

And here are our agreed **tests of change**, the ones we think inform our confidence that we are ready to scale this process/offer:

Change Ideas / Secondary driver
Have a patient liaison officer in reception to promote and sign up patients
Promote access online medical records as part of routine care for LTC/CDM clinics
Implement message on right hand side of scripts
Design test and display posters in reception
Request for online access defaults to include medical records use "opt-out" system
Only give lab tests out online
All services can only be accessed online - booking, prescriptions, sick notes etc....
Clinical led process: offer records access in every appointment
Offer Sign up at phlebotomy
Automatically enrol all new patients to record access
Get patient /staff feedback using survey/interviews
Clearly identify and communicate advantages to patients – WIP
Standardise registration process across all TH practices, eliminate non-value adding steps
Undertake literature review and summarize findings
Embed online access into registration process
Develop promotional material accessible on English/other languages
Access to immunisation records for travel advice and occupational health requests
Standard script for reception with clear messaging around benefits – WIP
Segment patients to target cohorts 1. Frequent attenders 2. patients between 20-35 3. high risk of DNA 4. Carers
Identify information resources
Training for practice team in registration process, benefits, how to use
Option for new patient to ask for online access when they register online (linked to the new online registration QI project)

We were told we rock: Collaborative work was a great experience, and we were lucky to have a generous and articulate patient in the room. Energy was high, and we all felt we shared a common purpose and vision, with everyone owning a truly equal voice in discussions. The hierarchy was so flat it looked like a horizon from the shore. We actually did things and found solutions, made glorious mistakes and learned from them. Most of all, we designed, refined, and agreed a basic process, really trying to unpick some of the trickier areas such as confirming proof of ID and what is consent. We did loads of sharing, and learned about learning.

We were told we could really do better: We could have done, perhaps, with a few more dissenting voices: this was the coalition of the Inspired Believers. (Although Nana did do his best to focus our jolly, bright-eyed gaze on reality.) We could also have done with a few more local residents – of the kind that do not work in general practice. We were not great at communicating between sessions, or at following up actions. Our attendance remained good, in terms of practices represented, but we learned that having the same people attending regularly is the best way to progress learnings. We

wish we'd spaced the sessions out a bit more to allow more time for testing, and.... THIS WAS THE WORST PART.... All our data crashed in the sense that something happened to EMIS and we were suddenly unable to replicate any of the searches that informed our baseline. *Disaster*. But we survived and worked through it, which makes us feel like Marvel comics heroes.

Important important important!!! EMIS is currently unable to run a search that tells us the number of patients that have access to their online records, or who have access and use this. Until this glitch gets sorted, the only way we will be able to track the patients we give full online access to is by coding this. So that we are consistent across the borough, please use the code for **Registered for Access to Patient Facing Services - 9IW**.

So where are we now: Good question. And this is, by the way, something we learned: awesome to bottom out solutions for the whole borough, but you then need a way to implement them at scale. And that, in all honesty, is where we are now. Probably looking to team up with the GP Care Group to perhaps start to think about scale and diffusion of this access through networks.

And that, folks, is all. Please take some time to look at the process agreed, to maybe check the project on Life QI, and to start conversations with your teams so that we can start to return ownership of records to the people who actually have rights over these: local people. AKA patients. Don't wait for us to draw up a plan for the borough: cut your teeth on the process above, and pick a few tests of change to start **today**, if you're not convinced on going from zero to hero all at once.

Partnership working and citizen health empowerment begin. Happy journey to us all, and thank you to those practices who kicked us off with a solid start! They score phenomenally high on the fantastic-o-meter. Seriously, I checked.