





Gloucestershire Primary Care Training Hub welcome you to Admin Away Day 2025



Thank you!



Reception, admin, care navigators, secretaries and more, thank you!

Without you, general practice wouldn't function

You are the front line, providing and supporting access to care





ICB update





Cuts planned to ICBs and changes to NHSE (DHSC).



Planned changes are being worked through. For the most part, this will not affect practices, and it is business as usual.



Focus on strategic commissioning (the process of planning and purchasing healthcare for our population), understanding local context and evaluating impact.



Predicted demographic change in Gloucestershire- a focus on transforming the way we deliver care. To support this, we will be undertaking 'Community Scenario planning'.



National PCN pilot





National shift





Darzi report



10-Year plan expected this summer



3 main 'shifts'- all of which primary care will play a central part in:

Analogue to digital
Treatment to prevention
Hospital to community





Gloucestershire Primary Care Training Hub



- De-Escalation Training 317 colleagues attended
- Team Leaders 94 colleagues attended the 2 workshops
- Admin Away Days 2024 115 colleagues attended
- Personalised Care Away Day 72 colleagues attended
- New to Primary Care Induction Sessions 76 colleagues attended
- Resources on our website (including links, recordings, career development and more): <u>Receptionists & Administrators -</u> <u>Gloucestershire Primary Care Workforce Centre</u>



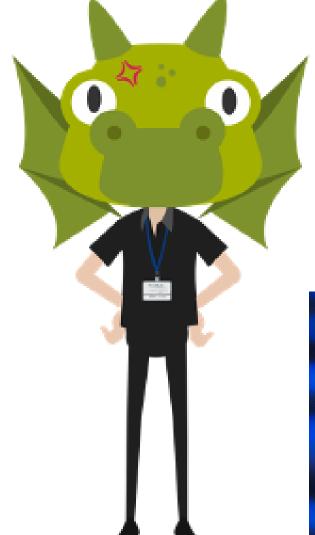




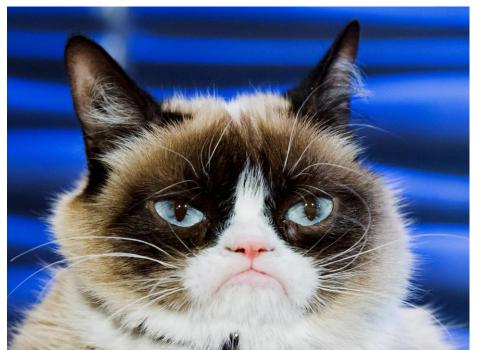
Admin Away Day The Importance of Signposting











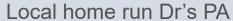






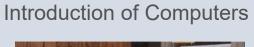
7 Ages of Man... a GP Receptionist







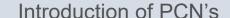






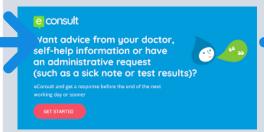
Service Expansion Records Digitalised





UNIT OF GP IMPROVEMENT Primary Individual Care **Practices** Networks

Online Services



The Patient Signposter



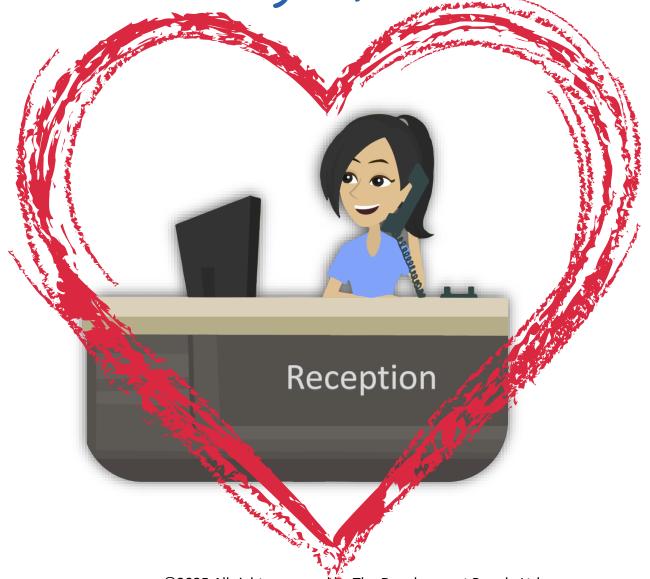
GLOUCESTERSHIRE PRIMARY CARE TRAINING HUB

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The Heart of the Surgery...

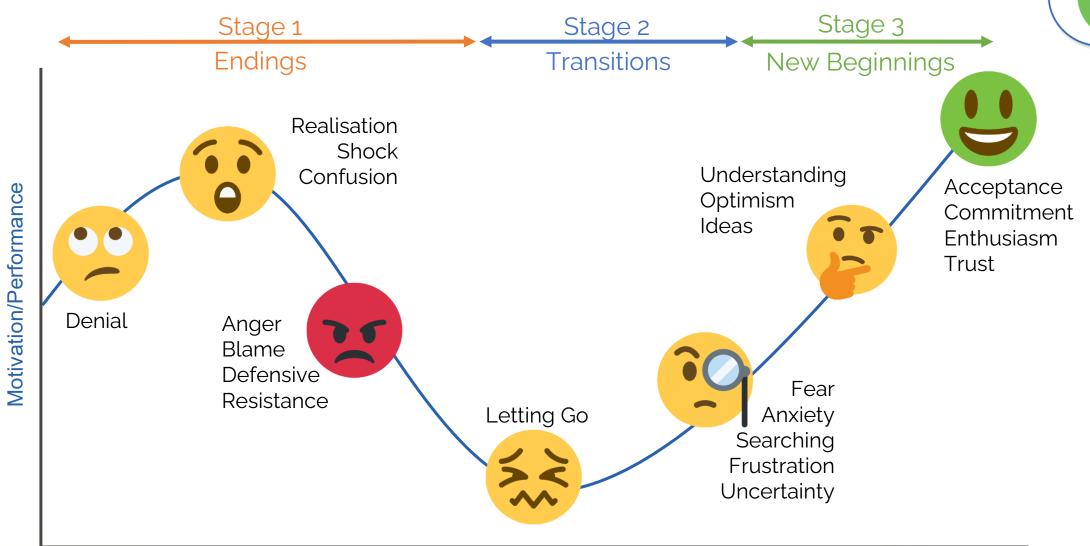








Change Curve



















Nursing

Nurses
Advanced Nurse
Practitioners
Health Care Assistants
Nursing Associates



GPs
GP Assistants
Physician Associates





Pharmacy:

Pharmacists
Pharmacy Technicians





Admin & Management





Social Prescribing Link
Workers
Care Coordinators
Health & Wellbeing Coaches



Allied Health Professionals

Dietitians
Occupational Therapists
Paramedics
Physiotherapists (FCP)







There is widespread recognition that health and social care needs are changing.

This includes:

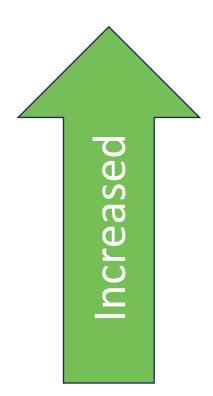
- an ageing population with rising long term, complex conditions and needs
- Increased population
- Increased needs and therefore demand on services
- Reduced number of practices across UK
- GP's retiring or working part time





Why Signposting is Important



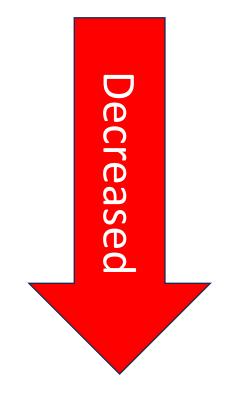


Population

% Complexity of Patients Needs

Appointments per patient per year

In 2023, GPs delivered a record 161.9 million appointments, up from 154.1 million in 2019



Full time GP's has fallen since 2015 – with majority working PT







Care Navigation is designed to connect patients more directly with the most appropriate source of help or advice. It aims to change the assumption that GPs are the first point of care for patients.

Simply put "Directing the patient to the right service, clinician at the right time"



















What's in it for me (WIIFM)?

Take each of the following and put yourself in their shoes: What is in it for them?

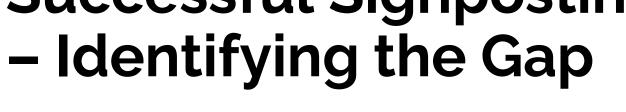
- Partners/GPs
- Reception team
- Organisation
- Patients





Successful Signposting







Skills =

Confidence

Confidence =

Support

Support =





Signpost Steps







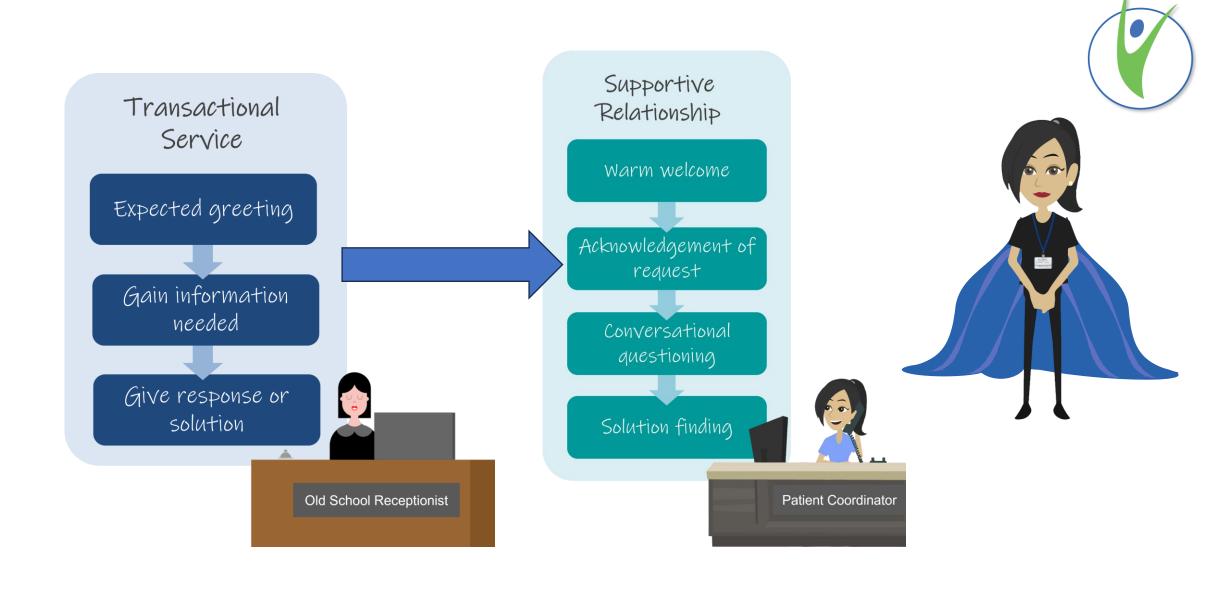




Welcoming













Questioning





Trigger Flags.....

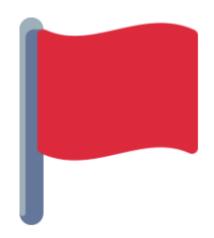


Trigger Flags

Trigger Flags are...

- words we use
- · or the tone of our voice
- or certain phrases or statements

... that could lead someone into conflict.







Trigger Flag?



We don't have.....but.....



You'll have to try tomorrow morning at 8am



I can't.....



To help you find the best options....



Why do you want to see the Dr?



There are no.....



So I can help you....





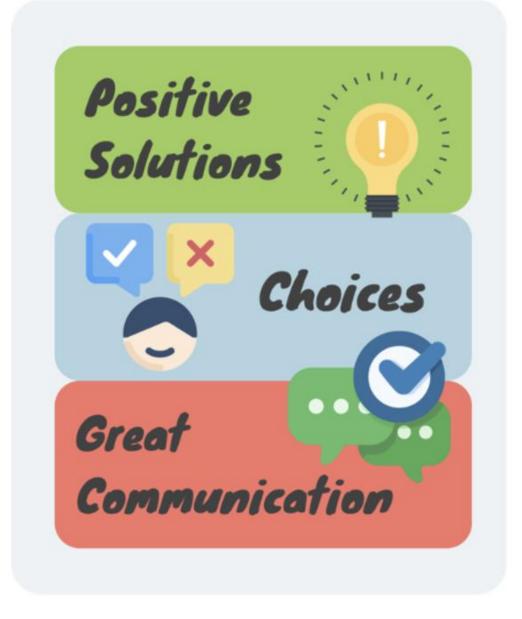




Presenting Solutions



















Guiding Principles

(1.

I can't control how others turn up & behave

I can control how I respond & feel

2.

No-one is allowed to ruin my day without my permission!









Learnings & Takeaways:

- ✓ What is your learning / insight from today's session?
- ✓ What are you going to put into action & why?











Gloucestershire Primary Care Training Hub - Admin Away Day









Lucy Hadley: 07800 842322

<u>lucy@thedevelopmentpeople.co.uk</u>

www.thedevelopmentpeople.co.uk

Linked in











Coffee Break – Refreshments, Networking & Stands







Pharmacy First Service – What do you need to know? plus Q & A

Kimberley Edge, Project Manager, ICB Sam Bradshaw, Support Officer, CPG Sian Williams, Community Pharmacy Lead, ICB



What is Pharmacy First? **What are the 7 Clinical Pathway Conditions? Blood Pressure Checks in Community Pharmacy Contraception Services Data Support and Resources**





What is Pharmacy First?

Our NHS is under significant pressure from increasing patient demand. The nationally commissioned **NHS Pharmacy First Service** was launched **31**st **January 2024** and aims to support patients access same day assessment, advice and treatments as appropriate without the need for a general practice appointment or visit to other system urgent care service.

Analogue to Digital

Hospital to Community

Sickness to Prevention

How does it support the 3 left shifts agenda?

Community: Shifting an element of patient care and utilising the skills of Community Pharmacists, without waiting for an appointment. **Digital:** Practices should refer patients to community pharmacy for a safe handover of care, with a post-consultation record (completed by the pharmacist) returned to update patient records and ensure continuity.

Prevention: By offering earlier intervention at the first point of contact, managing minor conditions before they escalate.

Think Pharmacy First



Impetigo - Think Pharmacy First

NHS Gloucestershire



Earache - Think Pharmacy First
NHS Gloucestershire



Sinusitis - Think Pharmacy
First

NHS Gloucestershire



Shingles - Think Pharmacy

NHS Gloucestershire



UTI - Think Pharmacy First

NHS Gloucestershire



Insect bites and stings - Think Pharmacy First

NHS Gloucestershire



Sore Throat - Think Pharmacy First

NHS Gloucestershire



Pharmacy First – an overview:

- Electronic referrals for minor illness consultations from receptionists and care navigators and NHS111.
- Urgent repeat medicines electronic referrals form ONLY NHS111 telephone or **ONLINE**
- 3. Pharmacy First 7 Clinical Pathway CONDITIONS electronic referral from receptionists and care navigators or NHS111 or for these conditions ONLY patients can walk-in, be assessed, receive advice and treatment as appropriate or be referred onwards.



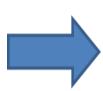
CONDITIONS	What conditions are SUITABL	E for referral to commu	Do NOT refer in these circumstances		
SEASONAL:	Hayfever			Symptoms persist despite trial of ALL tablets (now including fexofenadine AND nasal spray AND eye drops from local Pharmacy.	
SPRING / SUMMER	Insect bites and stings including suspected infected Bites & Stings with (expected) local redness and / or swelling		Systemically unwell (drowsy, fever, racing heart, shortness of breath).		
Urinary tract infection (UTI) / THRUSH	UTI: Women aged between 16 and 64 years of age with TWO of the following and suspected UTI infection: Dysuria (painful/discomfort/burning with urination) New nocturia Cloudy urine	Vaginal discharge	Vaginal itch or soreness	Pregnant or breastfeeding. Diagnosis of diabetes or kidney disease. Raised temperature, fever or chills within past 48hours. Abdominal, back or flank pain. One UTI treated in last 3 months, two episodes UTI or vaginal thrush in past femths or 3 episodes in last 12 mths	Under 16 or over 60 years of age (for all gynae conditions except UTI age 16-64). Unexplained bleeding. Symptoms persist despite trial of Pharmacy treatments.
EYE	Conjunctivitis Dry or sore or tired eye(s) Eye pink or irritable	Eye sticky Eyelid problems	Watery or runny eye(s)	OTC Chlorampenicol: <2 years Significant /severe eye pain. Pain described on one side only	Light-sensitivity, Sudden reduced/loss of vision. Double-vision.
EAR	Earache including suspected Acute Otitis Media (see aide memoire for Pharmacy First referral criteria)	Pharmacy First: age 1-17yrs		Concern something may be in the ear canal. Discharge from ear(s).	Significant pain in ear(s). New deafness. Vertigo or loss of balance.
GASTRIC / BOWEL	Constipation Diarrhoea Infant colic	Heartburn Indigestion Threadworm	Haemorrhoids Rectal pain Nausea or vomiting	Severe/ongoing symptoms. Symptoms lasting more than 3weeks.	Patient over 55years of age. Blood in stool. Unexplained weight loss.
PAIN	Acute pain Ankle or foot pain Hip pain or swelling Knee or leg pain	Lower back pain Lower limb pain Headache or migraine Shoulder pain	Sprains and strains Thigh or buttock pain Wrist, hand or finger pain	Described as severe or urgent. Symptoms lasting more than 3weeks. Sudden onset headache.	Chest pain or pain radiating int the shoulder. Pharmacy treatment trialled and not worked.
SKIN	Acne, spots or pimples Athlete's foot Blisters on foot Dermatitis/ dry skin Hair loss	Nappy rash Ringworm Scables Suspected Impetigo Infection.	Skin rash including suspected Shingles Warts/verrucae Wound problems and skin dressings	Described as severe or urgent. Symptoms lasting more than 3weeks. Diagnosis of diabetes.	Pharmacy treatment trialled and not worked. Skin lesions, blisters with discharge. Raised temperature, fever or chills.
e				; more than 10days. ums. n as plaques) inside	Unable to swallow. Poor immune system. Voice change.
				more than 3weeks.	Chest pain. Unable to swallow.



111 online

Emergency prescriptions

Use this service to request a limited emergency supply of a medicine vou've completely run out of



completely run out of.		refer in these circumstances			
Urinary Tract Infection (UTIs)	Females aged 16-64 years		- males - <16 or >65 years - Pregnant - Breastfeeding	- Immunosuppressed - Recurrent UTIs (2 in <6 months or 3 in <12 months) - UTIs treated with antibiotics within 3 months - Individuals using urinary catheter devices	
	Does the patient have any 2 of the following: - Dysuria (painful or difficult urination) - New Nocturia (new urination at night) - Cloudy urine to the naked eye	- Nitrofurantoin	If they have ONE or NONE of the following: Dysuria (painful or difficult urination) New Nocturia (new urination at night) Cloudy urine to the naked eye		
Impetigo	Adults and children aged 1 and over	- Hydrogen Peroxide cream - Fusidic acid cream - Flucloxacillin - Clarithromycin - Erythromycin	- <1 year - Pregnant individuals <16 years - Bullous impetigo - Recurrent impetigo (2 or more in last 12 months)		
Acute Sore Throat	Adults and children aged 5 and over	Penicillin V Clarithromycin Erythromycin	- < 5 years - Pregnant individuals < 16 years - Patients with sore throat and reporting a cough		
Shingles	Adults aged 18 and over	- Aciclovir - Valaciclovir	- < 18 years - Pregnant	- Severely immunocompromised - Shingles in the eye	
Infected Insect Bites and Stings	Adults aged 1 and over	- Flucloxacillin - Clarithromycin - Erythromycin	- < 1 year - Pregnant individuals < 16 years		
Acute Sinusitis	Adults and children aged 12 and over	Fluticasone nasal spray Mometasone nasal spray Penicillin V Clarithromycin Erythromycin Doxycycline	- < 12 years - Pregnant individuals < 16 years	- Immunocompromised - Chronic sinusitis (duration > 12 weeks)	
Acute Otitis Media	Children aged 1-17 years	Phenazone and lidocaine ear drops Amoxicillin Clarithromycin Erythromycin	- >17 years - <1 year - Pregnant individuals < 16 years	- Recurrent Acute Otitis Media (3 or more episodes in months, or 4 or more in 12 months)	





Blood Pressure Checks in Community Pharmacies: Enhancing Cardiovascular Prevention in Primary Care

Why it Matters?

Hypertension is a major cause of Cardiovascular Disease

Often undiagnosed – early checks saves lives

Pharmacy Service

BP checks for adults over 40

High BPM = ABPM offered

Results are shared with GP for follow-up

Benefits to Primary Care

Early detection = better outcomes

Reaches under served groups through opportunistic reviews

Frees up appointments within a Practice

Pharmacy Role

Walk-ins are welcomed

Lifestyle advice given on the spot

Ensuring continuity of patient care with GP colleagues

How can you help?

Refer/signpost Patients

Support in building GP-Pharmacy Partnerships

Use the BP results from pharmacy to support ongoing patient care



Contraception



Services Offered

- Repeat and ongoing supply of Oral Contraception
- Initiation of Oral Contraception

Advice, support & signposting



Benefits to Patients

- Easier Access (evenings /weekends)
- No GP appointment needed

Convenient, confidential and walk-in options



Benefits for Primary Care

- Reduces GP/Nurse/HCA Workload
- Supports Preventative Care

Improves access & Equity in women's health



Who is Eligible?

 Women of reproductive age meeting the clinical criteria

Stable contraception users or new starters



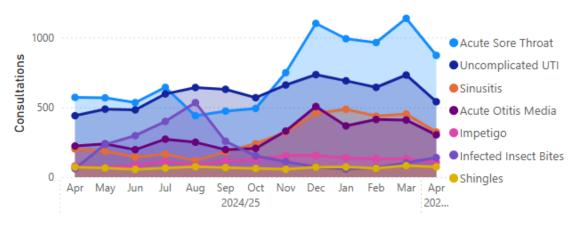
How Primary Care Can Help

• Signpost/refer patients to pharmacy



Data Headlines:

Seven conditions



In April 2025, Community Pharmacy conducted:

- 2359 Clinical Pathway Consultations great response from self-referrals (1816).
- 634 Minor Illness Consultations only accessible by referral form practice/111.
- 1430 Urgent Medication supply which was all through 111.

All our Community Pharmacies are signed up to Pharmacy First and BP checks.



How do I refer?

Gloucestershire AccuMail Referral Process STEP 1:

Step 1: Send Pharmacy First Service referral using Accumail on AccuRx.

Click on the '@'symbol.



Click on the 'Pharmacy First Service' (note SNOMED code is now attached).

Conta	Contact service or healthcare professional				
	Compose new message				
Quick	actions				
0	Attach document from SystmOne for community referral				
0	Attach document from SystmOne for imaging referral				
	Create and attach patient record summary				
8	Pharmacy First Service				
0	Try with a test patient				



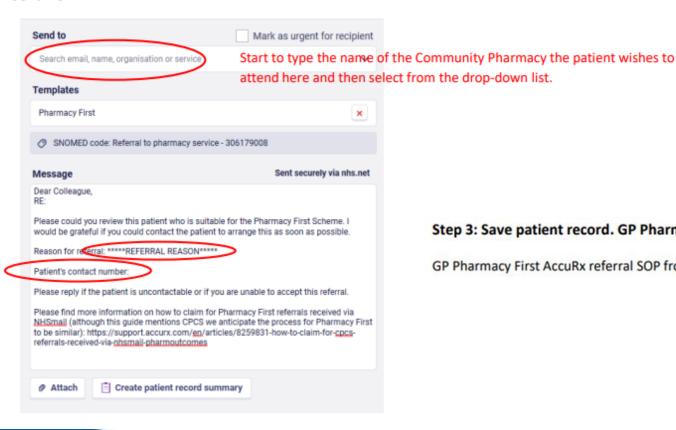
Gloucestershire AccuMail Referral Process STEP 2 and 3:

Step 2: Populate 'Send to' with the Community Pharmacy of patient's choice.

Complete 'Reason for referral' with brief description (one or two words) of patient's symptom(s)

Confirm 'Patient's contact number' with patient.

Click 'Send now'.



Step 3: Save patient record. GP Pharmacy First referral is complete.

GP Pharmacy First AccuRx referral SOP from SystmOne



What do I need to say to the patient?

- 'Having listened to your symptoms, I am able to arrange a same day consultation for you with an NHS community pharmacist of your choice, that is working closely with the NHS and our practice...'
- 'Pharmacists are trained in medicines and minor illness and can now do more assessments and issue prescription only medication for particular conditions if needed'
- Which pharmacy would you like your referral to go to?
- Please advise patient to <u>CONTACT or VISIT</u> the pharmacy and let the pharmacy team know that electronic referral has been sent.
- If the Pharmacist believes the condition cannot be resolved at the pharmacy or by self care – the pharmacist will contact the practice to arrange further assessment and handover care for the patient.







Ongoing Support and Resources:

The ICS have established a team to support the Pharmacy First process within your Practice, help can be provided at any stage, we will have further drop-ins and this one is being recorded and will be available at link below.

See Pharmacy First section on ICB webpage here for:

- General Practice Resources: Podcast, Training Video, L Code information, AccuMail Referral SOP,
 GICB Community Pharmacy Referral Grid and GICB Pharmacy First Aide-memoire.
- Community Pharmacy Resources: PharmOutcomes video, Common Conditions Clinical Pathways,
 Community Pharmacy Newsletters and Podcast.
- Pharmacy First Feedback Form.
- Community Pharmacy Lead <u>sian.williams20@nhs.net</u>
- Project Support <u>Kimberley.edge@nhs.net</u>
- Community Pharmacy support & engagement <u>sam.bradshaw@cpglos.uk</u>
- Visit/Training for individual practice- CPG- sam.bradshaw@cpglos.uk



Resources



For further information visit: nhs.uk/thinkpharmacyfirst



To discuss receiving this information in large print or Braille please ring: 0800 0151 548

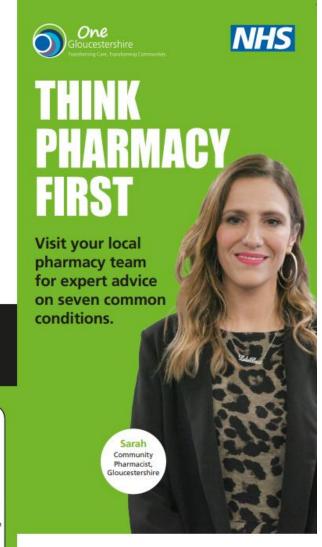
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এই ভখ্য অন্য ফর্মাটে পেতে আলোচনার জন্য দ্য়া করে যোগাযোগ কর্ন 如需以其他格式接收此信息,请联系 V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte

આ માફીતી બીજા ફોરમેટસમાં મળાવાની ચર્ચા કરવામાટે કપાકરી સંપર્ક કરો Aby uzyskać te informacje w innych formatach, prosimy o kontakt По вопросам получения информации в других форматах просим обращаться Ak si želáte získat túto informáciu v inom formáte, kontaktujte prosím

FREEPOST RTEY-EBEG-EZAT

PALS, NHS Gloucestershire Integrated Care Board (ICB), Shire Hall, Westgate Street, Gloucester, Gloucestershire, GL1 2TG







Case study – Patient XX

- > Patient, female, aged 62years, contacts surgery with symptoms of UTI
- Care navigator listens to symptoms and makes Pharmacy First electronic referral to local Pharmacy
- ➤ Patient contacts pharmacy by phone and is asked to attend in 40mins, gets assessed, meets 'gateway criteria' and receives treatment within the hour
- Patient record/journal get updated with consultation record and medication supplied
- ➤ Happy patient, happy clinical services community pharmacist, happy surgery team one less appointment.

"I just wanted to thank the wonderful pharmacist who dealt with my problem on Monday 5th Feb at 'xxxx' Pharmacy. She was thorough, professional and treated me with the correct antibiotics. As a retired nurse, I was thoroughly impressed and think that if this new service is used properly this will be a massive step forward for healthcare"



Case study – Patient XY

- ➤ Patient, male, aged 35 years contacts his practice at 8am with symptoms of earache told to visit pharmacy as NEW clinical pathway condition
- Patient attends pharmacy counter after lunch as pain getting worse, describes ear pain to the assistant
- Assistant refers to the pharmacist
- Pharmacist advises to call general practice
- Patient advises that already done and they advised him to attend pharmacy under pharmacy first....

What is patient expecting?

What can the pharmacist do?

Is the pharmacist funded for this consultation?

How long does this interaction take?

It is now 3pm what are our options to care for this patient?



Case study – Patient YY

- ➤ Patient, female aged 52 years contacts practice with symptoms of recurrent scabies for which she has had a prescription for previously
- > Receptionists sees scabies on minor illness grid and makes an electronic referral.
- Patient attends pharmacy, assessed by pharmacist in consultation room and is recommended to purchase cream Over the Counter
- Patient wants prescription as does not pay
- Pharmacist contacts surgery to make onward referral and makes consultation record which then is visible to clinicians at surgery
- Clinician at surgery contacts patient and sends electronic prescription as this is 5th recurrence and patient works at a care home

Appropriate electronic referral, patient triaged at pharmacy, patient unable to fund treatment due to cost-of-living increases and must work.

Pharmacy can claim for the work and time taken to assess.



Case study – Patient XY

- > Patient, male, 11 years old with symptoms of sore throat
- Mum contacts surgery and electronic referral sent for Pharmacy First to usual pharmacy
- Child taken to pharmacy and asked to take a seat as pharmacist already in consultation room with another patient
- ➤ Gets assessed and does not meet 'gateway criteria' with a FeverPain score of 2, gets self care advice analagesia, hydration and nutrition safety netted to return to pharmacy within 2-3 days if no better
- ➤ Patient returns with mum 48 hours later no better re-assessed and now has temperature and white spots on throat FeverPain score now 4 and therefore a course of antibiotics is appropriate
- Mum collects own prescription the following week and thanks pharmacist for advice and attention and report child much improved and back at school



What happens to the patient?

Pharmacists are trained to recognise 'RED FLAG' symptoms and SEPSIS

Patient attends the pharmacy and has a 1-2-1 assessment with pharmacist in private consultation room, chaperone if needed.

The pharmacist will ask the patient questions about their health – including medical history, any allergies, any medicines they are taking and the symptoms they are currently experiencing. For some conditions, the pharmacist may request to perform a quick examination such as using an otoscope for patients presenting with an acute ear ache (otitis media)

For minor illness referrals, patients can get self-care advice, advice and recommendation for the purchase of an over the counter; for one of the 7 clinical pathways, the patient may include above or the supply of certain prescription only medicines as appropriate such as antibiotics if clinically needed – if patient exempt from NHS charges no fee will apply

Pharmacists will help patient arrange further assessment if needed or direct to an urgent care setting plus safety-net if symptoms do not improve – which let's patient know about what to do and this may include 'come back and see me in 3 days if no better and we can re-assess your symptoms'...







Feedback from Care Navigators

The Pharmacy First Service has clear guidelines as to which ailments are suitable for referral to the service, the referral process via accuRx is very quick for the Care Coordinators to make a referral.

If on discussing the ailment with the patient there is an unknown red flag, the pharmacies are quick to refer the patients back to the surgery. The Pharmacy First service helps increase capacity within the surgery's minor illness clinics.

I also do feel as though we are covering a lot more ground now with how the service has been increased for what pharmacies are able to treat i.e tonsilitis sx and uti's! Referring via accuRx is also very quick and easy to use.

The referral process is quick and easy to use, we have found the response from pharmacies quick when they are unable to accept the referral. We have also found that where possible attaching pictures has been a great help for the pharmacy teams as this allows them to triage the patients concern more efficiently for example for rashes or throat.

I think Pharmacy First has been a very positive step for the surgery as it has helped reduce the amount of appointments needed for those ailments on the pathway. It has also been a very positive step for patients as they can use this service in the first instance.

The patients I have referred have been quite straight forward to do and take the pressure off the surgery hub.

The number of responses from some of the Pharmacies to let us know the patients are being contacted or that they are not suitable for the referral has increased, so we can take the appropriate next steps following the feedback. Outcome of the consultations are being sent through so we can add this to the patients record for future reference.





Equity, Diversity, Inclusion and Belonging

Sophie Atkins

17 July 2025



Overview

1. What is EDI about?

2. Why does it matter?

3. Is there anything I can do to improve things?



Overview

1. What is EDI about?

2. Why does it matter?

3. Is there anything I can do to improve things?



Definitions

Equality – everyone has the same

Equity

Constantly and consistently recognising and redistributing power

Belonging

An organisation that engages the full potential of the individual where all views, beliefs and values are integrated

Inclusion

Thoughts, ideas and perspectives of all individuals matter

Diversity

Multiple identities represented in an organisation



Equality vs Equity





The pain of not feeling like you belong



AMERICAN PSYCHOLOGICAL ASSOCIATION

TOPICS

PUBLICATIONS & DATABASES

RESEARCH & PRACTICE

EDUCATION & CAREER

Home > Monitor on Psychology > 2012 > April >

SCIENCE WATCH

The pain of social rejection

As far as the brain is concerned, a broken heart may not be so different from a broken arm.



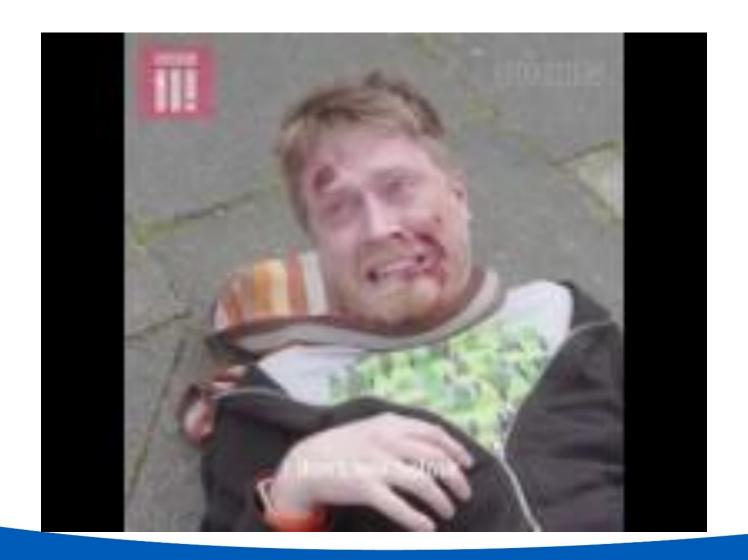
By Kirsten Weir 2012, Vol 43, No. 4 Print version: page 50



Protected characteristics in legislation (Equality Act 2010)



This is not always easy to talk about





Reflections?





Overview

1. What is EDI about?

2. Why does it matter?

3. Is there anything I can do to improve things?



NEWS

Home | InDepth | Israel-Gaza war | US election | Cost of Living | War in Ukraine | Climate | UK | World | Business

Health

Black women four times more likely to die in childbirth

By Smitha Mundasad

Health reporter

Black women are more than four times more likely to die in pregnancy or childbirth than white women in the UK, a review of 2017-2019 deaths shows.

<u>The Mbrrace report found</u> women from Asian backgrounds are almost twice as likely to die as white women.

Some 495 individuals died during pregnancy or up to a year after birth, out of 2,173,810 having a child.

The charity Birthrights is concerned that overall "this bleak picture has not changed in over a decade".

University of Oxford researchers say for the vast majority of people, pregnancy remains very safe in the UK.

But despite slight decreases in the maternal death rate in recent years, there have been no significant improvements to these rates since the 2010 to 2012 period.

Mental Health

- More white people receive treatment for mental health issues than people from Black, Asian and Minority Ethnic backgrounds
- and they have <u>better outcomes</u> post treatment.

 Black people are 3.5 times more likely to be detained under the Mental Health Act.



Research & Innovation

Explore | Facilities | Partnerships | Research Environment | Funding | Impact | King's Innovation & Enterprise

Business & Finance

The Resume Bias: How Names and Ethnicity Influence Employment Opportunities

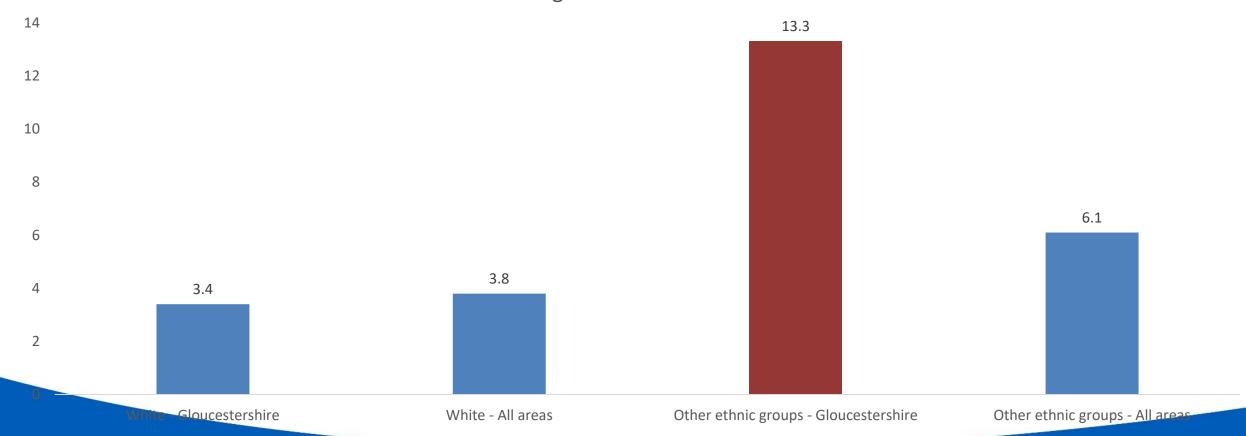
Largest International Discrimination Study

With a staggering submission of <u>over 12,000 job applications to more than 4,000 job advertisements</u>, this study stands as the largest international discrimination research of its kind. The focus is on understanding how names and ethnic backgrounds influence hiring decisions in Australia, and the implications this has on diversity and equality in the workplace.

Applicants with English names received 26.8% of positive responses for leadership roles. Non-English names received 11.3%. Applicants with English names received 21.2% of positive responses for non-leadership positions, while non-English names received 11.6%. The findings suggest that a re-engineering of the recruitment process is needed.

Primary Care Staff Survey results 2024

Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months





Overview

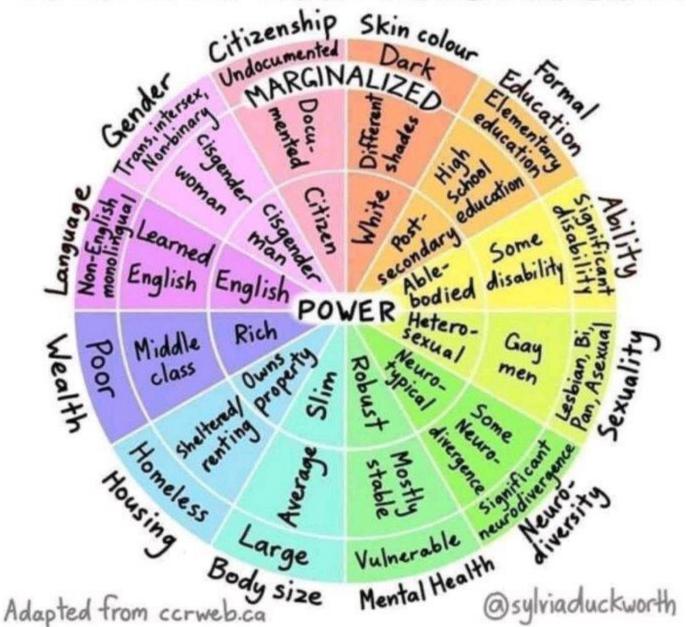
1. What is EDI about?

2. Why does it matter?

3. Is there anything I can do to improve things?



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Allyship

Allyship is an active, consistent and arduous practice of unlearning and reevaluating, in which a person in a position of privilege and power seeks to operate in solidarity with a marginalised group

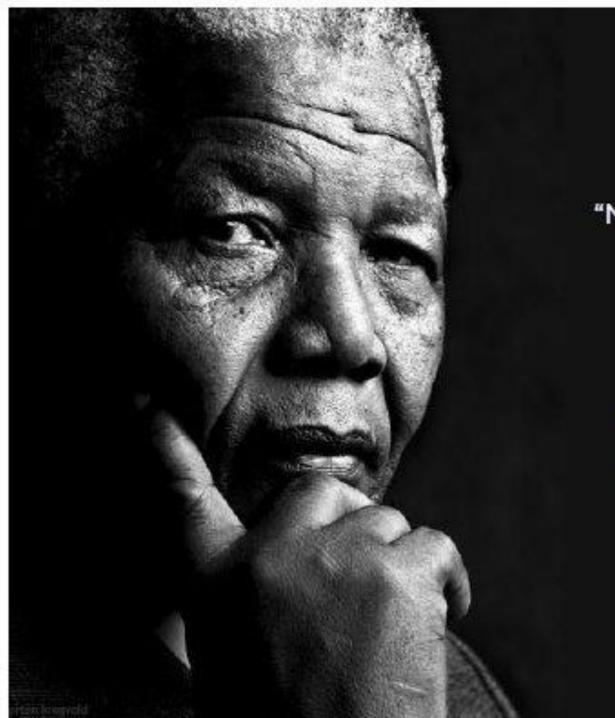
Allyship is not an identity. It is a lifelong process of building relationships based on trust, consistency, and accountability with marginalised individuals and/or groups of people



Allies are

- Visible supporters of inclusion
- Actively listening to understand
- Upstanders who challenge exclusion
- Constantly seeking to educate themselves and others
- Champions of under-represented groups by bringing them into circles of power
- Kind on themselves, this is a journey of learning not blaming





"No one is born hating another person because of the color of his skin, or his background, or his religion. People learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite."

NELSON MANDELA



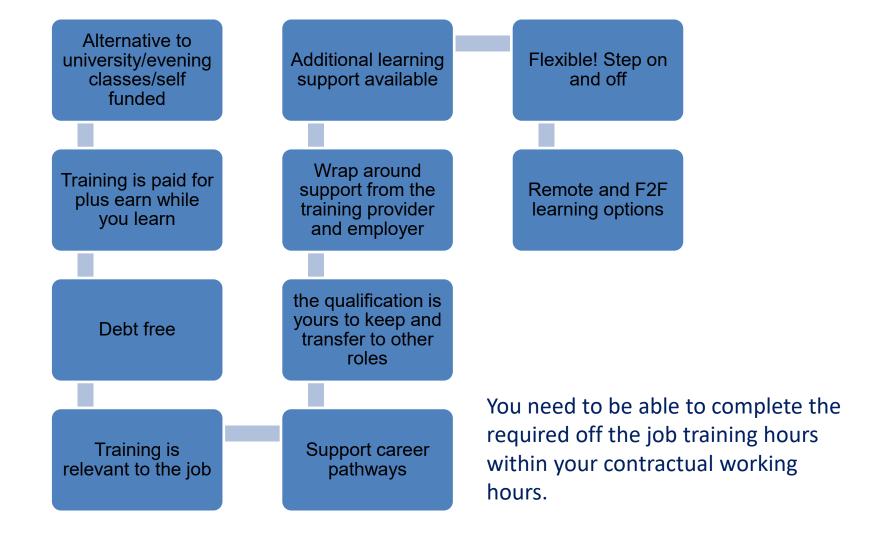


Mandy Tuckey

ICS Apprenticeship and Widening participation programme lead mandy.tuckey@nhs.net



What are the benefits?

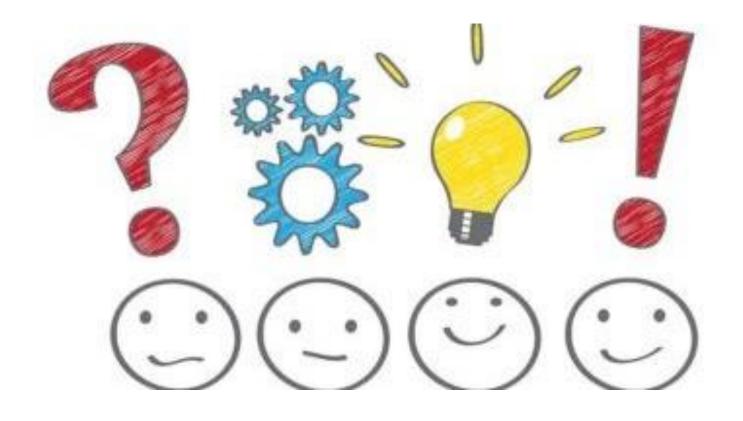




Let's hear from someone in primary care who is currently undertaking an apprenticeship







Any Questions?



Apprenticeship Myths – "It will be expensive, or I will have to take a pay cut" "Its only for young people"

Apprenticeship Levy –

- This is used to fund the training of the apprenticeship. It does not fund salary
- Your employer can ask for all the training costs to be paid for via a levy transfer. *You DO NOT need to pay the 5% employer contribution*. Please email glicb.apprenticeships@nhs.net for more information

Salary –

• For local determination, there is a nationally mandated minimum salary (which is tiered depending on the applicants age), but organisations can pay salaries appropriate to the role/individuals experience.

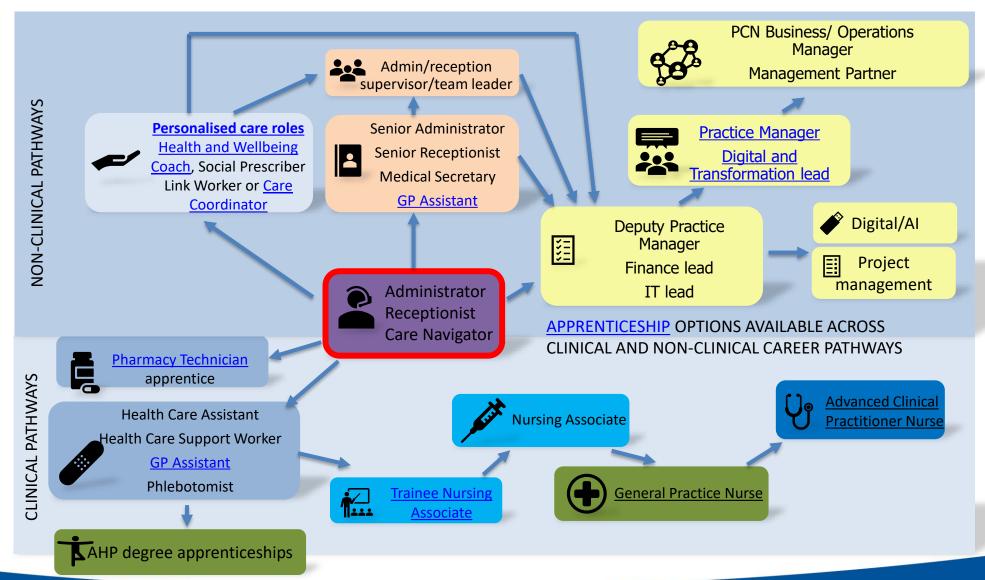
All employers receive a £1000 incentive payment for new apprentices aged 16-18 or 19 -24 with a care plan.

Apprenticeships for anyone under the age of 22 are now fully funded by the Government

Apprenticeships are for anyone of any age and at any stage of their career.
 They can be for new and existing staff.



Apprenticeship opportunities in Primary care







NHS Health Education England

APPRENTICESHIP STANDARDS IN **BUSINESS & ADMINISTRATION SUPPORT**

Career progression is not linear. You can step in or out at any point depending on your experience, career goals. You must check that you meet the entry requirements for the apprenticeship you select.





with study

Apprentices are employed and receive a salary

Full-time apprentices are entitled to a minimum of 6 hours per week 'off the job' training time as part of their job.*

If not already achieved apprentices will undertake maths and English qualifications

A qualification taken during an apprenticeship is equal to the same qualification taken elsewhere

Depending on the apprenticeship, upon successful completion, apprentices may be eligible to apply for professional registration



APPLY ON **NHS JOBS**

RESOURCES AVAILABLE ON HASO



HEALTHCAREERS INFORMATION ON IOB ROLES AND MORE **HEE TALENT FOR CARE**

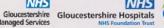


https://haso.skillsforhealth.org.uk



^{*}The off the job minimum requirement for a part-time apprentice remains unchanged at 20% of their normal working hours. The new 'off the job' hours policy change only applies to new starts from 1 August 2022.









inst=p

Inclusive Leadership. Infinite Potential.

Team Leader 3 & **Operational Manager 5**



Register here

Insight session dates:

20th May @ 10am-11am 18th June @ 1pm-2pm

10th July @ 2pm-3pm

19th Aug @ 10am-11am

Please come and join us to find out more on how our Team Leader 3 (Manage with Impact) or our Operational Manager 5 (Lead with Impact) programmes can benefit you. You will understand the structure of our delivery model, the skills, knowledge, and behaviours you will gain, and the commitment required for successful completion.

Why join?

These unique programmes offer:

- Powerful Masterclasses with expert trainers
- ☑ Inspiring Peer-to-Peer Learning from like-minded people
- 1:1 Personalised Coaching to support your growth
- Flexible Digital Learning Pathways to introduce topics and embed learning
- Formal Accreditation from the Chartered Management Institute (CMI)

Which programme is right for you?

Our Leadership apprenticeship programmes will equip you with practical tools, proven models, and effective techniques to navigate and overcome the unique challenges faced in leadership.

Team Leader 3

Designed for emerging / aspiring managers who are eager to build leadership skills, manage projects, and lead teams effectively.

Operational Manager 5

For ambitious leaders ready to step into senior leadership with confidence. Perfect for those already leading teams and aiming to advance further.

Join an insight session!

Curious to learn more? Join a 60-minute virtual Insight Session to understand:

- . The programme structure and content
- · How your leadership skills will be developed
- . The impact the programme will have on your career

You'll also get a chance to ask questions and connect with the Instep UK team.

Register





The Corndel L4 Apprenticeship Corndel. and Diploma in Project Management If I needed more one-to-ones, they were always there to do that. Even going above and beyond to cover additional topics which was really helpful." One

How do I find out more?





Qualification Finder

Apprenticeship search

Occupational maps









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Home / Institute for Apprenticeships and Technical Education



T-Levels in Primary care

- **Level 3:** Post GCSE 16–19-year-olds
- Two Years: Equivalent to three A Levels in UCAS points, meets university entry criteria
- **Blended:** Mix of classroom learning and 45-day industry placement (over the two years)
- **Employer led:** Designed with employers and based on same occupational standards as Apprenticeships
- Progression route: Into skilled employment, higher apprenticeships or higher education



forward, faster.

Industry placements lasting approximately 45 days (1 day a week) are a key component of T Levels, a two-year qualification equivalent to three A Levels, designed for 16-18 year olds. T Levels combine classroom learning with practical work experience across various subjects; Business Management & Administration, Marketing, Digital Infrastructure, Accounting, Legal, Media, and Health (including Adult Nursing, Mental Health, and Science), among

These industry placements are part of a government-funded programme, meaning your team can host a T-Level student at no cost.

BENEFITS TO YOUR TEAM

S Extra resource for specific projects

imaginative, new ideas and different skills

Support with set up by a dedicated ICB team





English and Core **TECHNICAL QUALIFICATION** Occupational specialism requirements

20% Technical skills and knowledge At least 315 hours

Practical skills for employment

Meaningful contribution in the workplace

maths

Other

INDUSTRY PLACEMENT

years

2

80%

Up to 1400

hours

350 hours

average

Functional skills



ARE YOU LOOKING TO GAIN YOUR ENGLISH AND MATHS QUALIFICATIONS?

THIS QUALIFICATION IS KEY FOR CAREER PROGRESSION & DEVELOPMENT OPPORTUNITIES WITHIN YOUR WORKPLACE!



WORKSHOPS EVERY TUESDAY ONLY 18 WEEKS IN DURATION

TRAINING FOR LEVEL 2 FUNCTIONAL SKILLS (EQUIVALENT TO GCSE)
IN ENGLISH AND MATHS IS OPEN FOR APPLICATIONS FOR THE
SEPTEMBER 2025 COHORT!

OPEN TO ALL ONE GLOUCESTERSHIRE PARTNERS.

WANT TO JOIN THE SEPTEMBER COHORT?
CONTACT US!
KELSIE.FINCH@GHC.NHS.UK





For more information or an informal chat about apprenticeship options please contact

Mandy Tuckey: mandy.tuckey@nhs.net

Support and Resources

- From the training provider
- One Gloucestershire Apprenticeship Lead, Mandy Tuckey mandy.tuckey@nhs.net
- IFATE: Home / Institute for Apprenticeships and Technical Education
- Gloucestershire Primary Care Training Hub https://glosprimarycare.co.uk/apprenticeships
- <u>https://amazingapprenticeships.com/</u> resources, support for apprentices
- <u>https://www.instituteforapprenticeships.org/</u>
 look at apprenticeship standards available
- https://www.gov.uk/apply-apprenticeship find and apply/look at what other employers are recruiting for
- https://www.apprenticeships.gov.uk/ funding rules/guidance
- <u>https://transfers.manage-apprenticeships.service.gov.uk</u>
 apply for a levy transfer







How do we support your wellbeing?

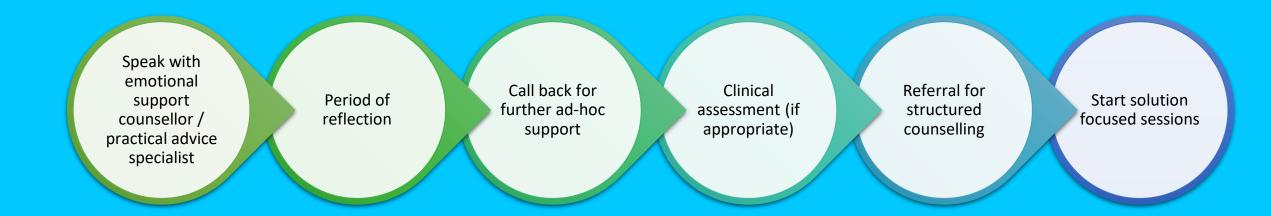
- Emotional Support 24/7/365
 - In the moment support (Single Session Therapy)
 - Discuss any home or work related issue confidentially
 - Unlimited access
- Short-term structured counselling
 - Up to 6 sessions via telephone, video
- Trained Information Specialists
- Care first Lifestyle Website
- My Possible Self mental health app





User Experience

Knowing what to expect when you reach out can help you to build the confidence to make contact....



Our Information Specialist Team

- Citizens Advice Bureau trained specialists
- Wide range of issues covered including legal, family matters, and probate
- Practical advice and signposting
- Save time searching Google and speak with a real person



Financial Wellbeing Support

We partner with **PayPlan** who can provide free, non-judgmental financial advice and personalised debt solutions.

- Friendly, non judgemental advisers
- Reduce money worries
- Tailored debt solutions
- Help towards a debt-free future
- Reduced creditor calls when in a debt solutions



Ways to **get help** if you're in **crisis...**

If you feel that you **need to talk to someone**, there are a number of **helplines** and forums you can access and you can speak to someone about how you're feeling. In an emergency, please dial 999 or you can visit A&E if you feel unable to keep yourself safe.

Helplines you can contact...













We are not a Crisis Line.



my possible self

the mental health app

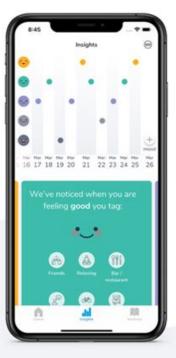


My Possible Self mental health app

Designed by Priory Healthcare, and certified by the NHS, our My Possible Self app allows you to manage your wellbeing and access a range of interactive tools and techniques customised for digital use!







Our app is optimised for a seamless, personalised **self-help experience** that you can conveniently fit into your **daily routine**.





My Possible Self features



- Toolkit Tools to identify behaviours and monitor progress
- Tags Recognise the activities, people and places that influence your
 mood
- Mood journal Record how you feel and help you understand your moods
- * Insights Understand yourself better and do more of the things you like
- ⋆ Journals Record worries, emotions and actions in the moment
- Visual and audio exercises Boost your mood, relax your mind or drift off to sleep











How to use My Possible Self

- Download the app via Google Play or Apple App Store by scanning the QR code
- Create an account and enter your unique organisational code: GLicB25!
- 03 Enjoy the benefits of the app!

Scan me















Care first Lifestyle: what you'll find

- Online information and advice on:
 wellbeing, finance, work-related issues,
 relationships, caring responsibilities,
 mental health, menopause & more...
- Access to webinars
 covering a range of work
 and wellbeing topics



Where can you find out more?

To find out more about how we can support you, and the types of issues we are best placed to support, please view our information hub: Care first | Linktree

User FAQs Guide

Your Services Explained

User Testimonials



Contact details

If you'd like to know more about Care first and how we can support you, please view our information hub on:

https://linktr.ee/care_first

0800 174 319

Lifestyle platform login details:

Username: Gloucestershire

Password: GPSTAFF











Close & Evaluation



