



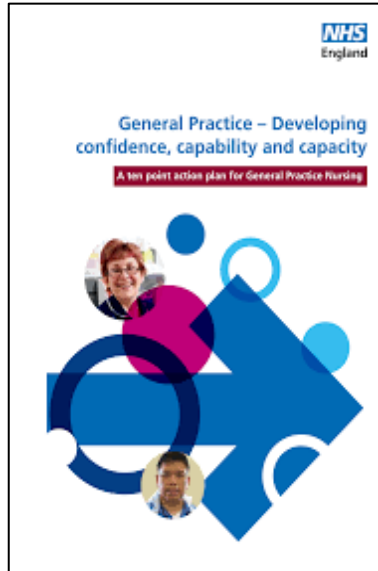
NAPC | National Association  
of Primary Care



# CARE Programme Information Pack 2024

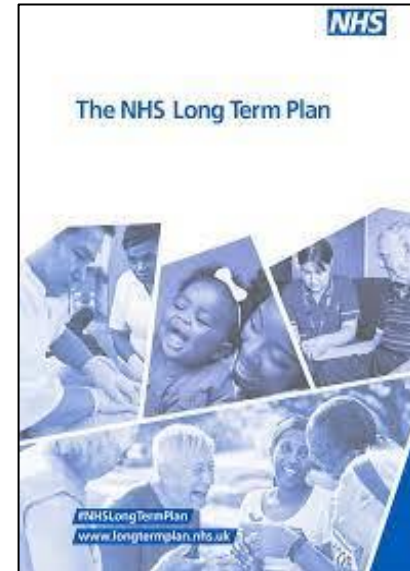


# What is CARE?



Population Health Improvement

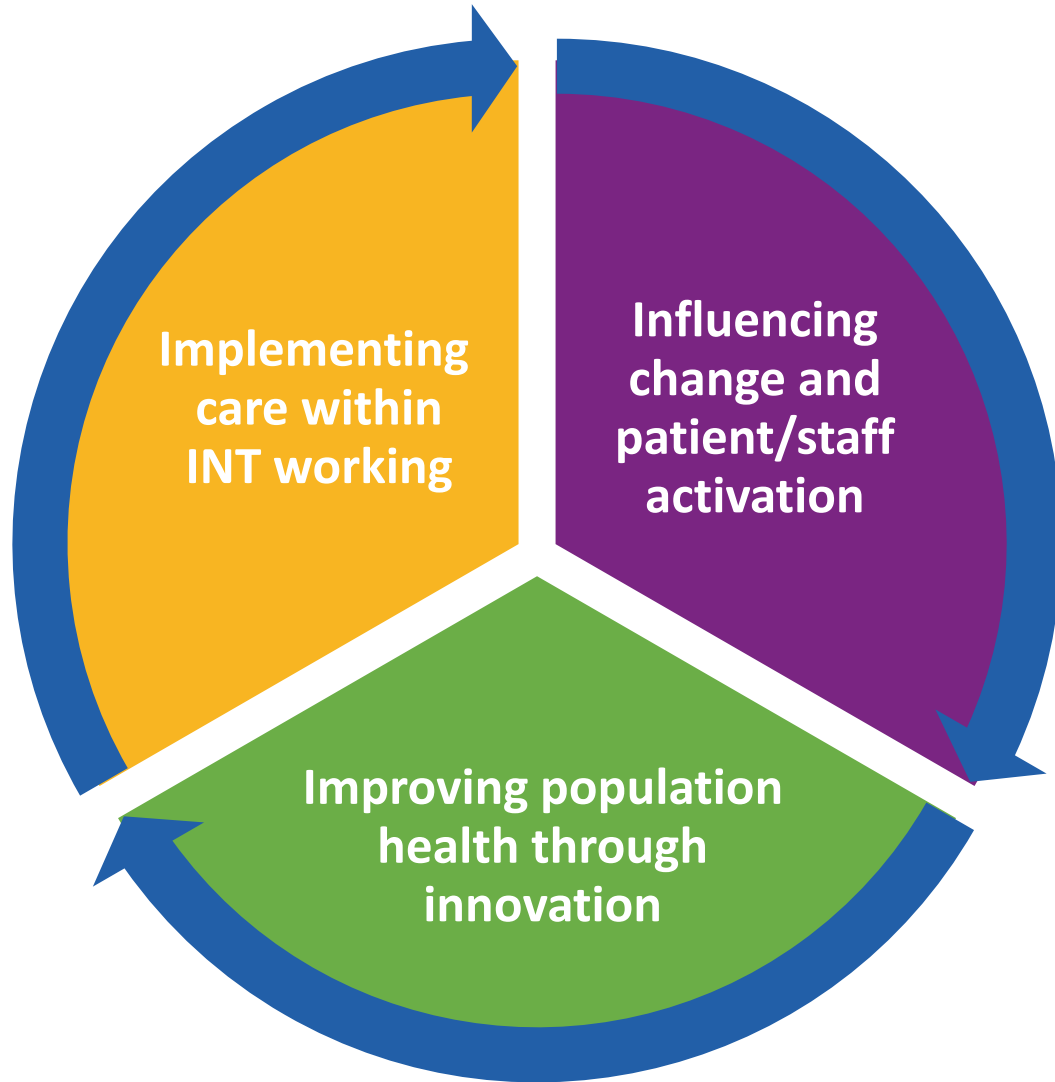
Resilience



Leadership System Impact

CARE is a programme that connects **MDT participants** with each other, their system and their communities, creating a collective voice for the Primary Care workforce.

# What is CARE?



- **CARE aims to radically improve population health and reduce health inequalities** by connecting and empowering the whole health and care workforce and their local communities to design and deliver services that individuals need and want.
- **CARE is a holistic change approach** led by Primary Care colleagues – super connectors! – supporting workforce resilience and leadership development using a combined focus on:
  - **System-wide engagement** – connecting national and local teams and strategies, exploring innovation and technology
  - **Individual activation** – using population health improvement projects to anchor learning and demonstrate value
  - **Applied leadership** – creating and maintaining the right environment for change and innovation.



# Why is CARE important now?

- Collaborative, multidisciplinary leadership (nationally and locally) is **critical for sustainable primary** care reform
- A **proactive population health focus** is the only way to reduce demand
- Workforce resilience is critical and PCNs must continue to pay attention to **whole** workforce **engagement, development and empowerment**
- Breaking outdated ways of working and connecting national and local imperatives, people and funding streams is **critical for immediate and sustainable change**
- CARE aligns with recommendations of the **Fuller Stocktake and The Darzi Report.**

# CARE is working because...



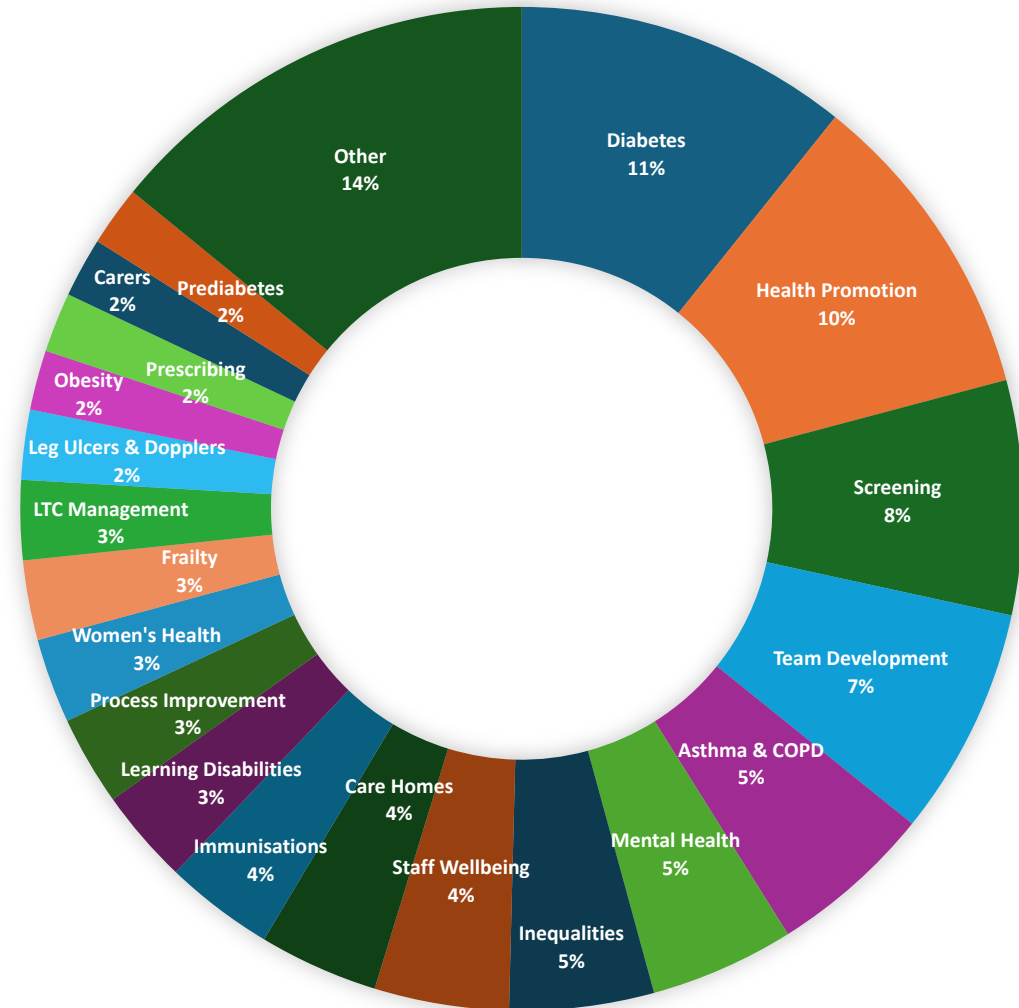
- A significant number of circa 700 projects are providing personalised care and **helping patients develop their health confidence, activation and ability in self-management**
- Participants **feel valued** and are building self-awareness and resilience, which in turn is **unlocking potential**
- Primary Care colleagues' population health expertise is helping to **unlock new and exciting innovation and improved system leadership**
- It **helps participants to find answers for themselves**, using simple methodology and regular mentoring and peer support
- Participants are finding **innovative ways of breaking entrenched behaviours** and approaches and using their professional networks to share the learning.

# Impact of CARE on Population Health



## CARE is improving population health

- **92%** of participants felt more able to improve population health and put their ideas into practice
- **677** health improvement and staff development projects have been started by participants, with this set to rise to over 700.



# Why attend CARE?

## Return on Investment



Attending the CARE Programme, the total benefit participants generate is likely to greatly exceed the cost of participating.

**1. Resilience will improve**

85% of nurses felt that their resilience had improved, and this should lead to better patient **safety**, reduced **sickness** and reduced **absence**

**2. Leadership skills will improve**

96% of colleagues felt that their leadership and influencing had improved and this should lead to **lower** patient mortality and medication errors

**3. More likely to continue to work in Primary Care**

80% of colleagues felt that they were much more likely to continue to work in Primary Care and lower staff turnover will lead to recruitment **savings** and improved care **quality**

**4. Improve patient satisfaction**

Primary Care organisations with a healthy workforce have a higher proportion of patients who are **'very happy'** with their practice, and we already know that **happy' equals 'healthy'**

**5. Improve the health of local/national population**

92% of CARE participants felt able to improve population health and put their ideas into practice, and better **population health** leads to significant improvements in patient **outcomes** and health **utilisation**

**6. Help reduce the pressure on Primary Care**

Post Covid-19, GP demand has continued to grow at **5%** a year. Typically, patients who see other GPNs / AHPs **4** times, are then **4** times less likely to see their GP the year after

**7. Reduce the pressure on Secondary Care**

A weak correlation exists between higher numbers of GPNs/AHPs and lower levels of avoidable A&E admissions. Each improvement project is likely to generate a benefit in excess of 1 avoided A&E admission (£2,181) and CARE may therefore pay for itself in reduced A&E demand alone

**8. Improve their skills and wellbeing**

**CARE participants are sharing what they've learned** to such an extent that others are rapidly taking up these ideas, which leads to a magnification of all the above benefits. By the end of 2024, CARE will have made a positive difference to almost **1,000** Primary Care colleagues and this number will continue to grow over time.

# What is the content of the CARE Programme?



- The programme will consist of **6 x 2 hours weekly sessions**, structured and interactive with breakout groups **facilitated by the NAPC CARE core team**.





# What is the content of the CARE Programme?



## PHI (Population Health Initiative)

- As part of the CARE Programme, the participant is expected to undertake a **(PHI) population health improvement initiative**. These can be as big or small as the participant feels able to manage and deliver. It is likely the participant is working on something already or know of an area of population they would like to focus on
- As the participant progresses through each module and working on their PHI, the CARE team will help and support them build a case study overview. The overview will detail **the challenge, the innovation and the measurable impact**. In the following slides you will see a few examples of completed case study overviews.

# Diabetes management: Group consultation and holistic approach improves patient outcomes



**Aysha Badat**  
Advanced Clinical Practitioner  
& Practice Nurse  
Bolton

Positive impact on HbA1c and BMI mean patients are likely to see their GPs **seven times** less each year.

## The Challenge

Aysha works in a significantly deprived area where the combination of the COVID-19 pandemic with severe financial and operational pressures reduced face to face consultations and almost ended structured education activities. In these difficult times she identified a pressing need to support patients with diabetes.

## The Innovation

Aysha initiated a proactive Quality Improvement Project, providing virtual diabetes group consultations, educational workshops, motivational interviewing, and personalised care through goal-setting.

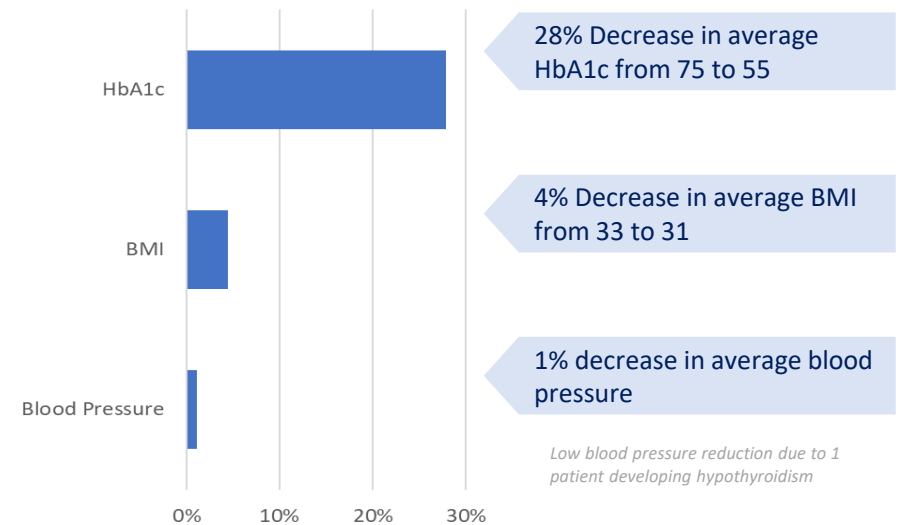
Rapid NHS-Digital innovations during the pandemic allowed her to utilise an approved digital platform, ensuring high-quality care and maintaining of QOF standards.

Aysha's clinical expertise and prior experience in face-to-face group education allowed her to achieve dual goals: personalised education while meeting mandatory standards, a definite win-win!

## The Impact

- ✓ **Practitioner:** Increased confidence and emotional intelligence, while developing transformational leadership skills to influence system leaders
- ✓ **Patients:** Improved access and outcomes
- ✓ **System:** Improved collaboration with system partners including NHSE, Diabetes UK and the local Training Hub

## Improvements in health markers intervention



# Young carers: Proactive approach to identifying 'hidden' young carers enables access to support



**Philippa Harrison**  
Care Coordinator  
Theatre Royal Surgery  
Mid Norfolk

There  
are approximately  
**120,000** young carers,  
aged between **5 and 17**  
years

*(About young carers, 2021)*

## The Challenge

After watching a video about young carers, Philippa realised that her practice had a poor understanding of the number of young carers registered and felt compelled to tackle the issue.

Philippa was keen to ensure that carers had access to all available support. She also recognised the need to raise awareness within the practice about this 'hidden' group.

## The Innovation

Philippa completed a mapping of local support services available for young carers and carried out a data search within the practice to identify young people caring for family members with long-term conditions. She then contacted their parents for consent to add the young carers to the practice records so they could be offered additional support.

As a next step, Philippa plans to work with local schools and health providers to gain a better understanding of what they can do for young carers.

## The Impact

- ✓ **Carers:** Increased awareness of the services available to young carers within the PCN
- ✓ **System:** Improved collaboration with the local community over young carers, including primary and secondary schools
- ✓ **Practitioner:** Increased satisfaction as a result of supporting and advocating for young carers

**RCPCH**  
Young carers | 11-17 years old



*(Royal College of Paediatrics and Child Health, 2020)*

# Improving workforce recruitment and retention: Evaluation factors influencing nurse retention



**Fanni Mohamud**  
ANP and Lead Nurse  
Camden North PCN

## The Challenge

As a nurse lead, Fanni identified that there were significant workforce issues for the PCN. In particular, this was around difficulty in recruiting to posts and a low retention rate compounded by low morale and limited access to professional development.

## The Innovation

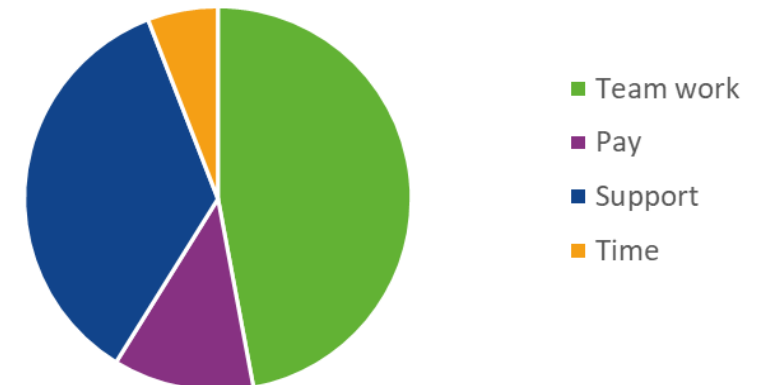
Fanni conducted a survey with her colleagues to understand retention factors, revealing the importance of teamwork. She initiated peer learning online sessions and arranged full-day educational meetings every 2-3 months. These initiatives foster mutual support, improve patient care, and enhance job satisfaction, setting a new standard for staff engagement and retention within her PCN.

## The Impact

- ✓ Increased nurse and HCA job satisfaction and morale
- ✓ Improved staff engagement across the PCN
- ✓ Increased awareness of the factors that influence workforce recruitment and retention
- ✓ Increased recruitment of nurses and HCAs within Fanni's PCN

The team not feeling supported/listened to is a reason why someone might decide to leave their role.

## Reasons for Nurses Staying in Their Current Roles



Kings Fund suggest that the overall NHS vacancy rate in London is 11.5%

# Addressing LGBTQ+ health inequalities: Local initiatives led to enhanced patient access



**Jane Woodhull**

Inclusion and Engagement Project Manager  
Brighton & Hove LGBT Switchboard

Brighton and Hove Switchboard provide LGBTQ+ specific services for:

- Domestic abuse survivors
- Refugees, asylum seekers and migrants
- Older people, dementia and grief
- TNBI social prescribing

## The Challenge

Research shows that LGBTQ+ communities disproportionately experience isolation and loneliness, higher rates of poor mental health and long-term conditions due to minority discrimination. In addition, they experience inequalities in accessing, experience and outcomes of healthcare.

## The Innovation

As part of a Communities Health Inequalities Programme, Jane focussed on addressing these health disparities within her local LGBTQ+ community. Jane played a pivotal role in setting up a community grant panel enabling small LGBTQ+ organisations to secure funding to support the health and wellbeing of their communities, with 16 applications being successful. She also facilitated the delivery of an LGBTQ+ inclusion programme for primary care staff. As well as providing training, this looked at the policies, language, virtual and physical barriers, and resources available.

## The Impact

- ✓ Increased staff awareness of the needs of the LGBTQ+ community
- ✓ Improved access to primary care and other services through inclusive policies and innovative approaches
- ✓ Empowerment of grassroots groups to design solutions and support networks
- ✓ The Legacy: Creating leadership and self-management skills in communities

**300**

primary care staff trained with  
**63%** making changes to  
practices

# Promoting staff wellness: Hybrid wellbeing sessions reduce stress and boost resilience



**Andrea Svecova**  
Health & Wellbeing Coach  
Ealing GP Federation

"The CARE program has been transformative, enriching my personal and professional growth and helping me find a supportive community."

## The Challenge

NHS staff face immense pressures, and dedicated wellbeing sessions are crucial for relieving stress and promoting resilience. Investing in their mental and physical health not only boosts job satisfaction and performance but also elevates the quality of patient care.

## The Innovation

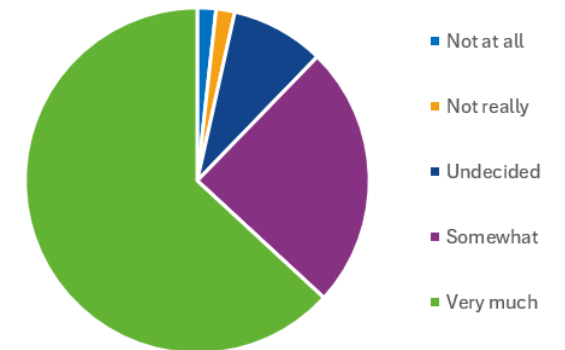
Andrea and her team developed the 70-minute wellbeing sessions for staff to access either virtually or in person. The scheduling of sessions is flexible, followed up by a short questionnaire and cover a range of topics, including mindfulness, exercise, diet, stress management and the importance of quality sleep. They also allowed for exchange of ideas on ways to improve health and wellbeing. Additionally, the health & wellbeing coaching team leads 20-minute monthly sessions for the Social Prescribing Forum.

- The hybrid format ensured that staff could access support and self-care resources regardless of their location, promoting a sustainable and holistic approach to healthcare worker wellbeing.
- Those attending in person were able to access personalised support, experience real-time interaction and benefit from a sense of community.

## The Impact

- ✓ Of the 117 staff who attended the sessions. Event feedback questionnaires indicated a 95% satisfaction rate among participants.
- ✓ The great majority were somewhat or very likely to take part in future wellbeing sessions.
- ✓ Virtual sessions ensure accessibility anywhere, supporting sustainable wellness.
- ✓ In-person sessions deliver tailored support and foster a strong sense of community.

How likely participants are to take part in future wellbeing sessions



# Personalised care improves diabetes compliance amongst minority ethnic patients



**Diana Igwe**

Diabetes Specialist Nurse Prescriber  
Parkwood Family Practice

Black, Asian and Minority Ethnic groups are **SIX TIMES** more likely to develop Type 2 diabetes.

## The Challenge

Diana faced the challenge of low engagement among minority ethnic patients in diabetes management within her practice. With only 25% initially engaging and a significant number of DNAs, she knew innovative solutions were needed.

## The Innovation

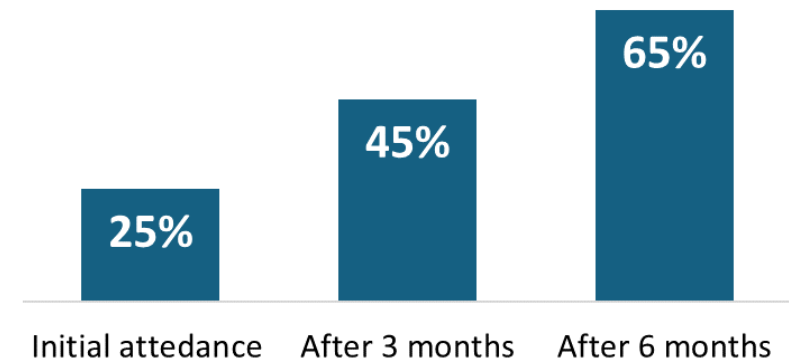
Using her clinical system, Diana identified 140 diabetics aged 18-65 from a minority ethnic background living in deprived areas who hadn't attended their annual health check.

She invited them for personalised reviews, incorporating proactive outreach via telephone, letters and email and developed tailored interventions.

## The Impact

- ✓ **Practitioner:** Diana's professional fulfilment has risen, and she is now developing new innovative interventions for diabetes education in large groups
- ✓ **Patients:** Improved compliance from 25% to 65% and 40 new prediabetic and 15 new diabetic cases identified
- ✓ **System:** Probable reduction in hospitalisations and future GP visits, alongside enhanced QOF performance

### Diabetes review attendance rates amongst minority ethnic patients



# Staff recruitment: Social media helps to fill vacant posts and build a more diverse team



**Cheryl Young**

Advanced Clinical Practitioner  
Whitstable Medical Practice

Using social media to advertise positions led to a **huge increase in applications.**

## The Challenge

Cheryl's practice were struggling to recruit new nurses and healthcare assistants (HCA) and had received no applications to advertised positions.

## The Innovation

Cheryl decided to experiment with advertising on social media, using Canva to create attractive graphics to introduce the team and promote the job openings.

She launched the campaign on her practice's existing Facebook account and then created new accounts for Instagram, Twitter, and LinkedIn.

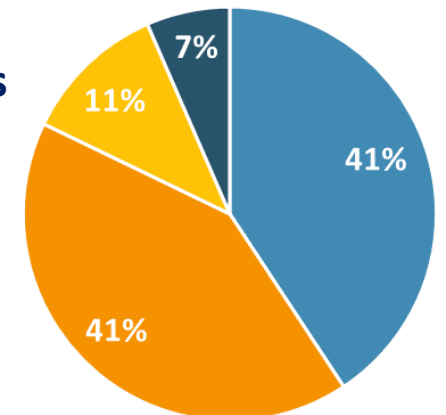
She also ran a survey to assess interest in attending a recruitment day and give people the option of uploading their CVs.

## The Impact

- ✓ The campaign generated a big increase in interest: 398 likes and reposts across all platforms and 70 people interested in attending the recruitment day.
- ✓ It addressed the recruitment challenge: 41 mini-interviews and 8 individuals hired.
- ✓ It introduced new skills to the team: those recruited had diverse backgrounds and skills beyond the usual recruitment routes.

## Likes and Reposts By Platform

- Instagram
- Facebook
- Twitter
- LinkedIn





# Impact of CARE on Participants



## CARE has helped **me**

- **82%** of participants felt that their **job satisfaction** and **emotional wellbeing** had improved, and most felt that their **voice is being heard** a lot more.
- **Participants learned skills** to enable them to continue to build their **confidence** and **resilience**.

## CARE has helped my **patients**

- **92%** of participants felt more able to improve the **health of their populations** and make a **positive difference**.
- **677 projects started** by participants, with several showing evidenced improvements in **population health** and likely improvements in **GP and A&E demand**.

## CARE has helped my **team**

- **94%** of participants felt that their **influencing skills** had improved, and **95%** felt that their **leadership skills** had improved a lot.
- On average, **6 new or existing relationships** were developed by each participant during the programme.

## CARE has helped the **system**

- **92%** of participants felt their ability to **put ideas into practice** had improved, and **70%** felt they were much more likely to **continue to work in Primary Care**.
- **A potential high return on investment** for the system in terms of **improving** staff skill, population health, system demand and PCN maturity.



# Impact of CARE in Participants' Words

After nearly 40 years of working in the care sector, this is the very first time I have had **supported leadership training** towards innovation and integrated working.

Everyone should have access to this course – NHS or not, as it offers **networking opportunities** to share experiences and best practice, enabling better patient care.

An excellent component of the course is the **ongoing mentorship** that is on offer – this is a gold standard that puts any other course in the shade.

**Dawn Osborn**

*Social Prescriber – GP Link Worker*

The CARE programme helped develop me as a leader and increase my confidence to be able to develop my career in a way I hadn't envisaged. I was very shy and lacked confidence before the course but through learning more about myself and how I perceive others, and how they perceive me, I felt more equipped to be able to really think about what I wanted and how to achieve it. I felt better able to connect with people and support the teams around me. This has led me to be able to be more creative with the ideas I have as I know I have the power to influence change by engaging people.

**Kirsty Shanley**

*BLMK GPN Lead*

Since I completed the course, I successfully interviewed for the Lead Practice Nurse role at our practice. I am now a line manager to six members of staff, working closely with the Lead Nurse to develop my skills. **I honestly can say the CARE Programme helped me gain the confidence to apply and interview for this role.**

**Danielle Townsend**

*Lead Practice Nurse*

# To register your interest contact us

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