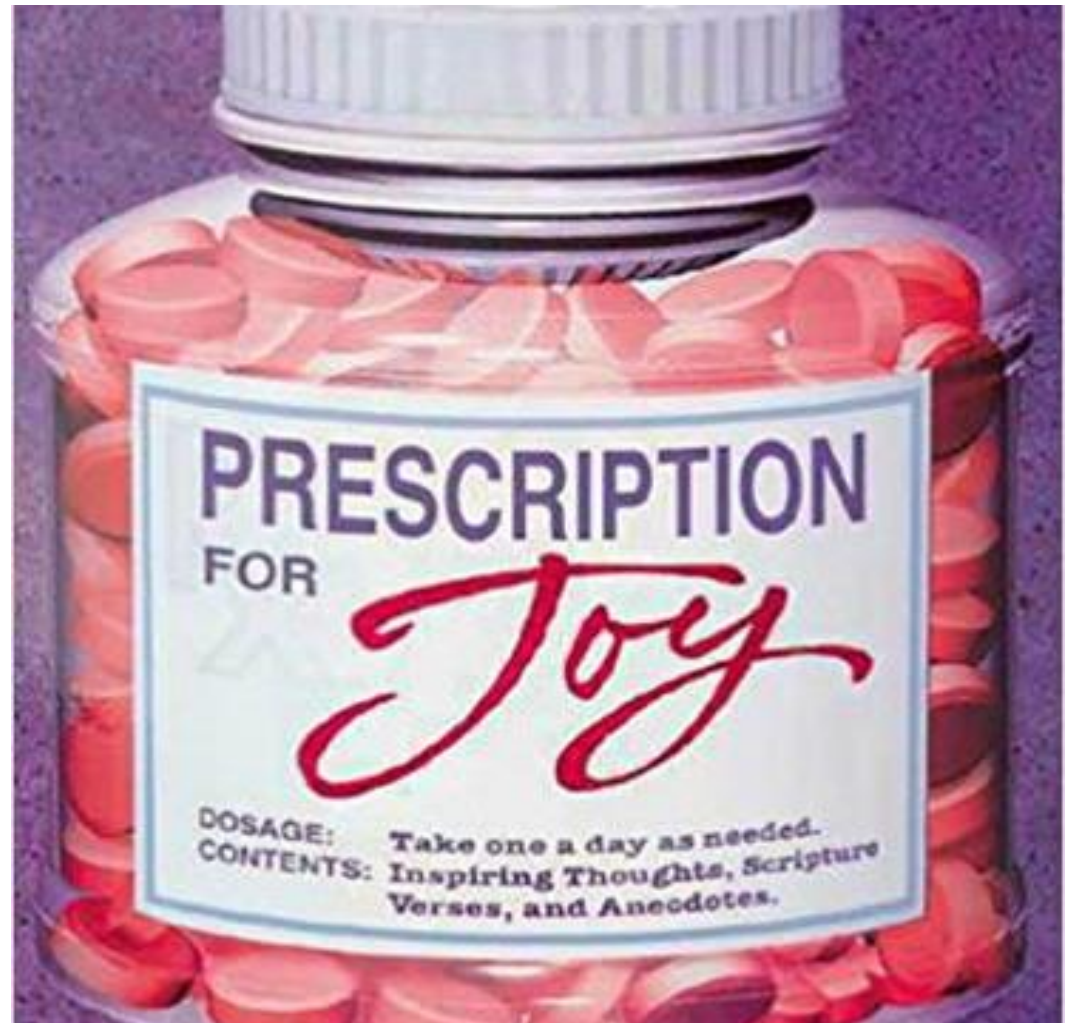


GENERALLY PRACTICING

Joy

VIRGINIA PATANIA

8TH JUNE 2021





Tower Hamlets
Clinical Commissioning Group

1 GREAT THING



Problem Definition

EQUIP is looking to address the low morale and lack of agency in staff created by the current health system

Why is change in General Practice such a challenge?

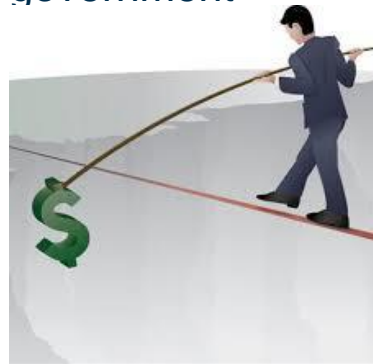
Count us! Or try...

- Multiple organizations (about 1500 in London alone!)
- Multiple geographical sites
- Corporate fragmentation



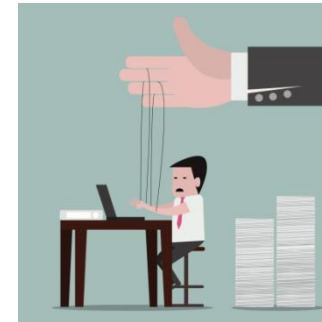
Cottage industry flavour


- A unique industry “run” by clinically trained partners
- Originally family led businesses – in every sense
- Traditionally a survival sector, where the guarantor is the government



Our non-market market

- Limited ability to respond to market forces factors
- Strongly top-down led
- Little or no link between demand and resource – costing models worked backwards between what is available, and the total population





Why Tower Hamlets is putting quality improvement at the heart of primary care

The MPIG funding challenge resulted in the Tower Hamlets Save our surgeries campaign

Exclusive: APMS contract reviews threaten future of 25 London practices

By Neil Roberts on the 24 October 2014

Be the first to comment

GPs rally patients against cuts which would see up to 100 practices close

Seventeen GP surgeries at risk of closure from 'nightmare' cuts

News Society GPs

GPs braced for shutdown after 'toxic mix' of loss of funds and high demand

At one of 98 GP surgeries in England under threat of closure there is despair that NHS reforms could kill off good care

Mark Gould

The Guardian, Tuesday 15 April 2014

Jump to comments (64)

theguardian



GP Naomi Beer and practice manager Virginia Patania at the under-threat Jubilee Street practice in East London. Photograph: Martin Godwin for the Guardian

"Give it a year and I think we will have to close," says Naomi Beer, a frustrated and angry GP who works in a surgery which has been providing care to a largely poor and deprived area since the start of the NHS in 1948. In February, NHS England admitted that 98 surgeries could be under threat of closure as a result of what doctors' leaders have described as a "toxic mix" of a flawed funding system and seemingly uncheckable demand for medical care.



in Tower Hamlets could no longer pay its staff Picture:

London Evening Standard



HEALTH REPORTER | Wednesday 28 May 2014

TWEET

g+ SHARE

REDDIT

in SHARE

SHARE

Shares 226 | A A A

g patients to campaign against planned cuts to eaten to close 100 practices in England, with doctors ing the unprecedented step of blanket texting report.

Practice managers estimate that up to 700,000 patients in England could lose their local GP surgery if controversial Government plans to reallocate millions of pounds worth of GP funding go ahead.

Although aimed at making GP funding fairer, the withdrawal of the minimum practice income guarantee (MPIG) could leave 98 practices facing funding cuts that



PEOPLE
Snapchat boss 'mortified' over misogynistic e-mails



ENABLING QUALITY IMPROVEMENT IN PRACTICE

Tower Hamlets

Affordable & User Friendly!

www.chamberlain.edu

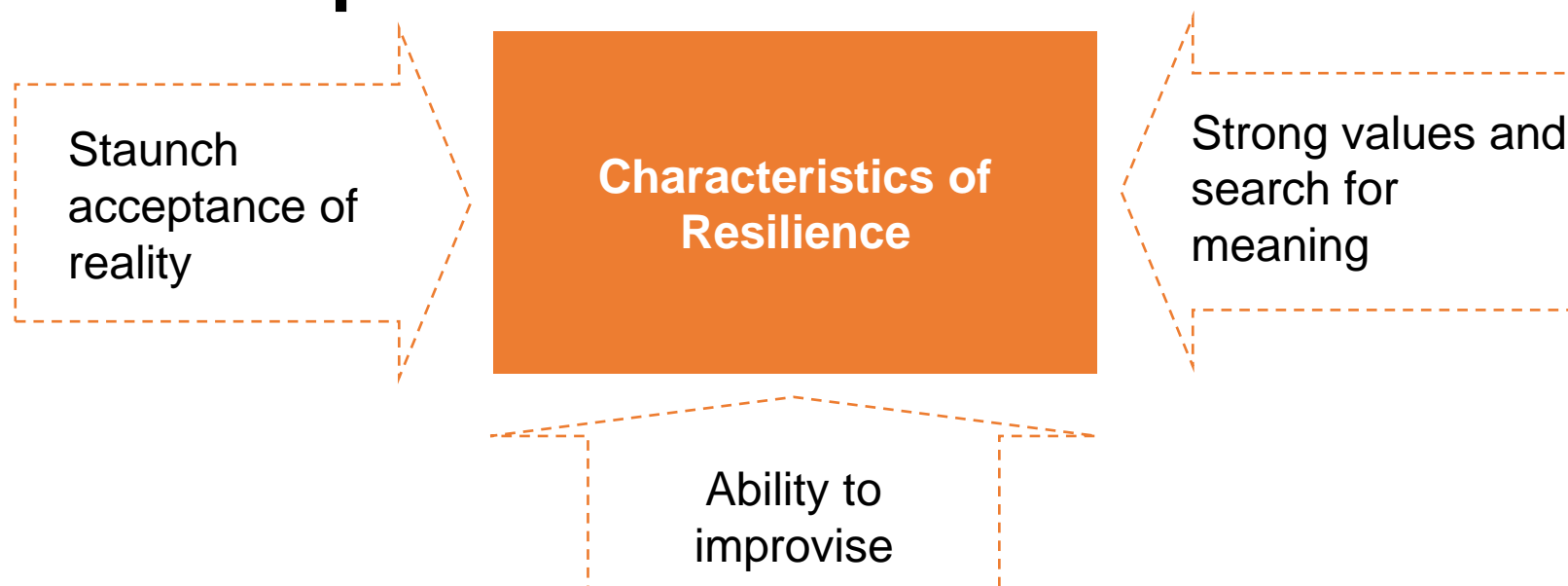
T-Shirts 4 Fundraising
Raise money w/ Custom
T-Shirts 100% Free

During MPIG, JSP started using a QI methodology to address key operational issues which helped create financial stability

Objectives	Analysis of key areas for improvements	Intervention type
Improve patient access	<ul style="list-style-type: none">Improve specialist capacity (minor surgery, injections, antenatal appointments, CDT, etc.)Increase admin capacity to handle patient contactPractice-wide agreement on appropriate presentation by staff type and reported symptomsIncrease clinical capacity (nurse hire)	Patient access to care
		Patient awareness
Improve practice performance	<ul style="list-style-type: none">Be able to respect cut-off times for returning calls: 13:00 and 18:30Reduce number of GP callback requestsReduce call volumeAllow more time for admin for GPsProtection of teaching time for registrarsTraining for all staff types in establishment and uptake of best practicesDuty role creation to handle additional workSet a standard sessional activity, e.g. 20 calls and six face-to-face appointments for doctors	Staff training/ best practice cascade
		Internal organization/activity
		Staff skill mix

We realised that other practices could also benefit from using the QI methodology to make changes to core operations

In order to Develop Resilience in General Practice



EQUIP- Case for Change



EQUIP (Enabling quality improvement in practice) is a quality improvement programme that uses an asset-based approach to support improvement at a practice and system level and has an explicit focus on improving joy in work

VISION

A world in which empowered citizens experience great primary care

MISSION

To empower all teams involved in primary care to make improvements on an ongoing basis which have a tangible impact on the satisfaction of staff and patients

***What are we holding
on to Sam?’***

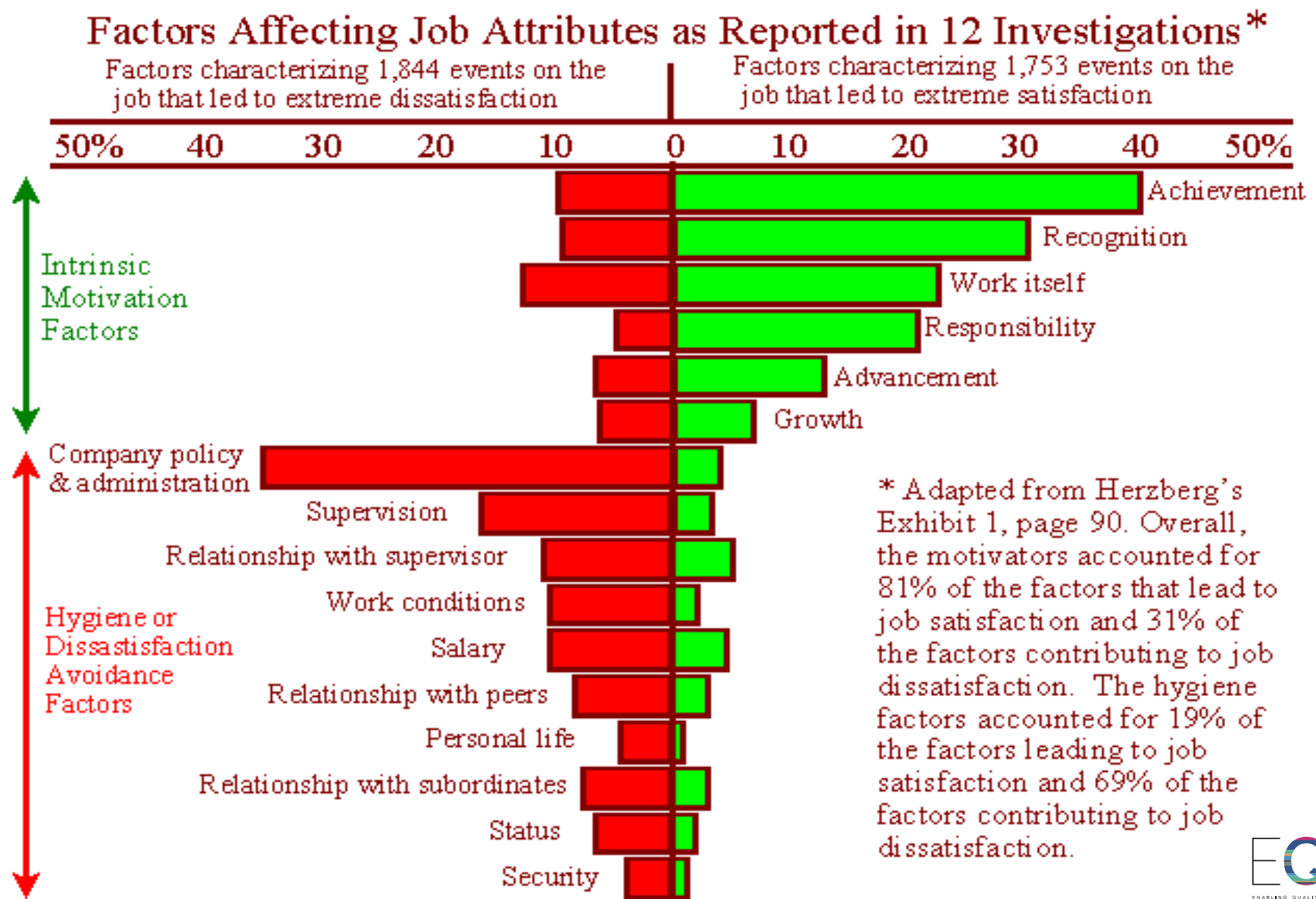
***‘That there’s some
good in this world, Mr.
Frodo.***

***And it’s worth fighting
for.’ – J.R.R Tolkien***



Psychology of improvement

One More Time: How Do You Motivate Employees? Harvard Business Review (reprint Jan, 2003)



Joy: it comes in brands

Pleasure
(HEDONIC)



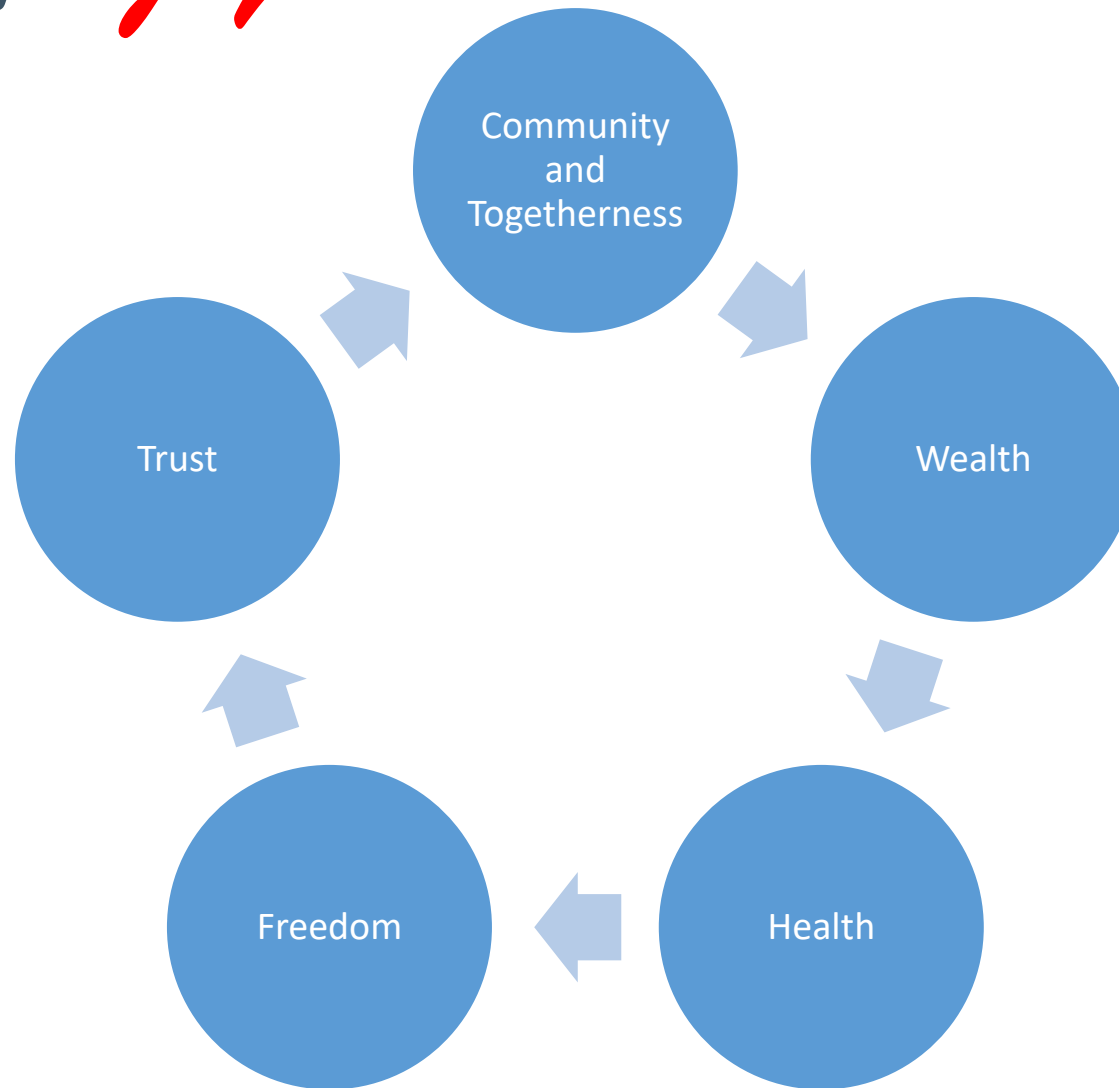
Meaning and
motivation
(EUDAIMONIC)



Engagement



Psychology of *Joy*



Why joy is everyone's job

Five human needs for joy in work:

- **Physical and psychological safety**
 - Be accessible
 - Do not normalise!
- **Meaning and purpose**
 - Create spaces only for thinking
- **Choice and autonomy**
 - Participative management
- **Camaraderie**
 - Open floor meetings and huddles
- **Fairness and equity**
 - Demonstrate fallibility

What joy is NOT

- Something you announce
- Superficial, one time actions
- Pizza parties
- Tokens of appreciation not linked to purpose
- Something done “to” or “for” others

*"If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea."
Antoine de Saint-Exupery*



So *we* built our *dream*



“To make Tower Hamlets the best place to WORK and receive care”

How to create a joyful, engaged workforce



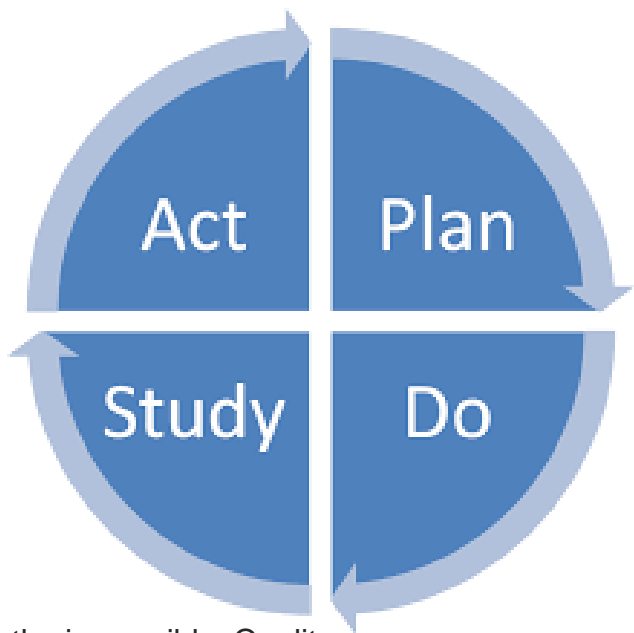
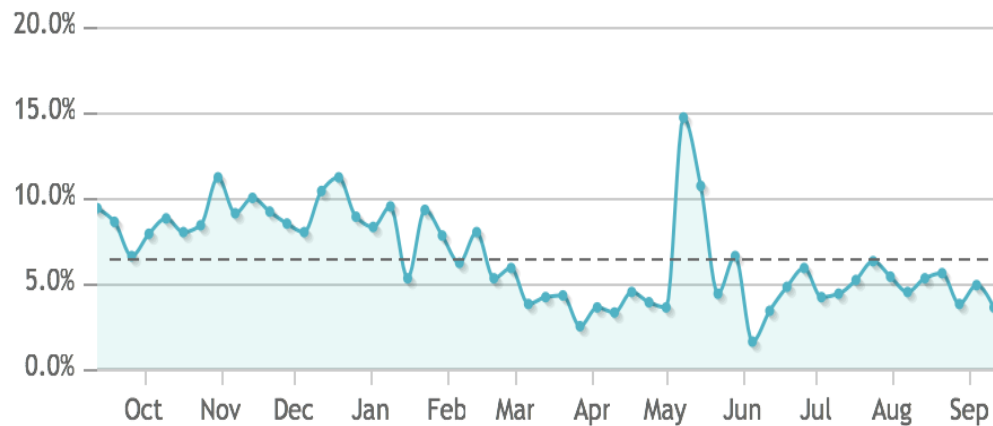
Tower Hamlets

4. Use improvement science to test approaches to improving joy in work in your organization

3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization

2. Identify unique impediments to joy in work in the local context

1. Ask staff, "What matters to you?"



EQUIP (Enabling Quality Improvement in Practice) is born

The EQUIP Model is an ongoing, not time limited programme containing six key delivery elements



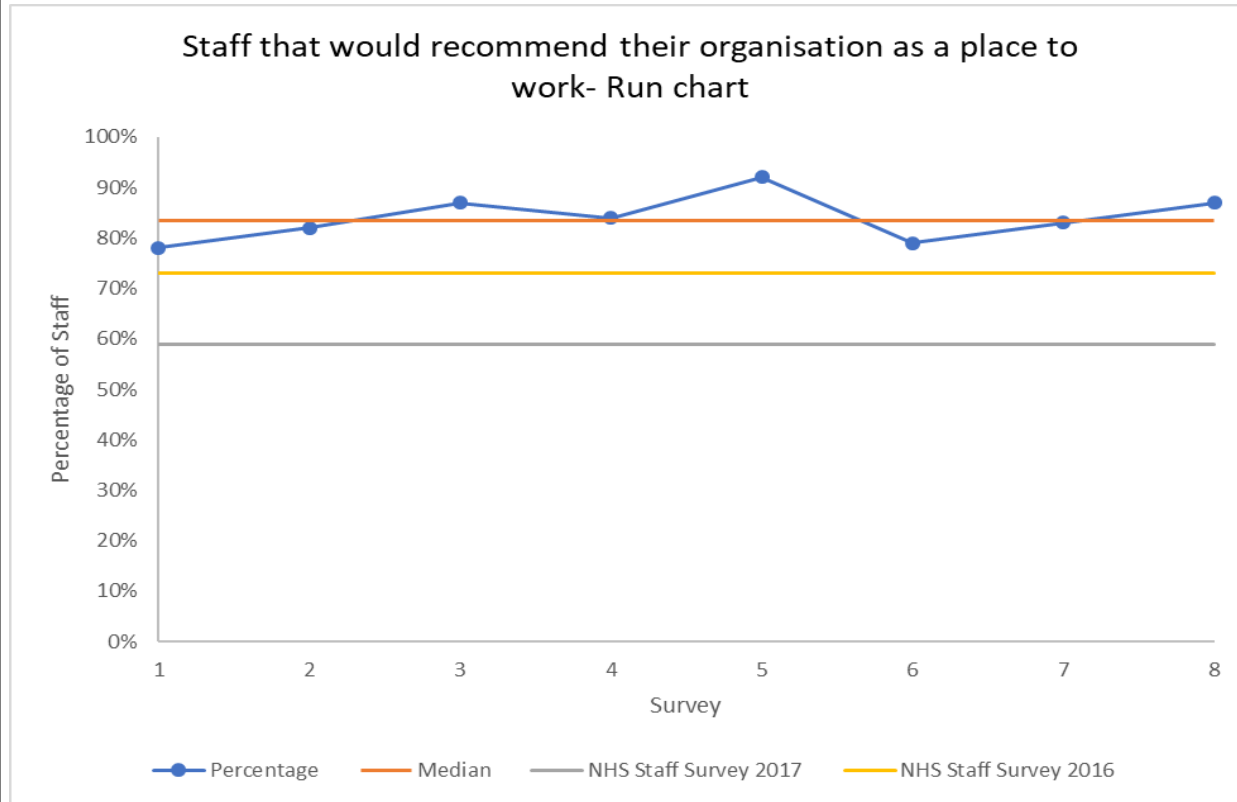
In order to get this support we need a strong practice commitment which is outlined in an MOU.

Collaborative workshops

Collaborative workshops involve on average 6 volunteer practices. We strongly believe that it will help to **accelerate change and contribute culture change**. We have identified 3 ways of doing this:

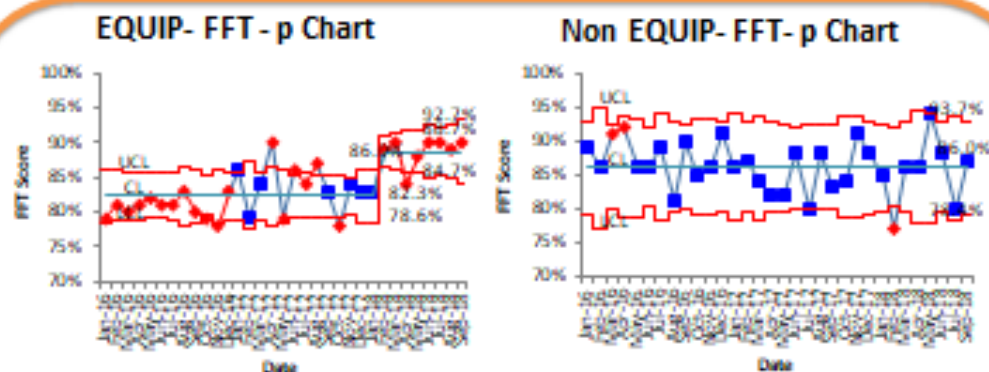
- **Learning systems** workshops (based on the breakthrough series model IHI)
- **Scale and spread** workshops
- **QI Show and tell**

Joy is something
worth measuring
from the start



EQUIP progress and outcomes

- Engaged with 37 GP surgeries/teams across WEL CCGs.
- Recruited and trained 31 improvement coaches who support practices with their improvement projects.
- Supported 339 improvement projects across WEL CCGs
- Improved patient satisfaction with services provided at EQUIP-supported practices
- Identified high-impact interventions for scale across WEL CCGs
- Currently supporting a WEL-wide initiative to implement Digital services which will free up GP and frontline staff time and improve operational efficiency.

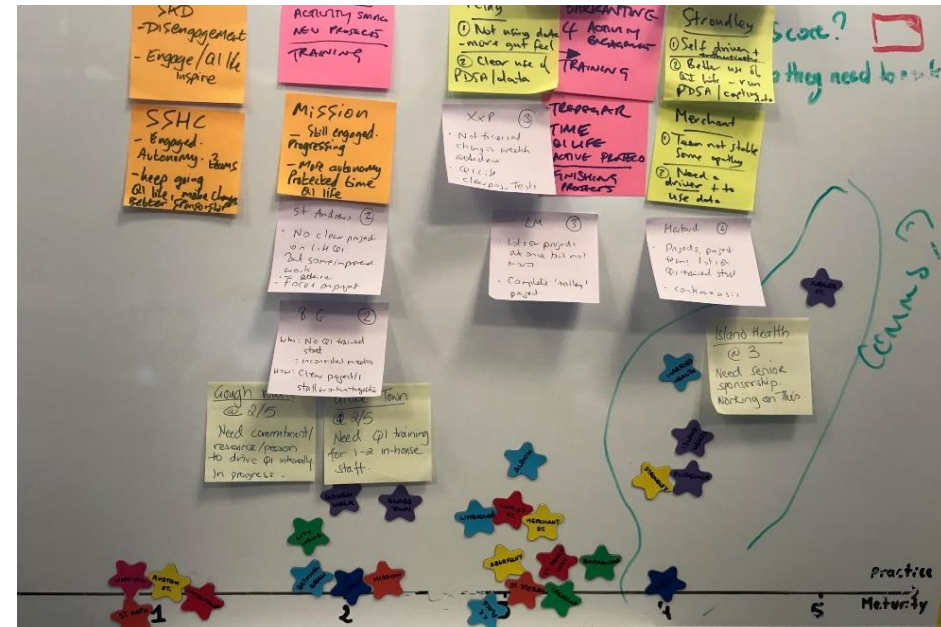
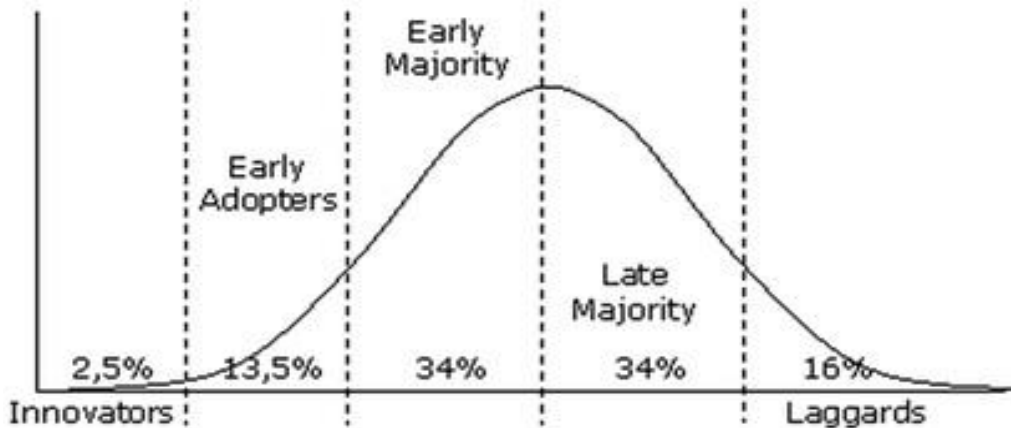


The principle outcome of EQUIP is improved citizen experience of primary care. EQUIP practices have seen a sustained improvement in Friends and Family Test scores from a lower baseline to now meet the national average. In comparison, practices in the borough not engaged in the EQUIP programme have seen no change in their FFT scores

Practices/teams signed up to EQUIP programme	37
Coaches trained	31
Coaching sessions 2019 (delivered weekly/fortnightly)	950
Staff trained in QI	587
Active projects	248

Maybe don't expect thanks... not right away...

Rogers Adoption / Innovation Curve



The science of
leading
change

SOURCES OF INFLUENCE

	Motivation	Ability
Personal	1. Help them love what they hate	2. Help them do what they can't
Social	3. Provide encouragement	4. Provide assistance
Structural	5. Change their economy	6. Change their space

1. Personal Motivation

Do they want to do the behaviour?

2. Personal Ability

Do they know how to do the behaviour?

3. Social Motivation

Do peers support them to do the behaviour?

4. Social Ability

Do they have access to advice to help them do the behaviour?

5. Structural Motivation

Are rewards and punishments used support the behaviour?

6. Structural Ability

Does the environment support the right behaviour?

One day.
Or *Day One.*

Be the catalyst for your
practice's own small scale
changes. Bring back the



10 IDEAS



1. Holocracy – or Circles.

A new working model of collective leadership fully aligned with a practice's mission, based on the three key principles of innovative Teal organisations.



EVOLUTIONARY PURPOSE

Start with why. What is our organisation's purpose and how can we make it happen?



SELF-MANAGEMENT

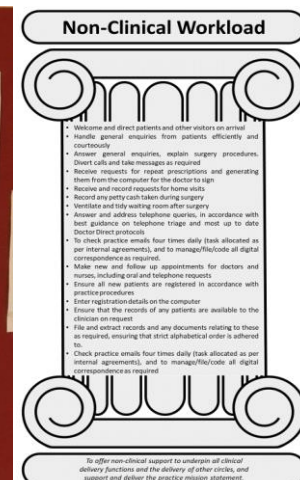
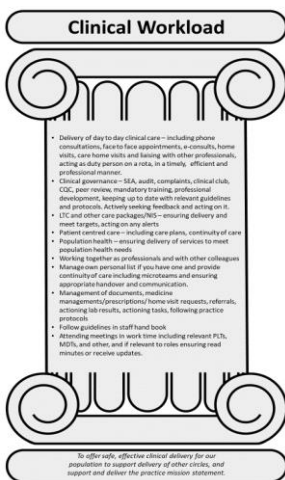
How can we shift traditional hierarchy to empower self-managed teams and boost transparency? Everyone should be trusted to make decisions and be responsible.



WHOLENESS

How can we ditch the professional mask and bring all of who we are to work?

1. Holocracy really *is* just a bunch of *Circles*



A Circles Structure consists of independent Circles in whatever categories: Clinical Delivery, Practice Management, External Relations, Education, Clinical Governance, Self Care, Quality and Communication.



“No people can be truly happy if they do not feel that they are choosing the course of their own life”
World Happiness Report 2012

NO exclusion
NO inferiority



2. *Rooming* – or the Patient Triage Centre



3. *Timebanks* and co-production

*I know a bank where time grows sweet
Where people meet to talk and eat
To help or hinder as they choose,
All to help and nothing to lose.
Interest in and interest out
Profit compounded is the shout*

*Time Bank member John A., October
2005*



4. *Swap & share*

- * Community swaps
- * Directories
- * Shared belongings
- * Lunch rotas
- * Your holiday home

...continue your own list

5. *Food* and fire





6. *Exercise*. Just, erm, do it.

- 45% lower risk of cancer
- 46% lower risk of heart disease
- Preventative effect on diabetes and depression
- Increased life expectancy

7. Practice
and offer
Mindfulness –
the lion is
probably
behind you, or
in front.





8. *Celebrate* loudly





9. A new kind of *employee of the month*

“If people are treated as special, as sacred,
even, they behave that way.”

Guillermo Peñarosa

10. Invest in *pure passion*



No,
thank *you*,
really.



Tower Hamlets
Clinical Commissioning Group



virginia.patania@nhs.net

 [@virginiapatania](https://twitter.com/virginiapatania)