Case study 3: The Grange Practice

Practice context

The Grange practice is one of five practices which make up the Ramsgate Primary Care Network (PCN). The PCN covers 55,000 patients and, within this, the Grange practice has a patient list of almost 13,000. Ramsgate has a relatively deprived population and, compared to the rest of England, has worse health outcomes in several areas, including both male and female life expectancy, admissions for alcohol-specific conditions, A&E admissions for under fours, hospital admissions for self-harm, and under-75s mortality from cancer and cardiovascular disease (CVD). The Grange practice specialises in, among other areas, women's health, ultrasound services (it is an 'Any Qualified Provider' for direct access non-obstetric ultrasound scanning), and first contact physiotherapy. It has four GP partners and four salaried GPs. It also has four practice nurses with specialisms in diabetes and respiratory health, three nurse practitioners, a phlebotomist, a clinical pharmacist and a pharmacy technician together with a range of administrative and secretarial support staff. The Grange is a training practice with two qualified GP trainers and is part of a training placement programme for medical students at Canterbury medical school. It also trains nurse associates sonographers and practice nurses. It has four current staff working towards becoming advanced clinical practitioners. GP recruitment and retention has been a challenge in Thanet for some time and is currently part of the Targeted Enhanced Recruitment Scheme (TERS) in England.

Staff wellbeing

All staff in the practice have heavy workloads as the demands from patients have increased steadily in recent years and both workload and work intensity have had to be managed by adapting some roles and work practices. At least one of the GP partners has had personal experience of burnout and exhaustion and other senior staff have had cause to review their own working practices so that they could manage the boundaries between work and home life more effectively. This means that the practice has the wellbeing of all staff in mind when it considers how to sustain and improve services to patients.

> *We try to make sure that we share tasks around, so that if someone has a heavy workload senior or more experienced colleagues can step in to help. The GPs are very supportive of this and check-in on people to make sure they are coping OK.*
>
> Advanced nurse practitioner

There has been a conscious effort to find solutions to the challenges of increased and more complex patient demand, especially from a community with such wide health disparities, which protect the staff from sustained pressure, allow them to perform in roles they enjoy, and within which they can develop and grow their skills.

How work practices have been adapted to help wellbeing

Job Crafting

The Grange practice has taken a number of steps to evolve job roles which allow patient needs to be accommodated, to allow more professional autonomy for staff and to support their wellbeing. This approach is underpinned by the belief that, even before the pandemic, the ways that patients access services in general practice are changing.

> *Patient consultations in general practice are evolving and here we want to make sure that patient encounters are, where appropriate, with the whole team and not just through GPs.*
>
> GP partner

One example is the use of experienced community-focused nurses who work proactively with some patients so that their clinical and social support needs are picked up early and, consequently, their need for frequent face-to-face contact with GPs is reduced. One of the nurses performing this role has taken on a caseload of well over 100 complex cases, mainly among the frail and elderly (many of whom are frequent callers to the surgery). These patients are contacted on a regularly basis – some weekly and some monthly – to assess both their clinical status and their need for social support. This can also involve up to five home visits each week which can also identify issues with self-care, diet and hygiene which can then be raised with colleagues in the social care system. GPs and other nurse practitioner colleagues in the practice refer up to 10 patients a week to this colleague and it is clear that organising services this way has a strong preventative and early intervention benefit for patients (such as reducing A&E admissions). At the same time, it has reduced both the number of frequent callers and the number of complex cases GPs have to deal with, where the patient needs are on the boundary between clinical and social domains.

> *I've mostly shaped this role myself, based on what I think works for patients and the Practice. I work full-time, run my own appointments diary and manage my own caseload. It's definitely helped to reduce GP and other workloads and I really enjoy doing it because I get a lot of control and can see the results of my work almost immediately. Being trusted by the GP partners and the clinical director to do this helps my sense of wellbeing and being able to cope with both the workload and some complex cases.*

Nurse practitioner

This role has strong overlaps with another community nurse practitioner and connects regularly with others in equivalent roles across the PCN. The role had no formal job description when it was initiated, but its core responsibilities and the overlap it has with other roles across the practice are now well established.

In another example a new GP role has been initiated and developed by the Thanet Community Interest Company (CIC) as part of its efforts to support primary care in Thanet. A key purpose of the role is to contribute to the core efforts of the Grange practice and, as far as possible, meet the skills and professional interests of a recent recruit in a 'tight' labour market for GPs. This GP had a specific interest in emergency medicine. He has a full-time contract but works on four days with compressed hours (Monday 8–6; Tuesday 9–5, Wednesday 9–9 and Thursday 8–6). On Mondays he works in the urgent treatment centre at the local hospital, on Tuesday he sees patients at the Grange practice, on Wednesday he focuses on emergency medicine and on Thursdays he looks after the acute response service and does home visits. This means a three-day weekend and he has also been allocated one day of CPD every three weeks. This GP appreciates the fact that the Grange practice has shown a considerable degree of flexibility to attract him to work in Ramsgate, as he had been considering a career move abroad.

> *My previous experience of general practice was working in isolation trying to make a large number of high-quality clinical decisions each day, which can be hard without the support of a wider team. I'm not sure that seeing 40 patients a day for five or more days a week is sustainable and so I'm glad that I've got more variety in this role and also the chance to pursue my interest in emergency medicine.*

Salaried GP

The practice is monitoring how well this new job role develops because it is the first time that a new role has been so explicitly 'crafted' around the needs and aspirations of a new recruit. Clearly the current recruitment and retention pressures in general practice have played a part in this initiative, as has the desire to make closer links between the practice and local emergency care services. One concern has been to ensure that other GPs who have worked in the practice for a longer period, for example, do not feel that similar opportunities for job enrichment, flexible working or CPD are inaccessible to them. This has required clear communication and a consultative approach from the partners. The fact that the practice has a significant training role has helped them to offer greater role variety to those GPs who want it, though the longer-term impact of this approach to crafting roles around an individual is still under review.

Elsewhere in the practice there is considerable flexibility in the way GPs and nursing staff organise and share work to cope with peaks and (a diminishing number of) troughs in workload. The advanced nurse practitioner sees it as part of her role to

monitor potential workload ‘bottlenecks’ and to step in to support her colleagues, especially if they have caring responsibilities.

> *Sometimes I take on some of their work to make sure they can go home on time if they’ve had an especially busy time. This can mean picking off quick tasks from the triage list and then returning to the more complex cases later on. I am a bit of a workaholic but I don’t mind doing some longer shifts and checking emails for urgent messages at the weekend. I got some coaching during the pandemic to help me manage my workload and to keep healthy (breaks, diet and hydration). This helped greatly.*
>
> Advanced nurse practitioner

Staff relations and teamworking

Meeting the complex needs of patients in a relatively deprived community seems to be a strong unifying theme which binds together the staff in the Grange practice. The configuration of their preventative, community, triage, acute and specialist services is regularly reviewed and the GP partner’s view that the whole team of staff in the practice have a shared role in delivering high quality care to patients, is shaping the way that roles are evolving and workload is distributed.

Staff have appreciated being consulted on the changes which have been made and the autonomy that many of them have been given over the precise ways that their job boundaries and responsibilities have been devised. For example, in some roles it has been left to the postholder to identify initially where sharing information with colleagues in related roles, where joint reviews of individual cases, where liaison with external agencies or referral to specialist support is needed. This has shown faith in the professional judgement of specialist staff to evolve roles and services within a framework of clinical oversight, rather than an approach which requires a bureaucratic process of top-down approval. It does, however, require a senior colleague to monitor whether a full service to patients is being provided and whether some staff are getting preferential access to working arrangements or CPD opportunities.

Implications for staff wellbeing and practice outcomes

So far, the Grange practice has made changes to a number of jobs, and introduced new roles which are intended to respond to complex patient needs and provide interesting, varied and healthy work for colleagues. Having more ‘upstream’ and preventative community outreach which addresses the needs of the most elderly and frail patients who might also be among the practice’s most frequent callers has had a demonstrable impact on A&E admissions, targeted early intervention, joint working with social care partners and reduced workload for GPs.

The willingness of the practice to work jointly with a newly recruited GP to shape and evolve a new role which makes the practice an attractive place to relocate to and develop a career, shows that GP recruitment and retention challenges are surmountable in many cases. It is also clear that, for other GPs, the opportunities for job enrichment and professional development afforded by the training status of the practice is valued as well.

Lessons Learned

The reshaping of job roles and patient services at the Grange practice are driven by the need to respond to three related challenges:

1. The complex needs and rising demands of patients in a relatively deprived community with poorer than average health outcomes in a number of domains.
2. The difficulty of attracting and retaining GPs and other staff.
3. The need to provide all staff, including GPs, with job roles which are demanding but healthy, varied, challenging and which offer opportunities to develop professionally and personally.

It is true to say that the GP partners and other managers are still navigating their way through these challenges, but they feel that involving and trusting staff to 'craft' and adapt the nature and scope of their roles is helping to ensure that the work of the practice is agile, responsive to patient demands and fulfilling for staff. There are daily clinicians meetings which help to coordinate effort, discuss patients, plan work, react quickly to challenges of the day and provide support to colleagues. Other key lessons to date include the following:

There are ways to reduce the workloads of GPs which also deliver more appropriate, early and even preventative care for a proportion of patients. The evolution of the community nurse practitioner roles is an example of this, which is indicative of the 'win: win' approach to meeting patient needs and designing rewarding and healthy work.

There has needed to be pragmatic response to the need to attract and retain GPs in the current 'tight' labour market. Among other things this has meant taking a more individualised approach to shaping the GP role around the needs of a high-quality candidate, than may historically have been the case. While this can work well, it is also important that the post holders are not perceived to have received special treatment and that equal access to flexible working arrangements and opportunities to follow specialist interests are given to other staff. This is made easier by having good personal and professional relationships between GPs.

Not all workload or work intensity problems, especially those which may affect the physical or mental health of staff, can be resolved by making formal changes to job roles, work rotas or shifts. There will always be a place for senior professionals to monitor closely, sensitively and compassionately how well their colleagues are coping with work pressure. This is important if it is known, for

example, that they have non-work issues which may deplete their emotional resources.