



11/10/2017

Hello hello,

In today's news, three points. Here goes:

1. **FOR ACTION:** Please fill out your staff surveys!! We cannot work on improving morale if we don't know what that morale is. So we need to measure it. As in, *all the time*. Again and again and again, as a super routine part of how we work. In the same way that when you get home, if you don't live alone (which is also super fun in different ways), you ask "how was your day". You don't stop just because on one or two days someone answered "fine". You ask again – just in case something happened at work, or whatever. Along those same lines, we are asking – again and again and again – how people feel. How YOU feel. This takes about two or three minutes to answer. Please do so, and accept this as a sign of the famous Tower Hamlets lurv.

Oh yeah, the link to said survey:

<https://www.surveymonkey.co.uk/r/HVQYHWK>

2. **FOR INFORMATION ONLY:** We have learning systems on the brain! We've discussed these with many of you: we are hoping to expedite change in practices by grouping together people working on similar themes to learn from each other (and from best practice). On our shortlist are DNAs and access, digital access, telephone systems, and long term conditions. Hope at least one of these tingles some interest – watch this space!
3. For celebration: **CELEBRATION!! Hurray!!** The best (and longest) for last. Those of you who attended our longer QI training this summer (ISIA: Improvement Science in Action) ended the course with a poster to summarize your journey and learnings. But we never shared the richness of that experience. I was in the Grand Canyon in USA (duh) when the posters were shared, and I won't go as far as to say that I wish I hadn't been walking the south rim, but I do think that anyone that didn't hear about these journeys really missed out. So here it is. A chance to share (read all the way to the bottom – your prize is a pic of some of our heroes):

**Project: New Patient Checks**

**Practice: St Andrew's Health Centre**

**Aim:** Improve the use of resources at St Andrews by reducing the number of new patient checks by 20% and reducing the DNAs for new patient checks by 20%. They also aimed to increase the number of newly registered Social Prescribing referrals from 0 to 10.

**Description:** St Andrews undertook this very ambitious project and have done brilliantly.

They modified the registration form to allow patients to book into sexual health screenings, social prescribing and new patient checks themselves. This has reduced the % of patients having New Patient Checks, % of DNAs for New Patient Checks and increased the number of new patient social prescribing referrals.

Project: **Document Management**

Practice: **Wapping Group Practice**

Aim: reduce documents sent to clinicians by 25%

Description: Wapping has tried to reduce documents sent to clinicians by having protected time for GPs and receptionists to scan their documents, change scanning routine and provide training as to documents that should not be work flowed to GPs. They have seen improvements and are still PDSAing.

Project: **Increasing patient use of online services**

Practice: **Blithehale**

Aim: Increase patients use of online services by 50% by the end of September 2017

Description: In order to reach their aim the team contacted patients after 2 weeks of giving PIN to ask set of questions to understand why patients were not becoming active users. Then they decided that clinicians and reception will give out pins to patients and keep record at the reception. Results show that the number of active users has increased from 580 to 804 in 5 months and the number of saved appointments is increasing as well.

Project: **Improving Access and Increasing E-Consults**

Practice: **St Paul's Way Medical Centre**

Aim: Increase uptake of E-consults

Description: St Pauls have increased their average number of e-consults per day and now has the highest in the borough at 3.9.

Project: **Using social prescribing to alleviate demand on clinical appointments**

Practice: **Limehouse Practice, Gough Walk**

Aim: Increase the uptake of social prescribing referrals by 300%

Description: Over the course of their project a 330% increase in social prescribing was achieved. Some of the PDSAs were offering social prescribing as part of the online booking process and encouraging reception to refer patients to social prescribers.

Project: **Appointment System**

Practice: **Albion Health Centre**

Aim: Increase appointment capacity to 550 appointments per week by September 2017.

Description: After completely changing their appointment book, Albion has increased their appointment capacity from 440 appointments per week to 540. At the same time they managed to reduce their DNA rate.

Project: **Management of Sexual Health (STD) blood tests and swabs**

Practice: **Jubilee Street Practice**

Aim: Reduce the results given by GPs. Increase results given by nurses and STD admin leads by 80%.

Description: JSP has seen a fall in GP handling results for STD blood tests and swabs from 100% to a low 14%. This is more than they hoped for!

Project: **New Patient Check System**

Practice: **Jubilee Street Practice**

Aim: Reduce face to face New Patient Check appointments by 70% by November 2017

Description: The team over in JSP has reduced avoidable new patient checks by targeting those under 40 who don't have a long term condition. So far the team has managed to save

77 appointments that would have otherwise been for new patient checks. That translates to 20 hours of Nurse/HCA time.

Project: **Appointments**

Practice: **XX Place**

Aim: Reduce the percent of patients booked inappropriately by end October 2017

Description: XX Place are still in the early stages of their project and awaiting the results of their first test of change. So far they have tested doctor triage for patients with same day appointments.

Project: **Results procedures**

Practice: **Bromley by Bow Health Partnership (XX Place, St Andrews and Bromley by Bow)**

Aim: 10% of all results will be communicated by PA team by September

Description: Over the period of monitoring going back to October 2016, the partnership have saved 106 clinical contacts across the three practices. This was achieved by training PAs to communicate normal results.

Project: **Interruptions**

Practice: **Bromley by Bow**

Aim: 10% of all results will be communicated by PA team by September

Description: BBB are at the beginning of their QI Project. So far they have devised a data template for people to track the details of interruptions such as who it was by and what the reason for it was. Soon the QI team will collect all this data and analyse it to detect trends and patterns or simply find serial offenders!

Project: **Long Term Conditions**

Practice: **Bromley by Bow Health Partnership (XX Place, St Andrews and Bromley by Bow)**

Aim: Improve the use of resources for people with multiple long term conditions

Description: Each of the practices in the partnership did something different. In BBB, the team used nurses to talk to patients with medication queries. They also had an educational event for pre-diabetic patients. In St Andrew's, nurses had discussions with patients with multiple long term conditions about their care plans. In XX Place group education sessions were held once a month for diabetic patients.

Project: **Reducing patient DNAs**

Practice: **Harford Health and their awesome network**

Aim: Reduce DNAs for long term conditions from 18.4% to 10%.

Description: Harford have completed a fishbone and driver diagram for DNAs by people with long term condition. They are brainstorming change ideas. What they have so far is to call the patients a day before their appointments, avoid advance booking of appointments and change appointment time slots for people with long term conditions from 15 to 30 mins.

Project: **Patient Online Registration**

Practice: **Stroudley Walk**

Aim: They are currently at 13% and their aim is to reach 18% by 1st November 2017.

Description: Patient online registration through several tests of change has jumped to 16% then to 22%. These tests of change were advertising in the waiting room and making telling patients about online services a part of the new patient check.

Practice: **Bethnal Green Health Centre**

Project: **Managing the need for extra appointments**

Aim: Reduce the number of extra appointments by 50% by the 30<sup>th</sup> of Aug and sustain this through to Dec 2017

Description: Bethnal Green has done several PDSAs and reduced the number of extra appointments. These tests of change were giving the patient emergency tokens, changing the menu system for routing patient requests, creating a template so receptionists will know what to book appointments are most appropriate for patients and using an emergency appointment script.

Practice: **Tredegar**

Project: **Improve referrals**

Aim: To improve referral process by reducing unknown outcomes to 10% in 6 months

Description: "Unknown outcomes" are referrals that the GP has begun the referral process for but the final stage – whether it is not taken further or sent to secondary care- has not been clearly recorded. Tredegar has had issues collecting data and will report once they have.

Project: **Patient Registration**

Practice: **Mixed Team (Network / Practices – XXP and Tredegar / CCG)**

Aim: To reduce the percentage of unregistered Tower Hamlets residents attending the Urgent & Emergency Centre by 30%.

Description: Number of unregistered patients who attend the UEC is high (figure) and costly. Patients registered with a practice will be able to readily access primary medical services, and are less likely to use the UEC unnecessarily. Change ideas are around communication about new patient registration benefits (from a patients and practice perspective), agreed GP registration rules (SOP) and implementing new patient checks in hubs.

Project: **Increasing the Uptake of eConsults**

Practice: **Chrisp Street**

Aim: To increase number of eConsults emails received by practice to 10 per week by end of December 2017. To improve patient access and reduce demand for face to face appointment.

Description: Patients can wait for up to 2-3 weeks for a routine appointment with their usual GP. The team is at the beginning of their QI journey and they have identified a set of 9 Change ideas they would like to test (PDSA in progress: add message to right hand side of prescriptions and Communication to all staff).

For once, there is little to add.

*Here's to you, St Andrew's, Wapping,  
Blithehale, St Paul's Way, Limehouse,  
Albion, Jubilee Street, XX Place, Bromley By  
Bow, Harford, Stroudley Walk, Bethnal  
Green, Tredegar, Gough Walk, Chrisp Street  
and TH CCG! And to all the other practices*

*starting or continuing on their QI journeys –  
you are making history.*

