

10 High Impact Actions

1:
ACTIVE SIGNPOSTING



2:
NEW CONSULTATION TYPES



3:
REDUCE DNAs



4:
DEVELOP

1:

ACTIVE SIGNPOSTING



- Online portal
- Reception navigation

7:
PARTI

10:
DEVELOP QI EXPERTISE



Innovations from around England that release time for GPs to do more of what only they can do.

bit.ly/gpcapacityforum

#GPforwardview



1 Active signposting

Reception care navigation



The idea

- Receptionists' job is to connect the patient with the most appropriate service (not just book everyone with a GP).
- Train receptionists to ascertain the patient's need. Include red flags for medical emergencies.
- Develop a directory of services, inc services outside the practice, for patients to be directed to.

Impact

- Reduced GP appointments – estimated at 1,046 per year for a 10,000 patient practice. (Eg West Wakefield, 930 GP hours saved across the 6 practices (64,000 patients) in the first 10 months).
- Patient benefits - faster access to the right service (one step in the process removed).
- Staff satisfaction – receptionists feel they're doing a better job for patients and making bigger contribution to the practice.

Implementation tips

- Explain to patients that the aim is not to deny them access but rather to improve it, as well as allowing GPs to focus on the things only they can do.
- Involve GPs themselves in giving information and explanation, eg through the practice newsletter and in the welcome message on the phone system. Practices report this being very effective.
- Encourage receptionists to ask lots of questions, practice asking about the patient's need and make their own suggestions for improvement and the directory of services.
- Measure closely at first, to demonstrate impact and identify areas for improvement.
- Keep the directory of services updated.



bit.ly/GPcapacitynet1

#GPforwardview



The idea

- Patients are encouraged to make the practice website or a mobile phone app their first point of contact.
- This provides access to symptom checkers, links to local sources of advice and support in the community, details of community pharmacies and self help advice for minor ailments.
- This may sit alongside e-consultation functions and transactional services for repeat prescriptions and appointment booking.

Impact

- Patients increase their knowledge about how to care for themselves and are connected with community based care and support options that improve wellbeing and independence.
- Reduced GP demand for appointments – findings from inner city practices (webgp.com):
- 60% of users use the symptom checker and self help advice
- 20% visit pharmacy

Implementation tips

- Ensure marketing is clear and attractive, and that the online option is the easiest for patients.
- Involve all practice staff in signposting patients to the online service.
- Place often-used patient information resources there and encourage clinicians to direct patients there rather than giving printouts in consultations.
- Be clear that the aim is not to deny access but rather to improve it, through allowing GPs to focus on the things only they can do.
- Keep the directory of services up-to-date. Do this in partnership with the CCG, other practices, 111 and the council of voluntary sector organisations – create the directory once, for multiple organisations to use.





How do patients respond to receptionists playing a more active role?

- For many, it is already normal for receptionists to act as a full member of the practice team. It is already commonplace for receptionists to need to know the purpose of an appointment when it is for a smear, vaginal swabs or travel advice, and it is usual to have to give medical details to receptionists in A&E and other hospital settings. Similarly, patients in many practices already obtain test results from a member of the reception or clerical team.
- Where receptionists in a practice have traditionally had a more limited role, it will be important to explain to patients the reason why they are now engaging more actively. In particular, patients sometimes fear that this about finding ways to deny an appointment. Practices can be confident to explain they are using active signposting for precisely the opposite reason - to make it easier for people who need a GP to get an appointment, while shortening the time it takes to connect patients with the most appropriate person.
- Concerns are sometimes raised regarding the ability of receptionists to maintain confidentiality or to protect patient safety. Practices who are using active signposting make two points here:
 - receptionists should be trained to protect confidentiality and play their part in maintaining a safe service
 - a systematic approach to using active signposting will involve additional training in speaking with patients and making safe and effective decisions. In even the best practices, this is likely to actually improve patient safety.
- Active signposting is not a clinical consultation. The purpose is to connect the patient with the most appropriate person. It is not to make a diagnosis or plan treatment. Often, there will be more than one option - the patient has the final choice.



Questions for getting started...

- What are the most common enquiries / problems you need to target for signposting? How much benefit are you expecting?
 - Consider running a rapid audit of potentially avoidable GP consultations (bit.ly/time4caretool1) or of enquiries at reception. This will identify priority areas to address.
- Where will you source information for a directory of services? How can you avoid duplicating effort?
 - You could use the directory of services held by the local 111 provider as a starting point, or contact the council of voluntary sector organisations.
 - Additionally, ask clinicians to log the most common patient information they give out in consultations, and put that on the portal.
- How will you arrange training for receptionists? Do you have preferences about the training being entirely face-to-face or including e-learning as well? Which other practices could you partner with to undertake the training and follow-up?
- How will you engage the Patient Participation Group to help with marketing and to give honest feedback on ways to improve the portal and how staff encourage patients to use it?
- How will you measure the impact of the change?

