

Banes Enhanced Medical Services + (BEMS+)



BEMS staff



Chief Executive Dr Andrew Smith

In order to build bold and resilient primary care, GP practices need to work together and share resources. BEMS+ understand that primary care has to work hand in hand with secondary care and community services, and crucially we need to invest in our current workforce and work hard to inspire the next generation of clinicians. Based in Bath, they cover the population and local authority boundary of Bath and north east Somerset. Chief Executive Dr Andrew Smith elaborates.

As a health and care partner, we support the needs, sustainability and ambition of general practice in Bath and North East Somerset (B&NES) in line with the national health agenda and as a membership-based organisation. We provide crucial out-of-hospital and primary care services to the public and act as the “voice of primary care” to support system change and integrated service development and to secure funding, tenders and to share resource and expertise across practices. We are not-for-profit and our members are all the local GP practices.

People in primary care

The General Practice Forward View launched in 2016, committing extra funding and support for primary care over five years. In 2017, we launched a Community Education Provider Network, a forward-thinking initiative that focuses squarely on education, training and recruitment across general practice in B&NES. A team of primary care staff working with BEMS staff are now delivering an exciting 18-month programme, which is targeted, local and relevant.

FACTS ABOUT BANES ENHANCED MEDICAL SERVICES + (BEMS+)

- » Chief Executive: Dr Andrew Smith
- » Founded in 2004
- » Based in Bath
- » No. of employees: 65
- » Services: Referral support service, DVT, fracture clinic, dermatology, vasectomy, earlier home visiting service, urgent treatment centre, the Community Education Provider Network and the CCG-wide Improving Access to Primary Care service
- » www.bems.uk.com



Nurse and HCA

“The CEPN now up skills HCAs, so that practice nurses are released to take on new responsibilities”

Practice nursing was identified as a priority area because of recruitment issues, so we wanted to give existing nurses access to the latest training. We launched a nurses conference in 2017, providing training in respiratory, diabetes and musculoskeletal, divided into novice and experienced work streams.

Healthcare assistants (HCA) lacked a dedicated forum or formal education, as they often work independently behind closed doors. We launched a standardised practice nurse competency framework, alongside a dedicated bi-monthly HCA Forum. This demonstrates to HCAs that they can have career development in primary care and they will be supported.

The CEPN now upskills HCAs, so that practice nurses are released to take on new responsibilities – a win for everyone and particularly motivating in

practices where there is already a lead nurse. With the support of universities, a HCA can be trained to become a qualified nurse, while still working at the practice.

Cohesion and integration

Our role as a voice of primary care is essential, because it isn't practically possible for all the practices or groups to be represented individually. We benefit hugely from our holistic view to improve cohesion, economies of scale and efficiencies. In an integrated care system, NHS organisations, alongside local councils and others, take collective responsibility for managing resources, delivering high standards and improving the health of the population.

BEMS+ is a member of the local Health and Wellbeing Board and the Integrated Care Alliance on behalf of B&NES primary care. With a total view of primary care in B&NES, we can work with commissioners and other healthcare providers to identify gaps in service provision and pressure points across the system that may be having an adverse impact on us all. We deliver a number of crucial support services to patients that have a significant impact on reducing GP practice pressures and that are focused on bringing important care out into the community.

One such example is the B&NES Referral Support Service (RSS), which serves all the GP practices and handles referrals for 11 of the highest volume specialities in secondary care, such as pain management and cardiology.

The RSS offers patients a robust and safe discussion around appropriate choices of secondary and community outpatient services so that the patient gets to the right place, first time. It also supports GP practices in using our e-RS system and gives outpatient clinics the information they need to continue the care of the referred patient.

» EXTRA FACTS

- » BEMS+ launched the Community Education Provider Network (CEPN) in 2017
- » In the period between January and June 2018, many clinicians have benefited, including:
 - » 35 healthcare assistants, who have attended skills training sessions
 - » 57 practice nurses and 52 practice managers attended training events
 - » Four additional clinical pharmacists have been employed in B&NES

RSS is well liked by the practices because it ensures the quality of referrals without impinging on the clinical autonomy of clinicians. Patients are happy that they can discuss their options with a knowledgeable and helpful team. The service is viewed as critical by commissioners in implementing its funding, health optimisation and e-referrals initiatives, and RSS data has influenced commissioning decisions in several clinical specialities.

Our community-led dermatology service, introduced in 2017, has resulted in waiting times for appointments for common, non-urgent skin conditions being cut from 20 to four weeks. It combines the expertise of a specialist GP with consultant support from the dermatology team at the Royal United Hospital (RUH) in central Bath but sits in the heart of the wider community. Further training for GPs, including sharing skills with the RUH, means that we are also investing in keeping valuable and skilled GPs, helping us to build long-term resilience in primary care.

Skin conditions are the most common reason for people to consult their GP and it is estimated that 13 million people visit their GP with a skin problem each year in England and Wales. This service gives the RUH breathing space for patients who still need to be seen by a consultant while ensuring that other patients are not neglected. “The specialist GP is effectively part of the hospital dermatology team, but in a more convenient location.” Previously, a patient would be referred by their GP to the dermatology team at the RUH if the GP had been unable to treat the condition directly.

A bright future

Later this year, we are embarking on an exciting project funded by B&NES CCG, to address the provision of care to diabetes patients. Ninety per cent



Dermatology expertise

of diabetic care occurs in a primary care setting and we want to increase the availability and flexibility of chronic disease appointments, while also reducing the administrative pressures. The model includes diabetes mapping and a skills review. The patient's health needs will be risk stratified to ensure that the right person in the practice with the right skills sees the patient at the right time. Clinics will be restricted to reflect these changes and a diagnostic pathway developed for diabetes and pre-diabetes.

Combe Down Surgery has already successfully piloted the project, seeing cost savings and improved patient outcomes, including a reduction in patients with high blood glucose levels down from 17 to 11 per cent.

The forward view talks about encouraging practices to work in hubs or networks. The government wants to see more GPs and a wider range of practice staff, better integration with community and preventive services, hospital specialists and mental health care. B&NES primary care is already showing in new ways that this can be achieved, as it continues to follow its own vision of giving the best care to the people of B&NES.

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