

Case study 4: Darwen Healthcare

Practice context

Darwen Healthcare is a GMS practice, based in a multipurpose health centre in Darwen, Lancashire. It is a well-established training practice that hosts a variety of placements including GPST and GPST3's, medical students, physician associates and student nurses. The practice has just over 13,000 patients with diverse demographics. Many patients have long term health conditions and are from a low socioeconomic background. The practice works with an integrated neighbourhood team (INT), including social services and district nurses, and other community services to support their patients. The health centre has treatment room services, including phlebotomy, wound care, podiatry, MSK, physiotherapy, audiology, memory, and lymphedema services. All of these services are provided within one building, making it accessible for patients to access the relevant services.

The clinical team consists of six GP partners, four salaried GPs, along with trainee GPs, an advanced nurse practitioner, paramedic practitioner, physician associate, pharmacy technician, four practice nurses, assistant practitioners, and healthcare assistants. The non-clinical, administration team consists of secretaries, receptionists, and prescription staff. The practice is managed by a business manager, and a management team consisting of a quality lead, patient engagement lead, finance lead and an operations lead.

Staff wellbeing

Staff often discussed the impact that the Covid-19 pandemic had on staff wellbeing, especially as a result of the changes in which Darwen Healthcare staff had to work and how they engaged with the public.

Those interviewed mentioned that staff members were working more hours than normal and taking work home with them, making it harder for them to switch off and relax when away from the practice. Patient demand has also increased, leading to an associated increase in administrative work. Staff discussed seeing more patients this year than last year, as they were still catching up after the backlog caused by lockdowns. This meant they were working an extra three or four extra hours a week, having to log in on Saturday mornings or in the evenings to catch up the administration.

If I didn't do it, it would still be in my inbox on Monday morning, so I might as well get it done.

The increase in patient demand has also meant that time usually held for meetings and training has been reduced, meaning that staff were missing the social and learning opportunities that occurred in the workplace. Updating of policies and mandatory training had sometimes occurred at the last minute and meetings had been shortened.

Other staff highlighted that practice staff had become 'too accessible' to patients, and that the boundaries needed to be re-established, causing more strain for staff.

You need to be careful that people don't take advantage of your kindness and availability.

Paramedic practitioner

Recorded calls have also highlighted the level of abuse that reception staff, in particular, have received over the past few years. This was mentioned as a reason for staff leaving the practice. However, the business manager contacted the patients that fitted the remit of the zero-tolerance policy and did ask them to be kinder to the reception staff.

How work practices have been adapted to help wellbeing

The practice had developed a number of ways through which these wellbeing challenges were addressed. For example, several roles within the practice were adapted, particularly the GP roles, to allow for the development of special interests, such as minor surgery, steroid injections, research, and teaching students at medical schools. This also benefited the practice as it meant that different specialisms are covered, and the practice is able to provide more services in-house. This change also provided staff members with more variety in their roles, and the opportunity to pursue their professional development goals which assisted with the risks associated with burnout.

Job roles that support GPs were also developed in-house, including the paramedic practitioner position. The paramedic practitioner is able to see patients and prescribe treatments, supporting the GPs with their extended workloads. They described themselves as the "middle cog going round" as they were always helping everybody. This role was intended to relieve some of the pressure that elevated the risks of GPs developing burnout.

Flexible working patterns were also used to ensure that all services were covered, while accommodating the need that many staff had for flexibility. In reality this meant that GPs started work at different times. For example, some started after dropping their children at school and others working extended hours. Similarly, the nursing staff share their time across the week.

This often reduces absence and sickness rates due to having some flexibility in their working week.

Business manager

This flexibility also meant that the GP rotas could be adapted to develop their specialist interests and clinics, including student mentoring, minor surgeries, coils and implants clinics. Staff with family responsibilities, at the discretion of the practice, could work from home sometimes, if necessary, which helped with childcare.

Those interviewed also commented that many staff members work a four-day week, with colleagues in teams having different days off to ensure that the practice is sufficiently staffed. This working pattern is prevalent among staff in the practice, and the change was implemented around two years ago, first for the clinical staff. Changes to working patterns are often driven by individual staff members and then discussed with their managers to sense-check how the accommodations can be made, whilst ensuring that all practice activities are covered.

All roles complement one another. It works well as long as everyone is singing from the same hymn book, and everyone is on the same page.

Advanced nurse practitioner

A GP explained how any decisions made will have an impact on other areas of the practice, so many considerations are needed when making any changes. For example, some partners stay aware of any new housing developments as this will mean that patient numbers will increase, whilst others are conscious of whether students and trainees will want to stay in the practice, both of which will have impact on the number of staff that need to be recruited and how flexible working patterns can be accommodated for any changes.

Not something that you have to think about when you are qualifying as a doctor, you don't get taught that in medical school.

GP partner

Other initiatives that have also been introduced are social events for staff to get to know their colleagues which had been less of a priority during the Covid-19 pandemic. The business manager reinstated the events to rebuild social connections (for example the summer event) to also thank the staff for working through the challenging period and awarding them with certificates.

Additional training sessions for staff have also been organised, especially for the non-clinical teams who had experienced abusive patients. They were also having some time off-site where they could have some refreshments and talk away from the practice.

Digital consultations had already been implemented pre Covid-19 and there was already the technology in place for people to work remotely if needed. Patients have been able to use the website to send queries, and these services have continued to

be popular, alongside in-person appointments. GPs always ensure that the most appropriate form of communication is used for patient needs, but having the digital consultation also meant that some consultation rooms could be used for other staff needs (training/tutoring).

In terms of video consultations, we had the highest number within the region.

GP partner

The practice also had an annual strategic planning meeting, where any known staff changes were discussed (eg parental leave, early retirement, changes in GP sessions). This meant that these could be included in future strategic plans ensuring that flexibility could be managed. The business manager noted that often making small changes to a rota could make an invaluable difference to individuals.

Often having some flexibility can result in getting more back from individuals.

Business manager

Implications for staff wellbeing and practice outcomes

Staff at Darwen Healthcare are happy and appear to really enjoy working at the practice.

The happier you are, the harder you work, and the better care patients get.

Paramedic practitioner

The staff felt they were listened to by management and that their personal passions and interests were acknowledged when considering career progression and workforce planning. One GP explained that they felt they were empowered to influence the practice strategy and that they would receive support if they were struggling with their workload.

Staff were particularly keen to discuss how important the business manager was to their happiness and wellbeing at work. The management team were described as 'great' and made up of people 'who work very well together and are supportive'. The business manager had implemented systems and ways of working that allowed staff to thrive and to feel happy coming to work.

Most staff members interviewed said their working pattern was sustainable for them but were aware that it might not work for everyone. It is quite common for staff to work a four-day week, meaning that they have a third day to spend with family or to participate in activities that they enjoy outside of work.

Being able to work from home if needed meant staff reported an improved work-life balance. The improved digital technology meant the business manager was still able to manage remotely, and time was better protected. The flexible approach to work also meant that the likelihood of developing burnout was also reduced. It was

however acknowledged that planning the rotas was a challenging task for the business manager, and staff were appreciative of their effort to achieve the flexible balance between staff levels and patient care.

[The business manager] always tries to balance patient care and appointments with the team's needs.

Advanced nurse practitioner

Finally, the reintroduction of the social events was reported to make staff feel appreciated and cared for at the practice, improving organisational commitment.

Lessons Learned

- After a few difficult years of demanding work, there is now a better understanding of work–life balance and individual staff members are better at taking time away from work and putting boundaries into place with patients and other staff members.
- Work was made varied and interesting for practice staff, with the understanding that this reduced work intensity, but also increased skill development and staff retention.
- Providing opportunities for professional development was seen as pivotal for staff development, retention and wellbeing. It was commented that this would also have a knock-on effect for patient care.
- Having a supportive work environment and an open culture where advice could be sought was important for team relationships.
- The implementation of regular reviews within the practice and between staff and their managers was necessary for developing an open culture and improving wellbeing and the overall 'enjoyment' of work.
- The role of the business manager was discussed as 'necessary' for the implementation of flexible working arrangements, and it was recognised how hard they worked to ensure that staff were pleased with both their roles and ways of working.
- There was recognition that a health and wellbeing strategy would be important to implement, providing tools and tips about wellbeing in the workplace.
- Maintaining, or even expanding staffing levels could help relieve some pressures that staff can experience, and even though team members do 'pick-up' tasks, having a bigger team means that the workload could be spread more evenly.