## A guide to the new Rapid Access support sessions for GP-S mentors



This document is intended to be used by mentors to allow them to understand how to navigate their way through GP-S Rapid Access Support Sessions and is split in the following sections:

- 1. Why we set up Rapid Access
- 2. What is Rapid Access?

## 1. Why we set up Rapid Access

Rapid access sessions were created in a direct response to COVID-19 and the pressures and changes this has created for General Practice. GP-S recognised that GPs may no longer have the time or head space to dedicate to normal GP-S mentoring and coaching sessions but may see negative changes to their mental health and wellbeing due to the outbreak.

Therefore, after trialling shorter less structured "mentoring" sessions previously, GP-S decided to roll out this method with the name, Rapid Access Support sessions for Nottinghamshire and Derbyshire GPs from 8<sup>th</sup> April 2020. This is in a hope to provide GPs with the confidential 1-1 peer support and offloading they may need during this time.

## 2. What is Rapid Access?

The Rapid access scheme will follow the below method to allocate to clients:

A client contacts GP-S as normal and the offer of Rapid Access Support Sessions is set out on the response email/phone call if in Notts/Derby

Access Support their details are added to a separate portal and an agreed mentor is assigned by the operational lead (NK)- No IA is

completed

If the client

Mentor to contact individual within 24 hours (max 48) to set up first video/call Rapid Access Support

Mentor to log each session on the portal and will be asked basic feedback questions. Mentors can offer unlimited sessions totalling 4 hours e.g. 8 x30 mins and can invoice after each 30 minutes of sessions (£42.50 per 30 mins)

Lead (NK) should request feedback 6 weeks start of Rapid Access with the client via the portal as normal

Client will be sent a signposting document at the end of Rapid Access Support

The idea of the scheme is to provide quick support and so it will differ from standard GP-S in a number of ways.

- a. Admin staff will complete quick initial assessments to ensure clients are matched with a mentor asap.
- b. Mentors must contact clients within 48 hours and ideally within 24 hours to set up an initial session. It's very important for mentors to update your availability on the new portal consistently.
- c. Sessions should happen via video call e.g. WhatsApp, Skype or Microsoft Teams. We do not currently recommend the use of Zoom as there are known security issues. Mentors should inform the admin lead if they are requesting to complete sessions via telephone.
- d. The rapid access support service will function primarily as a listening and signposting service. Mentors do not, therefore, need to follow the Egan model of mentoring and instead should work with the client to understand what support they may need.
  - a. This may include referral back to GP-S for formal mentoring sessions if appropriate for the client.

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- b. This may also include signposting to other health and support services as needed.
- c. Mentors should also be mindful of the need to avoid building dependency within the clients.
- e. Sessions can be any length from 10 minutes to 2 hours and mentors can arrange as many sessions as required up to an 4-hour time limit per client. Mentors must invoice straight after their sessions to ensure GP-S can collect enough data on the suitability of the service.
- f. Mentors will need to use the new portal to access information which can be found by visiting <u>https://gpssupportsessions</u>.breezesecure.com/
- g. Mentors should be aware that GPs may be experiencing immense challenges and therefore if they are concerned about anything they hear in sessions they should contact a mentor lead asap via phone or email.
- h. Mentors must inform clients of the importance of completing feedback and that this feedback will be sent to them via email around 6 weeks after they start sessions.
- i. Mentors must continue to abide by the GP-S confidentiality agreement and code of ethics.