

## SALARIED GP – Permanent (salary dependent on experience)

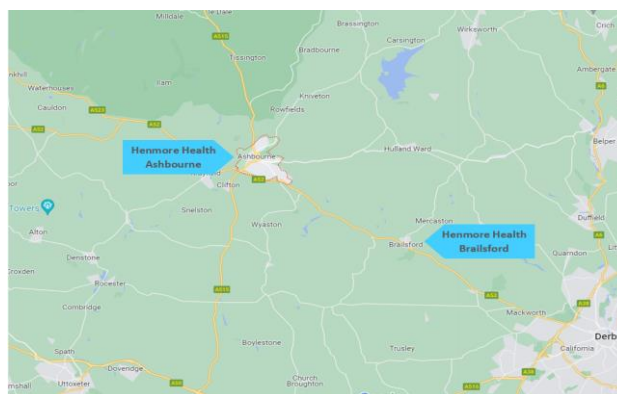
*Ideally 6 sessions but will consider 8 sessions total (with scope for occasional project sessions)*

To find out more – please email [ddicb.admincliftonroad@nhs.net](mailto:ddicb.admincliftonroad@nhs.net) in the first instance – we'd love to meet you for an informal chat and tour

Henmore Health is a positive and dedicated provider of primary care in the Ashbourne area, the gateway to the Peak District. We comprise 2 practices located 7 miles apart – Henmore Health – The Surgery Ashbourne and Henmore Health – Brailsford. We are investing to ensure we deliver both ever-improving care *and* a restored work/life balance for our clinicians – ensuring that better health and wellbeing is a goal for our staff as well as our patients.

### Location

Our two locations are in historic yet growing settlements. Both Ashbourne (market town) and Brailsford (village) are undergoing significant development whilst retaining their fundamental characters and active communities. We are surrounded by beautiful countryside on our doorstep, great schools within easy reach (both state and private), good links to the city (Derby) and unlimited opportunity for leisure pursuits.



### About us

We deliver high quality care via our two high performing SystemOne dispensing practices, serving a combined growing rural community of over 13,500 patients. Operating from purpose-built premises, we hope to expand our team comprised of:

- GP Partners
- Pharmacy (Pharmacists+Techs)
- Practice Nurses, Nurse Assoc & HCAs
- Salaried GPs
- ANPs and MHP
- Committed management, admin and dispensing teams

We are proud to be a Training Practice, hosting GP registrars and other placements, and can therefore offer excellent opportunities for GPs with special interests or those who wish to pursue a particular direction. We continue to champion the use of ARRS team members (paramedics, physios, mental health etc) and seek to integrate them fully to maximise the benefit to both patients and our ability to serve them.

**Everyone in our team is vital – we only move forward when we do so together. We want your ideas and full participation in our continuing success.**



## **How we work:**

The NHS strategy for Primary Care continuously evolves, and decisions made and imposed by commissioners require us to similarly continually review the way in which we deliver our contracts and make changes accordingly. As a result, the GP team and Management review our workplan annually.

We have experienced a lot of changes over the last few years, with the advent and embedding of ARRS staff and PCN innovations. Some of the changes we have implemented in consultation with the team as a result are:

- Recent transition to the NHS approved Total Triage system of managing our demand. This is revolutionising access for patients and enabling us to improve working conditions for GPs. The whole team has been working together to design our service, to make sessions easier to manage and more effective for patients. This continues to develop as we integrate the needs of our patients across two sites and maximise on the opportunities this brings for improved patient access. Our approach to delivering our GP-led service is heavily influenced by the GPs themselves – the clinical team working together to decide how best to deliver the service.
- Paperwork has been delegated where possible (discharge letters now dealt with by the pharmacy team, much more coding by the admin team is done on behalf of the GPs)
- Medication management
  - Pharmacy team responsible for the med reviews of all our patients
  - Electronic prescribing now in place, minimising Rx signing and improving time efficiency
- Home visits and Care Homes – much reduced workload on account of the PCN Team Up paramedic service
- Extended hours delivery currently delivered by the PCN
- Physio is now offered in-house and virtually, and a Mental Health Practitioner has recently joined our team
- We continue to evaluate and invest in ways to make all practice teams more effective and better able to do what they do best – deliver great care to our patients

## **The role**

The practice is open to working with you to develop the arrangement of your sessions, start times, breaks etc, to the benefit of both parties subject to the framework laid out our GP workplan. It is envisaged that the following elements will form an outline:

6 sessions per week, arranged as 3 full days (ideally Monday Thursday Friday)

## **GP Duties**

### **Location of work**

GPs are required to work across both sites, as determined by patient access needs – this ensures GP presence and appointment availability at both sites. Being in different types of location (town versus village), the team report that this variety in working environment is a positive aspect of working with us (both sites are lovely, with warm and welcoming teams, many of whom work in both locations - but inevitably they do feel different).

Henmore Health - The Surgery Ashbourne is a 2 storey facility and has been configured to safely operate consultations on both floors (waiting rooms on both floors, mobile resus equipment and oxygen etc).

Henmore Health – Brailsford is a single storey building. Smaller than Ashbourne but no less important, it is under a programme of investment.

We continue to invest in improvements to ensure both sites continue effective delivery of services and keep pace with infrastructure requirements.

### **Surgery /Patient Facing time**

- A session will equate roughly to 4.5 hours, allowing for a break in the day, administration and home visits as necessary (the practice operates 8 sessions as full time therefore 37.5 hours FT divided by 8 sessions = 4 hours 41 minutes). This will adjust when it is a duty session (see below), whilst maintaining the same total number of contracted hours.
- We are now operating Total Triage – our Co-ordinating GPs (previously known as Duty Doctor) are fully dedicated to triaging all incoming requests and their allocation to the appropriate team member (be that admin, GP tel or F2f appt, ANP, Physio etc). This applies to all requests – routine, urgent, admin, private work – all is managed through AccuRx. Our ethos is Make Every Contact Count (MECC) – ensuring we eliminate unnecessary demand down the line by doing what we can today. The Co-ordinating GP(s) doesn't have appointments, and so where it is expedient to do so will deal with issues that can be achieved in no more clicks or time than if they disposed of it to a colleague.
- All other GPs have 12 15 minute slots per session that can be split or combined where appropriate depending on the task assigned (e.g. 7.5 minute telephone calls/double appointments/practice private work)
- The structure of sessions can be reasonably flexible as long as balance is maintained across the team in terms of available appointments to patients. When you are not acting as Co-ordinating GP, your clinic start times and any placement of additional breaks during the course of a patient-facing clinic may be amended with 2 months' notice in agreement with Management upon preparation of the rota, to ensure no detrimental effect or unnecessary restrictions as a result of your request is had on operations or the team.
- The Surgery will endeavour to provide you with a laptop if you would find it useful e.g. if it will allow you to more easily manage your time and work/life balance e.g. to accommodate childcare issues, and/or if you prefer to finish patient-facing clinics earlier (on a non-duty day) and undertake your other duties at another time out of office. There is absolutely no obligation to do this, we have just found that some GPs like to have the option
- The practice's main contractual opening hours are 8am to 6.30pm. The Co-ordinating GP is required to be on the premises for the duration of their session (usually based at Ashbourne). They must be within practice boundary within the entire shift, and physically present in the surgery by 8.30am and until 6.30pm.
- We aim to fairly distribute Co-ordinating sessions amongst the GPs.

### **Home visits**

All home visits are triaged to ensure necessity. Where TeamUp (home visiting service) is not able to undertake a visit, they are to be shared amongst working GPs that day by the Co-ordinating GP.

We expect the GPs to work as a team to manage this workload appropriately. Any issues should be brought to the attention of the Operations Manager.

**Administrative/paper work/correspondence/results:**

It is expected that you will deal with laboratory results and reports. For information, urgent results that arrive for a GP who is not working that day are dealt with by the Co-ordinating Doctor. It is expected that you will deal with all other paperwork and correspondence etc as it arises and as it pertains to patients you have seen and referrals/actions you have instigated or been involved in directly. In this Practice, correspondence is directed to the addressed GP where appropriate, however much correspondence simply comes for the attention of the Senior Partner, and so we have to share out correspondence equally with those present that day.

It should be noted that the pharmacy team will in normal circumstances be available to deal with discharge letters in the first instance. In addition, the admin team now manage electronic correspondence (the majority of incoming documents) via Workflow in the clinical system, which reduces wherever possible the number of items that require GP attention.

**Specific roles within the practice (e.g. teaching medical students; QOF specialisation):** For purposes of career development the practice may agree areas of focus which may include being clinical lead for a clinical domain, completion of audits and quality improvement. Depending on its nature, non-patient facing time may be incorporated into your sessions.

We are a Training Practice. As such, we host ST1, ST2 and ST3 trainee GPs. All staff both clinical and non-clinical are required to participate in meeting the practice's training obligations to these patients. This can include (not exhaustive) shadowing of your clinics, providing debrief of clinics, advice and monitoring of performance etc. This will be incorporated into your working hours and extra time allocated where necessary.

**Team meetings:** the practice holds meetings throughout the month, and your attendance is encouraged wherever possible, and within your overall hours. We are fortunate to have a Local Governance Officer who manages the meeting schedule for us. There is a weekly opportunity to meet with colleague to discuss various elements (meetings include Clinical, Quality and Improvement, Medicine Management, Safeguarding etc).