Bradford City Clinical Commissioning Group
Bradford Districts Clinical Commissioning Group

General Practice Access Plan 2018/19 and 2019/2020

Name of Practice:	Hollyns Health and Wellbeing
Practice ODS Code:	B83045
Name(s) of lead person(s) responsible for developing the access plan:	Sharon Barraclough/Rebecca Hanson

Please refer to page 6 for the CCG requirements in terms of timescales for submission and N.B. that it is acceptable that some of the actions contained within the plan may be longer term. Please note that the intention is that we roll over the plans into 2019/2020, there is still a requirement to refresh and submit plans annually, and there is a requirement to complete plans over this 2 year cycle.

Anticipated Outcome Measures:

- **Evidence of engagement and collaborative working with Patient Participation Groups (PPGs) – this will be evidenced through published PPG minutes on practice websites.**
- The intention is that practices review and refresh existing plans and are encouraged to limit the number of projects/initiatives within the plan to **4 within a year**. Practices are also encouraged to apply the PDSA cycle as a model for improvement. https://improvement.nhs.uk/resources/pdsa-cycles/
- STUDY - Specific outcomes/outputs relevant to individual practice projects/initiatives, practices are expected to gather feedback from patients for each of the changes implemented.

The General Practice Forward View (GP Forward View) commits to a major programme of improvement support to practices. CCG's are required to demonstrate that practices are focusing on a minimum of 2 of the "10 High Impact Areas"

10 High Impact Areas – practices will be required to indicate that they are implementing a minimum of 2 of the following areas – please indicate the areas that your practice are implementing and testing. **(Please tick the relevant boxes)**

Active signposting	Providing patients with a first point of contact that directs them to the most appropriate source of help. Web and app-based portals can also be used for this. **(*West Wakefield Health and Wellbeing)***	x
New consultation types	Introducing phone and email consultations, for example, to help improve continuity and convenience for the patient, and reducing clinical contact time	x
Reduce DNAs	Maximise the use of appointment slots and improve continuity by reducing DNAs. Changes may include redesigning the appointment system, encouraging patients to write appointment cards themselves, issuing appointment reminders by text message, and making it quick for patients to cancel or rearrange an appointment.	x
Develop the team	Broaden the workforce in order to reduce demand for GP time and connect the patient directly with the most appropriate professional.	
Productive workflows	Introduce new ways of working which enable staff to work smarter, not harder. ***(Document management training)***	x
Personal productivity	Support staff to develop their personal resilience and learn skills that enable them to work in the most efficient way possible.	x
Partnership working	Create partnerships and collaborations with other practices and providers in the local health and social care system.***(Primary Care Home)***	
Social prescribing	Use referral and signposting to non-medical services in the community that increase wellbeing and independence. ***(Community Connectors)***	
Support self-care	Take every opportunity to support people to play a greater role in their own health and care. ***(Orcha and Evergreen)***	
Develop quality improvement expertise	Develop a specialist team of facilitators to support service redesign and continuous quality improvement.	

Practice Executive Summary

One of the main areas we feel proud of was a successful Practice Merger which included a clinical system merger also, in April 2018. By doing this one of Hollyn's priorities was to make better use of the administration resources to prevent duplication of work, to manage our staffing levels appropriately and direct patients into the appropriate appointment with the most suitable clinician at the right time. This has enabled us to provide patients with an excellent experience and better patient outcomes, with a choice of appointments and services across both sites.

The Practice has started collaborating with the Priory Group Practice in York to obtain training and experience in call handling and improving the patient experience and outcomes when contacting the practice, whether it be over the telephone, or face to face. A review of appointments is also commencing across both sites, again to ensure there is equitable access for patients at both sites.

We are also meeting contractural requirements for offering online appointment access – 30% of the Practice population is registered for online services and we are currently at 33% and working towards increasing this.

Work has commenced in relation to staff skill mix and efficiencies. This is required to compensate for the difficulty in recruiting clinicians, especially General Practitioners, Advance Nurse Practitioners and Nursing staff. Increasing Pharmacist support, increasing Health Care Assistants, recruiting Advanced Clinical Practitioners and utilising Physician Associates, will help the Practice to cope with the demand in respect of appointments.

Insert from Practice Group Chair – John Stone
The successful merge of two busy practices has required an intense input from our administration teams and clinicians. The opportunities to begin to provide effective telephone call-handling arrangements and the ability to share staff between both sites is allowing patients to have improved access to the care they require. The Patient Group is pleased with the progress made so far. We have confidence that there will be further improvements to the benefit of patients and staff.

PLAN **Area/s of focus for change**	**DO** **What needs to be done – test the change** **(key tasks/actions to be delivered)**	**STUDY** **How will you know the change is an improvement (including timescales)**	**ACT** **Plan the next change/implement**	**Name Person responsible**
Implementation of Care Navigation	Attend CCG led workshop to identify services for care navigation. Complete online training for Care Navigators. Care Navigators to attend classroom training. Implement use of care navigation Data entry template and start signposting from October 2018.	Reports from project leads with data advising if Care Navigators are using template appropriately. Reduction in on the day emergency appointments Greater availability for pre-bookable appointments Feedback from patients, in terms of patient group meeting, patient annual survey. Improvement in directing patients to the most appropriate service to ensure best use of our clinical resources following internally determined pathways and NHS guidance. (Timescales for data not yet available from CCG leads however implementation is October 2018 so review	Ensure appropriate staff attend relevant training in a timely manner Management feedback to senior leadership and whole Practice about the changes being implemented. Specific protected learning time being run in September regarding Care Navigation. Patient communication and discussion taking place at the September Patient Group Meeting.	Karen O'Rourke

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		available after this date).		
Implementation (early adopters) for online consultations	Engage in pilot scheme for implementation of online consultations via national funding available through the GP Forward View to support the roll out of online consultations to Practices.	Reduction in number of home visit requests for housebound and hard to reach patients with relevant technology available. Greater offering of different types of consultation available to ensure inclusivity for the wider population. Implementation after April 2018, audit following implementation to review success and uptake alongside reduction in visit requests.	When roll out plan has been finalised and early adopters informed of next steps, we will implement relevant technology, publicise to patients and start offering online consults.	Kirsty Smith
Reduce Did not Attends (DNAs) within the Practice	Run an audit to review DNA data monthly Develop a new Practice policy, internal for staff managing DNAs and external for patients understanding impact of DNA to Practice time and resource.	Re-audit DNA data quarterly over financial year to see if a reduction in DNAs has occurred as a result of the new policy and publication.	Finalise internal policy and circulate so staff are aware of new processes. Share the patient DNA policy and audit results with the patient group and on Practice website and newsletter.	Rebecca Hall

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	Publicise DNA data in Newsletter and Webpages. Communicate via letter to frequent non-attenders to inform them of consequences and encourage change in behaviours.		Finalise patient policy, publicise this to practice population, via website, call board, newsletter.	
Implementation of back office function in the form of an administration and telephone hub	Review of shared administration processes across both sites; streamlining and making efficiencies, looking at new ways of working and becoming more “lean” with admin tasks/ workflow within the Practice. Undertake a review and restructure of the telephone system for effective call handling and call waiting/recording functionality. Development of standard operating procedures to support changes in processes. Training for staff in light of changes implemented and review	We should be able to better manage our staffing levels appropriately in terms of cover for unplanned absences and annual leave. Reduction in staff turnover. Patients directed into the appropriate appointment with the most suitable clinician at the right time. Improved patient outcomes due to more effective Practice processes. Demonstrated in improvement in Friends and Family responses and reduction in patient complaints.	Moving prescription team into admin hub at one site. Managing all admin (Summarising, handling incoming correspondence) at one site. All calls being routed to one site. Training for all Patient Services Administrators in new processes and systems.	Karen O’Rourke

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	processes.	Shorter waiting time for patients when calling. Better information for patients when waiting for calls to be answered. Call handling statistics. Work ongoing during next 6-12 months.		
Development of Call Handling training for Patient Services administrators and training matrix to support professional development.	Training workshops on how to take large volumes of calls with a structured, professional and friendly approach whilst directing patients to the most appropriate service to ensure best use of our clinical resources following internally determined pathways and NHS guidance. Develop a training matrix/training needs assessment in line with standard operating procedures to ensure competency within staff roles. Working with Priory Group Practice in York to develop a call handling framework including; directing	We should see an improvement in our customer focused approach within a strong admin team that works together. Improved patient outcomes due to more effective practice processes. Demonstrated in improvement in Friends and Family responses and reduction in patient complaints. Call handling statistics. Call handling framework that is built into quarterly appraisals. Work ongoing during next 6-	Staff to attend training workshops Start daily review of call handling statistics. Begin call handling framework implementation. Embed new processes and call handling/customer service principles into day to day role. Quarterly appraisals for reviewing benefits.	Karen O'Rourke

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	patient queries to appropriate services provided internally/externally and referencing the structured Care Navigation framework. Localised call scripts for excellent customer service, team building /peer support, call heat mapping for peak times, staff capacity and resource mapping, planning for recruitment, call recording for call quality reviews.	12 months. .		

Signature of lead person completing the access plan:	

Signature of Patient Participation Group (PPG) *Chair/Representative: (please delete as appropriate)*	
If you wish to receive communications regarding the practice access plan please provide your contact details - PPG representative contact details *(email if possible/ phone)*	jwstone@btinternet.com

Timescales for submission and implementation of The Standard Access Scheme

Quarter 1 (April to June 2018)

- Refresh action plan in partnership with PPG members
- Sign off by PPG chair or representatives (must be a patient representative not practice staff member)
- Submit completed action plans for 2018-19 to CCG Primary Care Team by the 30th June 2018
- Requirement of the standard access scheme – to refresh/complete the HEE workforce tool https://yh-asp-gp-tool.azurewebsites.net
- 10 High Impact Actions - complete the table that shows which actions the practice is implementing.

Quarter 2 (July to September 2018)

- CCG to contact practices by exception should any plans require additional support
- Review of NHS GP survey (published July 2018) and FFT data (published monthly)
- Delivery of actions and review of action plan progress/ achievements/ challenges with PPG
- Clinical Contacts – to run agreed Systemone reports and submit to Primary Care Team

Quarter 3 (October to December 2018)

- Continue to work on actions within the access plan to identify progress/ achievements/ challenges with your PPG

Quarter 4 (January to March 2019)

- Final review of access plans and progress to date with PPG
- Submit an updated version of action plan with evidence of completed actions (complete the right hand column with progress comments, detailing any evaluation, lessons learnt and what you are proud of) and provide any supporting information to the CCG Primary Care Team by 31st March 2019.

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