable resource for PCTs, practice based commissioners and new service providers.

### 3.1 CHEC-Collingham Healthcare Education Centre



Established April 2004

Structure	<p>Practice Education Centre based within general practice</p> <ul style="list-style-type: none"><li>• Learning Champion to support all Centres</li><li>• Centre educator</li><li>• Centre administrator</li><li>• Steering Group</li></ul>
Investment	<p>£30K as per other initiatives</p> <p>£60K Year 1 } £60K Year 2 } to provide the Learning Champion and administrative support to scope activity nationally, research the field, seek legal advice regarding options for business status, develop the website, logo, transfer toolkit etc</p>
Provision	<p>Portfolio of learning provision:</p> <ul style="list-style-type: none"><li>• High quality educational courses and events for primary care staff (in excess of 50)</li><li>• Clinical protected learning time four events have been organised through the PCT</li><li>• Non clinical protected learning time events</li><li>• Writing and supporting an organisational development programme for individual practices</li><li>• Educational support for Practice Based Commissioning</li><li>• Annual appraisals for GPs and other groups</li><li>• Re-licensure and recertification</li><li>• Evaluation of initiatives</li></ul>
Outcomes	<p>The Centre has built a comprehensive service and reputation as a provider of high quality learning and development. <a href="http://www.chec.org.uk">www.chec.org.uk</a></p> <p>Demonstrating the potential of learning provision possible from investment in such a resource, it continues to be dynamic in its range of activities. All learning programmes evaluate highly and CHEC itself has been subject to external evaluation by Professor Nigel Oswald University of Teeside.</p>





**Issues** Matched maintenance funding (against the £50,000 anticipated income) has been committed from Newark and Sherwood PCT for 06/07. The Centre has secured sufficient indicative income for 07/08 as a not for profit organisation. Whilst the Centre represents a contender for local health community learning beyond registration training provision it offers the new PCT an opportunity to demonstrate innovation through collaboration as a social enterprise initiative.



**We acknowledge the contribution made by the initial Educator (Shirley Wilkins), Learning Champion (Prof Mike Pringle) and Practice Manager (Julie Reid) to the overall project**

**Contact** Jacqui Smith (Educator)  
Mail to: [Jacqui.smith@gp-c84045.nhs.uk](mailto:Jacqui.smith@gp-c84045.nhs.uk)  
Judith Baron (Administrator)  
Mail to: [Judith.baron@gp-c84045.nhs.uk](mailto:Judith.baron@gp-c84045.nhs.uk)

## 3.2 WiC-ED- Nottingham Walk-in Centre Education Department Established September 2005



**Structure** Practice Education Centre based within NHS Walk-in Centre

- Education Co-ordinator
- Management Team

**Investment** £30K provided equipment, administration and some educator time

**Provision** Capitalising on the learning opportunities (clinical and non-clinical) presented by the Walk-in Centre service, WiC-ED is ideally placed to supervise the development of clinical examination, diagnosis and treatment skills



## 3. Centre Summaries

	(76 learners mentored). As well as short courses (51) it provides innovative learning and development opportunities enabling transfer of skills between hospital and primary care clinicians WiC-ED demonstrates the opportunity afforded by NHS Walk-In Centres to deliver real time learning experiences the first nationally to do so
Outcomes	Demonstrated innovative activity that supports reform in practice and shift in services towards Primary Care. Have worked collaboratively with higher education providers in providing introductory placements for undergraduate pharmacists, NHS management trainees as well as First contact MSc mentorship and practice placements
Issues	Income from programmes and sponsorship currently cover costs as a not for profit organisation. The centre is reliant on income from participants/learners and sponsors
Contact	Ann Simpson Lead Nurse Nottm. Walk-in Centre Mail to: <a href="mailto:ann.simpson@nottmwic.nhs.uk">ann.simpson@nottmwic.nhs.uk</a> Stephanie Goodall (Educator) Mail to: <a href="mailto:Stephanie.goodall@nottmwic.nhs.uk">Stephanie.goodall@nottmwic.nhs.uk</a>

### 3.2 West & South West Lincolnshire (Lincolnshire Teaching PCT)

#### Established September 05

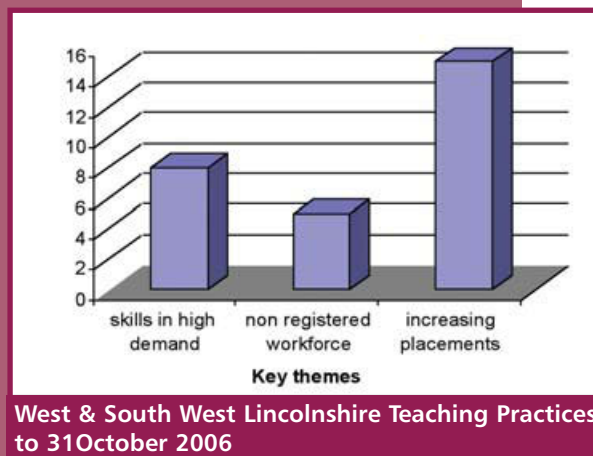
Structure	The centre established six teaching practices The centre operates a hub and spoke whereby the tPCT co-ordinates learner placements and acts as a resource for the practices <ul style="list-style-type: none"> <li>• Supported by tPCT and tPCT Facilitator</li> <li>• Teaching Practices Forum</li> </ul>
Investment	£30K shared 5K per participating practice Additional Teaching PCT allowance taken up to extend activity for another full year to September 07. The Teaching PCT continues to support the practices, future funding can only be committed on a short term basis.



**Provision** The Lincolnshire West and South West model, compliments the learning infrastructures already in place and addresses the local need to build learning capacity.

Having managed the recruitment process for practices to participate, the centre has the engagement of six satellite practices where learners are being placed to deliver against key themes.

- The development of skills high in demand and short in supply e.g. skills for long term conditions, assessment and diagnostic skills for non medical staff, prescribing for non-medical staff and public health skills for clinical staff
- The development of the non-registered workforce



**Outcomes** Increased placement opportunities (in conjunction with Lincolnshire Inter professional learning unit) for all disciplines including First contact practitioners, AHPs and pre-registration nurses.

Their activities have increased capacity to take learners locally and expanded the range of practice based learning opportunities for new roles and skills acquisition.

Involvement has stimulated new interest in developing clinical educator careers.

Practice placement supervision, mentorship and assessment has been provided for:



# 3. Centre Summaries

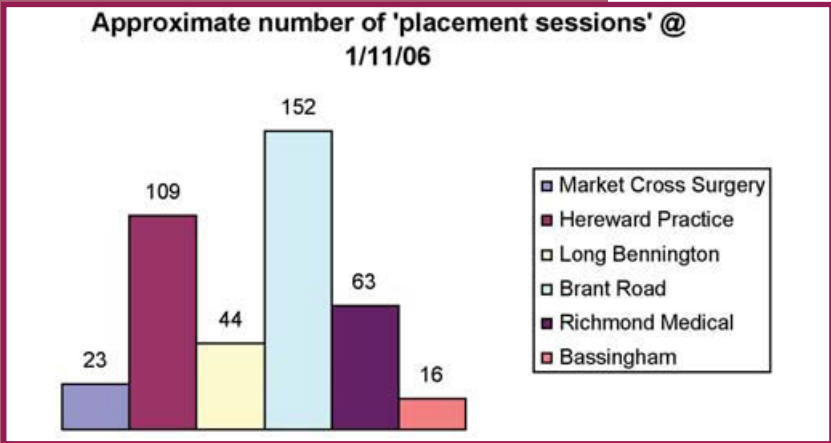
- Non medical prescribers
- First Contact Practitioners
- AHP (Physio)
- Primary care apprentices
- Pharmacist consultation/examination skills
- HR Management Training Scheme Trainee
- Finance Management Training Scheme
- Trainee Pre reg Nurse (University of Nottingham)
- Pre reg BSc Nursing (University of Lincoln Public Health Pre registration Nursing programme)
- Phlebotomy (receptionists)
- Pre university applicant
- School work experience

The model demonstrates increased capacity for learner placements across the PCT by engaging with potential teaching practices as well as existing training practices to roll out a multi-professional learning organisation network (MPLO).

This type of hub and spoke model works well, having a central contact;

- o knowing what and where there is capacity, tracking those already engaged with learners.
- o to co-ordinate a range of clinical and non-clinical learners equitably to practices.

Teaching practices demonstrate they are best able to meet learners needs when they have clarity about learner’s aspirations and learning outcomes for the placement.





Issues	<p>Patient survey of their experiences and views show that for the most part patients feel they benefit from having a learner present in their consultation/care.</p> <p>The teaching PCT have developed tools (recruitment specification, memorandum of understanding, provision grid) of benefit to other centres which can inform new practice based learning facilities.</p> <p>The initiative benefits from the development support and administrative services of the Lincolnshire Teaching PCT.</p> <p>Success of the initiative led to Teaching PCT investment in the practices for a further period. This is a token gesture of goodwill. The longer term implications of financial support, demand careful consideration. Future expansion of the scheme must be mindful of the potential to de-stabilise existing goodwill arrangements.</p> <p>To date practices have used their monies to:</p> <ul style="list-style-type: none"><li>• Purchase items of teaching equipment e.g. double ended stethoscope, smart board/books, video recorder, additional PC, projector.</li><li>• Provide backfill for nursing and administration.</li><li>• Enable the nurse practitioner to book regular appointment slots to spend time with the students.</li><li>• Support staff training – to keep own staff up to date.</li><li>• Allow extra staff hours for mentoring.</li></ul> <p>Service Evaluation of the benefits to Practices in having practice based learners is planned for 2007.</p>
Contact	<p>Esther Corby (Teaching PCT Facilitator) Mail to: <a href="mailto:esther.corby@lpct.nhs.uk">esther.corby@lpct.nhs.uk</a></p> <p>Lynne Moody (Associate Director Teaching PCT) Mail to: <a href="mailto:lynne.moody@lpct.nhs.uk">lynne.moody@lpct.nhs.uk</a></p>



### 3.4 East Lincolnshire PCT

April 2004

**Structure** PCT led virtual learning/e learning model seeking to enhance existing Primary care learning provision

**Investment** £30K

**Provision** A learning facility, based on the Kaiser Permanente philosophy of integrated care, was designed to broaden access to learning and development opportunities in primary care.

**Outcomes** Extending e-Learning and e-booking  
e-learning has made a huge difference to how we train staff – especially in an organisation that has staff scattered throughout a county the size of Lincolnshire.

Investment has been made in hardware and software and in a workforce development website to enable staff to learn in a more flexible, cost effective way.

The website – <http://www.eastlincs-pct.nhs.uk/training> developed as an information and automated e-booking tool to manage the training directory and administrative tasks associated with staff booking on training events. The tool has been a phenomenal success and neighbouring Trusts have also invested in this model. Being web based staff can access the information from their work or home PCs, or from one of the IT resource centres or libraries available to them throughout the county. The tool has grown through additional investment to offer training activity reporting, chat room facilities, dedicated GP section, learning materials and web links.

e-learning has increased in popularity and uptake and we currently offer both web based and CD rom e-learning on subjects such as Fire safety, DSE, anaphylaxis, chaperoning skills and coaching/mentoring.

Issues around IT competency have been identified and have been largely accommodated through local coaching sessions by the workforce development team or colleagues.





There was a blurring of benefits from the investment in the IHC and the in-house workforce development function-specific attributable outcomes / audit trail is not possible. However the developments have been deemed as a success in the healthcare community.

Investment has been seen to have enabled expansion of learning and development, improved communication and enhanced delivery of multi professional learning locally.

**Issues** PCT led initiative; difficult to discern specific results of the investment as it became lost in the wider PCT learning development initiative

**Contact** Wendy Cundy  
Mail to: wendy.cundy@lpct.nhs.uk

### 3.5 Chesterfield PCT & NE Derbyshire PCTs Established September 05

**Structure** PCTs shared services training department led the initiative in collaboration with PCT managers and practices to develop a learning facility within primary care general practice for advanced practice skills

Two Large GP Practices engaged

**Investment** £30K linked to development of advanced practice clinical skills and action learning sets for mentors.

**Provision** Similar model to Lincolnshire West/South West, recruited two practices with specific interest in delivering against key themes such as; skills for long term conditions, assessment and diagnostic skills for non medical staff.

**Outcomes** Community matron clinical competence and non medical prescribing competence achieved improved communication and shared learning between primary and secondary health care and social care service providers.



## 3. Centre Summaries

Issues	Improved understanding of roles in the management and care of long term conditions Practices backfill for mentors, supervisors and assessors Transactional approach achieved less overall commitment to sustain activity than other models
Contact	Andrew Hall Mail to: <a href="mailto:andrew.hall@derbyshirecountypct.nhs.uk">andrew.hall@derbyshirecountypct.nhs.uk</a> Karen Martin Mail to: <a href="mailto:Karen.martin@derbyshirecountypct.nhs.uk">Karen.martin@derbyshirecountypct.nhs.uk</a> Rebecca Barnet Mail to: <a href="mailto:rebecca.barnet@derbyshirecountypct.nhs.uk">rebecca.barnet@derbyshirecountypct.nhs.uk</a>

### 3.6 Mansfield & Ashfield PCT

#### Established April 05

Structure	PCT led
Investment	£30 K
Provision	Initial ambition was develop a multi professional team of educators using a model originally designed by Kansas University (School of nursing). This was to provide a range of virtual interactive learning experiences for primary care staff whilst developing expertise amongst educationalists, practitioners, learners and healthcare users. It was intended to use technological learning resources to develop an e-learning virtual resource. The initial ambition was never realised.  Their second plan was to recruit a project leader for GP practice development similar to Lincolnshire West/South West Teaching PCT, but this too proved unsuccessful.
Outcomes	Financial allocation is to be reinvested in centres within the Notts. health community; decision to reinvest monies in CHEC /WiC-ED.
Contact	Tracey Swallow Richard Widdison







### 3.7 Derby City PCT

#### Established April 2004

Structure PCT led

Investment £30K

Provision Under development

Outcomes A second wave centre hosted by the PCT, this initiative had considerable initial enthusiasm from the Medical School (in Derby), local practices, a nurse led practice and the University of Derby.

It planned to develop a learning network, co-ordinated through a PCT data- base, by matching learner demand for specific skills acquisition with practice educators as part of a learning circuit. It was hoped to make best use of unique real time learning opportunities with patients.

During the development of this initiative, Central and Greater Derby PCT, have merged to become Derby City PCT. Development of the placement learning support unit for Southern Derbyshire has revised the initial proposal bringing the two into alignment. The centre lead is looking to replicate the West & South West Lincolnshire teaching practices model, recruiting local practices to become multi professional learning organisations.

Issues

Contact Sue Cox

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Sharon Carrington

Mail to: Sharon.Carrington@derbycity-pct.nhs.uk



## 4. Conclusion

The development of multi disciplinary education initiatives has helped the NHS in Trent and the East Midlands to meet local delivery plans and prepare the workforce for reform in practice. They have done this by providing new learning opportunities at both pre & post registration level, and seeking to complement contracted academic education. The project has achieved a mixed economy/plurality in provision coexisting across the area.

Three different models have emerged:

- Hub and spoke learning provision
- Practice Education Centre
- Virtual learning/e-learning facility

These are not mutually exclusive and enjoy a degree of collaboration between models in providing a complementary range of learning and development opportunities.

This final report demonstrates how major policy initiatives and reforms in practice can be met through innovative learning models to develop the workforce needed to deliver future services in the NHS. It is intended that the successful models described be secured within the culture of the NHS.

Much of the focus of activity has been in developing clinical and non clinical support roles. These include general practice management, NHS management trainees, NHS financial management trainees and the development of advanced and modernised nursing skills. Relatively little has been provided for the Allied Health Professions (AHP) and Health Care Scientists (HCS). Pre-registration pharmacist student orientation (WiC-ED) and practice learning placement for a physiotherapy learner (Lincolnshire West & South West Teaching Practice) indicate centres would be well placed to take greater breadth of learners in the future. The Southern Derbyshire workforce planning group is committed to an AHP/HCS professional support manager in the practice learning unit to establish new ways of inter-professional learning.

Practice education centres such as those tested at CHEC and WiC-ED offer specialist education, training and development in primary care. Further centres might be initiated across the NHS East Midlands where unique learning opportunities are present.

The teaching practices models (West & South West Lincolnshire and Chesterfield PCT) offer templates to engage general practice in learning networks. The many practices already involved in providing teaching and learning might be included alongside new ones, increasing capacity for multi professional learning near patients homes and in local communities. We need to build on the lessons learnt from investment in this project, development of the models and their experience in providing learning in practice.



NHS East Midlands, The East Midlands Healthcare Workforce Deanery Institute of Multi Professional Education and Learning, PCTs, Practice based commissioners, current and future service providers are challenged to consider how they will achieve the intended changes in workforce and practice. The need to reform educational provision underpins such reform in service delivery. Stakeholders need to consider how best primary care learning infrastructures might be sustained for the successful delivery of care outside hospital.

### Our Challenging Future

*“Primary care has been, and continues to be, the cornerstone of the NHS. It plays a critical role in advancing the health of every person and every community in the country*

*For health care professionals, primary care will offer a more satisfying working environment, with improved career and training opportunities as well as the opportunity to better balance career with family life”*

**A responsive and high-quality local NHS  
The primary care progress report 2004**



## 5. References

- A Career Framework for the NHS (2004) NHS Modernisation Agency
- Burns J Mc Gregor 1985 Leadership, Harper Collins
- CAIPE (1997) Inter professional Education: What, How and When? CAIPE Bulletin, Summer No 13
- Department of Health (2004) A responsive and high-quality local NHS The primary care progress report  
[www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)
- Department of Health (2004) Choosing Health- Making healthy choices easier.  
HMSO, London
- Department of Health (2005) Creating a Patient-led NHS- Delivering the NHS Improvement Plan  
[www.dh.gov.uk](http://www.dh.gov.uk)
- Department of Health (2002) HR in the NHS Plan- More staff working differently  
[www.dh.gov.uk](http://www.dh.gov.uk)
- Department of Health (2001) Shifting the Balance of Power within the NHS Securing delivery  
[STBOP@doh.gsi.gov.uk](mailto:STBOP@doh.gsi.gov.uk)
- Kolb D (1984) Experiential Learning Prentice Hall: New Jersey
- Kotter JP ( 1996) Leading Change Harvard Business School Press  
[www.HBSP.HARVARD.EDU](http://www.HBSP.HARVARD.EDU)
- Department of Health (2006) Learning for a Change in Healthcare -First report of the National Director for widening Participation in Learning  
[www.wideningparticipation.nhs.uk](http://www.wideningparticipation.nhs.uk)
- Mintzberg H. Waters J (1985) Of strategies deliberate and emergent.  
Strategic Management Journal 1985:2700
- Modernising Medical Careers (2006) MMC: The Facts
- Department of Health (2006) Modernising Nursing Careers: Setting the direction  
[www.dh.gov.uk/cno](http://www.dh.gov.uk/cno)
- Department of Health (2006) Our health, our care, our say: a new direction for community services
- Department of Health (2001) Shifting the Balance of Power within the NHS – Securing Delivery

## 5. References



Healthcare for the Modern World (2005)

Trent Strategic Health Authority Strategic framework 2005-2010

Department of Health (2000) The NHS Plan a plan for investment, A plan for reform

Watton R (2005) The training capacity of general practice British Journal of General Practice 55:402-403

Department of Health (2002) Working Together- Learning Together a strategy for lifelong learning

## Appendix 1.

### Trent Practice Education Centre Strategy (Primary Care)

The purpose of this paper is to outline the strategy for investment in local Clinical Practice based Education “Centres” to support workforce development in Trent

The strategy for the development of Practice Education Centres in Trent aims to develop innovative approaches to the provision of Primary Care based multi-professional education to support the delivery of a workforce for a modernised NHS.

It complements, is consistent and puts into operation the Trent strategy for Multi-Professional Education Training & Development (3.a, b, c, d 4a.) set within Local Delivery Plan priorities. Similarly it complementary to the Trent strategies for Public Health, Recruitment & Retention, Care Groups & Clinical Networks, Patient & Public involvement, Multi-disciplinary working and Changing roles, to ensure capacity management and the shift to modernised community based services.

Practice Education Centres will enable Trent Workforce Development Confederation achieve the key deliverables from the strategic aims in the following ways:

## Strategic Aim Three

To develop a multi professional Education and training strategy that supports the modernisation agenda, in the provision of an NHS workforce, which is fit for purpose, award, continuing registration and practice

Key deliverables	Specific objective (s)	Action	Owner	Lead	Timescale
Develop a comprehensive commissioning strategy, reflecting the LDP priorities and workforce needs of each Health & Social care community within Trent	<p>To expand the portfolio of multi disciplinary learning and development opportunities for practice based learning to meet LDPs</p> <p>To provide new opportunities for learning at both pre &amp; post registration level for clinical &amp; non clinical staff to support the delivery of pre qualifying education commissions to meet the primary care led NHS</p> <p>To complement academic education contracted provision</p> <p>To develop primary care /general practice based educational facilities in which high quality multi-professional, inter-disciplinary education can occur in a clinical setting.</p>	Establish first model Practice Education Centre to test out the opportunities afforded and cost implications	SP	DM, MP	2003/4
Develop and implement AHP Clinical Learning Strategy	To increase capacity and broaden the experience of student placements	SP RH			





## Strategic Aim Four

To lead on the development of an effective Learning Community that facilitates equitable shared learning and creates capacity to innovate workforce development practices

Key deliverables	Specific objective (s)	Action	Owner	Lead	Timescale
Continue to support development of learning communities by baseline project etc	Contribute to the development of a learning infrastructure that supports new ways of working	Recruit a Learning Champion to co-ordinate and provide support to various models	SP JB	SP	2004
	To further the culture and enhance effective education and learning in the Primary Care setting	Identify potential second and third wave models in other Health Communities		DM	2004
	To support the provision of innovative primary care based education facilities in Trent	Assess need and support potential second/third wave models in their development planning			
	To support a "General Practice Learning Champion" to proactively promote Practice Based Education in Primary Care across Trent	Share learning, distribute toolkit			
	To act as test beds for innovation and evaluation of models that may be adopted across the Trent area	Roll out learning from first model, option appraisal for ongoing provision		MP & steering group	2005
	To demonstrate the feasibility of similar centres in other settings in the Trent area as well as nationally	Assessment of feasibility for independent Education & Training provider status/ mainstream First Model independent Model		MP	2006





## Strategic Aim Six

To support NHS organisations to become “3” Star model employers

Key deliverables	Specific objective (s)	Action	Owner	Lead	Timescale
Implement and manage Action plans for all Stakeholder organisations to meet the needs of the HR in the NHS Strategy, IWL, Lifelong learning Framework and CPD requirements	To provide education, training and development programmes that support HR in the NHS plan	Establish up to two SP/JP models per county in Trent		DM, MP	2005 Local leads
	Contribute to lifelong learning and meet CPD requirements	Ensure equity of access and provision in underserved Health Communities			
	To address primary care educational needs to meet the PCT’s, public health, professional needs & practice management development needs.	Evaluation of second wave models to assess impact on local/practice based learning			2006
	To work with other agencies, including LIFT, to develop the policies and methodology for other future sites both regionally and nationally	Assessment of feasibility for mainstreaming second /third wave models		DM and local leads	2007
		Assessment of feasibility for independent Education and Training provider status/ mainstreaming			

Key: SP= Sharon Pickering, JB=Jas Bilkhu, RH+ Rita Hopkin, MP= Mike Pringle, DM= Diana Moss



### Priorities

Ultimately it is anticipated that there will be up to two Primary Care Education “Centres” per County in Trent reflecting their particular needs, capitalising on unique learning opportunities where they present

Initial investment will be in those areas having demonstrated they can either offer expertise or where there is specific need. Consideration will be given to those sites demonstrating a collaborative approach with a tPCT, PCT, Trent Deanery and local Protected Learning Time providers.

### Monitoring & Reporting

Support and co-ordination of centres will be from The Workforce Development Manager for Primary Care and a Learning Champion (in the initial project site) whose role will be to network, incentives, energise and influence Primary Care General Practice with a Trent wide remit

The strategy will be monitored by the Trent Primary Care Reference Group and report into the Trent Workforce Development Confederation Education & Training Strategy Group

## Appendix 2.

### Criteria for selecting potential Practice Education Centres in Trent

The Trent NHS Multi professional Education and Training Strategy , 2003-2005 identified the need to develop education and training that more closely met the needs of the NHS and was flexible and delivered locally. In order to achieve this within Primary care, the Trent NHS Workforce Development Confederation has developed a Practice Education centre Strategy. As part of this strategy, the first model Practice Education centre was launched in April (2004) at Collingham, North Notts.

In order to develop capacity in this area and provide local and flexible provision in other counties/health communities, the Primary care Workforce development Reference Group has invited proposals for second and third wave models (possibly two “centres” per county subject to funding and local identified need).

Financial support is not available for capital build however this would not preclude developments \in tandem with expansion to accommodate increased numbers of GP Registrars (through Trent Deanery)



In order that the selection process may be transparent the following selection criteria are to be applied:

The proposal should

- Have the agreement of the other Primary care Organisations within the Health Community
- Demonstrate the proposed management structure
- Outline how the model will be evaluated
- Propose a plan for sustainability

The model proposed shall demonstrate

- The facility for primary care based education in which high quality, multi professional, inter disciplinary education can take place in a local setting. This may include 1:1 personal development or remediation.
- How they intend addressing identified educational needs of primary care staff in the PCT and the surrounding areas that complement but not duplicate current provision
- The contribution it will make to meeting the priorities of local Trusts and Public Health needs, supporting recruitment, retention and professional development
- The methods planned to facilitate the sharing of good practice in care delivery
- Its anticipated plans to evaluate the translation of learning outcomes into practice, demonstrating the added value of the practice education centre
- How it might act as a focus for innovation and evaluation of models of education for adoption elsewhere
- The contribution it will make to meeting increased demands for practice placements with General Practice in the area

Whilst not exhaustive it would seem that these might be prudent criteria against which proposals might be judged.



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