

Community Council for Somerset

Keeley Rudd. CEO



www.somersetrcc.org.uk





somerset village & community agents



Advice Line: 0800 31 68 600 or TEXT 'Carer' to 78070

If you regularly look after someone in a caring capacity, this may be a family member or friend, **Somerset Carers Service** can support you with advice and guidance.

Caring for another person is very rewarding, but can be overwhelming and lonely at times.

Somerset Carers Service can help with:

- Linking you to groups & events in your area
- Finding information that will help you and the person you are caring for, tailored to you
- Guiding you through financial support you may be eligible for, and assisting you with applications

www.somersetcarers.org.uk





somerset village & community agents

Hello - I'm Carolyn your local Village Agent



offer free confidential practical support for you and community groups.

We Help when others won't, don't, or can't

Enabling you to feel:

- Healthy & well
- Able to manage your affairs
- Independent & safe
- Part of a strong & thriving community

Carolyn Grout - Village Agent

07958 415 264 a carolyng@somersetrcc.org.uk

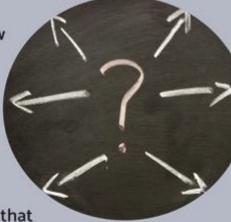


www.somersetagents.org



How can a Village Agent help you?

- Do you live alone, have a problem and not know who to turn to?
- Are you struggling as a young person, an older person or as a family and need advice & support?



- Do you have a problem that can be fixed by accessing the right people, services or agencies, but are unsure of where to begin?
- Are you a carer that needs a little help & support?
- Does your community have a collective problem that needs a kick start to solve?

* All conversations are strictly confidential *

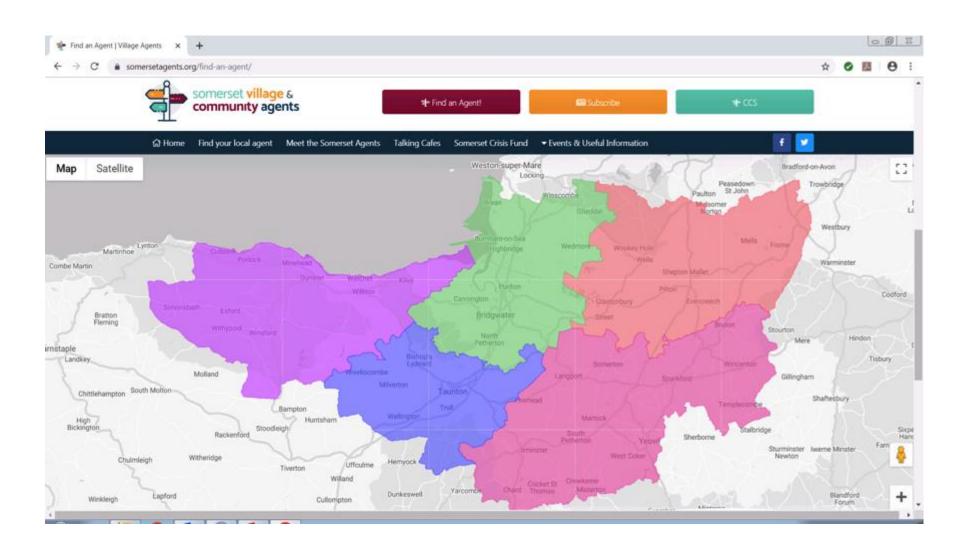












Resource - 57 Agents

- 20 Village Agents
- 9 PCN Village Agents
- 1 Macmillan Village Agent
- 7 Mental Health Village Agents
- 9 Community Agents
- 3 Home First Community Agents
- 7 Carers Agents plus 1 Advice Line/support Officer
- 1 Village Agent Transport



somerset village & community agents

People Supported



1,985
people
were
supported



with **2,850** issues



21 months

in



780 issues were 'light' touch

75

75% people were over 75 years old

Data collated from CCS database between April 2015 - December 2016



79%
people reported they had a disability or long term health condition



2000+
issues
required 1:1
support





Multi agency information cafe providing free advice and support

Bridgwater - Burnham on Sea - Chard - Cheddar - Dulverton - Langport Minehead - Porlock - Street - Taunton - Wiveliscombe - Williton - Yeovil

Our Village, Carers and Community Agents have established many weekly Talking Cafes throughout Somerset

For full details go to https://somersetrcc.org.uk/our_work/supporting-individuals/talkingcafe/

Or find us on Facebook www.facebook.com/talkingcafesomerset

Each year we collate as much detail on Christmas events across each district and publish them for all to use.

The Christmas Directory is used extensively by the public, as well as support agencies & our own agents in trying to combat loneliness during the festive season





Novel Approach to GP/ Specialist Accreditation - Exploring the CESR / CEGPR route

Gajendran Kanagalingam Wye Valley NHS trust

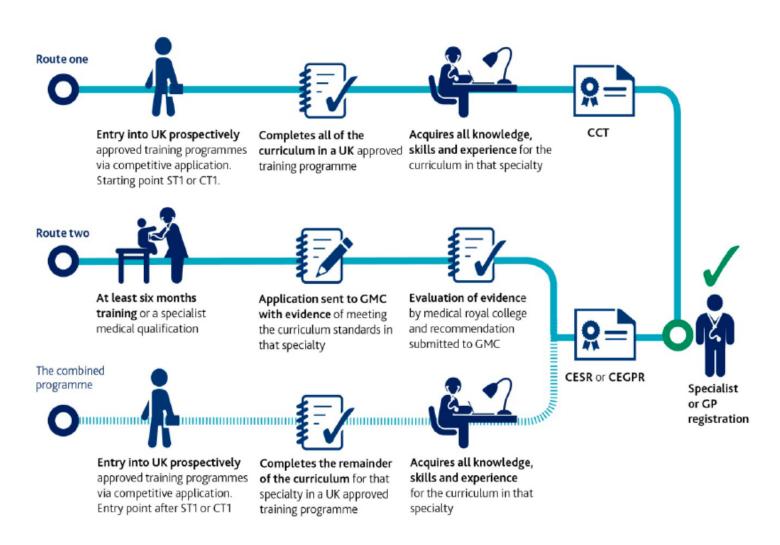


Who is involved in this project

- Dr Jayne Clarke Consultant Paediatrician with Special Interest in Respiratory Medicine and Associate Medical Director of Education; Project Sponsor
- Dr Gajendran Kanagalingam Specialty Doctor in Obstetrics and Gynaecology; Project Lead
- Dr Jessica Alcena Specialty Doctor in Acute Medicine;
 Project Co-Lead

Routes to specialist or GP registration







What is CESR?

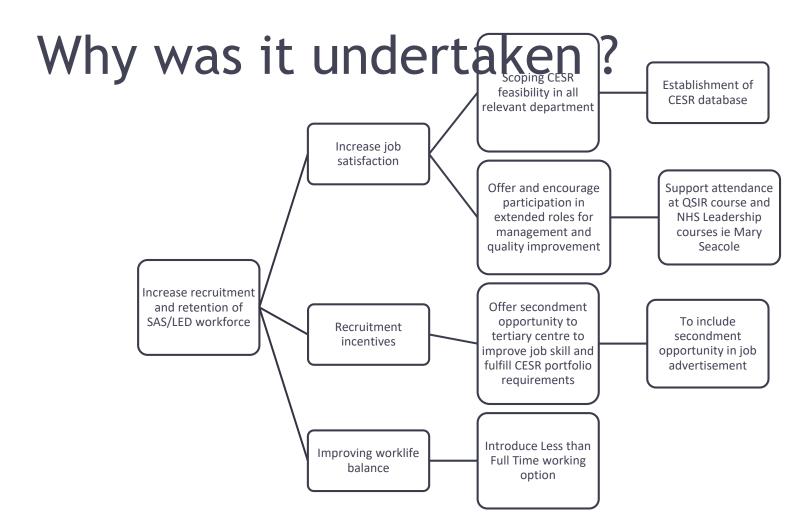
- CESR = Certificate of Eligibility for Specialist Registration
- doctors in a non training post
- show evidence of knowledge, skills and attributes of a consultant to the GMC
- holders can apply for substantive consultant post
- equivalent to CCT (a GMC approved regional consultant training programme)



Benefits of CESR

- Royal Derby Emergency Department
 - Retention rate increased to 92% from 63%
 - Staff morale and job satisfaction improved
 - CESR portfolio adapted as toolkit for implementation nationwide to increase consultant workforce in Emergency Department
 - Saving up £330 000 ,every year through less agency spend and more substantive post being filled in
 - Similar experience in Harrogate and District NHS and University Hospital of Southampton







How was it undertaken?

- Research the CESR programme, produce a summary paper to evidence this
- Arrange meetings with consultants, teams, SAS doctors to scope provision/opportunity
- Design and populate a CESR database
- Validate the database with the teams and share with stakeholders

How was it undertaken?

- Met with clinical leads of all departments
- Compiled which part of the curriculum can and can't be offered in WVT
- Secondment opportunity explored
- Attended CESR workshop day organised by GMC
- Database launched and shared with key stakeholders at a information and update session
- Good feedback

Certificate of eligibility for specialist registration (CESR)

CESR Information & Update Session - 2nd Sept 2019, click here for more details

The CESR project was designed with the following aims as workstreams:

- 1) Workstream 1 To scope across WVT for existing and future provision opportunities to create a CESR database
- 2) Workstream 2 To scope existing generic skills opportunities; create and launch a multi professional teaching programme
- 3) Workstream 3 To scope existing provision of postgraduate teaching, identify Strengths, Weakness, Opportunities and Threats (SWOT analysis) from current provision and identify suitable multi professional learning opportunities

Last published: 02/09/2019

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Click here for more details

CESR Project workstreams

KPI 1 CESR programme summary

KPI 2 LEARNING OPPORTUNITIES FOR GENERIC

KPI 3 Existing programmes of study

KPI 4 SWOT Analysis

KPI 9 Design and populate a CESR Matrix

KPI 1 Research the CESR programme produce a summary paper to evidence this

Produced by Dr Gajendran Kanagalingam and Dr Jessica Alcena – HEE project leads Supervised by Dr Jayne Clarke - Associate Medical Director Education

Introduction - Certificate of Eligibility for Specialist Registration (CESR)

CESR is the pathway by which doctors who are not in an approved training programme can demonstrate their knowledge, skills and experience are equivalent to that of the relevant Certificate of Completion of training (CCT) curriculum to join the Specialist register. It was previously known as Article 14.

It is a legal requirement for all doctors to be on GMC specialist register before they are given a licence to practice independently as a consultant . It's the pathway chosen mainly by SAS doctors who are usually on staff grade , associate specialist and specialty doctors contracts. These doctors usually work towards specialist status by completing skills gaps while continuing their service provision work as middle grade doctors.

Certificate of eligibility for specialist registration (CESR)

Medical Division CESR Matrix

Surgical Division CESR Matrix

Diagnostic Service CESR Matrix

Events

Developing Leadership Skills

Human Factors and Patient Safety

Designing a Quality Improvement Project

CESR Information Session Presentation

Specialties we can offer the majority/all of training are:

Acute Internal Medicine (AIM)	
GMC Specialty Specific	https://www.gmc-uk.org/-/media/documents/satssg
guidance	acute-internal-medicinedc2280_pdf-48455180.pdf
This link has up to date links to	
ARCP decision aids and	https://www.jrcptb.org.uk/specialities/acute-medicine
current curriculum	
Part of curriculum that cannot	At least 6 months in a teaching hospital (non-DGH)
be offered at Wye Valley Trust	AMU. Would require secondment

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Surgical Specialties Directorate – Trauma and Orthopaedics	
Curriculum links	https://www.gmc-uk.org/-/media/documents/t-and- o-inctrauma-tig-approved-jul-17_pdf- 72511367.pdf
CESR information on JCST (Joint	https://www.jcst.org/cesr/cesr-application-
Committee on Surgical Training)	guidance/trauma-and-orthopaedic-surgery/
JCST Certification Guidelines and Checklist	
	https://www.jcst.org/quality-assurance/certification-guidelines-and-checklists/
GMC Specialty Specific Guidance	https://www.gmc-uk.org/-/media/documents/sat
	ssgtrauma-and-orthopaedic-surgery
	dc2329_pdf-48456263.pdf
Parts of the curriculum that can be	Hands, Wrist, Elbow, Shoulder, Hip, Knee, Foot,
offered in Wye Valley Trust	Ankle and Trauma
Parts of the curriculum that cannot	Further training in Paediatrics and Spine at a
be offered in Wye Valley	tertiary centre will be necessary to complete CESR



What is the new project?

 A scoping exercise to explore whether CEGPR does offer a feasible alternative route for rural GP recruitment



What is CEGPR?

- an alternative route to apply to the GP Register
- Doctors in a non training post in the UK
- Overseas doctors from some countries
 - Streamlining application for doctors from Canada
 South Africa and Australia

Why is it needed?

- Recent workforce survey across 83 practices across Herefordshire and Worcestershire
 - 1/3 of practices cite GP workforce as high risk
 - Age of GP > 50 years
 - Herefordshire highest, 64% vs 45% at Worcestershire
 - Less full time equivalent GP lower than national average
 - GP trainee numbers
 - Leaving ≠ training
 - Rural location
 - Some benefit from TERS scheme, but most return to big city for substantive post



Why it could be attractive?

- Experienced SAS/LED doctors with personal circumstances
- Put off by the need to do night shift on traditional GP-VTS scheme
- Dual registration of CESR and CEGPR could open more flexible working pattern
- GMC findings
 - Benefit from streamlining and simplification.
 - Lack of awareness as alternative route of training pathway



How its going to be done?

- Research the CEGPR
- Arrange meetings with GP trainers
- Arrange meetings with potential trainees to obtain their perspective on CEGPR, is it attractive to them?
 - Organise focus groups
- Summary paper on proposed CEGPR to GP stakeholders to get feedback and validate the summary paper with agreement from GP stakeholders



What it can provide? Centre of excellence for providing CESR/CEGPR

- Home grown local workforce to maintain sustainability of the workforce
- Some parts already providing results in secondary care
- Expand that vision to include primary care
- Initially in Herefordshire with the intention to spread the learning and potentially upscaling across Worcestershire to cover the STP geography.
- local solution to enhance our long term capacity to deliver safe services.



Who will be involved in CEGPR Project

- Dr Jayne Clarke Consultant Paediatrician with Special Interest in Respiratory Medicine and Associate Medical Director of Education; Project Sponsor
- Dr Gajendran Kanagalingam Specialty Doctor in Obstetrics and Gynaecology; Project Lead





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he Importance of a 'Place'

High Street No 65 users (examples)

- 2nd Step (mental health) cafe
- 6t5 Youth Club
- Art and craft exhibitions
- ASD support group
- Better
 Nailsea/Nailsea in

- Therapeutic art/craft groups
- Wellspring Counselling
- Workshops
- Young Carers

Run by us

- Hidden Histories
- KiActiv@65
- NHS Digital: Techno-Timid
- Switching Service

Concept created in the 1970's by Aaron Antonovsky

The principle is
to focus on
peoples'
resources and
capacity to
create health

not on the medical medical

Salutogenesis@6 5



Key Terms

- Sense of Coherence
- Learned Resourcefulness
- Learned Hopefulness
- Connectedness,
 Belonging, Resilience
- Health, Stress and Coping
- Problem Solving and Activation



Treat the Person not the Condition

'no decision about me without me'

- Wellbeing is made at homes and in communities, not in hospitals and clinics
- Community organisations are resourceful, adaptable and cost effective
- Community groups need <u>places</u> (not council one-stop shops) to meet, share, support places connect people
- Community not agency-led has unique advantages
- Develop knowledge and confidence

People-Centred Fleatth and

Wellbeing

Knowle

SMART

MEDICA L (illness) MODEL

Hospital,

5 5 mary

TECHNOLO
Resilien
Digital-skills

SOCIAL (wellbeing)
PLE MODEL

3rd Sector, Families/frien

Jommunities



Linking the Medical and Social Models

Statutory Bodies e.g NHS,
District/County Councils, large
charities

BARRIERS TO

COLLABORATION

not done/invented here, silos, budgets, policies, professional boundaries,

reorganisations, trust, power 3rd Sector e.g. volunteers, local charities, Community Interest Companies (CICs), housing associations



What is the Return on 'Investment'?

- Buying and running high street premises does not come 'cheap'
- Charging for use covers some costs
- Parish Councils make grants: groups using No 65 can be in lieu (or in addition to a grant)
- The impact of Social Value i.e. the return on £1 spent
- No 65 is an engine for generating social value – local authorities and NHS should be investing in 'No 65s'



Our Ethos

JUST DO IT.

- We are custodians not owners
- Human scale and relationships not economies of scale and structures
- No labels and no silos
- Trust people: listen and learn
- Synergy happens one conversation at a time
- Less Planning = More Serendipity
- It's easier to apologise than ask permission
- Amazing things happen when no one wants to take the credit