

Case study 2: The Village Surgery Formby

Practice context

The Village Surgery, and its branch practice Freshfield Surgery, are based in Formby, Merseyside. The Village Surgery took over the contract for Freshfield Surgery in 2018 and merged the practice lists. With two premises less than half a mile apart, the practice changed their model of delivering services by organising all routine work at the larger main site (the Village Surgery) and all acute 'on the day' appointment work at the smaller Freshfield site. The workforce had been carefully planned over several years to allow them to implement this model of care, ensuring the appropriate capacity and skills were available to manage the daily demand from patients.

The practice also delivers a paediatric phlebotomy clinic for all children from practices in the Southport and Formby area as well as supporting the Southport and Formby PCN in the delivery of the Enhanced Health in Care Home DES for all Formby based care homes.

The practice has a list size of just under 14,000 patients, that is growing due to large housing developments in the area. The patient population has a high proportion of elderly and frail patients. Formby is an affluent area and as such:

Patients can be quite demanding. Our patients can be well informed and want, and expect the standard of care to be very high.

GP partner

Staff commented that the practice has a 'diverse skill mix within it', which allowed for a better interface and interaction with patients. The staffing is comprised of five full-time GP partners, three salaried GP's (2.1wte) and five full-time physician associates who make up the main clinical team delivering the day-to-day clinical activity. They are supported by practice nurses, a nursing associate, three healthcare assistants, an adult health visitor, and a clinical pharmacist (plus additional pharmacy support from locum pharmacists). There is a large admin and reception team (14 employees) plus a practice manager and business management partner.

Staff wellbeing

The staff interviewed commented how the practice has a positive culture which had developed over the last few years, aided by a sense of staff cohesion, where

practice staff pitch in to help where they could, and where open discussions about practice matters are welcomed and encouraged.

You can liaise with all the staff. We are a very collaborative team, and we really do come together when we need to.

Physician associate

The GPs were concerned about the number of hours the clinical team were working, the pace and intensity of their workload and the implications this had on their wellbeing, as well as the quality and level of care they were able to provide to patients.

How we used to work just wasn't feasible... I really don't know how anyone can do eight or nine sessions a week, because it is just too much, and it was getting to the stage where it wasn't safe.

GP partner

The increasing list size and the complexity of the patients moving to the practice was having implications for staff wellbeing and workload. Having a large proportion of elderly patients often meant:

The GPs were feeling the burden of seeing elderly patients, and their time was being taken up with issues that were frequently not clinical or medical issues, and the work was just spiralling for them. This also meant that other patients with clinical issues were not having the opportunity to see a GP.

Adult health visitor

The Covid-19 pandemic also led to an increase in patient demand as patients have waited to contact their GP until the risks of seeing a GP face-to-face had reduced. Patients were presenting with more acute problems and some conditions have worsened during the pandemic leading to an increase in the management of chronic care and the amount of time GPs had to spend with each patient. This served to exacerbate staff wellbeing concerns.

The demand has just increased, and work levels have been increasing a lot, and you can go home just feeling exhausted and mentally drained. And because we are so busy, sometimes you just don't get a minute to take time out and look after yourself. Patients just have increased expectations now; they want referrals on the day. They are more aware of their rights, and they want us to manage their expectations.

Physician associate

The increased patient demand also had an impact on other specific roles. The practice pharmacist described how the daily level of prescriptions needing to be

reviewed and signed has increased, adding 'burden to an already busy workload'. They questioned whether this was sustainable going forward, and how this may compromise patient care:

A lot of extra work has been shifted onto my workload and sometimes I just don't have enough time to complete everything. The quality of my work can become compromised, and I get frustrated by that. It's difficult to get on top of everything.

Practice Pharmacist

Some staff raised concerns about how this level of patient demand and consequent wellbeing implications, would impact on staff recruitment and retention. Overall, there was a real awareness of the need to balance delivering high quality care for patients, while ensuring staff wellbeing and workload were being managed responsibly.

How work practices have been adapted to help wellbeing

With the recognition that GP burnout could have negative implications for both staff wellbeing and patient care, the practice manager was keen to develop new ways of working that would be suitable for both staff and patients. Using a consultative approach, the business management partner and GP partners undertook a series of meetings to understand what the most beneficial way would be to improve their working conditions and wellbeing.

Of course, you are always aware of what you must contractually deliver, but how you do that is within your own gift to do.

Management partner

The strong message that resonated throughout these meetings was having greater flexibility in the practice. The practice undertook process mapping exercises to understand the skill mixes needed, and how this could be best achieved within the practice financial resources. A solution of working four slightly longer days, with one full day off a week was offered as a viable option for the GP partners. A rota was developed so that every week each partner had a day off which rotated, meaning GP partners have a long weekend every five weeks.

The days off are dynamic, they move each week, and they were designed that way, so nobody got the short straw. It was organised fairly, and this does give us that extra flexibility, really trying to give people what they want.

GP partner

The senior physician associates also work four long days with one full day off per week. One physician associate requested a specific day off each week to help care

for a relative. This was negotiated with the practice manager, who reviewed the staffing rotas to ensure that it was workable.

The practice manager took care of the rota to make sure there were enough clinical staff in, but it was easy to negotiate. I have never really had an issue with a request being declined or having to change it if needed.

Physician
associate

Other staff have also been able to negotiate specific work flexibility to help with their wellbeing. The practice manager commented:

Other non-clinical staff can also request flexible working... Staff can request a change to their working pattern and if the rota can support it without a negative impact on other team members, then it will be supported. We generally can accommodate most requests and other staff are often willing to be flexible to support their colleagues.

Management partner

The adult health visitor requested to work four longer days and have a day off each week. There were two main factors for this request: age and establishing an improved work–life balance in preparation for caring responsibilities. Before they officially requested the change, they trialled working longer days to see if it was possible for them, and whether their work and service provision were negatively affected. The new work pattern was successfully implemented with a three-month review and has as of yet required no further adjustment, although they believed that further reasonable request would be considered.

Flexibility was one way that staff wellbeing was addressed. Workforce levels and skill mixes have also been reviewed. An example of this is the adult health visitor position that was created because of the increased needs of the elderly population. The practice recognised they needed an individual with both relevant clinical skills as well as an expertise in elderly care. The adult health visitor had managed one of the local care homes and had built up a good relationship with the practice.

I really do think this role was made for me. The practice saw that I knew and understood the social issues that come with elderly care and had the nursing skills and information that would be needed to provide optimum patient care.

Adult health visitor

The development of the physician associate roles has also helped with overall wellbeing, ensuring that the practice has good clinical staffing levels. The practice is a training practice and has been engaged with the training of physician associates.

It is about embracing these new roles and recognising how they can make a positive contribution, thereby having a positive impact on your practice. Our more experienced PA's are developing new skills in areas such as joint injections, sexual health and frailty care. Being a training practice also means

that you can spot good talent coming through and support the trainees during their placements to empower them to do the best they can do. As a practice we wouldn't be without them now.

Management partner

An added level of staffing flexibility has been the addition of two locum pharmacists to support the workload of the practice pharmacist. Whilst there was an element of good will within the practice, the pharmacist felt some additional capacity to support their workload was required so it could be completed to a good standard.

I think the practice could have 2.5 pharmacists working full-time as the workload is always increasing but getting the two locums is a step forward.

Practice
pharmacist

The practice also made a few changes to the way work was organised during the Covid-19 pandemic. The clinical team traditionally worked off their own lists when working at the routine site but during the pandemic the team moved to a large communal list (set up like the list at the acute site). This minimised the risks to patient care if a team was absent at short notice. Capacity could be taken away or added depending on staffing levels; therefore reducing cancelled appointments with named GP's. Clinical staff continued to work if they were well and isolating as the appointments were all telephone consultations. If they felt a patient needed to be seen for examination, they were booked in with one of the team available on site or booked into the Covid-19 'red' site set up in the Formby locality.

Having a communal list of patients makes it easier to provide an element of flexibility if something comes up that you have to attend to. It has been really positive and also provides better patient care.

GP partner

There have also been attempts to improve the variety of work that staff undertake. This includes a variation between telephone and face-to-face work and rotation between the acute and routine sites. The physician associate role was also described as very diverse which helped with the intensity of the work they covered.

I just have a role which has a lot of variety. I can be doing different tasks every day, and it is the variety that I really enjoy.

Physician
associate

Implications for staff wellbeing and practice outcomes

Those interviewed provided evidence to suggest that improved flexibility and work design had a positive impact on both employee wellbeing and retention. Practice staff often mentioned that they were extremely happy with their working hours and patterns, and those working four longer days, although they could be tough, would not consider working five days again.

'The four-day working week has certainly had an impact on my wellbeing, it has been a game changer as you can have a day off without worrying about anything. It can be tough work, but you always have that light at the end of the tunnel. I actually think it has had a massive impact on everyone's mental health.'

GP partner

Other staff with more individualised flexibility also reported a positive impact on their wellbeing. This came not just from the extra day that provided a 'breather' in heavy work schedules, but also being listened to and respected by the practice made them feel valued and invested in.

I just feel really valued and knowing that is really important for wellbeing. I have that sense of accomplishment without having to wade through treacle to get it.

Adult health visitor

The practice manager also reported to have noticed a difference among the practice staff, including an increase in demand for flexible working:

The GPs would say that it is the best thing that has happened, and the day off each week is a real benefit. It has had a really positive effect. At the moment the staff feel very happy.

Practice manager

There was also some evidence to suggest that allowing for greater flexibility in hours of work and tasks also had an impact on staff retention. Some staff mentioned they had a greater loyalty to the practice, and it would be harder to find a role that provided a similar level of flexibility in the area which encouraged them to remain in the practice. Another mentioned they would not want to leave the practice as they enjoy their role, and the practice culture, but if their hours had not changed it would have motivated them to look for a similar role elsewhere.

Had the hours not changed I would have struggled. And if it meant finding the same role in a different practice where I could have had that flexibility I would have gone, especially if it was for the same pay. I wouldn't have left there and then but if it had continued for another six months, I would have looked for a better job.

As the practice is a training practice, the practice manager commented that they had never really struggled to recruit staff but going forward being seen as a practice that encourages and supports flexibility is a plus point for them.

Finally, there was also evidence that flexibility was important to maintain high quality patient care. Staff reported feeling sharper and less burnt out after their flexible time off and being able to make 'clearer decisions' when at work.

Lessons learned

There were a number of factors that aided the development of the implementation of flexible working (both in terms of hours worked and job design). These included:

Having a practice manager who was aware of the concerns of practice staff and understood the individual circumstances for when more individualised flexible arrangements were needed. The practice manager had careful oversight of staffing levels and shift patterns to ensure that the right ratio of clinical staff to patient demand/care was delivered. They also had good insight into the skill mix needed for the practice and undertook skills audits, crafting jobs when skills gaps were recognised.

The practice was 'forward planning' attempting to be proactive rather than reactive to external challenges, being in a position where they have the flexibility in place to allow for changes.

The practice manager and GP partners also undertook changes in a consultative way. Changes were not enforced on staff, but a co-collaborative approach was taken to ensure that any changes would be of benefit to staff, the practice, and the patients. This also meant that there was no sense of 'hierarchy', and that flexibility was available to all and that it was not role dependant. Having stability at the GP partnership level enabled this collaborative approach.

Flexible approaches were monitored and reviewed to make sure that the desired effects were being achieved, and any unintended consequences such as pressure on other team members were caught. On occasions 'tweaks' to flexible work patterns were made.

The practice was described as having an 'open culture' and 'team atmosphere' where staff would help each other and be considerate of individual's circumstances, and a recognition that staff do have different pulls on their time that may require certain accommodations.

The importance of wellbeing for both staff and patients was clearly understood, and the practice was keen to support staff to protect them from burnout. Staff also recognised that there was an element of self-care (although for some it was last on their list of priorities) when considering health and wellbeing at work.

Role flexibility and variety was considered as important as hours/location flexibility in terms of managing work intensity. Changes in work design were made to maximise staff skills, as well as providing opportunities for learning and development, however more regular discussions about this with GP assessors or managers were welcomed.

How care is managed between primary and secondary care was often discussed. GPs mentioned that the practices were also busier as a result in delays in secondary care provision, and a more joined up way of working between the two sectors is required if primary care is to remain sustainable.