

# Out of Hours Practice with a difference!

## OUR SITUATION THEN

Two and a half years ago we were a five-partner, four-salaried-GP practice with over 9000 patients. We had just, at the request of the then PCT, taken over a small surgery that increased our patient numbers by 1700 and were working hard to ensure patients at both sites received the care they needed.

Today we have two partners and a single salaried GP. Some may wonder how, in such a short time, this could happen. Others may well see shades of their own experience or what their own future may look like. In 7 months we lost three partners: two to retirement, and one who decided to pursue a more academic career.

It would have been easy to throw the towel in, hand the contract back, and look for alternative work. Despite extensive advertising, we had no applicants and providing care for our patients through locums was just not financially viable in the long term. Although we continued to advertise, we decided that the time had come to look at providing care for our patients in a different way.

## A MODERN APPROACH

In the last 12 months we have recruited four advanced nurse practitioners to work alongside the GPs, providing the day-to-day care for our patients. We recruited a practice pharmacist and have since increased her hours. She has been an amazing addition to the team.

Our next recruit was an experienced practice nurse who has a special interest in chronic disease who does the ward rounds for our nursing homes, carries out home visits for many of our housebound patients, and has ensured that our unplanned admissions list is appropriate and up to date. We recruited another salaried GP, partly due to the changes we made, which has boosted our GP provision. Finally, our latest staff acquisition is a full-time community psychiatric nurse who has been employed to see patients with mental health problems, including depression.

Outgoing GPs commented on the increase in administration. With the change from PCT to CCG more input was required from practices, which had a knock-on effect to all members of the team. We decided to first look at the restructuring of the administration team to provide 'specialists'.

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We now have prescription, recall, reception, telephone, and typist teams who take more ownership of their roles, and this has led to further time-saving changes. We have also created a 'letter triage team'. The staff look at all of the scanned letters, deal with and complete those where no action is required, and forward those that need to be actioned. This ensures that the clinician knows that any letters sat in their inbox need some action, be it new medication or a diagnosis. We have a dedicated team to look at the QOF and they have worked hard to ensure our results are better than ever.

Our patient survey highlighted that our clinical care scored very highly but our access was considered to be poor. The appointment system had been in place for several years and needed reviewing. We finally agreed that we would offer 2-week advance and next-day appointments, and then run a sit-and-wait 'pool' for patients who needed to be seen on the same day. At present we run this from Tuesday to Friday, with Mondays still having a triage service in place. As I sit here writing this article at 10.45 am in June 2015, I can see we still have some next-day appointments available for tomorrow and 2-week appointments for a week's time; something unheard of for many years.

We will continue to evolve and make changes, with the next phase being to release a clinician to deal with all of the home visits (home visit project) and therefore increase the number of appointments the main body of clinicians see. We would like to recruit another salaried GP but the changes we have made have reduced the urgency for this.

## ADDRESS FOR CORRESPONDENCE

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## THE POWER OF TEAMWORK

It has been hard work: staff have accepted no pay rise; the partners have worked every spare moment while still trying to have a relatively normal family life; and we have lost staff who have fallen out of love with the NHS. We do feel lucky though. We have a very dedicated, hard-working team who have been very loyal to the practice, with a couple of them turning down other positions to support their team. If someone had told me I would be sitting managing a better, more productive, happier, and more cohesive team 12 months ago I would have said they were mad, but we have done it. It isn't perfect and we don't expect any great positive changes in the coming 12 months, but we have survived.

I recently read an article that said the focus should now be on the staff in an organisation because without mentally healthy staff we won't be able to deliver high-quality care to our patients. I couldn't agree more.

## POINTS TO REMEMBER

- Use your team; they are full of ideas.
- Tailor your clinicians to your patient group; for example, we have a lot of patients with long-term conditions and depression.
- There are highs and lows; for us it was two steps forward and then one back.
- Not everyone will appreciate change; even your peers may not understand the need for change.

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