

# PPG| Progression Plans within DMC Primary Care

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# Contents

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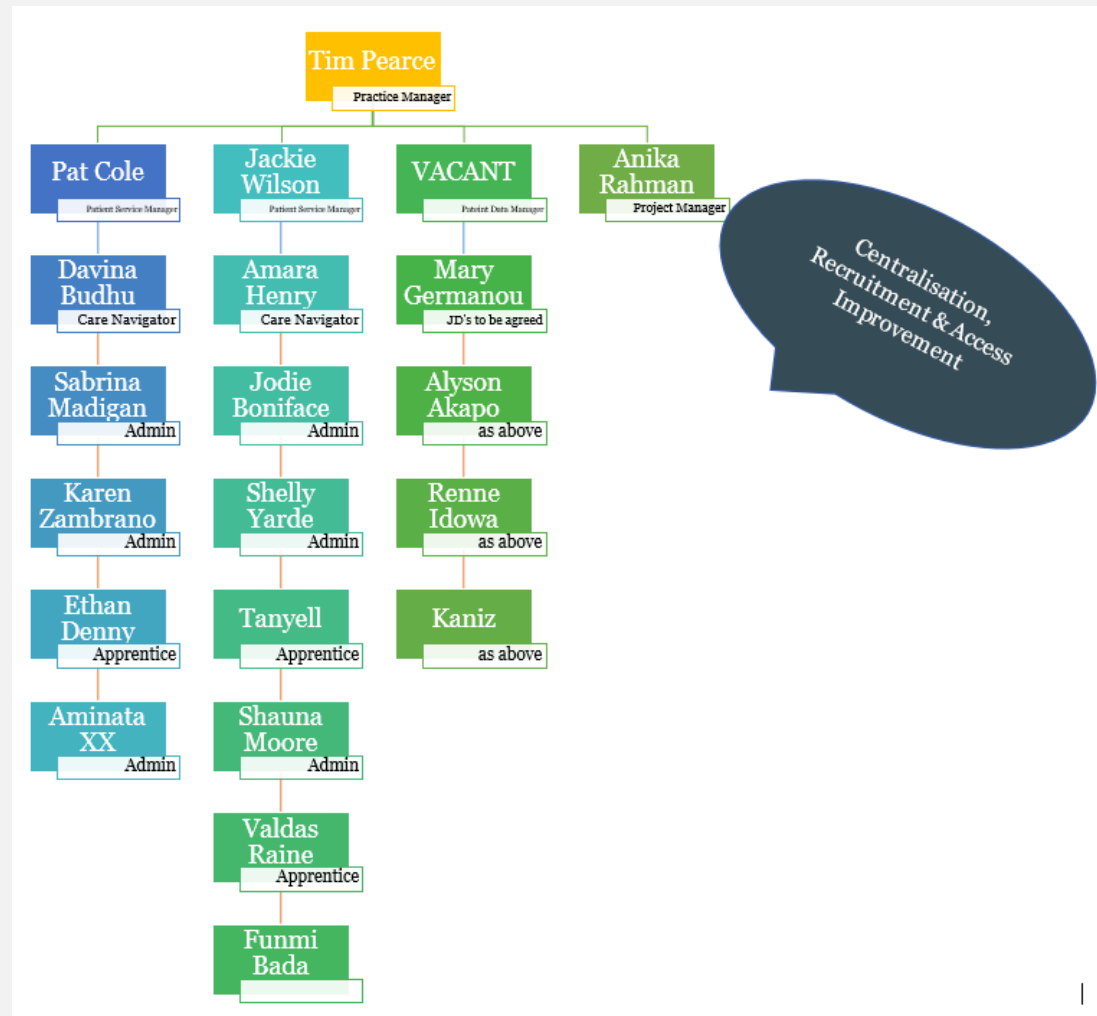
- AIP – access improve program
- Changes to staffing structure
- Project work 2022
- Priority with Recruitment

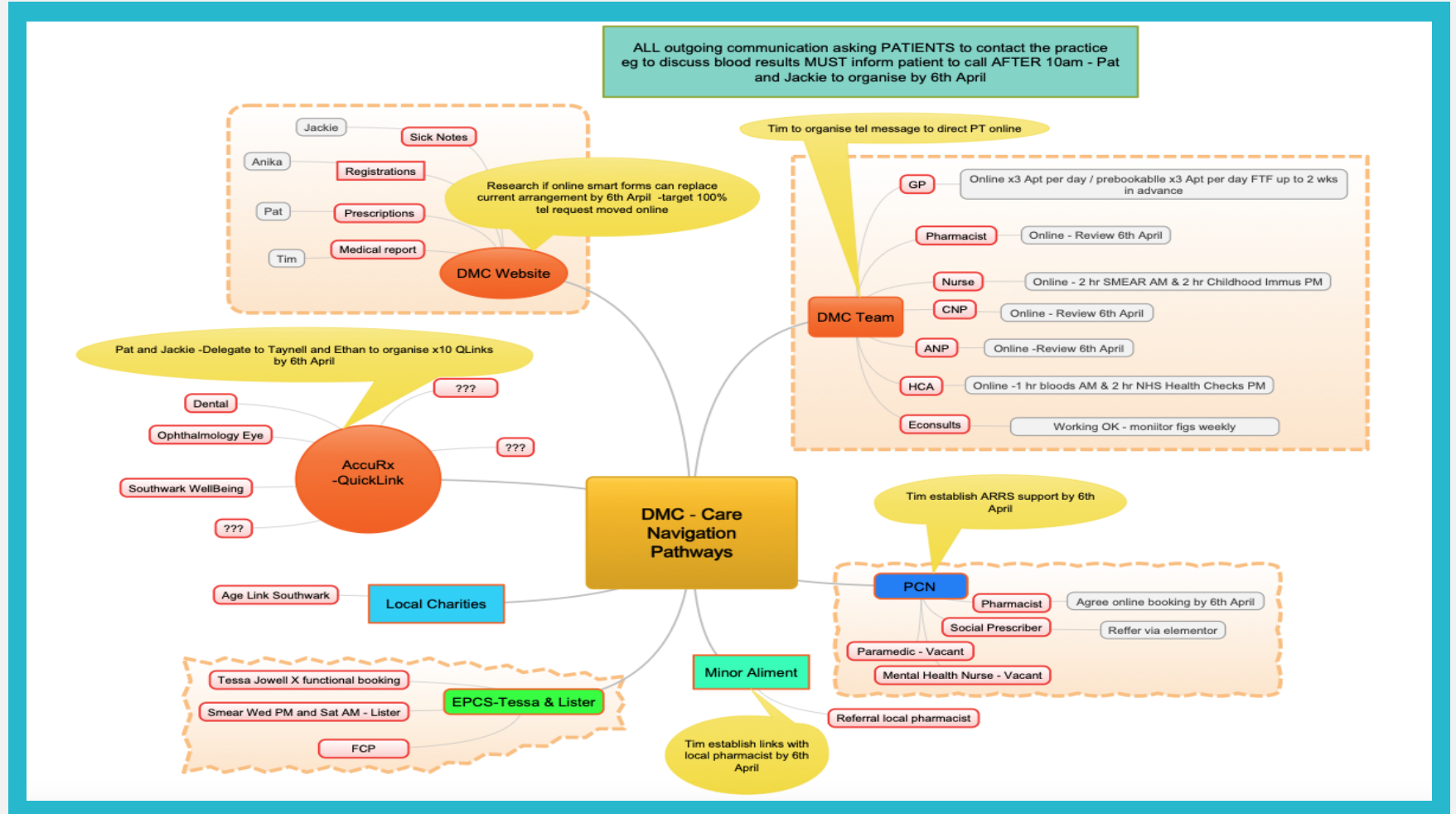
# DMC Access Improvement Plans

No.	What	Notes	Why	How	Help	Measure	Cost	Priority	Easy/Hard, Inside/Outside
<b>AIP - Contacting the Practice</b>									
1	Set up a telephone data monitoring system and plan staffing according to demand.	<b>EMIS Surgery Connect ?</b>	Reduce amount of abandoned and missed call / (lower waiting times). Less complaints by matching staffing resource to demand...better patients service and experience	management team to develop greater working knowledge of the functionality of X-on tel systems / learn to program and export data. Implement new ways of working and establish TRUE demand.	1.5 days labour per practice (Back fill admin leads) so they can be trained to learn functionality of tel system. And, have time to program and analyse data PLUS change contracts / working hours. £20x12.5x2=£500	100 % call answered in 2 minutes - zero abandoned. Positive PT feedback	£ 500.00	7	H / inside
2	Promote / design website (quick links) to redirect traffic for prescriptions, sick notes and registration - phase 2 medical report enquiries	<b>Efficient Processes Quick Start Module</b>	Reduce unnecessary tel and improve productivity. One approach, one system = consistency, accuracy and reduction of duplication	Set up templates in AccuRx, training the admin/reception team to signpost patient that need routine service & redirect online. Educate patients to adopt a self service by organising onsite PT train sessions delivered by PPG	3 days labour per practice (back fill Admin Leads) £20 x22.5 x 2 =£900	20% Reduction overall call volumes (target peak period eg 8am to 09:30 am)	£ 900.00	5	E / inside
3	Open up online appointments for ALL appointments that DO NOT need to be triaged eg Saturday Smears	<b>Team Planning Quick Start Module</b>	Reduce tel call to the practice - improve PT access and improve productivity	Engage clinical team and establish which appointments are suitable for online booking and set up. Promote self access at point of registration for all patient and educate benefits. Advise online access at reception. Training session for PT as above	2 days labour per practice (back fill Admin lead) £20x15x2=£600	80% of smears, NHS health checks, Flu jabs etc booked online - 20% via tel	£ 600.00	2	E / outside
4	Monitor appointment booking (GP's) to see if patient are being booked appropriately	<b>Appropriate Appointments Quick Start Module</b>	Protect GP appointments as resource limited and costly (£)	Set up a systems whereby clinical team ID inappropriate appointments have a SIMPLE method of highlighting inefficiencies /communicate to management for follow up with appointment makers	1 day labour per practice (back fill Admin lead) £20x7.5x2=£300	100% of GP, Nurse, HCA appointment appropriate	£ 300.00	8	E / inside
5	Educate frequent attenders and reduce their over reliance on Primary Care inhouse services and interactions	<b>Frequent Attenders Quick Start Module</b>	Some patient are over using services and taking up clinical time. Improve utilisation of resources and services	Social prescribers trained on APEX and to be notified of frequent attenders - analyse trends, educate and signpost PT's - take a long term care view. Invest and pull back.	2 hours training for 4 people on Apex £20x8=£160	Reduce average attendance per 365 days to no more than 30 visits for the frequent attenders (currently 70 highest)	£ 160.00	9	E / Inside
<b>AIP - Filtering</b>									
6	Train and transition the admin/reception into Care Navigators and formally recognise the role (Pay and JD)	<b>Common Approach Quick Start Module</b>	Admin /reception JD needs modernising to reflect the complexity of GP. Provide team with the knowhow and weaponry to land patients onto the correct pathway 1st time - save money / improve service/ increase capacity / job satisfaction / productivity / reduced labour turnover	Consultation and education process. ID training drivers and deliver. Review and update JD's and benchmark pay... implement changes.	3 hours training per person £15 x3x10x2=£900 PLUS management time to deliver training Update JD's, review pay and update contracts £30x15x2=£900	100% of ALL patients phoning on the day offered the most suitable appointment for their condition using all possible means both internally and externally. DMC to be the highest user of EPCS in Southwark. Appointments availability beyond 10am. Reduction in sickness level	£1,800.00	5	M / inside
7	Set up Pre bookable appointment system / standardise EMIS clinical diaries across both sites.	<b>Team Planning Quick Start Module</b>	Improve service and access for PT... Increase capacity /reduce complaints - easier for Clinical and Non-clinician teams to work - one WAY across x2 locations	Reconfigure clinical sessions and create a consistent look and feel to clinician diary across both site - Allocate 1 hr per day per FT clinical diary for prebookables (pro rota)	Back fill 4 hours for Admin leads £20x4x2=£160	98% of patients can book an appointment with 2 weeks	£ 160.00	3	E / inside
8	<b>The DMC Clinical way</b> - Articulate and Map clearly working processes for all clinicians (contracted and locum). One task and One way of completing activities - drive consistency of workflow and PT messaging.	<b>Common Approach Quick Start Module</b>	An over reliance on locums results in varied interpretations of task completion. Mapping will reduce confusion/ duplication and improve productivity and service. All locum engage in the same ways of working	Update locum pack to clearly articulate top 10 tasks that constantly cause confusion and inefficiencies. Draft and communicate minimum standards (SLA) and implement a charge back system for those locum that create more work ie don't follow	3 hours per process and 1 hour training clinicians - £30x10x4=£1,200	100% of locum team follow DMC process - zero duplication of tasks	£1,200.00	1	H - Inside
<b>AIP - Consultation Type</b>									
9	Agree and implement a % of FTF, Tel and Video slots per clinician per week and standardise ALL clinical sessions.	<b>Team Planning Quick Start Module</b>	100% Tel appointment are too convenient eg phoning PT's at work (their convenience) drives demand artificially high (As easy as ordering a pizza). Moving back to a FTF model where PT need to	Implement new clinical schedule and take the best bit for all 3 modes of consultation. Proposal - 25% Tel am / 25% video am and 50 FTF pm	Back fill Admin lead time 1 day £20x7.5x2=£300	Zero double-handling of appointments. Clinical schedule reflects 100% of new model - increase patient satisfaction by 20% eg being able to choose	£ 300.00	4	H / inside

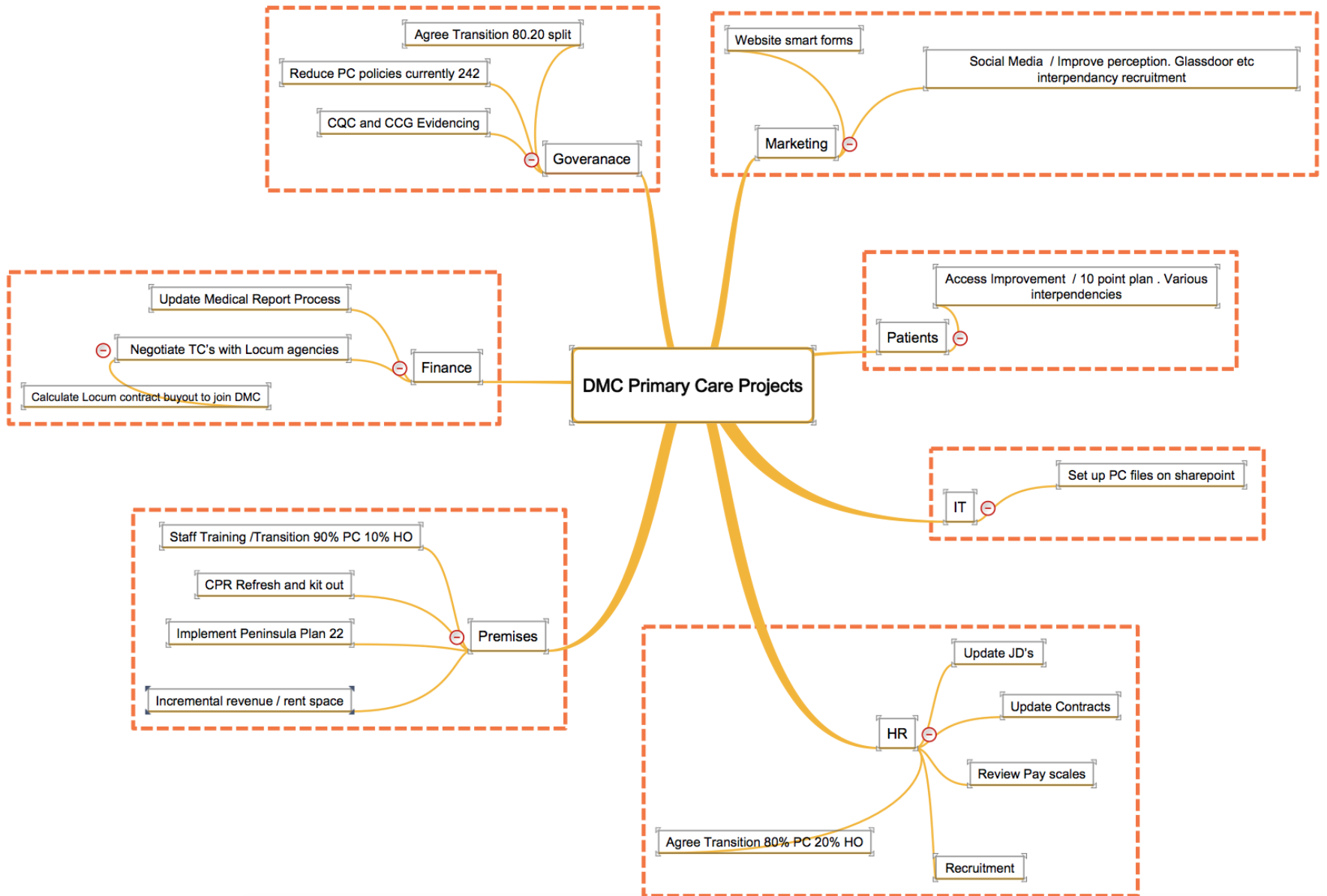
# DMC Primary Care - Southwark Org Structure

Non-clinical team:

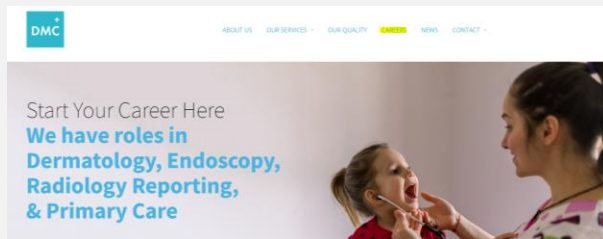




# DMC Primary Care Projects 2022



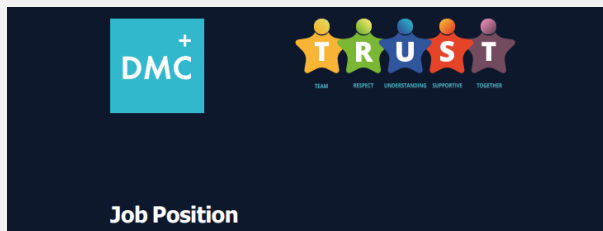
# Ongoing Project – to drive Recruitment



Refreshed **Careers webpage**, for improved user experience and understanding of our Primary Care services (refreshed Jan 2022)



**External recruitment banner** in design development (to roll out in May 2022)



Currently reviewing **all primary care Job Descriptions** to ensure they're clearly explaining the roles and we're capturing the right candidates (to complete by May 2022)



Reviewed **salary levels** of all primary care job positions and increased across the board to encourage improved working and attract the right candidates (review in May / June 2022)

Thank You.

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Any Questions?