

Productive General Practice 
Releasing time™

Getting Started And Making It Stick

Version 1

This document is for partners and other key decision makers within general practices

Module Taster - April 2011



What is a module taster?

This module taster is designed to provide an overview of what to expect in the full Getting Started and Making It Stick module. It will enable you to understand the type of content and guidance the full document will give you.

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Introduction

General practice is no stranger to change. Even in the past ten years there have been a lot of phenomenal improvements including the scale of services offered to patients within a practice setting, the level of support that can be provided within the community and the increased level of personalised care.

Today the imperative to continue to make these sorts of improvements is strong if we are to achieve even higher quality and safer care at lower cost amid the rising expectations of the public. To achieve this there is a need for general practice to examine everything it does, challenge its current ways of working and ensure that every process in the practice is as efficient and robust as possible. By working closely with general practices the NHS Institute has been able to test a framework which will help with this task. It is a way of working that is not only intellectually stimulating, but helps everyone become more productive. It ensures that all staff are supported to provide exceptional services for patients.

Getting Started and Making It Stick is the starting point for your journey with the Productive General Practice programme. As with the entire programme, this module is built on learning from the practices that tested the approaches, coupled with learning from a diverse range of settings. By following this module you will ensure you get off to the best possible start and that the improvements that result from your work are actually sustained over time.

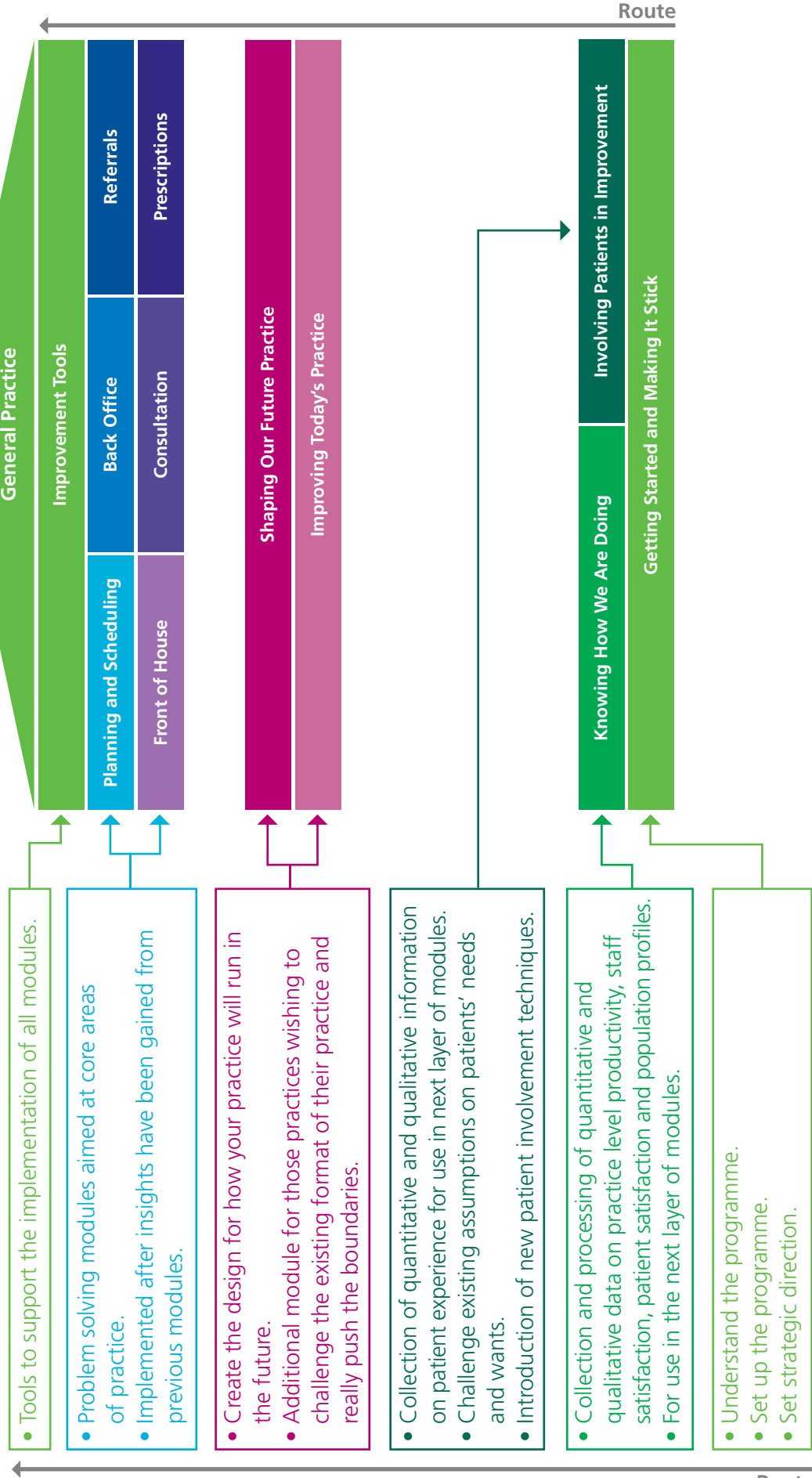
Do changes your practice makes sometimes not stick? Well you are not alone...

Research tells us that when organisations attempt to change the way they work, up to 70% of these attempts fail to deliver the promised results (Daft & Noe 2000*). The reasons for this lie not in whether the change was the right one but in how the change was introduced in the first place - the way organisations get ready for, and lead the change is the main reason for this failure.

There is a lot of evidence to confirm that by setting up any change or improvement well you are not only more likely to achieve your goal but that the improvement will be maintained. On the other hand a desire and action for quick results can cause organisations to rush the process, particularly the planning stages with the result that any improvements that you do achieve may be superficial and short-lived.

The Productive General Practice programme dedicates an entire module to the process of **Getting Started and Making It Stick**. We want to help you ensure that the time and effort that you and your team put into the programme is rewarded by achieving and maintaining your desired outcomes.

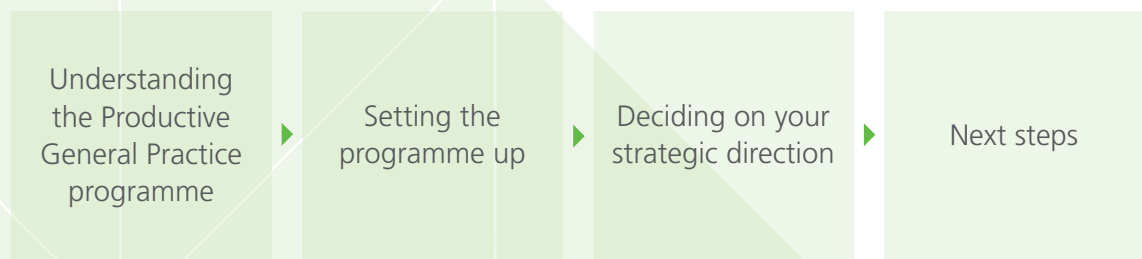
This module and your route through the Productive General Practice house



Four main steps to Getting Started and Making It Stick

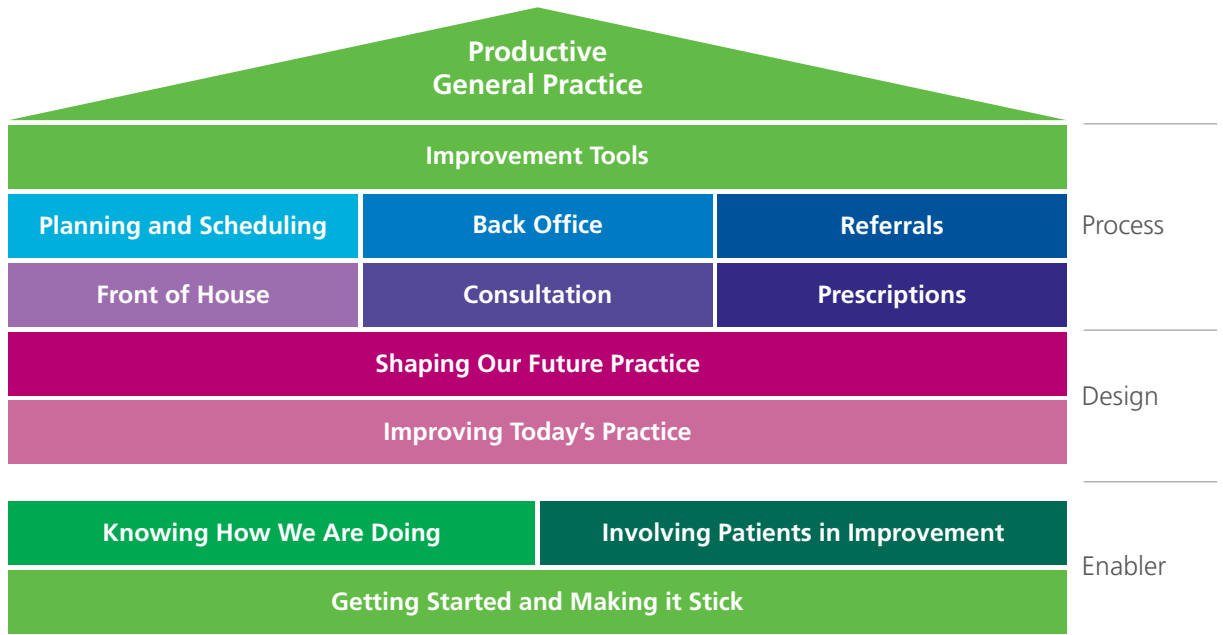
There are four main steps to this module and we advise that the practice lead quickly reads through the entire content before actually getting started.

Four steps to Getting Started and Making It Stick



How do you use Productive General Practice?

Productive General Practice is accessed through a modular structure; working through each module from the bottom of the Productive General Practice 'house' framework up to the roof.



The best way to think about how the house works is to follow the building theme. Productive General Practice is rather like employing an architect, designing and then constructing a building from scratch.

It is obvious that general practice is different to construction, but the high level principles remain the same. With a building you can continually change things such as the colour of the paint in a room or update the kitchen cupboards resulting in improvements over time. Sometimes it is better to go right back to the drawing board and start again.

This is the same for your practice's internal processes. You can continually improve and see your practice systems and processes evolve one by one over time or you might choose to take a step back and start with a new design of how you would like everything to fit and work together.



What if we are uncertain about how much we want to change the way we work?

Productive General Practice is a totally flexible approach. If you just want to improve a few processes, then you can do that. But, if you want to challenge the very structure of how you and your practice works, then it can help you do that, too.

What does this feel like in reality?

- A practice manager's view

A practice manager's view. A quick run through what it was like implementing Productive General Practice...

One of our Partners heard about the Productive General Practice programme and downloaded the Programme Guide which sparked further interest. We got more information from a conference at which the national Productive General Practice team presented and then had some discussions with advisors from the NHS Institute. As a practice we then decided to purchase the Productive General Practice programme.

Week 1:

When the materials arrived, I spent the first week reading the **Getting Started and Making It Stick** module. While it did take some time I did do that while around looking after the practice as usual. In the end, I decided to read it twice so that I had things clear in my head before I talked to anyone else.

Week 2:

Using the crib sheet as a reminder, I then ran through the programme with a few of the GPs. I did this in a 30 minute slot that I managed to grab in one of the practice meetings. They asked a few questions but could actually see how this could make a difference and were really supportive. We put it on the agenda for the next practice-wide meeting (partners and GPs). This was in three weeks' time.

In the time before the practice-wide meeting, I took the opportunity to briefly read through the next four modules, but also to think about the different groups of staff needed to work on different things in advance.

Week 5:

Using the materials available on the website (introductory presentation and film) along with the information in **Getting Started and Making It Stick** (same crib sheet), I ran through the programme with all of the GPs. I asked the GPs I had already briefed to help me by ensuring that they chip in with their support and why they thought this was a great idea. I also talked about the meeting required to do the strategic direction-setting. We all agreed to do this as soon as possible.

Straight after this first set-up session, I arranged the strategic direction-setting meeting. I was struggling with dates, as I needed all of the partners there. It was going to be eight weeks until we could get everyone together, but I talked to all the GPs individually and they agreed to do it one evening, so we could get the session planned in within the next four weeks. I also needed to source the facilitator for this session.

Before the strategic direction-setting meeting, I re-read the notes on the meeting to ensure I could get the right type of room available and book everyone for the right

length of time. I also had time to buy a flip chart and a few other materials. I meet with the facilitator and together using the guidance provided in the module, we prepared the flipcharts as shown in the facilitator's notes. While this was really the facilitator's role I wanted to join in and found that it was really useful learning for me.

The other main things I did were:

- set up the working group described in the this module. I set this group up to meet every four weeks, their role is to monitor progress and help the changes along
- set up the dates and diaries for the working meetings for the **Improving Today's Practice** module and, provisionally, for the **Shaping Our Future Practice** module
- kept talking to the partner who introduced me to the programme. She has taken on the role of lead GP and can help me keep all of the GPs and other staff involved and on board
- discussed with my lead GP (for the programme) who would be best to facilitate the strategic direction-setting meeting, using the list I downloaded from the website. Using the **Getting Started and Making It Stick** facilitator's guide, we talked through the meeting and what was required. We discussed who should be in the direction-setting meeting with my lead GP. She was initially keen to have as many people as possible in the meeting – beyond the partners. We are an inclusive practice and want people to be as much a part of this as possible. I showed her the guidance in the module about this - particularly the point posed about the fact that if someone is invited, they must have an equal say on the direction of the practice. Were we really saying that was the case if we invited a member of the admin team, for example? If we are not saying that, and we invite them, then it could even be a de-motivator. When we really thought about it, despite the fact a member of the admin team is a valued member of the team, the only people with the final say on the practice's direction are the partners, so we decided for this meeting to keep it to them.

Week 9:

The meeting went really well and resulted in some wide ranging but focussed discussion... Not all the partners agreed on the direction of the practice, especially on the size of the practice in the future. Because the meeting was so thought-provoking, we did not see this as a problem. The partners agreed to meet for 30 minutes the next week, so we had a bit more time to think about the strategic direction questions posed.

Week 10:

It turned out that, after a week's thinking time, all of the partners came to an agreement in the next meeting. The clear goal and the understanding about how to use the programme really helped. The partners also agreed to support the data collection processes in **Knowing How We Are Doing** and **Involving Patients in Improvement**. Developing the engagement plan in **Involving Patients in Improvement** made us realise how important it was to get our engagement plan up-to-speed early, so we could use it in the other modules and use our patients to help us. The partners left really excited about the **Improving Today's Practice** meeting.

Week 11 to 13:

We concentrated on the data collection, as specified in both **Knowing How We Are Doing** and **Involving Patients in Improvement**. The working group really helped with this. They take the pressure off me so I don't have to keep nagging people to get the data collection done. My lead GP also helped by having a chat with some of the more sceptical GPs in my practice about how **Involving Patients in Improvement** was so much more than a tick-box exercise on patient involvement.

Week 14:

This was quite a hard week. With the help of one of my admin team, who is a bit of a whizz with Excel, we managed to process all of the data we collected. We had to take careful note of the instructions on the spreadsheets as well as the instructions in **Knowing How We Are Doing**.

Week 15:

I spent some time this week to prepare for the **Improving Today's Practice** meeting, setting out the data to tell a great story as described in the **Improving Today's Practice** module. By having a date in the diary for the meeting, it meant we really needed to get the data collection done. It stopped us dragging it out over a long period of time.

Week 16:

This was when we had planned our **Improving Today's Practice** meeting. It really helped to have sent out the invites and ensured that everyone was available early on, as this meeting requires as many people as possible. In the end, we could not get everyone, but we got about five more staff, in addition to the working group and the partners. The meeting went really well. We found out so much – especially about how much we did not know!

We managed to document a number of things we need to address in the new way of working that we will plan in the next module. This exercise really brought all the staff together and now everyone understands what is going on.

We all agreed that, after looking at the data, considering our strategic direction and considering some of the ideas introduced about patient groupings, we were ready to really challenge how things work. We didn't want to just improve a few areas, we wanted to challenge the very way we provide a service to our patients from scratch. Because of this, we agreed to move on to **Shaping Our Future Practice** before starting any implementation of the process modules.

Week 17 to 19:

I used this time to summarise what we found from the **Improving Today's Practice** meeting and also to kick off a few work streams that are outside the Productive General Practice modules. In addition to the areas covered in the modules, there were some things we needed to cover about staff pay that have been hanging over us, and which will get in the way of our improvement efforts if we let them carry on. We started a process to resolve this issue and it will be managed through the working group.

Week 20:

It was a good job I had provisionally put a date in the diary for the **Shaping Our Future Practice** meeting. It meant we did not have to wait too long for the meeting. This meeting was really interesting. We moved from finding things out and drawing conclusions from this to making concrete plans. It was fascinating and the GPs and other members of the working group really got stuck in.

Using the prompts in the module, we came up with an overall plan where we will create processes for our new patient groupings, whereby we structure our service around different patient groups in different ways. It was kind of obvious when we looked at it, but we had never thought about it before. In fact, we had never really got together to talk about how we should work much before! We are going to have different processes for each grouping, not around their condition like a pathway approach, but around their process requirements. We settled on five patient groups. They range from sporadic patients and young families with children, to patients with multiple acute conditions. All of these groups require different things – especially around when and how they need to access us. In the past, we offered the same thing to everyone.

The meeting was great. We came out of it with a great plan and a work plan for the working group to make sure it happens!

Week 21 onwards:

This was all about getting the process modules implemented. Each process module is used to deliver part of the plan. They are all structured in the same way and give practical and easy-to-follow advice. I used the module team approach suggested in **Getting Started and Making It Stick**. This meant we could have two teams on the go, implementing two modules. For example, we implemented **Front of House** at the same time as **Consultation**, as different people were needed to work on each one.

Each module took time - a good eight weeks' work - but the staff really got them. I had to help out quite a lot, but that was ok. Each module was rather like a mini version of the process the practice has been through. Using a simple process called the Model For Improvement, we set the aim of the module (referring back to the plans we created in **Shaping Our Future Practice**), collected data to help us understand the problem and data to help prove our change was beneficial. Once that is done, we use the steps set out in the module to plan the changes, do the changes, study the impact and then make more improvements, if necessary. Each process module follows more or less the same process.

At the beginning I used to think this was a bit of a burden and was taking a lot of time, but the more I think about it, the more I now realise that improving how we work, making sure all our processes are designed to benefit patients and staff and are productive is my job. I have been trying to do it for years. So, now, I don't think of it as an extra. I think of it as how I get my job done and build a fantastic practice.

The final thing that dropped into place was that we would never stop doing this. As soon as we have implemented our plan, we revisited our strategic direction and then started all over again. We want to keep improving – all the time.

Deciding on strategic direction

Meeting aims and format

Before you begin any kind of change work, you need to decide 'where are we now?' and 'where do we want to go?' **Getting Started and Making It Stick** is all about agreeing the strategic direction for your practice and ensuring that your senior team (partners) understands the responsibilities associated with implementing Productive General Practice in your surgery.

Aims and objectives of the Strategic Direction meeting

The aim of the meeting is to discuss and come to an agreement about the desired strategic direction of the practice and how we can use the productive general practice programme to support us to achieve our vision.

The objectives of the meeting are to:

- ensure an overall understanding of the productive general practice programme and its modular structure
- discuss the range and scale of the change we would like to see
- recognise the level of effort required to achieve the change, the level of impact we can expect and assess the level of risk we are willing to take
- understand at high level our current environment
- review what productivity means for our practice
- set our boundaries and tactics
- agree our strategic direction
- plan how we will create an environment to ensure achievement and sustainability of our improvements
- agree next steps



References:

Daft R. Noe R. (2000). *Organisational Behaviour*. London: Harcourt

Getting Started and Making It Stick Module Taster

How you prepare and set up your Productive General Practice programme will have more of an effect on your success than the technical changes you make. **Getting Started and Making It Stick** is an easy to use module that will help you ensure you create the right context for your changes to stick. It provides tips on briefing staff members, helps you to understand the risks involved and to decide who should work on the programme. High on the agenda in this module is support to set the strategic direction for improvement and communicating the vision for this throughout the practice.

To find out more about Productive General Practice visit
www.institute.nhs.uk/productivegeneralpractice