GP Improvement & Crisis Response Team

PRACTICE MANAGEMENT THOUGHTS….

Background

- External Factors 2015/16
  - Poor workforce planning
  - GP Impending crisis in South East Fermanagh
- Taskforce – 3 clusters
- Amalgamation 4 practices – 2017
- COVID Pandemic 2020

What we did….

- New GP partners
- Salaried GP
- Developed own MDT
  - Advanced Nurse Practitioner (already in place)
  - Federation Pharmacists
  - First FPC Physio in NI
  - Mental Health Worker
- Remote GPs (partners working remote)
- Continued and developed as a successful training practice

Challenges

- Workload and demand
- Negative media and public attention
- No protective time to train/develop
- Outstanding issues from amalgamation
- Staff morale
- No MDT in area
- New H&CC not delivered
- Demands of running practice business
- Pandemic
  - Re-thinking work-life balance
  - Portfolio GP options

Recognition of crisis

- Challenges now – not just recruitment but retention
- Informing Board
- Speaking to LMC
- Referral made as soon as aware of impending crisis to GPICRT
  - Difficulties outlined
  - Options outlined
- Look ourselves at solutions developing a contingency plan – protect, retain

GPCIRT AND PRACTICE RESPONSE

- GPCIRT – Remote GPs/Support
- HSCB – communication expertise
  - Meetings with MLAs and local representatives
  - Further development of FB, Twitter, Website

GPCIRT AND PRACTICE RESPONSE

- Practice – taking a holistic look..
  - Recruitment of Advanced Clinical Practitioners
  - Recruitment of Physician Associate
  - Increase in Phlebotomy
  - Development of new Senior Clinical Administrator role (workload optimisation)
  - GP Partner becoming Salaried
  - Recruitment of new Salaried GP
  - Directly employing locum remote GPs
  - Development of Website, FB, Twitter
  - Promotional video to support recruitment

Remote GPS

- Pack
  - Clinical system, referrals, prescribing, MDT info.
  - Communication –
    - management contacts,
    - assigned receptionist,
    - Information on how we communicate
  - Remote access information
  - Directly Employed – ID, Zoom Meeting

Remote GPs - Audit

- Variation in F:F follow-up and request for investigations
- Investigations and follow-up are done by regular in-house clinicians
- More defined regular sessions would allow follow-up by remote GP
- Access to Sectra for radiology referral difficult
- Local knowledge good for referral
- Regular in-house GP – re-directs referrals
- Not involved in practice teaching or governance meetings
- May not be always aware of practice protocols
- Calls to ROI numbers are charged
- Availability of PCs for logging in

Remote gps - audit

- The remote model works really well as a blended approach when there is an option for patients to be seen when required in surgery or by visit, and also a clinician that can sign remotely generated prescriptions
- Remote telephone consultations work particularly well for medication review, reviewing photos of rashes or skin lesions and providing advice, discussing a referral or result or reviewing a patient following a course of treatment or with mental health issues.
- The remote GP resource has given us some capacity and time to develop solutions to the crisis and hopefully move out of it

Summary

- Still a practice in crisis
- Not a sign of failure to refer - External factors
- Refer Early
- Crisis Team can support and give you time
  - Address the difficulties
  - Look at the options
  - Take action