

Primary Care Phased Investment Programme

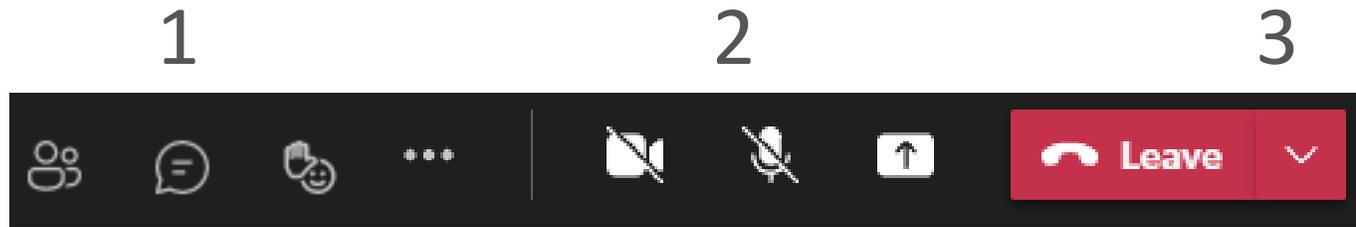
Multidisciplinary team (MDT) working in Primary Care:
Why it matters, what we know, and how to make it more
effective

31 October 2024

Phased Investment Programme Webinar

Welcome!

Housekeeping



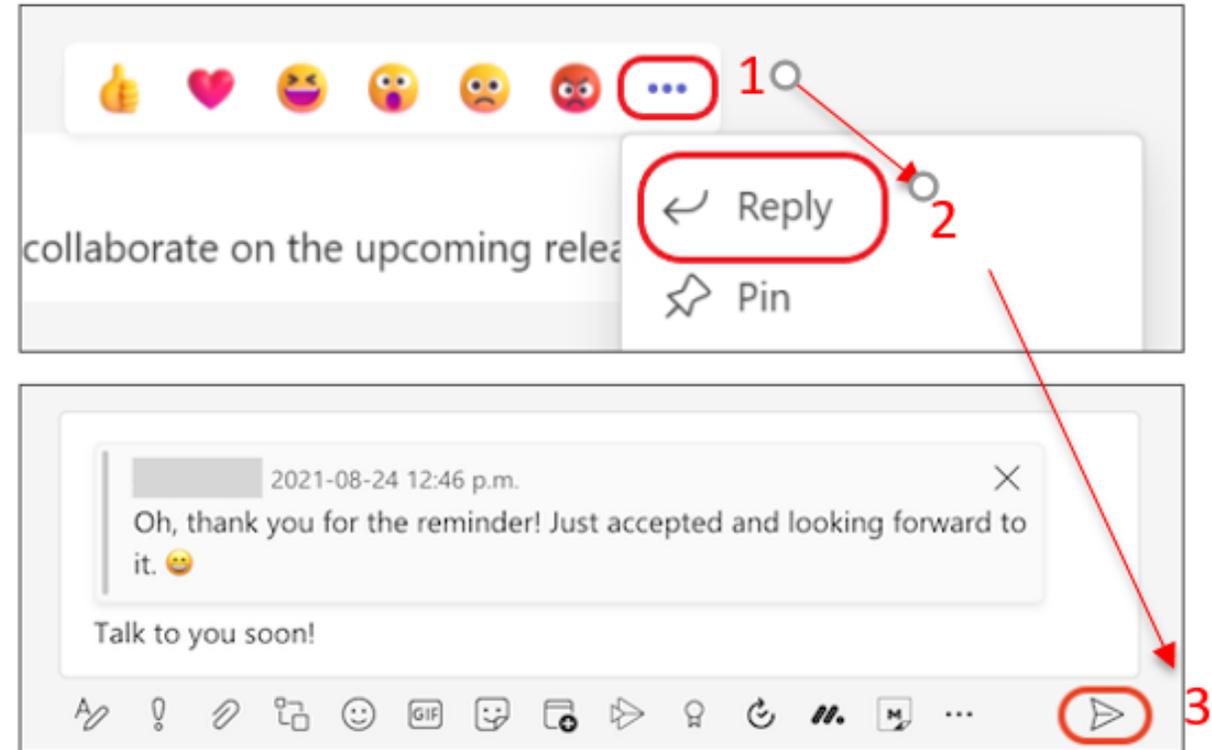
- 1. Open and close the chat panel** – use the chat box to introduce yourself, raise any questions you may have and post comments.
- 2. Cameras and mics have been disabled** – this session is being recorded and will be available as a resource. The chat box will not be visible during the recording, so please use it for any questions you may have that we will answer during or after the session.
- 3. Leave the meeting** – use this to leave this network session at the end.

Housekeeping

4. Reply to messages –

- a. go to the message you want to reply to.
- b. Hover over the message and choose **More options** > **Reply**.
- c. The message you selected will appear in the compose box. Type your reply in the compose box and select **Send**

5. Please note, **we will be recording this session**. It will stop when we move onto the Q+A segment.



The GP as expert medical generalist will focus on undifferentiated presentations, complex care and quality and leadership

..support GPNs to focus on a refreshed role as expert nursing generalists



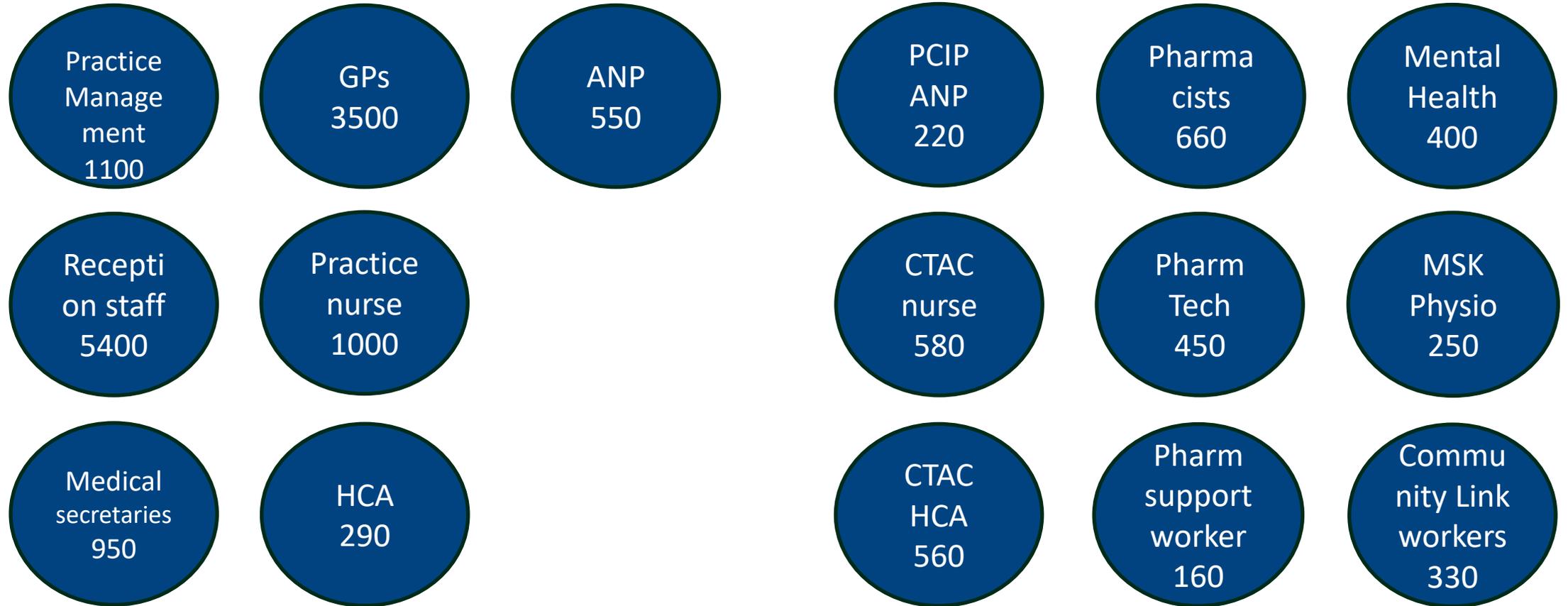
GPs will lead and be part of an extended multidisciplinary team of primary care professional

What is a General Practice multidisciplinary team?

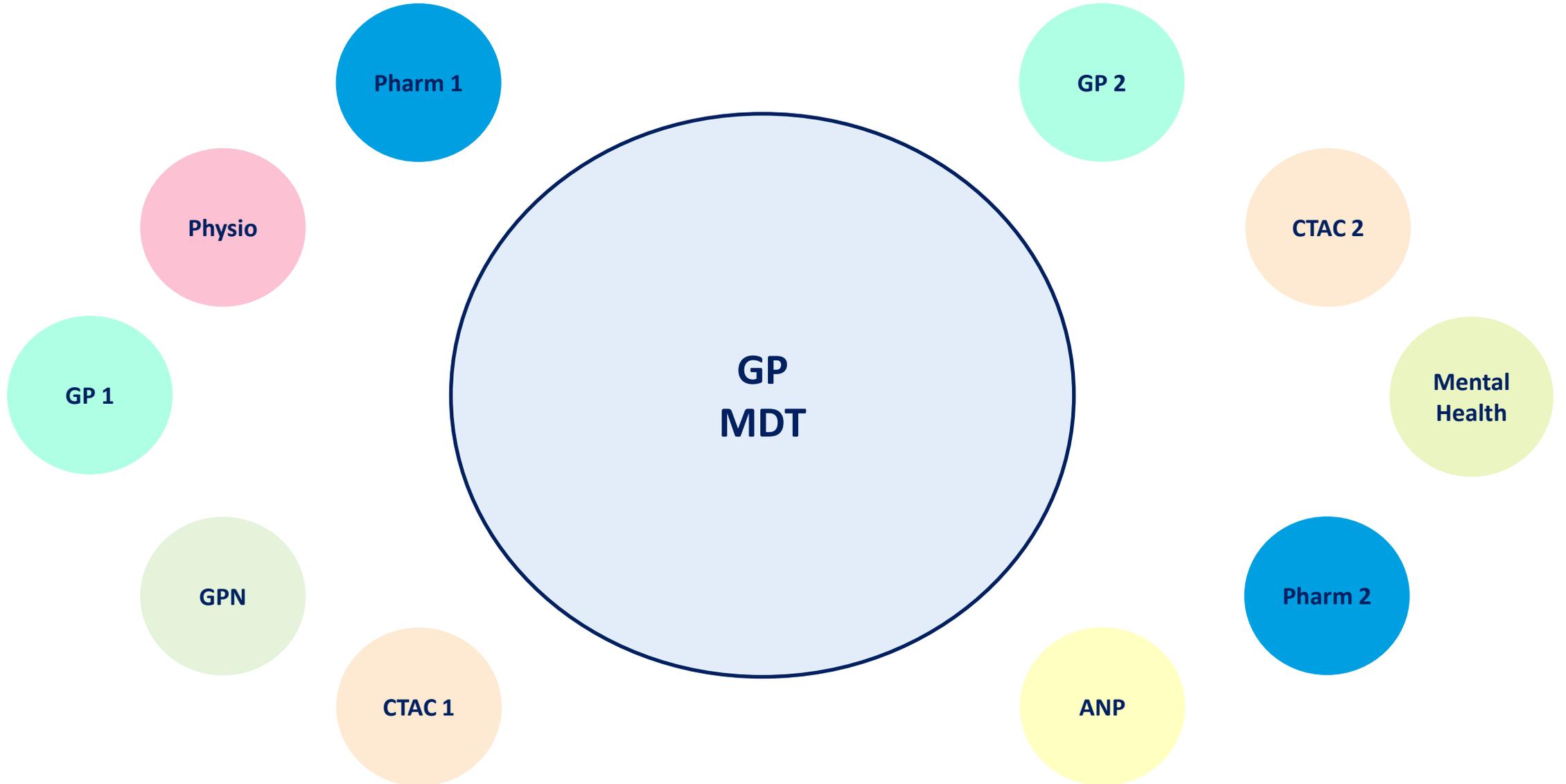
'a group of health and care professionals from two or more disciplines who provide care for the same patient or group of patients.'

The shape of Scottish General Practice

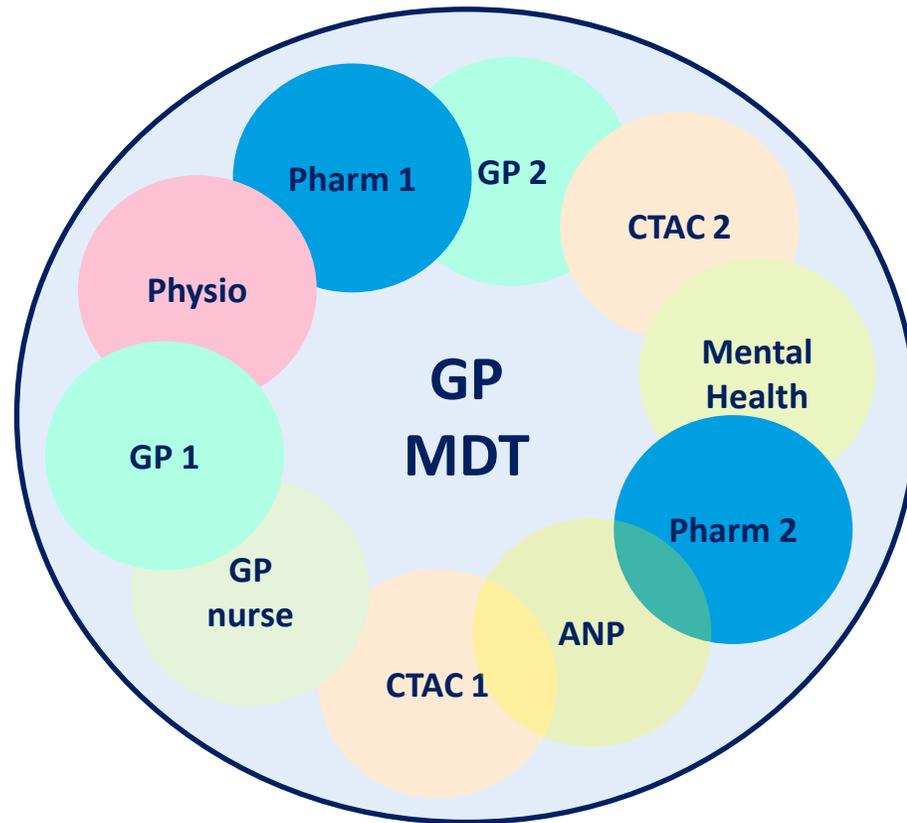
- numbers of whole time equivalents in 2023



A well-functioning General Practice MDT



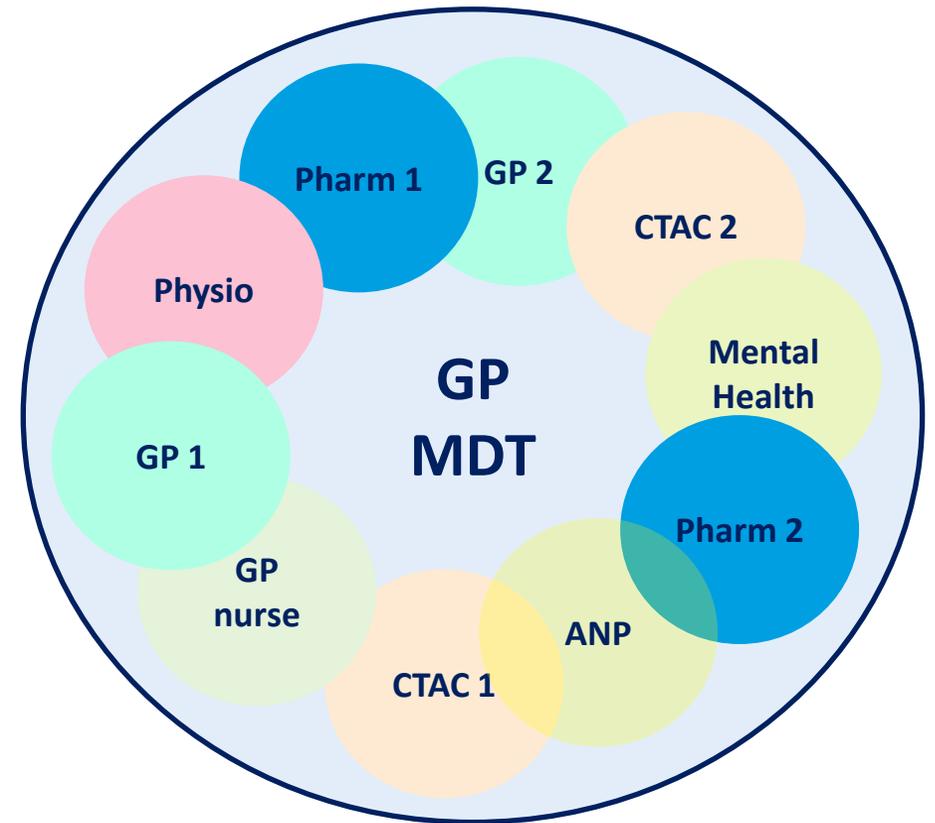
A well-functioning General Practice MDT



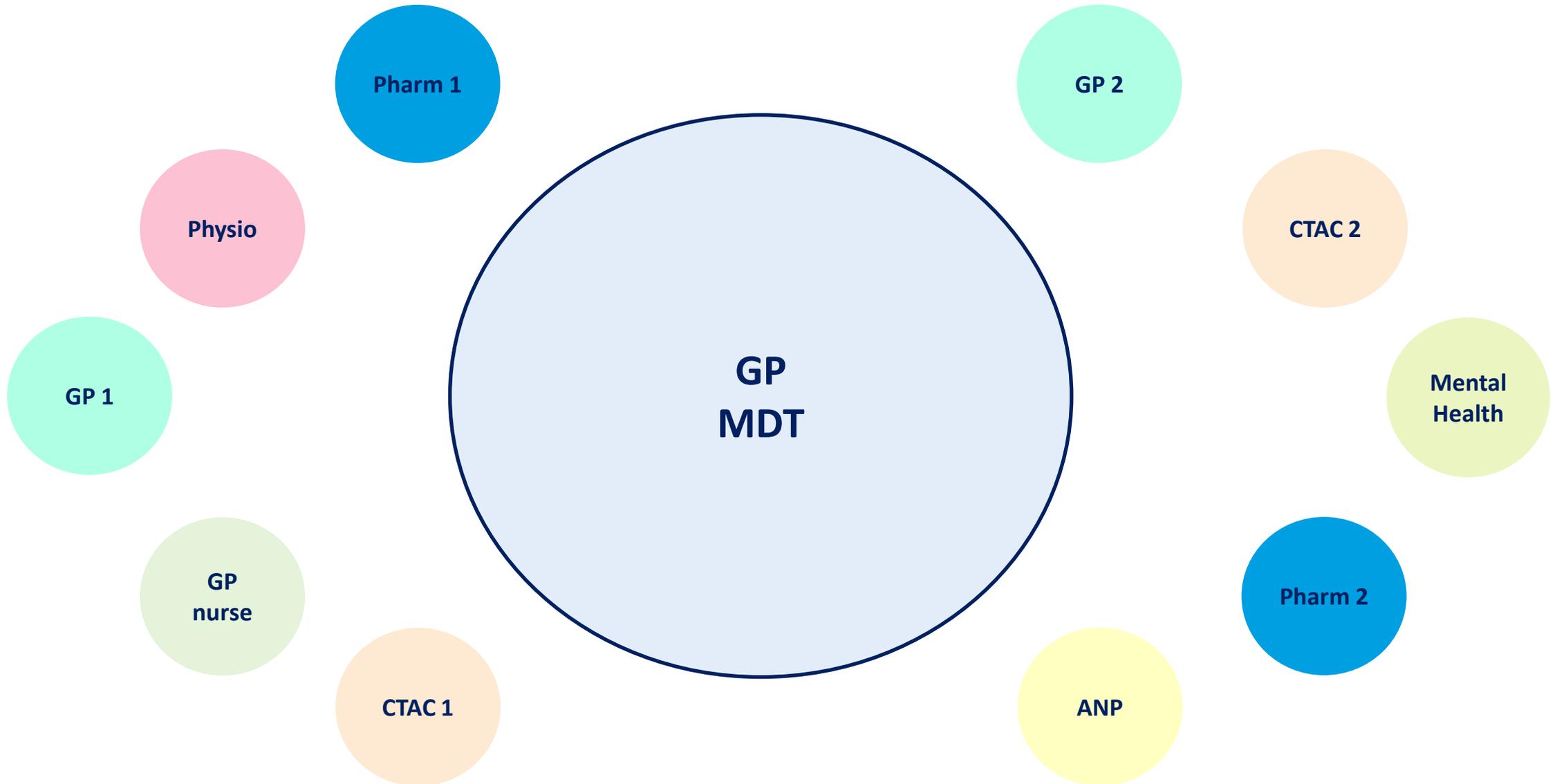
A well-functioning General Practice MDT

Characteristics of a well-functioning MDT:

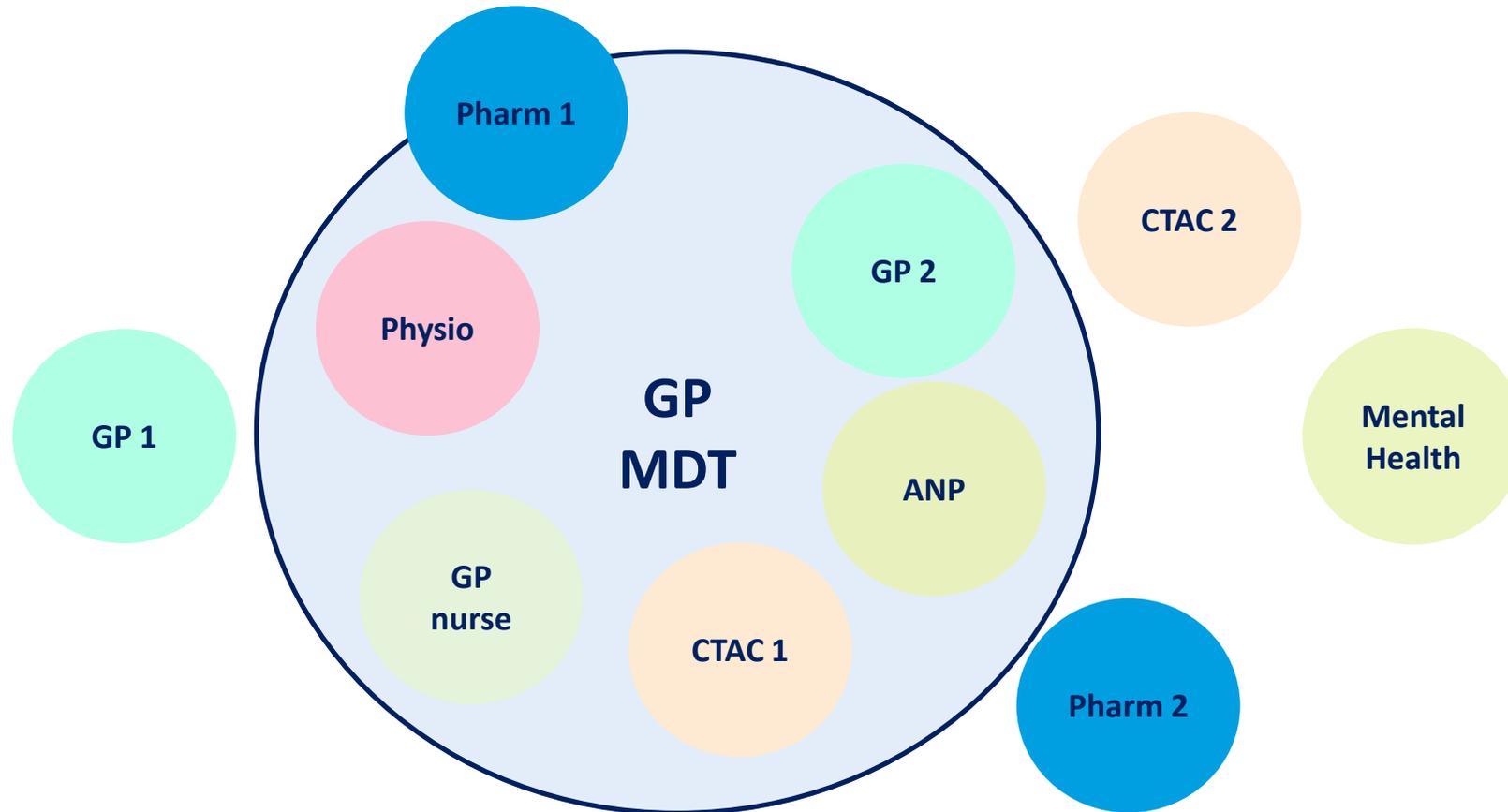
1. Safe and effective delivery of care
2. Innovation
3. Support of well-being
4. Allow professionals to flourish



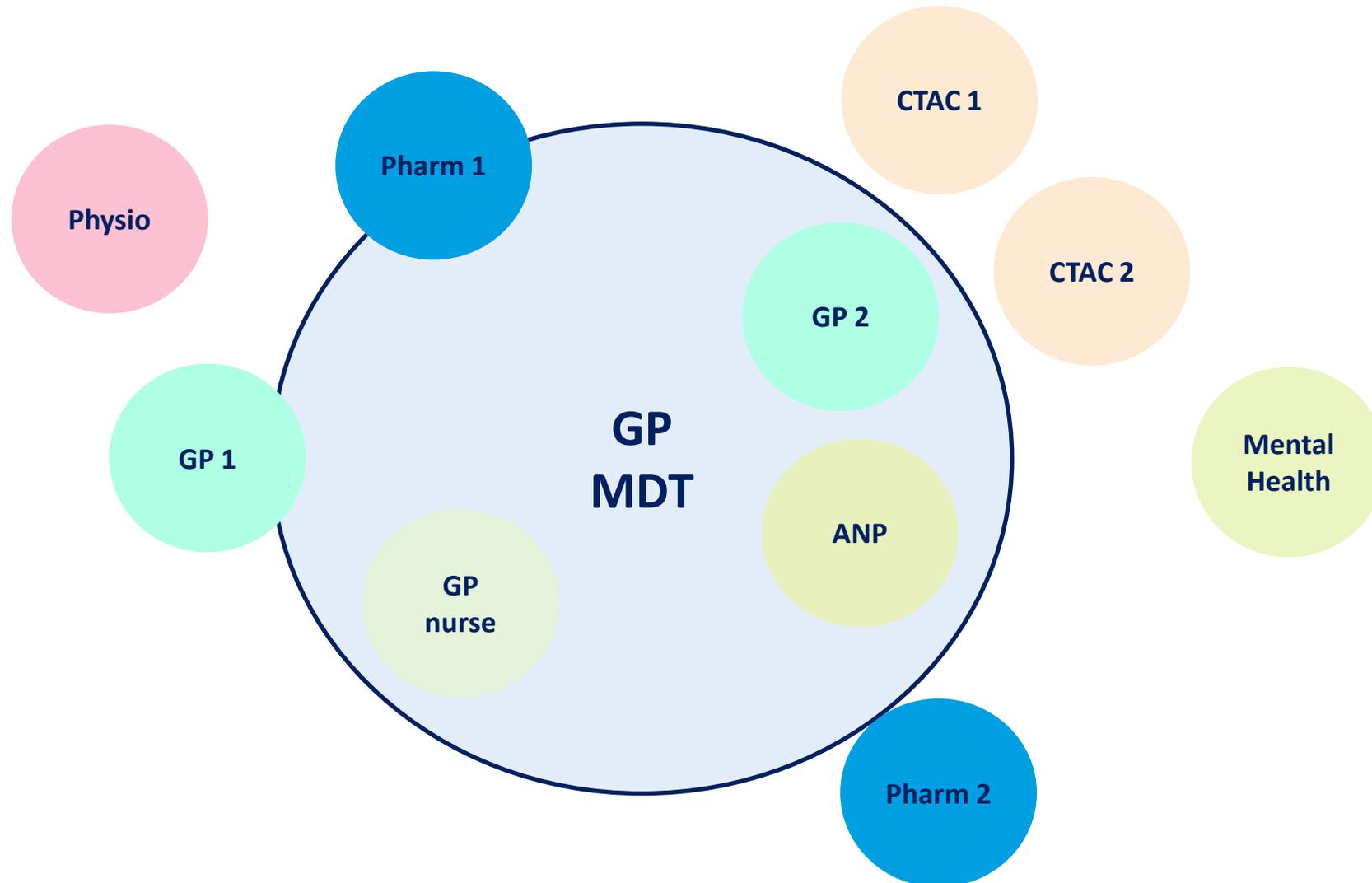
What sometimes happens with MDTs?



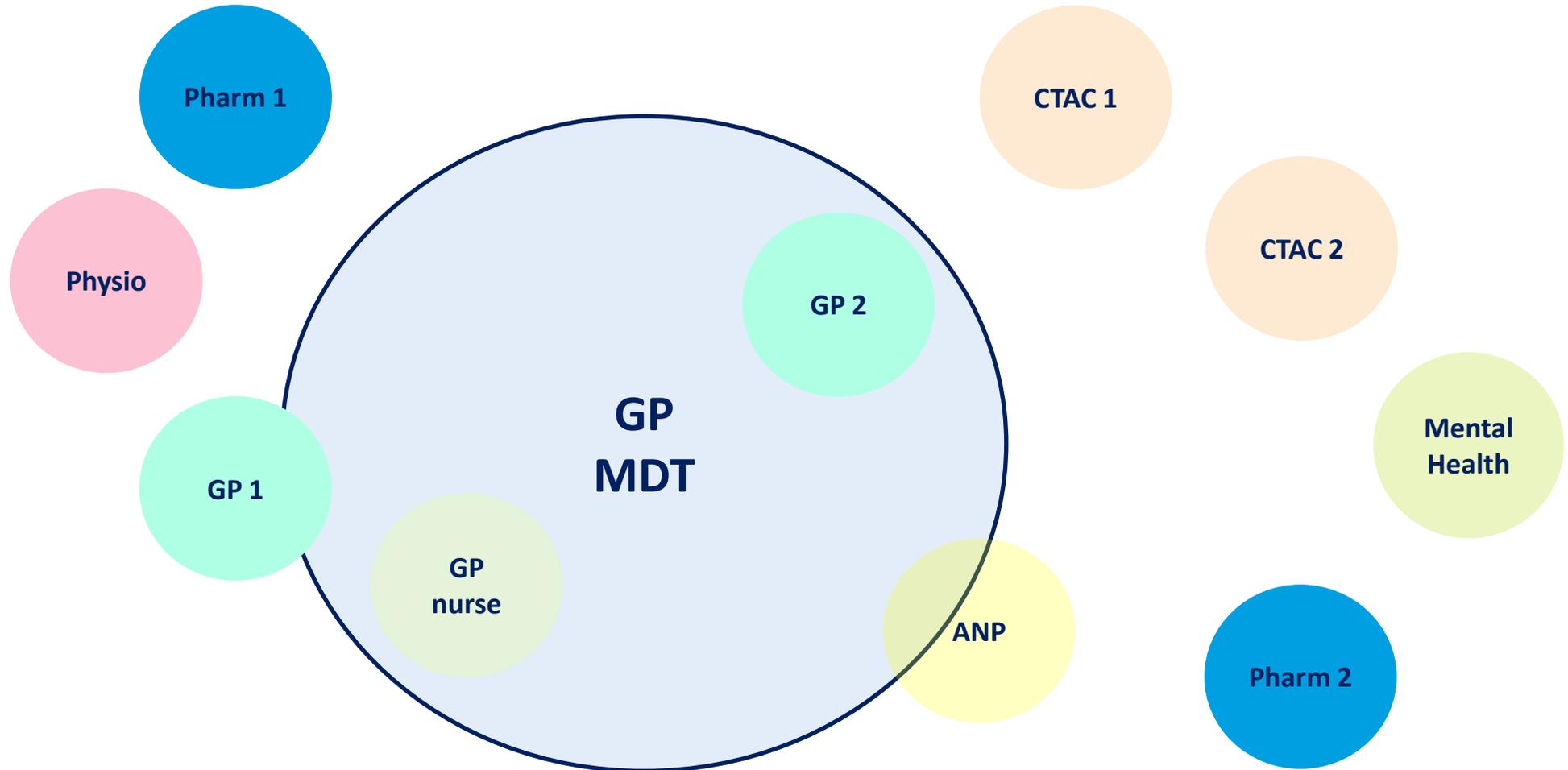
What sometimes happens with MDTs



What sometimes happens with MDTs



What sometimes happens with MDTs



Audience Poll

How functional is the multidisciplinary team that you are a member of?

What needs to be in place to enable an MDT to be well-functioning?



MDT Working in Primary Care – what does the research tell us?

Stewart Mercer

Professor of Primary Care and Multimorbidity



THE UNIVERSITY
of EDINBURGH



Transforming Primary Care in Scotland to meet the needs of an ageing population- are health inequalities being tackled?

Funder: Funded by the Economic and Social Research Centre
£1 million

ScotCh

Transforming Primary Care in Scotland and China

People

Grant holders

- **Scotland**

- Stewart Mercer (PI)
- Martyn Pickersgill
- Andy Thompson
- Bruce Guthrie

- **China**

- Harry HX Wang, SYSU
- YT Li, SYSU (social work)
- Jia Ji Wang, GZMU (policy & liaison)

Staff

Scotland

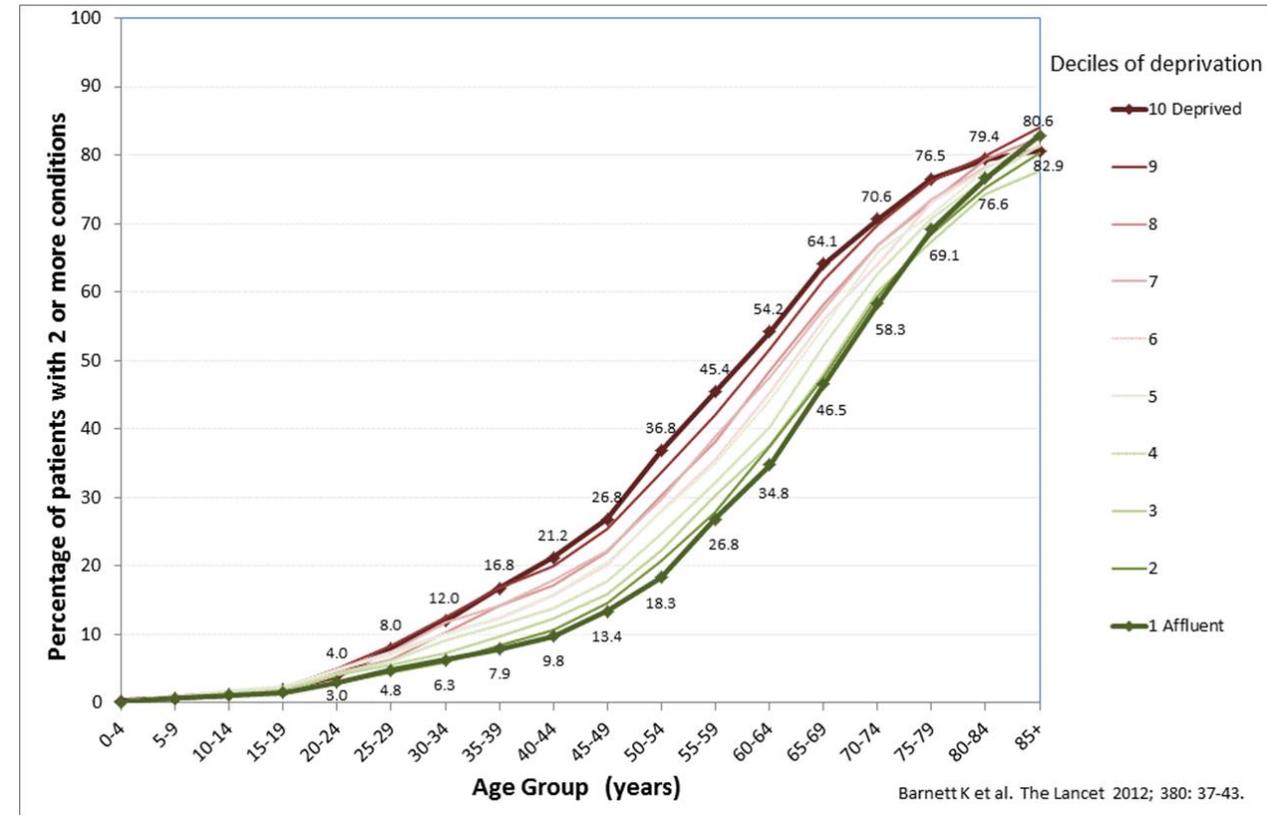
- **Jayne Richards (PPI Coordinator)**
- **Colin Angus (PPI Chair)**
 - **Morag Cullen**
 - **Anne-Marie Kennedy**
 - **Mary Hemphill**
- Huayi Huang (Qualitative RF)
- David Henderson (Quantitative RF)
- Eddie Donaghy (mixed-methods RF)
- Kieran Sweeney (NES Fellow)

China

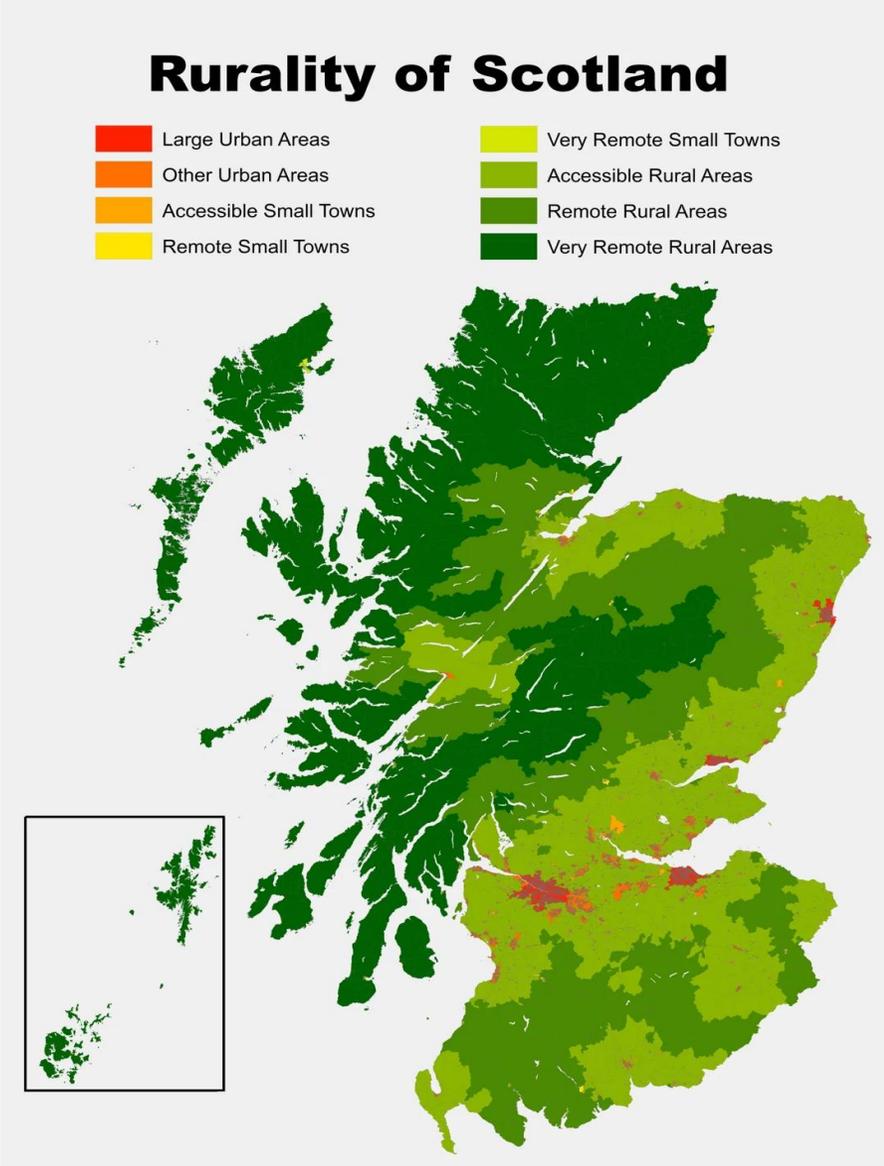
- Yu Fu (Qualitative), RA
- Zhihui Jia (Mixed-methods), PhD student
- Hui Cheng (Quantitative), RPg
- Xiao Yu (Mixed-methods), RPg
- Yumeng Yang (Mixed-methods), RPg
- Shuhua Xie (PPI Member)

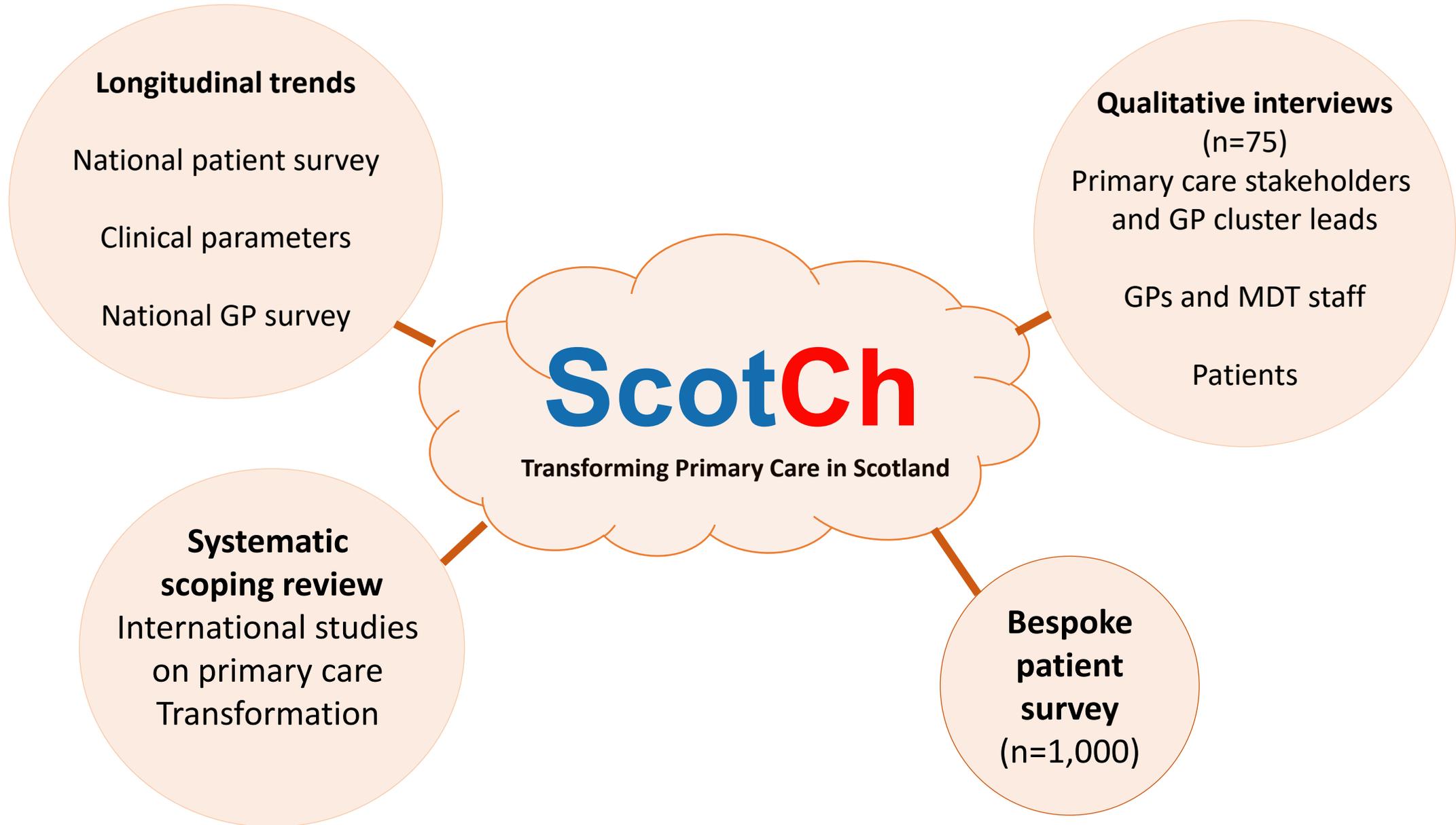
Scotland's population challenges

- Scotland has an **ageing population** and wide **health inequalities**
- Ageing and deprivation are both characterised by **multimorbidity**



16% of the population of Scotland live in remote and rural areas

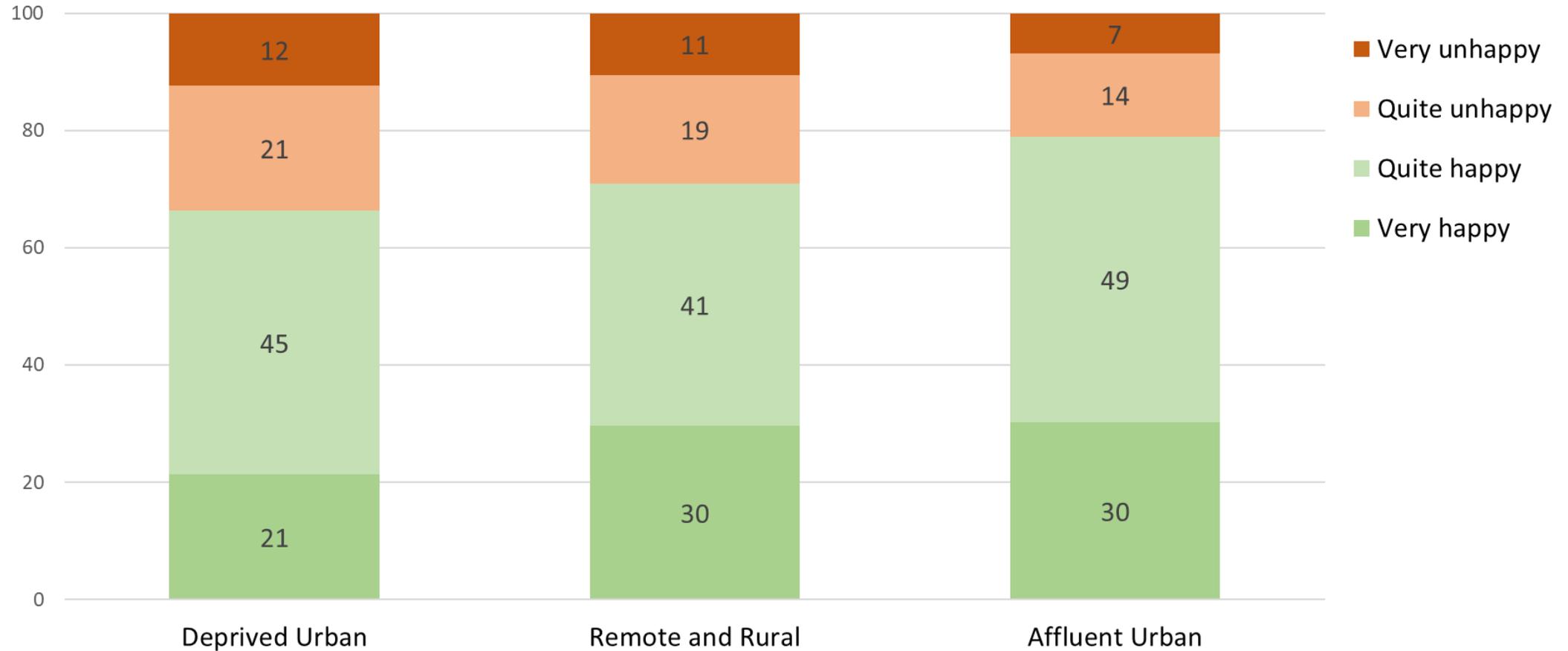




Patient's views on MDT staff

- Are they happy to be signposted to MDT staff for first contact care?
- What do they think about the care provided by MDT staff?

Patients generally happy to be signposted by reception staff



If I called the GP with a wrist injury and the receptionist said, we'll book you into the practice physio, I'd be quite happy.

That makes total sense.

*A GP might have an idea, but their **expertise** is not in that field, unlike the physio.*

*And it takes **pressure** off the GPs.*

P25: 57 year-old female
SIMD 5

...but the majority interviewed still prefer seeing a GP....

I still would rather a GP's opinion than any of the other healthcare professionals. I think you should be listened to carefully about your symptoms before you're referred to somebody other than the GP.

P18: 76 year-old female
SIMD 10

Seeing [other professionals] helps the GP. But when you see the GP, they actually know you. They might pick up on not just the ailment but on your mental health. When care is dotted around different people, some of that gets lost.

P21: 81 year-old female
SIMD 4

GPs views on MDT staff

- National survey 2023/4 (1,386 GPs responded) asked about advantages and any disadvantages of MDT staff expansion, their level of access to different types of MDT staff, and effect on their own workload.
- Qualitative interviews with 20 GPs (12 Cluster leads and 8 non-cluster lead GPs) explored views on MDT staff in more depth

GPs report many advantages of MDT staff

84% of GPs in the survey provided free-text answer about advantages of MDT expansion. Of those who responded, **94% documented positive comments:**

“I enjoy learning from them and supporting them to develop.”

“Different views on reviewing patients – refreshing ideas.”

“I enjoy MDT working – good to share ideas and expertise.”

“Pharmacists and advanced physiotherapy practitioner are excellent, independently able practitioners who have undoubtedly reduced GP workload in our practice.”

“Huge benefit in reducing strain. We have remarkable ANPs, Pharmacists, and mental health nurses.”

“It’s good to have variety in team members. MDT staff have been able to reduce workload but this has been unable to keep up with demand.”

•

It just feels like certain problems lend themselves really well to being managed by those AHPs as a first point of contact. That's been a really positive change...we really notice the difference. P24 (GP, urban mixed affluent deprived practice)

We're quite far on in having other health professionals in the practice. We've got a physiotherapist, a pharmacist, a physician's assistant. We're signposting through reception a lot of our patients directly to them at first point of contact. P23 (GP, urban mixed affluent deprived practice)

But GPs also reported some negatives...

- The need to provide training and supervision (60% agreed)
- Lack of clinical space within the practice (68% agreed),
- Lack of say over what work the MDT staff actually take on, as the GPs are not their line managers (71% agreed).

- Less than 50% felt that MDT working had significantly reduced their own workload, though this varied substantially by professional role and practice location

Am I spending more time as an expert medical generalist? No. Because there's nobody that can actually take the work off us. I don't have longer appointment times.....Patient demand, it's doubled in the past couple of years, since COVID. P15 (GP, urban deprived)

If we have an ANP and we're told by the HSCP "well they don't work after one o'clock on a Friday". You don't have control over that.....But then that's the problem if they're being line managed by somebody else. You're working for two teams. P11 (GP, urban deprived)

MDT staff's views (qualitative)

Intrinsic Challenges

- Adjusting to the primary care setting
- Building relationships
- Training and development
- Line management
- Monitoring and evaluation

Extrinsic Challenges

- The pandemic
- Time pressure
- Hybrid working
- Staff morale
- GP workload
- Health inequalities

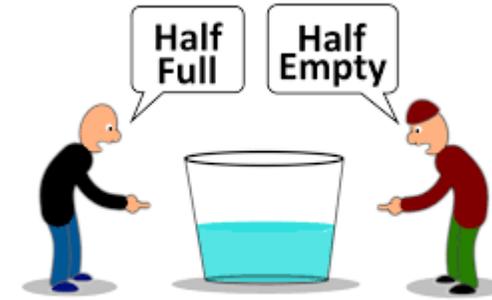
*Coming from secondary care into the community, for me, was very difficult. The differences are absolutely huge. It is a completely different mind-set. You don't have the answers in front of you.....It's navigating the hospital without walls.... Loneliness, is an issue. It's a very independent role. You're the sole decision maker. You're not on a ward round, you're in somebody's house, or sitting in a clinic room on your own. **P02** (ANP, urban mixed affluent/deprived)*

*I think our MDT roles are very well supported here... I speak to the GPs very regularly. They are very approachable....It makes me feel very much part of the team. It has been very welcoming and very supportive. **P19** (Advanced physio practitioner, urban mixed/affluent)*

*More support is desperately needed for staff as they roll out.....They're thrown into these roles.....If I was to stand up in a court of law – “can you justify why you did this and that and what training you had to do this”– I'd be a little bit concerned. **P17** (Advanced physiotherapy practitioner, urban deprived)*

*Enough time? I very rarely get a lunchbreak and I'm always late after work. So, no, definitely. No, you're always looking at the clock. No, it's quite clinical based at the moment because everyone's just under pressure. **P09** (First contact physio/APP, remote and rural)*

Summary and conclusions



Summary

- Patients open to MDT staff but still want to see 'their GP'
- GPs report many positives about MDT expansion but there are negatives
- MDT staff – many struggle with the fast pace of general practice, training needs, relationship building, etc
- Everyone is too busy!

Conclusions

- Rapid expansion of MDT - welcome but planning and support need to improve
- No indication nationally of reduction in GP workload but more data required
- More attention needed on the needs of patients with complex problems – older people and those in deprived areas, otherwise health inequalities may widen

Publications

Mercer S, Gillies J, Fitzpatrick B. Progress of GP clusters 2 years after their introduction in Scotland: findings from the Scottish School of Primary Care national GP survey. *BJGP Open*. 2020 Dec 15;4(5):bjgpopen20X101112. doi: 10.3399/bjgpopen20X101112. PMID: 33144368; PMCID: PMC7880176.

Huang H, Jefferson ER, Gotink M, Sinclair C, Mercer SW, Guthrie B. Collaborative improvement in Scottish GP clusters after the Quality and Outcomes Framework: a qualitative study. *Br J Gen Pract*. 2021 Aug 26;71(710):e719-e727. doi: 10.3399/BJGP.2020.1101. PMID: 33798092; PMCID: PMC8321438

Stewart E, Donaghy E, Guthrie B, Henderson D, Huang H, Pickersgill M, Wang HHX, Stewart Mercer SW. Transforming Primary Care in Scotland: A critical analysis of policy. *BJGP* 2022; 72 (719): 292-294. DOI: <https://doi.org/10.3399/bjgp22X719765>

Donaghy E, Huang H, Henderson D, Wang HH, Guthrie B, Thompson A, Mercer SW. Primary care transformation in Scotland: qualitative evaluation of the views of national senior stakeholders and cluster quality leads. *Br J Gen Pract*. 2023 Feb 23;73(728):e231-e241. doi: 10.3399/BJGP.2022.0186. PMID: 36127153; PMCID: PMC9512407.

McSwiggan E, Ng L, Donaghy E, Huang H, Gillies J, Henderson D, Thompson A, Wang HHX, Mercer SW. Evaluating primary care transformation: synthesis of findings across UK pilot projects. *BJGP Open* 3 March 2023; BJGPO.2022.0154. DOI: <https://doi.org/10.3399/BJGPO.2022.0154>

Kidd C, Donaghy E, Huang H, Noble-Jones R, Ogilvie S, McGregor J, Gillies J, Henderson D, Wang HHX, Mercer SW. Challenges in implementing GP Clusters in Scotland: a comparison of the views of senior primary care stakeholders in 2016 and 2021. *BJGPOpen* 3 March 2023; BJGPO.2022.0152. DOI: <https://doi.org/10.3399/BJGPO.2022.0152>

Publications continued

Donaghy E, Huang H, Henderson D, Wang HHX, Guthrie B, Mercer SW. Primary care transformation in Scotland: qualitative evaluation of the views of general practitioners and multidisciplinary team staff members. BJGP 18 August 2023; BJGP.2023.0086. DOI: 10.3399/BJGP.2023.0086

Donaghy E, Sweeney K, Henderson D, Angus C, Cullen M, Hemphill M, Wang HHX, Guthrie B, Mercer SW. Primary care transformation in Scotland: qualitative evaluation of the views of patients. BJGP 16 January 2024; BJGP.2023.0437. DOI: 10.3399/BJGP.2023.043

Sweeney K, Donaghy, Henderson D, Huayi H, Wang HHX, Thompson A, Guthrie B, Mercer SW. Patients' experiences of GP consultations following the introduction of the new GP contract in Scotland: cross-sectional survey. BJGP 2024; 74 (738): e1-e8. DOI: 10.3399/BJGP.2023.0086

Henderson DAG, Donaghy E, Dozier M, Guthrie B, Huang H, Pickersgill M, Stewart E, Thompson A, Wang HHX, Mercer SW. Understanding primary care transformation and implications for ageing populations and health inequalities: a systematic scoping review of new models of primary health care in high income countries and China. BMC Med 21, 319 (2023). <https://doi.org/10.1186/s12916-023-03033-z>

Sweeney K, Donaghy E, Henderson D, Wang HHX, Thompson A, Guthrie B, Mercer SW. A mixed-methods evaluation of patient's views on primary care multi-disciplinary teams in Scotland. BJGP Open 2024 Apr 25:BJGPO.2023.0200. doi: 10.3399/BJGPO.2023.0200. Epub ahead of print. PMID: 38663983.

Donaghy E, Sweeney KD, Ng L, Haines H, Thompson A, Henderson D, Wang HHX2, Thompson A, Guthrie B, Mercer SW. Primary care transformation in Scotland: a comparison two cross-sectional national surveys of general practitioners' views in 2018 and 2023. BJGP (Under second review); pre-print available: medRxiv 2024.08.14.24311940; doi: <https://doi.org/10.1101/2024.08.14.24311940>

Henderson D, Donaghy E, Mercer SW, et al. A longitudinal analysis of patient satisfaction with general practice in Scotland before and since the introduction of the new GP contract . Plos One (submitted for publication).

Thank you for listening!

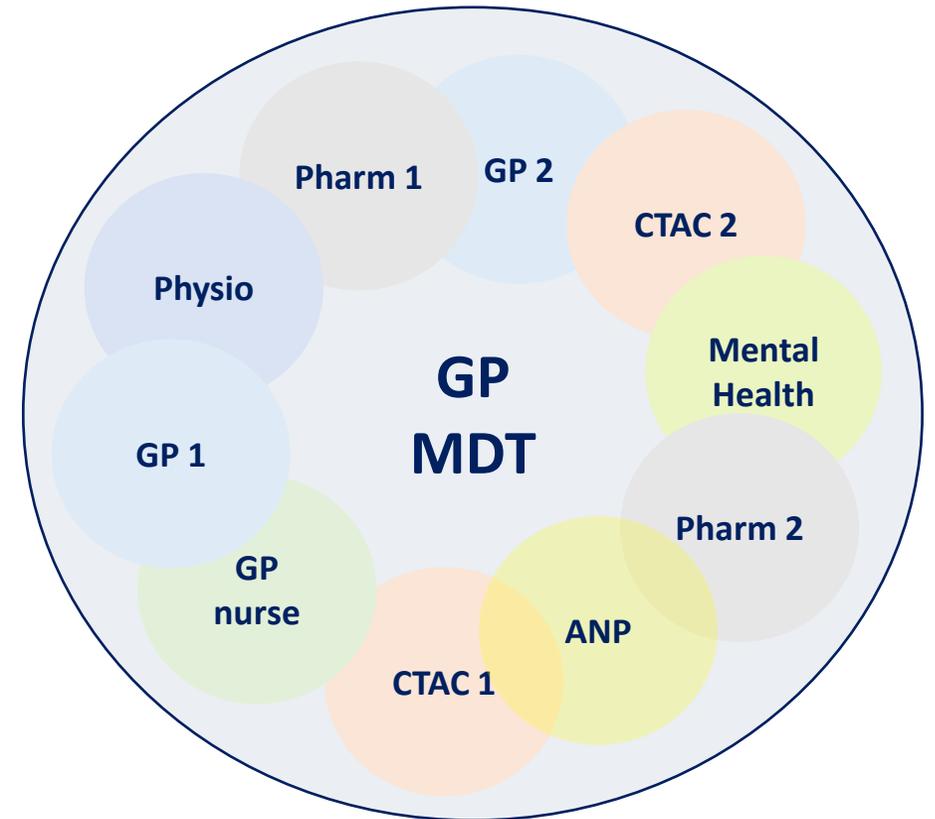


Sofa session – challenges and opportunities



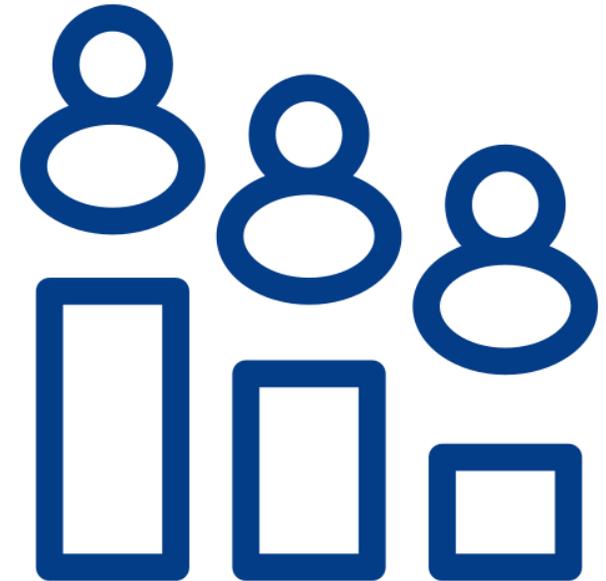
Summary and next steps

What can you do next week, to improve the effectiveness and function of the MDT that you are part of?



Poll - Evaluation

- What is your key learning from this session?
- What questions, if any, do you still have?
- Any further comments on today's session?



Thank you!