EQUIP
TOWER HAMLETS

15/11/2017

Good day, good people

So you know how much we like communicating. We communicate a *lot*. But often, it's more communication going *out* (cue this email!) rather than feedback coming back *in*. For this reason, we rely heavily on two groups that have been set up for the exclusive purpose of giving us feedback, and keeping us on track. These are:

1. **A steering group** (meets every two months) attended by practice members, so we can hear feedback and make the program better based on live experience
2. **A program review board** (meets every three months), attended by "wider stakeholders" (a fancy way of say Big Local Cheeses) to hold us to account and make sure we stay relevant and aligned to everything else that is happening in our area

Today's email is to tell you about the convos and feedback we received from our practice member steering group (1) earlier this month.

- Pocket QI: you would like more of this. People still need to be trained in QI, and at the moment, we haven't yet organized a second or ongoing tranche of training. On our action list!
- You would like our ISIA training to take place in a more condensed format - afternoons felt long – the group felt perhaps too big – and you would have liked more links to general practice life, with live examples built in throughout about places and opportunities to use the tools . The way it was organised meant that not everyone would be using the tools and would be likely to forget about them. Ideas we might want to consider are smaller groups, every individual doing one poster (versus one poster per practice), and maybe limiting attendance to one person per practice to maximize personal versus team skill learning.
- Sharing and upscale is what you are keen on now. Which is great!
- You asked us to think about the variation in what people are getting from our IT infrastructure (Life QI and Edenbridge), and to focus more on stronger, more consistent use of our IT platform across the borough.
- A lovely philosophical point is left floating, but in a nice way, meaning we can mull this over as a group… How do we shape roles as people change the way they work? For example – if I move away, just as an example, from paper letters, how do secretarial roles evolve and stay relevant? How do classically trained GPs adapt and evolve to see patients in a different way, for different conditions, for different times, through a much broader use of digital technology…? The list goes on. Basically: how do we all stay relevant in a constantly evolving system?
- Can we involve the GP Care Group more to use QI as its main way of working and thinking… Could the Care Group test the methodology around something like anticoagulation services? Could networks do the same, using the Edenbridge platform?
- And speaking of the famous Edenbridge - do we all learn it ? Only a few people per practice? There are pros and cons both ways. Maybe all doing it increases engagement overall… We

decide that we will ask to hijack one of the evening borough meetings (the old "first Tuesday of the month" meetings, the ones with super tasty rice speckled with yummy cumin seeds, and thick, chunky chick pea curry), and show everyone a live example of practical Edenbridge use, to pique interest.

- In the meantime, while sharing examples on a wider platform, we need to consider practice-based Edenbridge training for each practice.
- We discuss the pros and cons to coaches having a background in primary care background - how important is this? What does this add, and what does it add that it shouldn't…?
- How do we catch up teams and people who have not attended the training?
- Are we working on too many projects? Awesome that these are multiplying like rabbits, but we need to make sure that each project is completed while also focusing on new ones. Maybe split teams! Get people to start working on different stuff and drawing in new folks.
- Patient involvement needs to be looked at in a more structured fashion. We will ask St. Paul's to support us in this, and be the first to directly invite patients into their microsystems.
- High priority on the list is to think about how to get through on the phone. This comes out loud and clear, especially from the most recent Healthwatch report.
- The group would like see what we as a team see in terms of and overview of data at borough level (we call this "enterprise view" – it makes us feel space age and important – ok not really). Action point for us, to share our Edenbridge enterprise view at the next steering group meeting. Which by the way will take place on Thursday 4th Jan, 16:30-18:00, should anyone wish to join!

Last item of service, which Alex would throttle me if I didn't share – due to popular demand, and totally in line with the feedback above, **we are hosting two more Edenbridge workshops on**:

6th December 12am to 2 pm
14th December 3 pm to 5 pm
At the IT suite at: 75-77 Worship Street , London,EC2A 2DU

Please sign up ASAP as there are limited spaces available. You can sign up here: https://www.eventbrite.co.uk/e/edenbridge-workshop-tickets-39618956365. Coffee in that area is amazing, Just sayin'. Will write again next week, of course – 'till then,