Is bigger better? Will primary care networks make General Practice stronger and safer?

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

Dr David Griffiths
Clinical Lead
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#TimeForCare
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, Boteaux Surgery

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

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 GP 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.

Delivering lasting change across general practice
Across GP 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 benefiting from improvements made

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.

Building primary care capability for improvement
Over 438 individuals have received training and coaching support to develop their skills and capability to lead colleagues and teams through change, coupled with the opportunity to network and collaborate with other practice staff across the country. A strong stream of capable primary care improvement leaders in general practice is starting to emerge.

Over 5,391 individuals who participated in the programmes have opted to join our national Primary Care Improvement Community of support, indicating their commitment to maintaining and growing their skills further to continue making local change as well as connecting and sharing their learning with peers.

Networking and collaborating with like-minded colleagues to share ideas and tips has been the highlight of the programme.

Bapu Sathyaputra,
GP, The Shrewsbury Centre

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

I would not have measured anything, had I not been on the General Practice Improvement Leads programme.

Hannah Smalley,
Practice Manager, Merchiston Surgery

www.england.nhs.uk/gp/gpfv/redesign/gpdp/releasing-time

#GPforwardview

PGP Quick Start gave us the tools and support to design a simpler and streamlined process that is fit for purpose and allows us to work more efficiently as a team.

Harald Van Der Linden,
GP, Trent Vale Medical Practice
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

Latent failures
Error & violation producing conditions
Active failures
Detection & mitigation
Patient outcome

Adverse event

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

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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
- System drivers
- Project and performance management
- Measurement
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
Our model of Large Scale Change

Identifying need for change

Framing/ reframing the issues

Engaging/ connecting others

Making pragmatic change in multiple processes

Attracting further interest

Living with results and consequences

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

Time delay

Repeats many times in hard to predict ways

After some time

Maybe later
Lencioni: Five Dysfunctions of a Team

1. **Absence of Trust**
   - Requires vulnerability and empathy

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

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

4. **Avoidance of Accountability**
   - Peer-peer challenge (and support to improve)

5. **Inattention to Results**
   - Focus on organisational, not individual, goals

#GPforwardview
So…

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