

Time for care in general practice.

## NEW WAYS TO WORK IN GENERAL PRACTICE

# Workplace changes benefit all

**AT Medics has introduced new systems to work more efficiently with staff, patients and hospital correspondence. These workplace systems save time, free up appointments and enable clinicians to focus on their patients. Each of the new systems can be taken on board by GP practices like yours – here's how AT Medics achieved it, including step-by-step tips for you to follow.**

AT Medics is a GP led primary care provider with 26 GP surgeries, serving 140,000 patients across 13 Clinical Commissioning Groups in London and Surrey. AT Medics also manages Urgent Care services including Minor Injuries Units and a Walk-in Centre.

'Our overarching goal is to make it as easy and straightforward as possible for our patients to access quality healthcare,' explains Susan Sinclair, Chief Executive Officer of AT Medics. 'In order to achieve this goal, we are constantly innovating and finding new ways to work. These innovations have delivered direct savings for us rather than costs,' she explains.

AT Medics aim to allow all of their GPs to work to the top of their licenses, focusing more of their time on doing the things only

they can do. They have introduced a number of innovations to meet this aim, ensuring that all innovations are standardised and easily replicable across all of their practices.

'We didn't use any external contractors or receive any external funding to help us introduce these innovations – we used entirely our own workforce to bring about these changes,' adds Susan. 'AT Medics is run by six GP directors, all of whom are practicing GPs in our surgeries. This means that they have first-hand experience of day-to-day general practice and can assess for themselves which processes are inefficient and need to be changed. We involve all levels of staff in innovations from the very beginning.'

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**Susan Sinclair, Chief Executive Officer of AT Medics**

Three key innovations have been introduced, resulting in positive change for AT Medics.

These innovations are:

### 1 DOCUMENT HANDLING

Administrative staff at AT Medics now manage the majority of incoming clinical correspondence for GPs, reducing GP time spent on letters.



### 2 ACTIVE SIGNPOSTING

Receptionists at AT Medics can now actively signpost patients to the most appropriate person to address their need, freeing up appointment slots and saving patients time



### 3 BUDDYING

Administrative staff now assist GPs during telephone consultations with patients, improving the efficiency of the consultations and reducing GP admin



## DOCUMENT HANDLING

# Reducing GP time spent on letters

The administrative staff at AT Medics are now the first point of contact for all clinical correspondence sent to the GP, reducing admin time for GPs from one hour to ten minutes per day.



AT Medics GPs regularly receive around 50 to 60 letters a day from hospitals and other sources, giving information about patients such as referrals and test results. Each letter needs to be read and may often need to be actioned. Before the new system for document handling was introduced, the admin staff would open all letters, scan them in and send them to the GP. The GP would

then read each letter, sending back actions for the admin staff, and following-up with the letters which required attention from themselves.

Dealing with hospital correspondence about patients in this way was time consuming and was preventing GPs from focusing on patient care. 'I was spending around an hour of my time each day going through

patient correspondence,' Dr. Usman Quraishi, AT Medics' GP Director and Learning Lead, explains. 'It was an hour I could have been spending on appointments, telephone consultations and home visits, and meant I was feeling rushed and burnt out at the end of each day.'

### Mapping out the process

In order to figure out a way to get around this issue, the original system needed to be mapped out. Dr. Quraishi led this process, sitting down in the back office with administrative staff where all the letters arrived. He observed, timed and mapped out the old process of document handling from start to finish – from the envelope arriving, all the way through to a GP sending the letter back with an action for the administrative staff to carry out.

'Through mapping out the original process, I realised that there was just no need for GPs to have sight of every single letter that came in,' explains Dr. Quraishi. 'I realised that it was perfectly possible for admin staff to be the first point of contact for the letters, as long as it could be done in a way that ensured patient safety.'

'For example, I realised that around 10% of the letters we were receiving were duplicates, yet GPs were still being given these duplicate letters,' he notes.

'I also realised that receiving paper letters was hugely time consuming as we then had to scan and circulate these letters. It became clear that if we could move to a more email-based system, it would save a lot of time.'

**Dr. Quraishi**

A new system was decided upon, whereby administrative staff at the practice became the first point of contact for all correspondence, acting as gatekeepers and ensuring that the GPs only saw the letters which required urgent action to be taken. Hospitals would also be contacted and asked to send email correspondence rather than paper correspondence where possible.



### Training staff

A focus group was set up with the admin staff at the surgery, who were asked about their opinion on the old system and the new system being proposed. 'I'm not great with change, so I was worried about what sounded like a big adjustment to my role,' explains Ruksana Miah, Admin Staff Member at AT Medics. 'But once it was explained to me, I thought it sounded like a really good idea.'

The new protocol for document handling was tested in two pilot GP practices to ensure that it was working well. An online webinar session was then set up, where admin staff from all of AT Medics' 26 GP practices were given a video demonstration of how to handle different types of letters. 'Any staff expressing concerns about the new way of working were given one-to-one training sessions, but the vast majority of staff realised straightaway that it was a better way of handling documents,' adds Dr. Quraishi.



### Overcoming obstacles

GPs were initially concerned about the change to the document handling process and whether it would be clinically safe. 'Some GPs voiced concerns that they would miss important patient information and not see letters that they needed to see,' explains Dr. Quraishi. To ensure that the document handling process was meeting patient safety



### Harnessing technology

As part of the new document handling process, it was identified that the vast majority of hospital correspondence came through the post, and that this was extremely time-inefficient. A new system was created, whereby admin staff at each practice contacted their local hospitals to ensure that they had the practice's correct email address and to encourage the hospitals to email correspondence across, rather than post it. 'It was initially quite hard to get through to the right person at the hospital to give them our email address,' explains Ruksana. 'But we were persistent and the hospitals were actually really positive about it in the end – sending emails is much quicker for them than having to post letters.' Part of document handling involves Read coding; inputting details

about the patient's problem and results into the clinical system. Before the introduction of the new system, GPs were Read coding all correspondence themselves – but under the new system, admin staff are now able to do this. 'I initially found it hard to understand the medical terms used in clinical letters, but I picked it up slowly but surely, and the GPs at our practice encouraged us to come to them with any questions,' explains Ruksana. 'Now I feel like I can offer a better service to patients because I understand their conditions better, and overall my job is just more interesting.'

AT Medics have also found that the accuracy of Read coding at the surgery has improved, now that it is being done by clerical staff who have more time to ensure the coding is fully completed and correct.

standards during the initial roll out stages, weekly clinical meetings were held with GPs to discuss how the process was developing and for them to raise any concerns. The document handling protocol was continually amended as it was implemented to ensure it was fully safe.

In order for the document handling process to work, it had to be flexible. If a GP raised a concern that was deemed to be valid – for example, GPs asked to see all A&E letters as they needed to know this information – then the process was amended. 'We continually updated the process as we went along,' explains Dr. Quraishi.

AT Medics created a flowchart illustrating the document handling protocol for staff to refer to. The protocol flowchart and all subsequent updated versions are shared with staff across their 26 practices, to ensure that everyone is working from the same model.

AT Medics hold regular audits of the document handling system to ensure that it is safe, and have found that the standardised approach they now take has actually improved patient safety. A recent audit of 6 months' worth of letters across all 26 practices found that just one letter that should have gone to a GP which didn't – and this missed letter did not cause any patient harms.

**'Now I feel like I can offer a better service to patients because I understand their conditions better, and overall my job is just more interesting.'**

**Ruksana Miah,  
Admin Staff Member  
at AT Medics**

**Receiving feedback**

The new document handling system has reduced the number of letters being seen by a GP on a day-to-day basis by 71%, and has been embraced across all of AT Medics' 26 practices, by GPs and admin staff alike. The new system makes my job much more manageable,' explains Dr. Lauren Parry, GP at AT Medics' Queens Road surgery in Peckham. 'I've gone from spending an hour a day on correspondence to **approximately ten minutes**. If you can introduce a process that improves the service you provide for your patients,

and reduces GP workload, why wouldn't you do it?'

'The new system has broadened my knowledge,' adds Ruksana. 'I enjoy it because I'm more involved in the GP side of things and I'm learning new things every day. My workload hasn't increased at all – the old system took up so much time and the new system is much more streamlined. The patients are much happier too because the new system has sped up response time and if needed, they get to speak to a doctor much more quickly than they used to.'

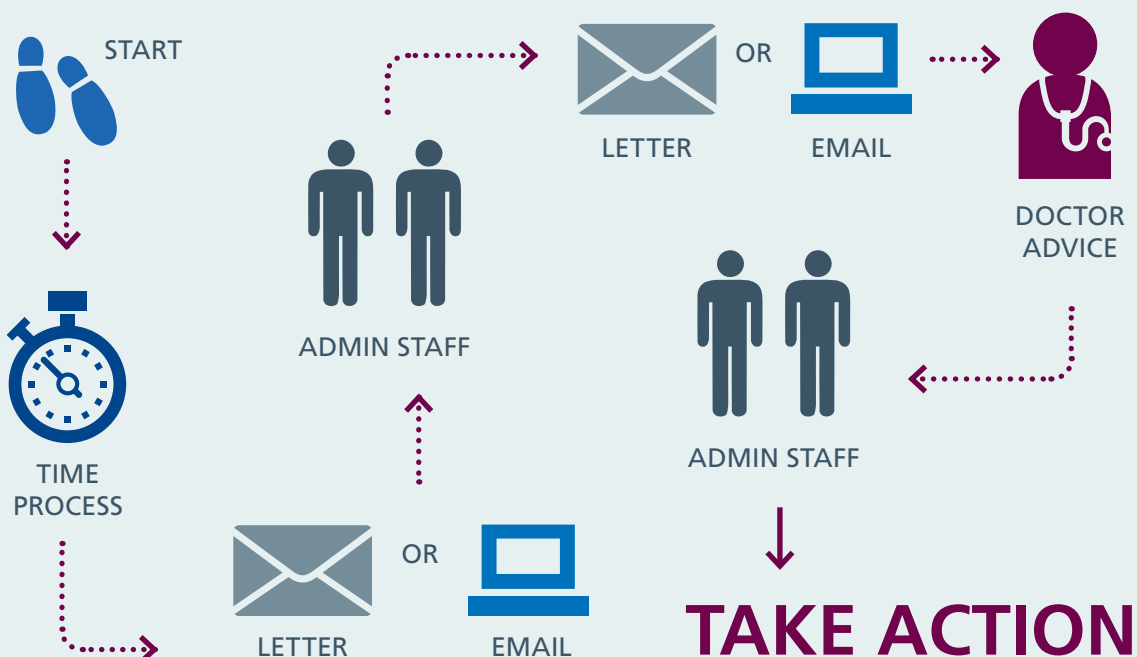
'I've gone from spending an hour a day on correspondence to **ten minutes**. If you can introduce a process that improves the service you provide for your patients, and reduces GP workload, why wouldn't you do it?'

**Dr. Lauren Parry, GP at AT Medics' Queens Road surgery in Peckham**

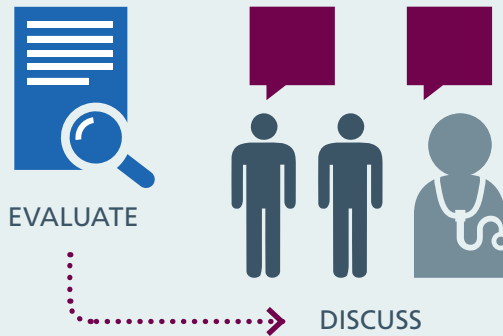
**DOCUMENT HANDLING**

**Step-by-step**

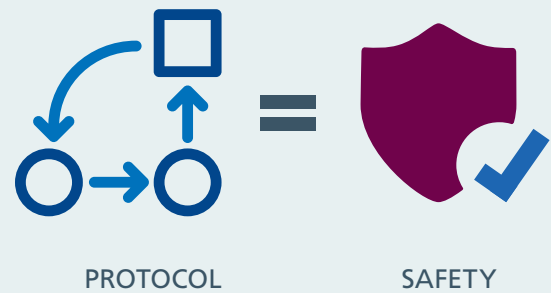
**1** Map out the process you currently follow when handling a letter and the time this takes – from the letter coming in through the post or email, to the final action required to resolve the issue.



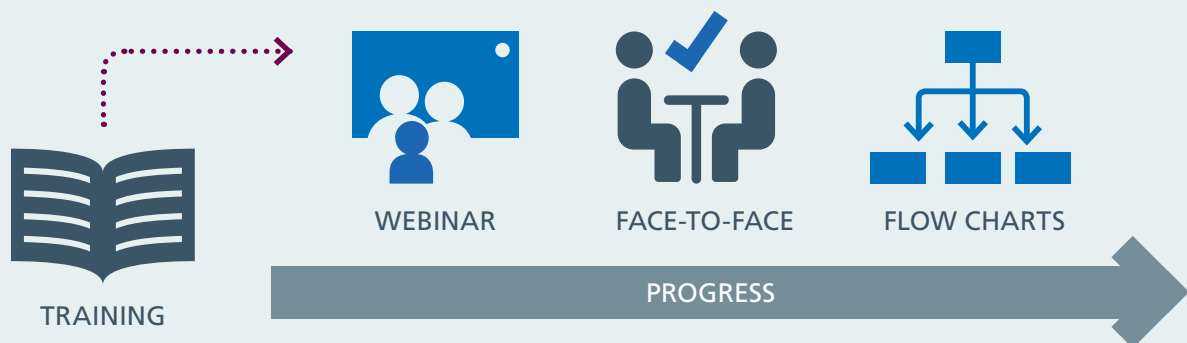
**2** Discuss the findings from this evaluation, engaging all members of staff in this discussion.



**3** Devise a standard (but adaptable) protocol for admin staff to follow which ensures patient safety.



**4** Train both admin and clinical staff using the most appropriate means for your practice – whether this is a webinar or face-to-face training. Introduce flowcharts to help everyone to stay on track with the process.



**5** Once introduced, run robust audits on a regular basis, looking at a random selection of hospital correspondence and checking it was all handled in a safe and correct manner. The frequency of these audits can be dialled down as your team get used to the process.



## ACTIVE SIGNPOSTING

# Empowering patients & freeing up appointments

**Receptionists at AT Medics have taken a more active role in patient care, reducing overwhelming demand for GP appointments.**

The demand for GP appointments at all of AT Medics' 26 surgeries is extremely high. Before the introduction of active signposting, reception staff would take a call from a patient asking for an appointment and book them into an available slot without question. This meant that the surgeries were overloaded with completely full calendars, often for weeks in advance.

**'Ultimately, we can provide a service to more patients than before, without having to increase our number of GPs.'**

**Katie Rack,  
Practice Manager  
at Edith Cavell Surgery**

One incident in particular acted as a catalyst for change. 'One day we had a fully booked clinic and were extremely busy,' explains Katie Rack, Practice Manager at Edith Cavell Surgery, one of AT Medics' South London practices. 'A parent with a very sick child phoned

up desperate for an emergency appointment that day. We made the decision to squeeze their appointment in as it was urgent, but it got us thinking – how could we have avoided that happening?'

The clinical and administrative team at the Edith Cavell surgery looked back through all the appointments for the day's clinic and realised that there were a lot of patients who had come in to see a GP who could have been helped in a different way. 'We estimated that about 60% of patients coming in to see a GP didn't need to, and could have been signposted to a different service instead,' notes Katie.

The team decided to test signposting to see if they could successfully solve some patients' problems before they came in to see a doctor, thereby freeing up their appointment slot. Patients who could see a different clinician, a pharmacist or be signposted to another service altogether were proactively identified and contacted with information about how they could avoid having to come and see their GP by following a different route.

'For example, we had a lot of patients booking GP appointments

to get a prescription for medication,' explains Katie. 'We spoke to these patients and let them know that they could order a prescription on our website, and successfully freed up their appointment slots. Other examples of the types of appointment that we can free up through signposting include patients who want a repeated sick note, who are collecting test results, or those who want to be prescribed contraception.'

**'We had a lot of patients booking GP appointments to get a prescription for medication. We spoke to these patients and let them know that they could order a prescription on our website, and successfully freed up their appointment slots.'**

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**'60%** patients coming in to see a GP didn't need to, and could have been signposted to a different service instead.'





### Training staff

Once the system had been tested, an AT Medics' GP director developed a protocol flowchart. This flowchart clearly and easily laid out how to signpost patients properly, in a format that was easy for a receptionist to follow when on the phone to a patient.

It was made clear to the receptionists that they could ask GPs or practice managers any questions they had to help them understand the new system completely. Initial questions answered, the receptionists then began to practise the system in their day-to-day work. The flowchart allows AT Medics to easily train new staff to use the process.

Weekly staff meetings are held to review appointments which have taken place and to see whether a patient could have been successfully signposted elsewhere. Staff can learn from these meetings and discuss what could have been done differently. AT Medics also operate a peer-to-peer monitoring approach, encouraging staff members to feedback on calls they overhear,

suggesting how the person handling the call could have signposted the patient differently. This approach allows more experienced members of staff to impart their knowledge to newer staff, and allows newer staff to learn as they work. It has also created a collaborative and 'can do' culture among reception staff, allowing them to take greater responsibility for continually improving their work.



### Optimising websites

A key part of signposting at AT Medics is each practice's website, which have each been developed to incorporate a host of online services. Patients can create an online patient account via their practice's website, which they can then use to book and cancel appointments, request repeat prescriptions, view test results, message their GPs directly and even access their medical records.

'If a patient phones and asks to book an appointment for a repeat prescription, we would signpost them to our website and let them



Accessing your bank account or gas bill online is simple, quick and easy – why should healthcare be any different?'

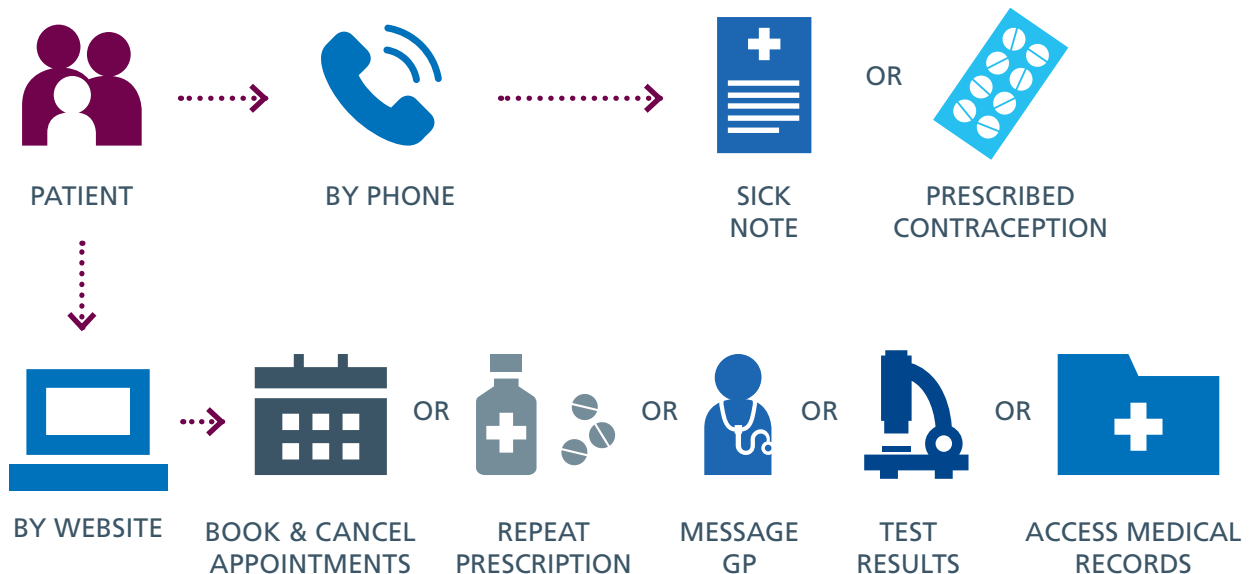
**Susan Sinclair, CEO**

know that they can order it online without needing to come in,' explains Katie.

'We also proactively tell patients about our website when they phone or come in for an appointment, so that we can raise greater awareness of the online services we offer.'

Their online services and active signposting protocol allows AT Medics to meet their goal of making accessing quality healthcare as easy as possible for their patients. 'Accessing your bank account or gas bill online is simple, quick and easy – why should healthcare be any different?' Susan Sinclair, CEO, points out.

## ACTIVE SIGNPOSTING



# 84%

of patients at AT Medics' Streatham High Surgery describe their experience of making an appointment as good – compared to the local CCG average of 71%.

### Gathering feedback

The signposting protocol allows receptionists at AT Medics to take a more active role in patient care. 'Feedback from reception staff on signposting has been overwhelmingly positive,' Katie notes. 'They feel more empowered and have a higher level of job satisfaction, because they have a hand in getting the patient the care they need.'

Patients have also responded well to the change, with signposting allowing them to access the right healthcare for their needs much more quickly than before. 'A lot of the time, patients don't want to come in to see a GP if they don't have to, so when they get signposted elsewhere they're very happy about it,' adds Katie.

In order to signpost a patient successfully, a receptionist will need to know the reason for the patient's appointment. Staff were trained to understand that patients may feel uncomfortable about being asked to give medical details to a receptionist, and how to deal with this situation. Staff reassure patients that they are asking in order to find the most appropriate care for them and to get them seen as quickly as possible.

'Patients are usually very responsive to this,' explains Katie. 'Occasionally a patient just won't want to give the information to the receptionist and that's fine too – in these cases we will go ahead and book the appointment. But most of our patients have got used to the change and are fine with telling receptionists the reason for needing an appointment.'

'We have many more appointments available now than we did before signposting was introduced, allowing GPs to only see patients that they need to. This has also allowed us to grow our practices, meaning that more people in our locality can benefit from our services than before; we don't have to turn patients away because we're full up. Ultimately, we can provide a service to more patients than before, without having to increase our number of GPs.'

'I have just recently signed up to the online services offered by my surgery and I have to say they are fantastic! I ordered my repeat medications using my online account and could then check my account to see when it had been processed. I didn't need to go to the surgery to collect the prescription as it had been sent straight to my pharmacy. One word: Efficiency! Well done!'

Patient

### BOOKABLE APPOINTMENTS PER WEEK



# 239

### IMPROVEMENT IN NUMBER OF APPOINTMENTS DUE TO SIGNPOSTING



# 25%

### OF APPOINTMENTS FREED UP



# 33%

### INCREASE IN THE NUMBER OF BOOKABLE APPOINTMENTS PER WEEK



ACTIVE SIGNPOSTING

# Step-by-step

**1** Audit your appointments over the course of a clinic. Assess the various scenarios where a patient might not need to see a GP, and how many appointments you could have saved as a result of this.

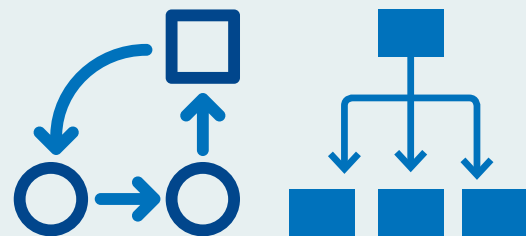


**2** Get admin staff involved from the very beginning; explain your findings to them and explain that a new system could result in freeing up appointments for those who really need one.



DISCUSS AND EXPLAIN

**3** Create clear, simple protocols to follow – something visual like a flowchart works well and means staff can easily learn and refer back to it.



PROTOCOL

FLOW CHARTS

**4** Get staff to practise and learn as they work; make sure they know they can ask you any questions or concerns they might have.



TRAINING

ASK

**5** Continuously monitor, evaluate and gather feedback on how the process is working, and involve staff in improving it themselves.



EVALUATE

INVOLVE STAFF

## BUDDYING

# An efficient approach to telephone consultation

Administrative staff work alongside GPs at AT Medics for their telephone consultations, allowing GPs to get through up to twice as many calls as before.

Telephone consultations are used by AT Medics practices to deal with a significant proportion of patient needs. As well as being more convenient for patients who don't need a face-to-face appointment, they are shorter, thus saving valuable GP time.

However, the GPs felt that there were still problems with their system, in which GPs are scheduled to undertake a whole session of telephone consultations. They noted that a significant amount of time was taken up with non-clinical work; repeatedly having to phone patients who don't pick up, completing follow-up administrative tasks and speaking to patients who don't need to speak to a doctor at

all. To address this time-wastage, AT Medics developed a new system named 'Buddying'.

'I regularly felt like I was wasting a lot of my clinical time doing admin work during my morning telephone clinics,' explains Dr. Hasnain Abbasi, GP Director at AT Medics. 'I would usually have around 35 calls to get through a day, and would regularly end up not being able to make at least 7 or 8 of those calls because I would run out of time. Roughly 60% of the work I was doing during my telephone clinics was not clinical work and could be done by someone else.'

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**Dr. Hasnain Abbasi**

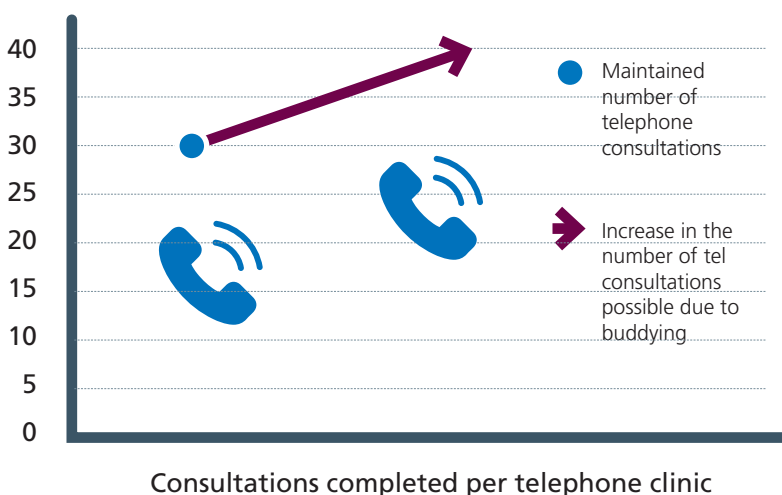


### Introducing buddying

The clinical team decided that administrative staff members could assist GPs during their morning telephone clinics, making the calls for GPs and passing the patient through when the GP was ready to speak to them. This process was piloted at AT Medics' Streatham High Surgery, with an experienced administrative staff member, Magda Babol, chosen to work alongside Dr. Abbasi as his buddy during his telephone consultations. The two sat next to each other and passed calls back and forth between them.

'As we tested out the process, it became clear very quickly that it wasn't just a case of the buddy making the calls – they were able to take on much more responsibility than that,' explains Dr. Abbasi. As they worked together, Magda suggested numerous other tasks that administrative staff members could do during the telephone consultations to further reduce

**33% increase in number of telephone consultations possible due to buddying:**



the burden on GP time – including things like filling out request forms, booking follow-up appointments for patients, and even, in some cases, using their active signposting training to signpost patients to other services and avoid the need for a call by the GP altogether.

Once Magda and Dr. Abbasi had developed the buddying process between them, the rest of the clinical and administrative staff at Streatham High Surgery were informed about the new system. ‘I was a bit worried about what would be required of me, because I don’t have any clinical training,’ explains Richard Higgins, Admin Staff Member at AT Medics. ‘But I quickly realised that it would make my job a lot more interesting and varied.’



### Training staff

In order to properly train staff to be buddies, their learning needs had to be identified. Administrative staff may not come across certain forms for patients in their admin work, such as X-ray request forms, so they were introduced to different types of forms that they would need to be familiar with in order to help a GP effectively. Administrative staff were also taught which calls GPs would prioritise, such as paediatric calls, and they learned to make those calls first during a telephone clinic.

Each GP at Streatham High Surgery was then matched up with a buddy and they began practising the system during their telephone clinics. ‘Clinical staff are trained in the right phraseology to use, but clerical staff aren’t, so it’s important that you teach your buddy the right things to say,’ explains Dr. Abbasi. ‘They can learn the correct clinical terms from you as you work together.’

‘I learnt on the job,’ adds Richard. ‘The GP I was paired with called a few patients and showed me what to say and how to handle the call. I picked it up really quickly.’

‘I describe the buddy system almost as like having a dance partner,’ explains Dr. Abbasi. ‘It helps to always have the same buddy because you learn each other’s signals and hints. My buddy can hear in my voice when a call is coming to a close and she will queue up the next call ready to go. We learn from each other.’

The buddy system was easily rolled out across AT Medics’ other 25 practices once it had been tried and tested in the pilot practice. The pilot had made the gaps in clerical staff knowledge clear, so staff at other practices were given tailored training focusing on filling these gaps. They then practised the buddy

system each day, learning from each other and becoming used to the new process.

This process is regularly audited by each surgery by running a random case analysis monthly. A log is kept during each telephone clinic of how each patient was dealt with, and this log is analysed to ensure that calls were processed in line with patient safety guidelines. This analysis also allows AT Medics to see if there are any tasks that are still being handled by GPs which could be handled safely by administrative staff instead. A log is also kept to share new ideas or learning among the GPs and buddies.



### Additional benefits

The benefits of the buddy system are numerous – for GPs, administrative staff and patients alike. It saves GPs time, allowing them to focus on clinical work and prioritise urgent calls. ‘One morning, I had a very ill four year-old child on my list of calls to make,’ explains Dr. Abbasi. ‘I was concerned, so I phoned them once and there was no response. The second time I phoned there was also no response, and before the buddying system was introduced I would have left a message at this point, and asked them to rebook for a new consultation time. However, because I had my buddy with me, I could let her know that this call was urgent. She phoned four more times and finally managed to get through to the child’s mother who I was then able to help.’

An unexpected benefit is that more opportunistic health promotion is undertaken in phone consultations using the buddy system. The buddy’s additional contact with the patient, potentially both before and after the consultation with the GP, allows them to ask questions about smoking, vaccination and

other issues, as well as informing patients of new or seasonal services. They are also able to provide appropriate education and signposting, for example, about the range of help available from the community pharmacy or about local community groups. This adds value for the patient and the practice in a way that is often overlooked by busy GPs.

Administrative staff also feel empowered by the buddying system, learning more about the GP side of things and using that knowledge to improve their patient care across the rest of their jobs. ‘I feel more part of the team thanks to buddying,’ explains Richard. ‘I’m not just greeting patients like I was before – I’m actually involved in their care. Every day I learn something new, which makes me feel much more excited and motivated by my job.’

For patients, the buddying system reduces response time significantly. Thanks to the buddy taking over the responsibility of telephone consultation admin, a patient can now speak to a GP and come in to collect a form they asked for, have a follow-up appointment or pick up a prescription on the very same day.

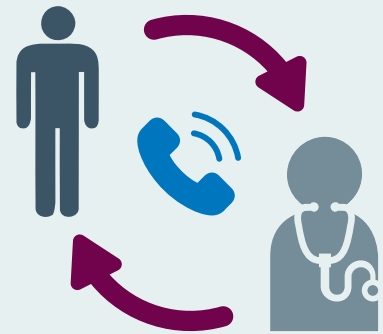
**BUDDYING**

# Step-by-step

**1** Identify an experienced member of staff at your practice who has a good, calm telephone manner and appoint them as your buddy.



**4** Keep trying it out and learning from each other, perfecting the system.



**2** Sit down with your chosen buddy and identify any gaps in their knowledge – what would they need to know in order to help most effectively? For example, do they know how to access and input information into certain forms?



ASK



ADDRESS GAPS IN KNOWLEDGE

**5** Introduce the system to other administrative staff members and GPs, encouraging them to practise and develop each day.



**3** Try out one hour of calls together, and then sit down with your buddy immediately afterwards to discuss what worked and what didn't.



ONE HOUR OF CALLS



DISCUSS WHAT WORKED AND WHAT DIDN'T

