

Whose Job Is It Anyway?

5th February 2020

Did you know we are on social media?



@CPDConnect



@NES_Pharmacy



CPD Connect – including PBSGL



NES GPN



@GpnNES



CPD Connect

General Practice is changing. There are fewer GPs but the practice team is growing. Roles are expanding and teams are diversifying but “Whose job is it anyway?”

Whether you are a GP, practice pharmacist, practice manager, practice nurse or ANP, this one-day course will give you the knowledge and skills to effectively prioritise workload and thrive in an effective primary health care team.

09:00	Registration & Coffee	Speaker
09:00	Welcome and overview of the day	Dr Alexia Pellowe GP, NHS Ayrshire & Arran and Associate Advisor, NES
09:35	What can only you do? Part 1. Small group work and discussion	Dr Leon Zlotos Principal Lead - Pharmacy, NES
10:00	What is an Expert Medical Generalist?	Dr Carey Lunan Chair RCGP Scotland
10:45	Pushing the Boundaries of the Traditional GPN Role	Vicki Waqa, Specialist Lead (GPN CPD), NES Lynne Innes, National Coordinator for General Practice Nursing, NES
11:30	Tea/Coffee and networking opportunity	
11:50	The Pharmacy Team in General Practice	Ailsa MacDonald Practice Education Coordinator, GPCP, NES
12:30	What can only you do? Part 2. Small group work and plenary session	Dr Leon Zlotos Principal Lead - Pharmacy, NES
13:30	Lunch Break	
14:15	Small group work: What's needed to make your team work effectively?	Dr Alexia Pellowe GP, NHS Ayrshire & Arran and Associate Adviser, NES
15:15	Tea/Coffee and networking opportunity	
15:35	Putting first things first	Anne Campbell Principal Lead - Organisational Development, Leadership & Learning, NES
16:45	Plenary / Questions / Feedback	Dr Meiling Denney Associate Advisor for CPD Connect, NES
17:00	Close	

Part 1 – What can only you do?

- This was completed in groups of people or “tribes” of each profession (i.e. they were not mixed groups)

What can only NURSES do? (Part 1)

Minor illness & minor injury

CARE & support planning

Cervical screening

Sustainability and succession
planning for the nursing
workforce

Regular smears taker

LTC management education

Taking on stuff that other HCPs
don't want / have time to do

ACP

Long-term condition blood
monitoring (DOCMAN)

Link between the patient/client
and health care providers

Clinical supervision/mentorship
for GPNs

Spirometry

What can only Practice Managers do? (Part 1)

Payroll

Appointment diaries

I.T.

Finances

Annual leave

Premises etc

Health Board returns

GDPR

Maintenance

Recruitment and retention

Discipline

Mediator

Partners pay

HR

Claims

Complaints

Overseeing community staff

Supplies

Rotas

Pay bills

Searches

What can only GPs do? (Part 1)

Leading within a team – clinical / management

Managing complex multimorbidity

Legal responsibilities eg death certs

Staff management

Clinical responsibility – final say

Working beyond protocols

Co-ordinating care e.g. palliative care

Run a business

Prioritising work – clinical lists

Making decisions / managing risk and uncertainty

Supervising/training allied health team

Supervising/training allied health team

Speed of work / work rate

Education & training – GPSTs

Clinically undifferentiated presentations

Prescribing? PGD sign off

Clinically undifferentiated presentations

Prescribing? PGD sign off

What can only PHARMACISTS do?

(Part 1)

Quality polypharmacy reviews

Medicines reconciliation

Acute requests

Medicine compliance reviews

Medication queries

Alternative requests for RX

Liaising with community
pharmacy / secondary care

Review and feedback on
antibiotic prescribing

Serial prescribing –
implementation / training of
practice staff

Cost-effective prescribing

Train practice staff to
appropriately signpost to
community pharmacy services

Prescribing software / decision
support

Prescribing / practice reports

Part 2 – What can only you do? / What are you best placed to do?

- This was completed in mixed groups of all professions. It also followed presentations from each of the professions.

What can only NURSES do? (Part 2)

Minor illness & minor injury

CARE & support planning

Cervical screening

Sustainability and succession
planning for the nursing
workforce

Regular smears taker

LTC management education

Taking on stuff that other HCPs
don't want / have time to do

ACP

Long-term condition blood
monitoring (DOCMAN)

Link between the patient/client
and health care providers

Appraise GPNs

Clinical supervision/mentorship
for GPNs

Spirometry

What can only Practice Managers do? (Part 2)

Payroll

Appointment diaries

I.T.

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Searches

What can only GPs do? (Part 2)

Leading within a team – clinical / management

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Legal responsibilities eg death certs

Staff management

Clinical responsibility – final say

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Run a business

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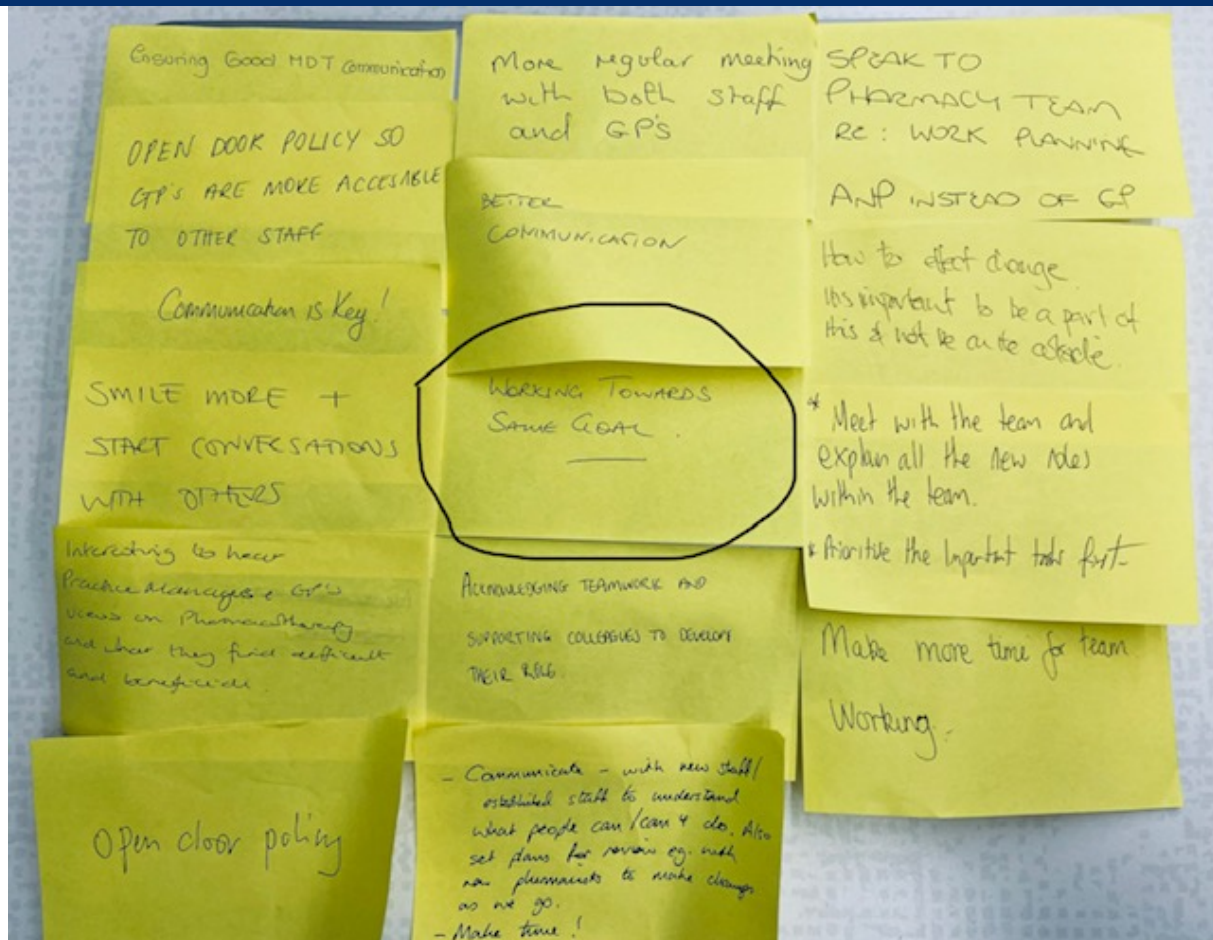
Prescribing software / decision
support

Prescribing / practice reports

Are you ready to transform?

Common take away themes for all practices that attended

We need to consider strategies to improve communication within the MDT
and appreciate the need to spend time together to improve culture



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Q1 – DO IT NOW

Q2 - DECIDE

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Q3 - DELEGATE

Q4 - DELETE

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