



Working together to provide a caring, quality service



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# Integrating new roles in general practice

## Why, how and how it feels

York PLT April 2019

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## AIMS

- Increase understanding about new roles in general practice
- Explore the logistical and practical considerations of developing them in practice
- Reflect on the experience of becoming an Advanced Clinical Practitioner and how it feels to be an ACP/PCP working in primary care.
- Consider how new roles could/do fit within your organisation and consider next steps
- Signpost local workforce initiatives that can support practices developing new roles

# What are your challenges?

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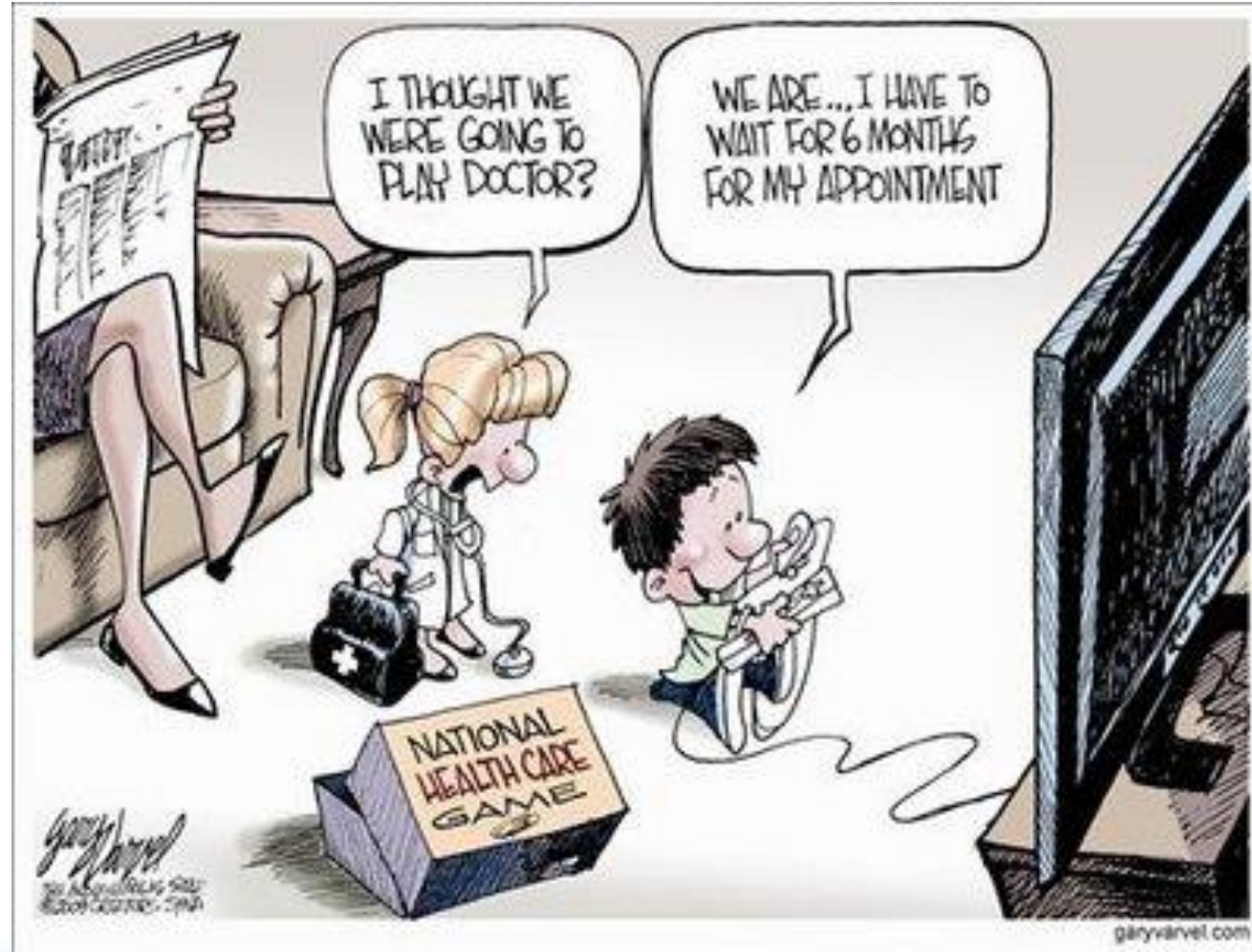


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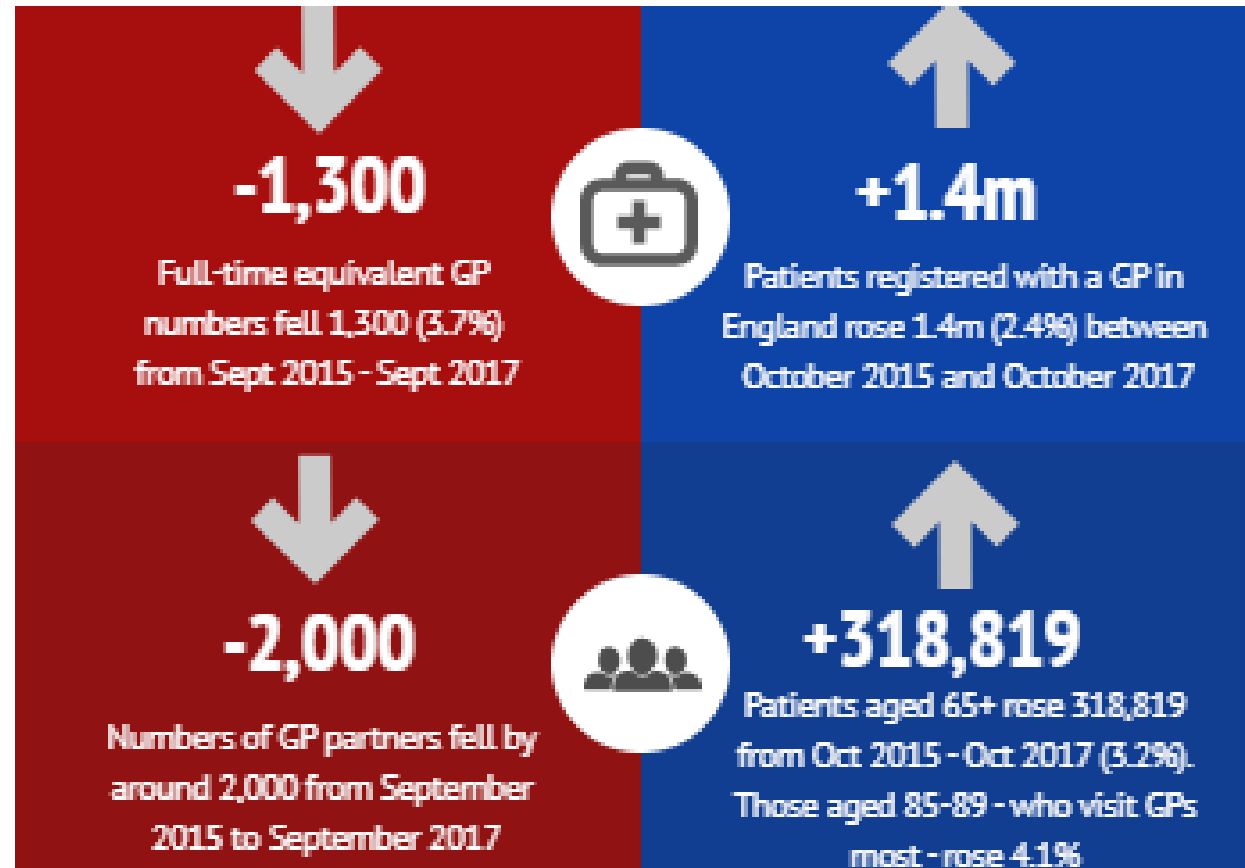


16% increase in workload in 7 years<sup>2</sup>

<sup>2</sup> Becky Baird, Kings Fund 2017



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GPs experience  
highest levels of  
burnout...  
up to 54%<sup>1</sup>



<sup>1</sup> Imo UO. Burnout and psychiatric morbidity among doctors in the UK: a systematic literature review of prevalence and associated factors. *BJPsych Bulletin*. 2017;41(4):197-204.





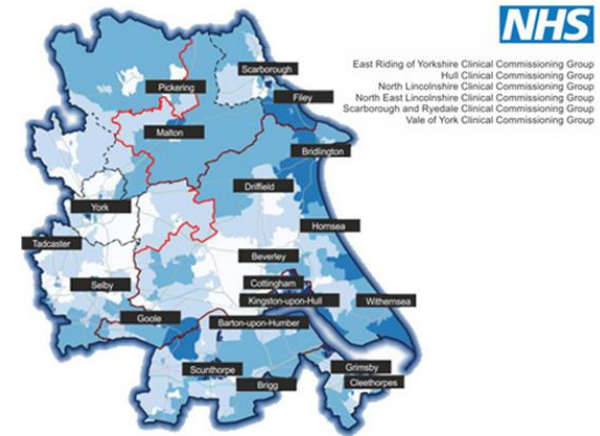
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# THAT'S WHY, BUT HOW?

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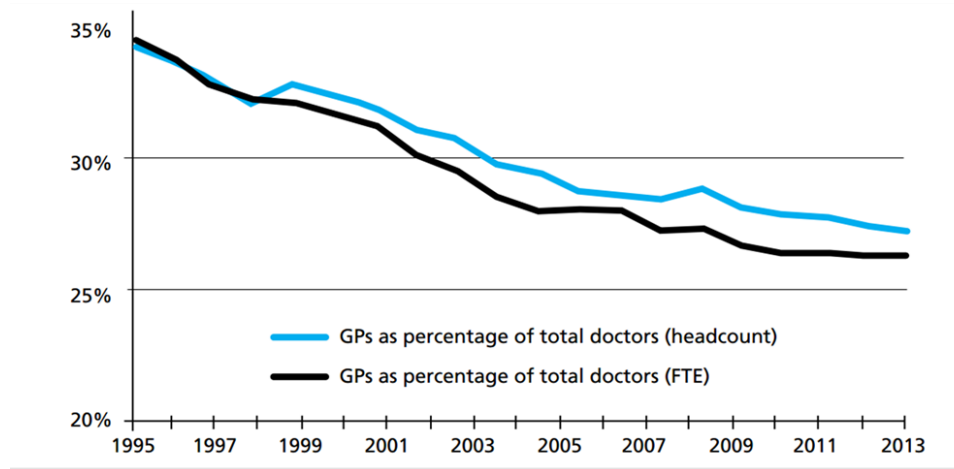
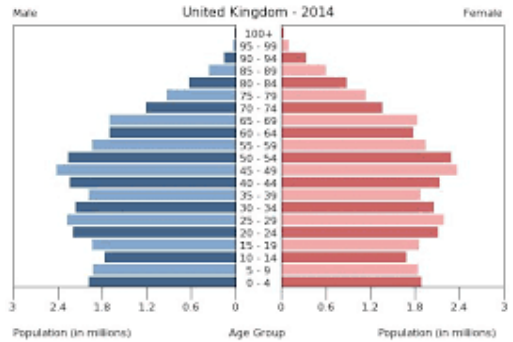


# The Haxby experience



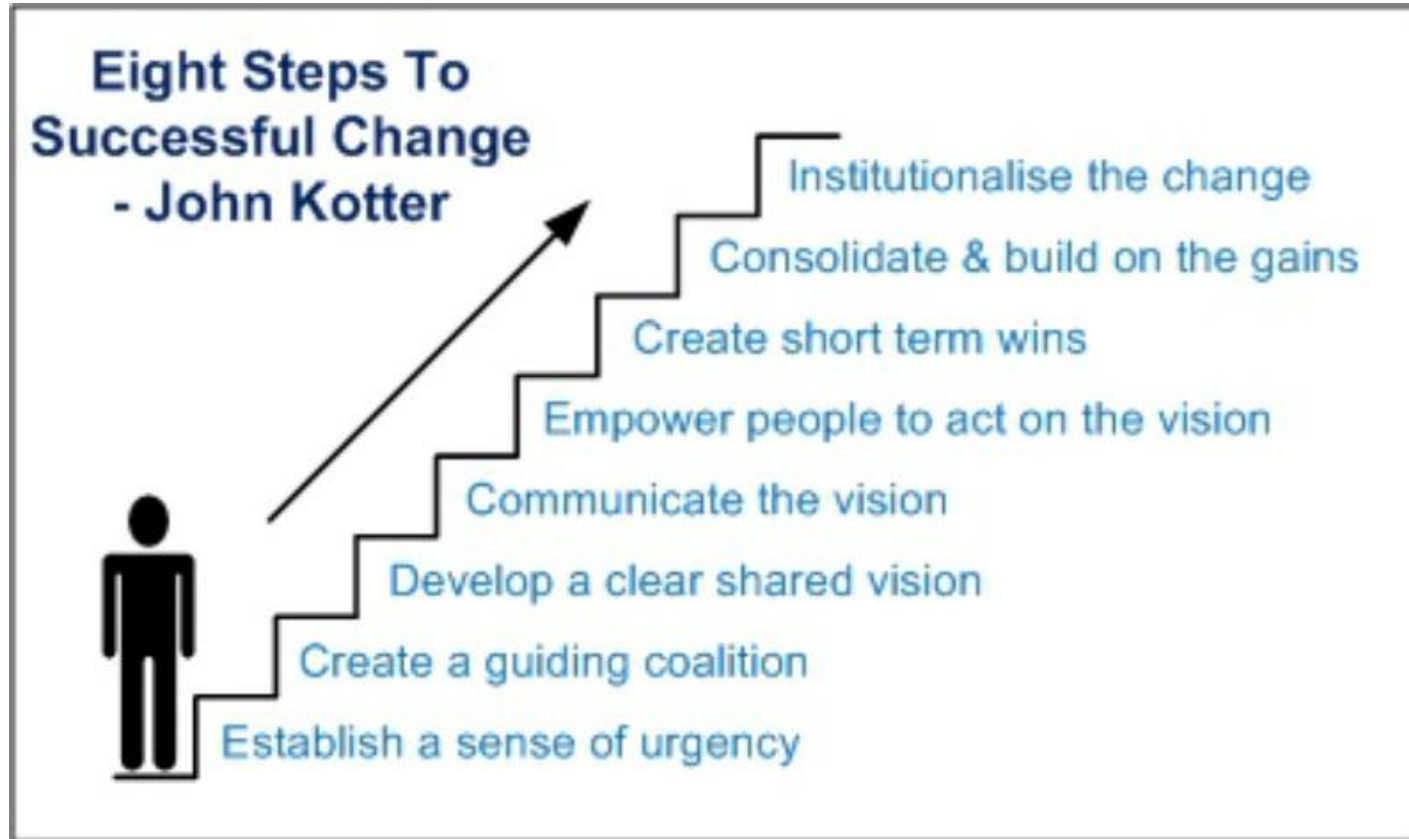
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# The Primary Care Landscape



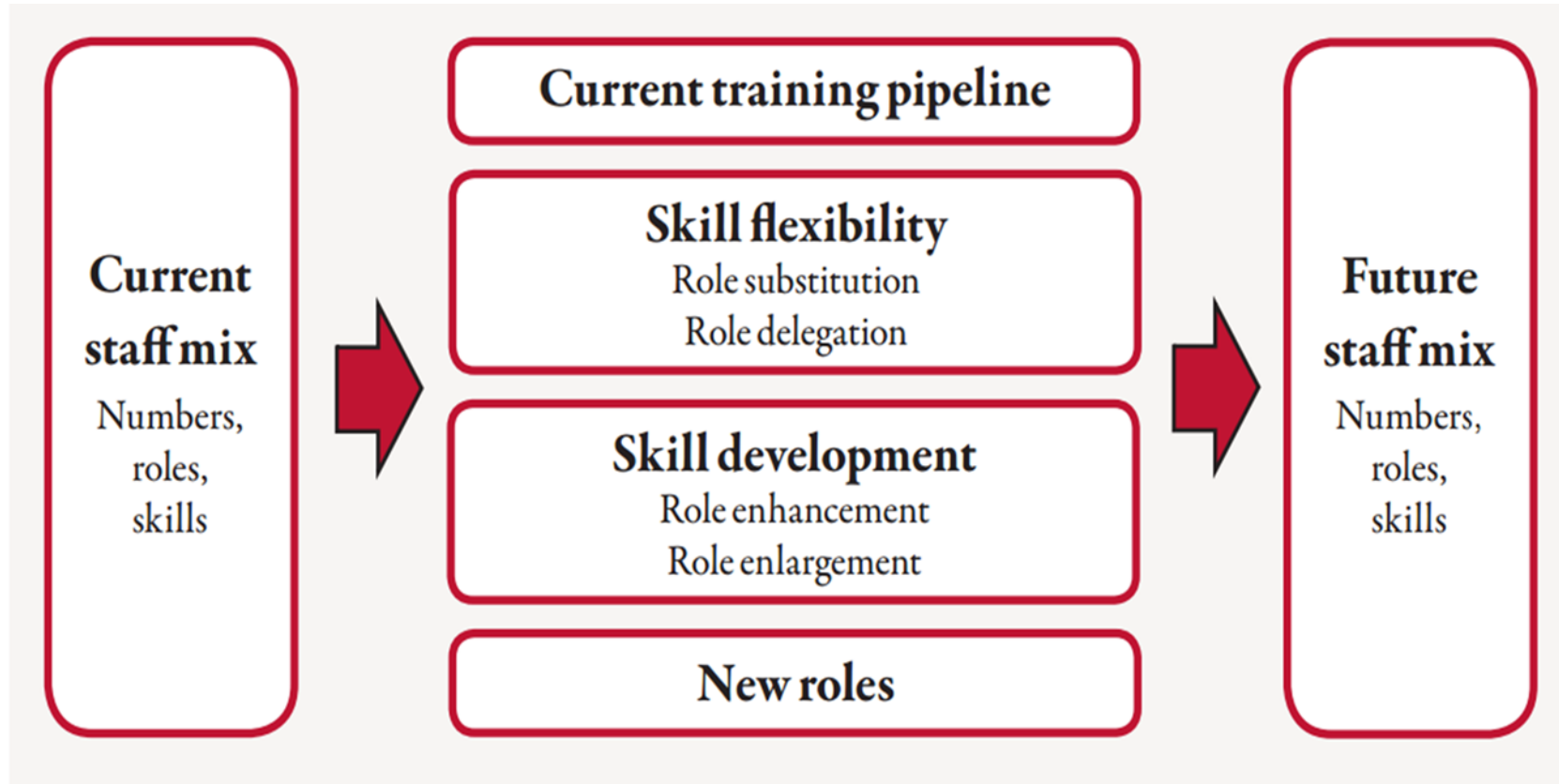
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# Change Management

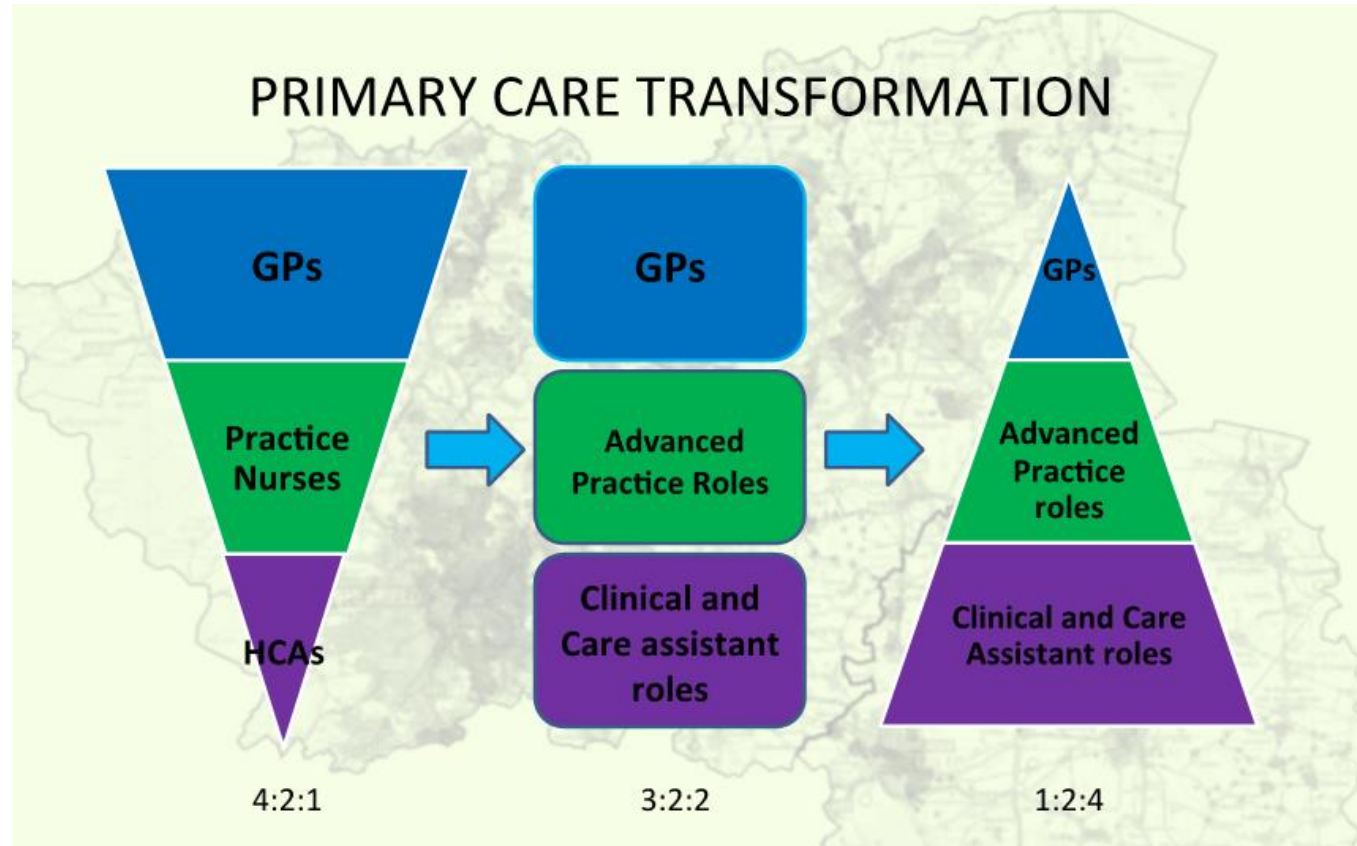


## Workload Efficiency - April 2012

- Measure – Time/Motion Study
- 19 Drs in 1 week – Headlines;
  - 60 hours on prescriptions per week
  - 61 hours on admin – letters/results
  - 64 hours of meeting time
  - 66 hours of home visits
  - Less than 13 minutes per day for lunch



# The evolving Toblerone.....



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## Developing new roles in practice

Advanced nurse  
practitioners

Practice based  
pharmacists

Primary care  
practitioners

Physicians  
associates

Practice based  
physiotherapists

Advanced clinical practitioner

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## Multidisciplinary Working



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# What is Advanced Practice?

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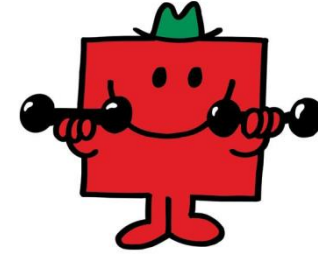


## Advanced Clinical Practice....

- Previously meant different things to different people
- Developing a definition of Advanced Practice to provide clarity
  - Employers
  - Service leads / Commissioners
  - Education providers
  - Healthcare professionals
  - Potential ACPs
  - Patients



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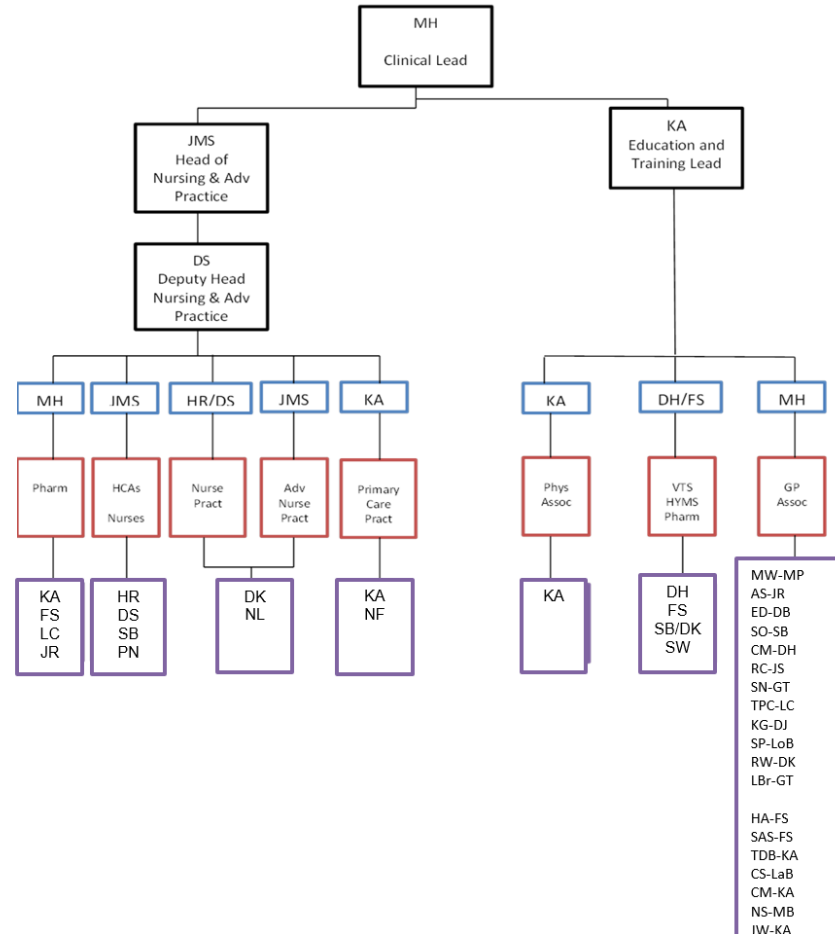
## Definition

“Advanced Clinical Practice is delivered by registered healthcare practitioners. It is a level of practice characterised by a high level of autonomy and complex decision making.”

“Advanced Clinical Practice embodies the ability to manage complex clinical care in partnership with patients/carers. It includes analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes”

*Health Education England*

# Haxby Clinical Team Structure



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A smiling man in a white lab coat and tie, holding a glass of beer. The background is blurred, showing other people in a social setting.

## Clinical Pharmacists

- Prescription management using agreed protocols
  - Reauthorisation of repeat prescriptions
  - Telephone Consultations
  - Discharge letters
  - Thyroid monitoring
- Developing clinical skills and increased patient facing role
- Working on LTC clinics

A photograph of a doctor in a white coat and glasses examining a patient's arm with a stethoscope. The doctor is on the left, and the patient is on the right. The image is semi-transparent, allowing text to be overlaid.

## Primary Care Practitioner

- 6 week induction
- Part-time study towards MSc in Advanced Practice
- Predominantly same-day appointments and home visits
- GP-led competency-based telephone triage system
- Some appts directly bookable via agreed 'tick list'
- Named GP supervisor for each clinical session using GPR debrief model.
- GP reviews and signs all scripts

## A PCP STORY....

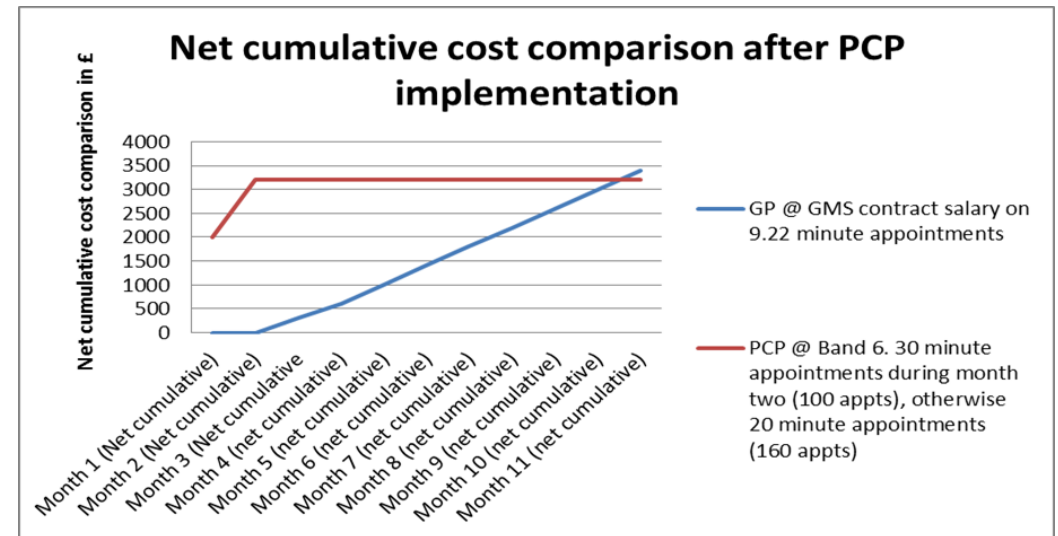
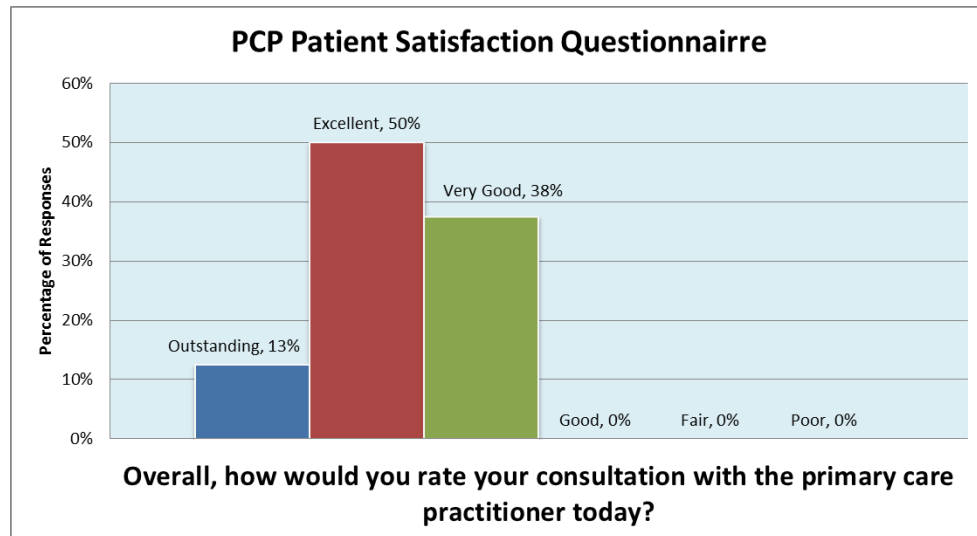
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# Evaluation



- Qualitative
  - Semi-structured interviews
  - Patient satisfaction questionnaires
  - Workload survey
- Quantitative
  - Re-attendance rates
  - 2<sup>nd</sup> opinion rates
  - Referral analysis
  - Cost benefit analysis
  - Debrief/tutorial time







The  
University  
Of  
Sheffield.

## WIDER EVIDENCE

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## HOW DOES IT FEEL.....

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## How it feels

- Significant lead-in time
- Initial GP time cost for mentoring
- Works better when education and mentoring already embedded in the practice
- Reduced sense of seasonal variation amongst GPs
- Reduced administrative burden for GPs
- Patient satisfaction and acceptance is high
- Increased professional satisfaction

## Next steps for us...

- Practice
  - Development across all sites
  - Evolving acute care teams
- Region
  - Enacting STP plans
  - ACP Ready
  - PA Ready
  - GP Ready??

Next steps for you.....

“The **DISTANCE** between  
what you **WANT** and  
what you **GET** is what  
you **DO.**”

PJP

Thursday - Sep 6, 2012(7:34 pm)

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## First/next steps

- ACP fit in to the team – role substitution or addition?
- Basic building blocks
  - Registered professional; different requirements
  - First degree or working towards
  - Minor illness qualification / exam and OSCEs
- Full-time / part-time?
  - Self-selecting - highly pro-active and career orientated
  - Acceptance on Masters programme
- In-house GP mentor and protected time – feasibility?

**General  
Pharmaceutical  
Council**

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**NMC** Nursing &  
Midwifery  
Council

## Factors to consider

- Job descriptions – Trainee?
- Recruitment – schemes to assist?
- Managing expectations
- Supervision arrangements
- Indemnity insurance
- Pay progression
- Study leave allowance/training agreements
- Career development / retention
- Professional cultural differences





## Clinical governance

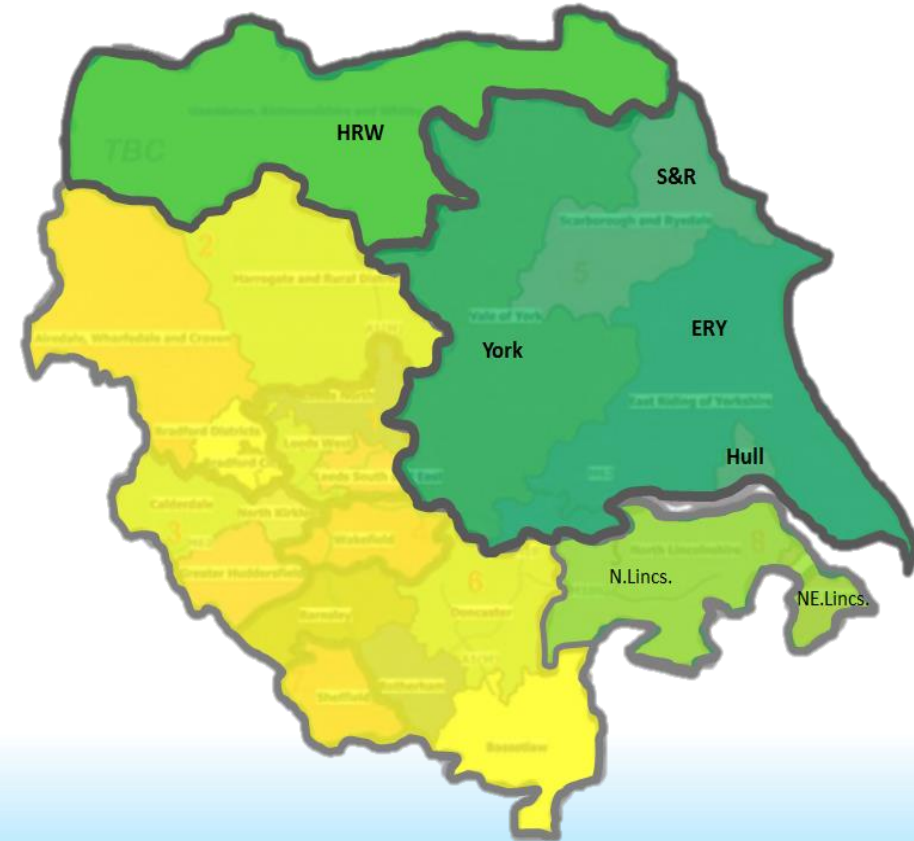
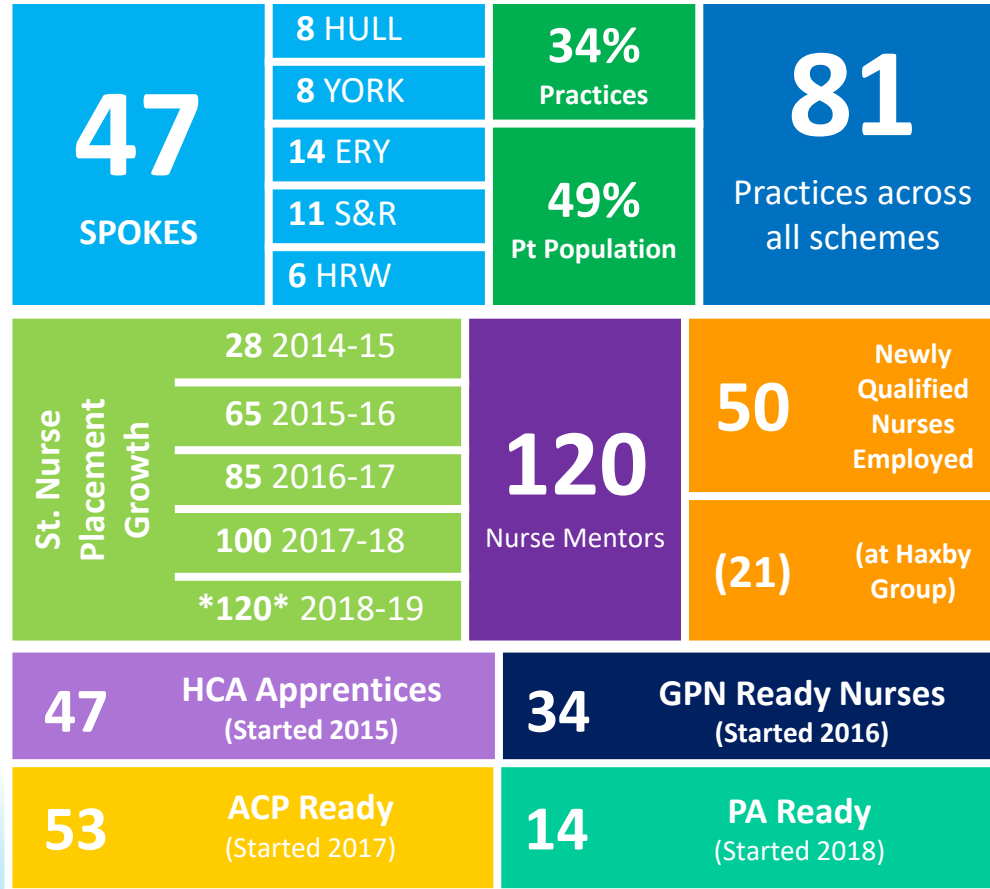
- Induction and initial competencies
- Selecting appropriate patients
- Prescribing, PGDs and JR Calc / Schedule 17
- Equipment and drugs
- Debrief and tutorials
- Record of university attendance and tutorials
- Competencies
- Protocols
- Home visits
- Clinical IT systems – use them to help



*HOME VISITS*



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## ACP Ready Scheme

- Supporting practices to employ and train an Advanced Clinical Practitioner, working towards completing the MSc in Advanced Clinical Practice
  - **Training Grant** - £18,000 per annum per post for 2 years
  - **MSc course fees** - Paid directly to the chosen University so the trainee can complete their full MSc award (3 years)
- - Support network, workshops and guidance
- Open to a full variety of roles who may develop into an ACP, e.g:
  - **Registered nurses**
  - **Paramedics**
  - **Physiotherapists**
  - **Pharmacists**



- *Developing new roles in Primary Care to increase the workforce*
- *ACPs can address acute demand to free GPs for more complex patient management*

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# ACP Ready Scheme

- **What is required of the practice?:**
  - A defined role for the ACP to carry out
  - Provide a good quality learning environment
  - Allocate a named formal supervisor(s) with the sufficient skills and capacity to support and mentor the ACP (*ideally with a teaching qualification although not essential*).
  - Ability to provide access to a range of appropriate experiences for a career in primary care
  - Commitment to attend and participate in educational events coordinated by the training hub



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## PA Ready Scheme

- Provides funding and support for practices to recruit and develop a new Physician Associate over an initial two year preceptorship period.
- Funding consists of:
  - £5,000 in year one under a national HEE programme for General Practice
  - £10,000 per year for two years local preceptorship grant within HCV
- Practices must agree to providing the support outlined in the preceptorship programme criteria



## Top tips....

- Utilise local networks
- Seek out funding initiatives
- Don't reinvent the wheel
- Engage the team
- Set realistic goals and anticipate lead-in time

*“I have not failed. I’ve just found  
10,000 ways that won’t work”*

Thomas A. Edison



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