The GP Resilience Programme
Key themes

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Background

The current climate in primary care can see GP practices not only negotiating challenging organisational and care issues, but also difficult team relationships.

This poster presents an overview of key themes emerging from the ten participating practices in the *GP Resilience Programme* (GPRP).

The GP Resilience Programme: an overview

The GPRP[a] provides three categories of funding to selected general practices to address team and organisational issues which are threatening the sustainability of a practice. It is part of the collection strategies that address the commitments set out in the *General Practice Forward View.*[b]

In Wessex the CCG nominated twelve practices in category 1 (deemed the most severe) to participate in the scheme. Two practices declined the offer. The participating practices ranged from single handed practices to a group of recently merged practices run by an NHS trust. Practices were expected to match allocated funding by ring-fencing the time of partners and employees to participate in development activities.

Practice facilitation: the process

An initial assessment exercise was carried out to identify an 'action list' for each participating practice. One of two experienced facilitators (DO or NS) was invited to carry out this exercise for practices and met with key individuals from a practice several times to support them develop the list framed by the following headings:

We have identified the following issues …	Addressing the issues will allow us to … (OBJECTIVE)	What we need to address /the issue is … (INTERVENTION)	The resources we need are … (WHAT /WHO)	This needs to be achieved by … (URGENCY /PRIORITY)	The required commitment is … (INDICATIVE TIME /COST)

The issues that emerged for each practice were influenced by practice need and circumstances. These different issues clustered around six main themes which were categorised by the facilitators as a result of their conversations and are given below:

1. Staffing: GPs, Non-GP clinical staff, admin /support staff
2. Systems and processes
3. Internal communication
4. External communication
5. Strategic thinking and planning
6. Leadership development

The 'practice facilitation process' allows practices to pause, review and work on organisational issues identified in a protected environment. A number of different activities and resources were recommended to meet practices individual needs examples of which are given below.

Outcomes

1. *Staffing [GPs, Non-GP clinical staff, admin /support staff]*: Long-term GP locum appointed; creative solutions to GP recruitment tested, e.g. employment of EMP for minor illnesses and frail elderly visiting; enhanced practice nurse /healthcare assistant roles, e.g. for chronic disease care; identifying staff (clinical and administrative) willing to develop /extend their role through funded training; retirement planning for key individuals.

2. *Systems and processes*: Identify failures in working practices requiring a 'workforce optimisation' exercise; developing the role of 'care navigators' with receptionists and administrative staff.

3. *Internal communication*: Using the Fourteen Fish 360-degree survey to highlight areas of staff concern including leadership.

4. *External communication*: Using social media to communicate more effectively with patients; developing new strategies for patient access e.g. e-consulting, new phone system; creation of /developing partnership with PPGs including supporting the key chair role in PPGs.

5. *Strategic thinking and planning*: Practice 'Away Day' to discuss results of practice 360° feedback, current uncertainties and future options etc.; establishing regular meetings for both operational and strategic discussions /decision making.

6. *Leadership development*: Promoting coaching for practice managers to support them in initiation and follow through of change; supporting practice managers in renegotiating their working relationship with the partners.

Key learning for leadership

Key success factor seemed to be linked to:

- giving an opportunity for a leader in the practice (either practice manager or GP) to voice the current state of the practice including problems, emotions, frustrations;
- starting to identify possible options /resolutions /ideas;
- making explicit the management structure and where leadership resides;
- addressing succession issues and helping practices to think strategically;
- having 'space to think' and being coached towards emergent possibilities; and
- taking a supported step back from crisis management to look at the situation objectively made a positive difference.

The quality of the leadership and empowerment of the leader by the partnership and wider practice team was the single most powerful factor to influence how a practice responded to the challenges it faced.

The additional funding giving partners and staff time to develop, enabled new thinking about possible solutions. The mind-set in the practices went from "*we can't use practice profit to fund innovative ideas which might help us*" to "*let's try this and see if it works.*"

References
[a] NHS England (2016) *General Practice Resilience Programme.* Leeds: Primary Care Commissioning Unit
[b] NHS England (2016) *General Practice Forward View.* London: NHS England

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