

Job crafting and flexible working in general practice

Stephen Bevan, Zofia Bajorek, Megan Edwards and Claudia Plowden Roberts

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Institute for Employment Studies
City Gate
185 Dyke Road
Brighton BN3 1TL
UK

Telephone: +44 (0)1273 763400
Email: askIES@employment-studies.co.uk
Website: www.employment-studies.co.uk

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Executive summary

Please note: The views expressed in the report are those of IES and the research participants, and not that of NHSE.

Although there is evidence of new and innovative approaches to flexible job design and flexible working patterns in the NHS as whole (a promise contained in the NHS people plan), there are few examples of how this can be applied within general practice. From the evidence of diversity of working arrangements in general practice that currently exist, some aspects of job design and flexible working arrangements have been harder to embed, one reason being the difficulty of finding the right balance between patient, staff, and wider practice needs. Previous research has suggested reconfiguring roles, whether through introducing workplace and role flexibility and job crafting in ways that fosters job satisfaction and reduce potential burnout in employees. With evidence accumulating reporting the high levels of stress, work intensity and burnout among GPs (exacerbated by the Covid-19 pandemic), and concerns about both recruiting and retaining GPs, now may be the time to understand if improved work flexibility, and the ability for GPs to craft their roles can protect the mental health of GPs, whilst maintaining high patient safety and service quality standards.

This study has explored how six GP practices across the UK have approached the challenges of designing and implementing flexible work designs and job crafting to meet the increase in patient demands and ensuring that individual staff needs, and the wider practice can be balanced. The Practices varied by size, location, and the communities they served and had also adopted different approaches to job designs and flexible working in the previous two to three years. Case study interviews with practice managers, GP themselves, practice nurses and other clinical support staff were conducted in each of the practices. The focus of the interviews was two-fold: the nature of the working arrangements in use, and the processes by which they were implemented and evaluated. Implications for staff wellbeing, patient care, career experiences and retention were also identified.

Although the six practices varied in the levels and types of flexibility offered, and how they were implemented, clear themes and learning points were identified, which may help and guide other practices to consider how flexible working and job crafting may be used to manage high GP workload and increasing work intensity. These include:

- **Strategic alignment:** practices were adopted as a reaction to the increase in patient demands, work intensity and workloads. There was also evidence to suggest that flexible practices were being used to respond to or try to lessen recruitment concerns and provide other medium to long-term benefits. Alongside optimising operational effectiveness, practices were also trying to enhance GP education, training and supervision.

- **Leadership:** senior staff and those in leadership roles played an important role in the effective implementation of flexible work practices. This included ensuring that the strategic vision was achieved and having effective communication processes (practices that used a more consultative approach had more staff buy-in). Practice managers/operations managers had a central role in the planning, communicating, and implementing changes. However, this did lead to questions regarding how equipped practices are with Organisational Development (OD) skills and capability, and whether this could be an area of further development.
- **Design and implementation:** the way in which flexible work practices are developed and introduced is also important. Careful choices need to be made when implementing new or unfamiliar work practices which are about staff deployment. Role boundaries also have to be managed, looking at the way tasks are allocated to enhance both practice delivery and staff wellbeing. Finally, introducing new ways of working is a process, and monitoring and 'tweaking' changes may be needed.
- **Process issues:** consultation, dialogue and good communications were viewed as essential, with staff needing to feel supported whilst changes are being made. The process needs to be seen as fair and consistent for all staff. Clarity is required by staff about who their 'line manager' is, and who they can discuss their wellbeing and work needs with. Finally, practices should be continually monitored and staff voice is critical in this process.
- **Working relationships and teamwork:** the importance of good teamwork and good quality relationships was a common theme throughout. This included working in a supportive and compassionate climate, having the ability to be open and comfortable to disclose when more support is required, and ensuring that any changes do not negatively affect colleagues or patient care.
- **Evaluation and Improvement:** in fast moving environments monitoring changes for progress can easily be neglected, but there are a number of ways through which this can be undertaken. These include: linking an honest assessment of success back to the strategic purpose of implementing flexible working; whether staff report an improved work/life balance and feel more in control of their workload; and if/how the principles of flexible working and job crafting can be extended further within the practice.

The case studies illustrate that, even in the face of increasing demands from patients, the changes in working practices demanded by the pandemic, and the staffing challenges facing the NHS, it is possible to create working environments where excellent patient care can be delivered and staff wellbeing can be nurtured.

1 Background to the project

The NHS people plan contains a promise that NHS staff can work flexibly and that they do not have to sacrifice family, friends or interests for work¹. While there is growing evidence² of more diversity in working arrangements in general practice, some approaches to job redesign, flexible working and flexible contracts have sometimes been slow to take hold. Flexible working in general practice always has to balance the needs of patients, the wider practice and individual GPs. Recent coverage in some parts of the media regarding face-to-face consultations and part-time working among some GPs illustrates how sensitive this topic can be. However, with growing evidence of stress and burnout amongst GPs, it is inevitable that there will be growing demand for greater flexibility in the way GPs organise their work and craft their jobs to maximise patient care and safety, while protecting the mental health of GPs and their colleagues.

Approaches to job redesign, job crafting and flexible working may also need to adapt to their needs at different stages of a GP's career and lifecycle. This can range from the post-qualification years, mid career or late career and could be for a number of reasons such as caring responsibilities, to provide professional mentoring/teaching, to reduce work intensity etc. Being able to offer a range of flexible working practices and job role flexibility also offers the potential to make a career in general practice a more attractive option to those choosing a medical specialty, as well as those already in general practice who may be contemplating early retirement or a career change.

Although there are many long-standing and innovative approaches to flexible job design, job crafting and flexible working in the NHS as a whole, there are relatively few examples in general practice. As previous research on GP burnout suggests, the pressure to mitigate the most damaging effects of burnout in general practice means that steps to reduce job demands and work intensity, and to adopt working practices which promote positive psychological wellbeing, require accessible and sustainable responses. Job crafting is an approach which is being embraced with some success across a number of sectors. Based on the principle that the job holder is often in the best position to know how a role can be reconfigured to improve performance, reduce work intensity and promote wellbeing. Compared to a more conventional 'top down' approach to job redesign, job crafting captures what employees do to redesign their own jobs in ways that can foster job satisfaction, as well as engagement, resilience and thriving at work. It is also a process by which employees independently modify aspects of their jobs to improve

¹ <https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/the-promise/#we-work-flexibly>

² <https://www.ft.com/content/590a7cc5-ba45-4a4d-8d22-ad6293c2af3e>

the fit between the characteristics of the job and their own needs, abilities, and preferences.

This study has been designed to explore how six GP practices have approached the challenge of meeting increasing demands from patients and ensuring that the needs of GPs and other staff for flexible working and reconfigured job roles can be balanced. This report sets out how the study was conducted, presents six case studies and identifies lessons and themes which might guide practice elsewhere.

2 Our approach

We planned a small qualitative study, using case studies and interviews, to identify and assess the approaches to job redesign, job crafting, the adoption of non-standard working hours and flexible working contracts in general practice, which are currently being used. This work was intended to identify up to six practices which use all or a combination of these approaches in different ways and to identify the genesis of these working arrangements. Including how they have been implemented, how effective they have been in balancing the needs of stakeholders, and what lessons can be learned which can support the adoption of job crafting and flexible working across general practice – especially where these can result in the reduction of the risk factors for burnout.

These case studies have included interviews with GPs themselves, practice managers, practice nurses and other clinical and support staff. The focus of the work has been on both the **nature** of the working arrangements in use and the **processes** by which they have been implemented, adjusted and evaluated. Among the outcomes of interest for the study were self-reported burnout, impact on patient care, changes to early and mid-career experiences of general practice and any impact on retirement or resignation intentions.

Using the network of GP contacts held by NHSEI, by IES and others, we identified (from a list of 12 volunteers) six practices with different profiles (varying, for example by size, urban/rural locations, serving relatively deprived or affluent communities) who have adopted different approaches to job design and flexible working in the last 2–3 years. IES has interviewed GPs, practice managers and other clinical staff about these changes in order to be able to write up a case study illustrating their current working arrangements and how they are operating. Broad topic headings for these interviews have included:

1. Recent history of the practice
 - a. Community served.
 - b. Case mix, services provided, other services commissioned.
 - c. Staffing profile – GPs, practice nurses, admin/support staff/other – service profile, specialties; working patterns, hours worked.
 - d. Pressures for change – patient demographics, Covid/other clinical needs, public health, technology, work intensity/workloads, health of staff in the practice, other?
2. Examples of changes to roles and working patterns
 - a. Operational issues which highlighted the need for change – what were the pressure points and what would have been the consequences of not changing/adapting?

- b. Nature of changes – to job roles, to working patterns or to working practices.
- c. Detailed example of changes to a GPs job role (hours, tasks, accountability, skills etc).
- d. Who led the change? Were different options considered? Were alternatives tested or piloted? How did consultation happen?
- e. What were the pros and cons of the options considered? What risks were envisaged and how were these mitigated? What would have been the consequences of failure?

3. Reflecting on implementation

- a. What has worked well and less well? Why?
- b. Have there been further changes since implementation? What and why?
- c. What would you do differently if starting again? Why?
- d. What lessons from your experience could benefit other practices embarking on similar changes?

4. Benefits

- a. How have patients benefitted?
- b. How has the operation, performance, sustainability and effectiveness of the practice benefitted from the changes?
- c. How has the emotional wellbeing of practice staff and GPs themselves benefitted from these changes?
- d. Other benefits?

All interviews have been conducted on a confidential basis, with participants remaining anonymous in the final case studies.

The case studies from all six GP practices appear in Appendix 1.

A table summarising the main characteristics of the case study practices appears below:

Table 2.1 Summary of the main characteristics of the case study practices

Practice	Location/ICS	Patients	Staffing	Flexibility and job role changes	Key lessons and impacts
Portsdown Group Practice	Cosham, Hampshire and Isle of Wight ICS	58k	185 staff 81 clinical, nursing and AHPs 11 clinical partners	Had previously lost two GPs through burnout prompting a review of working practices. Changes include remote working, shorter working weeks, part-time working and compressed hours. A new rota introduced to balance needs of patients (including 15 minute appointments) and some staff (including GPs) for flexibility and work variety to reduce intensity and workloads. Staff encouraged to request a work pattern that helps achieve this balance.	Working arrangements have helped with recruitment and retention and wellbeing of GPs and other staff. High levels of staff involvement in evolving job roles and working patterns have increased commitment and loyalty and reduced peaks of work intensity without compromising patient care. Not just a one-off - requires continuous OD effort especially in such a large organisation.
Village and Freshfield Surgery	Formby, Cheshire and Merseyside ICS	14k	5 FT GP Partners 3 salaried GPs 5 FT physician's associates, Practice nurses, HCAs, pharmacists, practice manager and admin/reception staff	Reviewed flexible working practices in 2017 in response to workload and wellbeing pressures. Work intensified by Covid-19, increasing patient numbers, an ageing population and more complex cases. Fears over burnout, recruitment and retention led to a consultation exercise including process mapping and a review of skill mix. Piloted the use of four longer working days plus a rotating day off for all GP partners (leading to one long weekend every five weeks). Similar scheme for physician's associates Other staff have requested flexible working all coordinated by practice manager.	All new arrangements reviewed after three months. Working well for all parties so far (staff and patients) but has flagged up the need for an extra adult health visitor post and two locum pharmacists to help with workload. Better able to cover short term absences, greater flexibility to conduct remote consultations and fewer missed appointments with named GPs. Better rotation between acute and routine cases for GP's has also helped reduce work intensity and improve wellbeing and retention.
The Grange Practice	Ramsgate, Kent and Medway ICS	13k	4 GP partners 4 salaried GPs	Increasing patient demands and higher and more intense workloads together with some experience of burnout prompted	Relatively new set of working practices so still evolving. Evidence that flexibility has helped recruitment and retention of GPs in

Practice	Location/ICS	Patients	Staffing	Flexibility and job role changes	Key lessons and impacts
			4 practice nurses 3 nurse practitioners Phlebotomy and pharmacy staff	greater adoption of flexible working. Eg an expanded role of community focused nurse practitioner who pre-emptively contacts frequent callers and high dependency cases (and do home visits) to reduce the number of complex cases or where social needs dominate. Also piloting compressed hours working for some GPs. Eg four days compressed hours to balance acute and routine cases and to support the developing specialisms eg emergency medicine and training roles. Other staff encouraged to suggest adaptations to working arrangements which help wellbeing and work-life balance and which support patient care and smooth operation of the practice.	a tight labour market. High levels of staff involvement led to buy-in and feeling supported. Alignment of staff needs for flexibility with need to adopt roles and services to reflect changing demography and more complex needs of the elderly. Early signs are that role flexibility can help reduce long periods of work intensity, support wellbeing and improve sustained high-quality patient care.
Darwen Health Centre	Blackburn, Lancashire and South Cumbria ICS	13k	6 GP Partners 4 salaried GPs Advance nurse practitioner 4 practice nurses and other clinical/AHP staff Business manager and admin/reception staff	Initially adopted some flexible working practices five years ago but recent workload pressures from Covid-19 and increasing patient numbers led to a review of roles, hours, rotas and wellbeing. Encouraged GPs to suggest working patterns which allowed them to perform the full range of clinical duties with patients, but also balanced these with needs for work-life balance and CPD. Includes flexible start and finish times, compressed hours (four-day weeks). Oversight by business manager and GP partners to ensure fairness and adequate cover of both acute and routine	Improvements in morale, wellbeing and feelings of involvement. Staff feel empowered and engaged despite workload pressure. Feelings of collaboration and teamworking have increased with positive benefits for patients. Work intensity now feels under more control and opportunities for staff development and training have increased. Role of business manager in overseeing the implementation of these changes is continuous, especially as the changing needs of patients always take priority.

Practice	Location/ICS	Patients	Staffing	Flexibility and job role changes	Key lessons and impacts
				clinical services. Junior staff have also needed support to cope with more pressure and some abuse from patients.	
Haymarket Health Centre (Loomer Medical Group)	Stoke-on-Trent, Staffordshire and Stoke ICS	27k	150 staff 25 GPs	Increased patient demand and heavy workloads exacerbated by Covid-19 caused challenges in wellbeing and meant that many GPs felt they were working in isolation from colleagues without support. Greater incidence of long hours working. Shift to flexible working has led to more remote work (eg doing admin at home) part-time and compressed hours (4 days working) and flexible rotas. Staff had a big say in initiating and trialling new arrangements. Admin staff were involved in supporting acute clinics, reducing routine work usually conducted by GPs.	Have tested and revised many of these working arrangements until they settled down and became routine. Morale wellbeing and retention have improved. Have increased patient consultations to around 100 per day from 30 to 35 per day by using digital consultations. Access to CPD opportunities have been monitored and expanded and there is greater openness and willingness to discuss staff wellbeing and workload issues. This enables reallocation of work to cope with peaks. Has highlighted central role of senior GP partner and other leaders in monitoring these changes and communicating with staff as working arrangements evolve.
PC24	Sefton, Cheshire and Merseyside ICS	21k	5 salaried GPs 3 long-term GP associates 6 regular locums/agency GPs 3 Advanced nurse practitioners Other clinical/AHP staff and admin/reception staff	Losses of GPs citing burnout in recent years led to reassessment of GP roles, access to flexible working and impact on patient care. Increases in patient numbers and complex cases exacerbated by Covid-19 - contracted hours rarely sufficient. Staff across the practice still a concern. Introduced clinical 'hub' within which GPs clinical and admin duties could be differentiated and roles rotated to share intense workloads. Allows some	Creation of GP roles where the focus is admin tasks has allowed respite from intense face-to-face working while providing the practice with additional quality assurance oversight of complex clinical cases. Flexibility to work remotely and schedule non-contact work at times which suit GPs has also been welcomed. Giving GPs more control over work has improved morale and retention and is also

Practice	Location/ICS	Patients	Staffing	Flexibility and job role changes	Key lessons and impacts
				GP homeworking for mainly admin duties. Offered other flexibilities to GPs with wellbeing concerns to provide support and opportunities to decompress.	proving to be beneficial when recruiting GPs.

3 Emerging themes and conclusions

There are a number of themes which have emerged from this study which help summarise some of the learning points from the case studies. These may guide other practices as they consider how flexible working and job crafting can help them to adjust to high workloads and increasing work intensity. We have organised these themes into six clusters.

Strategic alignment

To some extent each practice had adopted flexible working practices and adaptations to job roles and work schedules as a pragmatic reaction to sustained increases in patient demand, workloads and work intensity. Some were also reacting to recent or anticipated staff retention problems. In addition to the need to respond to these pressures, several of the practices had also tried very hard to ensure that changing working practices had medium to long term benefits. For example, they had given careful consideration to a number of strategic questions such as:

- How well do the flex/job crafting practices align with the need to balance the needs of patients, staff and the wider practice? The so-called 'sweet spot'.
- To what 'problems' are the flex/job crafting practices a solution? (eg workload, mental health, recruitment and retention etc).
- Strategic 'fit' – how well are working practices aligned to the needs and characteristics of the practices (eg size, needs of the community, staffing profile etc).

As well as optimising day to day operational effectiveness in a way that accommodates the needs of staff, most of the practices were also trying to maintain or enhance their role in GP education, training and supervision. Most were also trying to implement plans to develop and broaden the range and focus of their services to the community (eg triage, community outreach, prevention, screening, social prescribing etc).

Leadership

There are several lessons regarding the leadership of the practices and the roles that senior staff play in effective implementation of flex/job crafting:

- Strategic vision – matching staffing and staffing practices with plans for the practice – not just reacting to short-term pressures
- Effective communications – who does this and how can managers make sure changes result in a big difference to the effective introduction of successful flex/job crafting

practices. In general, the more consultative and participative the leadership of the practices were, the more staff buy-in they achieved.

- Role of practice managers/ops managers – it was clear that these managers played a central role in planning, communicating, executing and evaluating change. This is often because they have a good operational overview of the practice and its staff, its patients and its finances. Some had thought clearly about scope of HR responsibilities held by these managers, their delegated authority to make decisions about working patterns, and their role in monitoring and evaluation.
- Organisation Development (OD) skills – given that introducing flex/job crafting is a process not an event, how well-equipped do practices need to be with OD skills, knowledge, experience and capability? At one level it makes sense to focus investments in skill development here, in practice and operational managers. In some cases, this would involve confirming, codifying and consolidating skills they have already developed in the course of doing their jobs. For others it might be beneficial to offer targeted learning and development interventions to practice and operational managers whose role includes the planning and implementation of changes to working practices, rotas and job roles.

Design and implementation

Several issues focusing on the way that flex/job crafting practices were put in place emerged:

- Careful choices need to be made about new or unfamiliar flexible working practices and job role changes which are about staff deployment (managing peaks in workload, responding to the caring needs of staff, ‘smoothing’ out high-intensity work, aiding the introduction or expansion of e-consulting or telephone consultation). Other managers may focus on creating opportunities for personal development and skill acquisition or helping prevent and manage wellbeing issues among staff (mental health, burnout etc).
- Managing role boundaries – in general practice this can mean going beyond conventional approaches to ‘skill mix’ by looking at the ways that allocating tasks flexibly between colleagues can support ‘smart’ deployment, enhance the ability of the practice to carry out preventative and triage work, increase CPD/Learning opportunities for staff, deliver high quality care and give staff great control over their work, in ways which can reduce work pressure and help staff to decompress and recover from intense periods of work.
- Learning and ‘tweaking’ – as noted above, introducing flexible working or job crafting is a ‘process’ not an event and needs constant monitoring and a willingness to make changes if needed. This means being willing to adapt and adjust working arrangements or job roles if they are not working for staff or patients rather than hoping that ‘things will work out’, when they clearly will not.

Process issues

There were many examples where effective management of the 'process' of adopting new working arrangements helped to make flexible working or job crafting successful or, when ignored, would make success more elusive:

- Consultation, dialogue and good communications are essential – the voice of staff and patients' needs to be woven into efforts to reorganise workflow and job boundaries/responsibilities.
- Staff need to feel that they will get support from senior staff and from their peers while changes are being made – especially during periods when workloads are especially intense.
- Fairness and consistency in the ways that flex/job crafting are designed and implemented are important and need to be monitored closely. We found some examples of staff who at times were concerned about equal or consistent treatment but were reluctant to speak up.
- Staff need clarity about who their 'line manager' is – in most cases, this will be the person who will have oversight of the job role, their performance, their development and their wellbeing. On occasions, we found some residual ambiguity about this.
- Evaluation and monitoring – this needs to be owned by a senior team member and to be subject to regular reporting to allow continuous improvement to be made. This also means that staff need to be included in this process, so their voice has a prominent role in making (and 'owning') improvements.

Working relationships and teamwork

It is clear that each of the GP practices in our study have been working under considerable pressure, with demand from patients at very high levels and the obligation to respond to this professionally has been intense. The importance of good teamwork and the quality of working relationships has been a common theme throughout, in particular:

- The importance of working in a climate which, while often intense, encourages staff to be alert to the needs of colleagues for compassion and support. While the common purpose of delivering high quality patient care unites all staff, there are sometimes circumstances in which individual members of the team may struggle with their workload or the complexity of the cases they are dealing with.
- As part of this, every member of staff has personal circumstances which will influence their need for flexibility at work (whether permanent or temporary). Some will be more open about these with colleagues than others, but it is often the case that the more open and supportive a team is, the more comfortable a member of staff will be to disclose that they need flexibility at work.
- Again, the issue of consistency in the access staff have to flexible working arrangements is important. We found that, although some concerns occasionally arise,

there was a very strong focus across all six practices to ensure that access to flexibility balanced the needs of colleagues with the overriding need to maintain high standards of patient care.

Evaluation and improvement

In fast moving and intense work environments it can be easy to neglect the need to monitor progress and to make tactical changes to measures which are not working as envisaged. A number of criteria can be used:

- Link the honest assessment of success back to the strategic purpose of flex/job crafting – eg to help manage workloads, are patients getting a good service and is staff burnout/stress under control?
- Are staff feeling more able to manage work–life balance?
- Are staff feeling in control, able to cope with workloads etc?
- Is there a better understanding of the distinction between work intensity and long hours working? Do flex/job crafting practices reflect this?
- How much further might the principles of flex/job crafting be extended and what skills will the practice need to develop to ensure these practices hit the ‘sweet spot’ of meeting the needs of the practice, the patients and staff?

Each of the practices in our study were at different stages in the evolution of their approaches to flexible working and job crafting/job redesign. None would claim that they had achieved the perfect solution to their operational clinical and workload challenges, although most would agree that they have made significant progress towards more agile and responsive models of organising work, scheduling rotas and defining the boundaries between job roles and responsibilities. All had at the centre of their work the desire to ensure that patients received the highest level of care possible **and** to ensure that GPs and their clinical and non-clinical colleagues were in jobs. Also, that they had access to working patterns which allowed them to deliver this care in ways which accommodated their needs for flexibility and promoted their own physical and psychological wellbeing.

Appendix 1 – case studies

This section contains case studies of our six GP practices:

1. Portsdown Group Practice, Cosham
2. Village and Freshfield Surgeries, Formby
3. The Grange Practice, Thanet
4. Darwen Health Centre, Blackburn
5. Loomer Medical Centre, Stoke-on-Trent
6. PC24, Sefton

We would like to extend thanks to all the staff in each of our case study practices who kindly agreed to participate in the study and who made time to speak to us when each practice was under considerable workload pressure.

Portsmouth Group Practice

Practice context

Portsmouth Group Practice is made up of six separate GP surgery sites spread across Portsmouth covering approximately a five-mile radius. The Practice Group started off with two sites, but has increased in size over the last decade, significantly increasing the number of patients they serve. Currently, they have approximately 58,500 patients on their register. As a consequence of the size and locational spread of the Group Practice, staff commented that there was a noticeable variety of patients across the sites, in terms of age, ethnicity and social and economic deprivation.

I really would describe us as an empire of a practice. We are huge and have got branches all over Portsmouth.

Salaried GP

As a consequence of their size, Portsmouth Group Practice have been registered as its own Primary Care Network (PCN), which was viewed by staff as being beneficial in terms of staffing and contracting as:

Everyone we employ works just for us. We don't have to share our staff with other Practices.

Operations manager

The Group Practice currently employ 185 staff members, of which 81 are clinical staff, including 11 clinical Partners. Staffing levels differ in each individual surgery dependent on the size of the surgery and patient clinical needs.

In October 2019 a new model of care was introduced whereby a North and South 'acute hub' were created, so a large proportion of 'urgent acute day care' is dealt with at two main sites. The practice also provides a range of other services, including adult phlebotomy clinics (which are covered by HCA's), a frailty service, they have cancer care coordinators, diabetes specialist nurses, a heart failure specialist (once a week) and a skin clinic. The practice also employs social prescribers, one of which specialises in weight management. They have also recently been awarded the 'Gold Standards Framework', an end-of-life care service improvement programme.

Staff wellbeing

The staff interviewed acknowledged that wellbeing is important within the practice, for individual health, team morale and patient outcomes, and in the current primary care

sector for the recruitment and retention of GP staff. There was a real understanding that staff wellbeing is a key concern:

The management and the partners they do value us and put staff wellbeing at the forefront. I think we see it as 'happy staff, happy practice and happy patients.' That is the ethos here. This has not been the case in other practices.

Salaried GP

The role of the GP was described as very intense, with no two days being the same in terms of patient needs and demands. Consequently, the GPs reported they had limited planning opportunities for what may be required of them. This had implications for both their physical and mental wellbeing:

Some days can just be emotionally exhausting. It is the nature of the job and you can have really good days and really bad days. On the days that I do work at the end of the day I am knackered...I think it is just something as a GP that you accept. You have some really intense days.

Salaried GP

Some staff had recognised that working full-time at high levels of intensity in general practice was no longer sustainable for the sake of practitioner health and patient outcomes, and that a wider review needs to be undertaken into how general practice can be made more appealing. Role intensity had not helped staff wellbeing with high patient demands, and the increase in the number of patients registered in the practice. This resulted in occasions where breaks and lunch breaks were forfeited if clinical lists were delayed, or other administrative tasks had to be undertaken.

It really can be bang, bang, bang, patient, patient, patient all the time. And you get to the end of your clinic and sometimes you take a breath, and you think, 'what has just happened there?'. It can be so intense because the number of patients you see is just so overwhelming, and you can never use your tea-break because you are always running behind.

Advanced paramedic practitioner

A number of advanced practitioners had recently left the practice and had not yet been fully replaced, increasing demands on remaining staff, and there were concerns that this could lead to further retention issues. Patient demand had also increased because of the pressure from secondary care. Staff commented that the local hospital was 'struggling with local patient pressures' and advising patients to see their GPs. This had resulted in increased patient confrontations, and the assumption that GPs were not working hard enough, affecting the morale of staff:

The local hospital is struggling a lot at the moment, and so we are getting a lot of pressure from them. Patients come in with expectations, and you get a lot of confrontation, but we really can't be doing any more than we are currently doing. We do need to be given more respect.

Salaried GP

How work practices have been adapted to help wellbeing

The operations manager discussed how the Covid-19 pandemic 'set the ball rolling' for flexible work in the practice. Part of their role had always been creating and monitoring clinical rotas for GP's and other practitioners and facilitating practice staffing to ensure that clinical cover in each surgery is appropriate for clinical demand. They mentioned that currently there was no 'flexible work framework', but they aimed to support staff where necessary, and find working arrangements which suited their circumstances where possible:

I suppose we are flexible around individual needs and considering their circumstances rather than having a blanket policy that will affect everybody.

Operations manager

When recruiting staff, the practice considers what skills need to be replaced and what hours of work are necessary to ensure that service provision is not negatively affected. Adverts for positions do include this information as well as the level of pay 'so people who are applying know what we need'. However, as the demand for flexible employment is increasing and is seen as a recruitment tool, the practice is more open to having these discussions.

We have to remain competitive particularly for clinical staff...we have to keep up with the times, and flexible hours is one way to do that.

Operations manager

For current staff negotiating new flexible hours of work and working patterns is also available:

People can put flexible requests in. We're guided by our staff here, as I think we have a good sort of trust here that people can come in and say that I'm really struggling for whatever reason, and we will have a look to see what we can do.

Operations manager

This was supported by other practice staff. For example, a salaried GP discussed how their flexible working pattern was designed to accommodate childcare post maternity leave. They requested to work part-time 30 hours a week, and currently they work two days in the practice conducting face-to-face appointments, and a day a week remotely answering e-consults.

They were uncertain about whether a full day working remotely could be accommodated, because of initial doubts over whether there were enough staff to cover face-to-face consultations. However, since Covid-19, the demand for e-consults have increased and consequently they can spend a day remotely covering this. They mentioned that covering

e-consults could be a long day and they 'pretty much have to work flat out' but they would rather focus on this task for one day to maximise their efficiency and output.

I know that you can't just have everyone working remotely because sometimes there aren't enough people to see the patients face-to-face, but in this case they have been really supportive.

Salaried GP

Another staff member originally requested to work in a specific surgery for stability because of their commute. After returning to the practice following maternity leave, the Salaried GP mentioned that 'I kept on having to change my working pattern until I found one that worked for me and the practice', but now works part-time in the mornings each day (3 days remotely). They approached the operations manager, and trialled a number of flexible working arrangements, finding that management were easy to approach and open to discussion. However, it was noted that:

Because it is a big practice people can have the opportunity to be more flexible. This level of flexibility would just not work in smaller practices, where there is only one GP, as the pressure would be too immense to keep things going.

Salaried GP

Working practices and job design were also adapted to improve health and wellbeing. Although the practice was viewed as supportive and considerate of staff wellbeing needs, individuals reported having to have self-awareness to recognise when their wellbeing has been affected and the confidence to ask for help.

I was finding that I was always tired, and wasn't getting enough time at home and with the family. This was the trigger for me to say something has to change. The onus is on you to admit that you are struggling, and it was easy to get changed, you just need to have the confidence to do it.

Advanced paramedic practitioner

This individual had their hours changed to have two shorter weekdays, but also recognised that having variety in their role that matched their skills also improved their wellbeing. They believed that this added variety made their role more sustainable.

Constantly seeing patients non-stop can be really exhausting...I have made progress in this now by having two other clinics to run that break up the week. I truly believe that having this variety would help everyone reduce burnout.

Advanced paramedic practitioner

The practice additionally changed consultation appointment times from 10 to 15 minutes. This allowed for extra time with patients to tackle 'more complex problems' but also gave staff a chance to catch a breath between patients. This was recommended in the NHS five-year forward plan, but staff were pleased that it was implemented in the practice to help staff wellbeing.

Finally, the practice attempted to manage adjustments to roles and hours fairly, so it can be applied across all staff, not dependent on role or location. This does fall heavily on the operations manager:

It is about managing fairness. We do have to be really careful about how we manage it, so we don't create an atmosphere where it is one rule for one, and another rule for another.

Operations manager

The understanding about still being able to match flexibility with business needs was honest and open, however it was acknowledged that 'we are not there yet' and having better consultations with staff would be important going forward.

Implications for staff wellbeing and practice outcomes

A number of positive outcomes as a result of changes to work practices were identified. The operations manager highlighted that being flexible with working hours has resulted in improved retention of current staff:

If you want to retain someone good, then now you do have to be flexible... We've absolutely retained staff, and if that is what you have to do, then that (flexible working) is absolutely fine.

Operations manager

Staff interviewed also reported the 'two-way' benefit that flexible working gave, mentioning they felt more loyalty towards the practice for being so accommodating. One employee added that their flexible arrangement meant they remained a GP instead of leaving the profession. The changes to their working hours gave them opportunity to continue in a field of work they enjoyed whilst being able to provide childcare, and not be burnt-out by both duties:

The reason why I am still working here and have not given up GP practice forever is the flexibility that was given to me. I did think about giving up, but I felt that would have been a waste as I have a lot to give. If they had said no to the accommodations, I would not have had a choice but to resign. But what they get from me is my loyalty.

Salaried GP

For others, changes in work patterns have meant their role has felt more sustainable, resulting in improvements in their mental health:

A couple of weeks ago, I would have said that I hated my role, but since making changes to the time we have to see patients and having some flexibility in working hours I am feeling a lot better. It does feel more sustainable.

Advanced paramedic practitioner

However, even though working hours and work practices had been amended, the level of patient demand was still consistently high, and changes to working hours would not have a real impact on the intensity of work that employees experienced throughout their day:

We try and see as many and do as much as we can for the patients, but there are not enough hours in the day. We can only do so much, and I suppose we will just have to try and develop tactics and techniques to manage this.

Salaried GP

One tactic that was seen to work was providing role variety, to reduce the intensity of constant face-to-face patients that 'have become more demanding'. This allowed for staff to undertake clinic work (which meant that they were able to use any specialist training they had) and feel like they had a little more control over their patient demands.

When we had less variety in our rotas, I reckon we lost a lot of practitioners because of this. If I didn't have my current break in routine, then I would have left general practice a long time ago. My key message to them is variety in the week.

Advanced paramedic practitioner

Lessons learned

A number of factors were seen to have helped the change in flexibility and work practices at Portsdown Practice Group:

- The size of the practice meant that there was a greater opportunity to allow for a range of flexible work deals to be made with individual employees but still allow for patient needs to be met. It was recognised that this may not have been the case if there were fewer staff, or if there were recruitment challenges. Being able to provide flexibility in location, working hours and job variety was important for all staff.
- At the same time the operations manager recognised that if the practice did not 'move with the times' in developing and implementing flexible work then recruitment and retention would become difficult in the future, and they spent time trying to balance these objectives.
- The operations manager was seen as approachable, understanding and keen to invest in staff to ensure positive wellbeing. This focus on wellbeing was appreciated by staff, and they acknowledged that a number of factors contributing to stress were outside the remit of the operations manager.
- Although the Covid-19 pandemic had accelerated the implementation of flexible work, the operations manager and staff acknowledged that they 'may not have it right just yet' and were keen to evaluate what had been implemented and what could be adjusted going forward.
- It was understood that flexible practices would only be sustainable if they matched patient, practice and individual needs. Co-creation and collaboration with the practice team is important to understand how work practices and job design could be improved to help both working time and work intensity.

- Team members were supportive of the needs of other staff and recognised when other employees may be struggling or needed further support, however, further team support is necessary to ensure that individualised flexible practices can be achieved.
- Some staff recognised when their own wellbeing was being affected by their role, however, more focus is still needed to be proactive about workforce health, including more regular 'check-ins', so all staff have the confidence to ask for changes to work design when needed.

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.

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.

Physician associate

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.

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:

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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.

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.

GP partner

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.

Loomer Medical Group

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.

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.

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.

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.