

WHAT GP TEAMS TAUGHT US ABOUT

GP TEAMNET

The why and how, from a network of 13 x GP practices
(from an independently led learning evaluation)



1. ADDED VALUE

- ...supports PCN / networked working
- ...efficient management and accessibility of information
- ...monitor safety
- ...noticeable time saving (for clinical & admin staff)
- ...reduces emails
- ...reduces the number of logins per day

2. VALUED FUNCTIONS

- CQC tracker
- CPD monitoring and reminders
- Access to policies and procedures
- SEA tracking
- Team information sharing
- Annual leave system

2. USEABILITY

- ...intuitive and easy to use for clinicians



HOW IT WAS IMPLEMENTED INTO A NETWORK

1. PROJECT MANAGEMENT

For a network - provide contracting support centrally.
Link practices to share learning and access to training.
See implementation as whole system revision and expect it to take up to a year.

2. CHANGE AGENT ROLE

Identify a team champion to lead implementation, link with other practices and train as the team 'go to' expert.
Identify other TeamNet positive team members and link them with the change agent.
Keep the change agent in ALL discussions about strategy.

3. TRAINING MODEL

Best approach: external training to practice + hands on experience
Limited capacity model: Shorter training in team meetings
Advanced Option: Role specific training, when requested,

3. KEY IMPLEMENTATION NEED

Ring-fenced capacity to transfer data from the replaced systems into TeamNet. This issue is difficult to resolve if not addressed early.