

<b>Southampton Central PCN</b>	<b>Co-creation of an educational protocol to support a novel ‘clinical firm’ approach to workforce development for person-centred care</b>	
<b>Additional project description</b>	To undertake iterative co-creation, to develop and implement educational resource to support a new clinical firm model of practice	
<b>Project deliverables</b>	<b>Outcomes and impact</b>	<b>Reflections and learning</b>
<ul style="list-style-type: none"> <li>To co-create an educational protocol to support staff working within a novel ‘clinical firm’ model of practice within Primary Care</li> <li>To create related workflow models to facilitate implementation and refine methods for protocol generation</li> <li>Pilot and evaluate the model, iteratively creating resources to support learning in practice</li> </ul>	<ul style="list-style-type: none"> <li>Overall, all stages of work were completed leading to the implementation of a functioning (safe and effective), innovative model for clinical practice</li> <li>Key milestones included completion of a literature review to identify underpinning evidence to support / inform creation and refinement of the clinical firm multidisciplinary team and model, educational protocol topic prioritisation, creation of an example clinical protocol (anaemia), and evaluation of process and learning</li> <li>The valued learning and personal experience shared through written reflection of a GP Assistant (GPA), provided valuable insight into how to continue supporting new GPA roles within the firm model</li> <li>The process of written reflection was an educational and developmental activity of value</li> <li>Overall, the model has enabled continued delivery of safe and high-quality clinical care against a backdrop of increasing GP list size of over 3500 patients per GP</li> </ul>	<ul style="list-style-type: none"> <li>There is a clear need for future research concerning the clinical and cost-effectiveness of the clinical firm model of practice</li> <li>Evaluation of the longer-term impact of this model, to offset the inverse care law, and redress issues relating to workforce capacity, staff burnout, and ability to continue delivery high quality clinical care to our populations is needed</li> </ul>
<b>Methods</b>	<b>Next steps</b>	
<ul style="list-style-type: none"> <li>An iterative co-creation process was adopted to develop, pilot, refine, and implement the clinical firm model of clinical practice</li> <li>An adapted Simulation Based Learning framework is applied to explain the underpinning educational approach</li> <li>A qualitative approach, grounded in an inductive approach to thematic analysis, was used to explore stakeholder views about the model safety, effectiveness and educational framework</li> </ul>	<ul style="list-style-type: none"> <li>We are in the process of workforce reorganisation and will launch/implement the clinical firm model with new PCN practices. A new surgery does not have many of the processes already in place in the pilot practice before we introduced the model e.g., administrative help with pathology</li> <li>A training package / approach to support implementation of the clinical firm model has been developed, including: <ul style="list-style-type: none"> <li>GPA's being included in pathology workflow</li> <li>New GPA's shadowing existing GPA's</li> <li>GP training (inc. training resources)</li> </ul> </li> </ul>	
<b>Breakdown and use of funding</b>		
<ul style="list-style-type: none"> <li>Project fellow, staff and administrator time</li> </ul>		