GP Workload Initiative

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Overview/Objectives

The workload in General Practice continues to increase, with administrative tasks taking GP's time away from clinical care and reducing job satisfaction.

There is a pressing need to make best use of wider primary care workforce. Delegating administrative tasks to others who can safely process them is effective and efficient.

Our vision was for practice administration staff to be trained and supported to: Read, code and action incoming clinical correspondence according to standard protocols.

We aimed for 80% of the patient correspondence to be completed without input from the GP.

The outcome is that administrative tasks are facilitated in a timely way and the clinical notes are more accurate improving patient care.
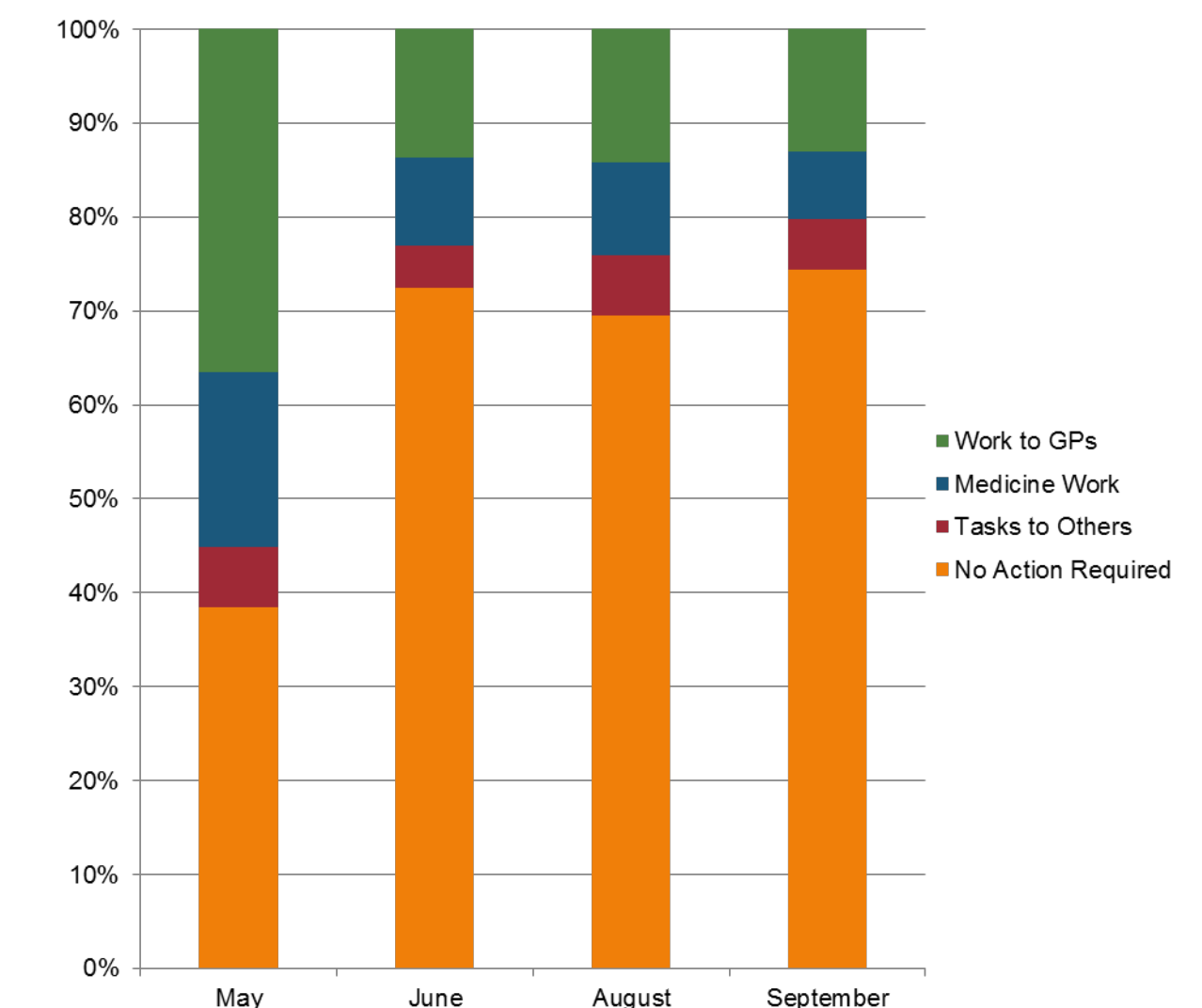
Benefits/Aims

- Reduce the administrative workload of GPs
- Improved patient journey
- Focus on patient safety
- Robust and sustainable administrative processes
- Supports new ways of working eg pharmacist, physiotherapist, ANPs
- Develops skills base in practice team

Progress to date

Introduction of our changes has reduced the **percentage of correspondence work going to GPs by 46%**. Previously 24% of correspondence went to GPs with subsequently 13% in the following months. This translates to a **3 hour time saving per wte GP per month**. (a total of 28 hours of GP time for the Practice)

Legend:
- Work to GPs
- Medicine Work
- Tasks to Others
- No Action Required

(Chart: stacked bar chart showing May, June, August, September, y-axis 0%–100%)

What we did

We already had all our correspondence scanned and coded by a competent team of administrators. They are already highly trained in clinical coding, knowing when a letter needs action and when it doesn't, however there were efficiencies to be made from simply giving the coding team permission not to send on to the GPs letters such as discharges /A&E letters/OPD letters that have no clinical actions .

Together we worked on the list of correspondence that definitely needed to go to a GP for action. Another list was compiled identifying appropriate members of the team to action other requests for example our Paediatric ANP for children not brought to appointments, any medication changes to our pharmacy technician, reception to organise blood tests, new baby deliveries to specific receptionists who then arrange their 6 week checks etc.

If clinical letters have no specific actions and are not on the pre-set lists they are now simply coded, scanned into the notes and shredded.

The administrative team were supported by myself as GP champion of this initiative. It was important to spend time with the team to make sure they were confident with the new procedures and they are happy to highlight to the lead GP if they are at all uncertain.

Safety monitoring

The actions taken on letters received into the practice has been audited weekly by the lead GP sampling every 10th letter to check it has gone to the correct team member

The administrative team also audit random samples of each other's work on a 3 monthly basis

Impact

"I think this is making a big difference!

"It is so noticeable"

Speaking with others at our study group "It made me realise how good our system is- thank you!"

From a GP returning to work after maternity leave," Thank you also for the work done on admin as I can see a big reduction in the past year....general practice is looking more enjoyable!"