



**HUMBERSIDE
LMCs**

The professional voice of general practice

Development of Humber Region PCNs

**Survey of PCN
Clinical Directors August 2021**

Key findings

This document presents the results of a survey of Clinical Directors and PCN Managers in the Humber area (East Riding of Yorkshire, Hull, North East Lincolnshire, and North Lincolnshire) in August 2021.

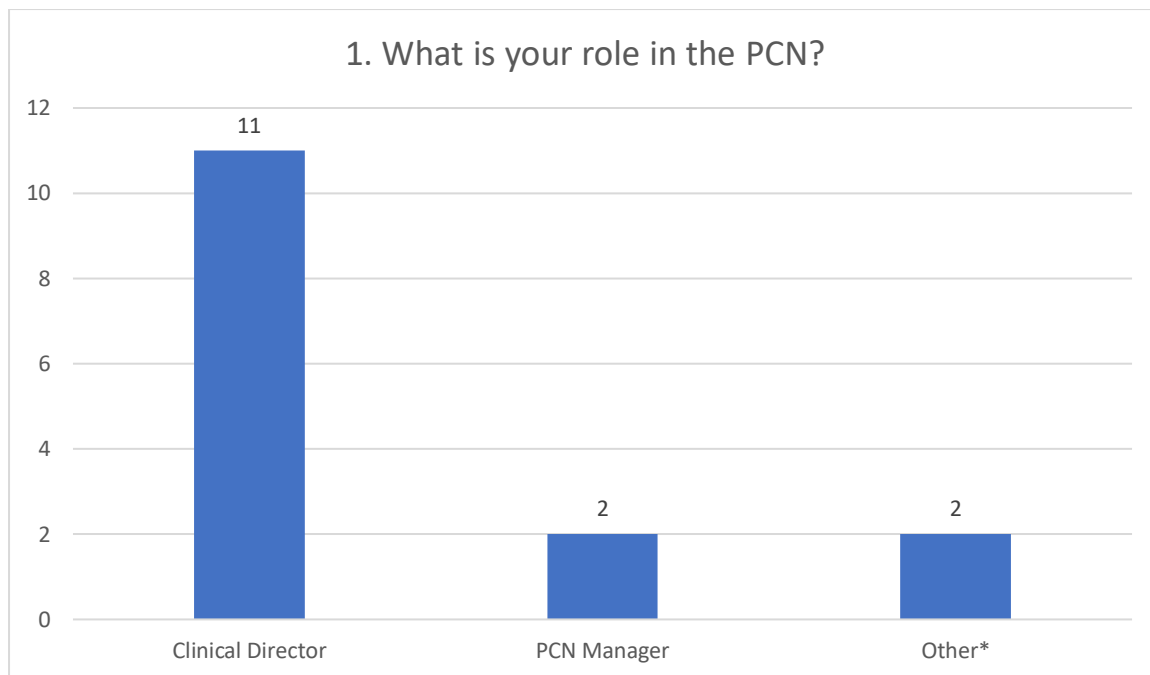
The survey was created to help us understand the situation on the frontline in primary care. We wanted to gain the insights of our area's PCN leaders into how networks are developing, including additional roles recruitment, relationships with the wider NHS, and support needs.

15 responses to the survey were received (there are 19 PCNs in the Humber area).

Key findings from the survey:

- The additional roles most recruited for have been Social Prescribers, Clinical Pharmacists, First Contact Physiotherapists and Pharmacy Technicians.
- A lack of suitably qualified or experienced candidates was the most quoted barrier to recruiting for additional roles.
- A lack of adequate premises was the most quoted barrier to future success for PCNs, followed by being able to recruit sufficient wider workforce.
- Improved collaborative working with secondary care and developing relationships with stakeholders were the most requested areas for the LMC to develop to support PCNs.

The responses will help the LMC plan how we can tailor support to ensure we meet the needs of PCNs, and in our discussions with healthcare leaders.

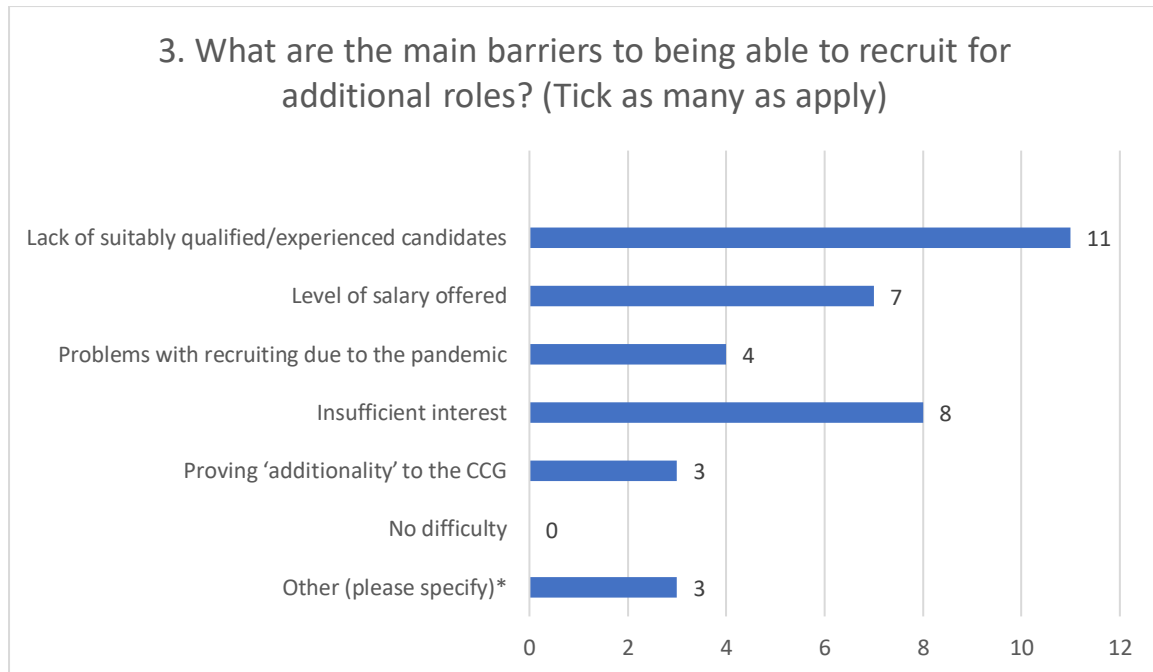


Others*:

- PCN Coordinator x 1
- CEO, Practice/PCN x 1

2. Thinking about the 12 additional roles PCNs are able to receive reimbursement for, please tell us how recruitment has gone for your network.

| | We have recruited for this role | We tried to recruit but were unsuccessful | We have not attempted to recruit this role |
|--------------------------------|--|--|---|
| Clinical Pharmacists | 14 | 1 | 0 |
| Physician Associates | 5 | 1 | 9 |
| Nursing Associates | 3 | 0 | 12 |
| Health and Wellbeing Coaches | 5 | 1 | 9 |
| Podiatrists | 0 | 1 | 13 |
| Occupational Therapists | 0 | 0 | 14 |
| First Contact Physiotherapists | 11 | 1 | 2 |
| Pharmacy Technicians | 11 | 0 | 4 |
| Care Coordinators | 10 | 1 | 4 |
| Dieticians | 0 | 0 | 14 |
| Trainee Nursing Associates | 8 | 0 | 7 |
| Social Prescribers | 15 | 0 | 0 |

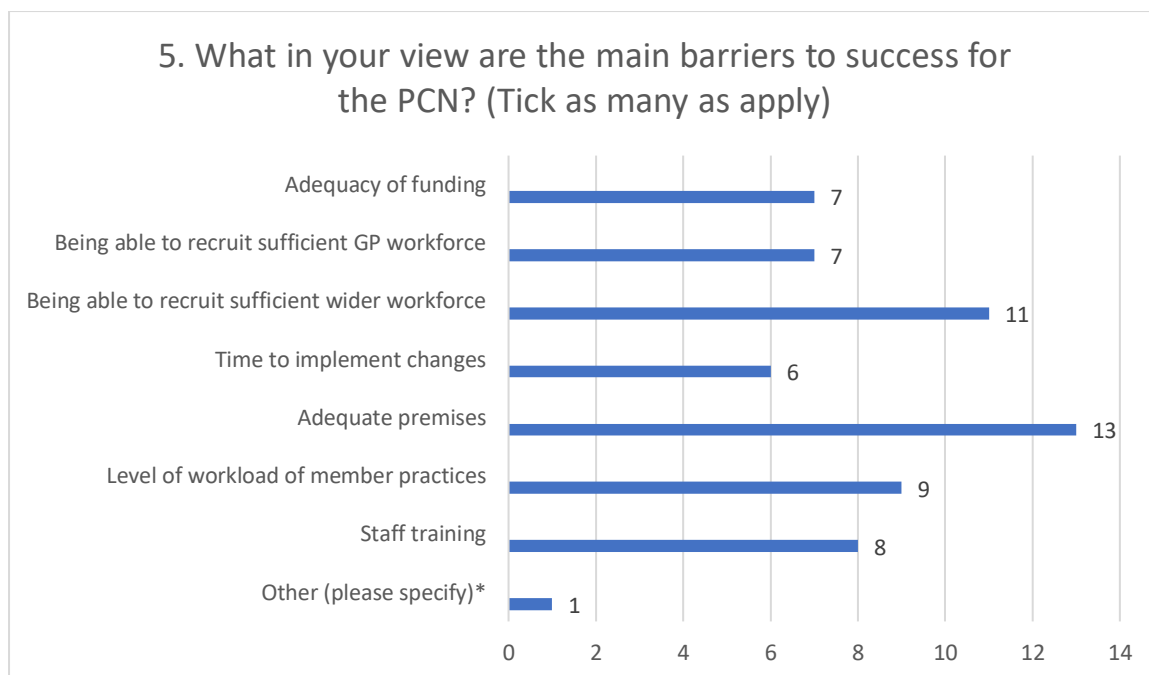


Others*:

- Been too busy with recruiting paramedics
- Arbitrary rules on who is employer e.g. mental health has to be employed by local 3rd party provider
- Difficulty with pharmacists

4. How do you rate the relationship your PCN has with other local stakeholders?

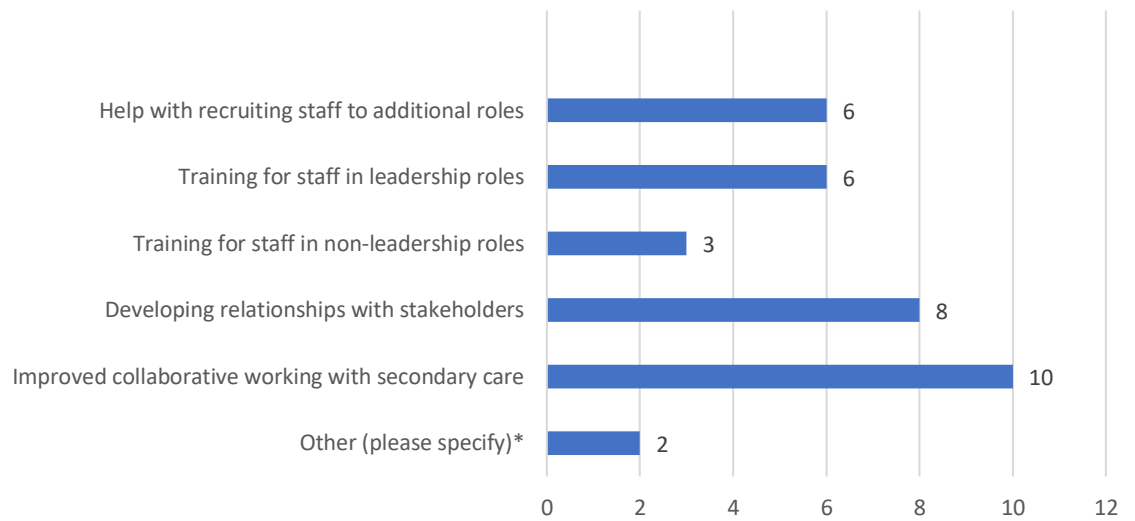
| | Very good | Quite Good | Neither good nor poor | Quite poor | Very poor |
|---|-----------|------------|-----------------------|------------|-----------|
| CCG | 6 | 9 | 0 | 0 | 0 |
| Local Hospital trusts | 0 | 2 | 7 | 5 | 0 |
| Local mental health trusts | 0 | 3 | 6 | 3 | 3 |
| Local community service provider trusts | 0 | 5 | 6 | 3 | 1 |
| Local authorities | 0 | 3 | 8 | 4 | 0 |
| Integrated Care System | 0 | 5 | 6 | 4 | 0 |
| LMC | 9 | 6 | 0 | 0 | 0 |
| Local Pharmaceutical Committee; Local Dental Committee; Local Optometry Committee | 0 | 5 | 7 | 2 | 0 |

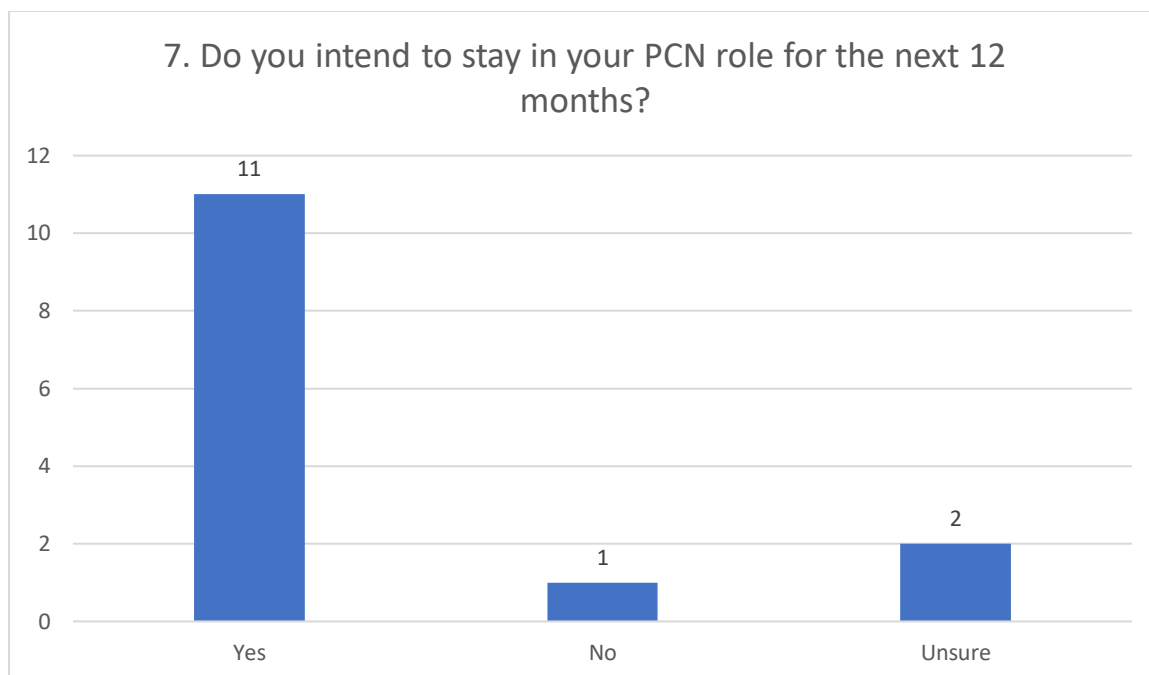


Other*

- Demand on CD time

6. Thinking about what types of support the LMC could look at developing, what would help your PCN be successful?





8. If you plan to give up your PCN role, what are the reasons for this? (Tick as many as apply)

| | |
|--|---|
| Workload of the PCN role | 0 |
| Overall combined workload of PCN role and substantive role | 2 |
| Level of financial compensation for PCN role | 0 |
| Change of structure within the PCN | 1 |
| Retirement | 1 |
| Change to working pattern (e.g. going part-time) | 1 |
| Personal reasons | 1 |
| General wellbeing/work-life balance | 1 |



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