




ENABLING QUALITY IMPROVEMENT IN PRACTICE

# Tower Hamlets

## Our Latest Newsletter

### (16/03/2020)



## Remote working in general practice: how to keep your team tight and united

There's nothing like a pandemic to put things into perspective, and frame how crucial a lot of our work actually is, versus what we thought it was. All minds are now occupied on providing essential services and knitting together as a collective, because only with a collective mentality can a pandemic really be managed effectively. A bit like climate change, but with quicker gains and losses. Good practice.

With this in mind, and Maslow having proven yet again how the important can become irrelevant overnight, it was difficult to pick a topic for today's newsletter that did not feel dissociated and disconnected from the current realities faced in our work, neighbourhoods and homes. Equally, not sending a newsletter felt like a symbol of defeat and passivity that absolutely does *not* reflect the power of the collective on such visible and touching display.

So. Today's topic hopes to strike a balance of useful and topical which does not ignore our current challenges, but honours them, and which does not duplicate any other practice communications that may be pinging around. Simple psychological offers, stolen from academia and other industries, on how to stay productive whilst staying safe, and perhaps, for the first time ever since any of us started working, not sat right next to our colleagues, in our more or less lovely premises. Gulp. If you're grappling with the question of how and if to create space between people, and are considering working remotely, here a few top tips as people move away from their traditional workstations whilst still keeping a sense of team:

- **Piggy back on software solutions already used by other practices.** Save yourself the work – phones aside, it's not the technical part that is the most challenging when working from home. No one can *make* anyone work remotely, but if you *choose* to do so, Networks are able to purchase their own laptops and dongles through the care group for ~£1,000 (from their own individual Network budgets). The CCG (aka Osman) has ordered 200 N3 dongles. Practices will need to fund subscription and laptops and will need to do their own set up, but the hard slog has been done for us.
- **Clarify and re-clarify goals and roles.** Who is working from home, and what are they dealing with? Who is going e-consults, who is triaging calls from home and calling patients, who is updating signs/websites/Facebook accounts, who is liaising with pharmacies remotely, who who who...? Have a clear list of names, goals and tasks, and keep revising it in regular huddles, so you know exactly what to expect from anyone working from home, and know that you can 100% count on them to deliver that. Make sure they know it, too.
- **Map skills and capacity:** who knows how to do what, down to every single thing you do. So that if that person is no longer able to, for example, deal with SAR requests, you know immediately who the deputy is, and who the deputy's deputy is, as well. Think of individual tasks as Circles that hold a good handful of specific and defined members. That's another list, right there.
- **Keep everyone in mind even if they're not in the practice.** Relationships need extra special attention when you're not all eating sandwiches around the same table. And we do forget people we don't see, because we all have connections we favour and nurture more strongly than others. That's not mean, it's just us being people. So it's back to the list. This one is a big one. It has pictures next to names, and during your huddles, it's about making extra sure that every face and name on that list is connected, has been included in plans and decisions, and has meaningful work to do.
- **Schedule regular huddles and meetings.** With, of course, virtual access. We get zero favours from plugging them, but the most useful application we've found for remote meetings is Zoom – free for 40 minute meetings, fantastic sound and image quality, everyone can attend from their PCs and feel they're in the room: <https://zoom.us/jt?zcid=3172>
- **Encourage a virtual water cooler.** Don't stop checking in and chatting about non work stuff. How's your family, what did you eat last night, isn't it crazy about all this toilet paper. This is not your huddle – it's an extra call, it's an email, it's a text. We are strong, together, in virtue of the relationships we have forged over the years and even decades. *Connect.*
- **Humanize contact as much as possible.** Less email, more Zoom, more Facebook video chats, more Facetimes, more everything that has a voice, a face, an expression, a tone. Again, it's relationships that will motivate us to keep coming to work or contributing in whatever way our practices choose. It's relationships that keep the face masks from going walkabout./
- **Normalize new working environments.** Fact: if you don't know/understand another's working environment, you make less sense of your colleagues' behaviours. This is not cotton candy cult talk – it's science, it's social

psychology. It's called fundamental attribution error. So get to know the new environments:

- Take a virtual tour, and get staff to virtually show and describe their remote environment. Note the dirty dishes in the background but do not mention them. J
- Acknowledge the challenges: small children, elderly folks who jumped on a plane from Italy on Saturday just before lockdown, flatmates, people we care for – the challenge is real, and home is not an office. Clock that, and discuss how to work around it (ie huddles during naptimes?)
- Trust staff and communicate openly. We are all doing our best. With good infrastructure and support, we can all give more, and contribute more fully to the solution, allowing essential work to continue for our patients, whilst minimizing our footprint on the streets and on public transport.

We are in this together, asked to bring our best to the table for the sake of remaining accessible and responsive to those who need us, our patients. Equally, we have a strong social responsibility to minimize exposure and opportunities for spread. We are in for a reasonably long ride, and flattening the curve is the single greatest responsibility we hold as a collective.

Hopefully these tips help us better achieve that, and even enrich the power and strength of our togetherness, where it is our responsiveness to change that will help *flatten the curve*.

Virginia