As GP's retired or emigrated it has been harder to recruit good quality GP's into busy inner city practices. We felt we needed a more diverse skill mix than the traditional GP and practice nurse model of primary care. We considered our patient demographic and need and recruited to this. A major change has been receptionists asking patients for the reason they need to be seen in order to triage them to the most appropriate clinician.

**Vision for the future:**
- Delegate to improve care, choice & recruitment options
- GPs triage and see complex psycho-social cases in longer appointments

**Benefits:**
- Patient satisfaction with new clinicians is generally very positive and they enjoy working in primary care
- Patients feel they are getting a good service and length of appointments are longer.
- Up-skilling of administrators to do summarising coding, insurance and safeguarding reports free up GP time to deal with patients.
- GPs are seeing less minor illness reducing on-call burden & allowing them to see more complex cases.
- Pharmacist has reduced GP prescription queries.

**Impact:**
- GP time required for supervision and mentoring for new roles - short term impact for longer term gain.
- New roles generally see fewer patients than GPs.
- When new clinicians are away the workload falls back on to the GP's. Our CPT team isn't a large enough team for cross cover.

**New Clinical Practitioner Team** (all newly employed by the practice in the last 2 years)

- **Paramedic** – trained to do minor illness & able to manage with less prescribing. Also does visits
- **Practice Pharmacist**, Helps improve prescribing system, handles queries & requests, medication reconciliation and COPD, Asthma, HT, DM reviews. Also does minor illness clinics. Prescriber.
- **Mental Health nurse** – stress, anxiety & depression presentations can be seen first line or followed-up, significantly reducing GP stress, and improves patient care in 40min appointments. Triages where appropriate patients to iAPT and Crisis teams.
- **Family Planning nurse** - implants & coil checks + STI checks. Really saved GP appointments and increased access for all patients across Leicester via SHACC scheme.
- **Physiotherapist** – musculoskeletal assessment and management, 1 day/w.
- **Advanced nurse practitioner**, scarce resource but prescribes & experienced with minor illness.
- **Care Home Nurse** - visits & support care homes, needed training, & support.

All new roles need induction, mentoring, appraisal & support. Need to identify skills and list of problems they can see to help with triage. *Available good quality applicants to advert & interview  ^Prescribers