Together we are *stronger*

PGPA Stakeholder Newsletter

August 2025

Protected Learning Time Success for PGPA!

Our Protected Learning Time (PLT) events are a key opportunity for colleagues across Calderdale to come together, learn, and share best practice. Here's a look back at July's Clinical and Non-Clinical sessions, both packed with learning, connection, and valuable feedback that will help shape future events.

Our online event for clinical professionals brought together over 160 colleagues for an afternoon packed with expert-led learning. The feedback was fantastic, giving an average score of 4.48/5, with many describing it as one of the best sessions in a long time.

Colleagues loved the variety and relevance of the agenda, and we're thrilled it hit the mark. We'll also be building in more opportunities for interaction to keep PLT fresh, engaging, and useful for everyone.



Images from non-clinical event

The separate face-to-face event for practice teams inclusive of primary care network roles welcomed over 200 colleagues for a day of conflict resolution training, networking, and connection. The new venue, food, and atmosphere went down a treat, with many saying it felt like a real step up from past events.









Across both events we'll be using suggestions to shape future sessions, making them more interactive, hands-on, and relevant for all practice roles.

Stronger Together

National Signals Are Clear – A General Practice Provider Collaborative (GPPC) Is the Right Move

In July, the new **NHS 10-Year Plan** was published, setting out an ambitious vision to transform healthcare in England, focusing on three major shifts: hospital to community care, analogue to digital services, and sickness to prevention.

Since then, two significant articles from the BMA have been released that could not be more aligned with what we're building together as a General Practice Provider Collaborative (GPPC) in Calderdale:

- **Focus on Ethical Collaborations and GP Federations**
- **Focus on the National Neighbourhood Health Implementation Programme**

Together, these documents provide a national steer that confirms GP-led collaborations like the GPPC are exactly what the NHS needs right now. They also reflect many of the reasons practices helped set up PGPA in the first place – to provide an ethical, transparent vehicle that keeps General Practice at the heart of our system, led by the practices who own it.

"GP-led organisations must be built on governance structures that respect member practice sovereignty, operational transparency, and equitable surplus distribution." – *BMA, Focus on Ethical Collaborations and GP Federations*

The new National Neighbourhood Health Implementation Programme (NNHIP) makes it clear that neighbourhood health should not be dictated by hospitals or trusts, but shaped by General Practice itself:

"Neighbourhood health should evolve as a true extension of general practice, rather than practices becoming subcontractors within hospital-dominated systems." – *BMA, Focus on the NNHIP*

A strong, unified provider collaborative like the GPPC ensures that we do not just react to change - we shape it. It's about securing our voice and influence, as system planning shifts decisively toward neighbourhood-level care and integration.

The BMA recommends explicitly: **"We recommend seeking alignment between practices, PCN CDs, the LMC and any local GP federation."**

That's exactly what we're doing here in Calderdale. The GPPC is not a new organisation, it's a formalisation of the trust, collaboration, and delivery already happening between PGPA, the LMC, and all 19 practices. It is a way of making that alignment visible, accountable, and powerful.

Stronger Together

Highlighting the Ageing Well Service

Case Study: Strengthening MDT Working in the Upper Calder Valley
Last month, Faye Batley, Ageing Well Practitioner for the Upper Calder Valley, brought together health and social care professionals to review the effectiveness of the Primary Care Network (PCN) multi-disciplinary team (MDT).

The MDT was unanimously recognised as a supportive forum that helps deliver the best outcomes for patients. The referral form was praised for being clear and comprehensive, though consistency in completion was identified as an area for improvement. Attendees agreed that incomplete forms should not prevent patients from being discussed, acknowledging the pressures of staff workloads.

Participants valued the opportunity to work jointly across services:

- "From a Social Services point of view, we find it really beneficial because we work jointly with health quite a lot."
- "It's really helpful coming together because you know there's lots of professionals around the table that have also seen each patient."



Next Steps include broadening MDT participation by inviting Integrated Neighbourhood Team services monthly.

Compliments for our Ageing Well Practitioners

Praise for Michelle Sykes, Ageing Well Practitioner in North Halifax PCN. "This patient's wife said what a great job you are doing she is very appreciative."

Praise for Mike Stamp, Ageing Well Practitioner in Central Halifax PCN. "A patient recently shared their experience, highlighting that Mike actively listens, is highly empathetic, and has a down-to-earth demeanour. They felt genuinely cared for and appreciated being heard and seen during their time with him."

Praise for Faye Batley, Ageing Well Practitioner in the Upper Calder Valley PCN. A message from the patient's daughter: "Thank you for so many things. For believing me, for being so responsive and guiding me as you do. For being pro-active. For setting things up." For "Working with my dad and I in partnership and so collaboratively to keep him out of hospital." And "Helping my lovely dad to be as well, as healthy and as independent as possible for as long as possible and remain at home." And "Putting forms on the system so that I can call into the practice and drop off a urine sample so that it's expected and I don't have to repeat what is a familiar story."

PCN Impact

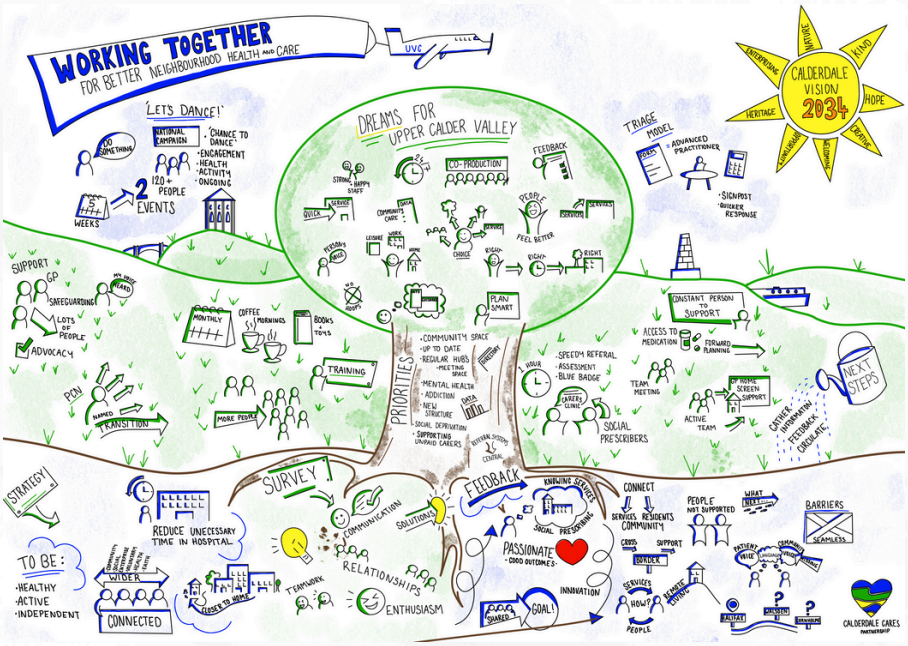


Latest News From The Upper Calder Valley

Our Integrated Neighbourhood Journey so Far

We're excited to share with you a new online space that captures our Upper Calder Valley Integrated Neighbourhood journey so far. It showcases how we've been working together to build a more connected, person-centred model of care – one that truly reflects the needs of our communities. This sits within the Pennine GP Alliance (PGPA) website here.

From our beginnings in late 2022 through to the formation of a passionate multi-agency working group in early 2024, and the momentum of events like the Community Connections gathering and the Stakeholder Survey, this online space brings to life the collaborative spirit that's driving change in the Upper Calder Valley.

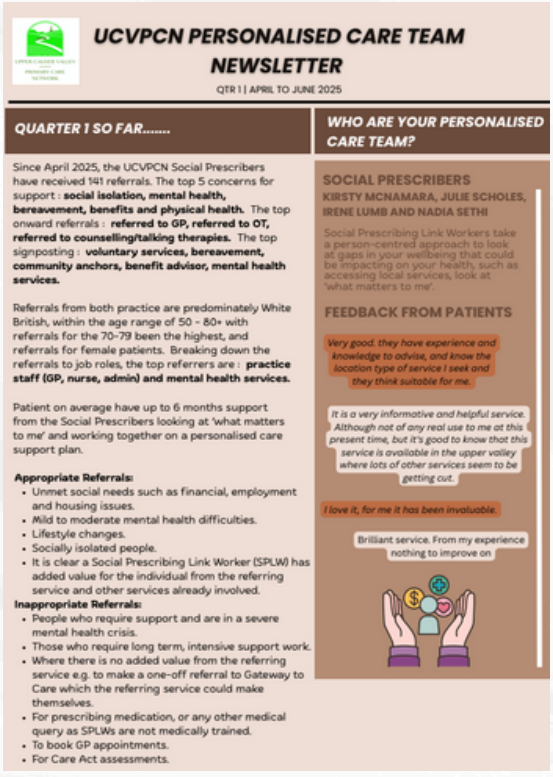


Our Personalised Care Team Newsletter

The Upper Calder Valley PCT is made up of 4 Social Prescribers, 3 Care Coordinators, our Ageing Well Nurse and Advanced Clinical Practitioner (Occupational Therapist).

Our latest team newsletter includes team information, referall stats, patient case studies and feedback from quarter 1 (April - June2025).

Click here to read the newsletter in full.



UCVPCN PERSONALISED CARE TEAM NEWSLETTER

QTR 1 | APRIL TO JUNE 2025

QUARTER 1 SO FAR.....

Since April 2025, the UCVPCN Social Prescribers have received 141 referrals. The top 5 concerns for support : **social isolation, mental health, bereavement, benefits and physical health.** The top onward referrals : **referred to GP, referred to OT, referred to counselling/talking therapies.** The top signposting : **voluntary services, bereavement, community anchors, benefit advisor, mental health services.**

Referrals from both practice are predominately White British, within the age range of 50 - 80+ with referrals for the 70-79 been the highest, and referrals for female patients. Breaking down the referrals to job roles, the top referrers are : **practice staff (GP, nurse, admin) and mental health services.**

Patient on average have up to 6 months support from the Social Prescribers looking at 'what matters to me' and working together on a personalised care support plan.

Appropriate Referrals:
- Unmet social needs such as financial, employment and housing issues.
- Mild to moderate mental health difficulties.
- Lifestyle changes.
- Socially isolated people.
- It is clear a Social Prescribing Link Worker (SPLW) has added value for the individual from the referring service and other services already involved.

Inappropriate Referrals:
- People who require support and are in a severe mental health crisis.
- Those who require long term, intensive support work.
- Where there is no added value from the referring service e.g. to make a one-off referral to Gateway to Care which the referring service could make themselves.
- For prescribing medication, or any other medical query as SPLWs are not medically trained.
- To book GP appointments.
- For Care Act assessments.

WHO ARE YOUR PERSONALISED CARE TEAM?

SOCIAL PRESCRIBERS

KIRSTY MCNAMARA, JULIE SCHOLES, IRENE LUMB AND NADIA SETHI

Social Prescribing Link Workers take a person-centred approach to look at gaps in your wellbeing that could be impacting on your health, such as accessing local services, look at 'what matters to me'.

FEEDBACK FROM PATIENTS

Very good. they have experience and knowledge to advise, and know the location type of service I seek and they think suitable for me.

It is a very informative and helpful service. Although not of any real use to me at this present time, but it's good to know that this service is available in the upper valley where lots of other services seem to be getting cut.

I love it, for me it has been invaluable.

Brilliant service. From my experience nothing to improve on

A reminder of our facebook page sharing PCN events: www.facebook.com/UpperCalderValleyPCN/

UPPER CALDER VALLEY PRIMARY CARE NETWORK

PCN Impact

Latest News From The Lower Valley

Lower Valley Primary Care Network

Focus 4 Hope Wellbeing Session for Women

Occupational Therapist Michelle Angus led a wellbeing session with Focus 4 Hope and Temple Spa for women affected by domestic violence. The afternoon blended relaxation with practical self-care, including free facials, goody bags and an interactive workshop. Using the biopsychosocial model, participants explored how physical, psychological and social factors influence wellbeing.



They created personal "wellness shields" as reminders of what makes them feel good, and built a collective playlist of empowering songs. The event combined pampering with peer support and resilience-building, with one attendee sharing: "I found the session inspiring... the wellbeing shield was very beneficial and the treatments very relaxing."

Case Study: Supporting Margaret through Wellbeing Sessions

Margaret was very socially isolated when she began working with Michelle. They started with a face-to-face session using guided meditation, followed by two WhatsApp video calls. The first focused on creating a 'wellbeing shield', and the second introduced the '5 areas model' to explore unhelpful thinking and behaviours. Since then, Margaret has made significant progress. She now attends bingo three times a week with a group of 12 friends, giving her a sense of belonging and connection. She has also joined an ancestry class, something she has always wanted to pursue. Her wellbeing shield serves as a daily reminder of the things that help keep her well.

Margaret is now largely self-managing, supported by weekly motivational messages from Michelle. This case shows how person-centred care, combined with technology, can reduce isolation and challenge assumptions about older adults engaging with digital tools.

Student placement

Jess, an Occupational Therapist Student from Huddersfield University joined Michelle for a 4 week placement in June-July, funded by NHSE.



PCN Impact



Latest News From Central Halifax

Education Lead

After the success of the initial education program within the Primary Care Network - Central Halifax have made the decision to continue working with the training hub to provide opportunities for education and development of our existing staff.

We are glad to have three current staff members who are going through apprenticeships within the PCN. Working alongside local universities and training anchors.

After recently working with Bradford University to host a student nurse placement, the PCN is looking to continue hosting a nursing student but also welcoming paramedic students in the next educational year.

The PCN has increased its capacity to house trainees and is hoping to keep up the momentum with student placements.

Thank you to all the practice staff that work so hard to ease the life of the ARRS staff who are in training roles!

Also, a special mention to Megan Bolland, one of our GP Assistants who balances her work for the PCN with her studies. We're proud to share her great news of her passing her first year at university! Well done.

CENTRAL HALIFAX
PRIMARY CARE NETWORK

PGPA Services in Primary Care

PGPA offers a comprehensive range of services and projects designed to support Primary Care. You can find out more about them on our website: www.penninegpa.co.uk/our-services

Healthy Working Life Programme

The new Healthy Working Life programme in Calderdale helps people get back to work by supporting their health, specifically those those off sick with mental health or musculoskeletal (MSK) issues.

For the Pilot, PGPA have recruited two new members of staff, in post until March 2026, who will work with GP practices to identify patients in need of support and ensure they are referred to the most appropriate service within the programme.

You can find out more on the Caldercale Cares website here.



Cancer Care

Severe Mental Illness (SMI) and cancer screening film project

Patients with SMI are less likely to take up screening and more likely to die from cancer than the population as a whole. PGPA have teamed up with Recovery College and VerdDeGris Arts to produce some excellent videos of conversations between healthcare professionals and those with lived experience. The videos will be launched at a screening (every pun intended!) event on 2nd October, after which they will be universally available.

Breast Cancer Feedback



We continue to collect feedback from those who have been invited for breast screening, whether they attend an appointment or decided not to. We are keen to understand the triggers and barriers to screening for those in our community; this will help us save lives through earlier diagnosis via screening. If you, or anyone you know, has been invited to attend breast screening, please encourage them to complete the feedback form here.

C the Signs

C the signs is offering practices a further fully funded 2-year opportunity with no cost to practices and full access to all features. For more info please email Kirsty McAdam, PGPA Programmes Facilitator: kirsty.mcadam2@nhs.net

Beechwood Medical Centre really like the system and have adopted it as practice protocol explaining its: “Easy to use, integrates seamlessly with SystmOne and the dashboard allows us to audit all patients referred in and update regarding outcomes, also check appointments have been offered and attended.”

PGPA Services in Primary Care

Digital Transformation

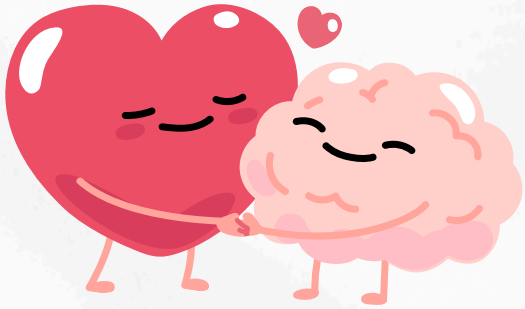
As part of our commitment to streamlining workflows and supporting practice efficiency, our Digital Transformation Lead, Matt Davies, has been monitoring the impact of the SystmOne pathology auto-review tool. This tool, which Matt set up and continues to review each month, automatically processes normal test results - reducing manual workload and freeing up valuable practice time.

We saved the equivalent of 255hrs of time across Calderdale last month with the auto-review tool, equivalent to about 7 full time staff across 10 practices!

News of this work has already reached a GP in Bedfordshire, who contacted Matt for support in setting up their own pathology auto-review system - praising his experience and insights.

If practices have any questions or would like support to further optimise the use of the auto-review tool, please do not hesitate to get in touch with Matt.Davies6@nhs.net

Severe Mental Illness work



The SMI team are focused on improving the quality of the health checks with particular emphasis this year on smoking cessation support and increasing physical activity. We are looking at also how we may be able to support promoting cancer screening uptake.

Collaborative Learning and Outreach Support

Debbie, PGPA's SMI Health Checks Champion, offers awareness sessions with Angela Burton (Strategic Health Facilitator, Calderdale Learning Disability Community Health Team) for practice staff, especially useful for new team members. These sessions highlight that some individuals with SMI may also have learning disabilities, requiring tailored approaches.

Debbie recently met with trainee Advanced Clinical Practitioners (Mental Health), PCN teams, and VCSE organisations to share practical examples and explore new outreach opportunities. One highlight: the Staying Well team in Halifax successfully supported a patient to attend key medical appointments.

Practices continue to use personalised care teams and social prescribers when social barriers affect patient health. Staff demonstrate inspiring dedication, trying multiple communication methods to improve engagement and health check uptake.

Contact Debbie Taylor-Payne, SMI Annual Health Check Champion: debbie.taylor-payne1@nhs.net or 07512 547426

PGPA Services in Primary Care

Diabetes Equalities Project

The Diabetes Equalities Project is improving care for patients with Learning Disabilities and Severe Mental Health needs. To date we have:

- 5 practices succesfully onboarded: Springhall, Bankfield, Boulevard, Lister Lane and Todmorden
- Targeted support for Learning Disability and Severe Mental Illness cohorts has already led to improved attendance for diabetes care processes.
- Improvements seen in retinal screening, ACR testing, and foot checks
- Direct referrals now possible to the Diabetes Eye Screening Programme
- CHFT podiatry supporting first diabetic foot check appointments more efficiently
- Two more practices are due to join, with a further two expressing interest.
- No extra work for practices, making it an easy way to enhance patient care.

For more information contact: Joanne Lambert – joanne.lambert15@nhs.net
Angela Forsey – angela.forsey@nhs.net | 07512 544745

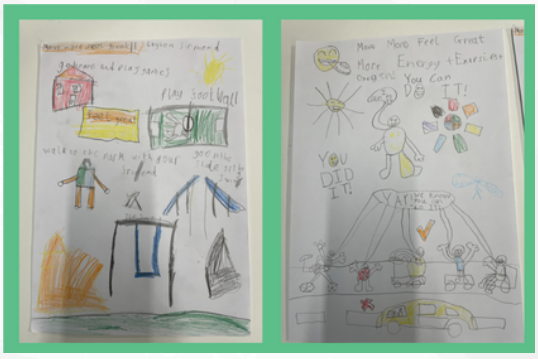
Physical Activity

Practices Making a Difference

Both Todmorden Group Practice and Hebden Bridge Group Practice are making great strides toward achieving RCGP Active Practice status. They're trialling initiatives to help staff move for 10 minutes each day and are partnering with local providers to support staff and patients. We're also working with Dr. Katy Moore at Hebden Bridge on a new pilot to explore simple physical activity interventions during patient consultations.

Other news

Hannah, PGPA's Physical Activity Champion, partnered with Living Streets to launch a poster competition at Ash Green Primary School, and the winning entries are now proudly displayed at Mixenden Stones Surgery to encourage local patients to adopt more active travel.



Hannah is also collaborating with Active Teams to launch a trial with Calder & Ryburn PCN this September.

How to Get Involved

If you're interested in learning how your practice can join the movement and become an Active Practice, check out this guide: Active Practice Set Up Guide.pdf
To learn more, please contact our General Practice Physical Activity Champion, Hannah Davies, at hannah.davies99@nhs.net.

Latest Campaigns

Only Order What You Need



Every year, about £18 million worth of medicines goes to waste in West Yorkshire. This includes things like inhalers, pain medicine, and creams.

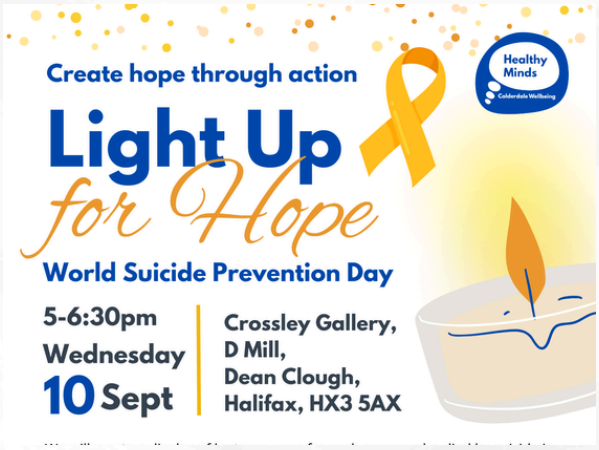
Here's how to help:

- Only order what you need – before getting more, check what medicines you already have.
- Return extras – when picking up your medicines at the pharmacy, only take what you need. If you return something before leaving, it can likely be reused
- Stick to your routine – order your medicines when you're running low (7-10 days before its needed), and no earlier

Find out more by visiting: www.wypartnership.co.uk/order-what-you-need

Suicide Prevention Day - 10th September

World Suicide Prevention Day is hosted on the 10th September each year by the International Association for Suicide Prevention and provides the opportunity for people, across the globe, to raise awareness of suicide and suicide prevention.



Healthy Minds in Calderdale are hosting a 'Light Up for Hope event at Dean Cough where they will create a display of lanterns - one for each person who died by suicide in West Yorkshire in 2024. Register here.

You can aso find out more about Calderdale's Suicide Prevention Network

FREE fuel poverty training for health and social care practitioners (CPD-certified)

This short course will equip you to identify and help residents whose homes may be too cold for their health and wellbeing. It specifically responds to the recommendations of NICE Guideline 6 regarding the roles of health and social care practitioners in mitigating the health risks from cold homes.

Find our more and how to register here.