**NE Q&A:**

**With: Rob Tyre, Sue Chester, Ben Alcock, Sima Moyo, Sarah Withers, Jonathan Slade, Liz Lingard, Helen Robson**

1. **Funding for prescribing was discussed but is there funding for radiology type training?**

Sarah W - None identified centrally yet. Up to individual regions currently to identify funding through different pathways. Requesting on-going investigations absolutely core to the role, not necessarily injections.

Liz – First we need to map what skills are in the system already, so we know what training requirements there are, to take a system approach in this region.

Rob – Be aware of ACP pathway that exists, multiple universities running modules which may be appropriate – advanced nurses/paramedics also doing this – you can apply and can be funded to do this.

Attendee said: Go to local educational lead who can feed back to get funding. Can only respond as university when it comes through system.

1. **From operational point of view, based across a number of locations within the practices – does anyone operate hub base model?**

Sima – We operate hub based model; GP practice already have a hub (5 practices) stationed within here. Other AHPs also based here. My FCP service is booked through the GPs but they come to visit me at hub. We have 1 GP based here to support everyone who we talk to about patients and ask questions. They act as mentor.

. We use EMIS system and log into each practice (5 to log on each day).

Emergency GP service at Hub –

Helen – There are solutions to integrating all GP systems into one interface if they are all using the same system i.e. EMIS.

Ben –, I work within one practice, work on their system and write notes on their systems. There is a weekly practice meeting on Mon afternoon, which I try to go to every few weeks. Having been there a long time now, I have built up good relationships and can knock on GP doors to ask any questions or get prescriptions signed. I do 4 sessions in 1 practice. Sue (another FCP) does 3 sessions in 1 practice and 2 in another.

1. **Are you being employed by PCNs or individual practices?**

Ben – We’re currently being employed by Trust and being distributed amongst the practices who need it.

1. **Is there anyone across the country doing a model for rolling out across all the PCNs/mass roll out?**

Jonathan – No PCNs currently permitted to employ FCPs as part of new contract. Funding stream only available in 2020. Some people are looking at it, but there are none formally delivering service through contract.

Sarah W – Various counties are already working to establish plans for roll-out and looking at the model.

Liz – Need to work with your partners to make sure the pathway is all included and the same.

1. **Does the CSP have any guidelines around best way to employ FCPs?**

Sarah W – On balance CSP, RCSP, BMA agree FCP services will be more sustainable and deliverable if there is contracting with the existing MSK provider that is established in the region.

1. **Who pays for your training/governance/PD?**

Ben – It’s been quite flexible from both NHS and GP practice. Can take time off clinic for training and not have to give them time back.

1. **If you’re employed by GP is it the same?**

Liz – This will be in the guidance that comes out. The need for training/mentoring makes it more explicit that FCPs need to be job planned and there is adequate time for CPD and admin.

We’re recognising that people who have gone in early before the guidance is out and are delivering FCP particularly in full time roles, that we have to do a bit of a health check. To check that they’re not feeling burnt out/stressed etc. and flag this up if they are.

Jonathan – Whoever you are employed by, Trust or PCN management is still the same and need to consider CPD and training etc.

Sarah W – Members who are being employed directly need to be mindful of everything we have talked about today and what you’re entitled to – know that the CSP provide support to members if you need.

1. **Some people on iCSP are saying the 20min appointments are not sustainable – what’s your thoughts on this?**

Sarah – We hear a lot of that conversation coming back about appointment times. It’s important to also look at the person doing the role to see that they have the skills and are at the right level to be in that role – local demographics can impact the consultation and thus it’s difficult to say a one size fits all.

Sima – I do 30mins because when I first started I did not have all the skills to be in the role and I’ve been developing my skills as I went along. Also doing the evaluation at the same time, so need that amount of time to do everything. The demographics of the patients I see; also means I need longer appointment times. I do 4 days in primary care currently.

Ben – I get 20mins and have been doing that from the start. There was talk of dropping that to 15, but we all said we wouldn’t do less than 20. We often run late because of complexities, admin, discussions, referrals.

1. **Do you get non-clinical time?**

Ben – get block admin time between block of appointments. Often have lunch at my desk. 5 patients in morning back to back then an admin block after this so running on time for second block. Lunch and then next block.

Helen – no one works 100% of their clinical time in this setting, would create burnout.

Rob – you get less DNAs in the FCP setting, so you can get more delays.

1. **Are injections in another appointment?**

Sue – Depends on you and what the patient presents. Sometimes there isn’t time if not straight forward – so you might bring them back. Because you are seeing people very early on in the pathway then you will be giving advice/simple exercises/possibly referral to physio. You might counsel people for injections and give more information and advice to give it a certain amount of time and then come back and see me if you’re still having problems.

1. **If you’re not prescribers – can you leave message for GP to prescribe it then and there or do people have to come back?**

Rob – Don’t see it as a missing tool in my tool box

Sue – Ask patients to wait in waiting room and GPs usually pretty good at prescribing it then and there. Depends on which route will be easier on the day.

Helen – We’re not prescribing that much, can manage most patients without it.

1. **Any training that you use for GPs that may be appropriate for FCPs?**

Jonathan – Communication skills (book which is go-to ‘Skills for Communicating with Patients’ by Jonathan Silverman) Might be opportunities within practice to tap into also.