

Micro-GP Team win-wins
<https://handyapproachtocare.com>

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| Access | Reduce access at a micro-level, opportunities to have conversations inviting change, trauma informed care approach manage anxiety of frequent attenders |
| GP Retention Appraisal GMC | Belonging – relating to a known group of GPs and being 'known' and relating to a known group of GPs Competency – learning from colleagues Autonomy - to test ideas for scale up |
| CQC | Increased safety, second opinion, less handovers/handoffs (Safeguarding reviews show poor care associated with multiple handovers), virtual platform can enable connectivity for GPs who need to shield/ work from home |
| Commissioning | Reduce system costs through less: tests, investigations, referrals |
| Environment | Less waste, reduced carbon footprint through less visits, less prescriptions opportunities to work more closely with social prescribers Data can track hand over e.g., number of clinical contacts |
| Quality of care | Shared decisions with patients with a known group of GPs, less anonymous especially in areas of deprivation, share different and complementary styles of working, reduce overdiagnosis and overtreatment |
| Three-dimensional knowledge and learning | Meaning, mastery, motivation, and curiosity through tracking of patient symptom trajectory, share 'soft-intelligence' from visits, can expand on 'thin' clinical record which is short on the details of the lived life of patients especially if only known on a digital platform, provide interpretational care |
| GP Partners | Succession planning embedded early throughout the system, incentivise small teams, different role as leaders in bringing information from the centre into the team |
| Salaried GPs | Sense of ownership and control, reveal talents and interests, build commitment to their patient list, develop management skills |
| Locums | Sense of belonging and inclusion - come into same team each time when cover at practice, learn about cases, constructive feedback to support leaning and commitment |
| Older GPs | Retain in micro-team as step down/ reduce sessions, can bring expertise, knowledge of lived life of patient, contribute in different way e.g., clinical supervision in high-risk cohorts |
| QI | Small team test of ideas which can then scale up |