



## Shropdoc Background Information

### Introduction

Shropshire Doctors Co-operative Ltd 'Shropdoc' is a not for profit company, limited by guarantee. Established in 1996 it was organised and governed by GPs for the purpose of providing medically necessary care to the population of Shropshire and surrounding counties Out of Hours on behalf of its members. On 1<sup>st</sup> October 2004 the new GMS Contract allowed GPs to opt out of OOH care which the members did en-masse, the Co-op then signing a contract to provide the same service on behalf of Telford & Wrekin and Shropshire County PCTs, and Powys and Wrexham LHBs.

Shropdoc now has 344 GP members comprising General Practitioners from Shropshire, Powys and Wrexham, with a smaller number from adjacent PCT areas. The mission statement of Shropdoc is,

***“To care for and treat the patient in the right place with no unnecessary delay or discomfort, by a responsible and empowered workforce.”***

Since 2004 Shropdoc has actively pursued a policy of developing a 24/7 function by utilising both its people and facilities to provide health related support services, i.e.

- Care Coordination Centre
- Lone worker support
- Physiotherapy triage
- Locality nurse teams
- Clinical Pathway design and implementation

Shropdoc Council has determined that the Company should progress by following a number of different strategies;

- Ensure the current OOH operation maintains the very highest standards of service
- Use the CCC as a stimulus to service provision
- Seek out opportunities to provide our current and/or new services both within our present operational area and further afield, either directly or on a consultancy basis.

## **Management Structure**

The Council is composed of 7 elected GP members, who each represent a geographical constituency (Telford & Wrekin, Shropshire County North & South, Powys North & South and 2 general members) They meet every month to monitor the ongoing management of the company and debate and formulate policy.

Decisions made by Council are actioned by the General Manager, who in turn is supported by:

- Medical Director and part-time Medical Manager whose function is to oversee all clinical issues relating to the company. This includes the clinical aspects of complaints, protocols and Co-op accreditation;
- Nurse Director who is responsible for the nursing team and associated clinical developments.
- Operations Manager whose function is to ensure the smooth running of the operational side of the company, with responsibility for call handling, despatchers, drivers, zone supervisors, systems and I.T.;
- Primary Care Manager whose function is to explore and manage new work streams, both internal e.g.; Business Continuity Planning and external e.g.; Urgent Care Centre, Crewe. Working closely with the senior management team with responsibility for the project management of new and existing business.
- Personnel Manager whose function is to ensure the quality performance of support staff within the company with responsibility for contracts, employment, discipline and policies;

- Clinical Risk Co-coordinator whose function is to deliver Shropdoc's Risk Management requirements and corporate objectives including governance, complaints, claims and serious untoward events.
- Finance Manager whose function is to ensure the accurate administration of the company's financial affairs and monitor continuously the performance of the company budget.
- Operational Support Manager and Field Team Supervisor whose function is to oversee the smooth running of all the zones and that the performance and quality is consistently high.
- Call Centre Manager whose function is to ensure that the Call Handling Team is fully operational and that procedures are followed in accordance with guidelines.
- Trainer/Document Controller whose function is to deliver and manage a wide range of training programmes including mandatory, statutory, role specific and specialist training along with ensuring a smooth, efficient and timely document control process along with audit of all areas through design, analysis, data collection, report preparation and dissemination.
- In support of Council, the Chairman, who is elected annually by Council, has an executive operational role, being employed for 4 sessions per week. He leads the 'Strategy Group' which comprises; Chairman, General Manager, Operational manager, PC Manager, Medical and Nurse Directors. They meet weekly to monitor and discuss both the day-to-day management of the company and any operational or policy developments. To keep Council fully informed each member submits a monthly report before the Council meeting. The Chairman regularly attends various meetings to maintain a good understanding of the running of the company and represent the company both internally and externally.

In support of management there are administration staff who are responsible for Statistics and Audit, Pharmaceutical Supplies, Staff and Doctor's rotas and maintaining up to date and accurate databases.

## **Operational Structure**

### **Patient Pathway :**

Shropdoc takes over from it's GP members at 18:30 hours each weekday until 08:00 the following morning and from 18:30 Fridays until 08:00 Monday morning or the next working day following a Bank Holiday.

Patients telephoning their GP during this Out of Hours (OOH) period will either be diverted to or receive an answer message detailing the telephone number for OOH care. On calling this number the patient will speak directly to a Shropdoc call handler who will take down appropriate demographic details and identify urgent and life threatening conditions for immediate triage. All other callers will be advised to expect a return call, within a specified time period, by a trained triage clinician (nurse or doctor).

- Following triage patient calls will be categorised as either –
- Advice only, no action required
- Urgent response, within 1 hour\*
- Semi-urgent response, within 2 hours\*
- Routine response, within 6 hours\*

*(\*response times are calculated from the beginning of the patient's initial telephone call)*

Patients requiring a face to face consultation during the Out of Hours period will see either a doctor or an appropriate health professional within the above time frame. This consultation will take place at a Primary Care Emergency Centre (PCEC) within the locality or, if medically appropriate, at the patient's home.

### **Internal Framework :**

Telephone calls are taken by trained call handlers and added to the triage 'pool'. These calls are then triaged either by Shropdoc GPs or nurses (we do not use NHS Direct or triage decision support software). Patients requiring a consultation during the Out of Hours period then have their care processed, logged and audit trailed by Shropdoc staff. The despatch staff keep a constant watch on the workload and geographical location of the duty health workers and

co-ordinate with the patient the time and venue for the consultation. All of the call process is monitored and timings of call receipt and completion recorded to ensure that performance targets are met. The clinical record of the consultation is computerised, using HMS software, and faxed or e-mailed to the appropriate GP member or other Health Agency before 8am the next day.

The Call Centre Manager has responsibility for ensuring the quality/performance of the staff and ensuring that training and appraisal is carried out. This person is part of the Operational Management Team and liaises with the administration team.

Once the call is despatched for a consultation it is received by one of our ten PCECs located across the Co-op or in the mobile Shropdoc vehicle. Our computerised centres are staffed by a driver and a doctor and occasionally a receptionist. Other members of the health care team are not resident but may use the PCEC to conduct an Out of Hours consultation in a professional and safe environment. The centre is supported with all necessary facilities and medical equipment. The doctor and driver complete each appointment, both clinically and administratively, at either the PCEC or the patient's home. Workload, geography and security are constantly monitored both by the PCEC team and central despatch team. On-call standby doctors, under the control of despatch, are always rostered to be called on in an emergency.

Each zone is administered by three Area Manager Supports, supported in turn by the Field Team Supervisor, to ensure that all zones function efficiently and effectively and follow company procedures.

## **Financial Support**

Under the new GP contract responsibility for the out of hours service transferred to the Primary Care Trusts in England and the Local Health Boards in Wales. From October 2004 GPs ceased to fund this service and funding now comes directly from the PCTs & LHBs.

We also undertake cover for the MoD bases locally, there is a separate Rota for 'Complex Needs' (this covers Mental Health Act Sections, Prison work and the Violent Patients Register) and we provide cover for PCT/LHB educational time. These activities fall outwith our NHS contracts.

## **Changes**

In response to the new GP Contract the workforce has changed as Shropdoc moves from solely a GP workforce to a mixture, initially of GP and nurse triage but looking to the development of nurses into the advanced practitioner role.

There are several projects underway including the development of our operations centre to handle Patient Choice, closer working with the Ambulance Authorities to assist with additional triage, the handling of health cascade notices on behalf of the PCT's and the development of new urgent care centres.

We believe there is also future scope for Shropdoc to develop as a service provider or facilitator and we are actively looking at the proposed changes to Primary Care within the various White Papers. As a GP owned and led organisation we enjoy the strong support of local GPs which will be a significant advantage in the next few years.

Shropdoc continues to develop from a GP Co-op providing specific out of hours patient care to a service that operates 24 hours a day 365 days a year managing a variety of services and employing a range of health professionals.

Such aspirations and challenges will require that Shropdoc develops and matures as a company. Initially a 'cottage industry' mutual GP Co-operative we are now a robust, professional, commercially astute organisation, working either independently or in partnership on a wide range of health related services.