**Community orientation**

* Uses an understanding of the local community to improve/help develop services
* Understanding of local resources for referral including the financial and regulatory frameworks in which they operate
* Cost effective prescribing and referrals

**Ideas to introduce community orientation**

* Attend local meetings, LMC, CCG, Locality, MAG, medicines management, PLT, palliative care, PHCT- discuss and reflect on these
* Prescribing- traffic light system, black listing drugs
* Low priority referrals- knowledge of this, referrals to low priority panel and the outcome
* Accessing a hospice or community hospital bed for a patient
* Understand community services and how to access them ie CPN, BIRT, social services, healthy minds, Breatheasy
* Understanding access issues to local services and reflecting on this
* Understanding individual practices demographics and impact on services provided, DES/LES uptake
* Carers workshop
* Contact with local pharmacy at induction and later in training
* Scriptswitch
* Bucks formulary
* Experiences that affect referral thresholds
* Reflections of discussions with patients re costs of drugs/referrals
* Needs of the individual vs community
* Different expectations from patients travelling from abroad
* Cultural differences in expectations of a consultation
* Induction- meet local teams
* Discharge meetings during hospital posts ie MEDFOP, psychiatry
* Referrals meetings during paeds, psychiatry, community paeds, CAMHS
* How to access interpreter
* Sitting in on interviews
* Understanding ACG tool
* Attendance at business/management meetings within the practice
* Take responsibility for a care home

**Teaching community orientation**

* CBD- why have you done that blood test/referral/Xray…?
* Discussion with other registrars re practice population differences ie high ethnic, travellers, learning disabled, high unemployment, homeless, managing ramadam
* Insightful questions on comments of log entries
* Feeding back and discussion after meetings
* Sharing of good entries with VTS group or within the trainee group in practice
* Child protection and safeguarding meetings and training
* Joint surgeries
* Allocate a patient with a long term condition or palliative care to each ST2 and 3 in practice
* Introduction to local services ie DNs, HVs, pharmacist at induction and again half way through ST3 as have a better understanding then
* Discussion about non NHS work- letters for patients
* Sit in with whoever bounces referrals

**Barriers to providing evidence**

* Patient focussed vs wider community
* Unaware
* Abstract
* Having discussions but not recording
* Aim to reflect on cost, access, implications to patient, practice local community and nationally

**Audit/project ideas**

* Audit of black listed drugs
* Audit of liquid specials
* Planned/unplanned admissions
* Audit of own referrals and outcome
* Audit of MRI/xray/USS/bloods referrals and outcome
* Change management project
* Where do people go to access healthcare?
* Failed discharges- why did it fail? What support was lacking?
* Quality of discharge letters
* Change management projects. Identify a practice need ie-prescribing, shingles vaccines, flu campaign
* How to set up named GP for over 75s in each practice
* Reviewing or improving practice website/facebook/twitter
* Write a self help or information leaflet ie scarlet fever
* Plan and organise a notice board in the waiting room
* Patient education- cooking healthily, Asian patient education groups, women and childrens groups
* Working with pharmacists to reduce demand on primary care
* Notification of infectious diseases