



The Practice:

a case study evaluation of a Vanguard pilot site

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Background

This poster presents a rapid organisational case study of the development of a pilot branch practice to seven local practices in the New Forest under the Vanguard scheme. The branch surgery aimed at providing improved services for patients, using an integrated 'out of hospital' model of provision, drawing on a range of healthcare professionals to deliver care in this setting.

The focus of the case study was to understand the process of establishing the service, from planning to running in some 3 months, from the perspective of insiders to that process.

The Practice: an overview

The Practice serves a population of some 60,000 patients and is located at Lymington Hospital. There is a dedicated suite of consulting rooms (n.4) and waiting area. It is co-located near the phlebotomy service at the hospital, the MIU (minor injuries unit), MAU and a number of other secondary care services.

Same day and routine appointments are offered, with 8am - 8pm access, seven days a week. Appointments can be booked up to seven days in advance. Patients cannot contact *The Practice* directly in hours, nor is it intended to be a 'walk-in' service. Appointment booking in hours is via reception staff at the patient's home practice: either an appointment at the home practice is offered or at *The Practice*. The patient then chooses the most appropriate. Out of hours patients may call and book directly.

It was intended that staff at *The Practice* be drawn from a mix of the 'home' seven practices as well as those recruited from the local clinical workforce. Clinicians work in four hour blocks across three sessions: 8-12; 12-4 and 4-8. Patients have appointments of 15 minutes.

Evaluation approach

The evaluation used interviews with key informants in the development process (n.6) who were variously involved in setting up, managing and delivering clinical care. The data were analysed using a framework approach to interpretation and theme generation.

Results

The main findings were:

- although achieved, the pilot time-frame of one year was felt to be too short. This threw up additional problems, for example the recruitment and retention of staff due to the shortness of the employment opportunity;
- the seven local practices demonstrated that a collaborative working relationship could be achieved, although managing expectations and engagement was at times tricky;
- dedicated leadership on site at *The Practice* came to be viewed as essential. As the service bedded in, a need for both a clinical GP lead role and a practice manager lead role emerged to best address the various needs;
- co-location with a hospital provided the benefit of access to hospital-side resources which was felt to enhance flexibility in the care services available;
- patients were reported to be very positive about the service; and
- whilst clinicians welcomed a change of work environment, a degree of isolation and the lack of a sense of a 'community of practice' was reported.

Conclusion and next steps

Establishing *The Practice* at Lymington Hospital demonstrates an alternative model of primary care delivery, which addresses some of the current, well-recognised service provision difficulties. It has brought together primary care professionals, community care professionals, secondary care professionals and the CCG to work to a common purpose of providing better local care for the local population, and a number of lessons can be learned in regard to setting up a new service.

Future steps include integrating *The Practice* with the minor injuries unit to enable role expansion, and it will become a Community Education Provider Network (training hub) for medical, nursing and allied health professionals, as well as a health and wellbeing centre, focussing on self care, social care, charity sector and healthcare

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