ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners
Coleg Brenhinol Meddygon Teulu
RCGP CYMRU WALES

Multidisciplinary Team Working in a General Practice Setting

The practicalities of making it work

Endorsed by:

CHARTERED SOCIETY OF PHYSIOTHERAPY
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Coleg Brenhinol y Therapyddion Galwedigaethol
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Foreword

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As the demands on general practice services intensify and become ever more complex, it is clear that the future of high-quality patient care rests on the diversity of skills and experience of a wide range of health professionals.

Establishing the right conditions for different health professionals to work together is critical to the delivery of comprehensive general practice services that truly put the patient at the heart of their care. However, it will never be enough to put a number of different health professionals under one roof or into a team and hope they can work together as a unified group. This requires careful consideration and dedicated action to galvanise a culture of routine collaboration and mutual respect among all health professionals working in a general practice setting.

The success of MDT working in a general practice setting will depend not only on the right infrastructure, professional competencies, structures and processes, but also on professional relationships and understanding of the professions working together to deliver care. Culture will be the ultimate driving force behind the success of the MDT model of general practice in Wales.

In recognition of this, the Royal College of General Practitioners Wales and Royal Pharmaceutical Society in Wales joined forces to facilitate a discussion with representatives from professions across the health sector to discuss how successful MDT working could be developed and sustained in general practice settings. This resource has been informed by those discussions. It highlights the core values and behaviours that help to create a successful team, the opportunities that multidisciplinary working can bring and the challenges that need to be overcome.

During a time of significant primary care transformation in Wales, it is our hope that this resource will be a useful touchstone for understanding and developing the dynamics of the MDT in general practice. Our aim in bringing together the different professions, is to actively contribute to the development of strong MDT working that can deliver safe and effective care in Wales.

We are very grateful to the royal colleges and professional bodies that contributed their views and insight into the concepts outlined in this resource. We sincerely hope it will support all the health professionals who are working in or intending to work within the evolving multidisciplinary landscape in general practice in Wales.

About this resource

This resource has been developed to shine a spotlight on the dynamic of multidisciplinary (MDT) working in a general practice setting. It captures the thoughts and insight of MDT working in general practice from professionals who already work in that environment: It is a resource developed by professionals, for professionals. It aims to support the development of MDT approaches in general practice settings and contribute to the primary care transformation programme in Wales.

The value of this resource is in supporting MDTs to adapt to the specific circumstances in which they operate. Rather than a comprehensive guide, it is a starting point, addressing the human and cultural factors that are so important for the development of effective teams.

Aims

Within a general practice setting, this resource aims to:

- Provide insight for health professionals into the practical and cultural issues that underpin successful MDT working
- Support conversations between health professionals in defining roles, responsibilities and expectations across the MDT
- Be a focal point for the development of MDT behaviours
- Add value to the primary care transformation programme by addressing the human and cultural factors of working in an MDT

Intended audience

This resource has been developed by health professionals for health professionals. It is aimed at:

- GPs and those who are responsible in general practice for building the multidisciplinary team
- Health professionals who are already working in a general practice setting
- Health professionals who are interested in transferring to a general practice setting
- NHS managers with responsibility for leading the primary care transformation programme

Using the resource

This resource provides an insight into the practical challenges of developing an effective MDT in a general practice setting. The concepts contained in this resource can be used in different ways:

- As a reference or touchpoint by a general practice that is recruiting for new professional roles to add to their team
- To support prospective members of the general practice team in a potential move to a general practice-based role
- To support current and prospective members of the general practice team with integration into the team.
- As a tool for learning and self-reflection as part of formal approaches to team development within general practice settings.

1

Background and strategic context

The publication of *A Healthier Wales: Our Plan for Health and Social Care*[1] signalled the renewed commitment of the Welsh Government and NHS Wales to transform the delivery of health and social care services in Wales. The implications and opportunities for primary care over the next decade are significant. There will be a strong emphasis on shifting resources into primary and community care settings, rebalancing the delivery of services between primary and secondary care and enabling the delivery of care as close to people's homes as possible.

Strategic work to transform the primary care model is well underway in Wales. Workstreams were set up in 2018 as part of a national transformation programme to address a range of issues including employment, contracts, governance arrangements, digital infrastructure, training and education and workforce development. These issues are critical in establishing the right environment and infrastructure for primary care to flourish and deliver effective person-centred care over the next ten years.

As a core component in the delivery of primary care, general practice has already taken steps to improve service delivery. Across Wales general practice teams have been changing in numbers and composition, with more care being delivered by an MDT that includes GPs, nurses, pharmacists, paramedics, physiotherapists and occupational therapists to name but a few. This tide of change is unlikely to be reversed and will undoubtedly gain momentum to address the increasing and challenging demands placed upon health care services.

The primary care transformation programme has recognised the importance of the MDT in improving access to primary and community care[2,3]. International comparisons of primary care models have also identified inter-professional teams as a core component of models of care which aspire to rebalance health care systems towards primary rather than secondary care[4]. It is clear therefore that the multidisciplinary model of care will continue to develop in Wales to meet the changing needs of the population and to ensure the future sustainability of services.

In recognition of the growing importance of multi professional approaches to care in GP settings, the Royal College of General Practitioners Wales (RCGP) and the Royal Pharmaceutical Society in Wales (RPS) organised a workshop, engaging with a number of professional groups already working in general practice to get to the heart of the practical issues of working together in a team. The workshop was also stimulated by growing concerns of the barriers and challenges to developing strong working relationships between different professional groups working in general practice.

The workshop helped to identify common themes and provided the space to explore the opportunities that should be embraced to develop strong team working and to deliver improved access to services for patients. The outcomes of the workshop have informed this document.

2

Building the multi-disciplinary team

Team development has been a subject of thorough study and investigation since the 1960s. There is a vast international body of literature available on team building but exploring these concepts in detail is beyond the scope of this document. Interestingly, however, many of the issues raised within the multi-professional workshop chime with many of the key themes found in the literature. These include the characteristics of an effective team[5,6], the importance of 'teaming'[7] and working in an environment of psychological safety[8]. Further understanding of these concepts and the development of appropriate training and support may be critical to the future development of the MDT in general practice and primary care. For further information about these concepts, please see the references listed at the end of this document.

2.1

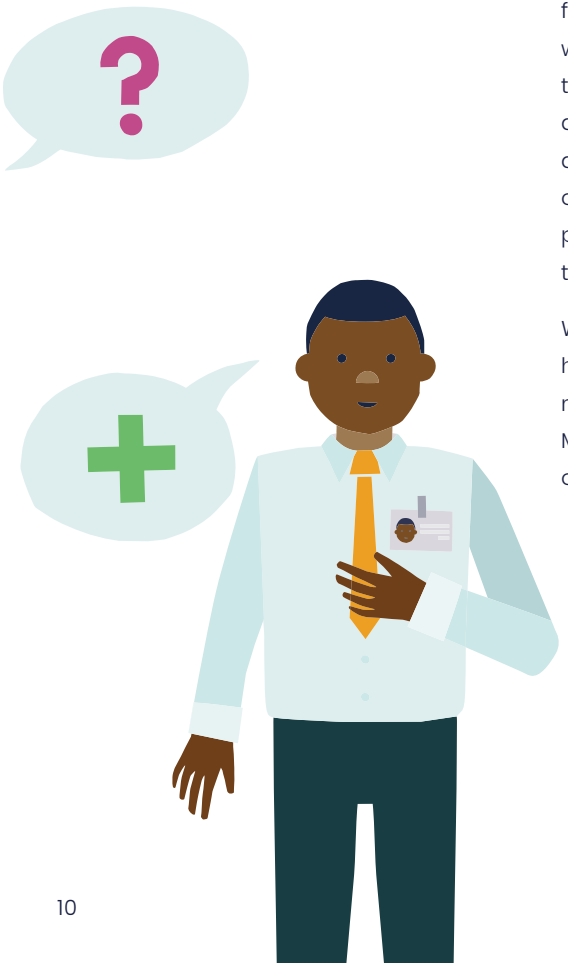
Key messages

The key messages that health professionals working in general practice would share with those thinking of moving to this environment include:

- Taking time to actively participate in multidisciplinary team meetings
- Sharing information appropriately and collaborating openly
- Ensuring familiarity and clarity of role to add value to the team
- Becoming aware of issues of governance and accountability
- Taking all opportunities to learn from other members of the team and to undertake training

2.2

Opportunities and challenges



Feedback from the workshop highlighted a strong belief that MDT working in general practice improves quality and access to care for patients, adds value to healthcare delivery and has system wide benefits for the NHS. The overriding consensus was that when it came to MDT working, the sum was certainly greater than all the parts. Role clarity, expectation and understanding the roles of the other professionals working in general practice were repeated themes throughout the workshop session.

Workshop delegates identified however, that a number of areas must be addressed in building the MDT in general practice settings as outlined on page 11:

OPPORTUNITIES

- Building capacity and increasing patient access to services
- Delivering high quality care to patients
- Ensuring patients see the right professional the first time
- Establishing new working relationships and improving communication between health professionals
- Autonomy to act and practise
- Skill development and utilisation plus shared learning across the multidisciplinary team
- Peer support and mentoring
- Skill development i.e. independent prescribing
- Increasing awareness of different professional roles across the team

CHALLENGES

- Achieving team integration
- Appropriate IT systems to allow for sharing of information
- Lack of clarity of professional roles, responsibilities and competencies within the team
- Level of support available in practices for the MDT and across the cluster
- Resistance to change within the practice
- Developing confidence in new roles
- Recruitment and retention to drive the stability of the team
- Embedding new model of working into general practice
- Workload expectations

2.3

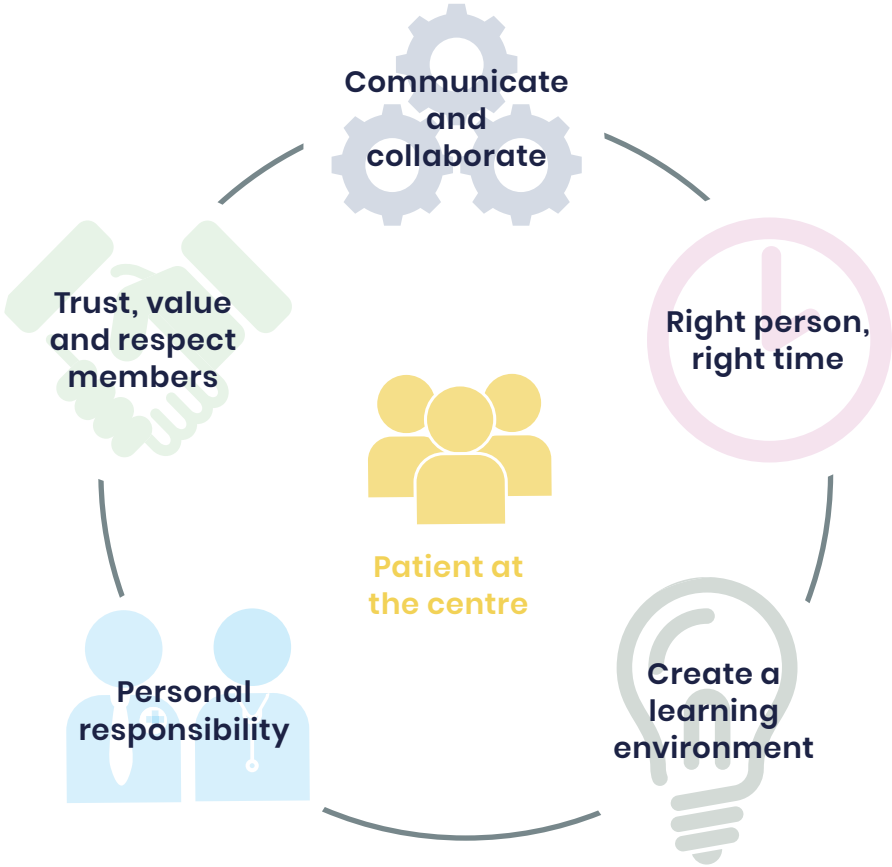
Core values underpinning successful MDT work in general practice

Values and behaviours

Creating an effective MDT in a general practice setting rests heavily on the principles of developing any effective team: culture and human factors.

Establishing the core values and behaviours for the MDT to adhere to is critical to the success and effectiveness of the team. Values and behaviours must be overt and observable to all members of the team and to patients to ensure success. Five core values are at the heart of creating a common understanding of roles and mutual respect across the MDT (see page 13).

Embedding these values and behaviours in everyday general practice will help to transform the MDT. Living these values and behaviours will help to create greater trust and understanding between professionals. They will ensure greater clarity in the roles of the different professionals and ensure clear expectations of roles with the team. Ultimately, the values and behaviours will improve patient care through a more cohesive team approach that is open to challenge, learning, reflection and development.



Core values and behaviours for the MDT in a general practice setting

VALUES	BEHAVIOURS
COMMUNICATE AND COLLABORATE TO ACHIEVE PERSON CENTRED CARE	• Listen actively • Be in the present • Put shared multidisciplinary meetings at the centre of decision making • Be humble, seek the opinions of all members of the team • Create and use a shared common language that everyone can understand
TRUST AND RESPECT EACH MEMBER OF THE MULTI-DISCIPLINARY TEAM	• Take time to understand the roles and capabilities of each team member • Demonstrate what each member can do • Break down hierarchy to create better team working • Provide the opportunities for training and mentorship in multidisciplinary roles • Provide clinical supervision and feedback opportunities
RIGHT PERSON, RIGHT TIME	• Take interest in the whole person • Work within professional competencies • Take a 'prudent' approach and refer matters when appropriate within the primary care setting or to third sector or other services as needed • Treat everyone fairly and without prejudice
TAKE PERSONAL RESPONSIBILITY AND STRIVE TO DELIVER AND IMPROVE HIGH QUALITY CARE	• Act with integrity, openness and respect • Work within the scope of professional practice and be open when there are risks • Aim for excellence in all aspects of practice (including maintaining professional registration) • Take ownership of decisions and be willing to explain and discuss decisions with others
CREATE A LEARNING ENVIRONMENT	• Identify learning needs and work with others in the team to achieve them • Be open to change • Create a safe working environment where all members of the multidisciplinary team can learn together • Use reflective techniques to understand and improve collaboration and performance • Seek mentoring to achieve high quality care

These values and behaviours can be used as a regular checklist for the development of the MDT in general practice

Successes of MDT working*

"Becoming an essential member of the practice team and changing the thinking of MDT away from the traditional model of care"

"Each member of the team can do what they do best"

"Patients can see the most appropriate health professional for their problems"

"Greater knowledge and respect for other professional roles"

"Right skills, right time, first time – essential for emergencies in primary care"

"Being able to use professional skills and knowledge to improve patient safety"

* These comments have been extracted from the results of a pre-event survey of the different professionals attending the MDT workshop.

Challenges*

"No GP practice works in the same way. What may work in one practice may not work in another"

"Finding where I fit in has been difficult and getting other members of the team to understand my role has been challenging"

Key messages for others to be aware of*

"Effective communication with the team through patient records and discussions can help streamline the development of consistent messages and advice given to patients"

"Be clear about what you are comfortable doing and not doing"

"Embrace the team approach, accept constructive criticism and take up as many courses as possible if it relates to your team"

"Explain what you can and can't do clearly to the team. If possible, ensure your job description and what you are happy to do is signed off by a clinical lead"

"Always find out who does what in your practice"

"Have a clearly defined role – this may change over time but having some focus is especially important at the beginning"

"Ensure you have some protected time with a GP or GPs to discuss patient issues and to share ideas"

Learning points*

"It's a great learning curve and I have learnt to take one step at a time"

"There is a feeling of wanting to help but not enough capacity to do so on many occasions"

"The skills of prioritising work, making decisions quicker and delegating tasks are vital and need time to develop in the MDT"

2.4

Enablers

A number of enablers were identified by the workshop participants that must be in place to support the effective functioning of the multidisciplinary team in general practice. These are described on page 19:

Resourcing the team and the financial implications for developing and sustaining the MDT were also recurring themes but these issues are outwith the scope of this document.

ENABLERS REQUIRED FOR THE MULTIDISCIPLINARY TEAM TO FUNCTION

COMMUNICATION	Frequency, timings and methods of how the team will communicate need to be agreed, so the team can function and make decisions effectively.
NEGOTIATION	Negotiation on the scope of the role, workload, expectations for working together and expected outcomes must be clearly agreed.
TRUST	Interpersonal trust between multidisciplinary team members must be established and maintained. This also requires tangible action and defined boundaries, such as access to patient records and the ability to share risks and concerns openly.
KNOWLEDGE OF ROLES	The scope of practice and knowing when patients will be referred to a member of the team needs defining. Knowing which member of the team has the specific skillset needed is essential if the team is to function effectively.
CO-LOCATION	It is important to define the need for co-location, how and when teams will communicate, and the provision of peer support (in the context of an increasing use of technology).
PUBLIC AWARENESS OF TEAM	For the general practice MDT to be a success, awareness raising will be required to promote the team and explain this way of working to the public. Patient stories and proven outcomes will help change patient behaviour.
UNDERSTANDING AND ACCESS	Above all, the role of the MDT must be made easy to understand for patients and team members alike. Quick access for patients to the right member of the team will help reinforce the benefits of the MDT.

2.5

Professional roles in the multidisciplinary team

Knowledge of roles

Creating a shared understanding of the roles of the different professionals working within general practice was viewed as critical to the development of the MDT. This issue consistently emerged as being important to health professionals. By understanding the roles of each member of the MDT, the team and their patients can benefit from increased levels of trust, openness, referral and use of appropriate skills at the right time.

The roles and responsibilities of the key health professionals currently working in a general practice setting are outlined on the following pages[a]. This can be used as a resource by members and prospective members of the MDT to improve understanding of professional roles and their value to patient care and the team. For further information about any of these roles please see the Primary Care One website[b] or refer to the appropriate professional body.

a Please note this is not an exhaustive list and will be subject to change as the MDT in general practice evolves in Wales.

b http://www.primarycareone.wales.nhs.uk/primary-care-roles-in-wales

PROFESSION	ROLES AND RESPONSIBILITIES
GENERAL PRACTITIONER	**A GP is a specialist generalist at the heart of MDT working. GPs work in a variety of settings and deal with all aspects of medicine from cradle to grave and all that life can throw in between. Their role can include:** • Consulting with patients in practice, on the telephone and at home • Providing preventive care and health education to patients • Treating acute and chronic illnesses • Making and managing referrals to hospital • Leading with managing emergencies in the practice • Oversight of and engagement with complaints system • Supervising, teaching and advising other members of the practice team • Prescribing, managing repeat prescribing and reviewing prescribed medications • Issue of certificates of cause of death and liaising with Coroner • Teaching, research and continual professional development • Specialist examinations

- Writing letters in support of patients
- Managing and delivering immunisations
- Reviewing laboratory, radiology and other results
- Quality improvement activity
- Undertaking clinical audit

PRACTICE PHARMACIST

Practice pharmacists work as part of the general practice team by focusing on all aspects of patient care that involve medicines management. They can work either in a specialist clinical area or a more generic role and their role can include:

- Providing advice and support directly to patients on appropriate and safe use of medicines and all medicines management processes.
- As an independent prescriber, managing within their competence, patients with a range of conditions (from minor ailments to long term illnesses).
- Identifying and managing at-risk patients in relation to the safe use of their medicines, including the elderly, patients with multiple conditions or polypharmacy needs.
- Supporting patients to manage their own health and their health condition, through advice on compliance with medicines.
- Delivering dedicated long term illness or polypharmacy clinics and alongside managing medicines processes and supporting colleagues within the general practice.
- Increasing capacity within general practice by concentrating on medicines related issues and helping to reduce the numbers of people presenting

at A&E departments with complications from their medicines.

- To work with pharmacy technicians in the general practice team to optimise repeat prescribing and accurate patient medicines records, as well as undertaking medicines audits, patient monitoring and reviews, and implementing prescribing safety checks in line with guidelines.

PRACTICE NURSE

The Practice Nurse provides direct and planned patient care for people of all ages within GP surgeries in a variety of locations. The Practice Nurse will undertake a range of nursing assessments and provide appropriate care and treatment in conjunction with GPs or independently as appropriate for the need, according to practice policy and protocols. Working with individuals, their families and carers to identify nursing needs; therapeutic interventions and personal care; information, education, advice and advocacy; and physical, emotional and spiritual support. As a member of the multi-disciplinary team, often as the co-ordinator of care, the Practice Nurse provides advice, support, care and treatment, including but not limited to:

- Management of Emergency Situations
- Therapeutic Monitoring of Health
- Health Promotion & Health Screening and Sampling
- Ear Care
- Wound Management

PROFESSION	ROLES AND RESPONSIBILITIES
	• Minor Surgery • Immunisation of children and adults • Travel Health • Mental Health and Well Being • Men's Health • Women's Health • Family Planning and Sexual Health • Care of Patients with Long Term and Chronic Conditions
DISTRICT NURSES	**District Nurses (DNs) play a crucial role in the primary healthcare team. They visit people in their own homes or in other community based settings, providing increasingly complex care for patients and supporting family members. DNs play a vital role in preventing hospital admissions and keeping readmissions to a minimum. A DN's role can also include:** • Assessment of individuals to provide a wide range of care in homes and community based settings. • Work with individuals, their families and carers to identify nursing needs; therapeutic interventions and personal care; information, education, advice and advocacy; and physical, emotional and spiritual support. • Often as the Co-ordinator of care work in partnership with patients, their relatives and other carers, and in collaboration with others as members of a multi-disciplinary team, to provide care and treatment through acute illness, long term and multiple health challenges.

There are a range of other nursing roles within the General Practice setting, including Advanced Nurse Practitioners (within General Practice and Community Setting), Community Nurses, Chronic Conditions Nurses, members of Rapid Response Teams and Health Care Support Workers. They all use clinical judgement in the provision of holistic care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life whatever their disease or disability (RCN Wales Primary Care & Community Nursing for a Healthier Wales).

PROFESSION	ROLES AND RESPONSIBILITIES
	• Consider the whole person and their biological, psychological, social, cultural or spiritual needs. • Promote health, healing, growth and development, and prevent disease, illness, injury, and disability. • Ongoing management of people with multiple pathology and long term conditions whose mobility is impaired; • Empower people to achieve, maintain or recover independence. • Minimise distress and suffering, and enable understanding of and coping with conditions, treatments and consequences • When death is inevitable, help to maintain the best possible quality of life until its end. • DNs often lead and manage a team to deliver care in the home and community
PHYSIOTHERAPIST	**First Contact Physiotherapists (FCP) deploy advanced practice capabilities as the first point of contact for people with musculoskeletal (MSK) conditions in primary care by giving expert advice to patients when they first seek help. Most FCPs are employed within MSK services and it is part of a split role – with the advanced practice physiotherapists working as an FCP in General Practice for part of their work and part of their week as part of MSK services. Their role can include:** • Consulting on matters related to fitness for work • Specific expertise which helps reduce inappropriate secondary care MSK referrals • Referring patients directly for x-ray, undertake

injections and prescribe
- Early management of cases
- Preventing deterioration and reducing waiting times for patients
- Assessing, diagnosing and treating patients with a range of conditions including MSK, neurological and respiratory conditions

OCCUPATIONAL THERAPIST

Occupational therapists provide practical support to empower people to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them. They have unique expertise and their broad scope of practice supports the general practice team in resolving various issues related to frailty, mental health and fitness to work. Their role can include:

- Assessment of the person, their environment and their occupations
- Bio-psychosocial assessment, addressing strengths and challenges, environmental challenges and pressing need such as inability to manage at home or work.
- Interventions to facilitate the best fit between the person, their environment and their presenting occupational challenge such as inability to manage activities of daily living
- Interventions focusing on improving skill level, rehabilitation, home or work place modifications, self-management support
- For frail older adults –use of risk stratification tools, home visits, rapid interventions for changes to the

home, techniques for carrying out activities of daily living, installing assistive equipment and signposting to community support, family/carer liaison.
- For mental health – use of behavioural activation, CBT approaches, anxiety/stress management, balance of active/inactive occupations, diet/smoking life style advice, increasing active leisure occupations
- For vocational advice –assessment of work and health situation, self-management strategies, suggestions for work place modifications using the AHP Health and Work report
- For social prescribing, consideration of meaningful goals and address issues such as housing advice, debt support, counselling links, access to community resources to decrease loneliness and increase social participation.

PROFESSION

ROLES AND RESPONSIBILITIES

PRACTICE BASED PARAMEDIC

Paramedics working in general practice can undertake a variety of roles. They will be able to see the range of patients that present to general practice. Although initially needing more supervision and support, this will lessen as the paramedic grows in confidence, knowledge, skills and experience. Their role can include:

- Assessing, examining and treating patients of all age ranges with a variety of acute undifferentiated and chronic conditions
- Triaging patients
- Carrying out telephone consultations
- Undertaking face-to-face consultations
- Carrying out home visits
- Reviewing and acting on laboratory results
- Referring to specialist services or certain investigations as appropriate
- Seeing patients presenting with acute or urgent (same day) problems, as well as offering pre-booked and routine appointments.
- Mentoring and supervising students from a range of health and social care backgrounds
- Running minor injury or illness clinics
- Managing chronic conditions, end of life care and minor operations
- Becoming involved in service design and implementation
- Becoming involved in patient participation groups
- Becoming involved in practice led education and quality improvement projects
- Acting as the clinical placement lead for students

Endnotes and further reading

1. Welsh Government (2018) A Healthier Wales: Our plan for Health and Social Care, Crown Copyright, https://gov.wales/healthier-wales-long-term-plan-health-and-social-care

2. Strategic Programme for Primary Care (November 2018): http://www.primarycareone.wales.nhs.uk/sitesplus/documents/1191/Strategic%20Programme%20for%20Primary%20Care.pdf

3. Ford P, Harrison J, Thomas S, Quarrell C (2018) Multi-Professional roles within the Transforming Primary care Model in Wales http://www.primarycareone.wales.nhs.uk/opendoc/331768

4. Miller R, Weir C, Gulati S (2018) Critical Appraisal of the Pacesetter Programme: Scientific Report June 2018, University of Birmingham: https://www.wales.nhs.uk/sitesplus/888/opendoc/327549

5. Nancarrow SA, Booth A , Ariss S, Smith T Enderby P, Roots A (2013) Ten principles of good interdisciplinary team work, Human Resources for Health 2013, 11:19. https://human-resources-health.biomedcentral.com/track/pdf/10.1186/1478-4491-11-19

6. West, M, Borrill, CS, Carletta, J, Dawson, J, Garrod, S, Rees, A, Richards, A & Shapiro, D (2001), The effectiveness of health care teams in the National Health Service. University of Aston, Birmingham. http://homepages.inf.ed.ac.uk/jeanc/DOH-final-report.pdf

7. Amy Edmondson (2010) Teaming: How Organizations Learn, Innovate, and Compete in the Knowledge Economy

8. Amy Edmondson (2018) The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth

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