Will Primary Care Networks Improve Quality and Safety in General Practice?

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Clinical Lead
Time for Care Programme

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#TimeForCare
#GPforwardview
Time for Care
WHAT IMPACT HAS IT MADE?
July 2019

A workforce under immense pressure
I feel like I have been given a gift.
Sam Radford, GP Partner, Bottreux Surgery

Had we not made the changes we did the practice would have struggled to survive in the long-term.
Matthew Gibbons, Business Manager, Bottreux Surgery

The GP Forward View was published in April 2016, one of the outcomes of which was the Time for Care programme, aimed at helping practice teams manage their workload, adopt and spread innovations that free up clinical time for care and develop skills and confidence to lead local improvement.

How the Improvement Directorate is helping
The Improvement Directorate implemented a range of improvement programmes which were well received and equipped teams with the skills and opportunity to make real improvements.

2,783 of 6,920* practices are involved with at least one element of the Time for Care offer.
The programme has supported and is engaged and working with 180 CCGs.
The PGP Quick Start programme has delivered 11,164 in-practice improvement sessions across the first eight waves of the programme, and had 6,547 practice attendances at group-based learning sessions.

* NHS Digital, Patients Registered at a GP Practice (12 June 2019)

Practice teams are now working differently
By increasing capability and providing hands on support, practices have greater energy and motivation to do things differently.
Teams have been able to implement the 10 High Impact Actions, work together at scale with increased learning and sharing, freeing up GP time.

Delivering lasting change across general practice
Across PGP Quick Start and Learning in Action, there has been an estimated 433,295 annual hours of administrative time and 279,448 annual hours of clinical time saved; which has either already been realised in practice or is highly likely to happen due to the changes made.

Time released has led to a wide range of significant benefits:
• GP time is being used more effectively
• Pressure and burnout has declined
• Job satisfaction has increased
• Teamwork and morale has improved
• Meaningful collaboration between practices is developing
• Patients are benefitting from improvements made

Networking and collaborating with like-minded colleagues to share ideas and tips has been the highlight of the programme.
Bapu Sathiyajith, GP, The Shrewsbury Centre

I would not have measured anything, had I not been on the General Practice Improvement Leads programme.
Hannah Smalley, Practice Manager, Merchiston Surgery

The programmes are different to anything I have done before, they have given me the time to take stock and do something about the challenges I used to face daily in the practice. I feel like I now have my ‘manager’s stethoscope’ that includes valuable quality improvement tools and approaches that can make positive changes to the way we work.
Jacquie Williams, GP, Chipping Campden Surgery

www.england.nhs.uk/gp/gpfv/redesign/gpdp/releasing-time
#GPforwardview
The NHS Long Term Plan

#NHSLongTermPlan
www.longtermplan.nhs.uk
What are the implications of the Long Term Plan for General Practice?
Primary Care Networks
Investment and evolution:

A five-year framework for GP contract reform to implement *The NHS Long Term Plan*

31 January 2019
Patient Safety in General Practice
The London Protocol

Organisational & cultural issues
- Pervasive shared values & attitudes
- Priorities & decision making
- Organisational structure
- Health system context

Contributing factors
- Work environment
- Team factors
- Personal factors
- Task factors
- Patient factors

Care delivery problems
- Errors
- Violations

Barriers / defences

Adverse event

Latent failures

Error & violation producing conditions

Active failures

Detection & mitigation

Patient outcome

Systems Analysis of Clinical Incidents: the London Protocol
Taylor-Adams and Vincent

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What are we finding, as we support General Practice through the Time for Care programme?
Change Model for Health and Social Care

Our shared purpose

- Leadership by all
- Spread and adoption
- Motivate and mobilise
- Improvement tools
- Project and performance management
- System drivers
- Measurement

#GPforwardview
The Model for Improvement

What are we trying to accomplish?

How will we know that change is an improvement?

What change can we make that will result in improvement?

Developed by Associates in Process Improvement


#GPforwardview
Our model of Large Scale Change

Identifying need for change

Framing/ reframing the issues

Attracting further interest

Engaging/ connecting others

Making pragmatic change in multiple processes

Settling in Possible outcomes
1. sustainable norm
2. plateau
3. run out of energy

Living with results and consequences

Maybe later

Repeats many times in hard to predict ways

After some time

Time delay

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Lencioni: Five Dysfunctions of a Team

1. **Inattention to results**
   - Focus on organisational, not individual, goals

2. **Avoidance of accountability**
   - Peer-peer challenge (and support to improve)

3. **Lack of commitment**
   - Decisions must be backed up by behaviour

4. **Fear of Conflict**
   - We must engage with controversial topics

5. **Absence of Trust**
   - Requires vulnerability and empathy
So…

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