Case study 6: PC24 Sefton

Practice context

Primary Care 24 (PC24) is a social enterprise that runs seven General Practices (GP) in Sefton, in the North-West of England. As a social enterprise, PC24 does not generate profit, and instead invests any surplus into the development of new and existing services. The seven practices are in areas with high levels of deprivation, and they service approximately 21,000 patients. The patient population is typically of lower socioeconomic status and has a high proportion of home-bound people that require a home visiting service. In addition to running the practices, PC24 operate a GP out of hours service that covers a wider geographical location and has patient population of 1.3 million. PC24 is run by a central leadership team, with each area having their own operational management team. Across the seven practices, they employ five salaried GPs, three long-term GP Associates and six regular locum or agency GPs together with three advanced nurse practitioners.

Staff wellbeing

The practices are facing significant workforce challenges, having recently lost six patient facing GPs, many of whom cited burnout as the reason for stepping back from their patient facing role. The impact of the resignations on the organisation and remaining staff has been compounded by a national GP shortage, where fewer GPs were coming through the system and seeking ‘traditional’ jobs in general practice. The staff shortages meant that on some days, several of the practices have been without a GP.

> *The older GP's are retiring a bit earlier and I think that now there's lots of options for GP…now there's lots of other services that you can work for… like, telephone triage jobs… you can work from home. So, there's a lot more options these days now. So try to get GPs into practice and be some old fashioned GP… it's getting harder and harder so it puts massive pressure on us and our practices.*
>
> GP

The staff shortages only added to what was deemed to be an unmanageable workload for the clinical staff remaining at the practice. Many struggled to complete both the consultations and administrative elements of their role within their contracted hours, resulting in staff regularly having to working overtime. The use of locums to cover absences did not appear to help to reduce the overall workload.

While locums conducted patient consultations, they did not complete as many of the administrative elements of the role. The salaried GPs were expected to undertake these additional tasks, and this constant pressure has resulted in GPs taking periods of sickness absence.

> *It got to the point where I would either have a day where I'd be like, right. I'm going to smash it out the park and just see everybody and do everything. And then equally the next day, I could have a day where I was in tears before 9:00 o'clock in the morning because of the amount of work that needed to be done.*
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> GP

In addition to the workload pressures that the staff experienced there was also the perception that the structure and workflow had an impact on staff wellbeing. The expectation that a GP's working pattern is a full day, five days a week, excludes many GPs from the job, particularly those with caring responsibilities. Those who were unable to work a 'traditional' working day, but could work flexibly around other commitments, were unable to contribute in the way they would have liked and felt underutilised

> *It's very frustrating when you want to be able to work and you can't.*
>
> GP

Covid-19 significantly shifted ways of working, with many GP's conducting telephone consultations from home. While this increased the flexibility regarding working location, the days became less predictable, and some concerns were raised about maintaining patient safety.

> *I like to know how my day is and then all of a sudden we're all on telephone triage and I just rather see them in person…I already that felt hugely stressful because I was just worried about missing things. And we had locums filling gaps, the quality of the locums was not good. I felt like I needed to have eyes in the back of my head to make sure that patient safety wasn't being risked by some of the decisions that they were making and just things just weren't safe, processes weren't getting dealt with properly.*
>
> GP

Many of the practices only have one GP. The pressures of being a lone GP in a practice were described as immense. As well as feeling isolated, they reported they were often the first port of call for all the issues that occurred in the practice.

> *So there was an awful lot of stress and there was an awful lot of untrained staff as well... And so basically everything became my problem. I would walk in in the morning and there would be paperwork all over my keyboard and stickers all over my monitor of problems which weren't even anything to do with me, really… So, it became quite overwhelming.*
>
> GP

We're all in our little practices. The seven practices across all the different sites. So often we don't you know you can go through your day and not see another GP.

GP

How work practices have been adapted to help wellbeing

PC24 undertook a two-pronged delivery approach to try and manage the wellbeing concerns that the GPs were experiencing. Firstly, they evaluated the responsibilities within the GP role and found the administrative tasks were contributing significantly to overtime and a feeling among many that they were at risk of being overwhelmed. To lessen the burden of these tasks they decided to split out the GP role into two patient facing and two admin roles. The 'admin GPs' sit within a new clinical hub, which is a remote central office that deals with the paperwork for all seven practices.

The clinical Hub is staffed by two clinicians who could work very flexibly, due to the non-patient facing nature of the role. The clinicians at the hub could work full-time hours, but flexibly, fitting it around their personal commitments. The admin GPs are also flexible and if there are urgent patient facing consultations that need attending to when they are in the hub, they are happy to step in and help out.

So, we created a clinical hub and we have two clinicians on every day. You either work from home or [work physically from] our base and they help with our prescriptions. They help with our documents and all that sort of stuff to take the pressure off the GP…we sort of reacted to the fact that we just we just can't get through this volume of work or by ourselves. We need some extra support basically. So, we did that as a response to this sort of issue.

GP

In addition to the creation of the clinical hub, individual circumstances were reviewed on an ad hoc basis. Staff showing signs of burnout or who had taken periods of sickness were engaged in a discussion about their job role. During these discussions the senior management sought to understand how the role could be redesigned to best suit their needs. This resulted in changes such as a shift in role responsibilities, a step back from patient facing work or a move to more flexible working patterns. If staff were not outwardly showing signs of burnout, the annual appraisal was the vehicle for this conversation.

I'm at the point now where I'm telling you [the practice] I cannot go back to doing 10 hours a day on my own in practices that aren't supported and it's not good for my professional development. It's not good for my mental health. It's not good for anything. And they [the practice] were like, 'right, well, rather than you leave…What would you like to do? What can you do?'

GP

For some, changes to job roles involved moving to the ‘admin GP’ position, allowing staff to exercise their clinical skills and curiosity, but not deal with the burden of direct patient consultations.

> *There's even some choice within the supporting [role]. So, for example… if I get some blood results or…I end up looking through someone's notes and I thought ohh this hasn't been managed very well, I can still pick up the phone and have direct contact with the patient. So, in a way I can kind of choose I want to.*

GP

Those working in the admin GP role suggested that the position provides a level of clinical ‘quality assurance’, as they can identify any potential inconsistencies in the paperwork and instruct any further clinical exploration that may be required.

Finally, to help with remote working, laptops were issued, and a better technological infrastructure was developed:

> *‘For the sake of the cost of a laptop and a few hours of setting someone up in my case, that's the difference between, a few hours [work] a week and managing to work full-time.’*

GP

Implications for staff wellbeing and practice outcomes

The impact of the changes has been positive for GPs, although it is acknowledged that there is still some way to go for the new ways of working to be fully effective. For the admin GPs, the role has enabled them to work full-time and use the skills they trained for, but in a way that works around their personal commitments.

> *I was an unutilised resource, because the hours of general practice, it's now at the point where so many surgeries are short, they need the whole 10 hour day covering, which I'm very happy to do but I can't really offer on a regular basis. Not through choice, but through circumstance, but this way I can basically offer full-time hours.’*

GP

The adaptations have also seemingly had a positive impact on wellbeing and have encouraged the admin GPs to stay in the organisation, as the level of flexibility provided is not commonly offered elsewhere. The role has also given them the agency to explore their clinical curiosity, but also benefits the organisation by ensuring the paperwork is completed to a high standard, minimises delays for patients and has reduced the stress of full-time patient facing consultations.

[I] turn off the screen from three to four. Just do an hour in the evenings. I mean, it's absolutely, you know, life changing. Really…. I've got no plans to leave… my wellbeing's been pretty good.

GP

The redesigning and recrafting of the GP roles also allowed staff to take a step back from clinical practice (for some, of any kind), and was thought to be fundamental to improving the wellbeing and retention of staff. The GPs valued having more control in the management of their own work.

It's amazingly flexible. [I'm] still quite pinching myself at the moment… I can let the team know if I'm missing for an hour or whatever and I'll just work that hour later on in the evening and or whatever I need to do to catch up…it's lifted an awful lot of stress and struggle to leave the practice at half six…I just couldn't leave on time but now I can be in charge of my own workflow. I know what I'm doing from day to day. Just having that element of control is amazing.'

GP

Lessons Learned

- The central leadership team recognised that adaptations to the working practices of GPs needed to be amended as a result of the staff turnover and the implications for staff wellbeing.
- Taking an overview and evaluation of current roles within the practices was important, to understand both the level of patient demand and the impact this was having on staff. This led to being able to recognise what the changes could be, and where they can be applied.
- The development of the clinical hub has helped GPs to craft working practices to suit themselves, the practices and patients. The hub will be reviewed in a year, but if the model is seen to be effective then it could also be applied elsewhere.
- Providing the staff with the opportunity to discuss their roles and consult with management about what would suit them, emphasises the importance of consultation and understanding staff needs.
- The GPs were aware that changes in working practices had to be managed alongside practice and patient needs, so care was not compromised.
- Although the changes have been supported, there was still recognition that recruitment of further GPs is necessary to reduce the intensity of the workload that staff were still experiencing. However, recruitment is now emphasising flexible work patterns, with the hope that this would aid with GP recruitment.