**ELR GP Federation correspondence management pilot summary**

**@ September 2018**

**1. Overview**

* 7 Practices attended the engagement workshop on the 26th April.
* 7 GPs attended the GP Workshop on the 22nd March
* All 7 practices are engaged in the workflow programme. 5 of 7 practices are submitting data to us which we can see through the workflow portal.
* To see a live dashboard of practice performance please login to the workflow portal here:

<https://www.practiceunboundportal.co.uk/workflowoptimisation/18871>



**2. Progress against key outcomes /pilot implementation plan**

* All 7 practices are engaged in the workflow programme and are committed to it being successful.
* The project team from each practice have met face to face and through video conferences with the Senior Workflow Coach from the team in Brighton.
* 6 practices have completed all 6 e-learning training modules.

*Other specific practice comments;*

* *Progress has been steady; we are now at a stage where the two workflow administrators have been ‘signed off’ on the majority of letter types by the GPs, so are ready for a full roll out of the system.*
* *We are continuing to use the system we already had implemented but we are now setting up regular audits with leading GP and rolling out new flow chart to reception team in the coming weeks to incorporate some of the ideas presented.*

**3.  Key challenges faced during implementation**

To begin with there were challenges in helping practices to identify and provide staff capacity within practices. Regular support calls from coaches, as well as project meetings and support from James, helped to keep momentum and all practices have now implemented a workflow programme.

There was the challenge of finding protected time for staff members to complete e-learning and start implementation amongst all the day to day pressures of working in a practice. This is an expected challenge at the start of implementation. The workflow portal allows visibility of e-learning modules so that tailored support could be provided to practices.

Supporting practices to implement a regular auditing process was a key challenge. Regular helpdesk support has been given to practices to help them build a process into their practices. The initial workshop introduced the tools and concept of the workflow audit.

*Our practices identified a range of other specific challenges;*

* *Reorganising our workforce to accommodate the workflow programme. The system relies on an administrator already having some clinical administration knowledge, being efficient at coding and familiar with QoF, so we had to be selective about who could take on the role.*
* *Building up the use of the template and arranging dedicated time for the lead GP to audit the work so that the administrators could be signed off each letter type.*
* *The Practice has also had to consider the order in which correspondence is redirected if a number of actions are needed. i.e. Letter that needs coding, medication changes and new major diagnosis will need to be seen by 1. Coder (for coding) , 2. Pharmacist (for medx changes) , 3. GP for info (re new major diagnosis)*
* *The GPs initially did not see a huge reduction in workload, as they had to wait for each administrator to be signed off each letter type and the last letter types were the most complex and time consuming for GPs to deal with, so a reduction in 50% letters initially only resulted in approx. 10% time saved.*
* *It has identified that we need more admin hours as the GPs want us take on more of their letters & action any points within them & completing the template is far more time consuming.*

**4.  Key highlights/achievements during implementation**

* A minimum of **366 GP hours** saved across all 7 practices
* 11 members of staff across 6 practices upskilled and trained through workflow e-learning modules
* 7 protocols designed and implemented

The GP workshop was enthusiastically received by clinical leads from all 7 practices. This has contributed to the success of the pilot, particularly with engagement, design of protocols across all practices and a successfully implemented audit process.

There has been a good level of engagement from the practices. All 7 practices have been engaged with the process and committed to making it a success. Challenges relating to staff capacity at the beginning of the rollout were overcome through regular support from the coaching team.

*Specific practice comments;*

* *We already had skilled competent coders, with previous experience of summarising, so it was relatively straightforward to begin. The introduction of two screens for the administrators has made the role a lot easier and quicker. GPs have seen a marked reduction in the number of letters that they receive.*
* *The project forced us to review our current process and implement audit*

**5. Identified challenges going forward**

* Increase the use of the template to be able to evidence greater impact.
* Work with 2 practices to start using the template and to start submitting data. Our Senior Coach continues to work with James and the individual practices to help build up the types of letters being put through the template.

*Specific practice comments;*

* *Challenges moving forward will be ensuring that there are regular audits of the administrators work. We have noticed that there are differences in the way that GPs work, in that some like to have sight of some letter types but others don’t, even though there is an agreed protocol.*
* *The workflow administrators have indicated that they probably need to do the post sorting and scanning as part of this role, as reception staff are not always clear about which correspondence needs to go through the workflow system.*
* *The template provided is great for recording activity and codes to support the ‘dashboard’ but is not necessarily linked to QoF criteria, so there is a danger that some information could be missed. The administrators are using a combination of the templates provided and those created by the CCG for QoF and Enhanced Services.*
* *There also needs to be a robust contingency plan, as the number of hours required for a full implementation are more than one WTE. If there is sickness or annual leave, the Practice has to put in a protocol so that there is not a backlog of work.*
* *The workflow administrators have not required much support from the team and the full roll out is dependent on internal HR issues, rather than requirement for technical support.*
* *Ensuring time for GP audit and feedback*
* *Moving forward with the scheme I feel it would benefit practices with at least 1 site visit as all practices work differently & the workflow & template is set up very much geared against one process so would be good for them to see how other practices prefer to work.*

James Watkins, September 2018