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"Lets join hands and jump together": Readiness and implementation of skill mix change in general practice

BACKGROUND: The last 10 years has seen major changes in the ways general practices deliver UK primary care services. In a context of skill shortages, cost containment, policy reform, quality improvement and increasing volume of interventions delivered in primary care, new ways of working are becoming the norm. Skill mix, such the introduction of advanced nurse practitioners (ANPs) and health care assistants (HCAs), has fundamentally re-engineered the primary care workforce (1).

AIM: This study explored the features of general practices that successfully accommodate and demonstrate readiness to re-design and implement skill mix.

DESIGN: Five GP practices serving different population size, demography and geography participated in a multi-case mixed methods study (2) design. Team Climate Inventory [TCI-14] (3) was administered to all staff. Following exploratory analysis hierarchical regression modelling was undertaken. Semi-structured interviews with ANPs, general practitioners (GPs), practice nurses (PNs), HCAs and business managers were analysed using thematic analysis.

FINDINGS: 122 clinical and non-clinical informants completed the TCI-14. Mean TCI-14 scores were consistently high (50.8 – 59.0) across all subscales, for all practices, suggesting willingness to work collectively toward shared goals. Size of practice made no difference to mean scores, but higher mean scores were associated with proportion of clinical staff, years employed in the practice (p=<0.001) and gender. Comparison of TCI-14 with patient experience Quality and Outcome Framework (QOF) scores showed no significant differences. The changing architecture of primary care and role of skill mix in delivering patient services emerged in the qualitative data.

DISCUSSION: Organisational willingness, demonstrated by TCI-14 score, may be an indication of readiness to consider change. Case analysis indicated no single change model was in operation but openness, transparency, commitment and maximising staff capability appeared to be attributes associated with readiness.

CONCLUSION: This presentation will focus on the conditions that contributed to successful workforce re-design.

1. Nancarrow SA & Borthwick A M (2005) Dynamic professional boundaries in the healthcare workforce *Sociology of Health & Illness* 897-919

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Kivimaki M & Elovainio M (1999) A short version of the team Climate Inventory: development and psychometric properties Journal of Occupational and Organizational Psychology 72. 241-246