

# Case study 5: Loomer Medical Group

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## Practice context

The Loomer Medical Group is located in North Staffordshire, covering Stoke-on-Trent, Newcastle-under-Lyme, and the surrounding area. The group consists of six practices with a centralised back office, crossing two CCGs and two upper tier local authorities.

*It's a sort of United Nations of general practice.*

Clinical lead and senior GP partner

There are around 150 staff members within the group, with around 25 GPs. The staff themselves are from diverse ethnic backgrounds. We spoke with five members of staff: an advanced clinical practitioner within the physiotherapy team; a pharmacy technician; a GP; an advanced nurse practitioner; and the clinical lead and senior GP partner. All work at the practice full-time and have worked at the practice for between three to 16 years.

The group has around 27,000 patients, mostly from very diverse and deprived backgrounds. Practitioners work with a lot of patients who are unemployed or who receive benefits. There is a large elderly patient population, and one of the practices looks after a large number of care homes.

The group also provides some speciality services, including minor surgery and a recently appointed sexual health nurse. There is also a focus on digital health and the use of remote and video consultations.

## Staff wellbeing

Covid-19 had a large impact on the Loomer Medical Group, both in changing the way that staff worked within the practice and how staff engaged with the public. The transition was described as 'difficult', and staff had been physically and mentally effected by changing work pressures. These changes were often reflected on when considering the 'new normal'.

Some of those interviewed found working in the practice quite isolating, with a GP mentioning that it could be hard to identify when colleagues were free or in a patient consultation, which made it hard to reach out for support.

*I think the thing that definitely negatively impacts [your wellbeing] is when you're quite isolated... I can find actually being in practice more isolating*

*because although there are people here, you don't always know if they've got a patient if you need to wait outside.*

GP

There were also some comments suggesting an apparent lack of equality across the practice, in terms of workforce flexibility and working from home:

*There isn't always the amount of laptops, but I kind of think sometimes it should be like an all or nothing approach.*

Pharmacy technician

Staff also discussed how there was a long-working hour culture, and some staff work longer hours instead of delegating or sharing work across the team, as it was 'easier'. This means that some felt tired and at risk of burnout. Alongside this, a number of employees felt they were unable to be involved in practice decision making, which led to perceived restrictions in job roles and work locations, meaning some staff felt upset and had reduced wellbeing.

The practice had also experienced increased turnover in the past few years resulting from an accumulation of pressures and increased patient demands. Consequently, the remaining staff are working more hours than previously. This has not been aided by the constant negative media portrayal about primary care, and new government announcements about the introduction of Covid-19 passes, which meant that the public then demanded to be seen.

*There is a massive influx of people saying 'I heard this on the news'.*

Clinical lead and senior GP partner

Pressure from the public for appointments and calls has and continues to increase, and staff felt that more is now being expected of primary care in comparison to other medical professions yet pay remains unchanged (as the cost of living increases), and the public have at times been verbally abusive to staff. This has culminated in staff wanting to leave the practice (and sometimes the profession) and reducing staff wellbeing.

## **How work practices have been adapted to help wellbeing**

The Loomer Medical Group had introduced a range of measures aimed at responding to the increase in demand from patients and the need to accommodate flexibility for their employees and the needs of their wellbeing. For example, the demand for more flexible working patterns had increased and for most this has been implemented successfully. Many clinical staff have been able to do administrative work from home to free up time during patient contact hours, this also meant employees were able to work around other responsibilities. Staff with young children have been able continue with online consultations and administrative work from

home in ways that mean they are also able to engage in family life. By engaging in more flexible working patterns, staff members have been able to pursue other passions outside of work, which has improved their wellbeing at work. One staff member mentioned that they do work some additional hours due to the flexible working policy, but they saw this as an 'investment' in themselves.

*I would say voluntarily and not because of pressure. I do quite a bit more than that and that is because they perceive it as an investment in my personal development.*

Advanced clinical practitioner

Practice working styles are reviewed on an 'as and when' basis and any discussions about changing work patterns typically came from the employee approaching their manager to propose a change which is then discussed in an informal manner. The practice tries to provide a dynamic service so reviews to working patterns are typically constant.

*It's very hard to give you a specific structure because we are a very dynamic organization. So we have an approach of flex into the needs in the day.*

Advanced clinical practitioner

Different ways of working have been trialled in the practice to find which suits individual needs the best. For one GP working styles were adapted so they could work remotely for short periods of time so they could improve their wellbeing and develop their passions and hobbies. This was trialled for three months to review how it worked for both the individual and the practice.

*That's part of our own in-house trial to see how much I would actually get done rather than being subcontracted... I probably did the equivalent of about six or eight hours worked, and we're gonna have a meeting and feedback to them about how useful that was for them or not.*

GP

An acute clinic is being trialled on Mondays and Tuesdays, where non-clinical staff take patient information and then clinical staff make clinical decisions. This means that more patients can be seen without needing to complete the additional administration tasks.

*Seven or eight staff, who are unqualified professionals to some extent, and they will take the history and then feed it back to me, and I'll make the clinical decision whether I need to prescribe something... So it's quite a full long day on those days, particularly making the decision on that many patients.*

Advanced nurse practitioner

For flexible patterns to be successful, it was noted that trust was needed from the leadership team. Some staff had concerns about the fairness in which flexible requests were being met. One employee, when changing their working pattern,

mentioned that they felt fully trusted and supported by senior partners but had some backlash from junior colleagues, some of whom had worked in a certain way their whole career and who felt that the change was 'quite threatening'.

Digital consultations increased during the pandemic but have since settled to around 60% of all patient consultations. This was welcomed by all staff as it means that they do not always need to be in the practice to speak with patients, freeing up a consultation room and meaning that staff can work easily from home. However, patient attitudes and perceptions towards digital consultations need changing, as some populations still prefer face-to-face contact (especially the elderly). Some suggested that there needs to be some encouragement to go 'digital first, then face-to-face, if needs be'. They predicted that instead of only seeing 30 to 35 patients a day face-to-face, the practice could see 80 to 120 patients using digital consultation methods.

*You had to stay in the surgery in order to do your work, so the option of me being home in time for my kids was just not gonna happen. And so that was driven by if you like, fundamentally a selfish desire to say, well, actually, I don't wanna stay here and do work if I if I could do what I wanna do 'cause it's time critical... I can't virtually have dinner with my kids.*

Clinical lead and senior GP partner

Training opportunities have also been introduced. Clinical staff have the opportunity to access financial bursaries of £1,000 across three years to use as part of a personal development plan. This is discussed with line managers to ensure that it benefits both the individual staff member and the practice.

*It's [the training] has just got to be one for the organisation, two financially viable and three will it help to develop the service?*

Advanced nurse practitioner

It has been reiterated to staff that support is available as and when needed, and workload issues should be raised in meetings, especially when it is too heavy, and this will be discussed and work re-allocated if possible. A number of different managers in the practice could be approached for support, so staff members had choice with regards to who they could disclose to. Interviewees reported that when issues have been raised, managers have been responsive and provided suitable individualised measures including workplace counselling and working from home.

*People do raise their hands and [their] workload sometimes is reduced.*

Advanced nurse practitioner

It was suggested that having more administrative staff would also help to relieve pressure in the practice and to help to reduce further turnover.

## Implications for staff wellbeing and practice outcomes

Those interviewed believed that the adaptations to working roles, methods and working hours had been positive for the staff at the Loomer Medical Group. However, it was also acknowledged that more work was still needed for wellbeing of staff to be improved, and workplace flexibility to be fully embedded. However, the staff members interviewed were all currently happier with their roles and their wellbeing had improved as a result of the adaptations in the practice and had no current plans to leave the practice.

Importantly, staff reported that their working patterns were now sustainable, and less likely to result in burnout as it suited their needs. The four-day week which a number of staff have adopted has led to staff being more productive on the days which they worked and having the opportunity to recuperate on the remaining three days.

## Lessons Learned

- Having a supportive and collegiate environment is important to allow for open and honest communication with regards to when workload was becoming too much and when adaptations needed to be made.
- Being able to delegate or re-allocate work across the team was a key to ensuring that staff felt supported, but required a lot of thought among senior staff with regards to how this could be achieved fairly and with reduced implications to the workload of others.
- Having a clear understanding of the roles and work patterns of team members is important when dividing tasks within the medical group.
- Having technology in place to allow for remote work and the enhanced use of digital consultations is necessary. Although progress has been made in this area, it was recognised that improvements to the technological infrastructure could still be made to reduce staff stress and allow for more efficient work practices.
- Progress had also been made in the level of support staff received and the accessibility to senior managers to discuss concerns. However, staff reported that slight amendments to the work environment could help make patients feel at ease when entering the practice.
- The bursary for formal training was welcomed by staff. However, staff felt it was also important to receive training about how to understand the needs and attitudes of patients (who may become abusive), and how this could have an impact on staff wellbeing.
- It was acknowledged that having variety in tasks and roles is important for staff wellbeing, and that staff needed a balance between what they enjoyed doing and fulfilling the needs of the practice and patient demands. Although this was improving, staff felt that managers could be having further and

regular conversations with staff (and having such discussions at recruitment), to ensure that needs are being met, with the aim of reducing further future turnover.