FACILITATOR NOTES FOR 'MAKING REMOTE GENERAL PRACTICE SAFER' TEAM TRAINING

These notes are intended for the person facilitating the training. The facilitator should ideally be a senior member of the practice staff; they could be a clinician or practice manager. The facilitator's role is to guide a mixed group of staff through the case vignettes provided in a way that allows everyone to join in and learn collectively. The training should be fun, interactive and non-judgemental.

Please read the notes below in advance of the session

WHO IS THE TRAINING FOR?

The training is designed to involve the whole team. Everyone, from receptionists to the senior partner, can contribute to making the practice safe for patients. To get the most out of this training, try to ensure that a mix of all staff are present. These should ideally include reception/phone operators, digital triage/results handlers, clinicians (including doctors, nurses, allied professions and assistants), practice manager(s) and practice partner(s). For training to be most effective we recommend between 8 and 14 staff members are present, but we realise that numbers may differ depending on practice circumstances.

LEARNING OBJECTIVES

By the end of this training session, staff (both clinical and non-clinical) will be able to:

- Identify some of the system level challenges (e.g. in processes or pathways) to patient safety in relation to remote / digital services in your general practice;
- Recognise specific patient groups that are at higher risk of harm from remote and digital encounters, and consider what options could be put in place to reduce that risk;
- Learn from prior clinical cases which led to patient harm or death to reduce the risk of similar incidents occurring in your own practice (such cases are very rare, but we should all learn from them);
- Take forward options for improving the safety of remote and digital encounters in your practice;
- Continue your learning and work towards specific competencies for providing remote general practice services.

BEFORE THE TRAINING SESSION

1- **Print this document and cases 1 to 7. These are fictional cases, illustrated by stock images, but based on real incidents.**
2- **Be clear what the training is. Staff will discuss the cases in small groups and reflect on their implications for this practice.**
3- **Allocate a place and time. You need a comfortable and confidential space. The training pack will take about 2 hours. Please include additional time for a good break midway, and refreshments if desired.**
4- **Encourage people to attend. Perhaps invite people personally, emphasising that everyone has a contribution to make.**

THE TRAINING SESSION

Allow people to arrive and get comfortable before setting the scene and some simple ground rules. Explain that this is a session for collective learning, not to judge individuals. There is no exam; nothing will be quoted outside this room; and nothing will go on anyone's record. Suggest that sometimes it's helpful to ask "naïve questions". Assign a scribe to make notes about what came up in

each case for your practice, and any issues or problem areas identified that can be reviewed later.

When you are ready to start the formal part of the session, please read the following (you are welcome to adapt it to suit your own setting):

> *"Welcome and thank you for coming to this training session on remote/digital general practice and patient safety. We'll be looking at learning from recent research by Oxford University's Nuffield Department of Primary Care Health Sciences and partners (1).*
>
> *By remote/digital general practice, we mean anything other than face to face interactions when communicating with patients.*
>
> *This training has been developed closely with Oxford University, NHS Resolution (NHSR) and the Health Services Safety Investigations Body (HSSIB). The session normally takes about 2 hrs with a break in the middle.*
>
> *The training explores cases within the context of our own practice. The cases are based on real scenarios identified in research. They have been anonymised and fictionalised for confidentiality.*
>
> *The aim of this session is to be thought provoking and to explore our own practice systems. Sometimes the answers will not be immediately apparent, and sometimes the case won't quite fit what happens in this practice (or in a particular staff member's role). So we may need to imagine something a bit closer to our own setting. However, it will be beneficial for us as a practice to follow up any areas that may need review after this session.*
>
> *Could the senior team please note down any problems that may need exploring and review further within our practice as we see fit.*
>
> *There is an Evidence Brief provided at the end of this session, which includes suggested staff competencies.*
>
> *This should be a safe confidential space. In the unlikely event that we identify serious incidents in our own practice, these will need to be taken*

forward and addressed. But in general, we should concentrate on what we can learn from these fictional cases and what lessons they suggest for our own practice.

We now need to split into groups of roughly 5 people in each, ideally with a good staff mix within groups.

Any questions?

I will now read each case and stop to allow the questions to be answered by the teams as we go."

PLEASE GO TO CASE 1.

Now, follow the guidance on each of the cases in turn. The cases can be taken in any order, and it's fine to select the ones that relate most closely to the issues that arise in your practice. You can cover them all in one long session or take one or two at a time in shorter sessions. Don't forget to allocate people and protected time to following up on issues raised.

At the end of the session, offer to circulate the accompanying Evidence Brief, which summarises some research evidence on patient safety in remote and digital encounters.

If you would like to comment on the cases or suggest improvements or additions, feel free to email Professor Greenhalgh on trish.greenhalgh@phc.ox.ac.uk.

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REFERENCE:

1. Payne R, Clarke A, Swann N, van Dael J, Brenman N, Rosen R, et al. Patient safety in remote primary care encounters: multimethod qualitative study combining Safety I and Safety II analysis. BMJ Qual Saf. 2024;33(9):573-86.