

## Background

The Nightingale Practice in City and Hackney has a list size of 12,000 supported by 8.25 WTE GPs. Their patients have a median age of 35, with 4.5% > 70. The majority of patients are White British (55%) with 20% from Black/African/Caribbean and 10% from Asian backgrounds. The deprivation score for their patch is 2.

Since 2014, the Nightingale practice operated a Doctor First or telephone triage model. Patients would ring the practice, tell the receptionist the reason for the call, and the receptionist would signpost them to the right place. If the problem required GP input, it would be placed on a triage list to be dealt with that day.



## Drivers for Change

In Winter 2019, the Nightingale practice team faced a number of issues that prompted them to relook at this model:

<b>Improving Access</b>	<ul style="list-style-type: none"><li>• Phone lines were constantly engaged, raising concerns vulnerable patients were not able to get through</li></ul>
<b>Improving Continuity</b>	<ul style="list-style-type: none"><li>• Patients were booked in for follow ups with a doctor that hadn't completed the initial investigation nor was their regular doctor. This led to duplicating work, ordering further investigations or asking the patient to call back again.</li></ul>
<b>Increasing Efficiency</b>	<ul style="list-style-type: none"><li>• Despite initial screening, cases were added to GP lists which could have been better dealt with elsewhere</li></ul>
<b>Empowering Staff</b>	<ul style="list-style-type: none"><li>• Helping frontline staff move into care navigator roles</li></ul>

## What did they do?

In May 2020, the Nightingale practice worked with a facilitator to implement a digital first triage model using a new online consultation system, AskMyGP. Over a 7 week period they prepared and launched the new system. At the outset of the project, the team raised the following concerns about the model:

<p style="text-align: center;"><b>Access</b></p> <p>How would it provide fair, user friendly access to all patients, including vulnerable and non English speakers?</p>	<p style="text-align: center;"><b>Safety</b></p> <p>Will this mean patients are passed around and will it inlead to Important / urgent things being missed?</p>
<p style="text-align: center;"><b>Demand</b></p> <p>Would access become “too easy”? How could demand be managed when the team were busy?</p>	<p style="text-align: center;"><b>Impact on Reception Staff</b></p> <p>Will the team be over-worked? How can we train them to support appropriate triage?</p>
<p style="text-align: center;"><b>Impact on Clinicians</b></p> <p>Would this system mean more administration and less patient time for face to face interactions? Or would it result in more complex cases which place greater stress and emotional burden on GPs?</p>	

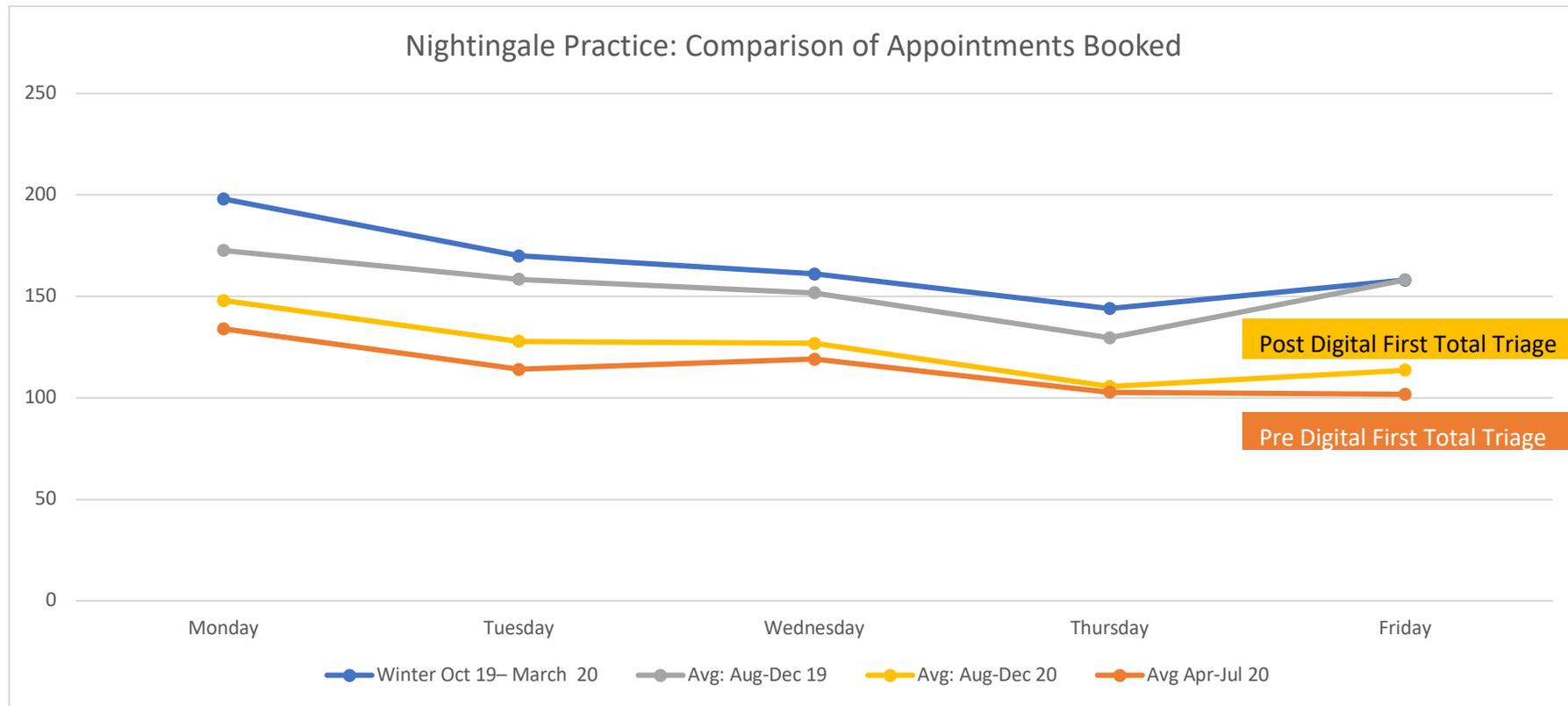
The practice established a working group, involving individuals, including some who were sceptical, from across the different groups in the practice. They developed an action plan together and met weekly to assess progress.

Key activities completed include:

- Creating pathways with the reception team to help them navigate different types of request
- Developing pre-set templates and messages to use for common scenarios/ self referral services / requesting photos if needed
- Developing flow chart tools to support the practice team use the new AskMyGP system
- Training the team in the new process and creating dummy patients the team could practice on pre-launch
- Advertising to patients through texts, letters, website updates and updating the practice phone message
- Reviewing historic demand data and using that to develop rotas matching capacity for each session with forecast demand.
- Hands on support to reception team from GPs for the first two weeks, with doctors working with reception staff each morning and sharing learning
- Ongoing working group sessions to review, iterate and improve the process

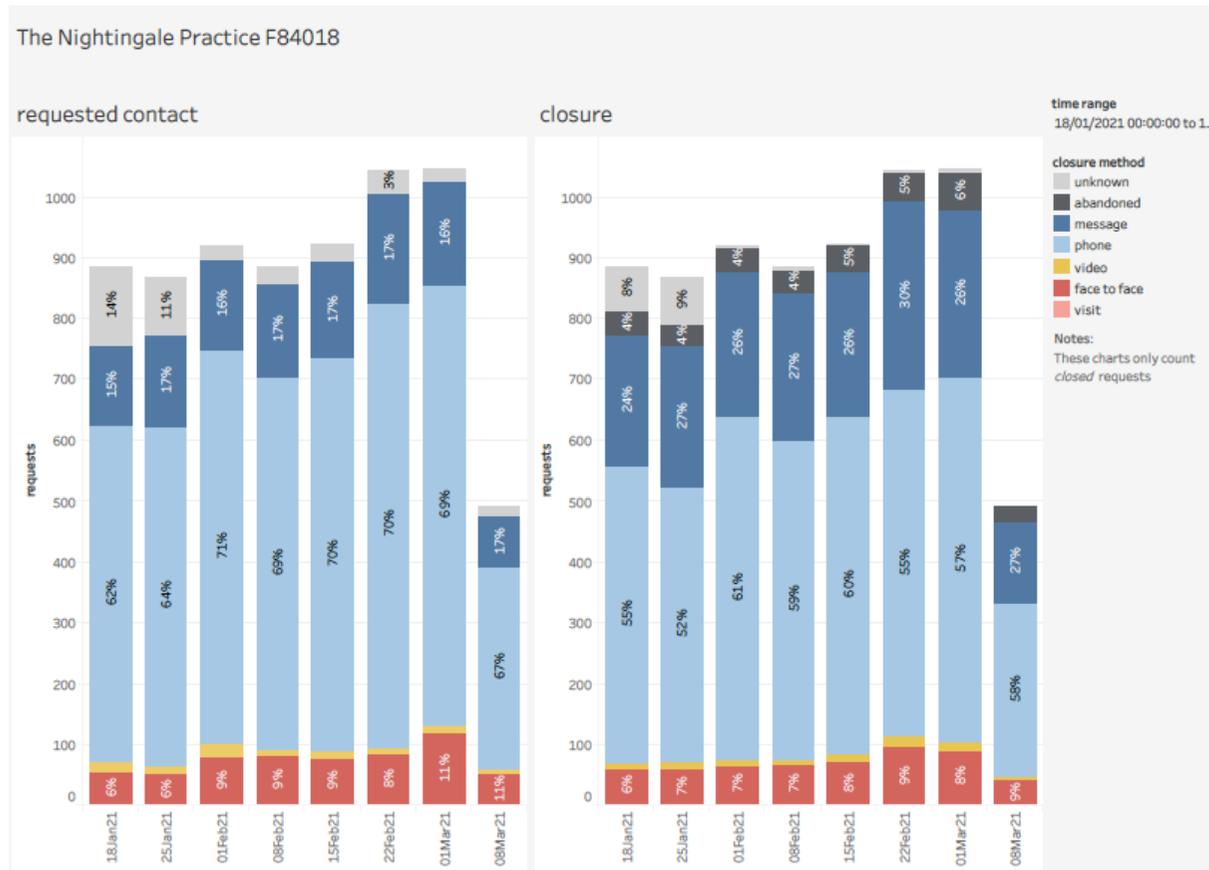
## What was the result?

### Impact on Demand



- Appointments decreased compared to the same period the previous year. This requires comparison across a wider sample to understand if this was likely caused by Covid or introducing the new process.
- Appointments slightly increased on average compared to four months prior to go live. Not unexpected given seasonal adjustment as moving into December.

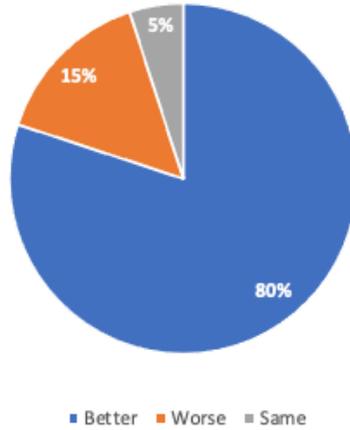
## Impact on how Demand was responded to



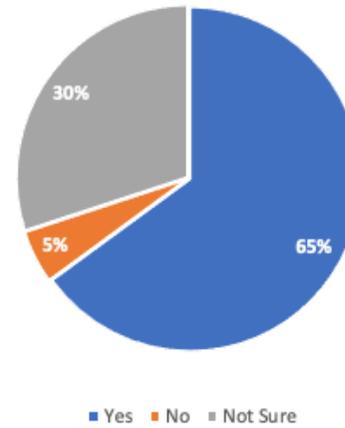
- Data shows that the system enabled the practice team to respond to work in the most effective way by redirecting requests for more intensive methods i.e. face to face, phone, to less intensive methods i.e message

## Staff Feedback

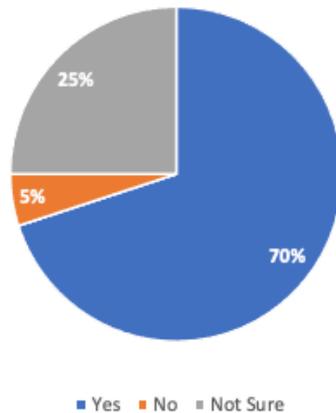
How has the change to AskMyGP compared with the telephone call back lists?



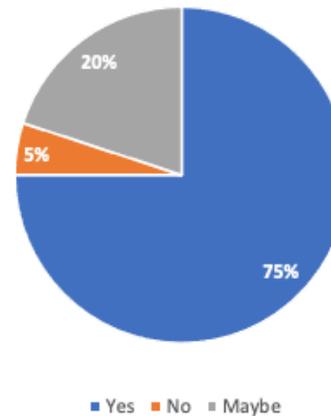
Do you think that the GP list now has more appropriate things on it?



Do you feel that continuity of care to patients has improved?



Do you think that access to care for patients has improved?



- The majority of staff surveyed reported improvements in continuity, access and appropriate work allocation.

## Patient Feedback over the first 6 months of implementation

- **67%** of patients reported the new system was better than before
- **84%** of patients scored the practice Very good or Good on the Friends and Family Test.

### Patient Quotes:

*“It easier because you can tell them what is the problem is also can send photos to the GP showing where is the pain coming from.”*

*“Once one gets used to the process and gets to grip with my technology new system is less stressful than waiting in surgery”*

*“This system, although a bit challenging in accessing and using the app, I feel it provides a better service than phoning for an appointment. Saying this, I think the app should be made a bit more user friendly as not everyone is IT savvy.”*

*“I liked the experience very much because I could explain my issue in details before the call.”*

## Lessons Learned

- The success of moving to this new system is dependent on how the practice team and patients are engaged during the process of implementation. Engage the team early, listen to anxieties and explain the need for the changeover. Working with the team to design the new process can help improve their buy in.
- This type of change takes time and effort from practices. It is worth the effort to plan and implement it in a structured way.
- Immediately after moving to the new process, ensure there is sufficient support for the reception team, as they will be the first point of contact to encourage and support patients to use the system. Aim to have a full team of receptionists during the first 3-4 weeks after switching over.
- When designing your new process, agree a cut-off point for each day after which any new requests will be dealt with the next day, aside from urgent cases. This can support practice team well-being and acceptance of the new process.
- Invest the time in reviewing and understanding your current demand data in order to better plan the capacity you will need when you move to this new process.
- Any new process will not be perfect immediately. Plan to continuously review, update and improve the process. Ongoing areas for improvement that the Nightingale are focusing on include:
  - Further Improving how the practice team can further support continuity of care
  - Exploring further ways to support patients who may struggle with the new system to ensure equal access
  - Further Improving how work is allocated across the full range of skills in the practice team
  - Providing ongoing support and training to reception teams to build their signposting skills
- It's important to balance communications to encourage users who can use the online consultation system to do so whilst ensuring that patients who may struggle to do so, i.e. the digitally excluded are aware they are still able to call the practice if they need to.