



Prime Minister's Challenge Fund (PMCF): Improving Access to General Practice

Innovation Showcase Series
Successful practice engagement

March 2015: Showcase Four

About PMCF

In October 2013, the Prime Minister announced a £50 million Challenge Fund to help improve access to general practice. The Challenge Fund is designed to test innovative ways of providing primary care services. Of the 254 expressions of interest received for the Challenge Fund, 20 pilot sites were selected across the country; covering 1,100 general practices and 7.5 million patients.

This paper is the forth in a series of 'innovation showcases' designed to highlight the successes of the **20 pilots.**

This paper focuses on pilots which have been effective in **engaging practices** and their staff. The pilots featured are Brighton and Hove, Bristol, Southwark and West Wakefield.



Key messages

How have pilots managed to successfully engage practices and practice staff?

Practice representation

By implementing mechanisms that provide practice representation at the pilot management level, pilots ensure that practices feel valued and that there is a sense of shared purpose.

Regular communication

Regular avenues of communication through newsletters and online forums are important to keep staff up to date about progress, events and upcoming service changes.

Establishing personal relationships

Spending time in the practices and building relationships with practice staff helps to identify needs and priorities; these relationships also encourage buy-in and commitment from staff.

Staff-wide events

Holding events which include all staff from frontline to clinical managers ensures everyone feels involved and valued.

Dedicated engagement resource

Appointing dedicated resources to engagement activities is invaluable in supporting practices throughout the pilot design and implementation process.

Best practice advice to other pilots

- Reassuring staff during periods of change is beneficial.
- Engaging with administration staff is valuable as they are critical to success of pilot activities.

Brighton and Hove

- Leadership and knowledge of the practice population and local area is essential.
- Starting early with communication and engagement enables progress.

Bristol

 Design and delivery working groups help with progress and provide channels for regular feedback which helps to maintain momentum.

Southwark

 Pilot project managers should attempt to spend time in practices to understand any pressures and concerns of practice staff and position themselves as a visible and approachable point of contact.

West Wakefield

Extending Primary Integrated Care (EPiC), Brighton and Hove

Key elements of practice engagement

- EPiC delivered a series of workshops for each of the five workstreams for all participating practices (including administrative and reception staff) to support the involvement in service design.
- Practices have been sub-divided into four groups; two groups of fast starters (those progressing with implementation first) and two groups of early adopters (for which implementation was phased for slightly later).
- Two Action Learning Sets (ALS) (groups of practices sharing experience and best practice) have been set up involving both 'fast starter' and 'early adopter' practices. This approach means 'early adopters' can learn from those that have gone ahead with implementation and can be more agile, responsive and pro-active in terms of addressing likely issues.
- ALS sessions offer an inclusive environment in which to share concerns and provide a way in which practices can take ownership over pilot development.
- All practices have received communication packs containing introductory information about the five service areas, names of the other practices in their ALS group, and the name and contact details of their account manager to support them through implementation.
- Building on success to date, EPiC has reframed the ALS as 'Clinical Quality Groups' so that they can start to look at data and utilisation figures. This will result in moving the focus from agenda-setting/troubleshooting to operational management, which should help with planning for sustainability.
- EPiC account managers have been assigned to each practice to facilitate regular communication with the practices; they pay regular visits to the practices and provide ongoing support

The pilot facilitated a public launch with both practice and pilot staff and members of the public.
The pilot disseminate a regular newsletter to both practice staff and the registered patients.



Recommendations to other pilots

- Establish personal relationships with practices, tailor communication and engage with practices on a one-to-one basis.
- Reassure staff during periods of change.
- Engage with administration staff, as they are critical to success of pilot activities.
- Ensure messages are relayed to all practice staff not just leads, in order to maximise practice buy-in.



Cooperative in Bristol, North Somerset, Somerset and South Gloucestershire

Key elements of patient engagement

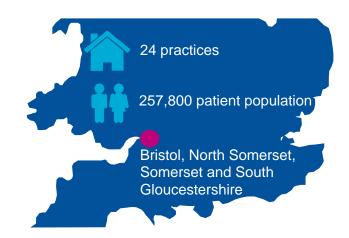
- Discovery interviews' have been undertaken with all 24 practices to introduce them to the programme. These interviews were used to discuss with practices the issues and challenges they were facing in the planning and delivery of PMCF.
- Working groups for individual elements of the programme have been set up.
- A shared central project resource team is accessible for all practices. The team's role is to manage the partnership, communication, and roll-out of the programme.
- Practice leads enable all practices to engage through dedicated channels. There is also a dedicated online 'members area' for practices to post and share instant feedback which the pilot programme team can learn from.

Recommendations to other pilots

- GPs and practice managers need to take on leadership roles within the overarching pilot programme.
- The importance of clinical talent should not be underestimated. It is essential to get the 'right' people involved in driving the project forward. A variety of core and additional skills have been uncovered amongst the GPs of participating practices.
- Leadership and knowledge of the practice population and local area are essential.
- Start early with communication and engagement. Practice engagement has to be built on strong foundations.

"Through One Care we are hoping to share good ideas and have good networks. It is about embracing the future rather than letting it happen to you – having the ability to shape the changes in primary care."

GP at a pilot practice



"One Care is the most exciting and engaging thing that practices have been involved in across the whole of the NHS locally for the last few years. It's because we have the opportunity to drive and lead the programme rather than being subject to a top down prescriptive approach."

Practice Manager at Horfield Health Centre

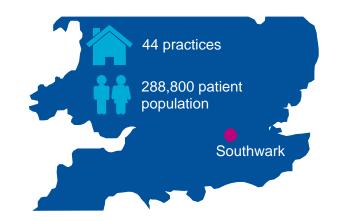


This pilot has created an online 'members area' for practice and pilot management staff to access and share best practice.

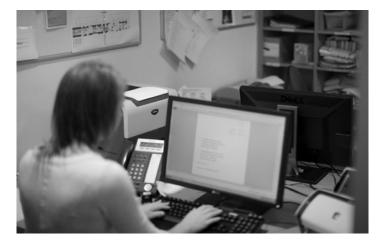
Extended primary care access, Southwark

Key elements of practice engagement

- A series of events were held for member practices to co-design the patient pathway; working groups, consisting of both clinical and non-clinical practice representatives, were established to progress actions between meetings.
- Some events were held on the same day as clinical education days, when practices had already planned to close (with out of hours cover funded) in order to maximise attendance.
- All events were multidisciplinary, as the pilot wanted to ensure that all staff were represented; for example, receptionists helped develop the script for when patients call practices and provided a different perspective on some of the practical aspects of the pathway.
- Two 'neighbourhood access managers' were appointed, one for the south of the borough and one for the north to act as a conduit of communication between practices, federations and the programme team. These managers work alongside CCG Neighbourhood Development Managers and dedicated Challenge Fund project managers and have been integral to the programme team.







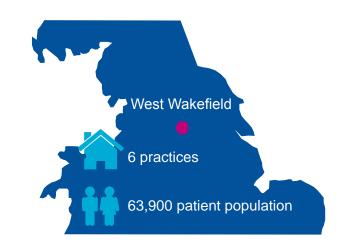
Recommendations to other pilots

- Ensure design sessions are planned well enough in advance, build on each other and have clear objectives.
- Design and delivery working groups help to progress work, in order to feed back in the following sessions. This helps to maintain practice engagement and momentum.
- If the pilot was to start again, they have suggested running dual patient/practice events.

Moving primary care to a health & wellbeing approach, West Wakefield

Key elements of practice engagement

- Clinical champion roles have been set up to secure dedicated clinical leadership for the different workstreams.
- Regular meetings are scheduled between pilot and practice staff.
- Regular email updates and stakeholder briefings are circulated to practices.
- Dedicated points of contact for practices have been appointed to assist them in delivery, including:
 - The CCG's Network Development manager who works as part of the project team.
 - An existing health and wellbeing worker who has been seconded into the project to engage with reception staff around care navigation. This has resulted in over 80 people taking up care navigation training.







Recommendations to other pilots

- Put time and resource into engagement early on in the project and build in resources for dedicated clinical engagement sessions from the outset.
- Project managers need to spend time in practices, so they understand the daily issues and can be seen as an approachable point of contact.

How have they done it? Common success factors

Practice representation

The pilots have all implemented mechanisms that ensure practices are represented at management level. This involves not only an effective governance structure but clear and effective routes of communication. It also ensures that practices feel listened to, and helps to generate a sense of shared ownership and purpose.





Establishing personal relationships

Pilot project management staff spend time in the practices and **build relationships with practice staff**; this helps pilots to understand each practice's particular circumstances, strengths and weaknesses. This understanding and relationship has been important for buy-in and successful implementation.

Regular communication

Pilot project management staff communicate regularly with practices, and there are regular avenues of communication through newsletters and online forums. This ensures that practices are kept up-to-date about pilot progress, events and other important information, ensuring knowledge is disseminated quickly. This helps to ensure momentum is maintained, and progress is documented. Pilots feel included in pilot developments which generates a stronger sense of collective action.



Dedicated engagement resource

All pilots have invested in engagement leads. Moreover, pilots have appointed dedicated resource to support and interact with practices. This has been key to supporting practices through the challenging initial stages, helping to solve problems collectively and ensuring pilots remain committed to the programme.

Staff wide events

A number of pilots have used **staff wide events to involve practices in pilot design**; Brighton and Hove ran all-staff workshops for each workstream, Southwark held events to design the pilot with attendance from all practices, whilst West Wakefield held a series of roadshows to ensure engagement between practice and pilot staff. Importantly, these events have included receptionists, practice managers and GPs. This is important to ensure holistic buy-in.

The National Evaluation

In summer 2014, NHS England commissioned Mott MacDonald, an independent organisation, to undertake an evaluation of the programme. The evaluation team is working alongside the pilots as they deliver their projects, working with them to learn and share delivery lessons. The evaluation involves a multi-methods approach including:

- Interviews with pilot leaders and those involved in implementation during the programme.
- Interviews with pilot partners and stakeholders involved in delivery.
- Engagement with a selection of practices and patients.
- Assessment of the impacts and outcomes measured against a basket of nine national metrics.
- Identifying, examining and sharing good practice.



About PMCF

There are three primary objectives of the challenge Fund programme and also some supplementary objectives that the programme is looking to achieve:

Primary objectives:

- To provide additional hours of GP appointment time.
- To reduce demand elsewhere in the system (e.g. A&E, NHS 111 and existing out-of-hours services.
- To improve patient satisfaction with access.

Supplementary objectives:

- To improve staff satisfaction with access.
- To tackle health inequalities in the local health economy.
- To facilitate learning to better enable pilots to implement change.
- To stimulate a culture change amongst staff involved in general practice with regard to future delivery of primary care.
- To deliver value for money and a return on investment.
- To establish sustainable models which go beyond the PMCF pilot lifetime.
- To identify models that can be replicated in similar health economies elsewhere.

Coming up next.....

The next innovation showcase will look at:

- Collaborative delivery: working with other providers.
- Scale: multiple CCG's, many practices, large patient populations.

