## Cover page: The Wessex Model: How to set up and run a workplace exchange. In partnership with: BMA, DHSC, NHS England and Improvement, Dr Sally Ross and Dr Pritti Aggarwal, RCGP, RCN, RCP, RPS

<https://www.england.nhs.uk/wessex-model/>

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## The Wessex Model

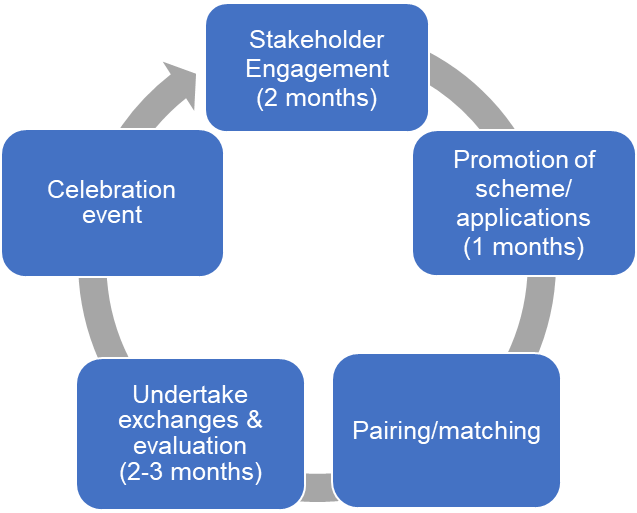
**How to set up and run a workplace exchange**

Wessex based GPs Dr Sally Ross and Dr Pritti Aggarwal have developed a low resource, high impact model for workforce exchanges between different professions. It started in 2015 with Dr Sally Ross’ scheme in Portsmouth and has since been replicated and developed in Southampton and Basingstoke. Each time, a similar process with similar documents were used; but every scheme developed its own character, reflecting the unique identity and nature of its locality. Every scheme has been very popular. All those involved experienced renewed enthusiasm for their profession; rekindled a sense of shared values and agreed patient care would benefit from implementation of the Lessons Learned from Liaison[[1]](#footnote-1).

The Wessex Model is a reciprocal exchange, with each pair spending half a day in each other’s place of work, followed by reflections and quality improvement suggestions based on their experiences. The cohort is then rounded off with a closing/celebration event to share learning.

Dr Sally Ross and Dr Pritti Aggarwal have developed this set of resources (page 5 onwards) to be shared freely with anyone wanting to run a scheme. They would love to hear how people get on and are happy to help.

This document has been developed in partnership with the Workforce Shadowing Steering Group, a subgroup of the [Primary and Secondary Care Interface Working Group](https://www.england.nhs.uk/gp/gpfv/workload/interface/), which consists of colleagues from NHS England, the Royal College of General Practitioners and the Royal College of Physicians. The Department of Health and Social Care, the Royal College of Nursing, British Medical Association and Royal Pharmaceutical Society have also endorsed and provided input into the document. This partnership approach reflects the multi-professional demand and support for the scheme.



**Illustrative Timeline**

**5-6 months**

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**1. Find a scheme leader:** Someone needs to step forward to be the key ‘driver’, from start to finish. In our schemes this was usually a GP, but it doesn’t have to be, a nurse, consultant or allied health professional would also be valuable. Time is an issue, but it’s not too onerous, PASSION is the essential requirement. The template Business Case in (see Appendix 1), provides a useful starting point.

**2. Find dedicated administrative support:** You need a well-organised administrator, who can absorb it along with their day job. ENTHUSIASM is the key requirement, along with efficiency!

**3. Find a partner:** You need to identify a colleague ‘on the other side’! They need to encourage *their* colleagues to join in. It’s part of your job to enthuse your ‘side’. The engagement waxes and wanes, so you both need PERSISTENCE.

**4. Define your catchment:** We based ours on one acute trust, (sometimes this included 2 hospital sites), and all the GP surgeries, within all Clinical Commissioning Groups (CCGs), commissioning that Trust. It works just as well for a University hospital providing tertiary care, as for a rural general hospital.

**5. Set the timeline:** You need a start-date, a defined end-date (three months later), and a date for a joint celebration shortly after the end date. We advise you avoid the Quality and Outcomes Framework quarter 4 and school summer holidays if you can. GET STARTED! Tell everyone you can that this is a GOOD THING to do! IT IS!

**6. Get support from the Trust (if your exchange includes secondary care professionals):** In the case of secondary care, the hospital CEO and Clinical Director need to be engaged. The two half-day sessions, once approved, could be Supporting Professional Activities, (SPAs) if this suits the Trust. Primary Care colleagues have to organise their own two half-day sessions, with no locum back-fill, but usually have flexibility to manage this. The Royal College of General Practitioners (RCGP) Revalidation Lead[[2]](#footnote-2) approves this scheme as a Quality Improvement activity for annual Appraisal, so the time involved is valid Continuing Professional Development (CPD) criteria. In one area, the Royal College of Physicians approved CPD points for the scheme. There could also be opportunity to count towards CPD hours for Nurse revalidation.

**7. Send out the Call to Action!** Send the first email out about four to six weeks before the start date (see Appendix 2). Your partner and you are responsible for generating enthusiasm in each of your own professional groups – we made it a fun competition between the two groups! Advertise at educational events; through your CCG, practice managers, Local Medical Committee (LMC), nursing forums, intranet pages and newsletters, and anywhere else appropriate. Get all your volunteers to send their details & preferences for pairing (see Appendix 3), to your administrator who records them on a spread-sheet with the days they are happy to host and visit. Remember in your emails to volunteers to change the title, e.g. ‘nurse’ to ‘consultant’ – the subtle difference helps! We can advise your administrator on this step if needed.

**8. Create the pairings:** One-to-one pairings. We have asked in advance for preferences, based on existing friendships or professional interest. We have also paired ‘strategically’, for example by putting cluster one consultant with cluster one GPs to foster working relationships. Other pairings were random. Where general practice is involved, avoid pairing professionals with the practice they are registered with as a patient.

2

**9. Ready, steady, GO!** Send the next email (Appendix 4) asking participants to contact their allocated partner and organise to host each other for half a day, in each other’s working environment, ideally *before* the scheme end-date! Emphasise this *must* be two-way to work. See the consent form for GP patients (Appendix 5). Tell them all the date of the final celebratory event. Your administrator is a point of contact for queries.

**10. Feedback:** Provide all participants with an optional reflective learning template (Appendix 6), for their Appraisal/ Revalidation and ask them to share with you if possible. You can provide an electronic link for them to feedback their experience more quantitatively too. We also provided ideas of different activities to share for those who asked.

**11. The Final Event:** Identify and book a venue. Consider organising sponsorship for the final event. In our Wessex schemes we found the local RCGP Faculty; Leadership Academy; LMC and Local Negotiating Committee/consultants’ committee, FourteenFish, to be supportive. Also, locum agencies and other local bodies. Consider who you wish to invite to the celebratory event. We invited all participants and welcomed ALL other local professionals (invited to take part in the exchange) even if they were not able to offer the hosting; Trust and CCG leaders; key note speakers and sponsors (Appendix 7 & 8). Think about delegate packs and facilitator packs for those attending who may know nothing about the scheme.

**12. CELEBRATE! and Share the Learning:** We collated all comments from the reflective templates, anonymised these and then shared them with everyone who participated and who attended the final event. We analysed the data from the electronic feedback and included it in the delegate packs. We asked a representative from each profession to share their perspectives from their visits at the final event, and organised facilitated table-top discussions, with further templates (Appendix 9 & 10) in which we asked, “What Next?”

**13. Keep the momentum going:** The first exchange generated much goodwill; reignited mutual professional respect and was greatly enjoyed. The next event led to some participants building professional links to effect change (e.g. IT improvements between primary & secondary care). Another event led to… a focus on Compassionate Leadership from Prof Michael West, production of a video by a medical student, (see: <https://www.youtube.com/watch?v=-LAQ7080NhQ&feature=youtu.be>), beautiful graphic art, an e-pamphlet and some specific changes in clinical pathways. You can build on this however you wish, this is a **force for good.**

3

|  |
| --- |
| **Enjoy. Reflect. Collaborate.** |
| Tell everyone you know about this scheme. Share the learning - this is an opportunity to find some gems! |
| **Better for Patients, Better for YOU!** |

### Equality and Health Inequality Impacts

The strength of exchanges lies in the diversity of the participants. To meet the diverse needs of people, any requirements (such as reasonable adjustments, access, specific meeting times to avoid prayer times) should be discussed with volunteers. An equality and diversity monitoring form template has been included to support with the evaluation of your scheme by your HR/workforce department or similar.

Quality improvement ideas generated through the exchanges have the potential to improve access and outcomes for patients from groups currently experiencing inequalities in access to healthcare and health outcomes. Any action plans should consider these impacts, and an equality and health inequality impact analysis should be included in the evaluation of your scheme.

**Patient Impacts**

Services planning to make changes which will impact on patient pathways / experiences should consider relevant ‘public involvement’ duties when doing so, and the involvement of an existing patient group in reviewing and implementation would be considered good practice.

### Resourcing

Coordination has been provided at CCG and acute trust level in successful programs to date, but could be situated anywhere in a Sustainability and Transformation Partnership, Integrated Care System and Primary Care Network. This has typically entailed less than half a day per week, over the three to four months across which schemes have run. Specific tasks within this role have been connecting clinicians by email, tracking reciprocal workplace visits and helping to organise the celebration event.

Do please contact us if you would like any advice or suggestions.

Dr Sally Ross E: [sally.ross1@nhs.net](mailto:sally.ross1@nhs.net)  
Dr Pritti Aggarwal E: [prittiaggarwal@nhs.net](mailto:prittiaggarwal@nhs.net)

|  |
| --- |
| *“Everyone I know who has been involved has shared experiences, gained insights and found ways to improve their patient care as a direct result. The exchange really helps you to see a whole patient pathway”*  Dr Susi Caesar, Chair of the Academy of Medical Royal Colleges Revalidation and Professional Development Committee (ARPDC) |

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### List of Appendices:

1. Business Case
2. First E-mail to be sent.
3. The second email.
4. The third email – individually to all participants with details of their pairing.
5. Patient consent form.
6. Reflective learning template.
7. Invitation email to the Celebratory evening event.
8. Planning advice for the final Celebratory event.
9. Collective learning template from final event
10. Alternative template for final event

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**Appendix 1**

Business Case: template with prompts to consider if presenting a business case

Improving the Primary and Secondary Care Interface:

The Wessex Model for Workplace Exchanges

### Brief introduction and summary of the proposal

The Wessex Model is a low resource, high impact method of facilitating work shadowing exchanges between professions (identify professionals, e.g. Consultants, Clinical leads, Nurses, GPs) that was developed by Wessex based GPs: Dr Sally Ross and Dr Pritti Aggarwal. It presents a successful model for useful, operational and fun quality improvement activity for appraisal and revalidation, counting for around 8 hours of Continuing Professional Development (CPD).

Under this model, each ‘pair’ is given the opportunity to spend a half-day shadowing each other in their respective workplaces. This​ works brilliantly at building mutual respect, trust and an appreciation of the challenges we are all facing. The scheme emphasises ‘learning from liaison’ and builds reflection and action into the exchanges. The result has been both large and small scale [quality improvements](https://www.england.nhs.uk/gp/case-studies/gp-consultant-liaison-southampton-2017-southampton-city-clinical-commissioning-group/), as well as improved morale and motivation among those involved.

There is an imperative to break down the existing barriers between the sectors and promote more collaborative working across professions in primary and secondary care (or acute and community care, for example). The scheme aims to give professionals a better understanding of the challenges and services offered in different settings and to find ways to work more collaboratively. It is now truly time to put the patient at the heart of the conversations and put aside organisational barriers where it makes sense for better and more seamless care.

*“An outstanding way for professionals to come together to discover how to ensure high quality, continually improving and compassionate care for patients...”* Prof Michael West, Kings’ Fund

“*The scheme was an incredibly positive experience and a real boost to my resilience’.* GP

[Link to 7-minute video about the Wessex scheme](https://www.youtube.com/watch?v=-LAQ7080NhQ&feature=youtu.be)

[6](https://www.youtube.com/watch?v=-LAQ7080NhQ&feature=youtu.be)

### Impact evaluation process

Reflection templates are completed by participants voluntarily (and anonymously if they wish) and shared with the organisers. The template includes a ‘Now what?’ question, asking participants what they will take back to their own place of work, or clinical practice, as a result of their experience. Feedback is captured via a (include platform being used) survey.

The organisers analyse the reflection templates and identify common themes and any local solutions that may be implemented. Participants are also invited to an evening meeting/celebration event (delete as appropriate) to share their learning experiences. This provides a significant opportunity to share outcomes, create further ideas and discuss any next steps for future opportunities for example:

* Extending the scheme to other professionals (e.g. receptionists, ward clerks, managers, nurses, Allied Health Professionals, GPs, consultants) in primary, secondary and community care and ultimately encourage exchanges to become a standard part of personal development and Quality Improvement in integrated care systems.
* Evaluation of the impact of any changes that were implemented, six months to a year into the future and identify where these could be expanded or developed
* Planning future multidisciplinary learning sessions
* Linking every new Consultant with a GP, and vice versa

### Purpose

**Questions to consider for your locality:**

What business objectives does this request support?

Which specific deliverable does this proposal support or align to?

For example, your locality is:

…an Integrated Care System accelerator site. This will encourage close working between primary and secondary care to improve patient outcomes, patient experience in a cost-effective manner.

…developing the pathway of care between community and acute providers.

…looking to address the workload that is generated unnecessarily as patients move between primary and secondary care by bringing together clinicians from both sides.

…developing as a Primary Care Network and wishes to encourage clinician/professional led quality improvements to reduce waste between disciplines, encourage collaboration and enhance the patient experience.

NHS England and Improvement has made a commitment in the NHS Long Term Plan to “increasingly be more joined-up and coordinated in its care”, and towards this is looking to ways to break down traditional barriers between care institutions, teams and funding streams. Many of the major changes to the NHS service model that have been planned to achieve this over the next five years depend heavily on multidisciplinary teams being able to work together effectively and the exchange model provides a practical and effective method towards achieving this.

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### Opportunities

**Questions to consider for your locality:**

What are the aims?

What skills can or will be transferred to staff?

How can people with different lived experiences be paired to maximise the opportunity for mutual benefit?

## Workforce

* repair a damaged professional culture in health care
* increase familiarity between professionals (amend with professionals involved, for example GPs, Nurses and Consultants)
* improve appreciation of different working patterns and workplaces, increasing mutual respect of current NHS challenges.
* empower clinicians to challenge and improve processes
* create personal development opportunities including Quality Improvement, collaborative working and increased morale and motivation

## Patient outcomes

* keep the patient journey and their outcomes at the centre of care
* embed quality improvement across the interface to benefit patient experience and safety
* work to reduce any inequality in health outcomes that patients may experience

## Workload

* ignite opportunities for cross-organisation innovation and quality improvement
* ensure that work is appropriately carried out as per contractual requirements with more direct conversations between the providers of primary and secondary care as well as appreciating the limitations each party has
* pursue fair and sustainable distribution of workload across the interface

### Challenges/Risk

**Questions to consider for your locality:**

What will the impact be on objectives if approval is not given for this business case?

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How will you manage fall outs of difficult pairings? Or situations where situation changes mean participants need to drop out of the scheme?

How will you ensure that any equality considerations are taken into account?

* An engrained culture of fragmented working
* Patients perceive care as not joined up[[3]](#footnote-3),[[4]](#footnote-4)
* An ageing, multi-morbid population needs joined up, person-centred care
* The workforce is challenged on both sides of the interface
* Ineffectual delegation of workload can be cited, at all levels and in both directions across the interface

### Resourcing

**Questions to consider for your locality:**

Why do you need external resources to deliver these outputs or deliverables?

Who will be coordinating the programme?

Will you be holding a celebration event/meeting? What are the resource implications?

How will you support participants with the time, for example allocating training hours?

## Roles and Responsibilities:

**Approach to consider and amend as relevant for your locality:**

* Medical Directors/Chief Executives from local acute trusts will support and advertise the scheme to the Consultants.
* Various networks will be used to advertise this scheme (name channels being used e.g. GPs via Appraisers, LMC newsletters, local Federations and mailing lists for Locum GPs, Faculties, etc.)
* The organisers (you can include the roles/individuals who will be the organisers) will send out the invitations and collate the lists of participants to ‘pair’ or ‘match’ them. Participants are asked in advance for their preferences and pairs are made ‘strategically’ where possible, for example putting people with a specialism of interest. Pairs are given each other’s contact details and the onus is then on them to find a mutually convenient time for their half-day shadowing session to take place. Template patient consent forms are also provided (see Appendix 5).

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* Coordination will typically entail less than half a day per week, over the 3-4 months across which schemes have run. Specific tasks within this role have been: connecting clinicians by email; tracking reciprocal workplace visits and helping to organise the celebration event.

**Timescales:**

The scheme will run over 5-6 months in total. This will allow for participants to find compatible times to undertake their exchanges, and to complete their reflection and evaluation forms. It will also allow for the analysis of the impact of the scheme, and design of the celebration event.

### Participant funding options:

**Illustrative examples below, amend to reflect your participants and available options:**

1. Clinicians/Professionals volunteer to take part in the scheme;
2. General Practices host hospital clinician in practice and the practice then chooses one clinician from their team to attend hospital. Practices are provided with funding for backfill;
3. Individual clinicians to be provided with funding for backfill (to encourage uptake by locums).
4. Hospital clinicians time should be covered in SPA time (where a decision has been made by the Trust that the use SPA time would be a useful enabler).

\*Payment to be released to clinicians after they have completed their feedback forms.

**Coordination funding**

1. The organising team’s duties to be absorbed into their existing workloads;
2. Funding for backfill for team members

### Recommendation:

Identify the most appropriate option based on value for money and impact.

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**Appendix 2**

### (GP example, change to reflect the chosen profession)

First Email: to be sent widely, four to six weeks before starting the exchange. (Obtain contacts from CCG, LMC, internal emails). Change the wording for each profession that you are targeting.

|  |  |
| --- | --- |
| Insert logo of organisation/profession 1 | Insert logo of organisation/profession 2 |

### [PROFESSION e.g. GP, NURSE, CONSULTANT] VOLUNTEERS NEEDED

Mindful of the changes afoot in the NHS, with transformation of the delivery of healthcare and increased collaborative working in the community, (insert name of your organisation) is working with the Clinical Directorate of (insert name of Hospital/place of work), towards promoting greater integration of primary and secondary care (or primary and community care).

We are looking for volunteers who would be willing to host a (insert name of profession) colleague for half a day in the (insert place of work, e.g. GP surgery), and subsequently attend a reciprocal half-day visit in the (insert place of work, e.g. hospital).

Whilst there is no payment or provision of locum cover to facilitate this opportunity, we will be providing guidance about the structure of the visits, which should prove to be educational and contribute to annual GP (or appropriate profession) Appraisal. We will be specifically investigating the opportunities and challenges which may emerge from the liaison and trying to identify possible training needs to benefit future collaborative working. We hope it will be of benefit to yourselves as future providers of healthcare, as well as the wider community.

We will ensure any patient confidentiality issues and other governance issues are considered beforehand, but at this stage we are looking for expressions of interest in order to plan the scheme.

If you are interested and think you may be able to host a consultant in your surgery (change as appropriate) at some stage between (insert start and end date of your proposed scheme), then please contact (insert your name and/or that of your scheme administrator, telephone number and email addresses).

The strength of exchanges lies in the diversity of the participants. We are committed to meeting the diverse needs of people, so please let us know of any reasonable adjustments you require. We have included a confidential equality and diversity monitoring form which is voluntary to complete, and which will be used for monitoring purposes only.

We look forward to hearing from you,

(Signature block)

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**Equality and diversity monitoring form**

*[This is a sample form that an employer can adapt or develop to meet its needs. Make sure you adapt this template to comply with the General Data Protection Regulation. If you need help with this go to* [*www.ico.org.uk*](http://www.ico.org.uk)*]*

[INSERT THE ORGANISATION’S NAME]is committed tomeeting the aims and commitments set out in its equality policy. This includes preventing and taking action against discrimination, as set out in the Equality Act 2010, and building an accurate picture of the make-up of the workforce.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form in the envelope marked ‘Strictly confidential’ to [INSERT NAME AND ADDRESS OF THE EMPLOYEE HANDLING THESE FORMS IN THE ORGANISATION]. All responses will be treated confidentially and the information will be stored in a secure place.

**Gender** Man 🗆 Woman 🗆 Intersex 🗆 Non-binary 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here …………………………

**Are you married or in a civil partnership?** Yes 🗆 No 🗆 Prefer not to say 🗆

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49🗆 50-54 🗆55-59 🗆 60-64 🗆 65+🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

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***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual 🗆 Gay 🗆 Lesbian 🗆 Bisexual 🗆

Prefer not to say 🗆 If you prefer to use your own term, please specify here

……………………………………………….….

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please write in:

……………………………………………….….

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

**What is your flexible working arrangement?**

None 🗆 Flexi-time 🗆 Staggered hours 🗆 Term-time hours 🗆

Annualised hours 🗆 Job-share 🗆 Flexible shifts 🗆 Compressed hours 🗆

Homeworking 🗆 Prefer not to say 🗆 If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆 Primary carer of a child/children (under 18) 🗆

Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over) 🗆 Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆

Appendix 3

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Second Email: to all participants (approx. 2-3 weeks prior to start date)

**Liaison Exchange**: (Scheme name e.g. Senior Doctors Joint Visit Scheme 2018)

Dear Colleagues,

We now have (insert total number) of you volunteering to host each other for half a day in your respective work places. (Attach list of all names, divided into professionals).

The next step is potentially tricky, and we really need your support and flexibility to ensure this stage runs smoothly. We need to match you into pairs. Whilst we cannot guarantee we will be able to match you according to your ideal preference, we would like to try! Please send us your preferred three choices of a colleague/speciality to be paired with and your preferred days of hosting and visiting.

We recognise some will choose a colleague in a specialty of particular interest; others of you may choose to visit friends, or neighbours; some professionals may not work in specialisations which have immediate contact with primary care; others of you will not have a preference. Please remember:

* General Practice clinician - Do NOT select someone who is a registered patient in your practice.
* Hospital Clinician – Do NOT select your own Practice!

(Amend with any advice relevant to the professions you are involving)

* Both – Try and avoid choosing a colleague you have treated at any stage.

Let us have your preferences, (or a statement ‘no preference’) by (insert date). We will then send you the contact details of your matched partner so you can contact each other directly and start the scheme! Remember we intend to have all visits completed by (date) and do make a note of our final event (insert date and place), when we will share our learning and work out how this can all lead to improvements in how we work.

Thank you very much for your support of the scheme.

We look forward to hearing from you.

(Valedictions & Signature blocks)

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### Appendix 4

Third Email - Individual to all participants: to be sent, individually, to all volunteers, a few days before scheme start date.

|  |  |
| --- | --- |
| Insert logo of organisation/profession 1 | Insert logo of organisation/profession 2 |

**Learning from Liaison**: (Scheme name e.g. Senior Doctors Joint Visit Scheme 2018)

Dear Colleagues

Many thanks for agreeing to take part in this scheme. We are pleased to now forward the contact details of the colleague you have been paired with, following the feedback and requests we have received from you all.

We would be grateful if you would now contact each other directly, to arrange your two sessions. Please try to have completed the visits by (insert end date of exchange).

If (professional 1) has difficulty contacting (professional 2), please track them down via: (insert hospital switchboard number, or secretary of consultant partner number or admin lead for the scheme).

If (professional 2) has difficulty contacting (professional 1), please track them down/contact them via: (insert hospital switchboard number, or secretary of consultant partner number or admin lead for the scheme).

We have attached a feedback form for your own CPD portfolio, and we would be delighted if you are willing to share the completed version with us. Please return to (scheme administrator).

Also attached, is a letter which GPs may wish to use with their patients.

Feel free to contact us if there are any further queries, and remember to make a note of our final, joined celebratory event on (insert date). We hope you all have an interesting and worthwhile experience and look forward to hearing from you.

(Valedictions & Signature blocks)

**Enc:**

1. Details of the two paired doctors (names, emails, tel number if possible).
2. Letter for patients – see **Appendix 5**.

### Appendix 5

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General Practice Patient Consent form.

|  |  |
| --- | --- |
| Insert logo of organisation/profession 1 | Insert logo of organisation/profession 2 |

**Liaison Exchange**: (Scheme name e.g. Senior Doctors Joint Visit Scheme 2018)

Date: (modify)

For the information of our patients

Today, Dr *(GP/ ANP/ Pharmacist)* is hosting a consultant colleague, (name of consultant), from (insert hospital name) Hospital here in the surgery. The two doctors are involved in a local visiting scheme during which they will observe each other and gain a better understanding of the similarities and differences between how they work. This may help the NHS to identify local changes which could be introduced to provide better care for you and other patients.

(Hospital Clinician’s name) is a fully qualified and highly experienced, senior doctor and works under the same General Medical Council code of professional conduct as your GP (or alternative wording as appropriate, for example Senior nurse working under Nursing and Midwifery Council Code of Practice/a professional code of conduct the same as your clinicians). This means that you can be fully assured of complete confidentiality.

However, we recognise you may not wish him/her to be included in your consultation today and want to assure you that you are under no obligation whatsoever to agree to him/her being present with the GP/ Nurse / Pharmacist today.

Please just let the receptionist know if you do not want him/her to be present in your consultation today.

Thank you

(Signature block)

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### Appendix 6

Reflective Learning Template

|  |  |
| --- | --- |
| Insert logo of organisation/profession 1 | Insert logo of organisation/profession 2 |

**Liaison Exchange**: (Scheme name e.g. Senior Doctors Joint Visit Scheme 2018)

Thank you for agreeing to participate in this scheme. We would be grateful to hear about your experience, and hope the following questions will help you to provide us with feedback. Please feel free to use this feedback in your annual Appraisal discussion.

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|  |
| --- |
| *Did anything surprise you, or shock you, during the visit?* |
| *What did you expect to see, that you didn’t see? (Or, did you see, that you weren’t expecting?)* |
| *What will you take back to your own place of work, or clinical practice, as a result of this experience?* |
| Your Name *(optional)*:  Dates of visits *(optional)*:  Your exchange colleague’s name *(optional)*: |

Please feel free to return anonymously to (insert name)

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### Appendix 7

Celebratory evening event invite

|  |  |
| --- | --- |
| Insert logo of organisation/profession 1 | Insert logo of organisation/profession 2 |

### Celebration of the Learning and Next Steps

We would cordially like to invite you to celebrate the learning from the recent [list professions, e.g. GP, Nurse, Consultant] Liaison Scheme in (insert area). Even if you didn’t participate come and find out what went on and how you can get involved in sustaining and improving our roles in the current NHS.

The event will be held on the (Date time and Venue)

(Guest Speaker insert if any) will be our guest speaker on (title of topic) *(see bio attached).*

Free Refreshments (and parking on the night e.g. in the multi-storey) *(adapt as necessary).*

CPD points for all attendees. (Adjust wording as needed)

Book your place early to avoid disappointment by emailing:

(insert administrator name and email address)

**Agenda: (customise)**

|  |  |
| --- | --- |
| 1830 | Refreshments |
|  | Welcome |
| 1905 | Guest speaker |
|  | Feedback from visits |
| 2000 | Next Steps (Mixed group table top working & discussions) |
| 2100 | Close |

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### Appendix 8

**Planning for the Final Event:** Things we found useful to have thought about for the evening event:

**Sponsors:** Do you need any? If so, people we have found helpful are:

1. LMC/LNC
2. RCGP – local faculty
3. Leadership academy
4. Local locum groups (for us Pallant Medical Chambers)
5. Local hospital charities that may have an interest

**Advertising:** How do you want to spread the details and learning of your experience more widely? You may like to consider:

1. Local press
2. Videographer
3. An artist – to capture the evening with a bespoke graphic image
4. Invite a key note speaker - to possibly help give it more prestige

**Keep the momentum up:** by celebrating the success and sharing the learning. Places we have shared the learning through are:

1. Local media
2. RCGP e-news
3. Hospital staff nets
4. Leadership academy
5. Grand rounds
6. Get the art work hung up in strategic places e.g. the hospital foyer, Deanery, CCG foyer
7. Presentations given to trainees
8. Professional news letters
9. Collect all the learning and make into a readable pamphlet with action plans, (also produced electronically)
10. Present your findings formally to the hospital and CCG board

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1. Anything else you think is an absolute ‘gem’ - take it forwards and keep pushing at the appropriate doors until they listen that it’s a good idea!

**The real momentum is where do you stop and when are you going to run this again!**

* Could this be an annual event?
* Should you set an exchange up for other primary & secondary care professionals?
* How about managers?
* Why not receptionists and ward clerks?

### Pass the baton on!

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### Appendix 9 (to be returned to coordinators)

Findings from the Celebratory event/meeting

|  |  |
| --- | --- |
| Insert logo of organisation/profession 1 | Insert logo of organisation/profession 2 |

**Lessons from Liaison:** (Scheme name e.g. Senior Doctors Joint Visit Scheme 2018)

|  |
| --- |
| **Proposed Action:** What specific things can be done as a result of this scheme? How can we move things forward? |
| **Proposed Lead for the agreed action:** Who is best placed to lead on this? Who can support them? |
| **Proposed Timeline:** How soon can we achieve this? Are there any ‘quick wins’? |
| **Self-assessment process:** How will we know if/when any of this has made any difference? What assurance/review activity do we need to do ourselves to track progress? |

### Appendix 10 (to be returned to coordinators)

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(Insert name of area/scheme) facilitated group feedback template, a variation on SWOT analysis.

**Wessex Liaison Scheme** (amend with your locality)

|  |
| --- |
| *What was good about doing the exchange?* |
| *What were the challenges you witnessed?* |
| *What are the opportunities identified?* |
| *How are we going to use these opportunities?* |
| *What are the next steps?* |

1. Lessons Learned from Liaison’ - a phrase created by Dr Jos Wace, Consultant Anaesthetist at QA Hospital Portsmouth who was the Consultant ‘partner’ in the first scheme. [↑](#footnote-ref-1)
2. Dr Susi Caesar, Chair of the Academy of Medical Royal Colleges Revalidation and Professional Development Committee (ARPDC). [↑](#footnote-ref-2)
3. <https://www.england.nhs.uk/gp/case-studies/gp-consultant-liaison-southampton-2017-southampton-city-clinical-commissioning-group/> [↑](#footnote-ref-3)
4. <https://blogs.bmj.com/bmj/2018/10/16/walking-others-kingdom-gp-consultant-exchange-scheme/> [↑](#footnote-ref-4)