Developing people for health and healthcare

GP Fellowship Programme
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If you wish to find out more about the fellowship or to apply please email gpprogrammes.em@hee.nhs.uk

Clinical Research Delivery

Location:
Nottingham City Clinical Commissioning Group and GP research active practices in Nottingham City

Contact details:
Dr Simon Royal, GP Research Lead, University of Nottingham Health Service
simon.royal@nhs.net

Rachel Illingworth, Head of Research and Evaluation, Nottingham City CCG
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Named contact for GP Fellowship:
Dr Alastair McLachlan, Corporate Medical Lead, Nottingham City CCG
Alastair.mclachlan@nottinghamcity.nhs.uk

Description:
Clinical research is important for the continual improvement of patient outcomes and experience and to improve the effectiveness of services. The NHS Constitution (2013) states that all patients should have the opportunity to participate in research that is of relevance to them.

Nottingham City CCG actively promotes, supports and funds research, and research capacity and capability building in partnership with its GP member practices, the NHS National Institute for Health Research (NIHR) Clinical Research Network East Midlands and academic partners.

The CCG is currently in the process of developing a hub and spoke model of research delivery in primary care.

This fellowship is an opportunity for a GP to gain experience in the day to day running of clinical trials and other high quality studies in primary care, both academic and commercial trials. It will also provide an opportunity for working in partnership with academic partners,
the NIHR Clinical Research Network East Midlands and the CCG in the development, promotion and delivery of research in primary care.

This fellowship will provide an opportunity to gain training and experience in the practical aspects of research in primary care. The fellow will also be providing four clinical sessions of General Practice which will allow the importance of research to be put into context. This will therefore be an excellent introduction to academic general practice and/or the skills and experience required to be the GP research lead in a general practice.

More information:
The CCG has a Research Strategy Group chaired by Dr Alastair McLachlan, Corporate Medical Lead and a Head of Research and Evaluation (Rachel Illingworth).

Dr Simon Royal is Primary Care Specialty Lead for the NIHR Clinical Research Network East Midlands and GP Research Lead at University of Nottingham Health Centre.

Community Orientated Medical Education

Location:
Moss Valley Medical Practice, Gosber Road, Sheffield S21 4BZ

Contact details:
Rachel Handscombe MBChB, MRCGP, DipMedEd, DFSRH
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www.mossvalleymedicalpractice.co.uk

Named contact for GP Fellowship:
Rachel Handscombe MBChB, MRCGP, DipMedEd, DFSRH

Description:
This post gives you the opportunity to develop and hone your skills and experience as an educator. As a practice we wholeheartedly believe in multi-professional learning and as such you will be working alongside and supported by experienced trainers from differing specialities within general practice, whilst also being supervised by a highly qualified and experienced GP educator.

The programme will be organised into the following weekly structure:

- Two days in practice
- Two days working with the Derbyshire Training Hub (Community Education Provider Network*)
• One day working towards Certificate/Masters in Medical Education.

Within the two days working with the Derbyshire Training Hub you will have opportunities to develop your training skills by experiencing and facilitating small group workshops, one-to-one training/debriefing/supervising, larger group training, multi-professional teaching and much more!

You will spend time in the hub practice and spoke practices of the Derbyshire CEPN whereby you will be exposed to a variety of different general practice environs and specialities.

As part of your fellowship we would like you to develop an area of interest. We would like you to carry out a research project/evaluate or develop a new model of education within the community setting. You will be given support through your time working towards your certificate in education and by your supervisor. We expect that by the end of your placement your work will have been published and you will have presented your work at an educators or RCGP conference.

We, at Moss Valley Medical Practice, are passionate about general practice and hope that this post inspires you to join us in developing and changing the NHS workforce of the future.

More information:
For more information about CEPN see the Health Education England-East Midlands website www.hee.nhs.uk/hee-your-area/east-midlands

The effects of smoking on fasting glucose, postprandial glucose, and HbA1c

Location:
Leicester Diabetes Centre

Description
This project will use existing data from large diabetes screening studies to explore the association between smoking, glucose and HbA1c in general populations and those at high risk of diabetes. Data are available on smoking status, number of cigarettes, and type of smoking so that different elements of this relationship can be explored. The studies recruited in Leicester, Leicestershire and Rutland, UK and thus include a large BME
population meaning that the effect of ethnicity on these associations can also be explored. There will be some flexibility in the direction of this project depending on the Fellows own interests.

This project is likely to lead to a peer-reviewed publication in a scientific journal. It will provide a hands on introduction to conducting health research in a thriving diabetes research centre.

**More information:**
The Leicester Diabetes Centre (LDC) is hosted within former clinical space at the Leicester General Hospital, and offers excellent access for people with diabetes, their families and carers, particularly those from Black and minority ethnic groups from the east side of Leicester City. The Centre now forms one of the largest facilities in Europe for conducting first class clinical research in diabetes, with a floor space of over 4000m². This physical space has facilitated the co-location, for the first time in 10 years, of our growing number of research, academic, technical, administrative and clinical staff, providing the opportunity to work together as one team.

We are dedicated to ensuring that people with diabetes live long, healthy lives, and aim to achieve benefits for people with diabetes or at risk of developing diabetes through prevention and diabetes management. Leicester Diabetes Centre is a partnership between the NHS, the National Institute for Health Research, University Hospitals of Leicester NHS Trust, and is academically affiliated with the University of Leicester College of Medicine, and Biological Sciences.

Applied health research units, like the Leicester Diabetes Centre are, uniquely for the UK, facilitating rapid progress across both translational research gaps - between basic science and applied health research, and between applied research and implementation. Our team is then well placed to move seamlessly from the generation of new ideas to the evolution and development of new therapeutic approaches and health care tools/systems, and beyond this, to the implementation of these approaches into routine clinical care. This integrated approach will rapidly reduce the time taken to move from experimental proof of concept studies into improved patient care.

The LDC has attracted a range of prestigious National Institute of Health Research (NIHR) funded infrastructure and other funding notably from the British Heart Foundation, European Union, Medical Research Council and Diabetes UK. The LDC also hosts a local CLAHRC (Collaboration for Leadership in Applied Health Research and Care) and BRU (Biomedical Research Unit) in Diet, Lifestyle and Physical Activity.
Location:
NEMS Platform One Practice, Station Street, Nottingham
NEMS@QMC, adjacent to QMC Emergency Department
NEMS HQ 484 Derby Road, Nottingham

Contact details:
Dr Anita Bloor, c/o Alison McWilliam, Chief Executive, NEMS CBS, 484 Derby Road,
Nottingham NG7 2GW alison.mcwilliam@nems.nhs.uk 0115 9166060

Named contact for GP Fellowship:
Dr Anita Bloor NEMS CBS Medical Director

Description:
NEMS CBS see an opportunity for a Fellow with an interest in urgent and unplanned primary care strategy, care models and funding; a ‘hot topic’ nationally and locally. Nottingham is a ‘Vanguard’ site for Urgent and Emergency Care and will build on the work of consultancy organisation McKinsey that informed local strategy around meeting the needs of patients in four broad segments: Mostly Healthy, Frail, Differentiated, and Mental Health.

Opportunities
We can provide a practice/research setting through our services based on QMC campus, where we see:

- patients presenting to ED with needs better met by Primary Care,
- patients EMAS take to ED, with ‘sub ED’ needs
- GP referred patients to urgent care assessments intended to avoid hospital admission (e.g. DVT pathway). This would enable a Fellow to explore patient care-seeking behaviour and the interface between ambulance, ED, and Acute Medicine.

NHS England’s intent to integrate NHS 111 and urgent care ‘functionally’ by 2020 will result in 24/7 urgent care that is ‘sub ED’ in acuity and complexity and the demise of the outdated concept of GP Out of Hours.

Our main GP OOH service operating from NEMS Platform One Practice offers the ideal setting from which to study this rapidly evolving agenda.
We would propose hosting this through recruiting to Platform One Practice (rated outstanding by CQC September 2015) and incorporate time in NEMS@QMC (currently covering 8:00-midnight, seven days a week, with GP presence from 18:30 to midnight) and NEMS OOH into the post.

**More information:**
Whilst we already have the practice settings, clinical, managerial and administrative organisational structures in place, we would be keen to clarify the requirements in terms of GP support to the Fellow and identify any external support may be available to us if we are able to offer a Fellowship position.

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**A new primary care undergraduate curriculum at Nottingham School of Medicine in Integrated Care**

**Location:**
Primary Care Education Unit, School of Medicine, University of Nottingham

**Contact details:**
Rodger Charlton, Professor of Primary Care Education & GP, Director of Primary Care Education Unit, Division of Primary Care, School of Medicine, Room C38, C Floor, Queens Medical Centre, Nottingham NG7 2UH rodger.charlton@nottingham.ac.uk

**Named contact for GP Fellowship:**
Prof Rodger Charlton

**Description:**
This is an exciting opportunity to influence the development of a new primary care module and to evaluate it and publish this as medical education research.

There is a team of GPs working on it and a GP Fellow could chose to work on a focussed area, for example group teaching in a Hub practice, creating a formative assessment, defining what makes a good OSCE in primary care to assess 4th year medical students or how to teach communication skills in a group.

The Fellow would receive support, mentorship and supervision and also would be actively encouraged to be involved in seminar teaching at the University with an induction and co-
tutoring to start with. There would also be the opportunity to study towards a certificate in medical education and so the career pathway to being a future GP educator.

The aim also is to inspire future GPs from our medical students and so enhance recruitment in the specialty and working closely with Health Education England to achieve this.

More information:
We have a university team of enthusiastic GPs who also have a lot of experience in teaching and very keen to work with new colleagues.

Quality of care of diabetes in primary care

Location:
Leicester Diabetes Centre

Contact details:
Professor Kamlesh Khunti
Dr Samuel Seidu

Named contact for GP Fellowship:
Dr Samuel Seidu

Description:
Many initiatives have been promoted to measure and improve the quality of care for patients with diabetes (1-5). The Diabetes Quality Improvement Program (DQIP), which proposed a composite set of process and outcome measures for diabetes (6) is one of the most important initiatives in the United States and its measures have been adopted in many centres (7,8). In Europe, similar measures have also been recently endorsed by the Associazione Medici Diabetologi (AMD) in Italy.

Quality measures identified include process and intermediate outcome measures. Process measures represent what is actually done to the patient (for example, whether hemoglobin [HbA1c has been measured or an angiotensin-converting enzyme [ACE]-inhibitor prescribed in the presence of a specific indication). Process measures have been criticized since their link with relevant health outcomes is often
unclear (9). For example, although regular testing of HbA1c or cholesterol levels represents a first important step, it does not necessarily reflect the actions undertaken by the physician to control these parameters.

Outcome measures are the results of a patient health status as a consequence of the care delivered, among other factors. Intermediate outcomes include laboratory measurements, physical signs, or symptoms, and are generally chosen since their link with long-term outcomes has been documented in epidemiologic studies; nevertheless, it is always possible that positive results in the short run could fail to be sustained in the long run, even in the presence of scientifically validated indicators (10). Furthermore, it has been argued that they can be affected not only by medical interventions, but also by patient factors. The QuED Study, using a composite score (Q-Score) has shown a relationship between quality of care delivered to individuals with type 2 diabetes and long-term outcomes.

This project will focus on; firstly, piloting how a modified practice based composite score of quality of diabetes care can predict diabetes related hospitalisations, non-fatal myocardial infarctions, non-fatal strokes and major foot amputations in Leicester city CCG practices. The composite quality score will comprise of percentage of people achieving all four cardiovascular risk factor targets (HbA1c< 8% or 64 mmol/mol, blood pressure <140/80 mmHg, total cholesterol<5mmol/L, and being treated with ACE-inhibitor if there is microalbumurumia) in each practice.

In the second phase of the project, having piloted it, the composite score will be applied to predict the diabetes related hospitalisations, non-fatal myocardial infarctions, non-fatal strokes and major foot amputations in all the general practices in England.

More information:
The project will be supervised by Prof Kamlesh Khunti supported by Dr Samuel Seidu. They have good working knowledge of the local and UK primary care organisation of diabetes care.

The components of quality scores will be drawn from publicly available data on general practices in England on from http://fingertips.phe.org.uk/profile/general-practice.

The outcome data will be drawn primarily from the Hospital Episode Statistics (HES) database. The HES database is made up of many data items relating to admitted and outpatient care delivered by NHS hospitals in England with diagnoses coded using the WHO’s International Classification of Diseases 10th revision [ICD-10].

To ensure independence, the team analysing the data will not perform the data extraction. This will be dealt with by a third party.

References
10. Safran MA, Vinicor F. The war against diabetes. How will we know if we are winning? Diabetes Care. 1999 Mar;22(3):508-16.

**Transformation projects**

**Location:**
Southern Derbyshire Clinical Commissioning Group, Cardinal Square, Nottingham Road, Derby DE1 3QT

**Contact details:**
Chrissy Tucker, Deputy Director of Corporate Development, chrissy.tucker@southernderbyshireccg.nhs.uk 01332 868764 07919 299679

**Named contact for GP Fellowship:**
Chrissy Tucker

**Description:**

**Planned Care**

- **MSK** – Multi-provider Board working to establish community-based MSK – increasing the range of services available in the community.
- **Outpatients** – Working with 6 specialty areas with RDH to identify innovative ways of reducing follow-ups i.e. telephone, virtual clinics, Skype etc.
• **Diagnostics** – As per MSK project working to increase the range of diagnostic services available in the community.

• **Integrated Care** – Various

• **Dementia** – Upskilling GPs to give a dementia diagnosis and moving towards developing a commissioning model.

• **Risk stratification** – Reviewing /developing models for identifying patients in community at high-risk of deterioration

• **Asthma** – Project around management in primary care – moving more specialist respiratory clinic time into the community and enhancing the role of the practice nurse, improving self-management.

• **Geriatric assessment** – Part of step up/step down workstream – where and how should assessment for frail elderly patients take place.

• **Medication prompts** – How do we support people to appropriate self-medicate in the community? – links to Community Support Teams, Pharmacy, Local Authority and telehealth.

• **Telehealth** – Supporting better use of the FLO system, reviewing how primary care could become more engaged with telehealth as a concept eg using skype to review leg ulcers

• **Primary Care/Prevention** – Multiple projects.

• **CVD** – Working with Strategic Clinical Network on prevention agenda.

More information:
Depends upon projects of interest – further information can be provided on request.

**Risks and benefits of antihypertensive treatment in dementia: a cohort study using a large electronic primary care database.**

**Location:**
Division of Epidemiology and Public Health, City Hospital, University of Nottingham

**Contact details:**
Sarah Lewis, Professor of Medical Statistics sarah.lewis@nottingham.ac.uk 0115 8231387

**Named contact for GP Fellowship:**
Sarah Lewis

**Description:**
This project would involve using one of the large electronic primary care databases to conduct an epidemiological analysis of antihypertensive therapy (AHT) in patients with dementia, including the management of patients with these two conditions and the associations between exposures to AHTs and outcomes such as falls, fractures, cardiovascular events, hospital admission and death, comparing these associations in those with and without dementia.

Specifically, the project would aim to:

1. Describe the use of AHTs in patients with dementia and profile of polypharmacy in those on AHTs.
2. Determine the associations between exposure to AHT treatment, and the duration and type of AHT treatment, and the risk of falls and fractures, cardiovascular outcomes, hospital admission and death in patients with dementia.
3. Explore whether these associations depend on duration of dementia diagnosis, comorbidity, polypharmacy, and use of specific medication such as cholinesterase inhibitors.
4. Compare the risk of each of these outcomes between patients with and without dementia.

Primary care databases provide access to several million patients, with prospective collection of all diagnoses and prescriptions, and are ideally suited to pharmaco-epidemiological study. Though, historically dementia has been very poorly diagnosed in primary care, the rate of diagnosis has improved substantially in recent years. This database therefore provides an ideal opportunity for epidemiological study of hypertension in those with a dementia diagnosis. It also enables comparison with similar groups of patients who do not have dementia.

More information:

This work forms part of a larger programme of work, involving collaborations between the Division of Epidemiology and Public Health, where there is vast experience of analysing primary care datasets and statistical support, and the Division of Rehabilitation and Ageing, in which there is a team led by Professor John Gladman who are using a range of study designs with the aim of ultimately enumerating the risks and benefits of prescribing AHT to those with dementia using a combination of study designs.
Metabolic Medicine (Obesity Management)

Location:
Leicester- Loughborough Lifestyle Biomedical Research Unit

Contact details:
David Webb, Senior Lecturer & Consultant Physician in Diabetes Medicine Leicester - Loughborough Nutrition, Diet and Lifestyle BRU Leicester Diabetes Centre - Broadleaf Leicester General Hospital
Tel: 0116 258 8554 Fax: 0116 558 5344 Email: david.webb@uhl-tr.nhs.uk

Description:
Recognising the rapidly changing nature of provision for NHS delivered weight management services, the Academic Health Science Network (AHSN) recently commissioned “why weight?” a project designed to map and integrate obesity pathways across the East Midlands. This is in response to an NHS England working report indicating significant geographical variation in the commissioning of and access to obesity services [1].

Most management models for obesity are based on a tier system involving local authorities (Tier 1,2), Clinical Commissioning Groups (Tier 3) and hospital NHS trusts (Tier 4). Coordination and integration of services can be a challenge with multiple stakeholder involvement of this type but also presents opportunities for innovative approaches to the delivery of patient care. The timing of this fellowship is ideal to coincide with what is hoped will be a transformation of local obesity services over the next eighteen months, driven by AHSN work.

Description of HEEM Metabolic Medicine Fellowship
This innovative fellowship simultaneously supports future service needs in this important multi-morbidity condition whilst also providing a unique training experience and unparalleled access to inter-professional and cross-specialty working.

It will afford a crosscutting opportunity to a post CMT or CCT trainee in Diabetes & Endocrinology or General Practice Fellow to work with and learn from multi-disciplinary teams employed across all levels of the service. To gain a complete understanding of this the fellow will spend dedicated time with clinical service providers in Tiers 2, 3, and 4. They will also develop a Quality Improvement Programme or audit tool designed around access to and or sustained integration of the pathway. The aim would be to develop innovative mechanisms of highlighting the roles of Tier 3 and improving integration of it within the LLR weight management pathway.

The Fellow will be supervised by a consultant in Diabetes & Endocrinology and supported by a senior primary care physician, bariatric surgeon and public health consultant. The fellow will have agreed SMART objectives, which will be signed off by the supervisor and all partners within 2 weeks of starting the fellowship. The fellow will have at least
fortnightly meetings with the supervisor and a report will be compiled for the TPD and reviewed at ARCP if OOPE is undertaken.

**Proposed Timetable**

There will be protected time to pursue an academic qualification in Medical Education, Quality Improvement, Leadership, Applied Health Research or Diabetes Funding for 60 credits will be supported by HEEM. Allocation based on existing University of Leicester requirements for PG learning (7.5 hours / credit).

The Fellow will have the opportunity to participate in an on-going research project or clinical audit of relevance to obesity and lifestyle at the Leicester Diabetes Centre. The centre hosts the NIHR Leicester- Loughborough Lifestyle Biomedical Research Unit (BRU), which supports translational research in the fields of physical activity and nutrition.

Crosscutting experiential learning through clinical experience will be provided by 3 x 3month blocks in Tier 2 (community weight management and public health), Tier 3 (Primary / Secondary Care specialised obesity service) and Tier 4 (Bariatric surgery). The remaining three month block will be devoted to the development of the quality improvement initiative.

**Community Health Services Quality Improvement Programme and Care of Frail Elderly**

**Location:**
Leicestershire

**Contact Details:**
Professor S Ghosh  
Clinical Director/GP Cardiologist  
CHS, Leicestershire Partnership Trust  
Sudip.Ghosh@leicspart.nhs.uk  
07802791020  
PA: 01162951694

**Description:**
The programme is a joint development initiative between UHL and LPT (acute and community health provider) to develop physicians who can work within the interface of acute and community health care services.

LPT provides community based service through community hospitals and ICS beds.
The health economy is currently challenged and requires left shift work to be developed across the board to ensure that patient safety and quality is maintained.

The project offers development in:
1. Clinical development in managing patients with chronic co-morbid conditions
2. Allows both acute and chronic models of care to be explored
3. Allows development in understanding service development and promote quality improvement initiatives within the NHS (CQUIN)
4. Enrol in Diploma of Medicine of the Elderly
5. Supervision through Consultant working
6. Research based activities around service evaluation and design of services
7. Active membership of Institute of Older

**Improving the identification of children at risk of brain tumour and development of the National Family Pedigree Website**

**Location:**
Children’s Brain Tumour Research Centre, University of Nottingham

**Contact details:**
Prof David Walker  
Children’s Brain Tumour Research Centre Queen’s Medical Centre  
Nottingham NG7 2UH  
Email: david.walker@nottingham.ac.uk  
Tel : 0115 8230632

Dr Paul Nathan  
Hollybrook Medical Centre  
Littleover,  
Derby,  
DE56 4FL  
Tel: 01332 523300

**Description:**
This project is part of a wider joint project between the Universities of Nottingham and Leeds supported by a leading primary care clinician who has been working in this area for several years. It is being driven by the need to make better use of family history information to identify patients at increased risk of cancer. This part of the project is to develop means of
assisting in the early identification of children at increased risk of brain cancer through the combination of family history and symptoms at the time of presentation to primary care.

The successful candidate will need to work with others to assist in testing existing data on a patient facing website, support the development of decision support systems for primary care, and hopefully early warning alerts for clinicians. They will need to work with University departments, primary care and charity organisations in order to help deliver this project.

Prison Health

Location:
Wigston, Leicestershire

Contact details:
Dr Sam Adcock,
Bushloe Surgery
Two Steeples Medical Centre
Abington Close
Wigston
LE18 2EW
Tel: 0116 344 0233
www.bushloesurgery.co.uk

Description:
We are a medium sized practice working in a new purpose built building with a population of approx. 10,000 patients in a suburban area of Leicester whom also provide primary care services to two local prisons, HMYOI Glen Parva and HMP Leicester.

This fellowship would be an opportunity to combine some time in a well-established training practice with Registrars and medical students alongside some prison medicine with a focus on substance & alcohol abuse/mental health problems.

Prison Medicine can reveal unique challenges, but this work can also be very rewarding, given the wider impact on inmates and their rehabilitation process which in turn affects the general public. Communication and team working are essential skills to be developed and honed in this environment. Clinicians in this area treat prisoners as they would any other patient in the NHS.

There would be opportunity to carry out an in-depth project in the prison to try and improve offender health.
For those with interest in teaching there would be ample opportunity to get involved in this also from an undergraduate to postgraduate level.
In regards to suggested qualification to work towards the RCGP Certificates in substance misuse, alcohol misuse or qualifications in sexual health or mental health would be suitable.

Building a Multi-Professional Primary Care Team

Location:
Creswell and Langwith Surgery

Contact details:
Rachael Carter – Practice Manager
Creswell Medical Centre
Welbeck Street Creswell, Worksop Nottinghamshire S80 4HA
Tel: 01909726913
http://www.creswellandlangwith.nhs.uk/

Dr Bola Owolabi MB BS DFFP MRCGP
Clinical Director
Derbyshire Community Health Services (DCHS) NHS FT
Bola.owolabi@nhs.net

Description:
Over the past year, Creswell and Langwith practice has undergone transformation since becoming part of Derbyshire Community Health Services FT (DCHS). After twelve years with seven different contractors, it is emerging as the first multi-professional primary care team within our developing Multi-Specialist Community Provider model (5YFV NHSE 2014).

It serves a deprived former mining area and DCHS found a critical need to balance capacity/skill-set with need, involve/empower patients in their care, increase effectiveness and health outcomes and to drive up morale. We have attracted highly qualified new staff, who are excited to be working together in new ways. They are receiving excellent feedback from patients who are experiencing more continuity of care.

The team includes salaried GPs, pharmacist, ANP, ECP, PNs, HCAs, and experienced administration team with back office support from the FT. Professionals have been attracted by the offer of portfolio careers in which they are able to fulfil part of their commitment within DCHS in areas of their special interest.
Projects already underway include:
• Proactive LTC programme which is person-centred not disease-focussed.
• Community Support Team with in-house care co-ordinator
• Building the Workforce site for NHSE, testing the involvement of an in-house pharmacist
• House of Care Project site (BHF scheme to improve care particularly for those with CVD)
• Caring for people with chaotic lifestyles project
• Investment in Arden’s desktop consultation software to support clinicians to more easily follow guidelines.
Future plans are: achieving greater primary/community care integration; working towards training practice accreditation, an undergraduate and physician associate training site and a CEPN. Not only are we looking for lead clinicians in these initiatives we welcome further ideas.

Chesterfield Fellowship in General Practice and Emergency Medicine

Location:
Chesterfield Royall Hospital, North Derbyshire CCG.

Contact details:
Ralph Emmerson – ralph.emmerson@nhs.net

Description:
2 Days 4 sessions in GP.

You would be employed by the practice as a salaried doctor. Defence cover for the time in practice, will need to be negotiated with the practice. You will provide just clinical work here. Although no project work usually takes place in the practice, there is a small training grant available from HEEM to provide some leeway where necessary.

2 Days in Emergency Medicine including 1-2 sessions on project.

This component is designed to give you an opportunity to work in ED at a more senior level than perhaps previously experienced. You would be working alongside a team of committed and highly trained Middle Grades and Consultants and have a named clinical supervisor to oversee your work. Whilst there would be opportunities to work out-of-hours and at weekends in order to maximise your exposure to the full range of clinical presentations to a busy ED, you would not be expected to work nights and there would be Consultant supervision at all times. It is anticipated that you would work closely with the hospital’s patient flow teams, rapid response, EMAS and the acute frailty team to develop expertise and understanding of their roles. This work would be expanded upon with your CCG mentor
to culminate in a project centred on streamlining appropriate patient access to emergency care and safe discharge into the community. CRH is undergoing a complete restructuring of emergency care/ GP OOH service with the development of a new ED and Urgent Care Village in 2017/18. This post allows an exciting opportunity for you to be involved in this project and to see the department develop into an excellent clinical resource for the community of North Derbyshire. The projects are jointly agreed by ED and the CCG. The North Derbyshire CCG will provide some funding to support this project.

Project Options:

- Zero Length of Stay Understand the flow issues linked to patients being admitted at the 3hr 45 minute point onwards with little or no intervention then discharged and the clinical variation that is used.
- Frail elderly (trolley patients) – review the patient pathway but go backwards towards the cause of the attendance. Did they see the GP in the weeks prior to the attendance, how did they get there, Amb, GP referral, self-referral etc. Did the patients receive any care leading up to the attendance, any meds etc, was the patient happy with the treatment or assessment they received.
- Internal flow – review the internal flow of patients attending through minors and moderates, critique and analyse the pathway through to discharge with recommendations for change.
- Review NDCCG HCE – in conjunction with the geriatrician review the NDCCG frail and elderly patients that are in CRH with a view to supporting early discharge and link with primary care to develop a support package to stop readmission.

Mentored by: Simon Harris (MSc, HCPC Registered - Para)
Assistant Chief Transformation Officer

Urgent Care

**Location:** Lakeside+ Ltd, Corby Urgent Care Centre

**Contact Details:**
Dr Martin McGrath
Director Lakeside+ Ltd
Corby Urgent Care Centre, Cottingham Road, Corby
NN17 2UR
01536 202121

**Description:**
Urgent Care is rapidly developing into one of the most exciting subspecialties with increasing relevance to wider healthcare systems. It describes a range of clinical activities from patient streaming, assessment and treatment through to detailed near patient blood and radiology testing and subsequent interventions; the result is a process that aims to provide immediate
and necessary medical care that provides effective treatment and influences the wider healthcare system through admission avoidance.

Our Fellow in Urgent Care will undertake 4 clinical sessions per week, mainly at the Corby Urgent Care Centre working across the range of GP activities that include care of complex patients involving near patient testing within our Observation Bays. Other activity may occur at Leicester Royal Infirmary where Lakeside+ Ltd operates a GP streaming service at the Front Door of the country’s busiest A&E department.

2 Sessions per week will be spent working towards the anticipated Diploma in Urgent and Unscheduled Care. Related activity will include external course attendance, in-house training and exposure to project and pathway design opportunities that will include Vanguard delivery.

**Urgent Care – Nottingham**

**Location:** Partnership between The Urgent Care Centre, NEMS, LMC and GP practices providing various possible locations.

**Contact Details:**
Dr JB Hamilton, Medical Lead UCC
Seaton House, City Link, Off London Rd, Nottingham, NG2 4LA. 0115 8838500.

Mr C Locke
PCDC (LMC) Lead
5, Phoenix Place
Nottingham
chris.locke@nottsниме.co.uk

**Description:**

Nottingham Urgent Care Centre and NEMS out of hours service have partnered to provide flexible opportunities for GP Fellowship posts with the Nottingham LMC.

The posts involves clinical work in a range of possible settings and project work selected by the GP Fellow and the GP Fellows mentor.

The clinical work can be based at the Nottingham Urgent Care Centre, NEMS out of hours service/platform one practice or The Jubilee practice in Lowdham or other GP practice or a mixture of these for 4 sessions a week.

The project can be chosen by the GP Fellow or planned by the Fellow and mentor together. The project can be clinically based or business/healthcare planning and development focused for 4 sessions a week.
There are 2 sessions a week for an educational component to the fellowship. This could involve attending training at individual courses or contributing to a longer term qualification.

Due to the partnership approach this post provides a significant breadth of opportunity across urgent and primary care settings with wide scope to personalise the project work to the interests of the applicants.

The post is for one year with the possible option to extend into a second year.

**Integrated Fellowship in Obstetrics and acute Gynaecology**

**Contact Details:** Ann Boyle annboyle1@nhs.net

**Introduction**

Integrated care is patient centred, coordinated and tailored to patient need. NHS England 5 YFV articulates a future of new models of patient care which are no longer supply driven and are more efficient, provide better value financially and a better patient experience especially for those 15% of NHS service users - older patients with multiple co morbidities who place the greatest demand on current out-dated NHS service models of care.

In order to move towards a whole system working in terms of developing new integrated care models, medical trainees will have to be better equipped to work across current traditional services in acute, primary, community and mental health services. This shift in training will allow an increase in shared medical decision making, better inter professional and cross specialty working and learning and a shift towards greater involvement of secondary care clinicians alongside primary care teams.

NHS England have invested £200 million in the development of 29 vanguard geographies; 4 of these game changing care models have been established in the East Midlands with one of the Multi-speciality Community Provider sites based in Northamptonshire at Lakeside, Corby.

This 1 year Innovative Fellowship has been developed to support new model of care in obstetrics and gynaecology.

The Fellowship is aimed at a trainee in General Practice [VT3 and above] who holds a HEEM National Training Number.

Over the past 30 years, the role of GPs in maternity care has changed dramatically. The GP has been transformed from being the health care professional who guides women through their pregnancies, the first and main point of contact and, in some cases, the professional who provides intrapartum care, to someone who merely signposts women to midwife- or consultant-led care – in some cases without even seeing the woman in question.
However, the opportunity still exists for GPs to play an important role.

Competently trained GPs could play an important role in shared care with midwives and obstetricians of pregnant women, particularly during the early pregnancy and the antenatal and postnatal period.

There is an opportunity for GPs to be more directly involved in delivering antenatal and postnatal care through a model of shared care with midwives. In many parts of the country there is a lack of available midwives and maternity professionals. Greater co-operation and team-working, with a clear role for GPs, could contribute to a better standard of care for women and their families. A more active role for GPs in the care of pregnant women need not detract from the role of the midwife (who is fully trained to look after women experiencing a normal pregnancy) and the obstetrician (who is responsible for women with more complicated pregnancies).

There is an opportunity for GPs to be involved in the management of early pregnancy problems such as miscarriage and hyperemesis. Management of other gynaecological problems such as Bartholin’s abscess, post-operative infections, interpretation of pelvic ultrasounds and menstrual irregularities can be initiated and managed effectively in primary care.

This Fellowship will afford an opportunity to a senior trainee in General Practice to develop skills and work in collaboration with Secondary Care to improve the quality of care and patient journey for women in Leicestershire. The Fellow will have the opportunity to work, learn and teach across traditional acute and community boundaries, acquiring new skills and developing new models of care required by the NHS in the future.

The Fellow will undertake a Quality Improvement Programme, supervised by a Consultant in Obstetrics and Gynaecology and supported by a senior Primary Care Physician.

The Fellow will be supported and encouraged to apply for the DRCOG (RCOG)

Proposed Timetable [12 months]
- 2 sessions weekly maternity assessment unit
- 2 sessions week emergency gynaecology department including early pregnancy and consultant direct clinics
- 1 session per week perineal clinic
- 1 alternate weeks spent on Quality Improvement Programme

Governance of the Fellowship
- The Fellow will be employed by University Hospitals of Leicester NHS Trust for the duration of the fellowship and hold an honorary contract with any partnership host NHS organisation for the duration of the fellowship where the Fellow will be working and training
- The final clinical timetable and outcomes for the Fellowship will be agreed between the Fellow, UHL NHS Trust and GP Surgery. The Associate Postgraduate Dean responsible for HEEM Fellowship development will sign off the clinical job plan before the start of the Fellowship.

- The Fellow will be supervised directly by Dr A Doshani, Consultant and College Tutor, and Mrs Oppenheimer TPD for HEEM (south).

- The Fellow will have agreed SMART objectives for the Fellowship. These objectives will be signed off within 2 weeks of the start of the Fellowship by all partners in the Fellowship and will form the basis of the Fellows learning agreement with HEEM

Risk Stratification Tools for Predicting Health Outcomes and Resource Utilisation in COPD

Contact Details:
Professor Michael Steiner
Leicester Respiratory Biomedical Research Unit
Glenfield Hospital
Groby Road
Leicester LE3 9QP

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0116 258 3998

Location:
University Hospitals of Leicester and LLR CCG practices

Introduction:
COPD imposes a substantial health burden to patients, their families and the NHS. The disease burden and future health risk and resource utilisation is greatest for more advanced COPD but it is uncertain how best to identify community dwelling patients with advanced COPD using routinely collected primary care data. Moreover, it is uncertain whether future health risk (and resource utilisation) is best predicted from indices of disease severity or indices of multi-morbidity.

This project (which is funded by the East Midlands CLAHRC (£100k)) will use routinely collected primary and secondary care data to estimate the prevalence of COPD across LLR using different severity stratification scores (local referral criteria for the Leicester Complex COPD service and the DOSE index) and determine how these scores perform in predicting future health risk and resource utilisation. We will compare the performance of these disease specific risk-profiling scores with a validated risk profiling system based on the pattern of multi-morbidity (the Johns Hopkins Adjusted Clinical Groups® system). We will model the
prevalence of COPD across the range of severity (and from this, the potential capacity requirements for health care in the primary and secondary care sectors) based on these different risk stratification algorithms.

The GP fellow will work with data extracted automatically from practice Read Codes in partnership with the study data analyst and statistician (along with other members of the study steering group (chaired by Professor Steiner). The outputs will comprise publications in peer reviewed journals disseminating the new knowledge arising from the study together with reports for commissioners through the LLR transformation/integration programme (Better Care Togethe) to inform future service planning for people with COPD. The fellow will also work with local practices to ensure the data can be used to assist with individual patient care at a practice level.

Additional information e.g. structure of the team/organisation, more detail about the project if needed.

The study is funded by the EM CLAHRC which provides a dedicated data analyst and statistician to deliver the project. The study steering group (led by Professor Steiner, Respiratory Physician) includes GPs, secondary care physicians, statisticians, commissioners and representatives of the local commissioning support unit (who will extract and deliver the data using existing methodologies).

**GP Practice Organisational Transformation and Development in Nottinghamshire and Derbyshire**

**Contact Details:**
Chris Locke  
The Primary Care Development Centre,  
NBV Enterprise Centre,  
6 David Lane,  
Nottingham,  
NG6 0JU.  
Tel: 0115 838 6770  
Email: chris.locke@pcdc.org.uk

**Location:**
The Primary Care Development Centre (PCDC) HQ (the NBV Enterprise Centre in Bulwell, Nottingham,)

**Introduction:**
This is an exciting opportunity for a recently qualified GP with an interest in the future organisation of General Practice to undertake cutting edge research into how General Practice is being transformed in the light of the policy changes signalled by NHS 5 year Forward View.

Like other fellowships recognised and funded by Health Education England working across the East Midlands, this fellowship will be dependent on the GP undertaking a part-time salaried post in general practice (in this case either Notinghamshire or Derbyshire).

Working for the Primary Care Development Centre (PCDC) under the direction of Executive Director, Chris Locke, and Executive Lead for Research, Audit, and Evaluation, Dr Adele Cresswell, the Fellow will be accorded the status of practitioner -in-residence by Nottingham University Business School’s Centre for Health Innovation, Leadership and Learning (CHILL) and have access to its information resources and receive active support from its staff including its Director, Professor Justin Waring.

The fellow will be expected to work to a mutually agreed, structured programme of work with defined outputs. Among other tasks this will be expected to include:

• Analysing the progress of emerging GP practice organisational models in Nottinghamshire and Derbyshire in the context of the evolving NHS policy framework.
• Analysing methodologies and tools used to support these developments and barriers to progress
• Undertaking reviews of relevant literature
• Interviewing key players and writing up case histories with a view to wider circulation and possible publication
• Identifying challenges and potential solutions to wider organisational problems
• Helping organise local symposia towards the end of the twelve month’s post to consider findings and encourage supportive networks of collaborative GP groups
• Helping disseminate ideas and best practice through reports and potential journal articles

One local example of organisational transformation on which the Fellow will be expected to focus particular attention is the newly formed Nottingham City GP Alliance which is co-located with the PCDC and has offered itself as a case study and to provide the Fellow with an opportunity to apply some of the knowledge they are expected to acquire in practical assistance to the group.

The Fellow will be free to work at the PCDC HQ ( also HQ of the Nottingham City GP Alliance) or at the Business school offices at Nottingham University's Jubilee campus but will be expected to be able to manage their work, which will involve travel to meet with interested parties within Nottinghamshire and Derbyshire, flexibly.

More information:
The PCDC has amassed a lot of knowledge about the challenges of implementing organisational transformation through collaboration between GP practices and a library of key documents and a list of key contacts and opinion formers which the GP fellow can call upon when embarking on this project. For general information about the PCDC please consult our website on www.pcdc.org.uk

**Academic General Practice (Teaching and/or research - tailored to the individual’s needs)**

**Contact Details:**
Dr Vibhore Prasad  
School of Medicine  
The University of Nottingham  
Nottingham  
NG7 2UH  
Email: Vibhore.prasad@nottingham.ac.uk  
Telephone: 0115 823 0215

**Location:**
University of Nottingham

**Introduction:**
The School of Medicine at the University of Nottingham has a world-leading reputation for research and education. Work undertaken at the University changes lives in the community and perceptions of doctors who start as medical students but work in all specialities. We will tailor your Fellowship to your needs and ambitions and would invite you to: teach; undertake research; learn more about academic primary care as a career path; and give you essential transferable skills. Alongside a postgraduate qualification (e.g. certificate in medical education) you will have the chance to undertake a project supervised by an experienced academic.

Your project may develop an existing area (e.g. in education or research) or be of your own choosing. We would hope you will publish your work in a peer-reviewed journal and our team of GPs will regularly hear about your work at events, such as committee meetings, teaching or research away days and regional academic meetings. In addition you will be able to interact with a range of other academics (e.g. statisticians, academic pharmacists, scientists) and have access to world class facilities to support your personal and professional development.

After your Fellowship we hope you would consider continuing on an academic GP career path but you might choose to use your transferable skills as a GP trainer, teach in your surgery, lead the training of primary care professionals; or work in commissioning, management and leadership roles.
Science of the Soul.
Developing myself as spirit Soul in Health and Sickness. Improving outcome.

Contact Details:
Dr Heena Patel MRCGP DRCOG DCH
07971 103420
harekrishnadd@gmail.com
Dr Paul Oliver
07971 103419
pad.oliver@btinternet.com

Location:
Peacock Health Care and or Other GP Practice base

Introduction:
Beyond the doctor of the body, and of the mind is a huge unexplored opportunity to become the doctor of the Soul. These teachings hail from long standing works of knowledge in India and are being employed more and more successfully to meet modern challenges in Global Health Care in an integrated way both ethically and economically (1).

Scientific understanding of man as spiritual entity rather than just the body, or even the mind has potential to enable both the doctor and the patient to continue to have real self-respect. This applies in sickness, in dying or indeed much more importantly in sustaining happy consciousness in daily living. This non-sectarian understanding of the Soul is hugely complementary to the doctor patient relationship.

The teachings on the Soul come from Sri Krishna (2) and Srila Prabhupada(3). Mantra Meditation (Sound energy) is engaged to enhance connection with the Soul and to bring improved command over the challenging situations that the patient, carer or medical practitioners may be facing (4). Mantra meditation engages the hearing process. So there are obvious implications on listening skills. This includes the patient developing ability to listen to their own inner needs as well as practitioners being able to do so. This skill has implications for long term well-being for all participants.

Additional information: We are developing links with the Bhaktivedanta Hospital in Mumbai where there are teams specializing in this subject and trials going on to assess impact of this approach. Initial research results are promising. There would be opportunity for the Fellow to travel to Mumbai to observe these models.
Secure Environments Primary Healthcare

Contact Details:
Dr Adarsh Kaul, Clinical Director. Consultant Forensic Psychiatrist, NHT.
Prof Chris Packham, Associate Medical Director, GP and Consultant Public Health Physician, NHT and Hon Professor of Public Health Practice, Faculty of Medicine, Nottingham University

Location:
Nottinghamshire Healthcare NHS Foundation Trust (NHT)

Introduction:
Around 80,000 persons are in prison in the UK at any one time with an additional 8,000 in secure NHS settings (high, medium and low secure care) Practicing high quality primary healthcare in these settings is vital as the healthcare needs of these patients are often complex and multifaceted – linking physical and psychological factors alongside safety and security adding a further dimension.

The Fellowships would provide bespoke opportunities for GP trainees to develop skills that enhance effectiveness of clinicians in these specialised environments, from specific physical healthcare challenges such as complex pain management, through long term conditions such as Diabetes, to substance misuse, psychological and psychiatric dimensions.

There will be formal clinical attachments in secure settings delivering mainstream care, and the opportunity to experience the whole range of settings from prisons, immigration centres, secure NHS hospital settings and some private secure facilities. Fellows will be encouraged to pursue Quality Improvement opportunities in clinical settings and Trust support will be offered to enable this.

Fellows will be empowered to enhance skills with supported formal courses, RCGP Certificates in substance misuse, alcohol misuse or qualifications in sexual health may be attractive and for those that want it, Section 12 (of the Mental Health Act) training. Additional training in Population Health and Prison Needs Assessment is also available.

Aims
• To experience and develop clinical familiarity with GP and primary care work within Offender Health/Secure Environment healthcare
• To enhance training and learning with additional specialist learning tailored to suit the Fellow as described above
• To lead a quality improvement initiative in one Secure environment establishment designed around the Fellows interests and service needs locally. This could be in a range of physical long term conditions or mental health/substance misuse areas of practice.
Possible Timetable

A. 4 sessions working in a GP practice (Derby) which provides mentorship for general GP development. The initial period of the Fellowship will be aimed at establishing educational and problem-solving support by the practice and by Trust colleagues (CP/AK) for the Fellow in their Offender Health role. During the final part of this work the fellow will be encouraged to develop aspects of clinical supporting and teaching material for future colleagues.

B. 4 sessions working in the Offender Health Directorate, Nottinghamshire Healthcare NHS Foundation Trust. This would include 2 sessions of general GP work within that environment which could include experience in one or a range of settings chosen by the Fellow plus 2 sessions focusing on the quality improvement initiative chosen in one establishment.

C. 2 sessions personal study time outside the programme during which the Fellow will be undertaking a Diploma (Puja – is this right?)

More information:
Potential applicants are welcome to contact us informally and we would be delighted to discuss options and flexibility with you. This area of work is increasingly being seen as a rewarding additional main or portfolio career and the need for skilled practitioners guarantees long term stability of this sort of clinical practice.

Urgent and Acute care HEE EM

Contact Details:
Dr Ann Boyle annboyle1@nhs.net

Location:
University Hospitals of Leicester, Nottingham University Hospitals or Derby Hospitals

Introduction:
In 2013, a Post-CCT GP Fellowship programme commenced in the West Midlands, with a focus on urgent and acute care. The programme enjoyed a successful pilot and was quickly scaled to extend across London and the South-East of England. We have now developed a Midlands-wide fellowship programme in urgent and acute care to align with the bespoke PG cert developed by HEE WM to support this particular fellowship.

The Fellowship has enabled newly qualified GPs to continue to undertake a structured, placement-based experience, with a supporting educational framework.

This Fellowship model provides a defined framework for wide-skilling GPs to work in an enhanced manner across primary, urgent and emergency care settings; supporting admission avoidance and making greater use of community-based alternative care pathways.
3 Education providers have been identified in the East Midlands with University Hospitals of Leicester, Nottingham University Hospitals and Derby Hospitals on board with this fellowship. There is a likely requirement for a future GP workforce trained to work in these newly developed services.

The 12 month programme consists of 2 days in GP (salary paid by the practice), 1 day for the academic qualification and 2 days working in 3X 4 month placements working as a fully trained GP not a trainee in ED, AMU and a community facing post. The academic qualification supports the fellowship and is a Postgraduate Certificate in Acute and Emergency Care at Worcester University. It is not possible to do another qualification if this fellowship is undertaken.

**Associate GP Programme Director Fellow**

**Contact Details:**
Dr Ralph Emmerson ralph.emmerson@nhs.net

**Location:**
Chesterfield GP Training Programme

**Introduction:**
1 day – ‘Associate’ GP programme Director, working attached to the Chesterfield GP Specialty Training Programme, taking part in teaching, practice visits, meetings and other programme activities.

1 day – Working closely with Dr Iain Dods Director of Medical Education at Chesterfield Royal. This will include some quality improvement work focussing on communication between primary and secondary care as well as organising multi-professional learning events involving primary and secondary care staff.

There are three training programme directors in Chesterfield. We run an innovative, popular training programme and are open to ideas to improve training. There is excellent admin support and an induction programme. Our previous fellow still helps runs sessions both for CSA training and day release.

**Transformation of Care x2**

**Contact Details:**
Charlotte Lawson Programme Manager – Workforce Transformation, Charlotte.lawson@mansfieldandashfieldccg.nhs.uk

**Location:**
Newark & Sherwood Clinical Commissioning Group (CCG) & Mansfield & Ashfield CCG (Mid Nottinghamshire Better Together Vanguard), Hawthorn House, Nottinghamshire, NG21 OHJ
**Introduction:**
In January 2015, the NHS invited individual organisations and partnerships to apply to become ‘vanguard’ sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. Better Together was selected as a vanguard site for integrated primary and acute care systems. As a vanguard site, Better Together leads on the development of a new care model. The Better Together Alliance is a collaboration of CCGs, hospitals, out-of-hours, ambulance, community, mental health, voluntary sector, local government (including social care) and primary care.

This project involves developing and implementing community based clinics over a range of clinical specialties including, Dermatology, Cardiology, Gastroenterology, Ophthalmology, Urology, Paediatrics Outreach Clinic, MSK, Gynaecology and ENT. There is also scope for innovation and concept testing around the Right care Priority areas. A focus of work may also be around demand management, reducing clinical variation and health optimisation. The CCG is looking to transform traditional outpatient follow up activity, creating new models of care. Clinical input will be crucial to drive this innovation. Possible areas for exploration include virtual clinics, e-technology, and redefining the workforce who deliver this.

We are offering two posts, with an opportunity to create a bespoke portfolio for the successful applicants. They will be given the opportunity develop as clinical project leads and will be supported by the wider ‘Better Together Team.’ with input from Dr Nigel Marshall.

**Clinical Leadership across primary care and an Acute trust**

**Contact Details:**
Dr Ursula Montgomery, Associate Medical Director and GP Ursula.montgomery@uhl-tr.nhs.uk

**Location:**
University Hospitals of Leicester

**Introduction:**
An opportunity to work within the Medical Directorate at UHL on primary care interface projects within University Hospitals of Leicester.

The draft Sustainability Transformation Plan for Leicester, Leicestershire and Rutland published in January 2017 sets out a five year strategy for improving the health of patients. This requires working differently and across organisations for the benefit of patients.
This is a novel post to work alongside Dr Montgomery and develop a project in this arena. Mentoring, shadowing and support will be given. Examples of current areas of work include setting up an ambulatory care unit on CDU, Glenfield; Integrated locality teams programme and primary care workforce in the Emergency Department Front door.

If you are interested in clinical leadership and boundary spanning work then apply.

**Derby Urgent Care Centre Fellowship**

**Contact Details:**
Catherine Flynn, Regional Manager.
01332 224700
catherineflynn@onemedicalgroup.co.uk

**Location:**
Derby Urgent Care Centre, Entrance ‘C’ London Road Community Hospital, Osmaston Road, Derby, DE1 2GD.

**Introduction:**
The Derby Urgent Care Centre (DUCC) sees around 45,000 patients annually ranging from minor illness and injury to more serious conditions such as myocardial infarction, meningococcal septicaemia, assaults etc.

You will be the responsible senior clinician on duty and as well as seeing and treating, you will be approached by our team of experienced non-medical clinicians for guidance, advice and prescriptions.

Being a fellowship programme, there will be an element of research or audit.

You will be supported remotely by the OneMedicalGroup Lead GP for Urgent Care and the Chief Medical Officer.

**Educational Follow On..**

**Contact Details:**
Stuart Holloway - Stuart.Holloway@hee.nhs.uk

**Location:**
Derby GP Training Programme

**Introduction:**
Core role of the Fellow would be to work as part of the team developing the HDR programme for the Derby trainees.
This would involve education planning and facilitating group sessions. There would be the opportunity for developing specific areas of expertise. Admin Team 3 x WTE, 3 x Programme Directors (working 1 day per week), 50 Trainers and 90 Trainees.
On example would be to develop an educational package for all year groups in Motivational Interviewing.
A research project would be possible. We would need academic guidance on this. One-to-one support, helping trainees with their Eportfolio would be very useful.
GP Fellow in Health Coaching – East Midlands

Contact Details:
Kaye Burnett - kaye@mhca-group.com

Introduction:
What is it
This is a great opportunity to develop greater knowledge, skills and insight into the areas of neuroscience, health psychology, behaviour change and coaching. At the same time, you would be contributing to a growing evidence-base for the benefits of Health Coaching for clinicians, patients and the wider health and care system.

Why now
Health and social care are facing unprecedented demands. Across the world health and care systems are seeking solutions to deliver improved outcomes with reduced resources. Encouraging people to better manage their own health is a key component to reducing demand, improving prevention and providing more sustainable services.

The Five Year Forward View says that the future health and prosperity of Britain depends on a radical upgrade in prevention and public health. It also encourages initiatives that empower patients, enabling them to manage their own health. Health Coaching programmes are seeking a paradigm shift in the relationship between health and care staff and patients/citizens; from predominantly fixer/carer – to empowering partner. This requires people to build the trusted relationships essential to patient-centred care and tap into people’s intrinsic motivation.

What’s involved
You would spend two days per week attached to the programme, focusing on a number of key areas:

- Undertaking primary and secondary research to contribute to the evidence-base for health coaching
- Developing an outcomes framework aligned to existing measures such as Patient Activation Measures
- Working with practices and place-based multi-disciplinary teams to develop their expertise, knowledge and skills in health coaching
- Undertaking further training as a health coaching practitioner
- Working with pilot practices who wish to adopt a health coaching approach to improving health outcomes for their patients and population
• Working with a research partner to undertake research in this growing area of interest internationally

**Benefits for you**

• CPD
• Training in areas of coaching, behavioural and neuroscience
• Involvement in a leading-edge programme that will deliver patient, practitioner and population health benefits
• Involvement in the principles and practices will positively impact upon your own personal resilience