GP FORWARD VIEW IN ACTION AWARDS

Award categories: Please tick those you wish to be put forward for :
1. Primary Care Workforce Innovation – successful changes of skill-mix or cross-practice staffing models
2. Primary care workforce innovation – best example of developing the role of unqualified staff working in primary care
3. Primary Care workload – Quick Win award – the best easy to implement change that really made a difference
4. Primary Care workload – best example of successful working with the voluntary sector to improve support to patients and reduce workload pressures in the practice
5. Primary Care workload – successful implementation of a change to reduce demand by enabling more self-care
6. Infrastructure award – best example of using technology to improve access for patients or support self-care
7. Infrastructure award – best example of creative use of accommodation/space to deliver patient centred care
8. New models of care award – merger of the year – best example of changes in service delivery achieved through a successful merger
9. New models of care award – best example of adoption or spread of 10 High Impact changes
10. New models of care award – best example of support offered by a primary care provider organisation to improve resilience
11. Turn-around award – creating a sustainable solution which has averted service failure
12. Collaboration award – best example of win/win solution for patients achieved by joint work between general practice and pharmacy
13. Collaboration award – best example of win/win solution for patients achieved by joint work between general practice and an NHS provider organisation
14. GP Forward View Clinical Champion – individual nominated by peers for articulating a local vision of how GPFV will deliver sustainable primary care in their local area
What stage are you at? (please tick) Early stage discussion ☐ Developing pilot ☐ Implemented ☒ Evaluated ☒
What problem are you trying to solve? **Challenge identified and actions taken: Who – what – why – how – when** **Examples of good practice that you would like to share?** General Practice, with its registered list and everyone having access to a family doctor, is one of the great strengths of the NHS, but it is under severe strain. Even as demand is rising, the number of people choosing to become a GP is not keeping pace with the growth in funded training posts. General practice must work as one with other key partners to address the sustainability and quality issues. We must: • Develop a primary care infrastructure to support new models of care • Enhance access to primary care weekends and evenings through use of technology • Build multi-disciplinary teams to underpin new models of care ensuring integration with other service providers • Develop, retrain and train our workforce so that it has the right skills, values and behaviours in sufficient numbers and the right location to deliver the new models of care Pioneer Medical Group is uniquely placed to develop a new model of care for our population which addresses the points above and is both expansionist and sustainable.

Pioneer Medical Group (PMG) was formed on the 1st April 2016 and is the merger of Bradgate Surgery, The Medical Centre Ridingleaze and Avonmouth Medical centre.

By merging we become part of a larger organisation with one identity, one image, one support structure; yet we still retain our individuality and patient focus. Our core value is community based patient centred care. Continuity of care is key and patients will be encouraged to keep with their 'usual doctor' as all evidence supports that this has a significant impact on hospital admissions and patient satisfaction.

The merger allows us to support clinicians and expand the wider primary care team e.g. pharmacists, physicians associates and social prescribers. Clinical expertise is shared across all sites via internal referrals. If there are gaps in service at one site yet over-staffed at another the partnership will ensure that patients are not disadvantaged by relocating clinical sessions from one site to another. Locum costs should reduce significantly. Right person, right time, right place.

As Bradgate, Avonmouth and Ridingleaze we served the same communities and by working together and pooling our expertise we are able to influence services to our vulnerable patient group. Although the distance is short between Bradgate and Avonmouth many patients do not have access to a car and public transport can be difficult.

We have introduced a new model of general practice to support our clinicians and support team in delivering a truly exceptional service to our patients across multiple sites in Bristol. Patients are able to consult at any base with any clinician and IT is used to expand the range of options available to patients. With a larger clinical workforce, increased number of clinical bases, greater use of IT and working with our primary care colleagues we are able to support the development of access to primary care at evenings and weekends. We believe that this model is safe, sustainable, responsive and can grow as patient need and numbers dictate.

Why Merge?

For Avonmouth merging ensured that there was a primary care provision in the area. There were two part-time partners (one clinical and one non-clinical) responsible for 2,700 patients. The service was run using both long and short-term locums, chronic disease nursing was bought in and the practice was going to lose funding through the PMS review. The practice was identified as vulnerable.

For Bradgate merging was about long-term sustainability of the practice and transformation of primary care services in North Bristol. At Bradgate there were 7 partners (six clinical and one non-clinical) responsible for 10,000 patients. There were no salaried GPs and locums were not employed.

For Ridingleaze there were difficulties in recruiting partners and salaried workforce. One partner retired in August 2015 with another in December 2015, this left two part time clinical partners responsible for a population of 6,500 patients. To add to the picture one salaried GP was on maternity leave. Although the recruitment process started early the practice did not receive any applicants interested in becoming a partner, and limited wishing to join as a salaried GP. The practice was using numerous short-term locums to fill gaps. The practice is in a leased building with the lease expiring in 2018.

All three practices were clear that they wanted to bring certainty, sustainability and resilience to their practices whilst focusing on patient centred care.

January 2017

The agreed plan with NHS England is that Hotwells Surgery will merge with PMG on the 1st January 2017. Hotwells Surgery has a list size of 3,300 and is currently identified as vulnerable. The practice is run by a single handed GP who will be retiring in 2017. The service uses long and short-term GP and nurse locums and has no employed management.

PMG serves and supports patients in the North of the City. The addition of Hotwells is a natural extension for PMG to provide resilience to another vulnerable community.

Which High Impact Actions, to release time to care, are most relevant?

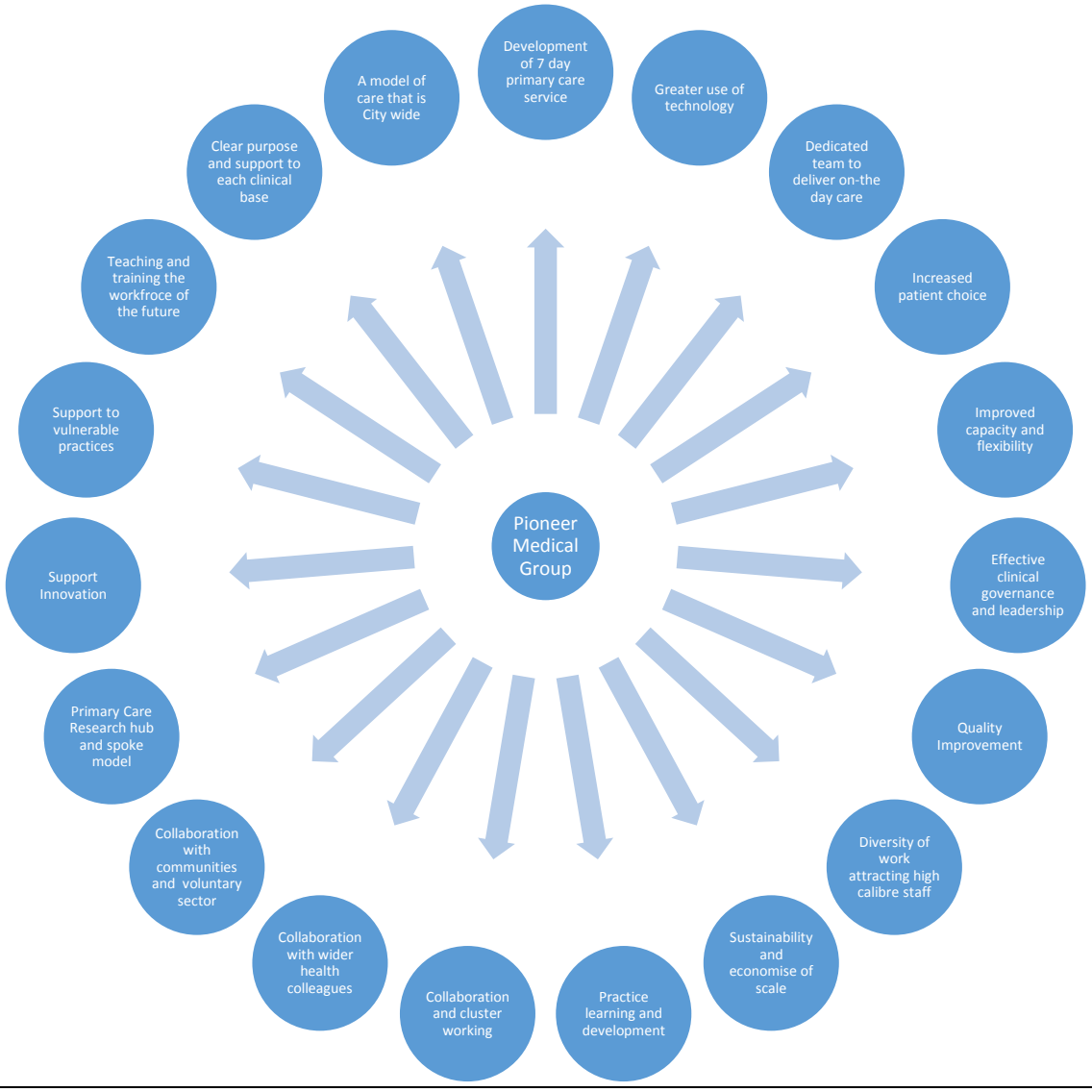
1. Active signposting ☐
2. New consultation types ☐
3. Reduce DNAs ☐
4. Develop the team ☒
5. Productive work flows ☒
6. Personal productivity ☒
7. Partnership working ☒
8. Social Prescribing ☐
9. Support self-care ☐
10. Develop QI expertise ☐

Which area of the NHS England [General Practice Forward View] is the best fit?

1. Workforce ☒
2. Workload ☒
3. Practice Infrastructure ☒
4. Care Redesign ☒

What changes have you made? *(e.g. changes in staff, systems, processes, communication)*

The PMG new model of care delivers and supports:



Model for Urgent Care

On-call/ duty doctor days have always been associated with more stress than probably any other aspect of GP life. The balance of trying to cope with seemingly relentless demand and safely risk manage appropriate dispositions can still be extremely taxing. Our aim is to reduce these aspects and provide a safe effective resilient solution without losing patient satisfaction.

The PMG model is based on extending current working arrangements at Bradgate together with equally tried and tested Brisdoc OOH formulation from the Professional Line.

The main tenets are:

- We have **one single base** handling all incoming patient communications – whether telephone or web-based/patient access.
- Each day there is **one clinical duty team** (normally one GP partner and a junior doctor) who will be based in the adjoining but separate back office to the call-handlers. This has the benefit of good communication between call-handlers and the clinicians ensuring a timely, responsive and seamless service whilst the clinicians can still maintain confidentiality needed. The ability to respond to patients and their carers within a short time-frame will give patients confidence and decrease the inappropriate use of acute care services.
- The care co-ordinator sits alongside the clinical duty team. All out of hours reports and discharges from the previous night are reviewed and discussed as necessary. The duty doctor directs the care co-ordinator to ensure that those patients with most need are contacted before 10am.
- The clinical duty team will be unencumbered with other clinical work – so they have **no routine surgery that day** consultations or visits
- All surgeries will run a late morning **Open Surgery** with extendable appointment slots. Appointments for the open surgery are for patients who choose to access their care in this manner and for urgent on the day need. Appointments are book-able on-line.
- The on-call/ duty team will absorb **urgent requests** coming in that don't fit the Open Surgery model, phone calls from outside professionals (like paramedics or nursing home nurses), urgent prescriptions urgent home visit requests, webGP consultations and potentially Skype consultations in the future. Their role is to ensure all contacts are safely triaged. The available dispositions will be:
    - Closing the case – which may be within that phone call or a task to other staff or a prescription or other non-face-to-face solution such a ordering a test or investigation for the patient
    - Arranging a face-to-face consultation at a clinical base convenient to the patient
    - Arranging an urgent Home Visit.

Supporting the Clinicians

Traditional general practice has a team supporting the clinical workforce at each practice all working to different protocols and procedures. When there are peaks and troughs in workload and demand general practice is unable to flex how it works as practices and staff sit in silos.

PMG operates clinical sites with front of house/receptionist support only; in essence GP shop fronts. All administrative functions come from one of two hubs: a scanning/coding/summarising/secretarial hub, and telephony hub. PMG is able to flex and grow as our patient list size and number of bases grows. We are able to absorb additional practices into this model.

The building infrastructure to support this model of care is such that we do not require extensive administration areas in all sites. This allows PMG to ensure local services are accessible to patients even in

areas of the City where property is difficult to find and expensive.

All standard operating processes have been formulated by working together cross-site and by involving all roles in the organisation. We have worked collaboratively with partners heading teams of doctors, nurses, administrators and receptionists. PMG has adopted standard operating procedures for the following functions.

- Telephony/call-handling
- Use of messages/telephone consultations
- Use of tasks
- EMIS appointment book
- Medicines Management
- Scanning
- Coding and summarising
- Buddy system

The benefits to harmonising the back-office function are:

- Experts in their field; working to people's strengths

- Increased job satisfaction
- Team approach to the work
- Ability to absorb spikes in workload/holidays
- Clear and defined leadership
- Clear and defined team goals and objectives
- Clear and defined protocols and procedures
- Less likely to require locum staff
- Non-clinical space is only required within the buildings working as hubs

Supporting the Organisation - technology

Technology supports innovation in service delivery not only in the way that we work but also by expanding the number of options available to patients in how and when they access care. The development of 7 day access and integration of clinical teams without the traditional boundaries of premises and organisations working in isolation is key to transformation of primary care.

By merging and working with centralised/cloud based solutions PMG is be able to transform how and where work/tasks are performed – this is for both clinical and non-clinical staff.

EMIS

The EMIS clinical database has merged and PMG works from a single database. This gives patients flexibility and choice of where and when they consult, their choice of clinician and also how they consult. Non face-to-face contact with patients can occur from any site e.g:

- Telephone Consultations
- E-consultations
- Medicines Management
- Exploration of skype consultations

By using IT to its full potential the new organisation will be able to re-distribute workload from to any site and/or clinician/staff group.

Telephony

PMG has invested in the One Care Consortium solution which simplifies the entry point into the system for patients. We have one telephony/call-handler hub for the whole group. Telephonists/call handlers will work alongside the urgent care team to ensure timely reactive and responsive care. Patients have confidence that their call will be signposted to the right service/person at the first contact. Staff are well trained, have the right skills, values and behaviours and in sufficient numbers to support the delivery of our model of care. A hub model ensures that we are able to ride the peaks and troughs of holidays and sickness.

The telephony system is cloud based and supports:

- Robust business continuity plans
- Clinicians working outside the traditional working hours and away from practice premises
- The expansion of PMG
- Call-handling for other practice not part of the PMG family e.g. training days for practices within the northern cluster.

Digital dictation

All clinicians are able to access a safe and secure digital dictation solution facilitating working from any site with all dictation going back to the centralised secretarial team. This is further supported by using a cloud based solution for general typing. Our secretarial team is moving from the traditional typists to problem solvers; they now spend over 50% of their time helping patients through the maze that is the secondary care system.

The cloud-based digital dictation system ensures that there is a secure audit trail which facilitates typing both during but also outside traditional working hours as necessary.

Alongside the technology robust information governance processes and procedures are in place.

Supporting the Organisation - premises

To enable us to work as described we require an estate which supports delivery of this new model of care. PMG is committed to deliver patient centred care which is locally based, accessible to all, responsive and innovative. We are committed in delivering the Right Person, Right Place, Right Time. However, we also understand that the traditional model of working in silos in not sustainable.

PMG requires a premises infrastructure which will allow us to have locally based 'GP Shops' with non-clinical and non-patient facing tasks carried out by central teams. Our Avonmouth site has become the hub for all scanning, coding, summarising and secretarial functions, whilst the Bradgate site is the hub for telephony and the duty doctor team.

The current premises in Hotwells and Lawrence Weston require extensive modernisation and are unable to offer accommodation to ROADS/BDP, Counsellors, AWP, Public Health, Social Prescribers, training doctors, Nurse Practitioners. The practice has submitted a bid via the ETTF programme.

Development and Teamwork

Pioneer Medical Group supports the development of its staff and has already identified key staff to receive external training commencing September 2016. We have a clear process which identifies through the appraisal process regular training – mandatory, role specific as well as training to develop the individual.

We believe in learning as a team and have events scheduled throughout the year.

As a new organisation it is essential that we endeavour to engender a spirit of team-working along with an understanding that all belong in the PMG family. We have regular team meetings, daily huddles and a weekly huddle which is cross-site.

Partner Roles and Responsibilities

All partners of PMG have allocated responsibilities and accountabilities which are both clinical and non-clinical. PMG has partner site and organisation leads for:

- Immunisation programmes
- Extended Hours
- Dementia
- Learning Disabilities
- Patient Participation Group
- Unplanned Admissions
- End of Life care
- Safeguarding children
- Safeguarding adults
- CCG/Locality

- BPCAg
- Nursing Homes
- Medicines Management
- Public Health
- Overall QoF
- Marketing
- Website/social media
- Finance
- Clinical Governance
- Clinical team learning
- Support team learning
- Teaching
- Trainees
- Information Governance
- Caldicott Guardian
- Health and Safety
- IT
- Summarising and coding
- GP reception link
- Research
- Substance Misuse
- Cluster working

Supporting the organisation – our culture and achievements

CQC

The Care Quality Commission has found the quality of care provided by Avonmouth Medical Centre and The Medical Centre Ridingleaze as good. Bradgate Surgery was rated outstanding for providing safe, responsive , effective, well led and caring services. It was also outstanding for providing services for the all the population groups.

Innovator Practice

Pioneer has been chosen to be an innovator practice as part of the new West of England Primary Care Collaborative. This is a project run by the West of England Academic Health Science Network (AHSN), in partnership with all seven CCGs in the West of England, including a series of learning and sharing events, which will also include elements of quality improvement training and geared towards incident reporting It aims to give the whole practice, the tools and resources to deliver other quality improvement projects in the future

Cluster working with our colleagues

PMG works with Southmead & Henbury Family Practice and Shirehampton Health Centre.

Teaching and training

Teaching and training is a core value of PMG. We actively support training the next generation of primary care providers:

- Teach under-graduates
- Deliver clinical and educational supervision for junior doctors
- Support GP returners to general practice
- Support the remediation for GPs whose performance has given cause for concern to enable a return to practice
- Support administration and HCA apprenticeship programmes
- Bradgate Surgery is a partner organisation of the National Skills for Health North Bristol Excellence Centre employer network,
- We are currently exploring working with UWE the development of the Physicians Associate programme to

include primary care
- We are currently exploring the potential of working with the Health Education England Community Education Provider Network (CEPN)

Bradgate Surgery has a long history of training junior doctors being only one of two practices to achieve 'A grade' rating from Severn Deanery.

Working with our patients and within our communities

PMG is actively involved with its patients and in the communities it serves:

- There is an active PPG within Bradgate .and learning from patient concerns is shared and discussed with the group.
- There is a virtual Patient reference group which works alongside Avonmouth.
- Representing health and running a carousel table for resident queries at the Henbury and Brentry neighbourhood forum
- Assisting the Henbury and Brentry community council to write the health aspects of the community plan
- Working with Ambition Lawrence Weston to progress the vision for a community hub building
- Attending monthly community 'drop in' sessions in Lawrence Weston
- Supporting the Henbury and Brentry community awards
- Attendance at the Air Quality meetings in Avonmouth which are run by Public Health
- Community Resource Lead to work across all sites.

Integrated working

PMG has established integrated working with other healthcare professional by:

- Working with BDP
- Regular weekly and monthly meetings which enable ease of access to a GP for community staff
- Regular monthly meetings with St Peter's Hospice
- Regular monthly meetings with the Dementia Navigator
- Regular carers surgery run by Bristol Carers Support

Clinical Governance

PMG is building on the work of Bradgate Surgery on communication and transparency to facilitate clinical governance and patient safety which takes a variety for forms as described below. The organisation has a named GP clinical governance lead.

- **Daily triage:** Every morning the Duty doctor triages the overnight OOH notifications and hospital discharges. All discharges of elderly and vulnerable patients, and those OOH contacts needing follow up are put on the days visit screen.
- **Daily meetings:** In each site there is a meeting at 10.30, after morning surgery. The importance of team working was recognised in setting up this meeting. It is a forum for discussion of concerns and sharing of information. The daily visits are discussed and allocated, usually to the GP who knows the patient best. This ensures continuity of care, particularly important in the elderly and patients with complex needs. Other patients may be placed on the visit list for discussion. These include for example, those with complex prescribing needs, who may have requested more medication or patients consulting frequently with a variety of GPs. Team discussion of these complex patients allows sharing of information, continuity of care, practice care plans to be implemented and patient safety prioritised. The community nursing team attend every Tuesday and can bring cases for discussion. The practice pharmacist attends every Wednesday. This provides a useful forum for discussion of best prescribing practice, and CCG led initiatives. Junior staff are encouraged to attend and be involved in discussions. We have F2, ST1, ST2 and ST3 doctors in training. Feedback from trainees is that they find these sessions valuable both in terms of clinical knowledge and working as a team. They appreciate the more senior staff discussing uncertainties and sharing experience.
- The nursing team also holds a daily 'huddle' along similar lines.
- **Weekly huddle**: information is shared across all sites and with all staff ensuring the whole team is

aware of any challenges, key information for the coming week.

- Clinical meetings: These occur monthly and are led by demand from the clinicians. They vary from inviting outside speakers, mandatory training such as child protection, and internal reviews such as significant events and audit.
- Ethical and Legal issues: PMG has a particular interest in Medical Ethics and Law led by Dr Chadwick and Dr Shouls. Dr Chadwick's experience as an expert witness has led to regular discussions and greater awareness of the potential pitfalls of general practice, for example the importance of keeping good medical records. As a result of her experience, the practice has brought in new protocols to ensure patient safety, such as the HCA ECG protocol, and templates for coil and Implanon counselling.
- Complaints and Concerns: We encourage a culture of openness in discussion of clinical complaints and concerns. These are discussed monthly amongst the clinicians and senior management team. Support and training of the person involved is recognised as important in learning from these events.
- PMG has recently submitted an application to West of England Academic Health Science Network to become an innovator practice to promote a safety culture in the Primary Care setting though the use of incident reporting.

Young people friendly award

Bradgate Surgery was the first practice in Bristol to be given a young people friendly award under a NHS initiative that aims to encourage young people to feel more confident in using health services.

Research

Research at Bradgate Surgery has become one of our core objectives and is embedded in the way we work. In 2011 Bradgate Surgery was a finalist in the Research Category at the HSJ awards 2011.

We are a high recruiting practice with sessional funding from the NIHR Clinical Research Network. We recruit to a broad range of trials including industry trials. However, recruitment numbers have fallen over the last few years in line with national figures (as outlined at the recent annual NIHR conference). This is largely due to the more complex nature of the studies that have been available the lack of high recruiting studies. Collaborative working is likely to be the way forward naturally and at Pioneer we will be able to embark on this immediately by using a 'hub and spoke' model of recruitment. Pioneer Bradgate will be the 'hub' surgery with daily flexible research appointments with an NP / GP. Pioneer Ridingleaze and Pioneer Avonmouth will be the 'spoke' surgeries with patients being recruited opportunistically or from mail outs to research appointments at Pioneer Bradgate. We hope to be able to buck the trend of falling recruitment by increasing our patient pool from 10,000 to 22,500 patients

In Summary

General Practice was originally set up for people who needed care occasionally, now 50% of the population have incurable diseases and need General Practice all of the time. Patients are choosing the wrong place to access care e.g. acute services rather than primary care or self-care. General Practice fears how it can deliver the care it knows it should as it doesn't have the resources, infrastructure or delivery model to work in a different way. At Pioneer Medical Group we believe that we are able to deliver care that is no longer trapped in the 1940's traditional model. We believe that the model of care described above, working at scale and improvements to infrastructure will deliver and support:

- The development of a 7 day primary care service
- Greater use of technology to support delivery of care to patients City wide
- A model of care to deliver urgent on the day need delivered by a dedicated team working alongside the telephonists/call-handlers
- Patient choice – routine and urgent can be offered at different bases.
- Access to greater specialist care – Internal referral
- Increased opportunity to provide' out of hospital' care which is led by primary care
- Improved capacity and flexibility with the ability to ride peaks and troughs in demand
- Clinical governance with designated clinical leadership
- A culture of safety and openness through quality improvement

- Diversity of work attracting high calibre staff
- Stronger, more resilient clinical, administrative and managerial structure with designated managerial leadership
- Contract negotiation
- Practice sustainability and future protection for practices previously on the vulnerable list
- Partnership learning and development
- Economies of scale
- Financial stability
- Increased opportunities for teaching and training across all disciplines
- Collaboration with our GP colleagues and further development of the northern arc cluster,
- Collaboration with Bristol CCG, South Gloucestershire CCG, Bristol Community Health, AWP, BDP, student health services, public health, voluntary sector, patient and resident groups
- Increased number of locally based services within Bristol
- Support for primary care research
- Support further innovation
- Right Person, Right Time, Right Place

What happened: Impacts and Outcomes? What process did you undertake to achieve this? What did you learn? What benefits or drawbacks have occurred as a result of these changes? How could this approach be replicated? Were there any ideas/changes that didn't work? What was particularly successful?
(Characterise and describe what has happened, define the elements in an open manner)

This was the first merger that any of us had undertaken. Our main learning points are:

- Do not assume that a process is the same in each practice. We all use the same language but its use and understanding is very different.
- Change must be discussed within teams. Ensure that all working parties have a partner to lead the discussions. The partner must have autonomy to make changes on behalf of the partnership
- If you want a change/behaviour/action to happen then it must be planned – don't leave actions to chance
- Listen and keep listening to staff and patients as they are working with and in the system
- Keep up the channels of communication
- Expect to go one step forward and two back.
- Join the teams earlier in the process
- Staff and partners naturally gravitate back to their original teams
- Don't expect to see economies of scale in the first year
- Adding different practitioners to the skill mix makes an enormous difference to service delivery
- Make sure that buildings are ready for new teams. If they are not then delay the move.
- Don't under estimate the level of work required post merging of clinical databases
- The model for urgent care introduced as part of the merger is appreciated by all. It is timely and responsive.
- Keep referring to the business and merger plan to ensure that you are on-track

Next steps
Tips for adoption
Relevant documents/templates/examples *(Embed files or share separately)*

Contact Details

Name	**Sharron Norman**
Title	**Partner**
Organisation	**Pioneer Medical Group**
Email	**Sharron.norman@GP-L81037.nhs.uk**

Phone number		
Website		
Twitter		

Who will be attending the event on 14th October 2016 /or able to collect award on your behalf if successful:

Name	**Dr Daniel Hirsch & Sharron Norman**
Email	**Daniel.hirsch@GP-L81037.nhs.uk and Sharron.norman@GP-L81037.nhs.uk**
Phone number	**0117 9591919**

Consent for publication on the Models of Care Portal:

Signed: _____

Date: _____

Please submit to andrea.melluish@nhs.net by 25th September 2016