



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust



Primary care - the foundation and corner stone of the NHS

Annual magazine 2022



Caring | Discovering | Growing | **Together**

Editorial

Welcome to the latest edition of our Annual Magazine.

Each year our annual magazine has a theme and this year it is about primary care, which is the foundation and the cornerstone of the NHS. Within the magazine you will find articles about how we as an organisation work collaboratively with our colleagues in primary care as well as our primary care strategic ambitions.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) is one of the largest mental health and disability care providers in England, employing over 9,000 staff and serving a population of approximately 1.7 million with a budget of over £500 million.

We work from over 70 sites across Cumbria, Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland as well as providing a number of national and specialised services.

We hope you find the articles throughout the magazine interesting and that they provide you with a good insight into our organisation and our place within the NHS.

If you would like to find out more about us you can visit our website at www.cntw.nhs.uk or find us on social media on Twitter, Facebook, LinkedIn or Instagram. Just search for @CNTWNHS.

We'd love to hear from you with any suggestions or feedback about our magazine ideas or future editions.

You can reach us at communications@cntw.nhs.uk

Adele Joicey
Head of Communications

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A message from our Chair

The NHS is facing unprecedented challenges including increased need for services, severe difficulties with recruitment and retention of staff, and financial pressures.

We know that we will not be able to respond to the challenges without the best possible relationships with Primary Care.

Both Primary Care and the Trust are under great pressure. We need to understand each other's challenges and support each other.

It is vital both that we have a clear understanding of which service users will benefit from specialist care and how to support service users who do not need specialist care but who need support and help.

Good management relationships are important and good clinical relationships are essential. The clinicians in Primary Care and at CNTW need to work closely together in the care of service users and in the development of a shared understanding of risk. The models of care in CNTW need to enable and support close clinical relationships.

CNTW is only one of the partners in Mental Health Services. The contribution of Primary Care, Social Care, Education, the Voluntary and Community Sector, communities, service users and carers is vital.

Ken Jarrold CBE
Chair



A message from our Chief Executive

We live in challenging times. It has never been more important to us to have effective partnerships in order to provide the best support we can to the people and populations we serve.

And one of our most important partnerships is with our colleagues across primary care. When people need help their first port of call is the GP, and it is GPs who support most people's health needs day by day within their own communities. But where people need more urgent support, or have more complex needs, then GPs need to involve support from experts. And this is where we come in.

The help we offer may be in the form of inpatient care, but at any one time 97% of the people we support in CNTW are living within their own communities. So it is absolutely essential for us in CNTW to work closely with our partners in primary care so that we can ensure that people get the right help when they need it. Too often the barriers in the way we work together result in a poor experience for the people we serve. While we are all trying to do our best, our ways of working and the system we have created often get in the way of providing the continuous, responsive support we want to.

But we recognise this. And this magazine is full of examples of good work and excellent practice that we can build on. Collectively, we can and want to do better. And we are committed to doing this. So let's celebrate the work that we are doing in building relationships across CNTW and primary care and recognise there is also so much more we can do by working to tackle the challenges, and seize the opportunities, that we face together.

James Duncan
Chief Executive





CNTW's Primary Care Strategy 2019-2024

The challenges for our services can only be met if we work collectively with our primary care colleagues.

The Trust published its first Primary Care Strategy in 2019. This was developed in consultation with patients, carers, and staff from across primary care and the Trust. The strategy set out four strategic ambitions:

- To support primary care staff and services to improve care
- To deliver timely access to mental health and learning disability services across all ages and pathways with system partners, service users and carers
- To better meet the holistic needs of our patients, and
- To enhance engagement and communication with primary care colleagues.

The implementation of the Strategy was affected by the Covid-19 pandemic, but progress has been made in some key areas.

Our clinicians worked hard to deliver training to GPs throughout the pandemic.

An initial training session was delivered by CNTW clinicians during the first lockdown in 2020. We then launched a nine-month pilot training scheme, which involved CNTW clinicians delivering monthly training sessions to GPs on a range of topics including depression management, alcohol and addictions, risk assessment, community mental health transformation, dementia, self-harm and suicide prevention, safety planning, and the health of doctors themselves. Feedback from GPs suggests a need for more training and information about CNTW services.

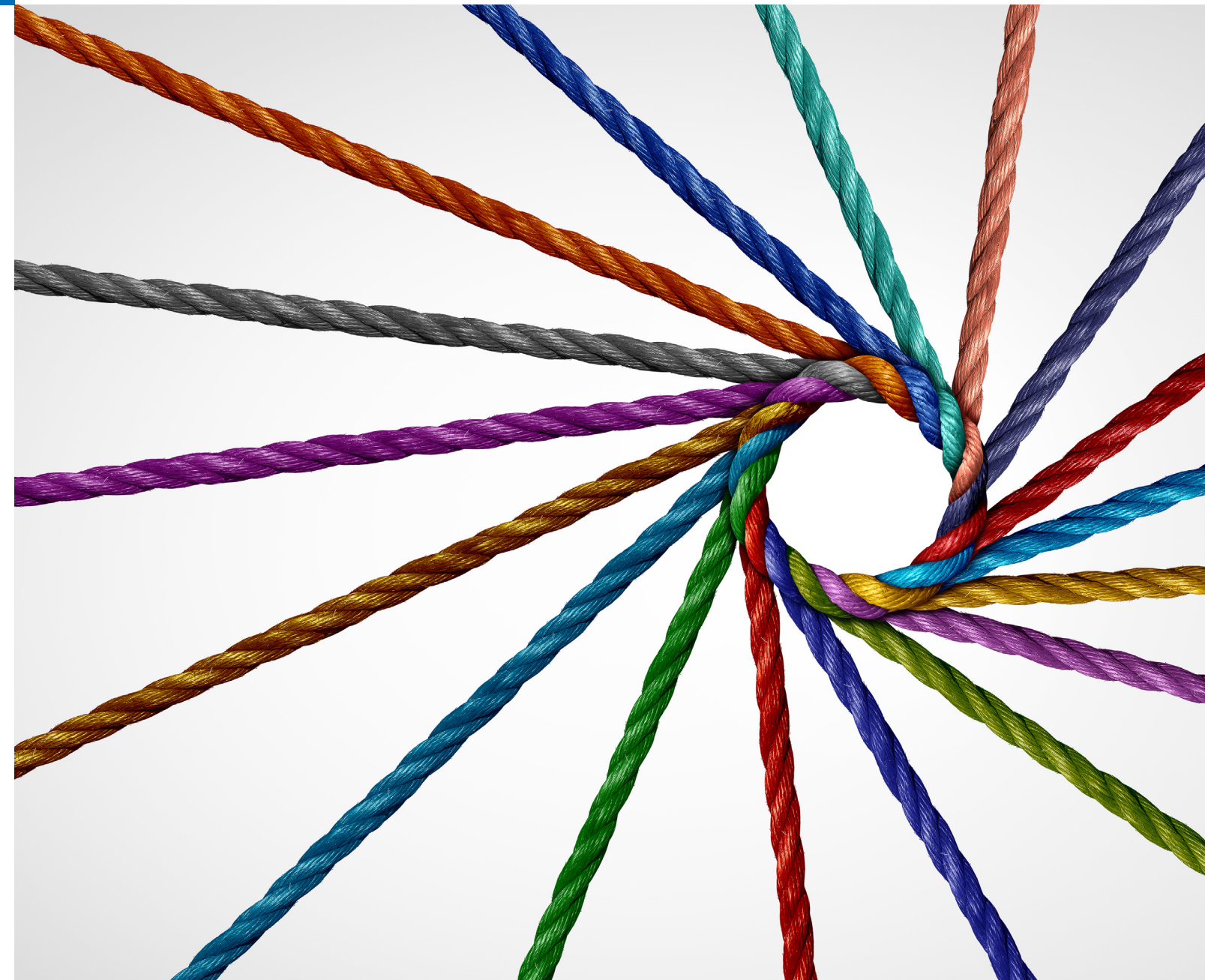
Primary care colleagues are expanding the range of services and support available to people in their local communities. Physiotherapists, dieticians, podiatrists, occupational therapists, mental health practitioners and social prescribing link workers now work alongside GPs in local surgeries. CNTW clinicians and mental health practitioners based within primary care are working together to support and care for people needing mental health care and treatment. CNTW clinicians are also involved in supporting the mental health training needs of some of the new primary care roles described above.

Community Mental Health Transformation is one of the major transformational shifts aimed at breaking barriers to accessing mental health support. CNTW is working with primary care, Voluntary, Community and Social Enterprises (VCSEs), local authorities, and service user and carer groups to develop new ways of working which will achieve these objectives.

Primary care is often the first door used by people struggling with mental

and physical health difficulties. We are committed to working with our primary care colleagues and others to ensure that timely access is provided to care and treatment for those who require it and further build on our work over the past few years to realise the ambitions of our strategy.

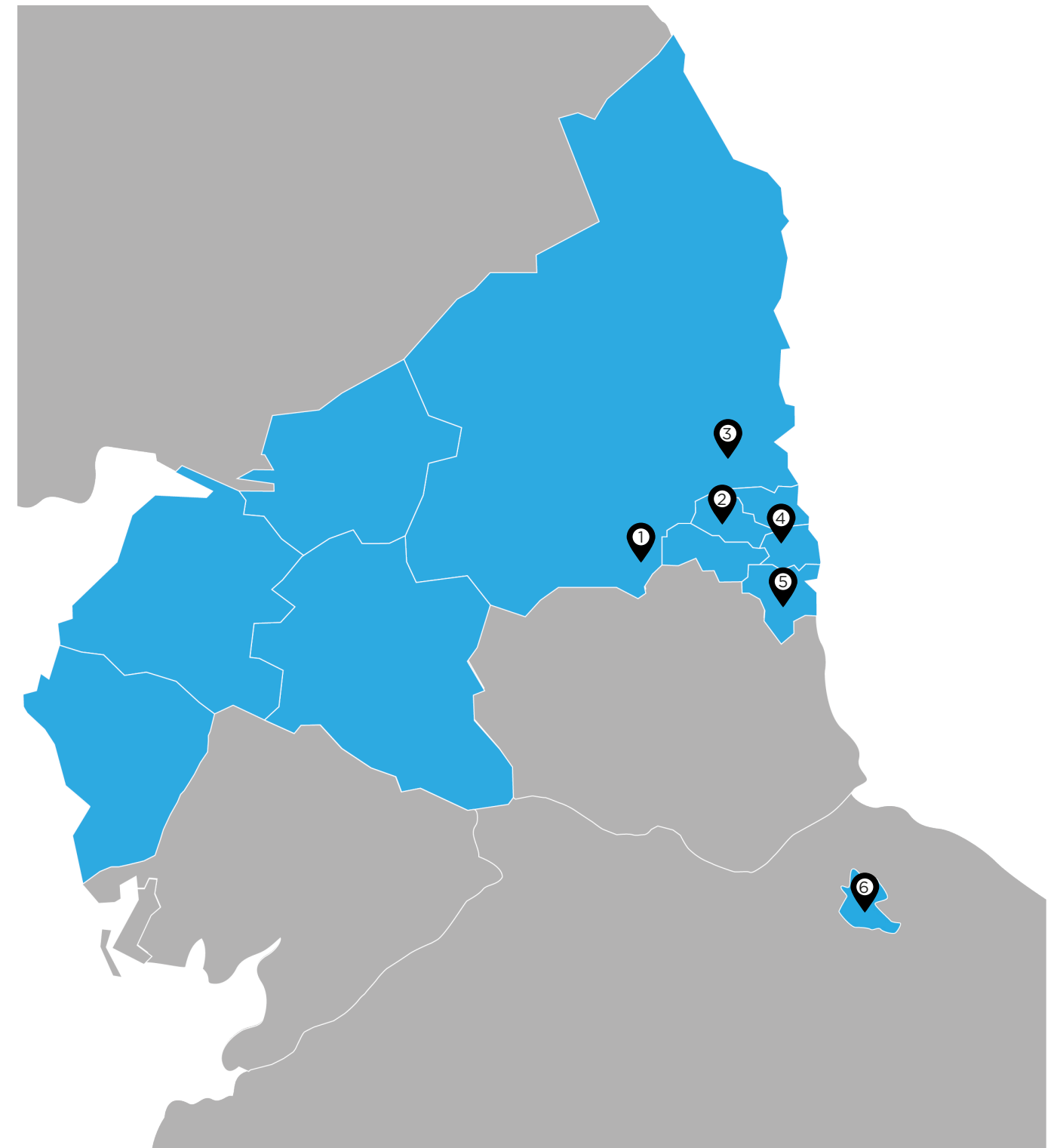
Rajesh Nadkarni
Executive Medical Director and Deputy Chief Executive



GPs working into CNTW services

The GPs working into CNTW sites provide a physical health service to those patients who are unable to access their own GP whilst an inpatient. They run regular on site GP clinics and also provide (amongst other things) vaccinations, health screening and advice. They are a very valuable and much valued support to the wards.

1. Prudhoe Medical Group
Dr. Syntax Road, Kepwell Bank Top, Prudhoe NE42 5PW
2. Roseworth Avenue Surgery
27 Roseworth Ave, Gosforth, Newcastle upon Tyne NE3 1NB
3. Gas House Lane Surgery
NHS Centre, The Mount, Morpeth NE61 1JX
4. Victoria Medical Centre
12-28 Glen St, Hebburn NE31 1NU
5. Sunderland GP Alliance
Business & Innovation Centre, Wearfield, Sunderland SR5 2TA
6. Linthorpe Road
378 Linthorpe Rd, Middlesbrough TS5 6HA



South Tyneside Primary Care Physical Health Services



The health inequalities faced by people living with severe mental illnesses and learning disabilities are stark, with their life expectancies around 20 years lower than average.

People with severe mental illnesses are five-and-a-half times more likely than the general population to die early from preventable physical health conditions. Likewise, people with a learning disability are three times more likely to die from an avoidable health problem than the general population.

Annual physical health checks for these patients are vital to addressing this gap and enabling people to live longer, healthier lives. CNTW provides Primary Care Physical Health Services; teams who work hand-in-hand with local GP surgeries to ensure that these vital annual health checks are completed for patients with a learning disability or severe mental illness.

South Tyneside Primary Care Physical Health Service launched in early 2020. They had a challenging time working and building relationships through the pressures and disruption of the COVID pandemic. But the team are now fully embedded, and have developed excellent working relationships with 21 local GP surgeries. New team member Ayesha has also made great progress developing positive relationships with relevant services including external charities and other CNTW services.

Cheryl, the team's hardworking administrator, arranges appointments for patients and without this approach, some of the patients could be missed. On GP, said: "The South Tyneside Primary Care Physical Health Service have made

a huge impact on the numbers of patients with a learning disability or serious mental illness receiving health checks at Colliery Court Medical Group. When the service was first offered to practices, we only had one nurse in the practice; we would not have been able to provide this service to our patient population without this team's support."

As well as supporting people in the GP surgery, the team can visit patients at home. For those who find it hard to leave the house, this is important as it enables them to still receive these vital yearly health checks. One GP explained that this ability to offer visits at home, or at another suitable venue, "provides timely access to health care for these groups which we sometimes struggle to undertake in the GP practice as effectively as we would like."

Another GP offered an example of the difference these home visits can make: "A patient with a learning disability at our practice was feeling generally unwell and out of sorts, and needed a blood test. This was booked, but the person's carer found it very difficult to get the patient out of the house for the appointments; they had already had to cancel two appointments. This was stressing the carer, who felt she wasn't looking after the person she supported properly, as she hadn't been able to get them to a blood test. I spoke with the South Tyneside Primary Care Physical Health Service to see if a home visit could be arranged, and the patient was visited at home by Sam and Richard a day or so later. Their carer got back to me to express her thanks, and told me how much stress having the blood test done at home had saved her from. A 10/10 for the Primary Care Physical Health Service."

In another recent example, team member Jacki was supporting a patient who had a recent stroke. During her annual check, Jacki identified that the patient's blood pressure was extremely high, so she monitored their blood pressure daily until the GP could see the patient. His blood pressure is now stable thanks to getting on the right medication.

The team has not only developed strong relationships with GP surgeries, but enabled referrals onto other services as well. The team are able to refer patients on to many different services such as housing and local specialist support. For example, the team have worked into schools and facilitated referrals into local Children and Young Peoples mental health services, to ensure students seen at the GP who are struggling with their mental health receive the right support.

In another case, team member Steve visited a patient who he found was struggling to eat properly due to the progression of their osteoarthritis. He referred them on to Occupational Therapy for assessment of eating/cutlery use. This has been a success. Support has been put in place, such as providing them with a modified knife and fork, and the patient is able to eat happily again and stay healthy.

In April this year it was revealed that, thanks to the team's hard work, South Tyneside's annual results for physical health monitoring for patients with severe mental illnesses and learning disabilities were the best in the country. An impressive achievement for a team of just six staff!

And the team's work has been recognised with an amazing 18 nominations for the Trust's annual Staff Excellence Awards, many of which were received from the GP surgeries they work with. Comments from nominations included:

"They are reliable and helpful, always there when we need them, and caring with patients; we would be lost without them."

"This team have been an absolute godsend in supporting our two practices in being able to reach out to our patients. We consider them a part of our practice team."

"South Tyneside Primary Care Physical Health Service have helped our practice enormously with reaching out to our patients. They have worked with us to help identify these people, and have provided outstanding support to patients and their carers."

Mental Health Self Help Guides



Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

- Abuse
- Alcohol and You
- Anxiety
- Bereavement
- Controlling Anger
- Depression and Low Mood
- Depression and Low Mood - a guide for partners
- Domestic Abuse
- Eating Disorders
- Food for Thought
- Health Anxiety
- Hearing Voices and Disturbing Beliefs
- Obsessions and Compulsions
- Panic
- Post Traumatic Stress
- Postnatal Depression
- Self Harm
- Social Anxiety
- Sleeping Problems
- Stress
- **Plus 3 guides for prisoners**
 - Anxiety
 - Depression and Low Mood
 - Post Traumatic Stress






www.cntw.nhs.uk/selfhelp

Also available in BSL, easy read and audio format

 cntwnhs
  @cntwnhs

The Additional Roles Reimbursement Scheme (ARRS)

The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019 to improve access to support within general practice. It is being used to embed Primary Care Mental Health Practitioner roles across Cumbria, Northumberland, Tyne and Wear, as part of the wider ongoing Community Mental Health Transformation work.

These staff are employed by CNTW, but are partially funded by the regional Primary Care Networks (PCNs) and work directly into GP practices. Each Primary Care Mental Health Practitioner typically covers around five to eight GP practices.

Donna Buckley, an Advanced Clinical Practitioner working for the Trust in South Tyneside, emphasises the difference that having support based in a GP practice can make for someone's ability to access help. "For lots of our patients, they might be middle aged men or other groups who still feel quite a lot of stigma around seeking support with their mental health. But because we are based within the GP practice, it's more accessible for them - that's a place where they feel more comfortable and used to going for help with their health."

Working with other PCN-based roles, Primary Care Mental Health Practitioners can work with patients with mental health needs to address a range of needs, as part of a multi-disciplinary team.

These roles provide a bridge between primary care and specialist mental health providers. They are particularly important for patients who might not meet the

threshold for other services, or who 'fall between' the criteria for primary care and specialist mental health support.

Timely support from a Primary Care Mental Health Practitioner can also often prevent someone needing to be referred into a more specialist service. This reduces the strain on services like Community Mental Health Teams.

Melanie Wardale, a Registered Mental Health Nurse working as a Primary Care Mental Health Practitioner within CNTW, said: "For me, it's been good to see that our role is really bridging a gap between services. Patients have commented on how pleased they are to see this approach implemented. They have had quicker access to mental health support, and feel more reassured that they can access that support when it's needed.

"I enjoy the fact that we work using a step-on and step-off approach [rather than needing referrals and discharges], as it's a much better way of developing a therapeutic relationship.

"And patients have noticed and commented on how well we are able to collaborate with different agencies, to refer them on or working with them alongside another service."

Primary Care Mental Health Practitioners can assess a person to understand what their needs are, and what service or support might best meet these. They can then signpost or facilitate a referral, and people with more complex needs can be supported directly by the Practitioner for

a period of time. They can also play an important role in, for example, monitoring the effects of a new medication someone is prescribed to support their mental health.

Karen Fidler, another Primary Care Mental Health Practitioner within the Trust, gave one example of the impact their work can have. "This lady came to me needing help with her anxiety. She was off work sick, waiting for treatment from another local service. In the meantime, she was losing her confidence and family relationships were breaking down.

"Our support made a real difference for her. We were able to step in and help her, rather than her sitting on a waiting list with no support. Our role offers a really good opportunity to do this at an early stage in someone's journey." Following Karen's support, this lady has recently

successfully secured an NHS Healthcare Support Worker apprenticeship.

Karen expands on why she thinks the Primary Care Mental Health Practitioner roles have been so successful. "What's helped, and what I enjoy about the role, is that we've been able to sit together [with each patient] and work out a way to help them understand what's going on - maybe they've been to other services which have used CBT and it's been too rigid for that particular person, for example.

"We have a lot of autonomy, and can offer really personalised approaches using our clinical knowledge, experience, and skills. We've also been able to link in with the practice nurse, to monitor people's physical health to help them stay well in both mind and body."



Digital Access for Primary Care Nurses

The NHS continues to break down barriers to make it simpler for people to get the help they need. One significant, and very beneficial, change in our area recently has been the introduction of specialist Primary Care mental health nurses working in GP surgeries, as part of the Additional Roles Reimbursement Scheme (ARRS).

However, the need to safely share information between organisations is a big challenge when adopting these new ways of working.

Gail Williams, Digital Project Manager at CNTW, was asked to solve this problem; to enable secure and safe sharing of information for these new Primary Care Nurses (PCNs). Explaining the challenge, Gail, said: “Everyone has their own systems on different networks, so my focus was, how do we make it as easy as possible for staff to make smooth transitions between them and provide care effectively?”

Gail is keen to emphasise that the work was a true team achievement, but the Digital Services team at CNTW are particularly proud of Gail’s effort to lead the project. Their nominations have seen Gail being celebrated as a finalist in the Trust’s annual Staff Excellence Awards.

Gail and the team worked closely with the Primary Care Nurses in CNTW to understand their role, and to find practical solutions to the problems they faced. Pilots or trials of new ways of working were really challenged and tested.

Gail has worked with so many supporting departments in both CNTW and across the region. She has managed conundrums related to information governance, security, data protection, and contracts, to name just a few. Gail also worked with IT departments across all our local primary care providers to agree technical solutions. She kept safety and security in mind, while reaching agreements to make sure the PCNs had the vital information they needed to do their job.

This included things like ensuring staff had laptops which they could use both at a GP practice and out in the community. Connection to a secure network from which they could access electronic patient records on both CNTW and the GP’s systems was vital. The PCNs record information on the electronic patient records held by the GP practice, so all their notes are held in one place. And access is being enabled to send reminders and messages with supportive resources to patients via the GP Practices’ own text messaging systems.

When nominating her for a Staff Award, her team emphasised,

“Gail puts the clinician and patient at the heart of everything she does to find the best solution.”



Upper Limb Surgical Team



As a result of a neurological problem, some people develop involuntary muscle tightness, known as spasticity. Over time this can result in their hands bending into a fist and being difficult to open, or their elbow or wrist getting stuck at 90 degrees.

Over the past five years the Upper Limb Surgical Team have worked together across different NHS Trusts and with patients to develop a successful clinic to treat and support people with spasticity.

The Upper Limb Surgical Team are part of CNTW and are based at Walkergate Park Centre for Neurorehabilitation and Neuropsychiatry in Newcastle, alongside CNTW's other specialist neurological services and wards. The team is led by Occupational Therapist Lynsay Duke. They work closely alongside Susan Stevenson, Consultant Hand and Plastics Surgeon based at the Royal Victoria Infirmary Hospital (Newcastle Hospitals NHS Foundation Trust).

This joint working is vital to the team's success. Walkergate Park is a specialist centre for neurorehabilitation and neuropsychiatry, providing services for people with a disability caused by injury or disease affecting the brain, spinal cord, or muscles. Many of the patients treated at Walkergate Park are affected by spasticity.

But the rehabilitation centre and teams based there do not provide surgical treatments; these are done by specialist plastic surgeons at hospitals like the Royal Victoria Infirmary.

So having a clinic on-site at Walkergate Park bridges the gap between the two. Susan Stevenson, the surgeon who works alongside the team, meets and assesses patients in the clinic at Walkergate Park.

The team have worked with patients to co-produce leaflets and videos which explain the service, help people manage their spasticity, and outline what they can expect to happen if they opt for surgery. (The videos can be seen on CNTW's YouTube channel: <https://bit.ly/3PTNdMC>)

When the COVID-19 pandemic began, the service was hit hard; surgeries had to stop while beds in the Royal Victoria Infirmary were needed to care for those seriously ill with COVID. But the team are back up and running again. This year, the team had a paper about their joint approach published in the International Journal of Therapy and Rehabilitation. They also have plans to carry out a research project reviewing outcomes for patients who have had surgery.

The team has now seen over 70 patients, and feedback has been overwhelmingly positive. Lynsay explains, "Working together has allowed us to hear the issues that patients are having due to their spasticity and offer a potential solution. Those who have had their surgery have reported an improvement in their pain, and being able to wash their hands, get their arm through their sleeve easier - even simple things like wearing their wedding ring again. They say that these changes have improved their quality of life and how they feel about their arm and hand, and reduced their need for help to do day-to-day tasks."

Lynsay sums up why their approach is so successful: "A combination of teamwork, specialists sharing their skills across different organisations, a shared purpose, filling a gap in services, and patients guiding the way forward."



'A false division in healthcare': A GP's perspective

Jim Gordon is a GP in South Tyneside, and Clinical Director for NHS South Tyneside CCG, with a particular focus on mental health and learning disability services. Jim is our keynote speaker at this year's Annual Member's Meeting, and spoke to us earlier in September about the importance of the whole health sector coming together to support people holistically...

When did your interest in mental health and disability services become part of your career as a GP?

I actually worked at the old Cherry Knowle hospital [run by CNTW, then 'South of Tyne and Wearside Mental Health NHS Trust'] during my GP training.

I went into medicine after I did my first degree in microbiology. So, I remember thinking 'oh, I'll go into pathology or something like that.' But actually, you realise it's people that are the most interesting part of medicine.

When I did my second year of GP training, my trainer was a GP and psychotherapist. He was very

very interested in the relationship between doctor and patient. And that really piqued my interest in mental health. He used to say, 'you can learn about all the physical

stuff in the textbook, but this is the real bit of medicine!' So that, and then working as a trainee in Cherry Knowle, made me interested in it. Although I'm still a committed generalist, I'm not a specialist!

Why is moving towards a more collaborative approach to delivering services so important?

A big passion of mine is the integration of physical and mental health care. I remember when I was training on the wards for older people at Cherry Knowle, I realised you cannot really separate physical and mental health care for elderly people. The difficulty that separation introduced in trying to look after those patients on the ward in a holistic way was really, really challenging. And it's a false division that we've introduced because it suits the way the system has evolved. It doesn't suit the patient.

You'd expect me to say this as a generalist, but we need to look at people as a whole person, rather than as a particular part of their presentation.

In the NHS we've always made mental health and learning disability a separate thing, through commissioning and provision and so on. That's created this false division in healthcare for people who don't experience that division themselves.

I think the Royal College of GPs says about 40% of consultations in primary care are 'primary mental health consultations', which is probably about right. But even of the remaining 60%, most of that isn't purely physical health presentations. If you've got a chronic health condition, there is always a psychological element to that - how it affects your life, your relationships, your ability to do the things you want to do. That has an impact on your mood. And your mood that has an impact on how you manage your condition, and how those symptoms feel day-to-day. You can't tease these things apart.

We've done a lot of work in South Tyneside around developing our health hub and you improving the number of annual health checks taken up by people with severe mental illnesses and learning disabilities. But that is only the very start of a process of bringing those two things together a lot more effectively.

How important is the role of other sectors in supporting and preventing mental health and wellbeing issues?

The entire health and care system, and voluntary sector and so on, has to come together to help people stay well. It isn't just one Trust's responsibility to cure all mental illness. Particularly in our region, where we have massive amounts of socioeconomic deprivation which increases the likelihood of people developing mental and physical health issues.

On an individual level, staying well isn't just about getting an evidence-based clinical intervention - your course of therapy or your medication. It's about, what are you doing every day? What is the

quality of your relationships like, what's your housing situation like; can you afford to eat and pay the rent and pay the bills? All of those things play into somebody's ability to actually tackle their health problems, because that comes slightly further down the list than you having a roof over your head or having food to eat. You can't hope to achieve improvements in health without addressing those things as well.

In South Tyneside I think we're one of the areas with the largest number of social prescribing link workers. And they play an important role because they really work on that very practical stuff. And our community and voluntary sector are vital too, because they've got great experience and they're very connected to the communities that they're based in.

What does primary care need to help tackle the challenges around supporting people with mental health and disability issues?

I think one of the most important things that needs to develop

between primary and secondary care is a shared sense of responsibility and ownership.

It's good that we're moving away from that rigid referral model - where you're on a caseload, then you're off a caseload, and then you go back to the beginning again and you have to be re-referred. What we often do in mental health and disability services is create one team over here which does one thing - and it does it really, really well. And then another team that does another thing, and they do that really well. But one team doesn't always agree with the other, and someone has to be referred between the two. And once they've waited four months to see one team, they've got to wait another few months to see the other one. People are passed around and there's lots of criteria in order to be accepted by a team.

From a primary care perspective, that can be really frustrating when you're trying to get some extra help to manage someone's needs. We need that shared ownership; even if it's just a conversation with the senior clinician to say 'look,

I'm just really stuck with this one. What do you think, where should we together go with this person?'

Building strong relationships between the professionals and the clinicians in secondary and primary care is the key to making a difference and getting away from all those barriers.

Some of this comes down to demand as well; demand is going up and up for everybody. You can't look after all of the people you used to look after. There are teams sort of 'defending their walls'. These teams are doing it for the right reasons. They think, well, we've got this particular set of skills to meet the needs of this particular set of people. And they want to defend that resource, to be able to provide that support. It's perfectly understandable, and I've experienced it myself! But we need to help people find the right part in the system. And that might mean we spend some time seeing people that, on paper, we might not think are 'appropriate' for us.

We also need to reach a shared understanding of our expectations of each other. What kind of a

patient are we expecting our secondary care colleagues to look after? And if it's not that patient in front of you, who you're struggling to manage yourself in primary care, then let's examine - what else do you need to help you manage that patient?

CNTW's role in training the next generation of GPs



Lisa Insole is an Adult Community Psychiatrist based at the Molineux Centre in Byker, Newcastle. Here with colleagues in the community treatment team, she sees patients with severe mental health conditions. People are referred to the team by GPs, primary care psychology, crisis teams, and inpatient services.

Lisa is also the GP tutor for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). As a Trust we host 35 GP trainees every 6 months across the North East and Cumbria, and the number of training posts has expanded in recent years. Lisa works with the medical education department under the Director of Medical Education, Bruce Owen and with Roger Cable, the GP tutor in Cumbria, to look after these trainees while they are with the Trust. Lisa's role is providing support and quality assurance around their posts, and providing a bespoke teaching package for GP trainees that covers their particular needs.

Lisa said "Our hope is that the GP trainees who come to us will gain confidence in managing psychiatric conditions that present in primary care; after all, 90% of mental health conditions are managed by our GP colleagues. We also hope that they will forge relationships with us while they are here that will hopefully continue when they qualify and work in the local area.

"In addition, we have worked with Health Education England and the Trust to develop innovative posts for GPs that include an element of psychiatry as well as GP practice, both when training and when training is complete.

"Our General Medical Council (GMC) survey data is really positive regarding the quality of training we provide for GP trainees. Our most recent feedback from the GP school in 2021 was very positive, commenting, 'A good learning experience is reported by 100% of trainees in terms of developing the ability to work as part of a Multi-Disciplinary Team, to manage complexity, and being helped to make appropriate progress towards long-term development needs'.

"The Trust also has a very well received Continuing Professional Development programme for fully qualified GPs for a number of years."

As a community psychiatrist, who has worked with the Trust on the development of the primary care strategy, Lisa is excited about the new plans for community transformation.

She has been involved in some of the work with the clinical directors of the Primary Care Networks, including developing innovative posts that straddle the divide between primary and secondary care. She reflected that developing such posts is a challenge with both opportunities and risks. "The key for success," Lisa explains, "is ensuring the right skill mix for the patient population, and making sure these new staff are not overwhelmed with unmanageable caseloads.

"I love the vision of community transformation - that there should be no wrong door for patients, and getting away from working in silos. The dream is that the 'system' becomes invisible to the patient; wouldn't that be wonderful."

Exploring the role of a Primary Care Mental Health Practitioner

Lisa Hornsby is a registered mental health nurse, working as one of our Primary Care Mental Health Practitioners. She works into Valens Medical Partnership, a GP Partnership with eight surgeries across the south of Northumberland. She spoke to us about what the role involves...

Hi Lisa. Can you describe, in a nutshell, what a Primary Care Mental Health Practitioner does?

If someone comes into one of our GP practices with mental health difficulties, I can offer an initial consultation with them. Based on the problems that person has, we then make a plan with them to get the support they need. That might involve me signposting them to more information or services they might find helpful. I can refer them into a specialist service. I might decide we need to carry out a fuller assessment or do some brief one-to-one sessions to support them with something. Most of my work involves helping people to manage and cope better with their day-to-day symptoms.

Primary Care Mental Health Practitioners like me liaise with GPs, Practice Nurses, Social Prescribers, Clinical Pharmacists, and other health and care staff who support someone. At Valens Medical Partnership, we have piloted the Complex Mental Health Multi-Disciplinary Team. This is a weekly meeting where we discuss any particularly complex cases with staff from many services. People from primary, secondary, voluntary, and health and social care all attend. This is important, because it helps us work together to ensure we are meeting all of someone's needs. It also helps to break down the many barriers that people with complex needs can face. By working in this way, we make sure that people have a seamless treatment pathway between the different services.

What does a 'typical' day or week involve for you and your team?

We're fortunate because we have been given lots of autonomy to explore different ways of working. We aim to provide the best cover across our patch, and achieve a good work-life balance. In preparation for extending the service to evenings and weekends soon, we

are currently trying a four-day week shift pattern. Every week we do a variety of face-to-face and telephone/remote clinical work with patients. We vary the type of work we do and spread it out to prevent overload or burnout. We have some weeks where we have more clinical time, and some where we have allocated service development time. In these weeks we also prepare and chair our Multi-Disciplinary Team meeting and attend other meetings alongside clinical work.

What makes this such a new and innovative approach?

We're fortunate that we have been given real autonomy to develop a service that best meets the need of our patients, whilst fully embracing community transformation. All the clinicians within our team are caring and compassionate. We strive to ensure our patients receive the care they need, when they need, in the place they need it. And where that is not possible, we try to work with other services to 'break down the barriers' as much as possible.

Why is it so important for us to work closely with primary care?

If community transformation is to be a success, it is vital for all of us in the health and care sectors to work together to ensure the support we provide best meets the needs of our patients. This must be done in a timely manner, with seamless transitions for people between services. We are aiming to stop people 'falling through the gaps' or having to tell their story over and over again to get the right treatment.

What have been the biggest challenges in your role, and how have you overcome them?

At the start, working as one of only two clinicians covering eight GP practices meant we both spent long periods of time working independently. At times that felt quite isolating. But we keep in contact by chatting regularly online, and over time we forged strong relationships with the wider teams around us in each practice.

Time and capacity have also been a big challenge. Our eight GP practices cover 50,000 patients in total, and when our service was new, some agencies didn't fully understand what we did or who should be referred to us. With just two clinicians at the start, this meant our diaries were full to capacity with lengthy waiting lists. But as the team has grown, we've been able to spread that workload and provide a better service. And we continue to work with partner agencies to help them understand our service and who we can best support. We are always trying to streamline how we provide the service and release more time to support to those who need us most.

What do you enjoy most about your role?

Whilst it has been challenging and stressful at times, this role has been the most invigorating and rewarding role I have done so far in my career. The Valens GP Partnership senior leadership team embrace community transformation and have empowered us to develop the service autonomously, putting patients' needs at the heart of it all. This has given me great job satisfaction and work-life balance.

I am looking forward to our ongoing service developments, and excited about being able to truly embrace community transformation and deliver the high standard of care everybody deserves.



Nurses and Pharmacists

Its an exciting time to join us here at Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust as we continue to develop and invest in our services, as well as our staff.

We are looking for caring, empathetic, enthusiastic and motivated individuals who have a passion to improve the lives of our patients. We have new opportunities for Registered Nurses Trustwide and opportunities for Pharmacists and Pharmacy Technicians in Cumbria. These vacancies include a generous welcome bonus, a Rewarding Welcome for a Rewarding Career.

Find out more at www.cntw.nhs.uk/reward



Join us for a Rewarding Welcome and a Rewarding Career
£3000 welcome bonus for new inpatient staff*

*terms and conditions apply



Join us for a Rewarding Welcome and a Rewarding Career
Up to £15,000 welcome bonus for doctors joining our services in rural Northumberland and North Cumbria*

*terms and conditions apply

Medical Recruitment

Did you know that we are offering a generous welcome bonus of up to £15,000 to consultant medical doctors joining our Trust?

Find out more at www.cntw.nhs.uk/reward



Emotional Wellbeing Physical Wellbeing Psychological Wellbeing Social Wellbeing Financial Wellbeing Career Wellbeing

Join our Foundation Trust, become a member, share our passion for local mental health and disability services and have your say

Engagement People Membership Newsletter Free Inclusive Views Support Community Social Together Partnership Surveys Benefits

Who can become a member?

Anyone over the age of 14 can join. You can become a member if you use our services, care for someone who uses our services in the last six years. You can give as little or as much time as you have to spare. No special skills or experience is needed to become a member, providing the above criteria are met. The most important quality is that you have an interest in mental health or disability services and the people affected by them.

Getting involved

Anyone who is eligible to become a member of the Trust can do so by:



completing a paper membership application form and returning it to:
FREEPOST CNTW MEMBERSHIP



completing an online version of the application form at:
www.cntw.nhs.uk/membership



contacting the Membership Office:
Tel: **0191 245 6827**
Email: **members@cntw.nhs.uk**



The year in CNTW

We have achieved a great deal over the course of the last financial year, despite the Covid-19 restrictions which were still in place as the year began. There is much to be proud of. Here are just some of the highlights of our achievements.

This year has seen many of our teams and colleagues recognised for their work by prestigious awards throughout the year. In September 2021, the Reach Out Delirium service in North Cumbria was shortlisted for – and won! – the Psychiatric Team of the Year at the Royal College of Psychiatrist Awards. And the Delirium Liaison Pathway team in South Tyneside were also shortlisted for Mental Health Innovation of the Year in the Health Service Journal Awards.

At the Bright Ideas in Health Awards in November, our Care Home Education Support Service in Cumbria was shortlisted in the ‘Celebrating Innovation Related to the Covid-19 Pandemic’ category, while the Trust’s Digital Services team won the ‘Demonstrating an Impact upon Patient Safety and/or Quality Improvement’ category, for their speedy implementation of online consultations.

The Patient and Carer Involvement Team were shortlisted for the Innovation in Mental Health Award at the Health Business Awards, in recognition of their pioneering approach to establishing Peer Support throughout the organisation.

Helen Sonnenfeld, who works in our Secure Services in Northumberland, was named ‘Tutor of the Year’ at the Festival of Learning, supported by the Department for Education. Community Nurse Practitioner Adrian Anim was shortlisted in the national Great British Care Awards. Adrian re-trained as a nurse after a 20-year career as a decorator and now works in the Sunderland Learning Disability Community Treatment Team. He was nominated by the mother of a service user who he gave outstanding support to.

And Ratan Singh, who works in a community mental health team in Gateshead, has recently been shortlisted for a Make a Difference Award from BBC Radio Newcastle.

September 2021 saw nine runners take on the Great North Run to raise money for the Trust’s charity, The SHINE Fund. This year we also began an ongoing partnership with Starbucks stores in Newcastle to raise funds for SHINE.

In October, we supported Black History Month, uniting our organisation to raise awareness and take positive action against racism.

In January, we announced James Duncan as our new chief executive. James took up the role on 1st February 2022, taking the reins from John Lawlor OBE. James has 27 years of experience in the health service, having joined the NHS Graduate Scheme in 1992. For the past several years, he held the post of Deputy Chief Executive and Executive Director of Finance at CNTW.

CNTW appointed six assistant psychologists from marginalised backgrounds in February, in a bid to make clinical psychology more accessible. February also saw specialist nurse Joyce Pennington retire after 50 years in the NHS. Joyce was instrumental in setting up the Trust’s Mental Health and Deafness Service, working with people who are D/deaf and deafblind who have mental health problems.

In February, we stood with our LGBT+ Staff Network, making a public commitment to stand in solidarity with the LGBT+ community and support a ban on conversion therapy in the UK. In March the Trust received a Stonewall Silver Employer award for our commitment to LGBT+ inclusion at work.

Following several years of technological transformation and innovation, in March we were formally recognised by NHS England as an Accredited Global Digital Exemplar. Digital tools developed by the Trust, including technology enabling mobile access to patient records, have been made available across the country to help other NHS Trusts implement improvements more quickly and easily to improve services for patients and staff.

This year has seen the Trust develop several new partnerships with third sector organisations. We commissioned local charity Mental Health Matters (MHM) to deliver a new 24/7 helpline to support residents of Sunderland and South Tyneside, which launched in April. We have also funded North East Counselling Services to provide a free phone line offering extra support to parents whose children are receiving counselling. And in May, our Perinatal Community Mental Health Team teamed up with North East Young Dads and Lads (NEYDL), to look at how we can provide better mental health support for the whole family.

During Armed Forces Week in June, we celebrated the Trust’s reaccreditation as a Veteran Aware Trust by the Veterans Covenant Healthcare Alliance, which praised the ‘exceptional’ work done by the Trust. In July, the Trust received a Gold Award from the Ministry of Defence’s Employer Recognition Scheme.

In July we congratulated the first ever graduates of our Registered Nurse Degree Apprenticeship, a unique opportunity to ‘earn and learn’ and part of our ‘growing our own’ approach to developing staff.

July also saw our Street Triage Teams in North Cumbria and North of Tyne receive Commendations from Cumbria Police and Northumbria Police respectively, in recognition of their outstanding work in partnership with the police forces.

Finally, this has been the first full year of putting our ‘Green Plan’, launched in April 2021, into action. Some of the many steps the Trust has taken towards greater sustainability include planting 1000+ trees across our sites and a 70% reduction in single-use plastic in the Trust’s canteens and café. Teams across the Trust have got on board – such as the Pharmacy team, who’ve saved nearly 8 tonnes of CO2 emissions by changing how the team travels between sites, and are on track to save much more thanks to new energy-saving upgrades to their building.

Copies of the annual magazine can be downloaded from our website www.cntw.nhs.uk

Please contact us to request a version in an alternative format.

Copies can also be obtained by contacting
Corporate Affairs Office
St Nicholas Hospital
Jubilee Road, Gosforth
Newcastle upon Tyne
NE3 3XT
Tel: 0191 245 6827
corporateaffairs@cntw.nhs.uk



@cntwnhs



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