

NEW WAYS TO WORK IN GENERAL PRACTICE

Workplace changes benefit all

Document handling

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. One of the key innovations introduced at AT Medics is document handling.

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

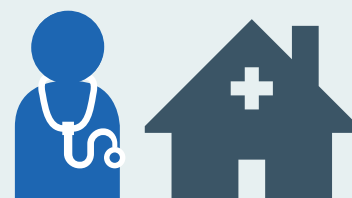
time on doing the things only they can do. They have introduced a number of innovations to meet this aim, ensuring that all innovations are standardised and easily replicable across all of their practices.

“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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Chief Executive Officer of AT Medics

AT MEDICS



26

GP SURGERIES



140,000

PATIENTS

CCGs

13

CLINICAL
COMMISSIONING
GROUPS

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 five.



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 administration 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.



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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 five 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."

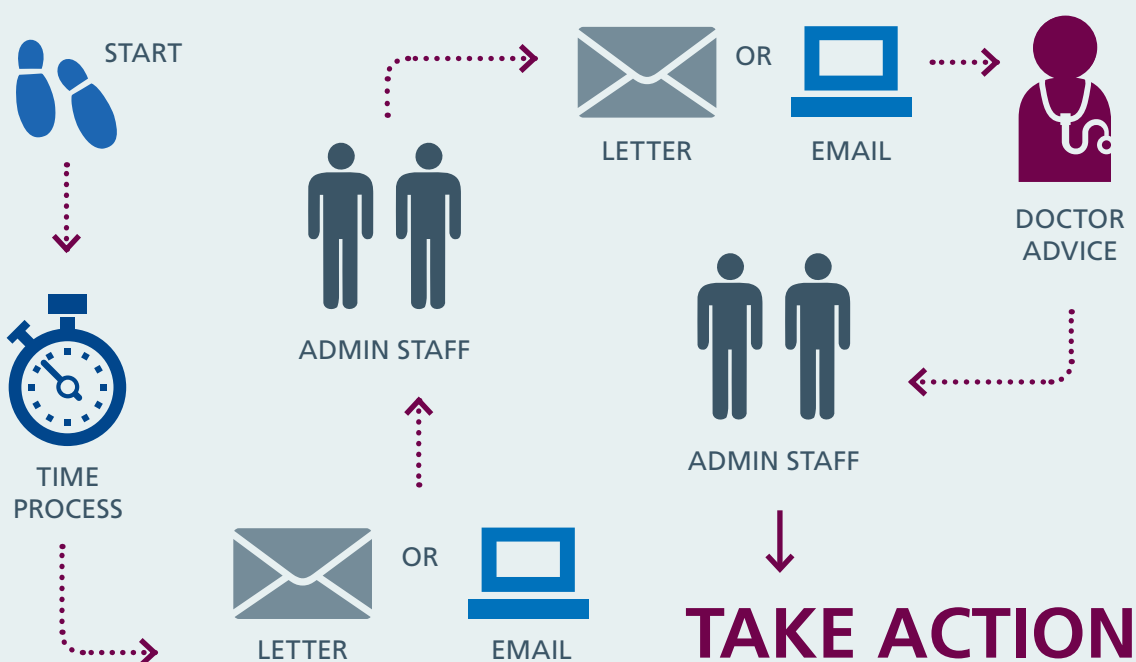
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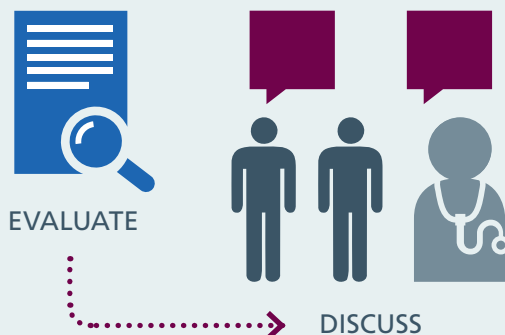
DOCUMENT HANDLING

Step-by-step

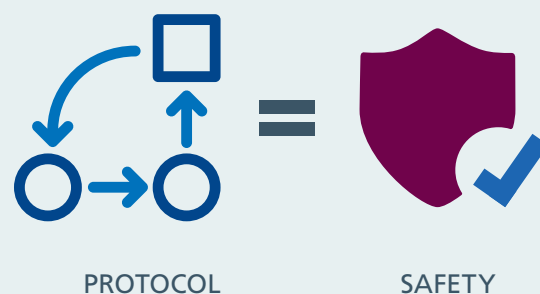
- 1 Map out the process you currently follow when handling a letter and the time this takes – from the letter coming in through the post or email, to the final action required to resolve the issue.



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.

