Implementing Modern General Practice Access: an introduction

25 May 2023

Agenda

Topic	Speaker
Implementing modern general practice access	**Dr Minal Bakhai**, GP and Director for Primary Care Transformation, NHS England
Maximising your practice workflow	**Dr David Triska**, GP Partner, Witley and Milford Surgeries, Surrey
Folkestone, Hythe & Rural PCN	**Dr Aravinth Balachandran**, Clinical Director and GP Partner **Andrew Gove**, Digital Transformation Manager Folkestone, Hythe & Rural PCN
General Practice Improvement Programme	**Dr Minal Bakhai**, GP and Director for Primary Care Transformation, NHS England
Solihull Health Partnership	**Dr Nish Patel**, GP Executive Partner and Clinical Director, Solihull Health Partnership and GP Locality Lead, Birmingham & Solihull ICB.
Q&A	All

The primary care transformation team

Who we are

- We are clinically led and are a team with deep roots and experience in general practice.
- We're built on good foundations. The previous national Accelerate improvement programme and Time for Care programmes provided 'hands-on' support to practices:
  - 99% of practices rated the support provided by the Accelerate programme as 'good' or 'excellent'*
  - 91% of practices would recommend the programme to peers*

What we do

- We are evidence led.
- We find, evaluate, codify and share good practice.
- We support practices, PCNs and ICSs with guidance and training to improve and to realise the biggest benefit in the shortest time.
- We support collaboration, active learning and whole system improvement.
- We generate evidence to support the development of highly usable and accessible digital tools to support general practice transformation.

Source: Evaluation of 320 practices from cohorts 1-3 undertaking the 20 week Accelerate programme in 2022-23. Mott MacDonald. Independent Evaluation of the Accelerate Programme: Summative Report 2023

The current ‘model’ of general practice

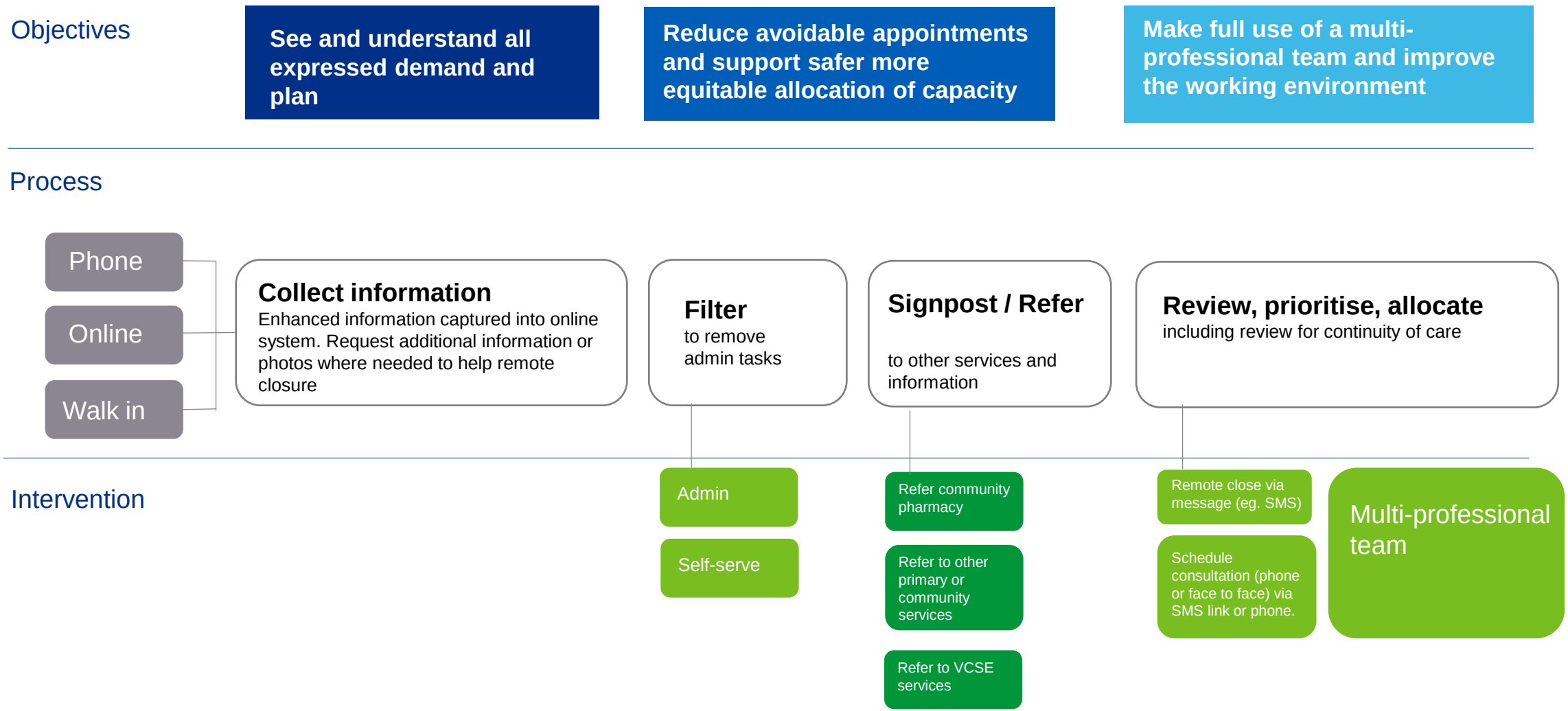
For patients the current ‘model’ is:

- **Confusing**; things have changed and I’m not sure how it works now
- **Frustrating**; the 8am rush, told to call back tomorrow
- **Worrying**; will I get an appointment when I need one
- **Unfair**: first come first served allocation of appointments
- *Reflected in declining patient satisfaction with access*

For practices and staff the current ‘model’

- Carries a sustainability risk in the face of increasing demand-capacity gap and risk of staff burnout.
- Carries an increased clinical risk from higher volumes and more complex patient needs.
- Means we’re not able to see all demand and plan workload as effectively as we’d like.
- Means we’re often not able to understand patient needs fully at the point of request.
- Means we’re often not able to prioritise easily in a ‘first come first served’ approach
- These challenges are unequally distributed (eg. practices in deprived areas feeling them more intensely).

The ‘new model of general practice’ supports practices to be fairer, safer and more sustainable



Value created from ‘new model’

Releasing GP time by identifying ‘avoidable GP appointments’

- Opportunity identified with 16% of appointments being potentially avoidable.
- In the first phase they have managed to release on average 2.5% of GP appointments and 3.1% of nursing time were identified as avoidable and released

Elite Programme, analysis of 56,900 appointments).

Referral to pharmacy (CPCS)

- April 2022 – Feb 2023, **450,192** GP CPCS referrals were completed
- 4,534 practices have made at least one completed referral.
- Only 6% of referrals escalated back to general practice.

Reducing consultation frequency through improved continuity of care

- The duration between appointments is longer when patients see the Doctor they have seen most frequently over the last 2 years.
- Estimated 5.2% reduction on consultation numbers.
- The benefit is largest for older patients, those with multiple chronic conditions and mental health conditions.

Patient experience improved with modern general practice model

- 72% of patient contact in ‘digital first’ practices studied was started online.
- Patient preference for a face-to-face consultation was 12%.
- Practice resolved requests by telephone (50%), by message (35%), 15% face to face.
- Patient satisfaction is 6 percentage points higher than national average.

Upgrading to cloud based telephony

- 90% would recommend the change
- 60% agreed the number of complaints (about getting through) have reduced
- 70% agreed it made it easier to manage their workload

NHS Cloud based telephony pilots with 122 practices serving 1.1 million patients.

Sources:

- https://www.health.org.uk/publications/access-to-and-delivery-of-general-practice-services
- Continuity of Care Increases Physician Productivity in Primary Care by Harshita Kajaria-Montag, Michael Freeman, Stefan Scholtes :: SSRN
- Pilot of ELITE Programme using data to identify avoidable GP appointments – internal NHS study
- Access to and delivery of general practice servicesA study of patients at practices using digital and online tools. Improvement Analytics Unit
- NHS Cloud based telephony pilots with 122 practices serving 1.1 million patients. Internal NHS study.
- Elite Programme - pilot results

Maximising your practice workflow

Dr Dave Triska

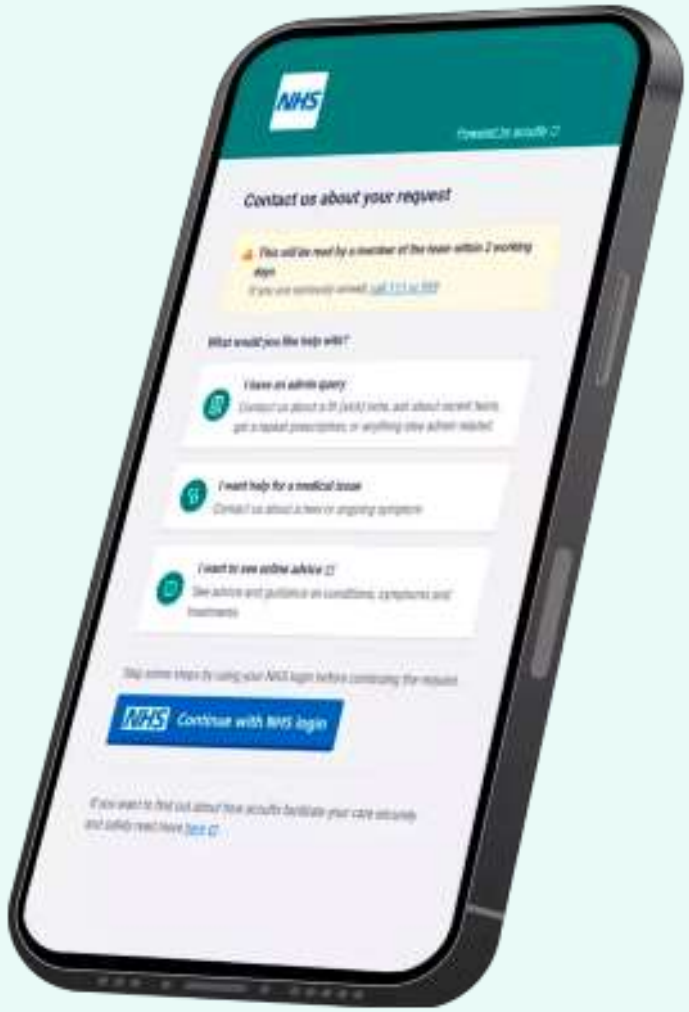
GP Partner Witley and Milford Surgeries, Surrey

Clinical Consultant at Accurx

My Practice

- 11,500 patient surgery
- Moved to remote 1st consulting in 2018
- Patient survey score up
- Patient safety incidents down
- Staff satisfaction up

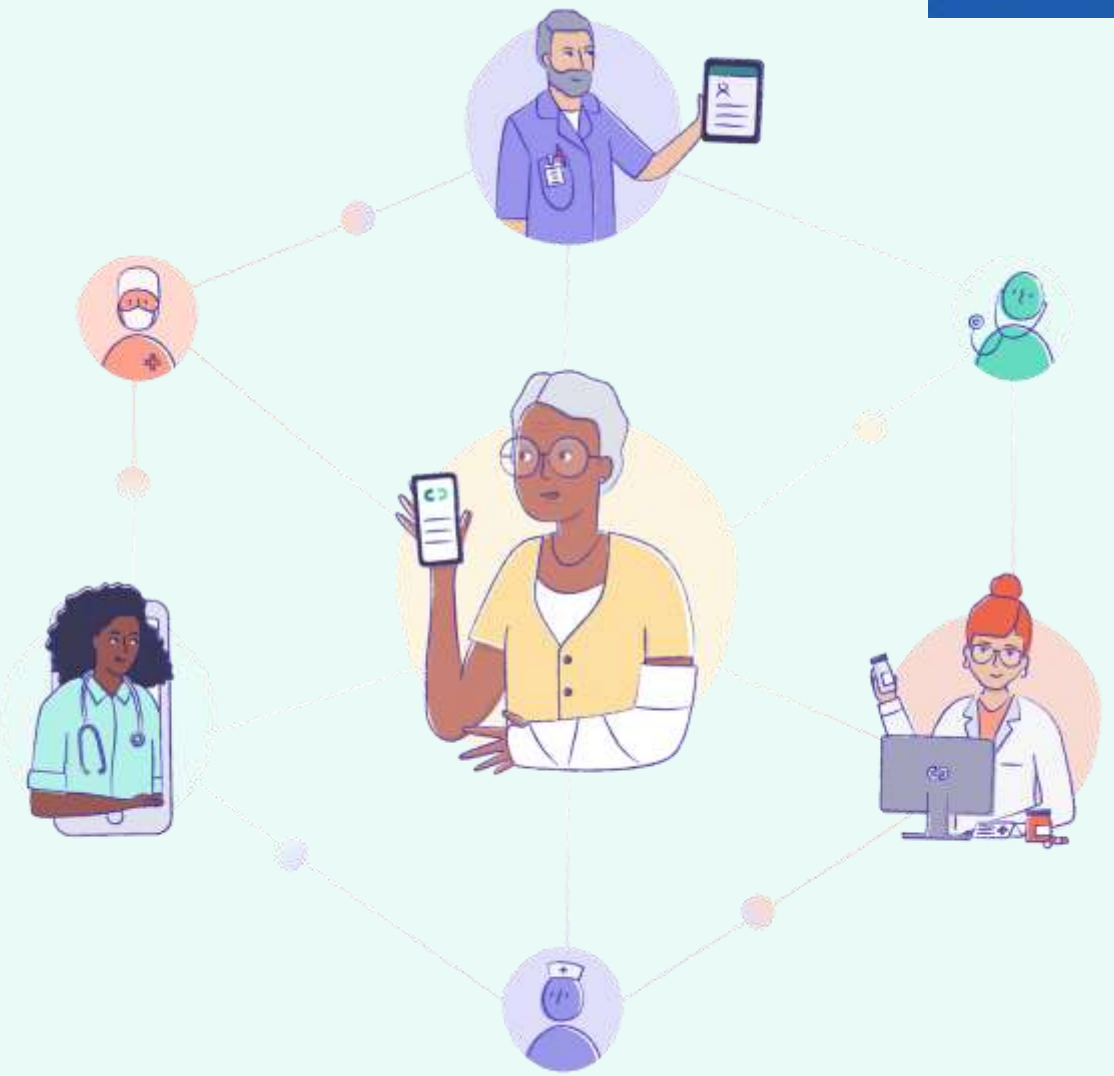
One GP said last month 'I keep pinching myself and am waiting for the catch - it doesn't come!'



The Day

- 25 appointments/day
  - No extras
  - Visits within session
  - 15/30/45 min flexy length

- GP in Charge Role
  - Live case sharing
  - Open door support



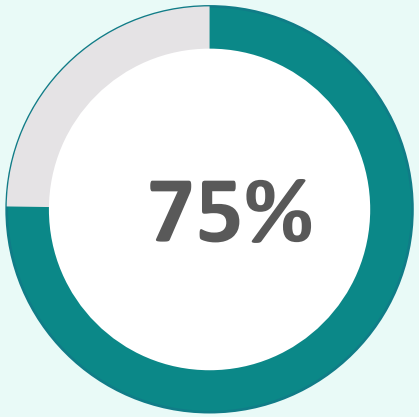
Why Change?

Isn’t it safer to keep what works?

- There aren’t enough clinicians
- More patient demands
- We need to get time back from somewhere
- Creating time means we can do ‘proper’ care for patients who need us
- Training a population in remote led care has unlocked chronic disease management

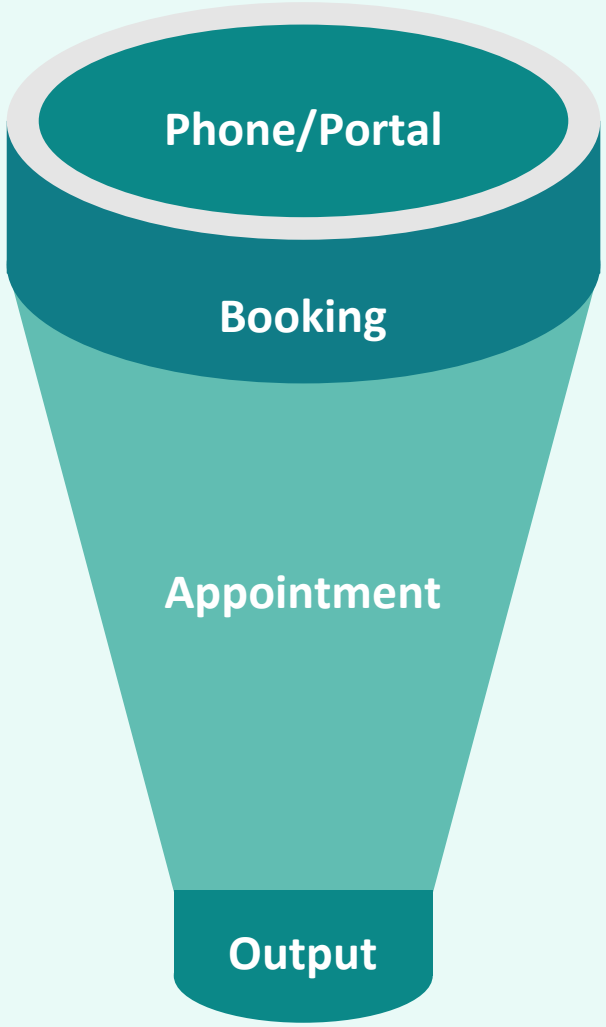
Make your life better - or it won’t work

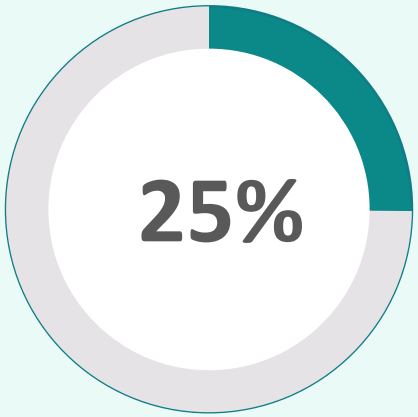
Current Model



GP Time

Reception/Appointments/Admin

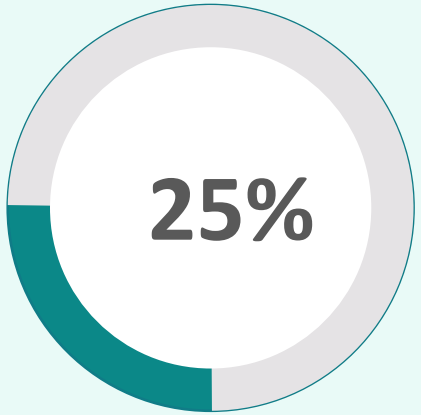




Patient Time

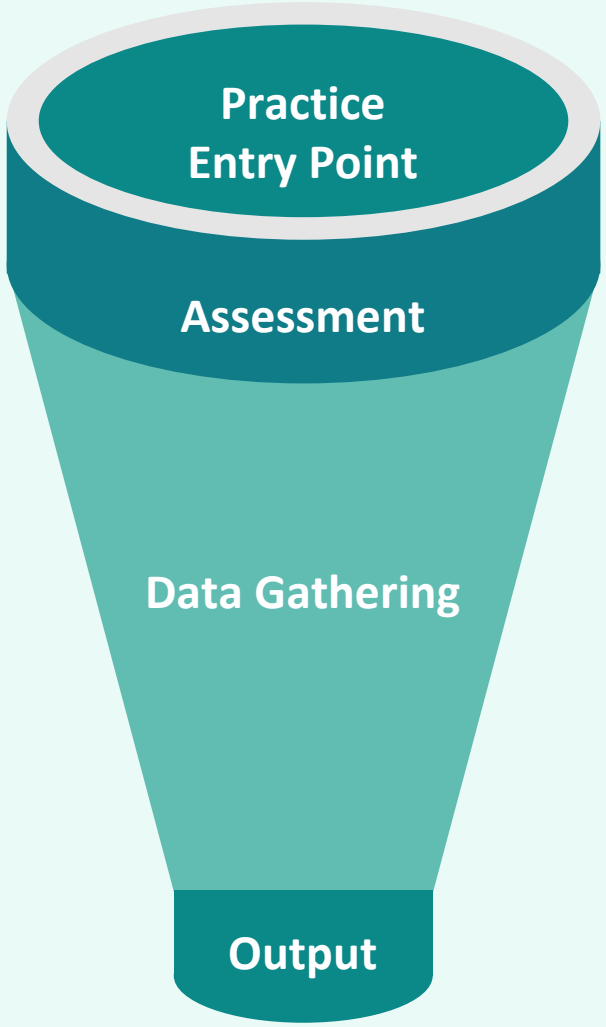
Telling you their story

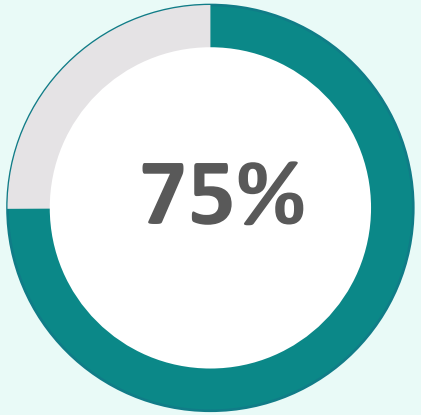
Adaptive Care



GP Time

Planning care/Complex Reasoning





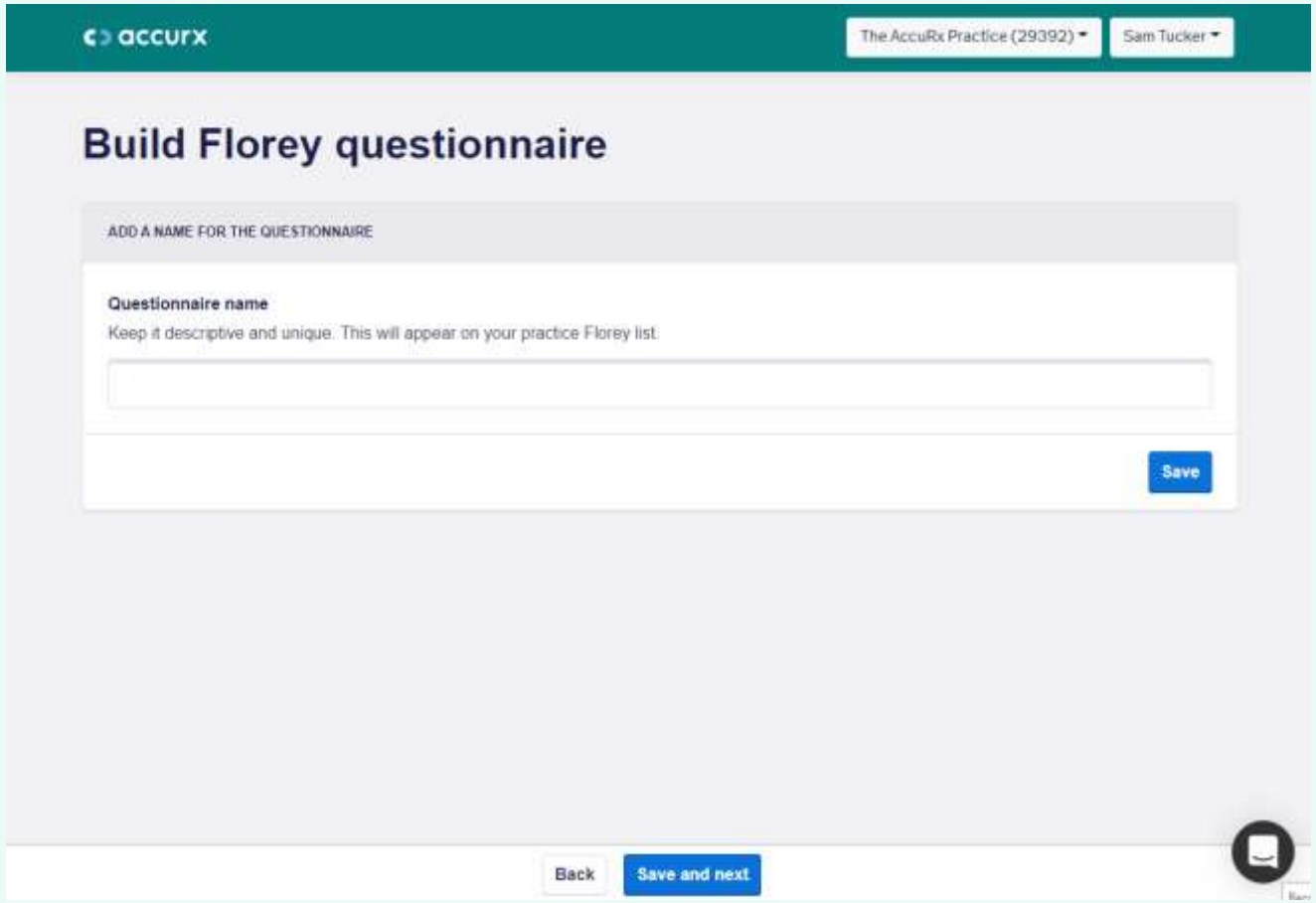
Patient Time

Telling you their story

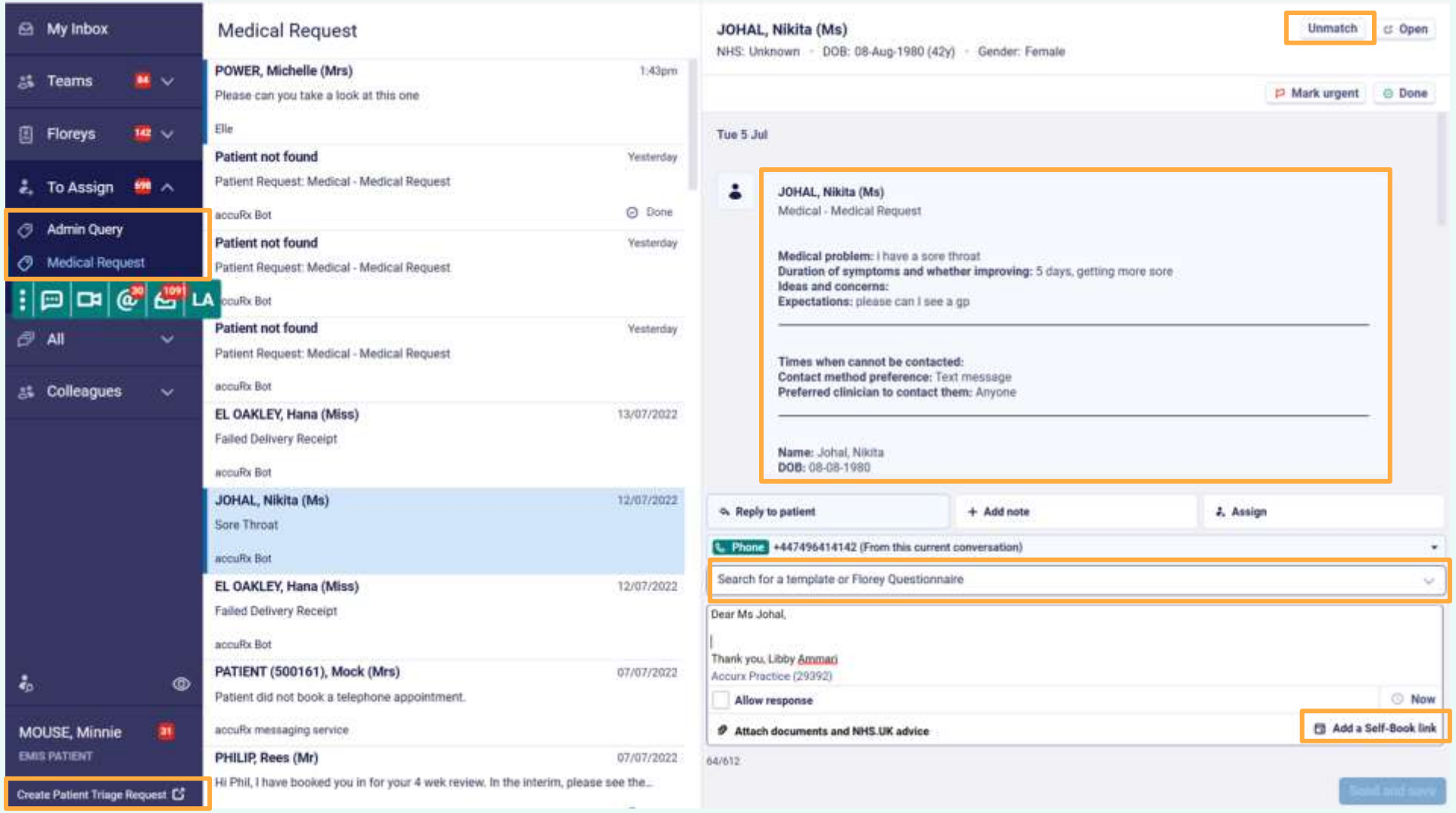
Managing the Day

Custom Florey Builder

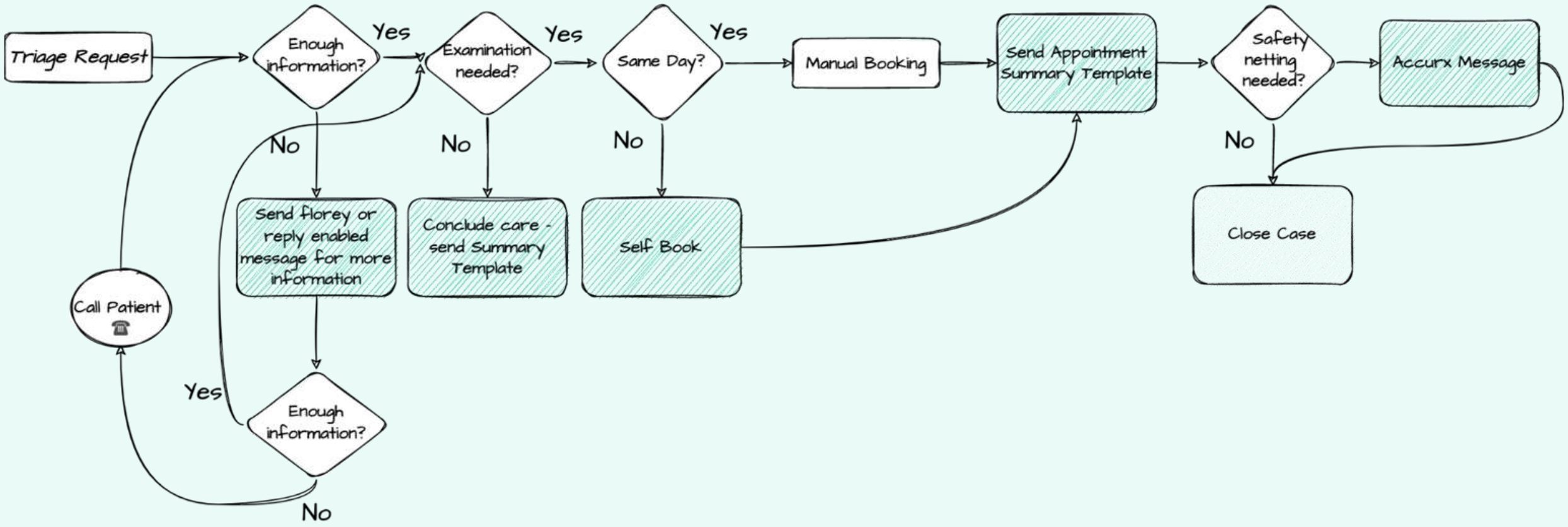
- Create your own Floreys with SNOMED codes
- Provides greater optimisation of manual workflows
- Automate data collection and coded responses back to the record
- Batch Response & Coding to work at scale
- Greater flexibility and autonomy for practices



Patient Triage: Inbox

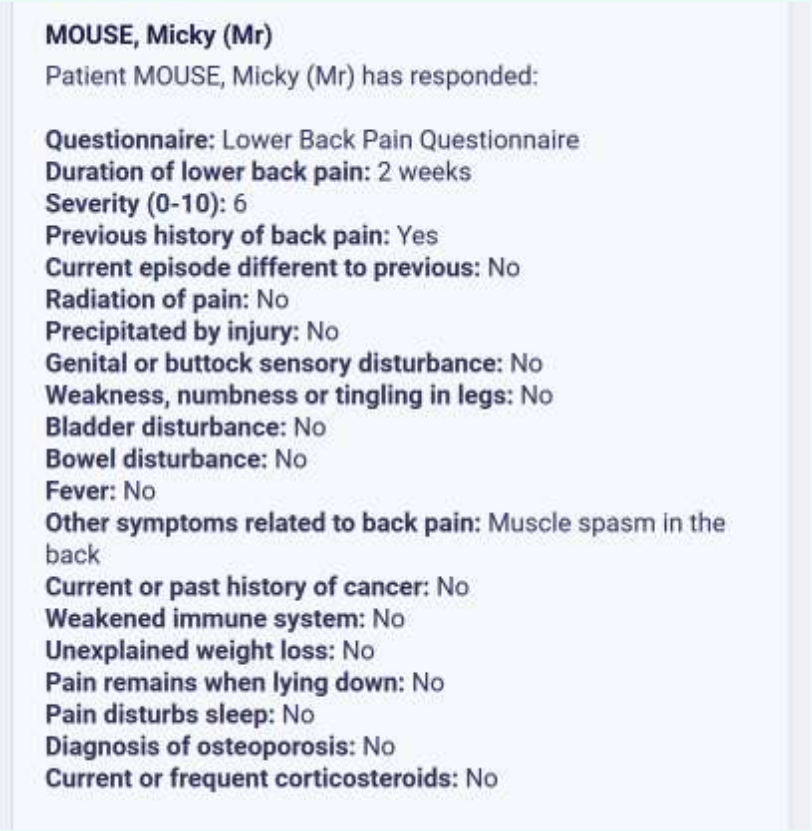


Triage Flow


Triage Request
Enough information?
Yes
No
Examination needed?
Yes
No
Same Day?
Yes
No
Manual Booking
Send Appointment Summary Template
Safety netting needed?
No
Accurx Message
Close Case
Self Book
Conclude care - send Summary Template
Send florey or reply enabled message for more information
Enough information?
Yes
No
Call Patient

Triage Time Saving

- Florey offers time and safety improvements
- Standardise your patient history with no quality loss
- Buy back time with shift to patient history completions
- Custom Floreys fit you, and your patients for Triage needs

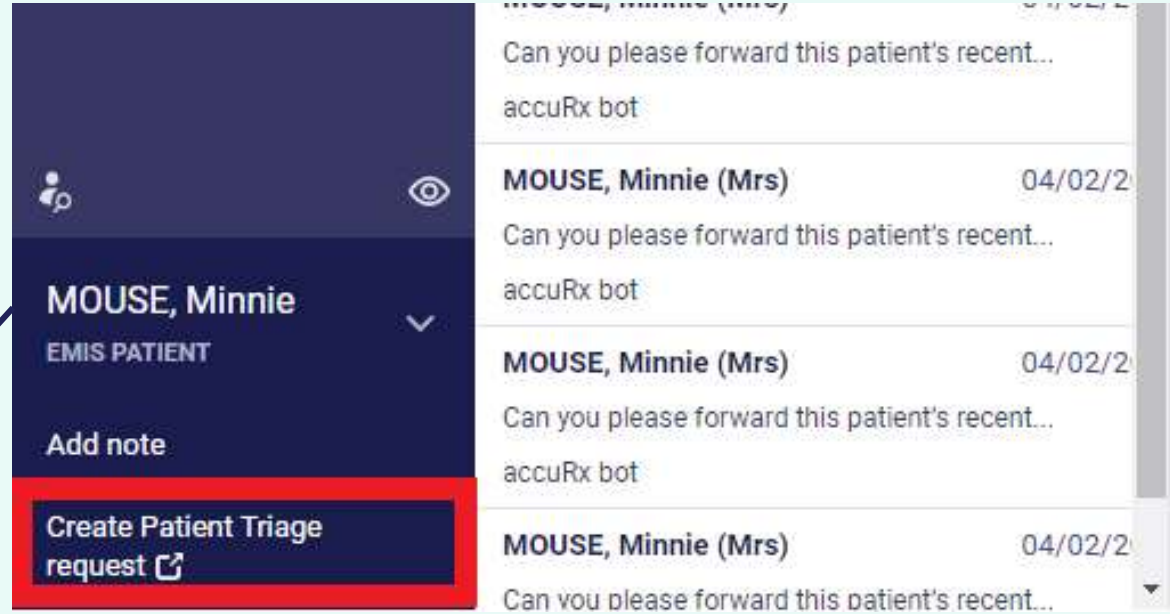


MOUSE, Micky (Mr)

Patient MOUSE, Micky (Mr) has responded:

Questionnaire: Lower Back Pain Questionnaire
Duration of lower back pain: 2 weeks
Severity (0-10): 6
Previous history of back pain: Yes
Current episode different to previous: No
Radiation of pain: No
Precipitated by injury: No
Genital or buttock sensory disturbance: No
Weakness, numbness or tingling in legs: No
Bladder disturbance: No
Bowel disturbance: No
Fever: No
Other symptoms related to back pain: Muscle spasm in the back
Current or past history of cancer: No
Weakened immune system: No
Unexplained weight loss: No
Pain remains when lying down: No
Pain disturbs sleep: No
Diagnosis of osteoporosis: No
Current or frequent corticosteroids: No

Patient Triage - Reception Flow



You are creating a Patient Triage request for MOUSE, Minnie

Admin query

Contact about a fit (sick) note, ask about recent tests, get a repeat prescription, or anything else admin related

Medical issue

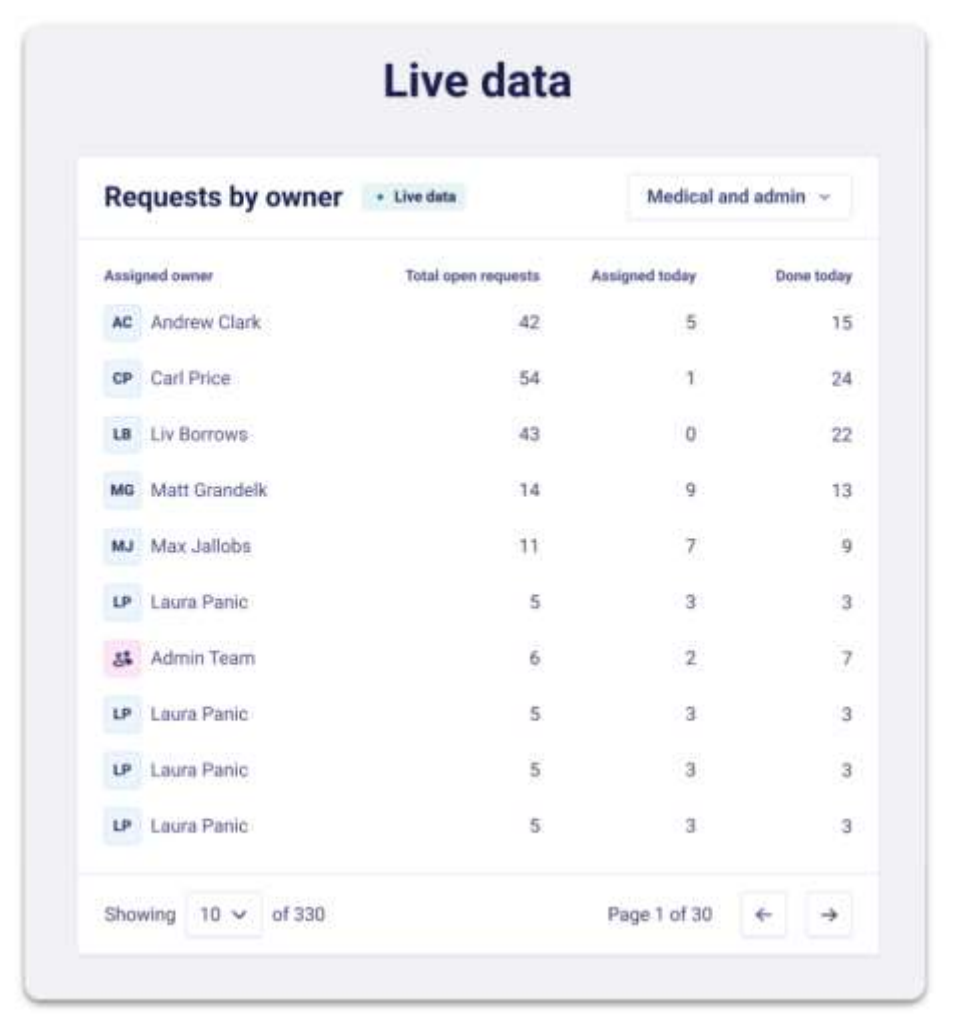
Contact about a new or ongoing symptom

Patient Triage: Practice Level Dashboard

- Operating blind is burning £
- Stacking the wrong bit of the week leads to stress
- Spot the gaps for planned care and QOF

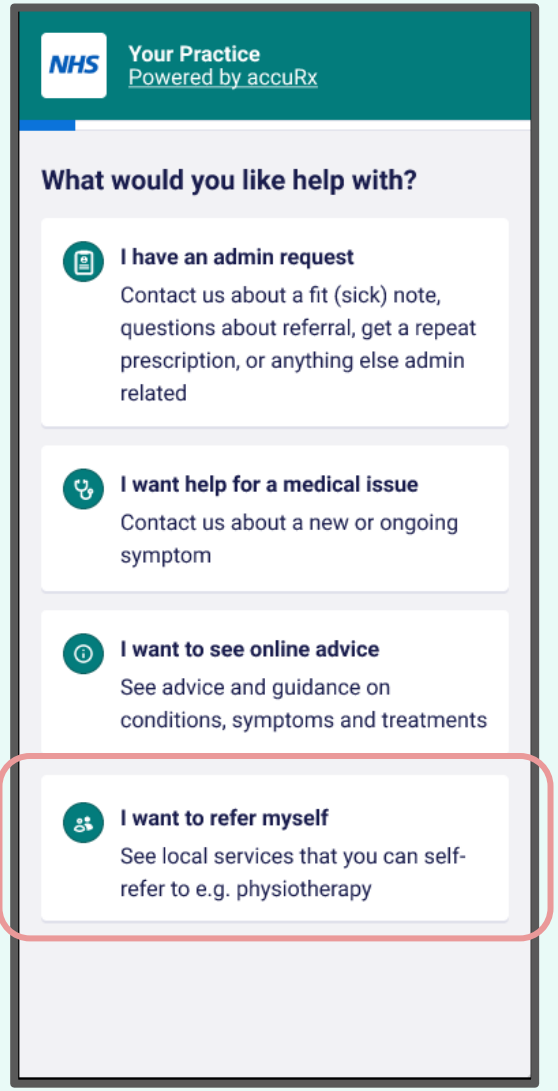
Improvements to Patient Triage Dashboard

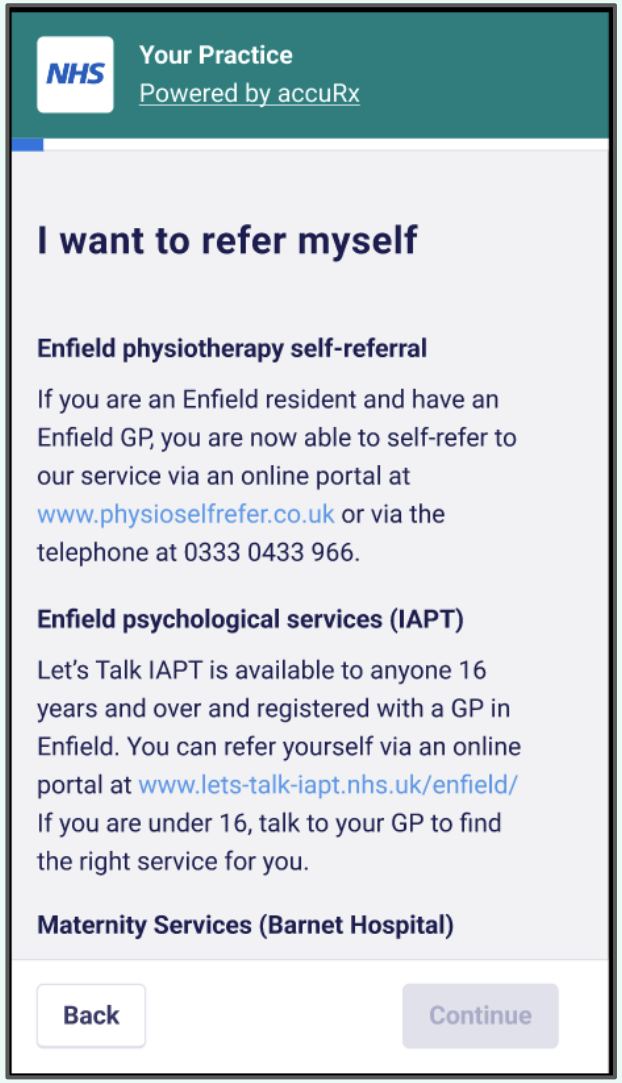
- Introducing Live assignment view!
- See how many requests each user has to better manage demand
- Pre-Plan workload based on open requests
- Improve efficiency and running of practices



Safe Divert of care - Self Referral

New ‘Self-referral option for Patient Triage, to signpost patients to local self referral services



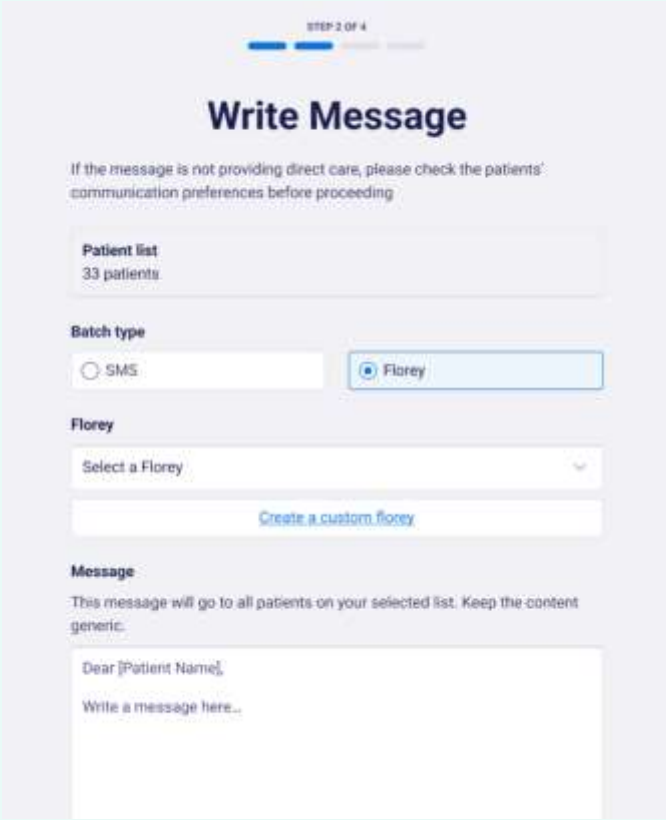


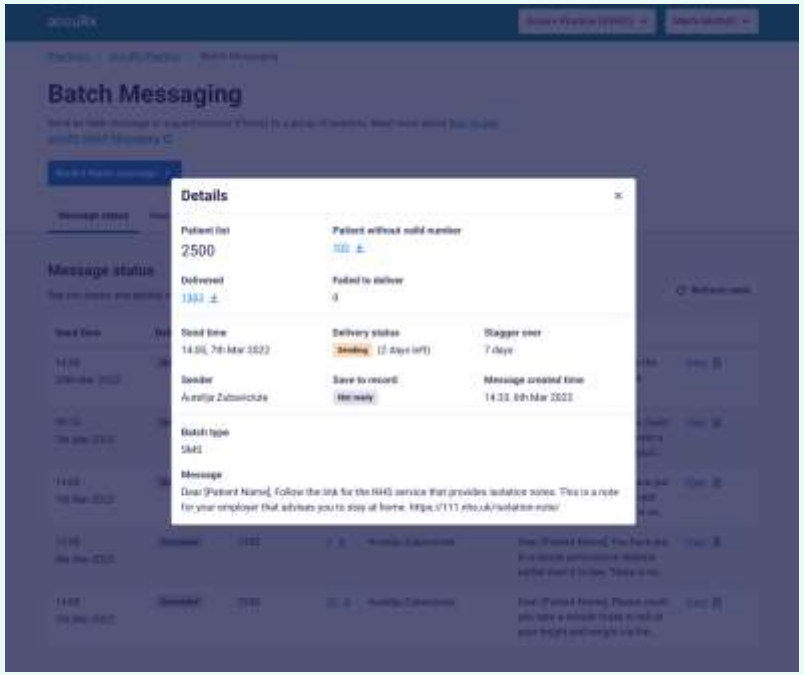
Maintaining Income

Batch Messaging

Send messages in batch to an unlimited number of patients

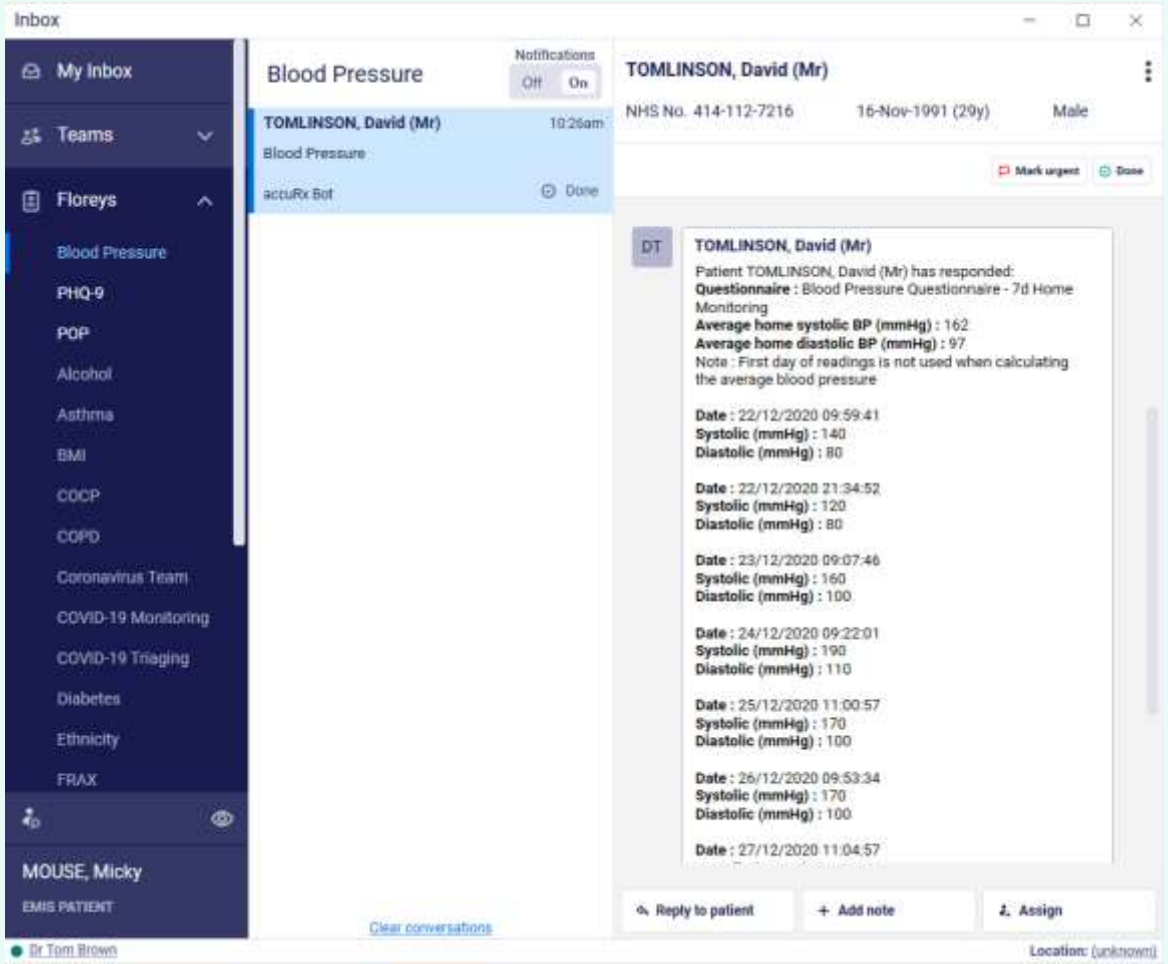
- Ad-Hoc or Templated messages
- Batch out Florey Questionnaires for LTC Management
- Stagger and schedule batch messages
- Coded patient responses to medical record



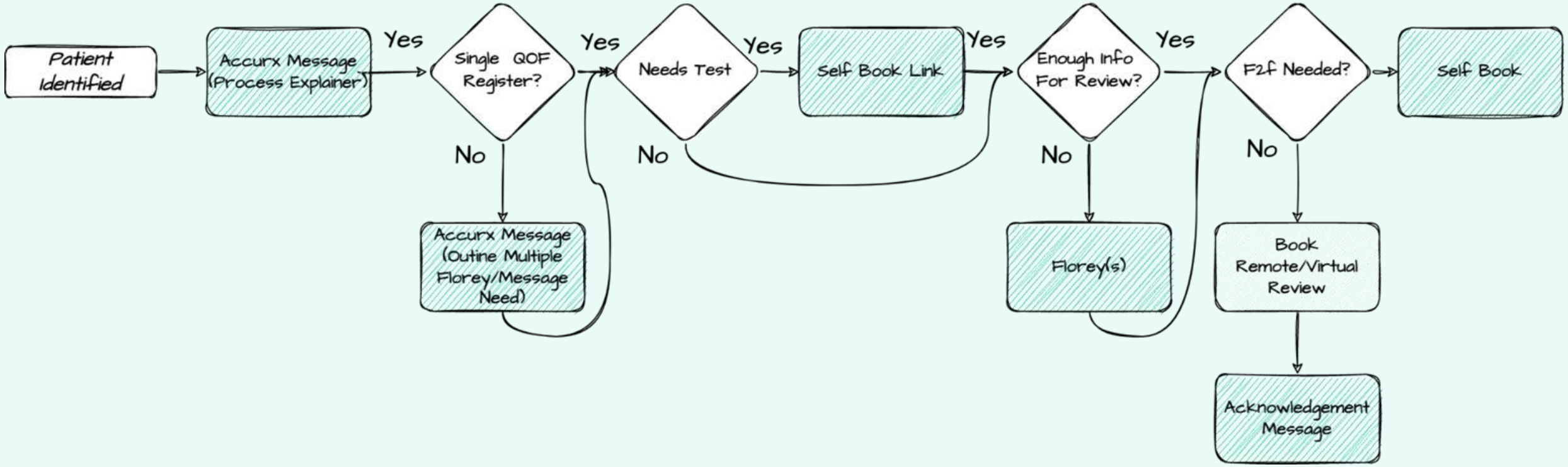


QOF Improvements

- Hit your hard to reach patients with batch messaging
- Florey data collection allows you to focus on those who need clinical input
- Custom Florey matches your needs, and allows SNOMED coding for QOF
- Batch Florey saves hours of admin and clinical time
- F2F based on clinical need, not want or 1st come

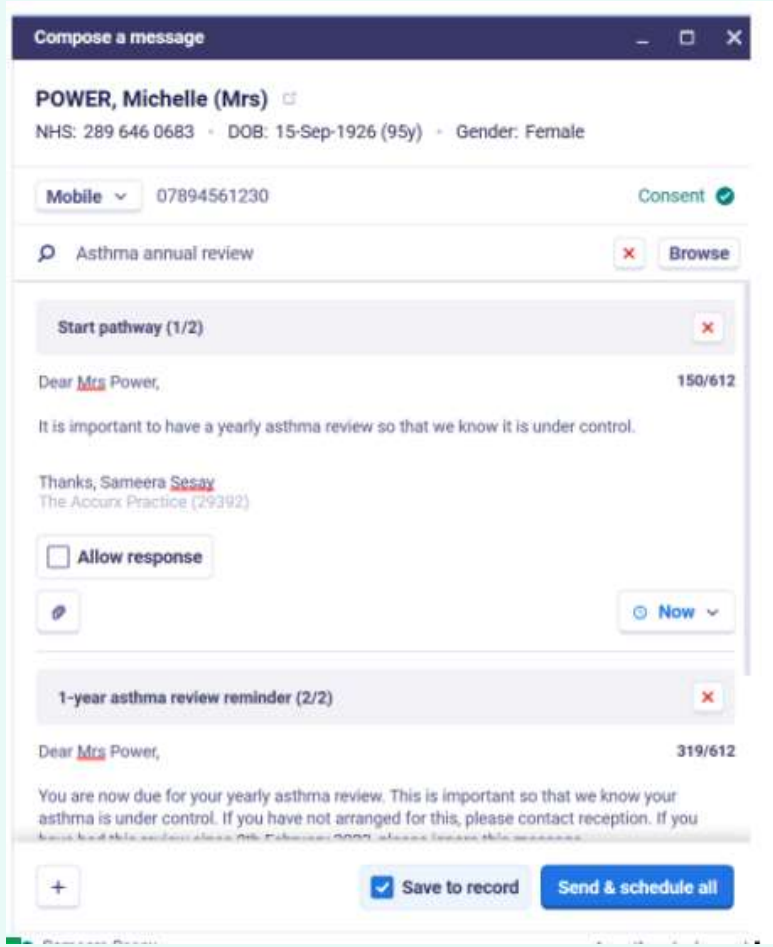


QOF Flow


Patient Identified
Accurx Message (Process Explainer)
Yes
Single QOF Register?
No
Accurx Message (Outine Multiple Florey/Message Need)
Yes
Needs Test
No
Yes
Self Book Link
Yes
Enough Info For Review?
No
Florey(s)
Yes
F2f Needed?
No
Book Remote/Virtual Review
Acknowledgement Message
Self Book

Complex Care Boosters

- Gathering information before an appointment
- Template summaries to improve patient engagement
- Digital follow up with planned messaging to safety net
- Florey monitoring for vulnerable patients



Next steps:

- What kind of day do you want?
- What makes you leave on time?
- Can it make the business work?

Dr Aravinth Balachandran | Clinical Director & GP Partner
Andy Gove | Digital Transformation Manager

Folkestone, Hythe & Rural Primary Care Network

Background
Folkestone, Hythe and Rural PCN

- PCN established in 2019 in collaboration with 7 practices
- Population around 49,000
- Mixture of rural and urban locations with diverse population mix
- Mixture of small to large practices
- Historic GP recruitment challenges resulting in 2500-3000 per 1 WTE GP
- Practices having to adapt to workforce capacity issues and work collaboratively
- Built relationships/trust, leadership, shared vision and growth strategy

Practices

1 Hawkinge And Elham
2 Church Road
3 New Lyminge Surgery
4 White House Surgery
5 Harbour Medical Practice
6 Sun Lane
7 Oaklands Health Centre

Background
PCN Development

NHS England South East

Executive board

Responsible for strategic decision-making

- PCN Clinical Director
- Nominated GP Partner from each of the remaining six PCN practices

x7 Practice Managers

Leadership team

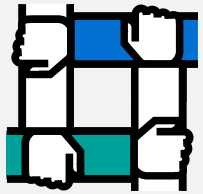
Responsible for operational delivery and transformation programme management

- PCN Clinical Director
- Operational Manager
- Senior Clinical Pharmacist
- Digital Transformation Manager

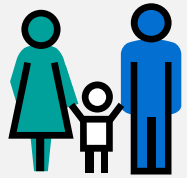
Project Manager

Delivery function

Responsible for PCN healthcare service delivery



- Pharmacy Team
- Care Home Team
- Advanced Nurse Practitioners
- First Contact Practitioners MSK
- Mental Health Practitioner
- Care Coordinators
- Social Prescribing Link Workers
- MDT Coordinator
- Occupational Therapist
- Cancer Care Coordinator



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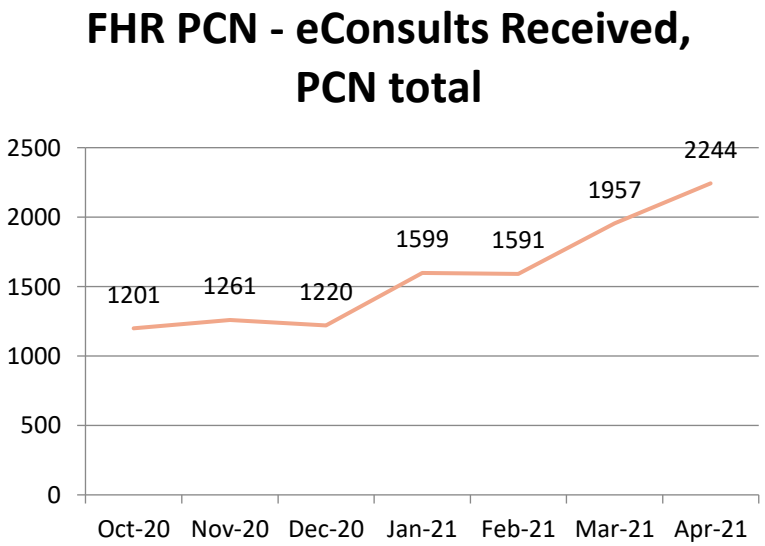
PCN specific posts

Actively progressing appointment of Podiatrist, Dietician and **x6** GP Assistant roles

Background
Baseline

- Baseline view early 2021
- 7 practices all using EMIS Web, single OC provider
- Online consultation activity increasing – each practice different utilisation and different processes
- PCN Workforce growing, pressure on GP estates, poor user experience with multiple logins
- Improved Access opportunity – lack of digital infrastructure to deliver
- No reporting or analytics at PCN level – reliance on individual practices



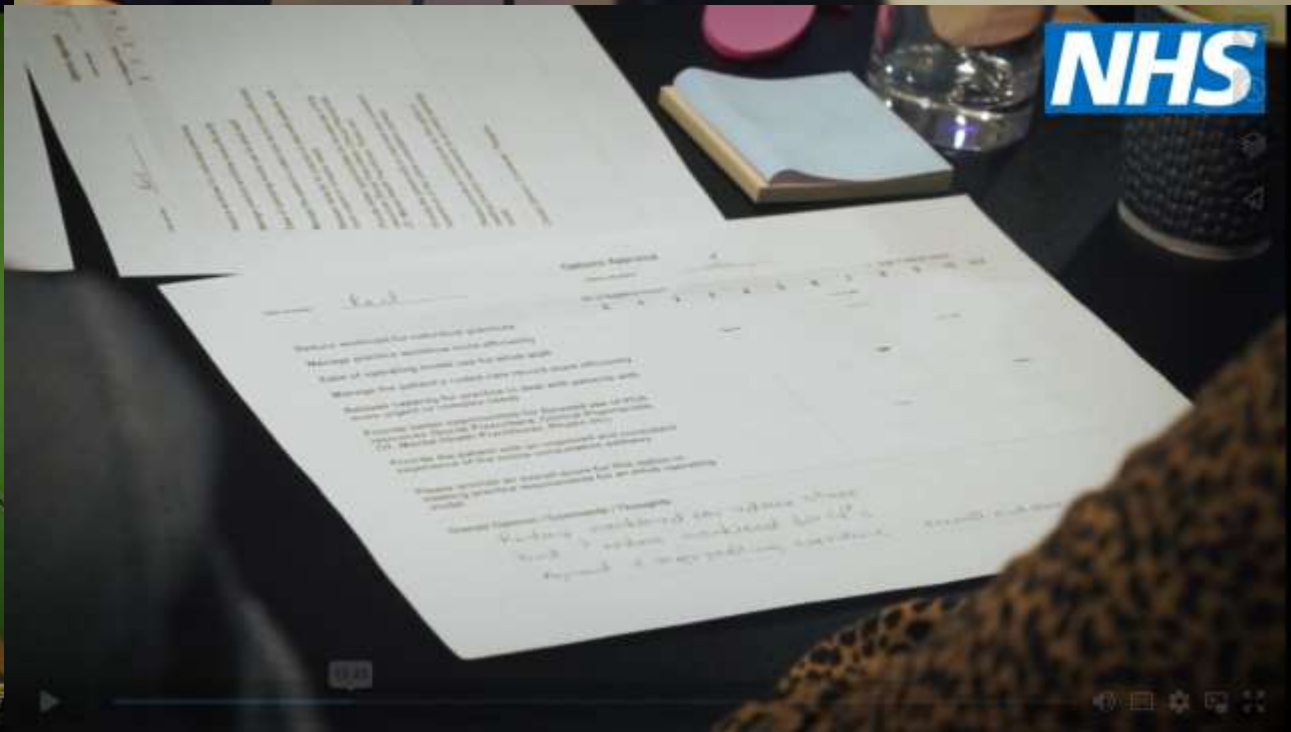
Background
Problem Statements

Inefficient Delivery and Monitoring of PCN Services	Delivery of Extended & Improved Access	Increase in Online Consultations
Managing Patient GP Record	Digital Transformation Leadership	PCN IT & Telephony
System User Satisfaction	PCN Estate	PCN Level Prescribing

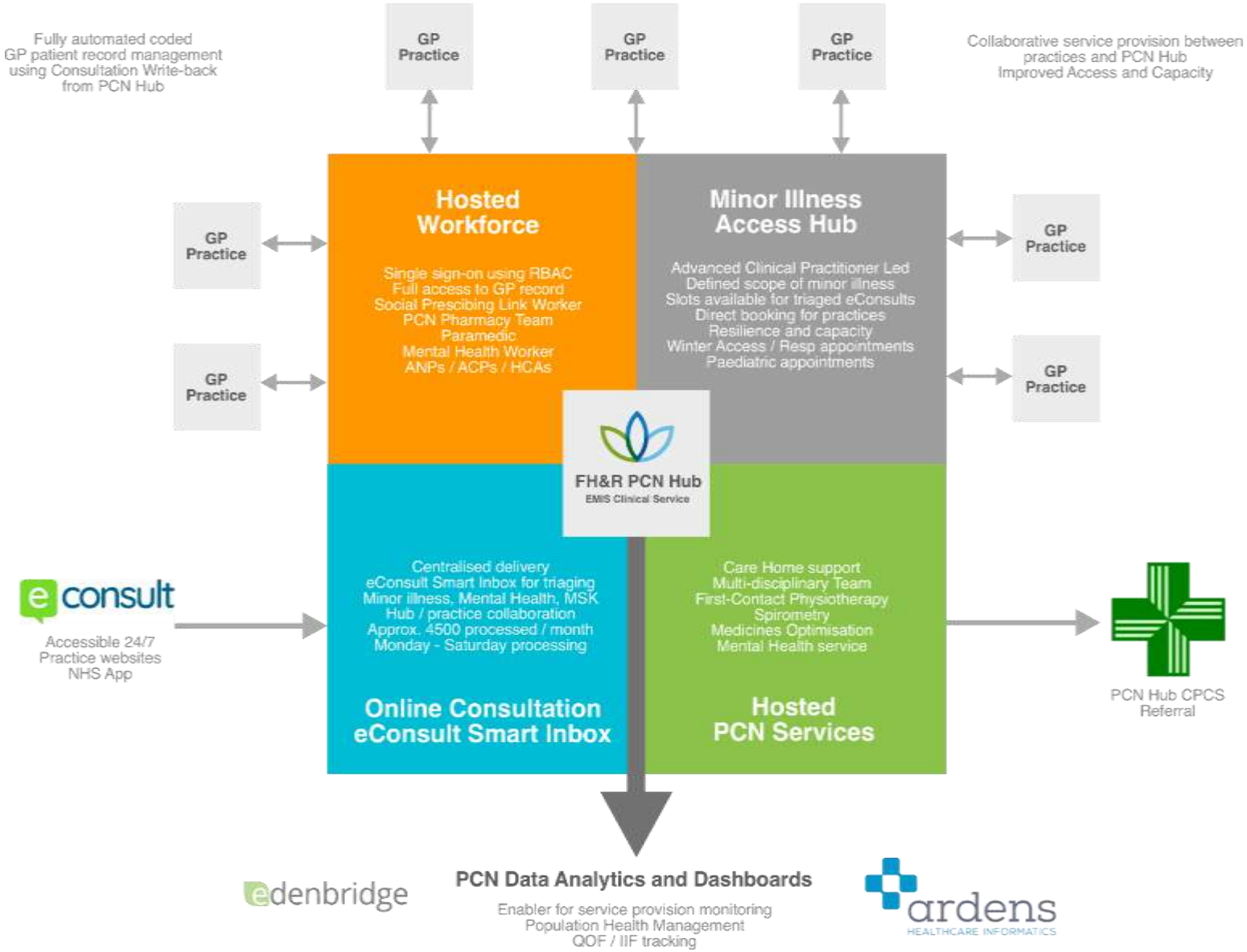

NHS

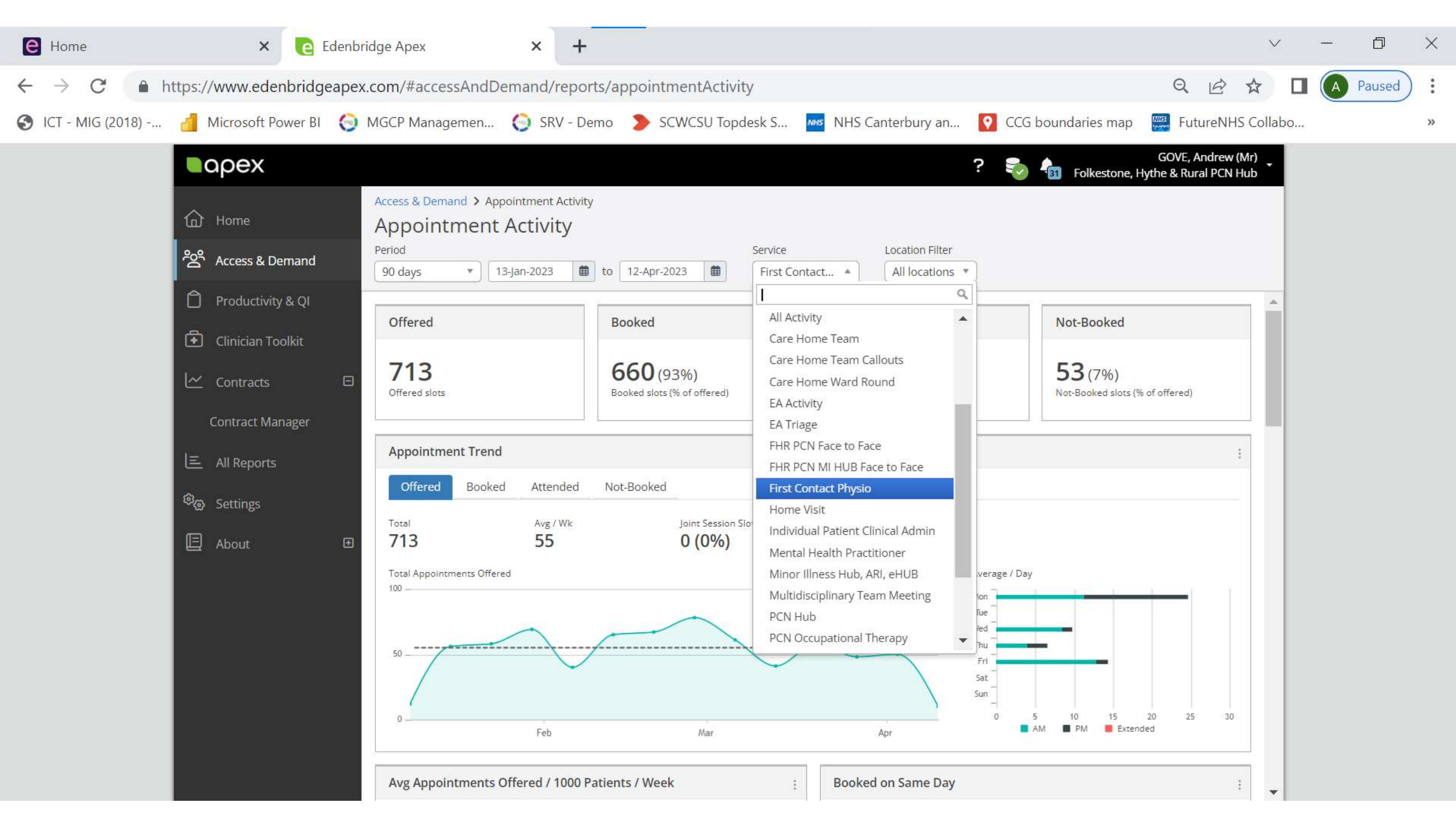

Brief history of our PCN Development
• Development of PCN staff roles
• PCN Operations Manager
• PCN Digital Transformation Manager
• Care Home team established
• Care Home nurse lead
• HCA
• Paramedic
• ARRS roles
• HCP service
• Pharmacists / Pharmacy Technicians
• Mental Health Practitioner
• Occupational Therapist
• Social Prescribing Link worker
NHS


FHR PCN eHub Workshop 1 of 2 (Digital Operating Model)
Leave
Folkestone, Hythe & Rural PCN
eHub
Background to the eHub project
NHS


NHS

PCN Hub Operating Model
Transformation & Innovation




Home
Edenbridge Apex
https://www.edenbridgeapex.com/#accessAndDemand/reports/appointmentActivity
Paused
ICT - MIG (2018) -...
Microsoft Power BI
MGCP Managemen...
SRV - Demo
SCWCSU Topdesk S...
NHS Canterbury an...
CCG boundaries map
FutureNHS Collabo...
apex
GOVE, Andrew (Mr)
Folkestone, Hythe & Rural PCN Hub
Home
Access & Demand
Productivity & QI
Clinician Toolkit
Contracts
Contract Manager
All Reports
Settings
About
Access & Demand > Appointment Activity
Appointment Activity
Period
90 days
13-Jan-2023
to
12-Apr-2023
Service
First Contact...
Location Filter
All locations
All Activity
Care Home Team
Care Home Team Callouts
Care Home Ward Round
EA Activity
EA Triage
FHR PCN Face to Face
FHR PCN MI HUB Face to Face
First Contact Physio
Home Visit
Individual Patient Clinical Admin
Mental Health Practitioner
Minor Illness Hub, ARI, eHUB
Multidisciplinary Team Meeting
PCN Hub
PCN Occupational Therapy
Offered
713
Offered slots
Booked
660 (93%)
Booked slots (% of offered)
Not-Booked
53 (7%)
Not-Booked slots (% of offered)
Appointment Trend
Offered
Booked
Attended
Not-Booked
Total
713
Avg / Wk
55
Joint Session Slo
0 (0%)
Total Appointments Offered
100
50
0
Feb
Mar
Apr
verage / Day
Mon
Tue
Wed
Thu
Fri
Sat
Sun
0
5
10
15
20
25
30
AM
PM
Extended
Avg Appointments Offered / 1000 Patients / Week
Booked on Same Day

Home | Edenbridge Apex

https://www.edenbridgeapex.com/#accessAndDemand/reports/appointmentActivity

Paused

ICT - MIG (2018) -... | Microsoft Power BI | MGCP Managemen... | SRV - Demo | SCWCSU Topdesk S... | NHS Canterbury an... | CCG boundaries map | FutureNHS Collabo...

apex

GOVE, Andrew (Mr)
Folkestone, Hythe & Rural PCN Hub

- Home
- Access & Demand
- Productivity & QI
- Clinician Toolkit
- Contracts
- Contract Manager
- All Reports
- Settings
- About

Access & Demand > Appointment Activity

Appointment Activity

Period: Last month | 01-Mar-2023 to 31-Mar-2023

Service: Respiratory ...

Location Filter: All locations

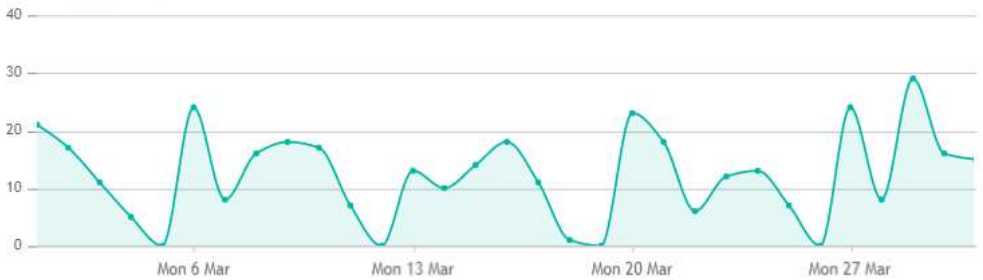
Offered	Booked	Attended	Not-Booked
382	382 (100%)	377 (99%)	0 (0%)
Offered slots	Booked slots (% of offered)	Attended slots (% of booked)	Not-Booked slots (% of offered)

Appointment Trend

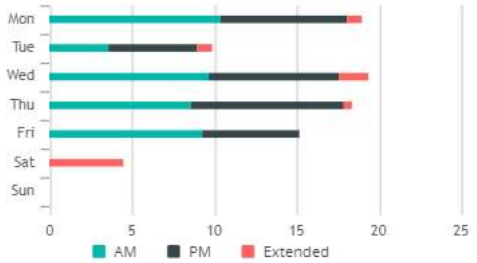
Offered | Booked | Attended | Not-Booked

Total	Avg / Wk	Joint Session Slots
382	86	0 (0%)

Total Appointments Offered



Average / Day



Avg Appointments Offered / 1000 Patients / Week

Booked on Same Day

Home | Edenbridge Apex

https://www.edenbridgeapex.com/#populationHealth/reports/enterprisePopulation

Paused

ICT - MIG (2018) -... | Microsoft Power BI | MGCP Managemen... | SRV - Demo | SCWCSU Topdesk S... | NHS Canterbury an... | CCG boundaries map | FutureNHS Collabo...

apex

GOVE, Andy (Mr)
Folkestone & Hythe Rural Primary Care Network

- Home
- Access & Demand
- Productivity & QI
- Population Health
- Contracts
- COVID-19 Toolkit
- All Reports
- Settings
- About

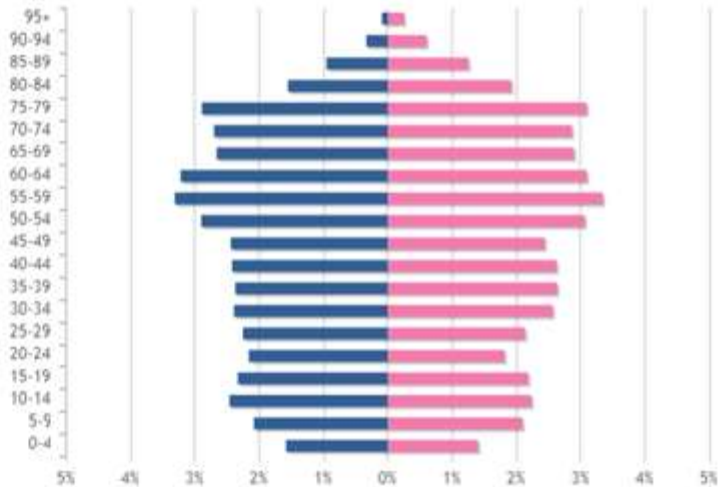
Population Health > Population

Population

Subject

Folkestone & Hythe Rural Prima...

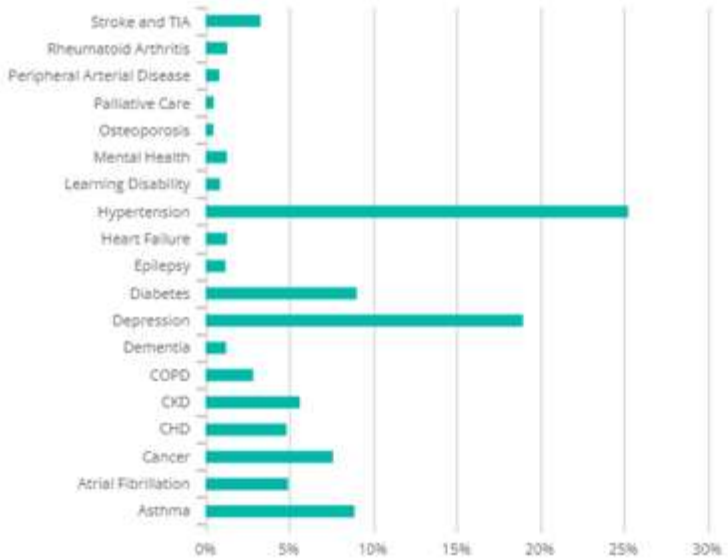
Registered Patient Age & Sex %



45.1
Male Average Age

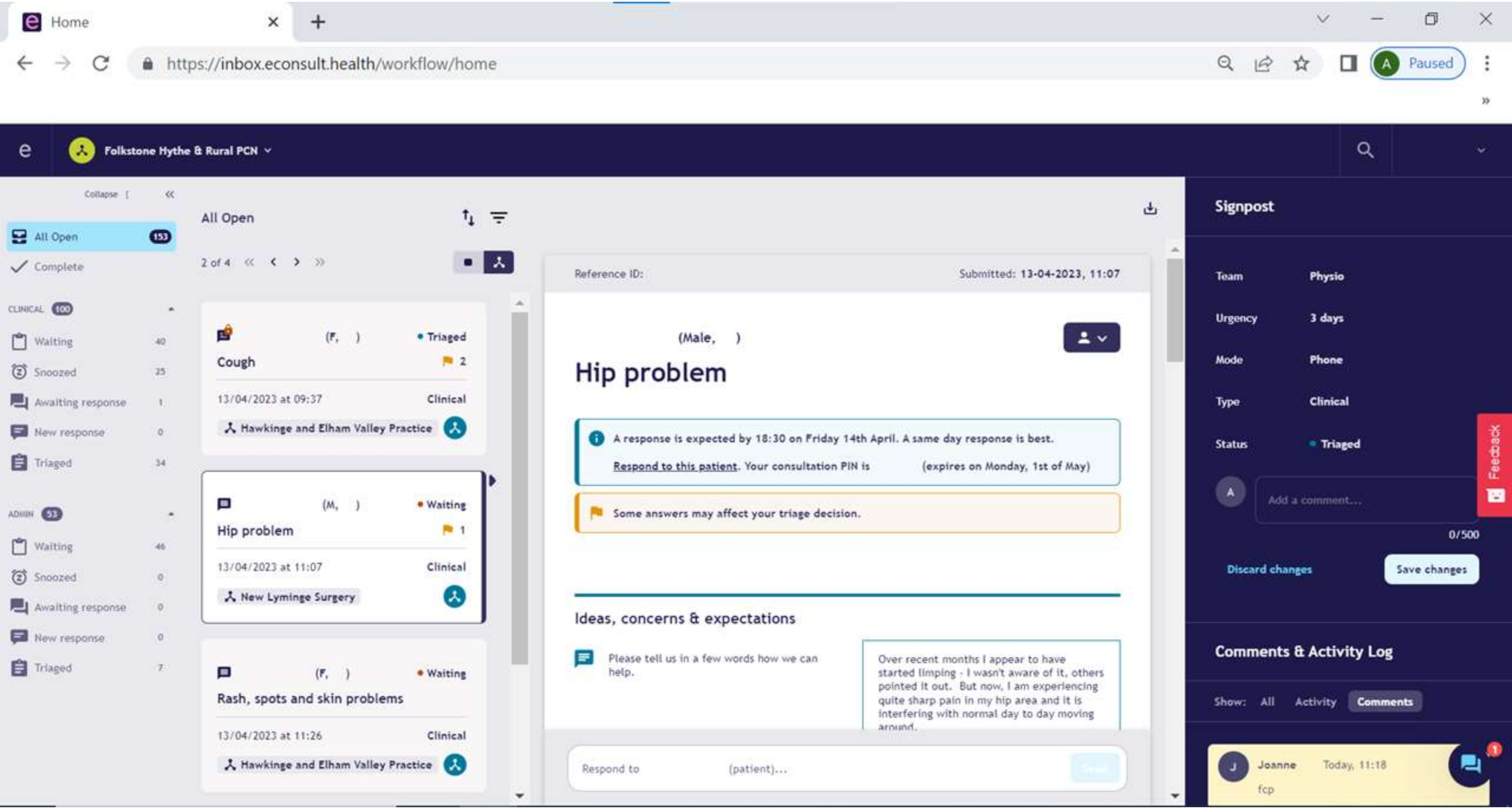
47.3
Female Average Age

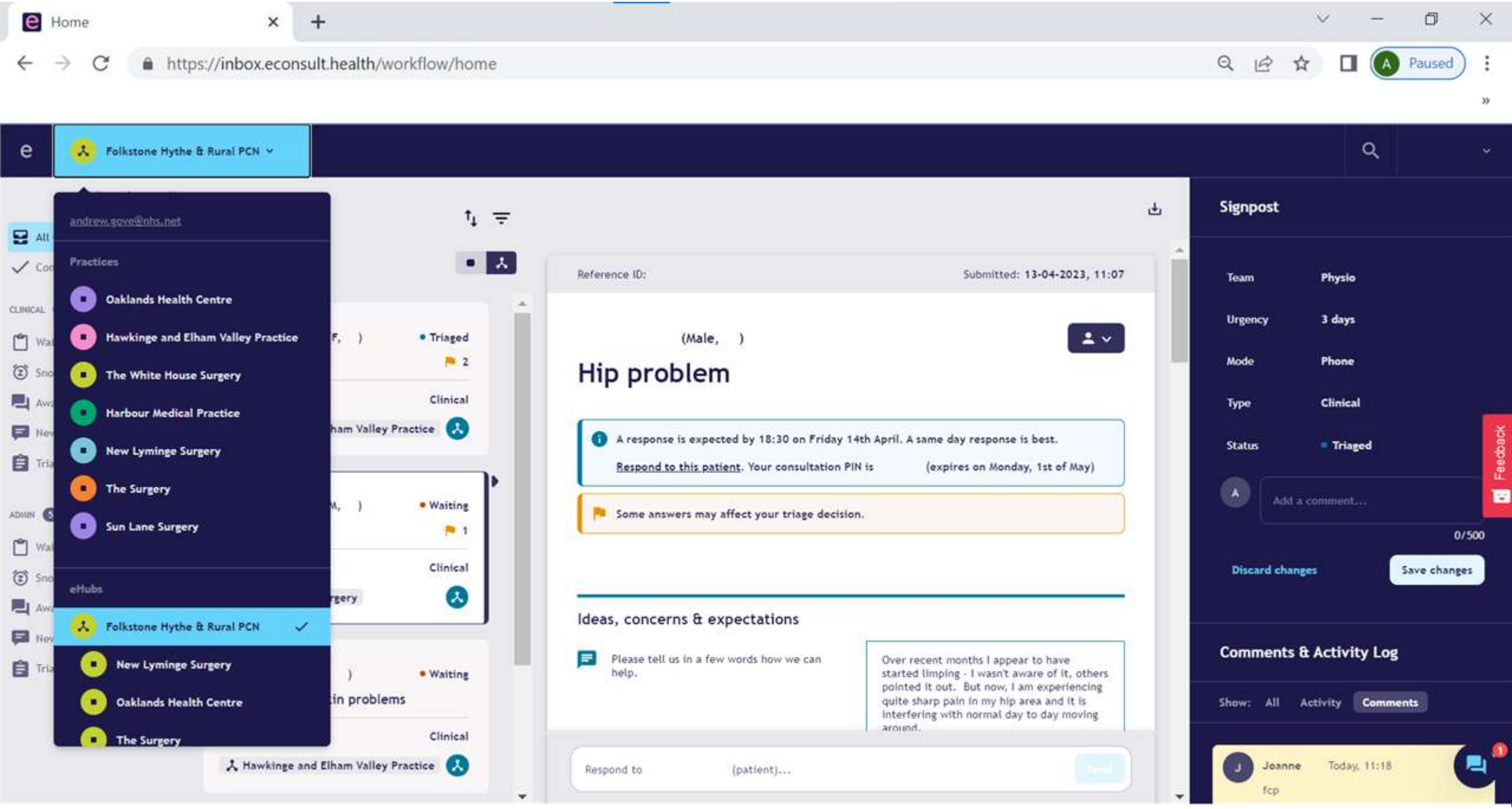
Long Term Condition %



Ethnicity %

Long Term Condition Breakdown


Home
https://inbox.econsult.health/workflow/home
Paused
Folkstone Hythe & Rural PCN
Collapse
All Open 153
Complete
CLINICAL 100
Waiting 40
Snoozed 25
Awaiting response 1
New response 0
Triaged 34
ADMIN 53
Waiting 46
Snoozed 0
Awaiting response 0
New response 0
Triaged 7
All Open
2 of 4
(F,) Triaged
Cough 2
13/04/2023 at 09:37 Clinical
Hawkinge and Elham Valley Practice
(M,) Waiting
Hip problem 1
13/04/2023 at 11:07 Clinical
New Lyminge Surgery
(F,) Waiting
Rash, spots and skin problems
13/04/2023 at 11:26 Clinical
Hawkinge and Elham Valley Practice
Reference ID:
Submitted: 13-04-2023, 11:07
(Male,)
Hip problem
A response is expected by 18:30 on Friday 14th April. A same day response is best.
Respond to this patient. Your consultation PIN is (expires on Monday, 1st of May)
Some answers may affect your triage decision.
Ideas, concerns & expectations
Please tell us in a few words how we can help.
Over recent months I appear to have started limping - I wasn't aware of it, others pointed it out. But now, I am experiencing quite sharp pain in my hip area and it is interfering with normal day to day moving around.
Respond to (patient)...
Signpost
Team Physio
Urgency 3 days
Mode Phone
Type Clinical
Status Triaged
Add a comment...
0/500
Discard changes
Save changes
Comments & Activity Log
Show: All Activity Comments
Joanne Today, 11:18
fcp
Feedback


Home
https://inbox.econsult.health/workflow/home
Paused
Folkstone Hythe & Rural PCN
andrew.gove@nhs.net
Practices
Oaklands Health Centre
Hawkinge and Elham Valley Practice
The White House Surgery
Harbour Medical Practice
New Lyminge Surgery
The Surgery
Sun Lane Surgery
eHubs
Folkstone Hythe & Rural PCN
New Lyminge Surgery
Oaklands Health Centre
The Surgery
Triaged
Clinical
Waiting
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Save changes
Comments & Activity Log
Show: All Activity Comments
Joanne Today, 11:18
fcp
Feedback

PCN Hub Operating Model
Delivery at Scale

NHS England South East

Transforming ways of working

Integrating PCN services
through central appointment booking, seamless referral/comms, and the ability to consult patients via a single system

Enabling PCN-level prescribing
through electronic prescribing within a single clinical service

Improving access for patients
through additional hub appointments, delivery of online consultations (eHub) and improved access to practice-based appointments

Securing workforce efficiencies
through single sign-on for ARRS staff via a dedicated smart card and functionality that allows staff to work remotely

Supporting collaborative working
through federated administrative services, the delivery of enhanced services, development of clinical hubs, and the involvement of other community providers

Strengthening business intelligence
through demand/capacity modelling, utilisation tools, monitoring of eHub activity and automated tracking of QOF & IIF data

Supporting innovation

Fully automated coded GP patient record management using consultation write-back	First of type
Federated online consultation delivery - direct to PCN Hub using MESH delivery	First of type
PCN Hub hosted **Community Pharmacy Consultation Service** module via MESH	First of type
eConsult Smart Inbox Online Consultation Triage Tool Full practice and hub integration	First of type

Maximising resource

Seven local GP practices focus on:

- Enhanced access
- More face-to-face appts
- LTC management
- Complex needs/Frailty
- Additional capacity (ARRS) to what PCN hub workforce delivers

Central PCN Hub workforce delivers

- Online consultations
- Minor illness appointments
- Community Pharmacy Consultation Services
- Multi-disciplinary team co-ordination

Collectively delivering against contractual requirements for general practice in 2023/2024

Delivering impact

4,500
Online consultations processed per month

2,200
Total PCN service appointments per month

750
PCN minor illness appointments delivered per month

10
Healthcare services now delivered through the Hub

General Practice Improvement Programme

Over the next two years the General Practice Improvement Programme will provide:

1. **Support for improvement**
   - 5 topic areas
   - 3 levels of support for practices or PCNs (universal, intermediate and intensive support)
2. **Support for capability building** in practice teams to sustain change
   - Fundamentals of change management
   - GP QI leadership programme
   - PCN and Digital and Transformation leads training
3. **Support for shared learning** supporting ICBs to create local peer networks to share challenges and learning alongside a national peer community

Improvement support for practices and PCNs to move to a model of modern general practice

Tiered Support

- **Universal:** webinars, drops in and online content
- **Intermediate (practice)**: 13 weeks of support with a facilitator
- **Intermediate (PCN)**: 12 half-day in person facilitated sessions over a flexible time period
- **Intensive (practice)**: 26 weeks of support with a facilitator
- ICSs nominate practices and PCNs for intensive and intermediate support based on an assessment of need
- Nominated practices will need to have access to data from their telephony system

Content

1. Understanding demand and capacity
2. Enhancing care navigation and triage
3. Implementing high quality telephony journeys
4. Implementing high quality online access journeys
5. Workload management

All units have measurement baked in at the start

Outcomes

- Improving staff experience
- Improving patient experience
- Improving continuity of care
- Reduction in avoidable appointments and failure demand

Improvement Indicators

- Patient satisfaction
- Staff experience measure
- Avoidable appointments audit including where continuity of care needs not met where needed
- Online consultation submission rate
- Reducing telephone wait times and abandoned calls
- Use of CPCS

Skills training & learning communities

We offer fully funded care navigation, quality improvement and leadership development training for practice and PCN staff

Care navigation training

Free virtual training is available to upskill and support practice and PCN staff.
Two offers are available, one for those new to care navigation and one for those with some experience who can drive and sustain care navigation locally.

Fundamentals of change and improvement

This accredited programme focuses on introducing and practically applying improvement tools and techniques, and building capability to tackle a range of local challenges

Digital and transformation leads

This development programme incl. core teaching modules, 1-1 coaching and working alongside improvement team 'learning by doing'

- Developing practical skills for leading change
- Making effective use of data and technology as enablers of transformation
- Building effective relationships for working collaboratively, stakeholder engagement
and facilitation skills

General practice improvement leads programme

This accredited programme focuses on practical skills for leading change, supporting new perspectives, building skills in using QI tools and techniques for service redesign.

ICBs to nominate practice and PCN QI ambassadors and then support individuals to lead QI locally

Local and national communities of practice

Access to a national Primary Care Improvement Community alongside supporting ICBs to develop local communities of practice to share learning and challenges

Please inform your ICB if you are interested in these programmes (or signal as part of PCN access improvement plans)

Why should my practice or PCN take part?

- Focuses on key practice needs; managing demand, improving patient experience of access, developing teams and job satisfaction.
- Creates headspace, capability and a culture for practice staff to innovate and take action.
- Flexible offer to meet different needs of different practices.
- Shared learning offers practices faster proven routes to improvement and quicks wins.
- The cost of transformation is supported.
- Offers access to primary care improvement experts.
- Built on good foundations – the previous national Accelerate improvement programme and Time for Care programmes provided ‘hands-on’ support to practices which was well received.
- Prioritised support to practices with the greatest sustainability challenges, particularly those in areas of high deprivation and with highest demand-capacity pressures.

Incentives and funding

To help teams make improvements there is a:

- single capacity payment for transition cover available to fund up to three weeks of cover to enable appointment books to be cleared ahead of rollout of new model. £13.5k/practice in either 23/24 or 24/25.
- support achievement of the QoF QI demand and capacity and staff well-being modules .
- the Capacity and Access IIF Payment to PCNs (c£11.5k/PCN/month).

National communications campaign

These changes will be supported by a national communications campaign to explain the new model of general practice to the public alongside access to improved digital tools that better meet patient and practice needs.

Solihull Healthcare Partnership

Implementing Modern General Practice Access

Dr Nish Patel

GP Executive Partner and Clinical Director SHP

GP Locality Lead Birmingham & Solihull ICB

About us

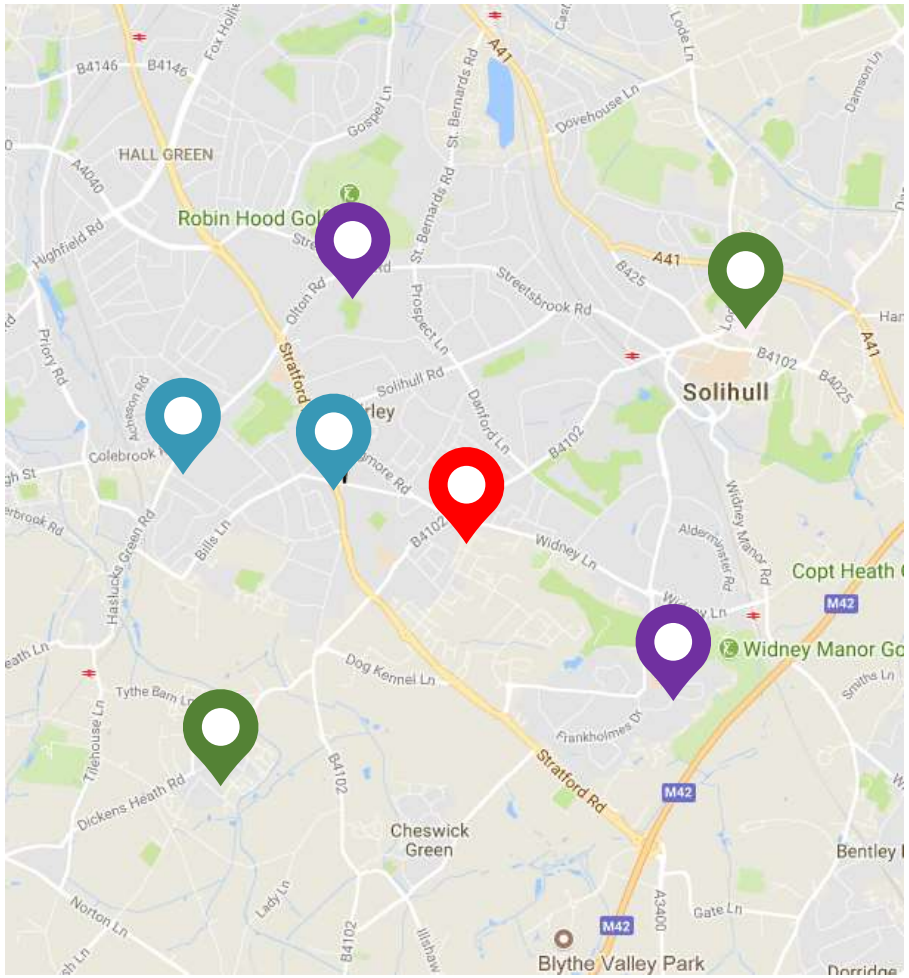
Oct 2019 – 4 contracts merged into single Partnership PCN

190 staff + 16 GP Partners

56,000 registered patients

7 surgery sites

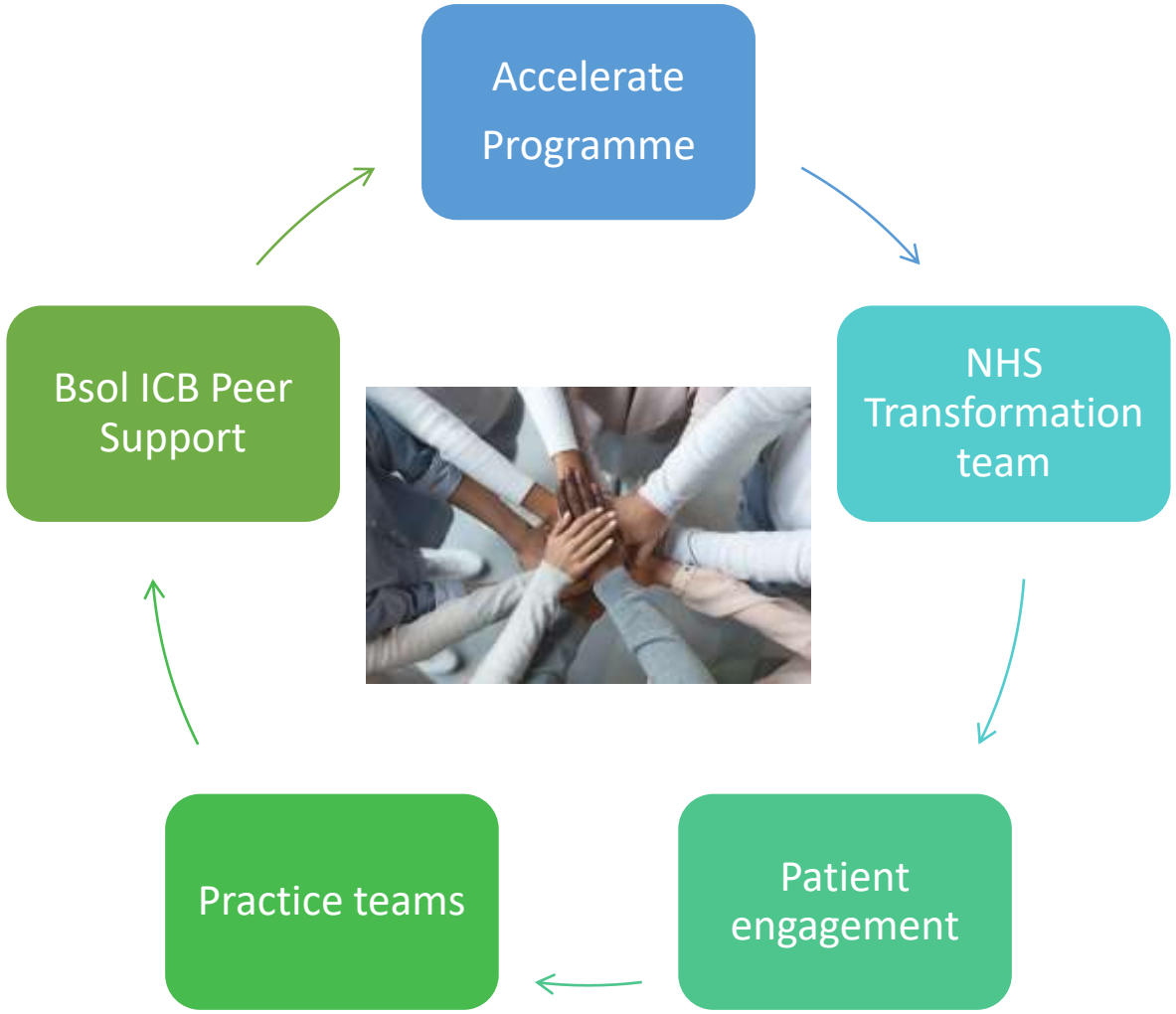
5 core Teams



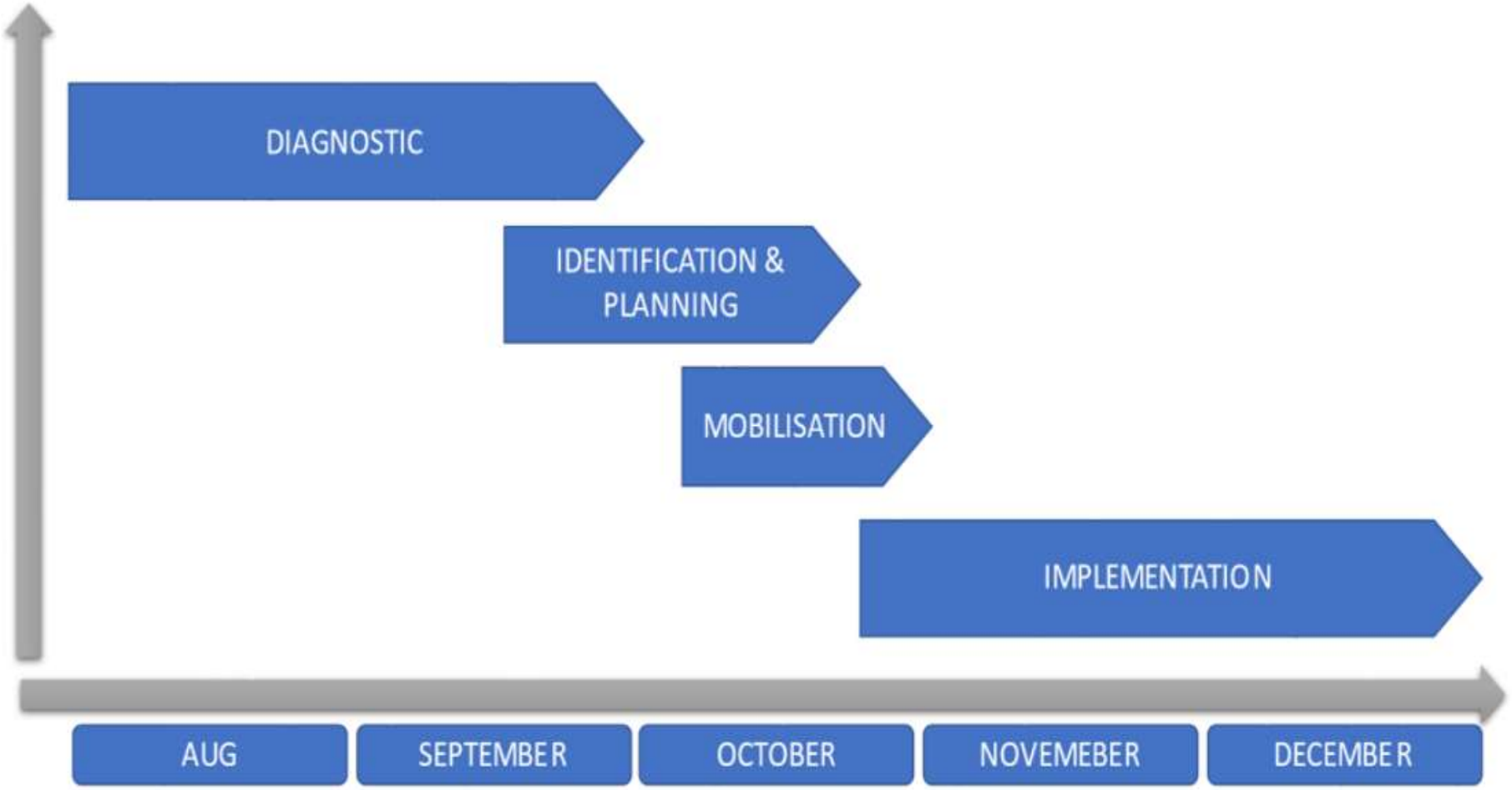
Blossomfield Surgery, Dickens Heath Medical Centre, Grove Surgery, Haslucks Green Medical Centre, Jacey Practice, Monkspath Surgery, Shirley Medical Centre

What are the challenges?

Sources of support



The journey


DIAGNOSTIC
IDENTIFICATION & PLANNING
MOBILISATION
IMPLEMENTATION
AUG
SEPTEMBER
OCTOBER
NOVEMEBER
DECEMBER

Telephony & Demand/Capacity Work

Data quality from digital telephone system.

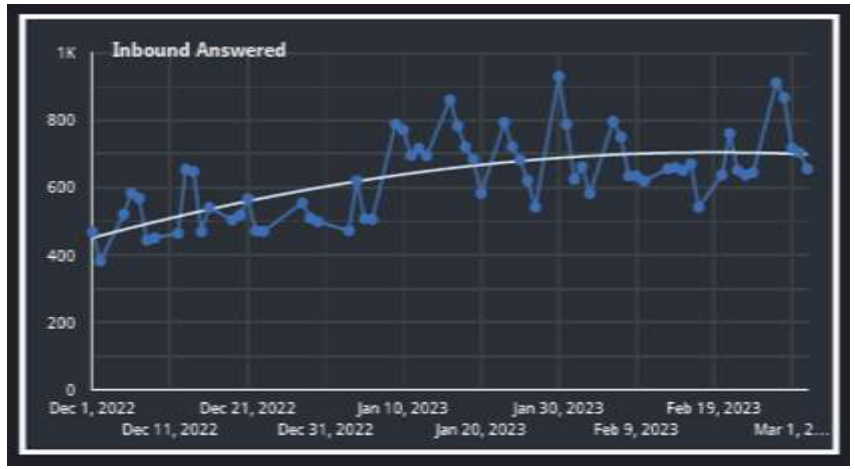
- **No. of calls, no. of callers, time of 1st attempt, dropped / abandoned calls.**

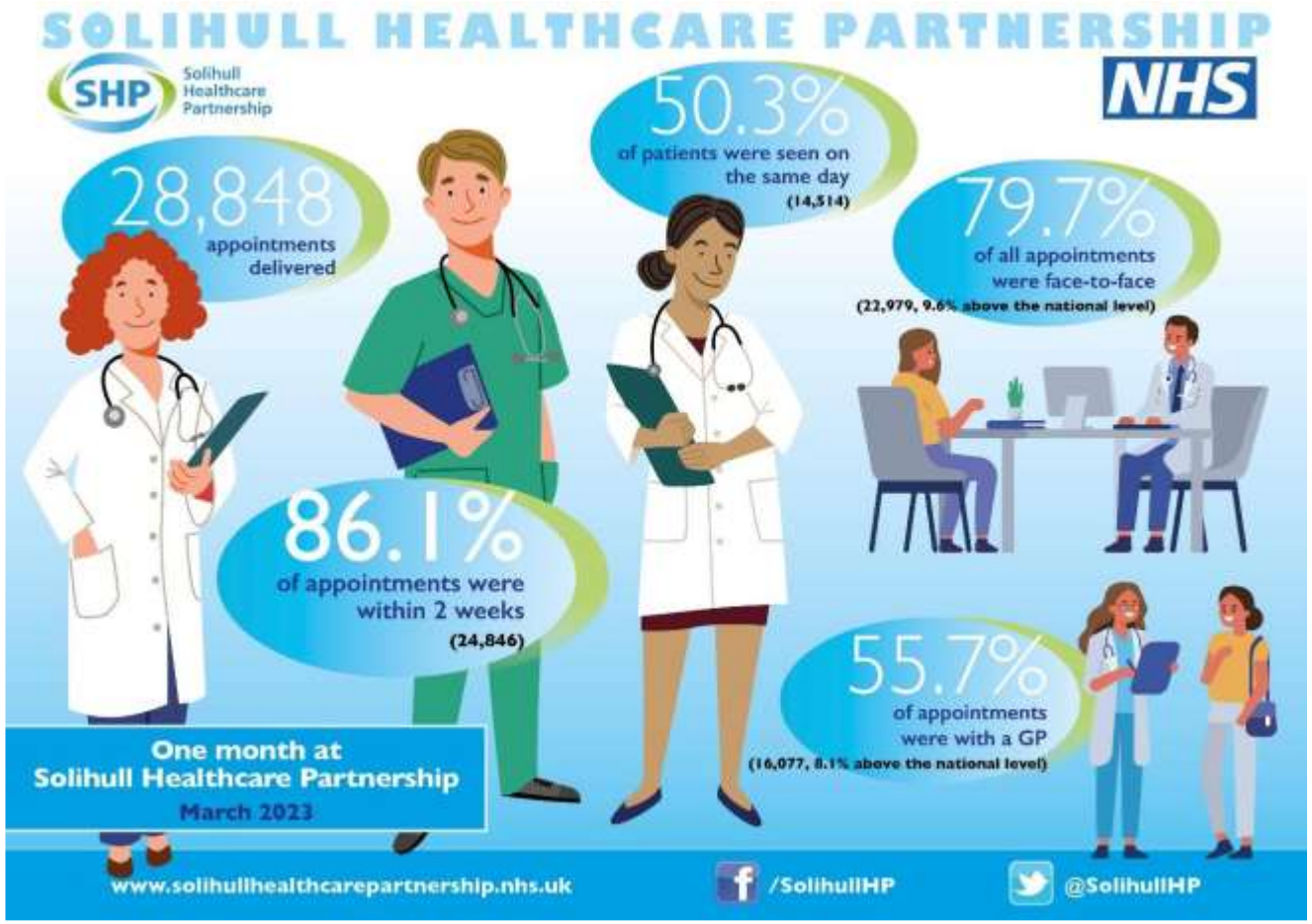
Audit appointment capacity vs patient demand

Review of telephone system configuration

- **call flow redesign, contact centre and telephony infrastructure**

Changing outcomes





Digital integration

NHS App uptake

- ❑ Facilitates easier access to repeat prescriptions
- ❑ 31,000/56,000 patients use it
- ❑ 650-700 repeat prescriptions/week
- ❑ Improves telephone access for patients

.

Care Navigation - Modern General Practice Approach

SHP Care Navigation Training

Signposting Tools

Employee Recruitment & Retention Plan

Outcomes

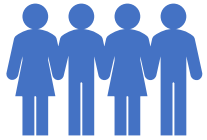
Effective navigation is a key element of delivering coordinated, person-centered care and support

Sustainable current and future workforce, offering opportunities for development.

Improved staff wellbeing

Implementing Modern General Practice Access

Our Vision Statement



Engaging with our community to enhance the health and wellbeing of our neighbourhood

Enabling our team to create an environment that encourages excellence

Working with the community to provide compassionate, person-centred responsive care

Thank you……

Find out more

Universal support

For practices and PCNs

- Webinar series on the key focus areas; demand and capacity, navigation and triage, telephony journey, online journey and practice workload.
- QI training for practice and PCN staff.
- Development programme for PCN Digital and Transformation Leads
- Online resources, including quick wins

Register for the demand and capacity webinar series

‘Hands on’ intermediate and intensive support

For practices and PCNs

Practices and PCNs can find out more about the hands-on support provided nationally by registering for an introductory webinar.

ICBs are coordinating hands-on support and capacity funding to practices.

Contact your ICB lead to confirm your interest as a practice or PCN.

Join PCIC, the national Primary Care Improvement Community

A community for all involved or interested in Primary Care quality improvement.

Joining gives you access to:

- support through a national network of like-minded colleagues
- events and resources on a range of quality improvement topics
- a monthly newsletter with the latest developments and resources

Join the community on: Connect - our online space on FutureNHS

Contact us: england.si-pcic@nhs.net

Q&A

We're hosting a series of webinars to provide more information about the Delivery Plan for Recovering Access to Primary Care

31 May, 1 – 2:30pm	Working to improve access to general practice through social prescribing and placed based working
31 May, 6 – 7pm	Community Pharmacy in the delivery plan for recovering access to primary care
July 2023 (date TBC)	Procuring Cloud Based Telephony
July 2023 (date TBC)	Demand, capacity and telephony

Visit https://future.nhs.uk/P_C_N for the schedule of webinars related to delivery plan, as well as registration links.