

# Quality Improvement in Primary Care Multi-professional Roles

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# ARRS Roles including First Contact Practitioner Physiotherapists

- Additional Roles Reimbursement Scheme
- Introduced in England in 2019 as a key part of the government's manifesto commitment to improve access to general practice
- Primary care networks (PCNs) can claim reimbursement for the salaries (and some on costs) of 17 new roles within the multidisciplinary team
- Aim: expand general practice capacity to enable improved access for patients, support the delivery of new services and widen the range of offers available in primary care
- Access in general practice is a HUGE topic!!
- For FCP Physiotherapy the idea was employment of those with band 7 and above skill sets and supporting and supervising them in primary care to deliver assessment level consultations (ie not a treatment course)
- Supported by the 'Roadmap to Practice'

# Taking a Quality Improvement Approach

- Tower Hamlets PCN wanted to create role plays for ARRS staff to practice having difficult conversations with patients and with other practice staff
- Hoped we could help them develop those role plays with PCN managers
- Hoped the role plays would enable better consultations and therefore better outcomes

**WHY?**

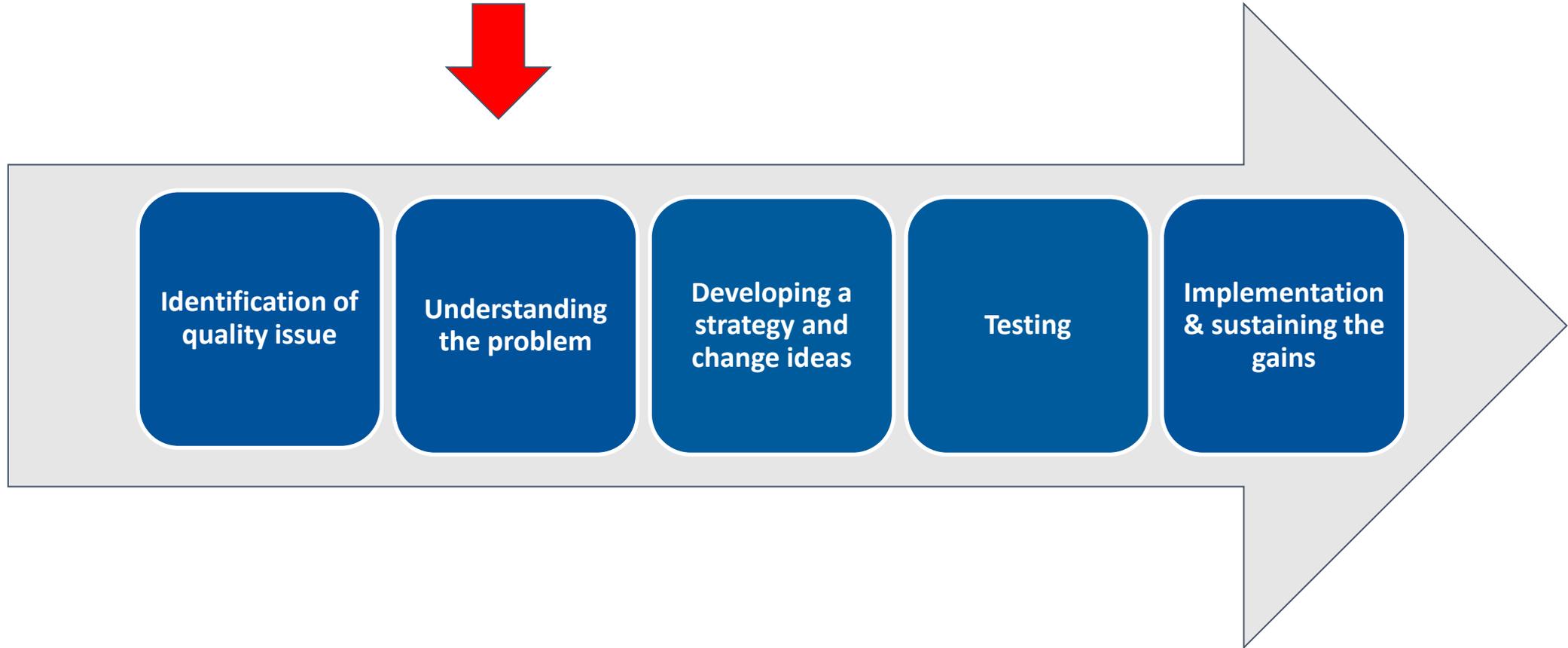
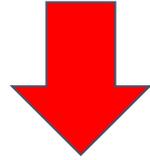
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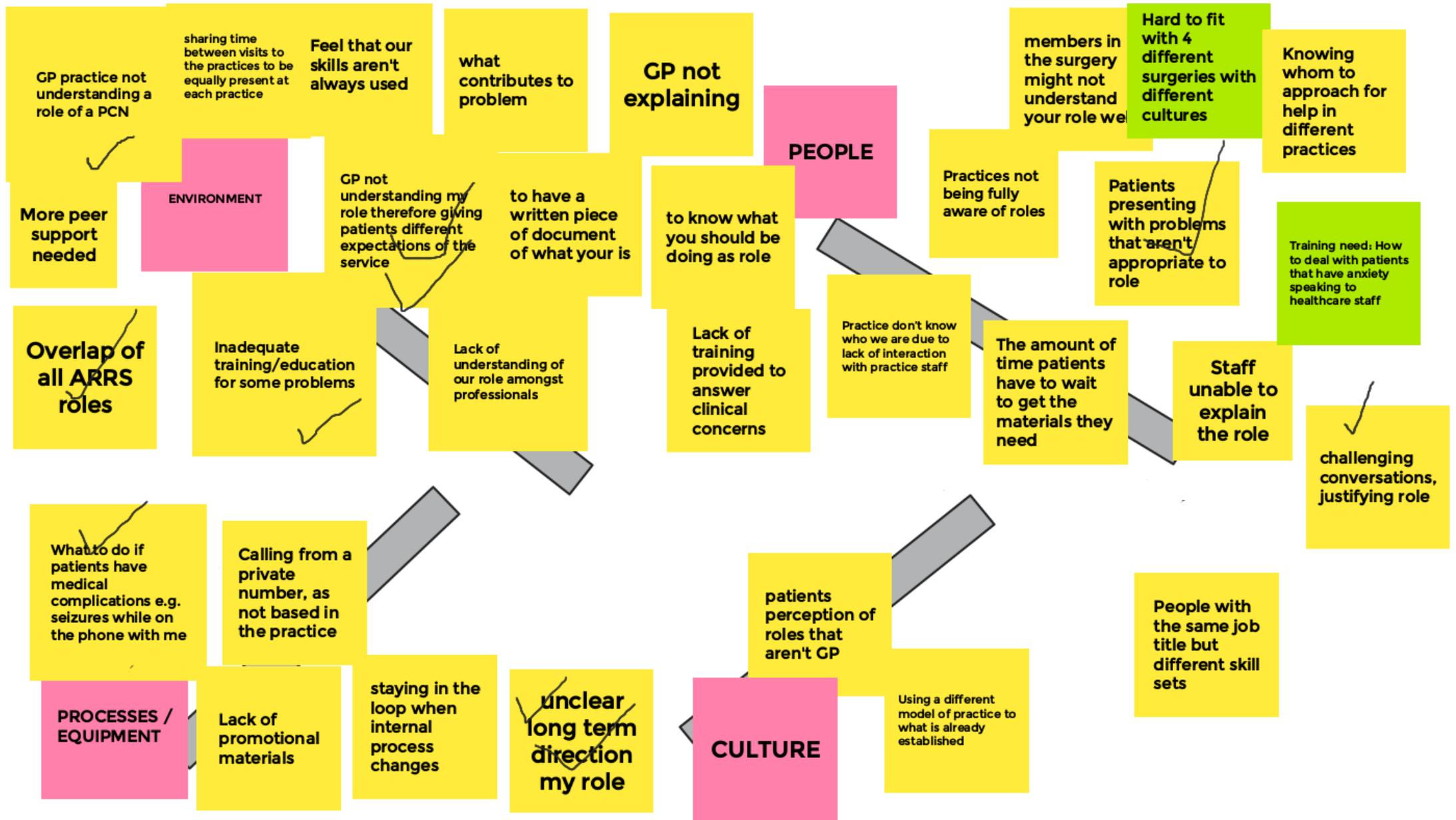
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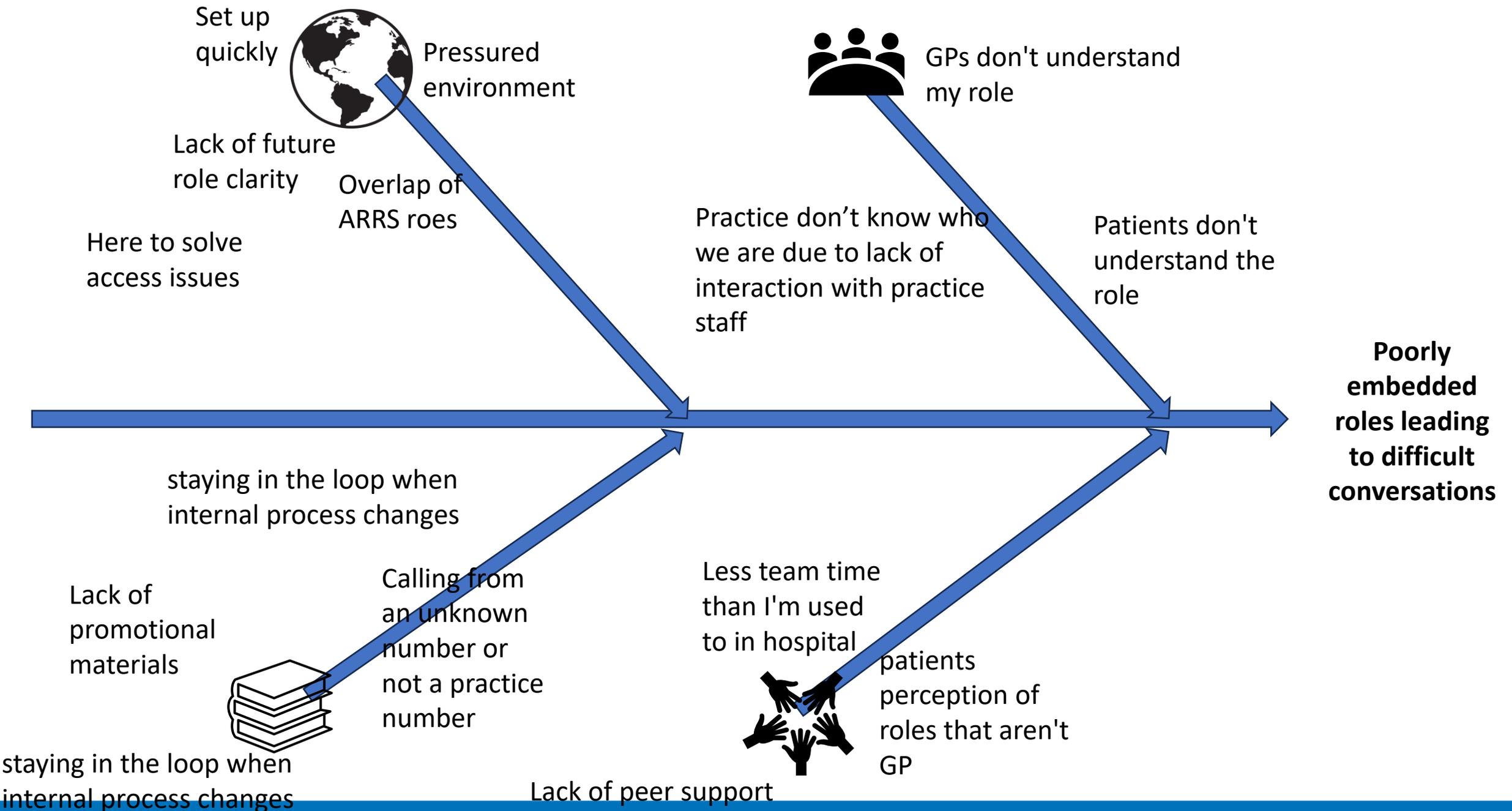
**WHY?**

# The sequence of improvement





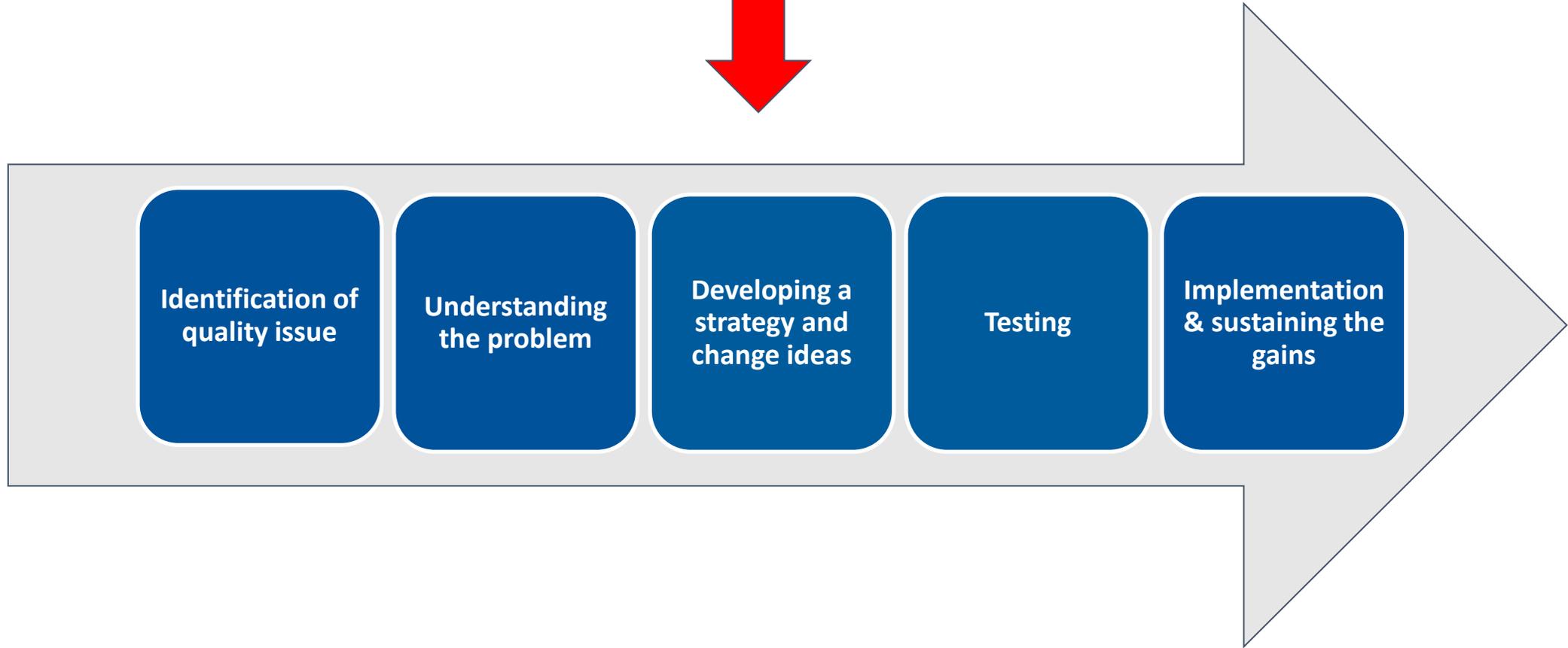
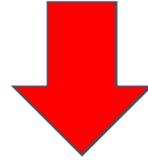
THIS IS WHAT IT LOOKED LIKE AFTER 10 MINUTES OF TIME TO THINK

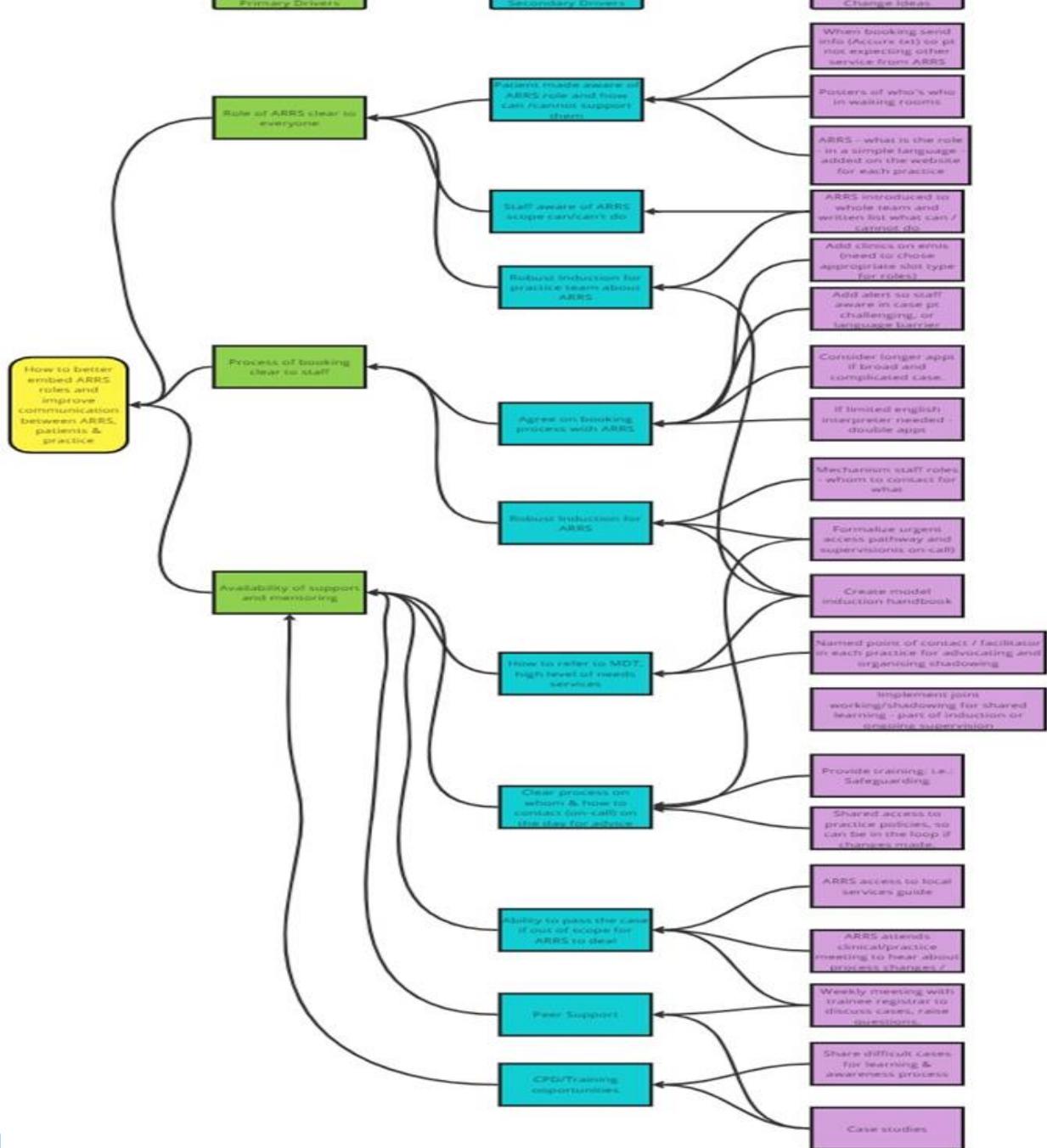


# Aims

- Additional Roles/FCPs to feel more embedded within the practices
- Understand what factors are contributing to good integration into practice

# The sequence of improvement





## PRIMARY DRIVERS

Role of ARRS staff clear to everyone

Processes clear to all staff

Availability of support

## SECONDARY DRIVERS

Patient made aware of scope of role and how they can/can't support

Staff made fully aware of the scope of role (especially for those where there is assumed knowledge)

Robust Induction for both ARRS staff and practice

Firmly agreed booking processes/criteria (reviewed regularly)

Understanding of alternative/available services in wider community and scope of other ARRS roles

Clinical Supervision/Mentoring

Peer Support (both other ARRS but also trainee GPs)

Clear process on who to go to for urgent cases outside of scope of role

# So what happened to those case studies?

- Clinically focused-designed to be done in an away day where everyone feeds into the role play
- Trouble shooting for roles that aren't clinical
- Enables identification of training needs (interpreter use/safeguarding)
- Part of a whole set of change ideas

# Aims

- Additional Roles/FCPs to feel more embedded within the practices
- Understand what factors are contributing to good integration into practice
- **In order to increase satisfaction and retention**
- **In order to better utilise their capacity**
- **In order to improve access.....**
- **In order to improve patient outcomes**

MEASUREMENT!!!

What does success look like the for  
the FCP programme in primary  
care?

What metrics should we be  
measuring to demonstrate success?