

# TAKE A COLLEAGUE TO WORK

**Are you a Primary Care or Secondary Care Doctor? Take a Colleague to Work is a shadowing opportunity for Primary and Secondary Care doctors. It provides the opportunity to fully understand and experience each other's roles and ways of working, to find ways to effectively work together, successfully integrate services, and provide seamless, quality care for patients.**

All you have to do is complete this [short form](#)  and contact details will be shared with a counterpart so you can arrange to book in some time to shadow each other.

## **PROGRAMME LENGTH AND FORMAT**

We recommend participants spend a minimum of half a day shadowing each role, which can be scheduled at your own convenience.

### **Aims**

- 1. Build** informal relationships.
- 2. Create** knowledge and understanding between organisations.
- 3. Eliminate** stereotypes that colleagues may have of each other and other organisations.
- 4. Provide** an opportunity to interact with colleagues you may never have under usual circumstances.
- 5. Work towards** streamlining clinical practice.



## OBJECTIVES

- 1. Establish** mechanisms for structured networking, reflective practice, collaborative problem solving, system working and improvement across primary and secondary care settings.
- 2. Improve** service delivery across primary and secondary care by informing the development of integrated pathways and identification of improvement activities across care settings.
- 3. Applying the Leeds Health and Care Partnership principle** of 'We are Team Leeds' - working as if we are one organisation.



## WHAT'S IN IT FOR YOU?

### I work in primary care, how would this help me?

*"How do I get to know who my secondary care colleagues are and who can I call for help?"*

*"How do we create robust shared management plans for patients?"*

*"What happens to my patient when they attend an outpatient clinic?"*

*"Why is more work coming from secondary care?"*

*"What's the action required for my patient within the secondary care notes?"*

### I work in secondary care, how would this help me?

*"Are there alternative ways to prevent some patients coming to hospital?"*

*"Why is my waiting list so long?"*

*"Why can't I get my new patients seen more quickly?"*

*"Why has this patient been referred?"*

*"I think this patient could have been managed in primary care"*

*"How do we create robust shared management plans for patients?"*

## PREVIOUS PARTICIPANTS SAID...

**100%** of participants said they would likely recommend the programme to a colleague.

**100%** of participants felt they gained what they had required from the experience.

*"It was an opportunity to build relationships. The experience was useful and emphasised a need to further develop effective flow through of care between the patient and the community, the GP, and the hospital."*

**Dr Abiye Hector-Goma,**  
GP, Allerton Medical Centre

*"I thought it was fantastic and very useful. I hadn't had anything to do with GPs since being a fourth year medical student and I wanted to re-refresh my understanding."*

**Dr Emma Ward,**  
Consultant, Endocrinologist

*"The most important take home message from the morning was how the service was used. I thought a lot of the patients simply wanted reassurance in the form of a scan, blood test or verbally. It has made me realise how controlled most of our referrals actually are."*

**Mr George Whitwell,**  
Consultant Orthopaedic Surgeon, LTHT

*"The thing that surprised me the most was the lack of juniors on the ward. The consultant had to write all the notes, chase the bloods and do some of the jobs whilst going round. This was very different to when I was on the wards."*

**Dr Sarah Forbes,**  
GP, Oakwood Lane Medical Practice