**Making documents flow**

Incoming paperwork to General Practice (GP) has increased dramatically over recent years. These documents contain information important for patient care - information to code, requests for follow up, investigations, prescribing and onwards referrals. A typical GP spends 1-2 hours (sometimes even more) each day processing this paperwork. This is a threat to the sustainability of General practice.

This information is also important so that we are paid properly and fully. Relying on the GPs to undertake this task is a threat to income! Even if QoF were to be substantially revised, coding seems certain to remain central to practice income.

NHS England funding has been made available to CCGs in England (approx. 78p per registered patient up to end Mar 2020). As follows

***task of managing clinical correspondence****, this is an enhancement to typical tasks of handling correspondence, such as scanning, forwarding to GPs and filing e.g. a member of clerical staff in the practice is given additional training and relevant protocols in order to support the GP in clinical administration tasks. All incoming correspondence about patients from hospitals is processed by a member of the clerical team. It requires the staff member to be skilled and confident to make decisions about how to code a letter and its contents in the patient record, how to use an approved protocol for deciding which letters need to be sent to a GP and with what level of urgency, and when to ask for help. Training should also support the practice in establishing its own internal systems including a safe and appropriate protocol to guide staff, a system of supervision (especially for the early stages of implementation) and regular audits of safety and effectiveness. Ideally a training experience should provide opportunities for practice managers, GPs and staff to hear from others who are already working in this way.*

With appropriate materials, protocols, training and system support, practices can divert the majority of their document management away from their clinicians. This work can be undertaken by other suitably experienced practice staff.

EPI’s experience suggests that a typical practice can effectively deal with 70% of correspondence without it having to reach a GP (NB. Some studies suggest a higher figure – our experience suggests an 80-90% target may be unrealistically ambitious for most practices – we consider our ideas to be safe and achievable).

Implemented systematically this

* will enhance good patient care
* enhance practice income under QoF (and any successor arrangements)
* reduce burden on GPs
* free up time, to work on other priorities, or even get home earlier

Achieving 70% diversion offers the prospect of saving a typical GP at least 40 minutes, and quite possibly more, per whole working day.

EPI’s **‘Making documents flow’** has been developed to support practices considering this process or for those who have partially developed it and wish to develop it further. The target audience is a working group within the practice, typically composed of a minimum of:

* practice manager (or appropriately senior managerial person)
* GP lead
* 2 or more members of the non-clinical staff, who will be trained to operate document management according to protocols developed by the practice in conjunction with EPI

In reality, a medium sized practice needs at least 2 active coders working on any day. We think a core team should ideally be 4-6 for a practice this size.

Too few, and the staff member may become overwhelmed (it is a painstaking task and one that we don’t recommend someone perform solidly for 8 hours per day). In addition, if you have too few coders, you may struggle to cover holidays, absences and staff resignations.

On the other hand, too many coders may threaten consistency, and management may be more difficult.

It is essential that the practice has a senior member of staff “in charge”. We refer to this person as the practice champion.

We offer a smorgasbord for commissioners. The core training is a practice needs analysis, followed by a tailored 1-day practice based training. For some practices, this may be sufficient for them to run with an effective implementation.

Many practices will benefit from extra elements to help embed the changed way of working in practice. The core, and various options, are outlined below.

Our approach is to the coach the practice to develop and “own” its own system. The benefits are significant (see above). It is vital that the practice is able, after our training, to continue to audit, run and develop its systems for effective document and correspondence management and flow. That is our goal.

1. **Needs Analysis**

This could be conducted by phone, video conference or a site visit with our lead trainer. It will result in EPI gaining an understanding of

* The practice’s starting point
* The practice’s goals
* The practice’s resources for achieving its goals
* Identification of the practice Champion and core team for driving the change

1. **Outline of ‘Making documents flow [core workshop]’ (1 day training)**

The training is aimed at the core team (GP lead, Management lead, all the non-clinical staff likely to be involved with coding). We can tailor an element of the day to involve a wider team – the precise audience and timings of the day to be negotiated as part of the needs assessment.

**Includes;**

* Introduction and aims
* **Context** – why now, case studies, sustainability. The evidence and GP5YFV
* A description of the system – **File. Action. Code. Communicate**
* **Outcomes** for patients, clinicians, staff and practices
* A **Needs assessment** - How to Assess your current system
* **Staff & resources** – Skills, daily commitment, time to introduce and support needed
* A **toolkit** for Improving document workflow – developing systems for
  + filing documents without clinician input at all
  + Coding data from documents
  + undertaking actions identified within letters (Investigations, follow up, referrals, medication changes)
  + When to forward letters to a GP, how to communicate actions.
* Coding and Actions – options
* Exercise to identify the risks and benefits of these systems - How to mitigate risks
* Governance – GP champion, protocols for specific documents, reviewing the process
* Building a supportive (ever improving) environment – open, two directional learning and feedback.
* How to monitor the introduction of this and audit suggestions

A **course pack** for all participants includes

* A course workbook; acting as a workbook on the day and a reference for later
* Resources to support toolkit
  + “Coding template”. The “top 100” conditions and their codes. A template for the practice to build a practice-specific policy onto.
  + Document decision making – filing/action/code/GP view/pharmacist etc
  + Coding process (including QOF/LES/DES requirements)
  + Communication resources
  + Governance/audits/reviews.
* A template for developing and recording a governance process

1. **Embedding training**

This one day training session will leave practices with a SMART action plan to take away and to support making change at a practice level. This training could be offered on a locality basis or to a clusters/federations working towards more unified systems. In addition it can be offered at a practice level where a practice needs assessment will result in a tailoring of the training.

Embedding change in practice usually benefits from support. Based on our experience, EPI can offer any of the options in the lighter blue boxes below;

*Making documents flow*

(1 day course)

*Next steps*

(½ day, locality

course, for

admin & GP champions

*Further training*

*for coders*

(½ day course)

*Practice specific*

*Needs assessment*

(Tel/F-2-F)

*Document management*

(½ day whole

Practice team)

**Options;**

* ½ day training for coders and champions. To review successes and challenges; to audit performance with a sample of coded correspondence; to revise the project implementation plan; in particular, to ensure that the practice can continue with effective self-review of performance
* ½ day training for all practice staff. Examining and introducing the diversion of this workflow – introducing systems, risks vs benefits, governance, increasing chances of success and ownership by all practice teams
* ½ day admin and GP champion - Next steps. A practice identifies key practice staff who will be involved in implementation of their new system and wish to have more practice specific support in setting up systems. Would suit a practice wishing to extend the system to consider Next steps.

**EPI’s experience**

The training is based on the experience of 2 practices who have independently implemented their own document & correspondence management programmes. Lessons learned form the basis of the training.

Married to EPI’s experience of running approx. 300 training days/half days annually, in the areas of team effectiveness and professional skills.

**EPI’s team**

The programme lead is Dr Nicola McGuinness (GP Bristol).

Design of training in conjunction with Dr Malcolm Thomas (ex GP; Medical Director of EPI).

Design & facilitation from Dr Zoe Neill (GP Leeds) & Liz Wick (Practice Manager, Sheffield)

We are currently recruiting at least 1 more Practice Manager with relevant experience