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Health Education England

Physician Associates within Wessex

Exploratory Evening
5 February 2020

#WessexPA @NHSHEE_SEast

Developing people for health and healthcare

www.hee.nhs.uk

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Welcome

Sue Hill @5sue2
Head of Workforce Transformation
Health Education England (Wessex)

Important information

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No tests planned

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In America …

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- in the mid-1960s it was recognised there was a shortage of primary care physicians
- the PA profession was created to improve and expand healthcare
- by 2010 there was 148 accredited PA programs and 87,000 graduates

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In Wessex….

- two HEI providers
- Bournemouth University just started their second cohort
- University of Portsmouth commenced September 2019
- a handful of PAs currently in post

Advanced Clinical Practice & Physician Associates

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Both roles are evolving and are important to our workforce

Advanced Clinical Practitioners	Physician Associates
Regulated by their professional body	Currently unregulated
Can work autonomously	Works to medical model as a dependent practitioner, supervised by a doctor
Research, leadership, education and clinical pillars of role	Defined role within a clinical area – concentrating on clinical pillar
A way of developing existing staff within the NHS	A way of attracting new staff into the NHS

Some distinguishing activity	Advanced Clinical Practitioners	Physician Associates
Prescribing Requesting ionising radiation Provide care in an unsupervised setting	Can undertake this within their specialist role	Not able to undertake these currently

Agenda

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Slightly revised agenda

Copy on your tables

Questions at the end

Evening Outline	
Time	**Item**
17.45	*Registration* *Hot food available on arrival*
18.20	**Welcome** Sue Hill, Head of Workforce Transformation @5sue2 Health Education England (Wessex)
18.25	**The future of Primary Care – Physician Associate - future role** Dr Nigel Watson, Chief Executive Wessex Local Medical Committees Ltd
18.40	**A Trust Perspective** Dr Paul Kennedy, Consultant in Emergency Medicine, Poole Hospital NHS FT Dr Jane Hazelgrove, Deputy Chief Medical Officer and Dr Adam Cox, Clinical Director Southampton Division, Southern Health NHS FT
18.55	**Physician Associate - in Mental Health** (video)
19.00	**A view from Physician Associate Students** Hayley Irvine and Romeo Varela University of Portsmouth
19.10	**A view from Physician Associate Students** Chloe Balderstone, Lauren Peters and Alexander Smith-Vidal Bournemouth University
19.20	**Insights and experience of a Physician Associate** @TV__Pas Lesha Nair, Physician Associate Ambassador HEE Thames Valley
19.35	**The Primary Care Training Hub offer** Andy Sharman, Primary Care Learning Environment Lead @ExmoorDipper Health Education England (Wessex)
19.40	**Panel Q&A session**
20.10	**Wrap up and next steps** Sue Hill, Head of Workforce Transformation Health Education England (Wessex)
20.15	*Close*

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The future of Primary Care Physician Associate - future role

Dr Nigel Watson
Chief Executive
Wessex Local Medical Committees Ltd

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WESSEX
Local Medical Committees

The future of Primary Care

Physician Associate - future role

Dr Nigel Watson

GP and Chief Executive Wessex Local Medical Committee

Independent Chair – GP Partnership Review – Reporting to Secretary of State and CEO NHS England

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Local Medical Committees

Challenges

Ageing population

Population growth

More people with long term conditions

Over dependency on hospital based care

Target of 5,000 more GPs has been missed

Lack of investment in general practice and community services

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Some Facts

- Number of GPs per 100,000 has fallen from 67 in 2009 to 60 in 2018
- Same number of GPs today as 2004 despite rise in population and workload
- 1,600 patients per GP
- Average practice 8,000 patients
- 400,000,000 GP consultations per year – over 1,000,000 per day
- 23,000,000 people seen in A&E per year or 63,000 per day
- 90% consultation in primary care
- General practice receives less than 9% of the NHS budget

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Primary Care Networks

- Established June 2018
- New Funding – via NHS Long Term Plan
- Incentives for practices to work together in their community
- Stabilise general practice – address workload and workforce
  - Additional GPs
  - New Roles
  - Better use of existing staff

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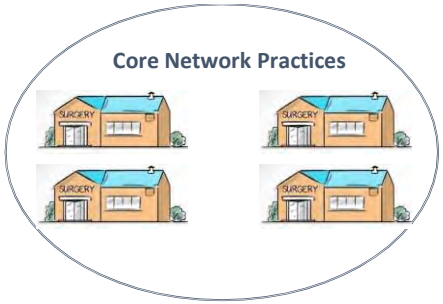
Primary Care Networks



Providers of care services in the PCN:

- Community teams
- Mental health teams
- Local authority
- Hospitals
- Voluntary sector

Services that could be provided at PCN level:

- Leg ulcer care
- Dermatology
- Diabetes
- Respiratory care
- Frailty
- Low risk skin cancer care
- Cardiovascular care,
- MSK
- Dementia care

Subcontracting

GP Federation
(e.g. providing extended access)

Local Relationships

Other Organisations

- Patient groups
- Schools
- Council

The PCN is based in a community and should be considered as a **delivery unit of care**, that will become the investment vehicle of choice in the future.

To achieve this structures will need to mature and evolve.

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Additional Roles

2019/20

- Clinical Pharmacists
- Social Prescriber

- 2020/1
  - First point of contact MSK Practitioner
  - Physician Associate
- 2021/2
  - Paramedic

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The future

- Out of hospital model
- Primary care led by general practice
- PCNs expanded workforce
- Teams within PCNs

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What does this mean for you?

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A Trust Perspective

Dr Paul Kennedy
Emergency Medicine Consultant, Poole Hospital NHS FT

Dr Adam Cox
Clinical Director, Southern Health NHS FT

Dr Jane Hazelgrove
Deputy Chief Medical Officer, Southern Health NHS FT

PAs a trust perspective

Paul Kennedy
Consultant in Emergency Medicine
mrpgkennedy@me.com
mrpgkennedy@icloud.com

Ever wanted something for so long you've forgotten you've wanted it?

- Stable junior and middle grade workforce
- Self sustaining
- Internally cover different training requirements
- Reduce the locum reliance

Present experience

- Taught three universities students
- Smart, motivated enthusiastic
- Scared about future employment and training
- Shown the potential to act as SHO and with experience middle grades in ED
- Love EM

PAs and ED

- 2017 Securing the future workforce for Emergency Departments in the UK
- 2019 associate membership for PAs
- 2020 HEE working group to produce a proposal for RCEM
  - Foundation year
- 37 courses by 2020 (vs 33 medical schools)
  - approx 750/per year
  - Number of courses growing + intakes growing
  - vs 6000 medical students (7500 places by 2025)

2040 vision

- Each DGH ED has 20-25 qualified PAs + 5 FY
- 2/3rds SHO level 1/3 middle grade
- 1-2 consultant PAs
- Stabilise the rota
- Cover medical/ACP training/induction and visa versa
- Cross train
- Qualified act as examples to students and foundation
- ED re-established as “holding speciality” for secondary care

Buy in

- GMC
- RCEM
- HEE
- Deanery
- Hospitals
- Universities

Road map

- 2020 GMC,RCEM,Deanery, Hospitals on board
- 2021 Foundation years starting
- 2022 Permanent roles
  - Initially concentrated for critical mass
- 2024 full role out to all departments
- 2025 start migrating some PAs onto middle grade rota
  - Start of +ve feedback loop

Summary

- Huge potential
- Early adopters and supporters
  - Career certainty
- Buy in
- Opportunity
- Sooner we engage, the earlier we hit +ve feedback threshold

PA's in Southern Health NHS Foundation Trust

Adam Cox

Who are we…

- CQC rated good trust – Jan 2020
- Delivers, community physical health, community and inpatient mental health service, specialist mental health services
- Mental health services include Adult, Older persons, Learning disability, Forensic, CAMHS, perinatal, eating disorders, IAPT
- Trust organised into 4 geographical divisions (north, east, west, Southampton) and specialised
- Focus on how we envisage the role of a PA in Mental Health services

Where do we see them in our workforce

- Primarily see them initially located on our inpatient wards
- Peer support from each other, and greater access to support from staff on the ground
- Supporting physical healthcare – assessment, management, liaising with the local acute trust
- Support managing long term conditions
- Support with engaging with health promotion and harm reduction around alcohol etc

Where do we see them (continued)

- Undertaking psychiatric history taking, MSE, risk assessments
- Supporting with therapeutic interventions, and opportunity to train in these
- Undertaking key clinical physical tasks such as Phlebotomy ECG's etc
- Undertaking key clinical admin such as discharge summaries and reports
- Liaising with other key organisations to improve patient care e.g 3rd sector
- Engage in Education, Audit and QI

How do we hope this will improve patient care

- Improved physical health care, and continuity of this on the inpatient wards
- More robust links with acute trusts enabling better facilitation of care
- Greater support for the whole MDT in the confidence of managing physical health issues
- Support OOA admission process, enhance the robustness of clinical care
- Supporting Psychiatric and GP trainees to access more training around psychiatry than physical health – which we hope to help with recruitment
- Enable more patients to access psychotherapeutic interventions
- Improve services in the Trust

Thank you

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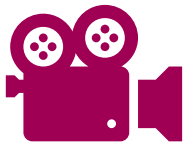
Physician Associates and Mental Health



https://youtu.be/2FxgTrqoYEo

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A student perspective

Hayley Irvine
Physician Associate student, University of Portsmouth

Romeo Varela
Physician Associate student, University of Portsmouth

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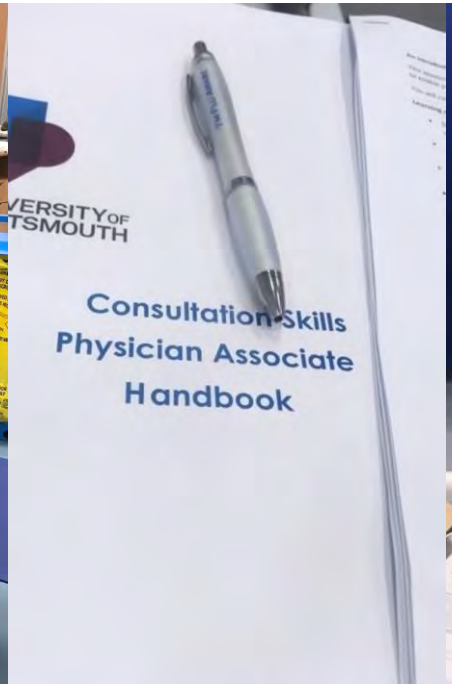
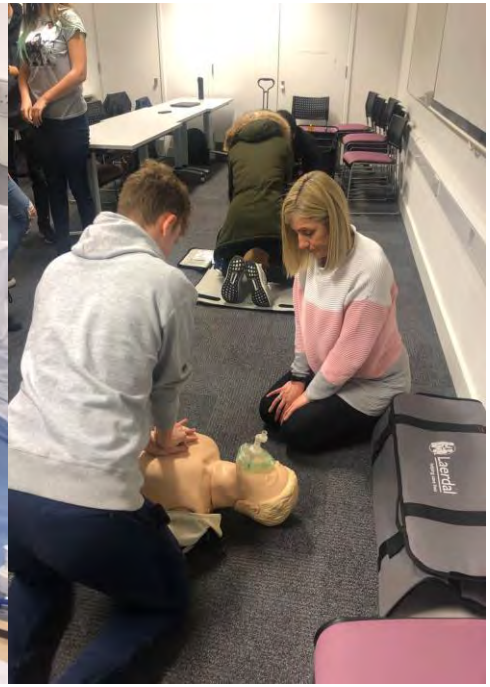
UNIVERSITY OF PORTSMOUTH

Student Perspective

Hayley Irvine & Romeo Varela





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A student perspective

Chloe Balderstone
Physician Associate student, Bournemouth University

Lauren Peters
Physician Associate student, Bournemouth University

Alexander Smith-Vidal
Physician Associate student, Bournemouth University

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Bournemouth University Physician Associates

Bournemouth University

BUPAS

Situation – who are we?

Sports Therapist

Clinical Biochemist

Podiatrist

Nurse

Course Lead - GP

Clinical Pharmacist

Situation – what can we do?

- Clerking
- Chronic condition management
- Differential diagnoses
- Management plans
- Clinical skills
- Primary care – home visits, walk-ins, chronic conditions
- Request and interpret diagnostic studies
- Experienced PA – clinic
- Assist in surgery

Background

Lauren Peters 26 ♀

2013-2017
University of Bath, MPharm

2017-2018
Pre-reg Pharmacist

2018-2019
Rotational Clinical Pharmacist, Salisbury Hospital

2019-
MSc Physician Associate
Locum Pharmacist
BUPAS President

Why PA?
- Medical perspective
- Hands on
- Flexibility

Chloe Balderstone 24 ♀

2014
Gap year, work and travel

2015-2018
University of Reading,
BSc Biological Science

2018
UHS Epilepsy Administration

2019-
MSc Physician Associate
BUPAS Events and socials

Why now?
- PA pioneers
- New registration
- NHS situation

Alex Smith-Vidal 23 ♂

2014-2018
University of Southampton,
MSc Biomedical Science
Cancer and Epigenetics Research
Footie Captain

2018
Office Administrator
PA experience at Yeovil Hospital

2019-
MSc Physician Associate
BUPAS Health & Safety

Why here?
- Beautiful surroundings
- Early placement exposure
- New merger & more acute medicine

Assessment – How have we found it so far?

- Early placement exposure
- Enthusiastic response from Dorset trusts and Primary Care
- Preceptorship plans and input from CCG
- Being our own advocate
- Financial challenges

Recommendation – where do we see PAs fitting in?

- Front door medicine
- Constant member of staff
- Training opportunities
- Regulation!

BENEFITS OF A PA

- Free Drs time for complex patients
- Outpatient clinics
- Education + training of junior Drs
- Continuity of care
- ‘Extra pair of hands’
- Constant ward-based clinician
- Use other skills from previous experience
- Teamwork

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Insights and experience of a Physician Associate

Lesha Nair **@TV__Pas**
Physician Associate
Physician Associate Ambassador, HEE Thames Valley

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Insights and Experience of A Physician Associate

Lesha Nair
Registered Physician Associate
HEE Physician Associate Ambassadors Thames Valley Region

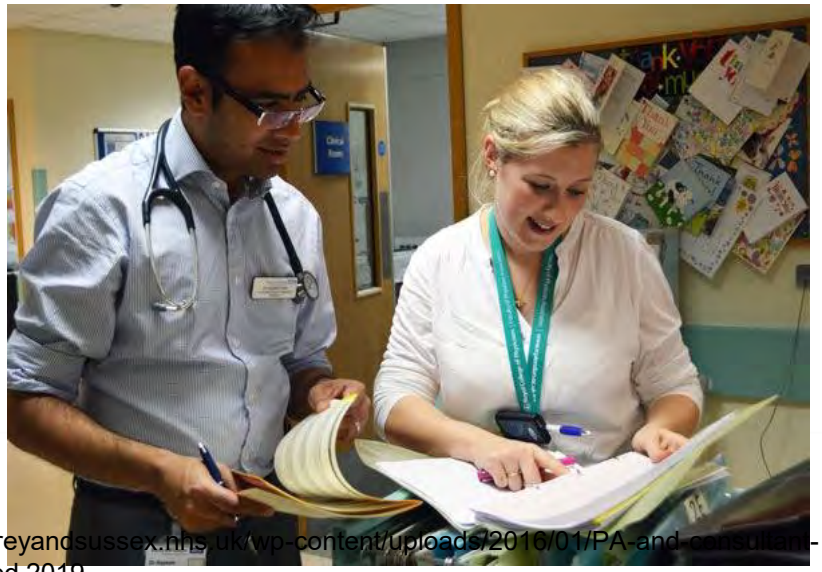

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Image taken from: https://www.surreyandsussex.nhs.uk/wp-content/uploads/2016/01/PA-and-consultant-on-AMU-025-web.jpg, last accessed 2019

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Who Are Physician Associates

Medically trained generalist healthcare professionals who work alongside doctors providing clinical care.

- Since the 1960s in America
- In the UK for 10 years
- Across more than 25 specialties
- In the process of regulation by the GMC
- Currently 5 years of training - 3 years BSc and 2 years clinical training
- Part of the NHS England five year forward plan
- Supported by the RCP FPA

Image obtained from: https://www.healthcare.ac.uk/study-finds-new-physician-associates-are-an-asset-to-hospital-medical-and-surgical-teams/ Date accessed 25th September 2019

Trained to…

- Take histories
- Conduct physical exams
- Diagnose illnesses
- Manage acute and complex illnesses
- Request diagnostic studies apart from ionising radiation
- Analysing diagnostic studies
- Performing diagnostic and therapeutic procedures
- Develop management plans
- Health promotion and advice
- Telephone triage/consultations
- Home/nursing home visits
- Specialised clinics(with appropriate training)
- Acute and chronic referrals

Not able to prescribe or request ionising radiation

Able to work autonomously with appropriate supervision.

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Why Have a Physician Associate?

- Working together to improve NHS pressures.
- Long term commitment
- Providing continuity of care
- Learning on the job- investment
- Flexible and reliable
- Pragmatic hands-on approach
- Once experienced can assist in supporting and training junior doctors and other healthcare professionals.

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Evidence Base: PA's in Primary Care

- There were no significant differences in the rate of re-consultation
- There were no difference in rates of
    - diagnostic tests ordered
    - referrals
    - prescriptions issued
    - patient satisfaction

Patient survey & Interviews (538 sample, 59% responded)

- Nearly all were satisfied or very satisfied with their consultation with PA or GP
- No difference between those attended by PAs or GPs

(Drennan et al., 2015)

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PAs in Secondary Care

Positive Contribution:

- providing continuity
- aiding patient flow
- supporting patient safety (PAs considered safer than locums new to service)
- releasing doctor time for more complex patients and training
- supporting induction and training

(Drennan VM, et al., 2019)

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PAs in the Thames Valley

- 2 PAs in 2015
- Today- approx. 50 qualified PAs employed in TV area
- Working across medicine, surgery and primary care
- 65 students currently in training
- RBH launched training programme in 2018, currently being developed further
- Plans to increase PA workforce across TV
- Now 2 HEIs offering the course
- MPAS stream to start at Reading in September 2020
- Nationally 2 university institutions offering the programme in 2012, over 40 today

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Testimonials

They are a vital part of the medical workforce, delivering care to our patients.
Dr J Lippett, RBH Medical Director

They provide a critical new role within our RBFT team. We are commited to supporting more PA roles beyond he 28 we will have in 2019.
Mr S McManus, CEO RBHFT.

They make my patients care better & my job more efficient.
Smart- people! Smart- finances!
Smart- ways of working!
Mr R Corbridge, Consultant ENT surgeon and clinical lead

They are a crucial part of the team and I couldn't do my job without them!
Dr W Orchard, Chief Registrar in Intensive Care Medicine, RBH

Testimonials

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PAs have made a significant positive difference to our care for patients, enhancing our ability to offer appropriate care for our patients to the appropriate patient from the most appropriate health care professional.
Dr Morris, GP Partner
Farnham Road Practice

In our practice, our Pas are running clinics exactly like the GPs, they are an extremely valuable resource.
Dr Lalitha Iyer, GP Partner
Farnham Road Practice
And Clinical Director

We enjoy working with PAs as they help relieve some of the workload we all face in general practice, this allows us to see more patients and helps our learning. They are great colleagues to work with and have great level of clinical knowledge.
Dr Amardeep Basra and
Dr Kavita Sankla
ST3 Trainees Farnham Road Practice

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The Future

- GMC are named as our statutory regulators which will take18-24months
- Legislation still needs to go in front of parliament
- University courses growing in numbers
- MPAS to start in Reading in September 2020
- PgDip at New Buckinghamshire university
- Funding in primary care
- Key workforce within the GP contract reform for PCNs

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Our Role as Physician Associate Ambassadors

- Putting Physician Associates in the spotlight
- Supporting recruitment and retention
- Give guidance and support for future and current employers of Physician Associates to get the best out of PAs
- Equipping the healthcare workforce, patients, students and medical learners knowledge about the role
- Creating opportunities for continued medical education for working PAs to help create a sustainable workforce

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Questions

Thank you For Listening

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For primary care support

For secondary care support

Twitter- @TV__Pas

Facebook- Find us on Facebook Thames Valley Physician Associates

Health Education England

The Primary Care Training Hub offer

Andy Sharman @ExmoorDipper

Primary Care Learning Environment Lead – Allied Health Professions & Physician Associates

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Panel Q&A session

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Next steps

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