# Another General Practice is possible

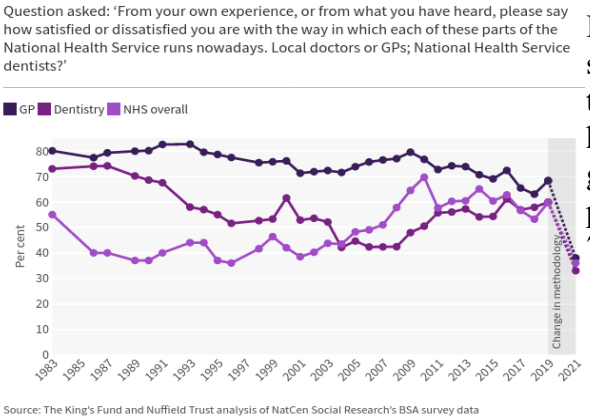
**Dr Ben Allen**

## Introduction

This is a story of change and improvement at a GP practice. We have improved staff morale and retention, improved the atmosphere and culture and developed dynamic creativity within the staff. This in turn has enabled better access to great care, reduced complaints and improved patient satisfaction.

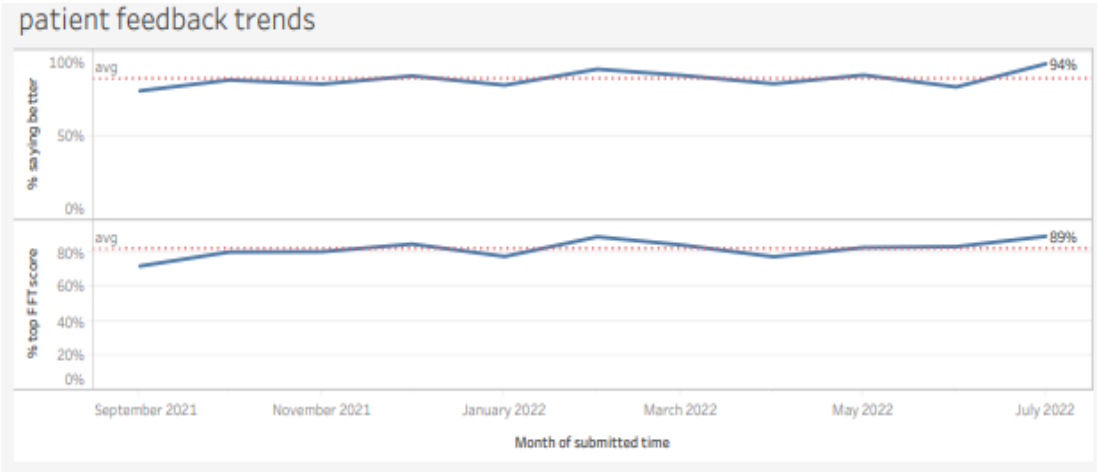
In the past, many aspects of care had seemed unsatisfactory to staff and patients. The general sense was that 'we were doing the best we could'. Improvement would require 'more staff and more money'. However, I felt clear that there were also many opportunities for improving the way the individuals, teams and systems functioned. This has unfolded through developing the culture and strategy and releasing the potential, creativity and energy of the staff. This creates a joyful work environment that significantly improves performance. Many of these principles are rooted in 'organisational development'.

Firstly, I will describe the journey, WHY this all came about in the first place. Secondly, I will talk about practically HOW we did it. The main section is WHAT we did. This could form a menu of ideas and principles.




It is hard to capture data in Primary Care. Patient satisfaction, like all data, is imperfect, but it tells part of the story. This first graph shows how GP satisfaction has crashed nationally from 68% to 38% in 2 years. We gather satisfaction data automatically after seeing patients. Our satisfaction has improved from around 70 % to 90% in the last year.

Patient feedback trend at Birley Health Centre since September 2021



The real data for me is the atmosphere at work and the spontaneous stories of staff making things better for patients because they have what they need to care.

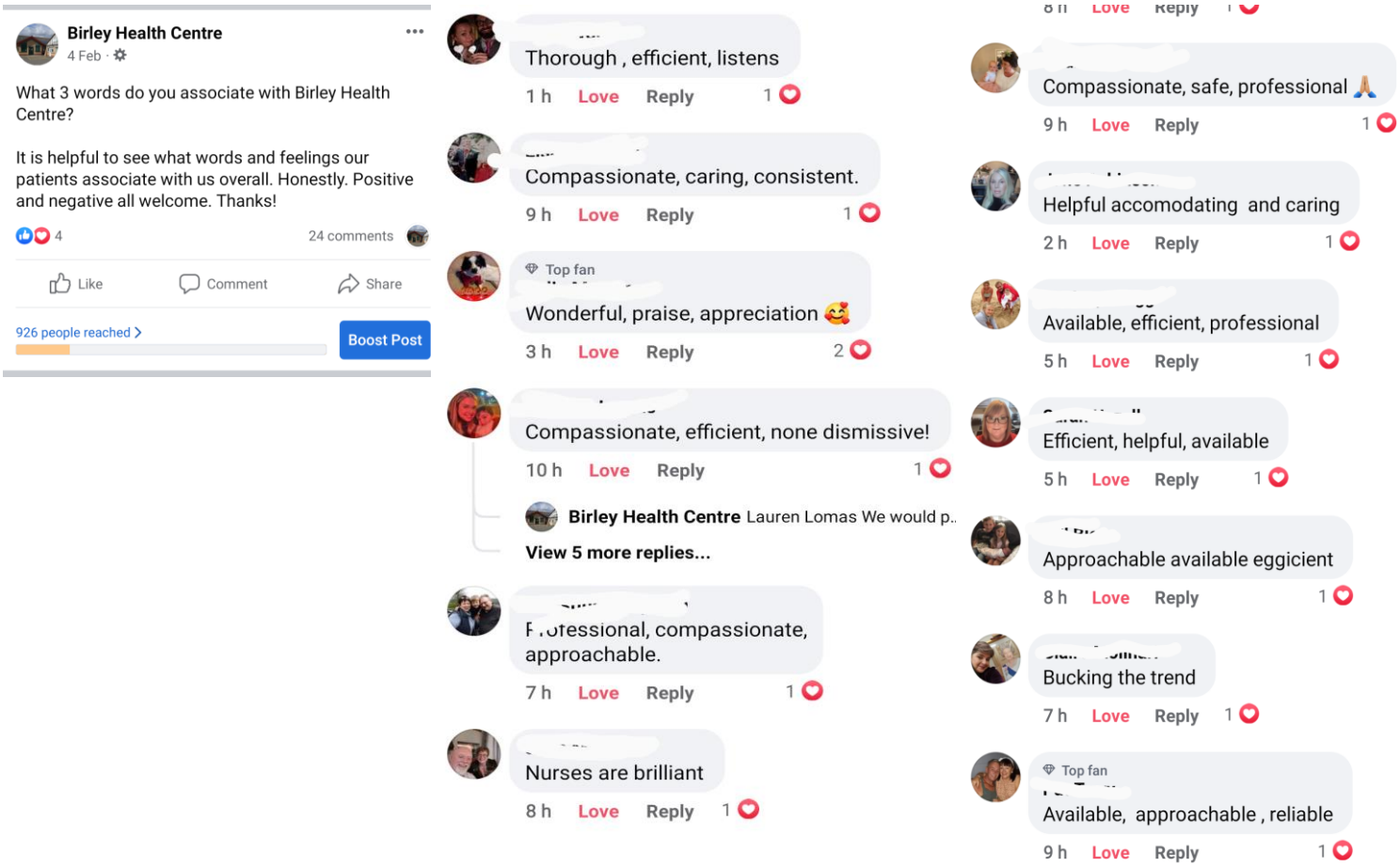
Or the fun and kindness expressed in evenings like this, playing rounders with staff and their families on a summer's day.

I shared this report with two of our staff, their replies perhaps add some further colour

*'I actually feel so lucky to work with amazing people that, without seeing it in themselves, have reached somewhere they never thought they would. It's so good and I hope you are able to share this with other practices. I feel we've absolutely nailed it and can't wait to see where we go.'*

*And another 'I hope everyone has the same feeling I have reading that, I feel so proud to work for such a lovely surgery, we have old staff wanting to come back, that's the progress we have made. It's a privilege working for Birley, I couldn't say that 3 years ago'*

Finally, we asked our patient….



**The reason for change- WHY**

Our surgery is an average sized, 8500-person practice and our population has an average income for Sheffield. We already had caring staff and highly competent GPs with a stable group of committed GP partners. However, some aspects of patient satisfaction were lower than may have been expected. With curiosity, observation and through listening to staff, some of the reasons for this emerged.

Activity was happening at a frantic pace. The systems and processes lacked attention. Staff were getting on well on a surface level. But in some teams, there were underlying tensions that were undermining the team work and culture. There was very little time for reflection, communication and attending to staff development and culture. We just kept working hard. I don't think this is an unusual picture!

The idea that we were simply a victim of 'increasing demand' seemed incomplete. It was hard to accept that the underlying tensions that undermined joy and productivity were inevitable. There were countless opportunities for improvement and there still are! As an employer, I felt we had a duty to create a positive environment for staff. And I knew we could do a better job for patients, which has always been central to our values.

**The process of change- HOW**

I spent time listening one to one to staff members for 30 minutes each, hearing what was going well, what was not going well and ideas for improvement. I used open questions and curiosity. Using everyone's comments, I compiled them into themes in a word document. As you would expect, it was a complex web of challenges with no easy solutions. I tried to resolve them intuitively but found I was always dealing with the symptoms of the problems and not the root. I could not work out the root causes so I moved onto the following step.

I took a step back and read books and watched videos on organisational development and leadership. Authors like Simon Sinek, Jim Collins, Patrick Lencioni, Brene Brown and Nancy Kline. Many authors draw on environments where high performance is carefully developed, including sport, corporations and business start-ups. Using the recurring themes in books I created a framework of approaches and an order they needed to be addressed.

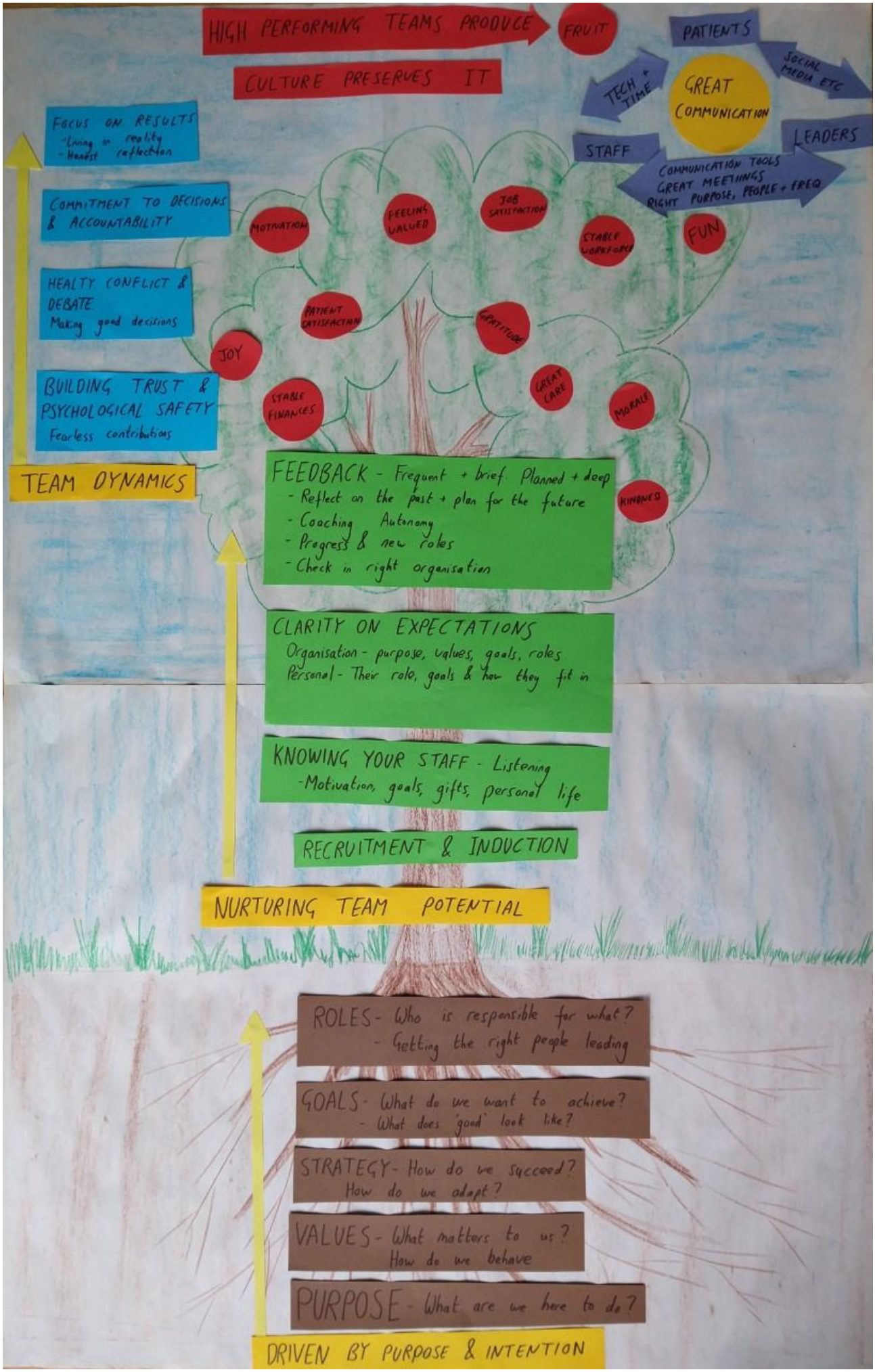
My practice was generally supportive. However, this was helped by slowly building a track record of success. I did the reading and preparation in my own time as well as being given paid time by my partners. My ideas were new to the organisation and no one, including me, knew that they were worth the effort! I often had to be my own champion, or find people who really understood what I was trying to do!

**The changes we made- WHAT**

The next page is a bit like a contents page for the rest of the article!

- GP staff want to offer great care to their patients.
- This needs **high performing teams and organisational health** to achieve.
- Teams need plans and mechanisms to **bring the best out of the staff who are performing, attend to those who are not, recruit the right people and ensure the right people are in the right roles.**
    - These complex human processes need wise, **careful listening and communication**. To bring out the best in all staff, **each person needs to be known personally**; their motivation; what is going well at work and what is not. **They need support, coaching and empowerment to grow,** develop or progress to different roles with increasing autonomy.
    - I**f people are a poor fit** for their role in the organisation, this needs addressing for everyone's sake. 'Clear is kind'.
    - Bringing in new people involves the **art of recruitment.** This shouldn't be underestimated. People's past is a good predictor of their future.
    - Each team needs to be led by someone who is admired and whom people follow.
        - These leaders need to meet together, with enough time, to share problems and work together on solutions. **This is in the engine room for problem solving and good strategy**
- Team performance hinges on **psychological safety** being developed. Everyone willing to speak up.
    - This enables **healthy conflict and great decisions.** It also enables commitment and accountability. It allows diversity to be expressed.
- **Meetings should enrich the life of the team**
    - Full team meetings develop morale, psychological safety, communication and spark ideas for further focussed discussions.
    - Smaller meetings are used to develop strategy, problem solve and ensure good decisions are made.
    - Leaders' meetings have someone from each department, not just GP partners.
- Establish the **best ways to communicate** with each other.
- **Values and purpose energise** drive and intrinsic motivation.
    - Naming them allows them to be **used as a tool**. They can feed into HOW organisations operate. This ensures values extend beyond how individuals function to how the organisation operates. We all pull in the same direction.
    - Values and purpose feed into recruitment and appraisal. They inform the bold goals we make for ourselves and **Quality Improvement** activity.
- **Keep plugged in**to the changing Primary Care landscape.
- Prioritising the function of the **reception team is strategically important.**
- Great patient care needs **patients involved.**
    - Feedback can be painful but listening, responding or explaining is key to turning feedback around.
    - Listen without being defensive. Problem solve together on realistic solutions.
- Find mechanisms to **communicate at scale** (like Facebook). Communicate out, either written or video. Get communication back, with ideas and feedback.

**If you have a high performing team with good morale; values driven; autonomy to make great decisions and involving patients; you get great patient care. And when all this has become your CULTURE, it continues to unfold by itself.**


HIGH PERFORMING TEAMS PRODUCE
FRUIT
CULTURE PRESERVES IT
PATIENTS
SOCIAL MEDIA ETC
TECH + TIME
GREAT COMMUNICATION
LEADERS
STAFF
COMMUNICATION TOOLS
GREAT MEETINGS
RIGHT PURPOSE, PEOPLE + FREQ
FUN
FOCUS ON RESULTS
-Living in reality
-Honest reflection
COMMITMENT TO DECISIONS & ACCOUNTABILITY
HEALTY CONFLICT & DEBATE
Making good decisions
BUILDING TRUST & PSYCHOLOGICAL SAFETY
Fearless contributions
MOTIVATION
FEELING VALUED
JOB SATISFACTION
STABLE WORKFORCE
PATIENT SATISFACTION
GRATITUDE
JOY
STABLE FINANCES
GREAT CARE
MORALE
KINDNESS
TEAM DYNAMICS
FEEDBACK - Frequent + brief. Planned + deep
- Reflect on the past + plan for the future
- Coaching Autonomy
- Progress & new roles
- Check in right organisation
CLARITY ON EXPECTATIONS
Organisation - purpose, values, goals, roles
Personal - Their role, goals & how they fit in
KNOWING YOUR STAFF - Listening
-Motivation, goals, gifts, personal life
RECRUITMENT & INDUCTION
NURTURING TEAM POTENTIAL
ROLES - Who is responsible for what?
- Getting the right people leading
GOALS - What do we want to achieve?
- What does 'good' look like?
STRATEGY - How do we succeed?
How do we adapt?
VALUES - What matters to us?
How do we behave
PURPOSE - What are we here to do?
DRIVEN BY PURPOSE & INTENTION

# Building a high performing team.

We need to bring the best out of our staff. Those with the most potential are also often the first to leave when we don't enable them to thrive! We also need to attend to those who are not performing, recruit the right people and ensure the right people are in the right roles. For this process to be positive requires principles from **Patrick Lencioni's 'Five dysfunctions of a team.'**

Often people get little feedback until something goes wrong. There is often a lack of personal or organisational reflection about how roles can be optimised. This can be demoralising and lead to stagnation. Listening, feedback and responding is essential. Every member of staff should have someone who is responsible for regular supervision and listening, with an 'in depth' 1:1 at least once a year. Ideally you want structures for line management (see 'Leadership' below). The person in this personal development role must be someone with a passion for it. This turns lifeless admin into a dynamic process.

**Listening to all our staff and feedback.**
Most people want to be known personally – their wellbeing, family, hobbies etc. We nurture people better in light of this. A foundation of care and respect is necessary to be able to challenge people too. Looking back, what went well or less well? Looking forward, what do you develop in yourself, pick up or put down? Each question is a chance for the employee to reflect and the manager to feed back.

Everyone needs to understand how their role fits in to the bigger picture, how their effort makes a difference and feel valued for their contribution. It helps to give specific feedback about things they have done particularly well and the impact of this. It also helps to consider how they can improve at their role.

High performing teams are driven by intrinsic motivation. Extrinsic motivation is working for rewards like praise, recognition, extra pay or awards. Intrinsic motivation is an internal drive to grow personally and succeed in your goals. The keys to this are **mastery** (supporting others to become excellent), **autonomy** (allowing them to define HOW the work gets done) and **purpose** (more below). Conversations and actions that develop these themes are crucial.

**Staff development**
Make a plan in light of these conversations. Could their role adapt? Can we remove barriers? Reorganise? Give more autonomy. More training? SMART goals can help. They commit us to tangible outcomes and create opportunity for accountability or follow up. Of course, the follow up needs planning too.

**Supporting staff performing less well**
Many managers act as if it's 'kinder' to say nothing. I think it is really unkind. Addressing poor performance is kind (and fair) on all the team who are compensating. When you do address poor performance, your top performers are more likely to stay. It is kind on the patients who need good staff.

However most important, it is kind towards the person who is not performing. It is not kind to allow someone to remain in a role they are not performing in. It is not good for self-esteem or reputation. It is dishonouring of their capabilities. Do they enjoy their role? If not, why not? Too simple or too complex? Do they have the right skills/ knowledge to master it? Is the role a good fit for their personality? Do they know how their role fits in, their effort makes a difference and they are

valued? The outcomes may be to offer support, coaching or a change of role. Ultimately, your organisation may simply be a poor fit. In this case, it's not in anyone's interest for them to stay. There are often ways of coming to that conclusion together that can be kind and encouraging.

**'Getting the right people in'. Recruitment**

The time investment in recruitment mustn't be undervalued. The benefits to team spirit and the time saved from a great recruit are colossal. Well worth hours of thinking and planning at the recruitment stage.

Understanding what skills you need for the role is less important than values and character. You need to be clear on what is distinctive about you as an organisation and where you want to be going. You need people who share similar views on what is important. Then you can work as a team, pulling in the same direction. Secondly, you need to be clear on character. What kind of a person do you need? What behaviours? Skills can be developed more easily than character. Think about transferable skills from a different sector. Management is transferable. Dealing with customers is related to dealing with patients.

Quality recruitment skills are one of the most important things to get right to have a high performing team. Gut instinct is inaccurate. People can 'perform' at interview. Instead, obtain data about someone's track record as this is the best prediction of the future.

Induction is also important. Tell them why we want them! Describe the vision and what things matter the most. Help them to feel comfortable and safe but be clear on high expectations too.

I've been influenced by 'Who' by Smart & Street. More detail can be found here with example adverts https://medium.com/@ben.allen_26507/recruitment-plan-aa126ec0b24f

All our last recruits were from outside the NHS. They were recruited for their transferable skills and character; for their potential, not for what they would bring immediately.

One of the significant recruits we made was our manager. Of the top 5 candidates, we had a receptionist, a hospital department manager, a social work manager and 2 from retail. We chose a HR manager from a Morrisons as he was such a great cultural fit and was passionate about bringing out the best in others. It also means we got to benefit from the best tools and principles from another environment.

**'Getting the right people into the right roles'; Leadership**

The importance and prioritisation of leadership at all levels is enormously undervalued. It is one of the most important factors in a successful organisation. At times leadership roles are given by default to people who are older or clinically senior. Overvalued characteristics include charisma, authority, self-promotion, control and confidence.

The world now is moving fast and many work environments are dealing with complex processes. We need to harness the views of all the staff and have a confident, autonomous workforce. For this we need leaders who are great at listening, bringing out the best in others and can create a safe, inclusive culture. It will often be those who are most admired and respected. They often epitomise the values of the organisation. These leaders have influence, taking others with them. Having leaders whom the team want to be led by is worth the effort!
https://medium.com/@BenAllenGP/do-we-need-a-new-kind-of-leadership-f5c30f6e4d


Jim Collins studied leadership and found these qualities were needed. Excellent leaders of complex organisations do not need to be charismatic, extrovert or have authority that comes from certainty. Level 4 leaders can catalyse commitment to a vision and standards. Level 5 is about demonstrating humility and personal will. I would add honesty, bravery, vulnerability, service, kindness, empowering and leading by example.

**What's wrong with partners meetings?**
In most leadership teams you would expect there to be a lead from each department (finance, communication, product development etc). In General Practice, partners are usually all GPs. So partners' meetings are all people from the same department plus a manager. This gives limited perspective on the issues facing the organisation and limited ability in making decisions, cascading and owning the actions. The GPs are very time precious and may not all be interested in leadership. This is not a recipe for good decisions or strategy. There is an alternative meeting which may have a role to play here.

**A different kind of meeting?**
A 'lead' from each area (nursing, reception, admin, medical) can meet weekly for 60-90 mins. They can represent the views of their teams. They have the leadership qualities and the time to make decisions, to grapple with problems that span different teams, and the position to communicate the outcomes. This becomes the engine room of a responsive team. It also frees up partners from these operational issues.

Planning time for leadership, meetings and communication may feel like an expensive luxury. I would strongly argue **the most expensive aspect of running a surgery is chaos**. Getting systems and people working well could save 10-20% of your entire budget.

**Solving the '5 dysfunctions of a team' (Lencioni)**


As well as making changes, we need to develop the quality of the interactions between staff as described in the model above.

**Building trust and 'psychological safety'.**
The most important factor in team performance is whether the whole team feels safe enough to bring up ideas, concerns, errors, personal shortcomings, mistakes or requests for help. Being vulnerable builds trust. It enables the whole organisation to deal with the reality of its situation. It is well known that diversity is important. For example, to obtain a rich variety of perspectives and ideas. However, diversity will only be expressed to the degree there is psychological safety.

There are many ways to build this. Leaders can model vulnerability. It can happen through socialising. In groups we can build it with exercises that stretch people just enough. If exercises are too vulnerable for a big group, people don't talk. So split into smaller groups.

- Group personality typing exercises are great for this. Staff reveal things about why they are like they are. You learn about each other and feel better able to accept others. The process generates vulnerable conversations.
- Everyone brings in 3 meaningful objects and talks about them. We learn about what matters to each other and learn about their life outside of work.
- Life timelines help us better understand each other's stories.
- Sharing how you are doing from 0-10 (A favourite we did daily when COVID hit). As a full team, it helps to map out the scores by team. In smaller groups, people can elaborate and support each other.
- Everyone writes their name on A4 paper, then pass it to the left. Everyone writes something positive about you and passes it on. When it comes back you have a page of encouragement! Share the impact some of it has on you.
- In departmental teams, decide 2-3 requests to make of the other teams. Then take it in turns sharing and discussing.

**The results of psychological safety**
As trust builds, people are more willing to speak up. Facilitation can improve this further. Trust enables disagreement, debate and wrestling with important decisions. This enables us to arrive at the best solutions. If people feel heard, their views have been genuinely taken on board and part of

the decision-making process. Even if the decision goes against your preference, it is easier to live with it. We are more likely to be able to commit together to a particular decision (instead of pretending to agree then undermining it later!) With commitment, you can develop shared accountability around the decisions. At best, we hold each other to account rather than needing a boss to do it!

## The centrality of great meetings.

Team performance hinges on relationships, communication and great decisions. All these can be developed in meetings. They can also be a source of team spirit, morale, connection, envisioning and feeling heard. Meetings involve a complex web of interactions, information and power. They need to be practised and carefully planned. There are different kinds of meetings.

**Planned connections**

We are social beings who thrive on connection. From an organisational point of view, our relationships are one of the most precious resources we have. We need to plan time and space to connect. For us, the medical team meet for 30 minutes daily for coffee. We have turned what was the doctors' room into a staff room, and others meet there at lunch time. We've spaces outside to meet in summer. We have frequent socials. We've recently had our phones diverted for 1 hour a day at lunch time to enable the possibility of a rhythm of a full team connection. These connection points help develop safety, empathy and care. It is good for morale and team spirit. They enable us to iron out small issues in person instead of by phone or email. It takes time. But it saves more time.

**Full team meetings (for us, 35 people)**

Full team meetings really matter. There is potential for being either a very expensive waste of time or the most important hour of the week.

Meeting as a full team can have a variety of purposes. Information giving can be useful. However the richness of having everyone in a room deserves interaction, debate and fun. Not a monologue of notices. It could have a role for delivering complex information, especially if clarification may be needed.

It can be part of building psychological safety like in the exercises above. A 'wellbeing' check-in can be very helpful; celebrate things people have achieved; recognise 'quiet' roles like admin. It could be generating a list of issues that need addressing. It could be generating ideas. Sometimes you can vote on an idea if appropriate. There may be too many people to debate and solve complex problems.

It is important to keep focus about what is achievable. Half solving problems on the fly is not helpful and even unsettling. As things arise, plan for what needs to happen. Someone leading the meeting may take responsibility to take things away. Or in the team meetings, we agree for a smaller team to take a particular issue forward.

Throughout the meeting, be aware that most people won't contribute in a large group. You may need to break out into groups of 4-6, then feedback, to get everyone involved. Getting everyone's views is crucial.

**Themed meetings (4-7 people)**

Some of the principles for this have come from Nancy Klein's 'Time to think'. The more developed the team is on the '5 dysfunctions' the better this will be. It is good to have diversity across the organisation (I would like to start including patients in this but we are not there yet). Examples may be resolving a policy for home visits, complaints, prescribing, sick notes, blood tests etc. Significant gains can be made by streamlining instead of tolerating workarounds and rework.

First you define the problem together. You take it in turns to speak, without interrupting. You agree the problem. You have another round of solutions. You then have debate around the best solutions, check they address the problem and agree a plan.

A lovely addition to this is from 'Action learning sets' by Michael Marquardt. Meetings are often about solving a problem. In the process, you can you help people to develop leadership or personal qualities at the same time. At the beginning, everyone names something they wish to improve at, we clarify and write it down. Subconsciously, everyone tries to grow in that trait during the meeting. At the end we give each other feedback.

**Off-site group 'thinking time'.**
General Practice is a frantic environment. It is not conducive to deep reflection, which sometimes needs a different location. As partners we have a ½ day once year. However, 4 times a year would be beneficial. As an 'operational team' (department leads) we have 4 x ½ days a year. This may seem a lot.
I think of our practice like a cargo ship at sea. The energy of all the staff, every day, is used on keeping it moving. It is the 'thinking time' that help sets the direction the ship is going. The organisation is too important not to do this. The optimum amount could be a half day every few weeks!
This may be about taking stock of the direction of travel, dealing with complex problems, reviewing progress, setting goals or starting something new. It may be useful for individual teams to do the same.

**Off-site alone 'thinking time'**
To read, reflect, network and plan in a work environment may not be possible. The organisation depends on certain people having thinking time. Ensure you pay them to do this outside of a work environment. From learning about organisational development to planning rotas.

**Communication.**
Communication is crucial to enact decisions and ensure people feel included. We surveyed staff about the most popular ways to get updates out of email, written notices, meetings, WhatsApp and SystmOne tasks'. All but one person had email and WhatsApp in the top 2. We created a work WhatsApp with limited admin right. There is no discussion, only 9-5 Monday to Friday. We post updates on the work WhatsApp and email.
We also have an optional social WhatsApp that is light-hearted and not managed by the practice. But on it we celebrate out of work success and see something of each other's home life. This further develops intimacy and psychological safety.

Communication upwards to leaders and back to our colleagues also happens through the leadership structures discussed above.

# Values and purpose

Purpose relates to WHAT we want to do and WHY we want to do it. It is the underlying driving force of intrinsic motivation. Teams can agree on a clear, worthy shared purpose. Mechanisms that keep this purpose central can help prevent other purposes taking over. A bigger purpose has the power to outcompete alternatives which surface such as politics, gossip, ego, popularity or desire for control. Without clear purpose we may develop poor alternatives like 'getting through the day' or 'clearing my work' or 'meeting demand'.

Values are about HOW we go about our work. This may be about our behaviours. It may also be distinctive values like fun, simplicity, hospitality or social justice. We all have values as individuals that matter to us; issues we think are important; that we are driven to see happen through us at work; values that we react strongly to if they are violated. Different values can lead to conflicting priorities. Defining shared values enables us to intentionally strengthen them and use them for accountability. Again, you need mechanisms to make sure it happens. Over time these values become embedded, create identity and reduce micromanagement

**Defining team values and purpose.**
As a team you can work to identify your purpose and values. Have a series of meetings to find words that resonate. What values would you want to be known by? Which members most embody them and why? What do people say about your team? What sets you apart from other health centres? Discovering this gives you a tool. There are lots of websites and books on this. We brought in a facilitator to help us.

**Creating mechanisms to reinforce values and purpose.**
A list of lofty words helps no-one. This is not a PR exercise. So how do we ensure values and purpose is lived out in reality? During recruitment we can be clearer on the type of people we want and will fit it. We may even successfully 'put off' the wrong people. During appraisal we can discuss with our staff which values they are expressing well or may be able to develop further. We can start saying 'no' to activity that is an obstacle to our purpose. When we have a task like creating a protocol or changing the waiting room, we consider how to include our values and purpose.

Reflecting on your purpose, you may be able to honestly reflect on areas where it is not playing out. This may lead to goals and a plan. For example, if vulnerable housebound patients are a priority in theory, you may find only 20% have been seen F2F in 1 year and you may want to plan to improve this. This can help you feel more in control of doing what matters, rather than each day being defined by external factors.

**Culture**
Culture in an organisation is like the powerful undercurrent of the river. There is a pull to behave in accordance with the culture. Improving problems in a culture is like re-routing a river; hard work. However once done, it produces a flow of harmony and purpose day after day. Having a strong, distinctive culture can generate loyalty and a sense of belonging. Culture is 'the way things are done around here'. Every aspect of this article feeds into culture when it becomes the normal way to work.

**Big, bold goals and Quality Improvement**
Goals and targets are often externally dictated, 'hoops to jump through', devoid of the purpose that was likely intended. I think it is important to reclaim goals as high performing teams need them. Imagine a football match where nobody kept the score? How would that affect play? Or think about

the job list you make, the pleasure of striking off your goals, the way it focusses your time and energy.
The main difference is that YOU decide the goals. Looking at your purpose, what are you not living out? Or what could you be living out more? What would that look like? How would you know when you got there? What would help you know you are getting better or worse? What steps do you need to take to improve? Who needs to be involved? Then set dates you want to see progress.
You may feel you don't have time for this. However, it can energise the team. Often the goals you make could be about putting in foundations that create time, like many of the ideas in this article.

**Keeping up with changes, opportunities, funding and work force streams.**
Sometimes we are too busy to look up and see what help is around. However we need all the help we can get. Initiatives often arise that provide workforce, training or services for signposting. It's valuable to be on social media or follow Primary Care news.

One example is making use of PCN ARRS role. That includes negotiations about the kind of role you need, clever sharing of the roles across a PCN, supervision and training and processes that embed the staff in the service. There may be services in the community such as pharmacists that offer support. Find out about them, meet the people that run them and make sure your receptionists know. When you are paddling down a river, you really need to be in the current. Similarly, it is strategic to see what is coming and ensure you benefit, as long as you remain in keeping with your values.

**Reception**
If General Practice fails, the NHS fails. If GP reception fails, the GP surgery fails. The reception team have a vital role in a modern GP surgery. They set the initial tone for every patient interaction. They gather the initial information which may help decide how, whom and at what urgency they are seen. They help organise the incoming work. They are the biggest factor in continuity of care and all the benefits this brings. They communicate on the GPs' behalf. So doing all this to a high standard means enormous gains for a practice.
Our reception team largely operated by following rules, orders and rarely challenged the GP on anything. The role now is about curiosity, investigation and rapport. They explore the request. Where does this fit with the 'patient journey'. Who has been involved? They write this down and give it to the most appropriate clinician, who can deal with it or reallocate. We train them, give them autonomy to make non-medical decisions and follow up opportunities for improvement. With a great team leader and a larger number of receptionists, they offer significant gains to the clinical team.
https://bjgp.org/content/72/718/229

**Great patient care needs patients input.**
As primary care struggles to cope, patient feedback can deteriorate. The worse the feedback, the more painful and demoralising it can be to listen. Listening can itself make it harder to cope, so many practices stop listening. However, through listening we learn about what matters to patients and we build a relationship that enables mutual respect and understanding.

We provide the service. We only ever look from our perspective outwards. We can't look inwards from the outside. Patients can show us the specific frustrations they experience and describe solutions that may help. Some problems are simple fixes that we may not think of, like the phone message, the lay out of the practice, the fact we've stopped sending reminders about appointments. If we fix these, patients see we are listening and that we care. We make the lives of 100s of people better easily. They arrive at our phone lines and doors in a better frame of mind. At the other extreme, there are things that can't be solved. For example, the appointment system will never be

large enough and will always involve trade off from one principle with another. There ARE often tweaks to challenging problems. However, the crucial thing here is communication. Patients can cope better if they understand why things are the way they are. Listening in an undefensive manner, validating concerns, negotiating and being honest gains trust and partnership.

If you feel on your knees, doing this can be painful. From experience, I can say that the pain gives way to reflection and solutions. And these solutions can reduce the pain for everyone.

Our current structure is PPG members having time together to develop an agenda. Then we listen to their perspective on problems and solutions. Then we use them as a sounding board for our ideas.

**Communication to patients**
General Practice does not have communication channels to patients. Government announcements can jam the phone lines as the public ring to find out more. No other organisation lives this way. We need to develop our communication channels to patients. No means are perfect. Text messages are only ok for short infrequent messages (weblinks can be embedded). Websites are OK if people learn they are there, are updated and have accessible formats. Facebook is great for people who are on it, but miss younger crowds. Videos offer rich communication. Paper communications are extra work and expense but help people who are not online. Notices could be left on as one of the answer phone messages. Nothing works for everyone.
Examples of videos I've created for patients https://www.youtube.com/channel/UCYxfy-gOxqBQ2guGZAe2fpQ/featured

**Using online dialogue.**
To take this further, you need dialogue. The way we've done this is Facebook. You can make service announcements. If people can comment, clarify and ask questions, you get richer information. One online conversation may benefit 100s of patients. With a phone line, it is one at a time.

You can also ask questions to patients and gather opinions. Rich, honest, validating communication in a public space for your patients creates an open, engaging atmosphere very different to the barriers that many patients experience.

**20 Tips for GP surgery wanting to start a Facebook.**
https://medium.com/@BenAllenGP/20-tips-for-gp-surgery-wanting-to-start-a-facebook-5fdf492440c4

**Make your communication regional or national!**
Imagine the impact if GP surgeries engaged vigorously with local and national media? Helping patients understand the service, helping them to engage in ways that work well for everyone, explain the challenges and the logic of changes? I've engaged with the Sheffield Star, Hallam FM, BBC radio and regional TV. We need all the people we can who are willing to join with this.

## Summary

Five years ago, we had some significant challenges as a GP practice. The symptoms played out every day but there were no easy diagnoses. Organisational health was a subtle problem and had become background normality. Forming a framework for improvement and setting off on a journey of working through it has led to a change of atmosphere, care, culture and possibilities. In a national General Practice environment that is fairly bleak, we have a team that is hopeful, thriving and improving. There is still a lot to do. The context still feels immensely challenging most days. The key theme has been bringing out the best in staff through leadership.

Culture is the force that preserves old ways of working. This is what makes change so difficult. But once improved, culture is also the force that protects the new way of working. **A positive team culture of creativity, generosity and resilience creates a sense that another General Practice is possible.**