

# Case study 1: Portsdown Group Practice

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## Practice context

Portsdown Group Practice is made up of six separate GP surgery sites spread across Portsmouth covering approximately a five-mile radius. The Practice Group started off with two sites, but has increased in size over the last decade, significantly increasing the number of patients they serve. Currently, they have approximately 58,500 patients on their register. As a consequence of the size and locational spread of the Group Practice, staff commented that there was a noticeable variety of patients across the sites, in terms of age, ethnicity and social and economic deprivation.

*I really would describe us as an empire of a practice. We are huge and have got branches all over Portsmouth.*

Salaried GP

As a consequence of their size, Portsdown Group Practice have been registered as its own Primary Care Network (PCN), which was viewed by staff as being beneficial in terms of staffing and contracting as:

*Everyone we employ works just for us. We don't have to share our staff with other Practices.*

Operations manager

The Group Practice currently employ 185 staff members, of which 81 are clinical staff, including 11 clinical Partners. Staffing levels differ in each individual surgery dependent on the size of the surgery and patient clinical needs.

In October 2019 a new model of care was introduced whereby a North and South 'acute hub' were created, so a large proportion of 'urgent acute day care' is dealt with at two main sites. The practice also provides a range of other services, including adult phlebotomy clinics (which are covered by HCA's), a frailty service, they have cancer care coordinators, diabetes specialist nurses, a heart failure specialist (once a week) and a skin clinic. The practice also employs social prescribers, one of which specialises in weight management. They have also recently been awarded the 'Gold Standards Framework', an end-of-life care service improvement programme.

## Staff wellbeing

The staff interviewed acknowledged that wellbeing is important within the practice, for individual health, team morale and patient outcomes, and in the current primary care sector for the recruitment and retention of GP staff. There was a real understanding that staff wellbeing is a key concern:

*The management and the partners they do value us and put staff wellbeing at the forefront. I think we see it as 'happy staff, happy practice and happy patients.' That is the ethos here. This has not been the case in other practices.*

Salaried GP

The role of the GP was described as very intense, with no two days being the same in terms of patient needs and demands. Consequently, the GPs reported they had limited planning opportunities for what may be required of them. This had implications for both their physical and mental wellbeing:

*Some days can just be emotionally exhausting. It is the nature of the job and you can have really good days and really bad days. On the days that I do work at the end of the day I am knackered...I think it is just something as a GP that you accept. You have some really intense days.*

Salaried GP

Some staff had recognised that working full-time at high levels of intensity in general practice was no longer sustainable for the sake of practitioner health and patient outcomes, and that a wider review needs to be undertaken into how general practice can be made more appealing. Role intensity had not helped staff wellbeing with high patient demands, and the increase in the number of patients registered in the practice. This resulted in occasions where breaks and lunch breaks were forfeited if clinical lists were delayed, or other administrative tasks had to be undertaken.

*It really can be bang, bang, bang, patient, patient, patient all the time. And you get to the end of your clinic and sometimes you take a breath, and you think, 'what has just happened there?'. It can be so intense because the number of patients you see is just so overwhelming, and you can never use your tea-break because you are always running behind.*

Advanced paramedic practitioner

A number of advanced practitioners had recently left the practice and had not yet been fully replaced, increasing demands on remaining staff, and there were concerns that this could lead to further retention issues. Patient demand had also increased because of the pressure from secondary care. Staff commented that the local hospital was 'struggling with local patient pressures' and advising patients to see their GPs. This had resulted in increased patient confrontations, and the assumption that GPs were not working hard enough, affecting the morale of staff:

*The local hospital is struggling a lot at the moment, and so we are getting a lot of pressure from them. Patients come in with expectations, and you get a lot of confrontation, but we really can't be doing any more than we are currently doing. We do need to be given more respect.*

Salaried GP

## How work practices have been adapted to help wellbeing

The operations manager discussed how the Covid-19 pandemic 'set the ball rolling' for flexible work in the practice. Part of their role had always been creating and monitoring clinical rotas for GP's and other practitioners and facilitating practice staffing to ensure that clinical cover in each surgery is appropriate for clinical demand. They mentioned that currently there was no 'flexible work framework', but they aimed to support staff where necessary, and find working arrangements which suited their circumstances where possible:

*I suppose we are flexible around individual needs and considering their circumstances rather than having a blanket policy that will affect everybody.*

Operations manager

When recruiting staff, the practice considers what skills need to be replaced and what hours of work are necessary to ensure that service provision is not negatively affected. Adverts for positions do include this information as well as the level of pay 'so people who are applying know what we need'. However, as the demand for flexible employment is increasing and is seen as a recruitment tool, the practice is more open to having these discussions.

*We have to remain competitive particularly for clinical staff...we have to keep up with the times, and flexible hours is one way to do that.*

Operations manager

For current staff negotiating new flexible hours of work and working patterns is also available:

*People can put flexible requests in. We're guided by our staff here, as I think we have a good sort of trust here that people can come in and say that I'm really struggling for whatever reason, and we will have a look to see what we can do.*

Operations manager

This was supported by other practice staff. For example, a salaried GP discussed how their flexible working pattern was designed to accommodate childcare post maternity leave. They requested to work part-time 30 hours a week, and currently

they work two days in the practice conducting face-to-face appointments, and a day a week remotely answering e-consults.

They were uncertain about whether a full day working remotely could be accommodated, because of initial doubts over whether there were enough staff to cover face-to-face consultations. However, since Covid-19, the demand for e-consults have increased and consequently they can spend a day remotely covering this. They mentioned that covering e-consults could be a long day and they 'pretty much have to work flat out' but they would rather focus on this task for one day to maximise their efficiency and output.

*I know that you can't just have everyone working remotely because sometimes there aren't enough people to see the patients face-to-face, but in this case they have been really supportive.*

Salaried GP

Another staff member originally requested to work in a specific surgery for stability because of their commute. After returning to the practice following maternity leave, the Salaried GP mentioned that 'I kept on having to change my working pattern until I found one that worked for me and the practice', but now works part-time in the mornings each day (3 days remotely). They approached the operations manager, and trialled a number of flexible working arrangements, finding that management were easy to approach and open to discussion. However, it was noted that:

*Because it is a big practice people can have the opportunity to be more flexible. This level of flexibility would just not work in smaller practices, where there is only one GP, as the pressure would be too immense to keep things going.*

Salaried GP

Working practices and job design were also adapted to improve health and wellbeing. Although the practice was viewed as supportive and considerate of staff wellbeing needs, individuals reported having to have self-awareness to recognise when their wellbeing has been affected and the confidence to ask for help.

*I was finding that I was always tired, and wasn't getting enough time at home and with the family. This was the trigger for me to say something has to change. The onus is on you to admit that you are struggling, and it was easy to get changed, you just need to have the confidence to do it.*

Advanced paramedic practitioner

This individual had their hours changed to have two shorter weekdays, but also recognised that having variety in their role that matched their skills also improved their wellbeing. They believed that this added variety made their role more sustainable.

*Constantly seeing patients non-stop can be really exhausting...I have made progress in this now by having two other clinics to run that break up the week. I truly believe that having this variety would help everyone reduce burnout.*

Advanced paramedic practitioner

The practice additionally changed consultation appointment times from 10 to 15 minutes. This allowed for extra time with patients to tackle 'more complex problems' but also gave staff a chance to catch a breath between patients. This was recommended in the NHS five-year forward plan, but staff were pleased that it was implemented in the practice to help staff wellbeing.

Finally, the practice attempted to manage adjustments to roles and hours fairly, so it can be applied across all staff, not dependent on role or location. This does fall heavily on the operations manager:

*It is about managing fairness. We do have to be really careful about how we manage it, so we don't create an atmosphere where it is one rule for one, and another rule for another.*

Operations manager

The understanding about still being able to match flexibility with business needs was honest and open, however it was acknowledged that 'we are not there yet' and having better consultations with staff would be important going forward.

## Implications for staff wellbeing and practice outcomes

A number of positive outcomes as a result of changes to work practices were identified. The operations manager highlighted that being flexible with working hours has resulted in improved retention of current staff:

*If you want to retain someone good, then now you do have to be flexible...We've absolutely retained staff, and if that is what you have to do, then that (flexible working) is absolutely fine.*

Operations manager

Staff interviewed also reported the 'two-way' benefit that flexible working gave, mentioning they felt more loyalty towards the practice for being so accommodating. One employee added that their flexible arrangement meant they remained a GP instead of leaving the profession. The changes to their working hours gave them opportunity to continue in a field of work they enjoyed whilst being able to provide childcare, and not be burnt-out by both duties:

*The reason why I am still working here and have not given up GP practice forever is the flexibility that was given to me. I did think about giving up, but I felt that would have been a waste as I have a lot to give. If they had said no to*

*the accommodations, I would not have had a choice but to resign. But what they get from me is my loyalty.*

Salaried GP

For others, changes in work patterns have meant their role has felt more sustainable, resulting in improvements in their mental health:

*A couple of weeks ago, I would have said that I hated my role, but since making changes to the time we have to see patients and having some flexibility in working hours I am feeling a lot better. It does feel more sustainable.*

Advanced paramedic practitioner

However, even though working hours and work practices had been amended, the level of patient demand was still consistently high, and changes to working hours would not have a real impact on the intensity of work that employees experienced throughout their day:

*We try and see as many and do as much as we can for the patients, but there are not enough hours in the day. We can only do so much, and I suppose we will just have to try and develop tactics and techniques to manage this.*

Salaried GP

One tactic that was seen to work was providing role variety, to reduce the intensity of constant face-to-face patients that 'have become more demanding'. This allowed for staff to undertake clinic work (which meant that they were able to use any specialist training they had) and feel like they had a little more control over their patient demands.

*When we had less variety in our rotas, I reckon we lost a lot of practitioners because of this. If I didn't have my current break in routine, then I would have left general practice a long time ago. My key message to them is variety in the week.*

Advanced paramedic practitioner

## Lessons learned

A number of factors were seen to have helped the change in flexibility and work practices at Portsdown Practice Group:

The size of the practice meant that there was a greater opportunity to allow for a range of flexible work deals to be made with individual employees but still allow for patient needs to be met. It was recognised that this may not have been the case if there were fewer staff, or if there were recruitment challenges. Being able to provide flexibility in location, working hours and job variety was important for all staff.

At the same time the operations manager recognised that if the practice did not 'move with the times' in developing and implementing flexible work then recruitment and retention would become difficult in the future, and they spent time trying to balance these objectives.

The operations manager was seen as approachable, understanding and keen to invest in staff to ensure positive wellbeing. This focus on wellbeing was appreciated by staff, and they acknowledged that a number of factors contributing to stress were outside the remit of the operations manager.

Although the Covid-19 pandemic had accelerated the implementation of flexible work, the operations manager and staff acknowledged that they 'may not have it right just yet' and were keen to evaluate what had been implemented and what could be adjusted going forward.

It was understood that flexible practices would only be sustainable if they matched patient, practice and individual needs. Co-creation and collaboration with the practice team is important to understand how work practices and job design could be improved to help both working time and work intensity.

Team members were supportive of the needs of other staff and recognised when other employees may be struggling or needed further support, however, further team support is necessary to ensure that individualised flexible practices can be achieved.

Some staff recognised when their own wellbeing was being affected by their role, however, more focus is still needed to be proactive about workforce health, including more regular 'check-ins', so all staff have the confidence to ask for changes to work design when needed.