



WESSEX

Local Medical Committees

**Safe working - it's what
the BMA says we should
do, but how?**

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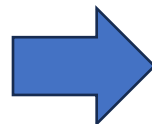
- Moving to 15 minute appointments
- Safe number of contacts each day
- Waiting lists
- Patient participation group involvement
- Measurement of workload by recording patient **all** contacts
- Rejecting external un-resourced workload
- Practice list closure
- Focusing on core General Practice – reviewing locally commissioned services
- Review continuing within the Primary Care Network DES

A close-up photograph of a person's hand holding a bright orange sticky note. The note is held between the thumb and index finger on the left side, with the rest of the hand visible on the right. The word "WHY?" is written on the note in a bold, black, hand-drawn font. The background is dark and out of focus, showing some indistinct shapes and colors.

WHY ?

- BMA view
- Context/environment
- Safety
- Why not?

Safety - Increased culture of safety in modern society



GPC - Key Messages

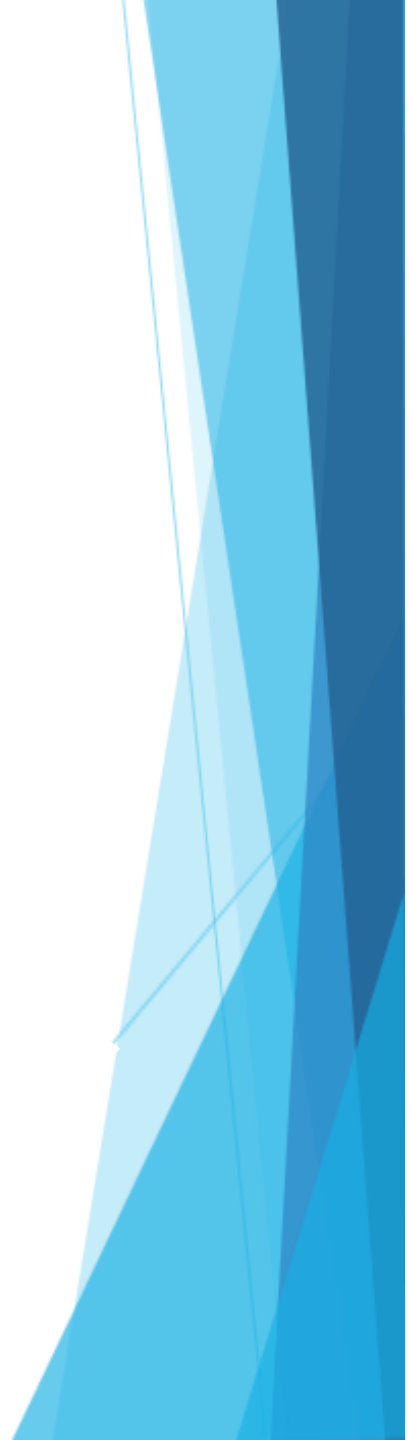
- 25 contacts per day is safer for GPs, and patients.
- It helps with recruitment and retention.
- 15 minute appointments with care navigation.
- Slow incremental changes and engage with your patients via PPG, website and patient comms.
- It is all contractual and allowed

#1 thing – patient and GP safety!



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Case Study - Practice near Sheffield

- **Implemented safe working system over a 5 year period**
- **Steps taken – one at a time**
 - Capped urgent list
 - 15 min appts
 - Admin and visiting time added to rotas
 - 25 pt appointment contacts per day
- **Complaints – suggested patients complain to MP if lack of capacity**
- **Felt that it works – but evolution over time**
 - Staff retention excellent – no one has left
 - Easy to recruit
 - Meet for coffee and lunch
 - Time for non clinical development sessions – one per GP Partner per week – eg Diabetes, Quality Improvement
- **This is about the safety of your patients and the sustainability of your business**

What helps to make changes in Practice?

- Focus on the journey, not the destination
- Clear communications to staff about messaging
- Design scripts for staff to use when capacity has been reached
- All staff stick to the process
- Clear leadership from Partners and Practice Managers
- PPG discussions about why and how
- Teamwork – if the process is to improve the team, then make sure you design in “team time” eg shared coffee and/or lunch breaks

FAQs

How do we handle the grumbles from patients?

Experience states that these are irritating initially but rapidly drop off. Being consistent, ensuring the message is about safety, and being clear on redirection of clinical problems – 111, other services, walk-in centres etc. Also it's not a blanket "No" – staff have a process to consider a possible yes eg young, palliative etc.

What if the clinicians don't all do the same thing?

Firstly Partners must own this, and it is up to that leadership to demonstrate to other staff why it is being implemented and how to do it. Secondly acknowledging not all staff will be comfortable initially, but to reiterate, gently challenge and support them, both clinical and non-clinical teams.

Who do we say "No" to?

Patients beyond safe limits, commissioners for additional work demands, secondary care and other external organisations who make demands which are non-contractual. It is allowed and it does not breach your contract.

Where do we even start?

Practice meeting so it is Partner owned. Then ensure you write a risk document that demonstrates you have considered risk, managed that risk and supported staff in making clear decisions. One simple step first – eg 15 min appts for F2F, admin/visiting/education time or cap your urgent care lists

Reality

- This is not going to be easy
- This is going to take time
- Some patients will not be happy (same as now?)
- Some staff will not be happy (same as now?)
- You're probably doing some of this already – what else can you do?

BUT.....

- We need to change something
- What we currently do is not safe for us...or patients
- Politicians aren't likely to help us become safer
- This is within our control
- This is not breaking any regulation or contract
- CQC have not negatively commented in inspected Practices – as long as there is a risk assessment and process linked

Questions and Discussion