

Primary Care Working For All

- The views of new primary care
role workers and practice staff

January 2019

Disclaimer

This report is based on conversations or responses freely given by members of the public. Where possible quotations are used to illustrate individual or collectively important experiences.

Engagement officers collect responses verbatim and we also present these in our final report as an appendix. This is important in showing the accuracy of our analysis, and so that further work can be done by anyone wishing to do so.

A full explanation of the guiding principles and framework for how we do engagement and analysis can be found online on our website www.healthwatchbolton.co.uk.

Please note that this report relates to findings observed and contributed by members of the public in relation to the specific project as set out in the methodology section of the report.

Our report is not a representative portrayal of the experiences of all service users and staff, only an analysis of what was contributed by members of the public, service users, patients and staff within the project context as described.

Background

- This work builds on the neighbourhood reports carried out by the Engagement Alliance in 2017. This new report responds to two findings in the neighbourhood study:
 - A need for co-design in the remodelling of primary care services.
 - Community interest in respect of understanding of new primary care models and access arrangements for the new practitioners.
- This work supports the Primary Care and Population Health work streams within the Locality Plan. It responds directly to desires from people to have opportunities to engage with service providers and influence service redesign, so it responds to patients' realities.
- Feedback from the first round of focus groups identified a lack of information and resources available. People were quick to understand the benefit of these new roles after a conversation and thought that some materials would be useful to share with the wider community. Professionals also felt these materials would be helpful.

Introduction

We have surveyed new primary care workers, as well as practice staff, about their experiences of working together. Five areas are looked at as a result of the surveys:

- Positive experiences from the initial period
- How integration and communication are working
- Any difficulties and barriers to working well
- Improving experiences for both sides
- Any other suggestions or concerns

Key findings

Positive

New Primary Care Roles: Value time with patients and effecting changes in health
Practice Staff: recognise relief on GP time and ability to offer more/new services

Integration

New Primary Care Roles: Most feel valued and integrated, but some not invited to team meetings
Practice Staff: Time a factor in integrating new staff, uneven availability of new roles
Both: Communication was often by face to face meeting, supported by emails or phone

Difficulties and barriers

New Primary Care Roles: Having enough time, admin levels required and uneven access to IT systems
Practice Staff: Investment in training felt wasted when staff move on
Solutions: Shadowing and introductory sessions needed for new staff, regular GP time for advice also wanted

Improving

New Primary Care Roles: Desire for structure, a regular space to work, practice staff to understand role
Practice Staff: More time with new staff wanted, also to retain staff for longer

Other

New Primary Care Roles: Could relevant new staff cover flu jabs, also a need for regular clinic times
Practice Staff: Could relevant staff 'take blood', they need more space and more of the roles available

Methodology

This report focuses on a specific part of our study into the new primary care roles. The section highlighted below is relevant to this report.

How we will carry out the project:

- This is a co-design project and feedback from partners has identified a number of barriers to attending focus groups. The method has been adapted to just one combined workshop bringing people, VCSE and workforce together to explore:
 1. Transformation - a brief overview
 2. Co-design principles
 3. What's happening in primary care and how does it feel for people?
 4. New Primary care roles - what are they and what do they do
 5. Barriers and Opportunities to accessing the new workforce.
- Feedback from professionals participating the workshop instigated two surveys specifically for the workforce. One survey to the new primary care roles and one survey to the surgeries, in which the new roles are embedded.
- The final output will be a report that reflects the process, details the discussions and contains an action-plan.

Who we spoke to

New Primary Care Worker Questions

1. What is your role within the surgery?
2. What are the good things about your role?
3. Do you feel integrated into GP practice teams? Please explain your answer with examples if possible.
4. How do you communicate with teams in GP practices?
5. What difficulties are you encountering?
6. Do you have any suggestions to overcome some of the barriers (if any) you are facing?
7. What could improve your experience of doing your job?
8. Is there anything you else you think should be within your job role?

Practice Staff Questions

1. What is your role within the surgery?
2. What are the good things about the new primary care roles? (HIP, MHP, MSK, GP Pharmacists, CANS)
3. Are the new practitioners integrated into the practice team? (please explain your answer)
4. How do you communicate with the new practitioners?
5. What difficulties are you encountering working with the new primary care roles? (HIP, MHP, MSK, GP Pharmacists, CANS)
6. Do you have any suggestions to overcome some of the barriers (if any) you are facing?
7. What could improve your experience of working with the new primary care workforce? (HIP, MHP, MSK, GP Pharmacists, CANS)
8. Is there anything else you'd like any of the new roles to be doing?

New Primary Care Worker	
Role	Responses
Health Improvement Worker	27
GP Pharmacist	5
Community Asset Navigator	1
Mental Health Practitioner	1
TOTAL	34

Practice Staff	
Role	Responses
Practice management	13
GP	6
TOTAL	19

**Overall total responses = 53*

Positive experiences – Analysis

New Primary Care Workers

- Valued the time spent with patients.
- Priority placed on informing decision and acting for change.
- Variety of tasks could also be interesting and rewarding.

“Diversity of work. Various task received from clinicians and reception staff include medication reviews, SCP queries, non-compliance, patient queries re:meds, OOS alternatives etc.”

“Time able to spend with patients and the rapport/trust we are able to build very quickly.”

“Helping others on their health journey to make improvements and seeing the outcome.”

“They can take so much pressure from the GP's we are lucky in those we have are fantastic at their respective jobs.”

“Patients are being directed to the most experienced of clinicians who are best placed in dealing with their problem.”

“More services in house.”

Practice Staff

- Relieving GPs workload.
- Improving the range of services available.
- Valuing the experience the new care workers have.

Integration and communication – Analysis

New Primary Care Workers

- Being supported in role.
- Not all staff were attending practice meetings.
- The importance of practice staff also understanding the roles.
- Despite being valued, at times difficult to get time with GPs to discuss complex cases.

“Yes - The GP surgery understand our role and support us with ensuring our appointments mainly hit our priorities. I attend surgery practice meetings and am known to everyone in the surgery.”

“To an extent but I would like to be more involved e.g. in practice meetings etc. I think this could improve if I was based there more days of the week.”

“Yes. I feel it is key for every member of staff within the GP practice to have an understanding of your role. Once this is achieved I feel they see you as an asset to their practice.”

“Yes & No. The surgery clearly value my work and have high expectations of my competence. However, it is often difficult to access face to face time with GPs to discuss cases that require further advice. Non-urgent queries can be sent via task on the clinical system.”

“Yes. Our Practice is dedicated to working together effectively and we integrate people into our team regardless of who they are employed by. This is essential if the new workforce is to be successful.”

“Yes, early days. No MSK or mental health practitioner in place yet.”

“Yes, they have been integrated into the new team. Some better than others due to demand of service in a particular area.”

Practice Staff

- Desire to integrate the new care workers.
- Not all practices have the same roles, and some were still waiting for practitioners to start.
- If demand is high then new care workers spend less time at individual practices.

Integration and communication – Analysis

New Primary Care Workers

- Face to face, email, online messaging and phones were all used to communicate.

“Task are sent via clinical system from GPs. Reception staff book apt slots in where they have assessed the patient requires my input. Reception staff also come through to my room to ask me queries face to face.”

“Different in each surgery. One is mainly via tasks sent on state. The others is mainly opportunistic verbal communication.”

“Usually verbally but can send screen messages.”

“By meeting with them regularly, being accessible to them if the need anything and incorporating them into the Practice team as a regular staff member.”

“Attendance at Practice meetings. Emails. Day to day communication as we do with the whole team. One to one discussions.”

“Practice meetings. Face to face.”

Practice Staff

- The importance of regular meetings.

Difficulties and barriers – Analysis

New Primary Care Workers

- Reduce amount of time new care workers need to move location.
- At times there is a lot of admin work which reduces time with patients.
- Listening to concerns about email access, computer access, and forms.

“The changing of surgeries and working hours/days at particular surgeries. This impacts the effectiveness of the patient experience, by being unable to offer our service to best of our ability.”

I feel valued by my practices, but a lot of work is required with re admin/ re auth/audits that it leaves little time to have a patient facing role. The practices need a larger allocation

“Having two emails - FT and NHS.net is hard to keep track of when in busy surgeries and often I end up checking these when not in work. Not being able to access GP system and even in one venue DCRS due to community venues then having to try to find a computer back at the surgery to input all notes on. Not being able to print blood forms off at both my surgeries as both are system one so having to try to obtain blood forms from reception/other HIP colleagues as and when I can. This is sometimes hard to do as surgery staff are very busy.”

“Having to train a new pharmacist when the one we have has been with us 8 months now being moved CCG not responding to our concerns.”

“Sometimes they are passed around. Educating staff and patients to ensure we book with the correct person.”

“They are extra work for the PM as they are effectively extra staff with all the work that goes alongside that.”

“At the moment the amount of time we are seeing them in practice.”

Practice Staff

- Because new workers rotate, this means having to train someone else.
- Not always getting enough time with new practitioners at surgeries.
- There are extra management needs when taking on the new workers.

Difficulties and barriers – Analysis

New Primary Care Workers

- An introduction meeting and shadowing opportunity could help new staff.
- Health Improvement Practitioners wanted to ensure their time was being used.
- Some wanted designated time to meet GPs each day, for advice on patients.

“Before being placed in a surgery, to have a meeting with manager/staff to introduce and explain my role. Be able to shadow staff i.e. nurse, reception, GP' to build rapport.”

“The surgery making it a priority to get the HIP clinics booked up.”

“It should be written into the Training Contract how much time should be allocated per day as protected time with the GP (it doesn't have to be the mentor, it just requires a clinician to go to for advice). It is very wearing having to negotiate time with the GPs when they are already so busy. It makes me feel like an inconvenience to them.”

“A lot of time and effort goes into setting up the primary care roles and training on the system. A pharmacist has been taken off us to be placed internally somewhere else. MHP left after one session.”

“Need more protected time to train them.”

“Maybe face to face translators as we have a lot of patients whom do not speak English.”

Practice Staff

- Having enough time to train new care workers important.
- Sometimes the time put into accommodating the new staff is felt to be wasted.
- Where relevant translators might be helpful.

Improving experience – Analysis

New Primary Care Workers

- Ensuring structure and also availability of space to work.
- Some new care workers also want permanent spaces.
- Important that those worked with understand new care workers.
- Need to make people feel integrated.

“Having a better structure i.e. introduction, meeting staff, meeting to present my role, a set room to work from or if not same room, availability in advance so can plan appointments with patients.”

“Have a permanent room/base where we can see patients from, without moving around all week with equipment. It would free up more time to see patients and relieve some of the pressure on staff.”

“Having all professionals work and understand my role.”

“By having more availability to their services. We currently have to share them with the rest of the neighbourhood, which limits their time at the practice.”

“Feeling integrated into the team and my work being appreciated.”

“NEED COMMUNITY PHLEBOTOMY - been asking for years and never happened, the one cheap thing that would make the difference to the housebound. It would be good to have them trained rather than need to train them up- with the potential of them then leaving.”

“Knowing their criteria in more depth. Reception staff training on triaging patients so clinics appropriate.”

“Ensuring the same practitioner stays at the practice once a relationship has been built up with patients and not sending them elsewhere.”

Practice Staff

- There was desire for more time from the new care workers.
- Community phlebotomy was one area mentioned for attention.
- Keeping new staff to retain relationships that develop.
- Reception staff to be aware.

Other – Analysis

New Primary Care Workers

- Expanding abilities such as flu jab.
- Making use of existing experience – for example pharmacists.
- Making clinics regular.

“Be able to administer Flu jab.”

“Regular patient facing clinic!!”

“I am used to running audits, looking at drug safety and QoF targets - however my surgery has dedicated staff for these roles and do not require me to be involved.”

“Taking blood in the community. Giving flu jabs.”

“Face to face appointments - availability of consulting rooms are a huge barrier.”

“Cannot comment yet as they are not fully in place, we are only at the beginning. Maybe MH practitioners to be able to give fit notes were appropriate.”

“Relevant practitioners to have the ability to prescribe.”

Practice Staff

- Expanding abilities such as taking blood and flu jab.
- Challenge getting space.
- Not all practices have the new roles or full set of them in place.
- Where relevant allow new roles to prescribe.

Conclusions

This report has brought together the views of New Primary Care Workers and Practice Staff that were shared through survey work.

It was clear that for most the new arrangements, which see a range of new roles being offered to GP surgeries across Bolton, were going well. In particular New Care Workers were being well hosted in their practices, and Practice Staff were making efforts to include them in weekly services, as well as train them where necessary.

- The New Primary Care Workers save time for GPs and are also able to offer patients specific advice.
- Practices may also be able to offer new services when they are hosting the new staff.

Nevertheless there are some areas worth watching in future to ensure things continue to work well. In other areas changes might improve the way people work together, and ensure that skills and time are used in the best way.

- It takes some time to train and integrate the new staff, when they leave some feel the effort is wasted.
- Due to the New Primary Care Workers sharing time between practices, it can mean practices feel not enough time is available.
- The new staff want easier access to their online systems and if relevant practice ones too, this also relates to a lack of dedicated space for some.
- New workers might have other skills not tapped into, these skills could be explored.

Engagement Alliance



The Engagement Alliance would like to thank all those that took part in this research or facilitated it to take place.