

NAME

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ORGANISATION

Alvanley Family Practice

POSITION

Practice Business Manager

SUMMARY

The team at **Alvanley Family Practice** were aware that a significant proportion of patients were attending for GP appointments with issues that could be dealt with more effectively through contact with an alternative professional or organisation. Due to the high GP workload, Alvanley were considering appointing another GP. A simple audit of GP appointments confirmed that 30% of patients had problems which could be better managed with a different approach.

The practice decided to train reception staff to ask patients about their presenting issues to ensure the patient would see the most appropriate person. In addition, the Alvanley team collaborated with **Altogether Better** to develop a group of volunteers known as 'practice health champions' and developed a 'wellbeing prescription' to help address the patient issues.

The surgery's list size grew by 26% over the first 2 years but they did not need to increase the number of appointments offered. GPs now see 12 patients per session rather than 15 and work-life balance has improved.

OVERVIEW AND REASON FOR CHANGE

The practice team was aware of a **high volume of work for GPs** and that many appointments could be better managed with an alternative to a face-to-face appointment with a GP. At this time, we were considering appointing an additional clinician to meet the demand for appointments. We reviewed our use of appointments by doing a **simple audit of our clinics** looking at the reason for booking the appointment and the outcome.

This audit was led by a practice manager and GP. It required an honest review and an appreciation of the merits of changing practice within the surgery. The practice manager conducted an initial audit of clinics and used a template to capture where she thought the patient should have been seen by a different professional including a telephone appointment, practice nurse, HCA, midwife, pharmacist, A&E and community/voluntary services.

Once the audit was completed, the **practice manager reviewed the findings with the lead GP** to ensure that all factors had been taken into consideration. The audit found that 30% of

patients with a GP appointment could have been dealt with via an alternative contact, either within the surgery or in the wider community.

WHAT DID YOU DO?

Once the statistics were clear the **reception team were encouraged** to ask all patients “Can I ask what it is concerning you, **so I can book you in with the correct clinician?**”. This helped us to harness staff skills, but also highlighted some gaps in our knowledge about community-based solutions. We **developed a “Wellbeing Prescription”** which was the first of its type in the NHS. This provided an **easy list of wellbeing activities** such as coffee and conversations, pram pushers walks, telephone support and cook and taste that could be accessed by patients and directed by the clinical team.

We **worked with Altogether Better** (an NHS national network organisation, supporting health and care services across the UK) to **develop and appoint a team of Practice Health Champions**; 18 volunteers who work with us to develop wellbeing approaches based on their skills and knowledge of the community. They **meet once per month** and are both valued and integrated into our practice team. They **develop activities**, such as weekly walks for all, pram pushers walks, Singing for Health singalongs, knit & natter get-togethers and running a practice allotment growing vegetables, and they help bring a patient perspective as well as additional manpower when it is needed e.g. flu clinics. We worked with Altogether Better for 12 months, but the difference was apparent straight away.

We communicated well and often with our team and **used social media** to tell our patients and partner organisations what to expect (Facebook has been a real winner for us).

WHAT HAPPENED?

We quickly found different partner organisations to work with and became more resilient as a team. Patients seemed to value our honesty about what might make them “better”. We discovered what mattered to them, not just what was the matter.

Our list size grew by 26% over the first 2 years but we did not need to increase the number of appointments offered. Our GP’s now see 12 patients per session rather than 15. This has improved their work life balance. We have the resources of 18 volunteers working with a variety of skills and availability.

FINANCE AND COMMISSIONING

The only funding available was provided by the **local public health team** to commission Altogether Better. Time is required to engage with the practice champions. Initially, one day a week was allocated which eventually became one day per month as the service became more established. No ongoing funding is required.

NEXT STEPS: SUSTAINABILITY AND SCALABILITY

We continue to develop new ways of engaging our patients to ensure we are addressing their non-medical as well as medical needs. Our next project is the **opening of our allotment** and a **"feed the birds" project** to engage lonely and isolated patients. We also have the resources of 18 volunteers working with a variety of skills and availability.

PATIENT STORIES

- "Coming along [to the practice's community events] has turned the lights back on for me"
Patient
- "This might be the thing that saves general practice" GP
- "Before I didn't have any options, now I can direct patients to things that really will make a difference to them" GP
- "We are slowly going back to the traditional general practice and community that I remember, the doctor is your last point of call for most things, not the first" Practice Health Champion
- "To increase our list size by 26% was a result that we didn't expect, but it tells me very clearly that patients want this kind of solution, they agree with us that right person, right place and right time is the way to move the NHS and general practice forward."
- We feature on Altogether Better's video on collaborative practice, which can be found [here](#).

REFLECTIONS: TOP TIPS FOR OTHER GPs CONSIDERING SETTING UP SOMETHING SIMILAR:

- We are interested in **what matters** not always what's the matter- isn't that what the NHS should be focusing on?
- We believe that the wellness of our whole community **influences their health needs**.
- Creating a more resilient community to live and work will **enable us all to thrive**.