



Primary Care Portfolio
Practice Administrative Staff Collaborative

2017–2019

Final Version

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1. Introduction

Developing the skills of the whole practice team is an important step towards invigorating general practice. With a range of new skills and support to develop their role, practice administrative staff will be able to take on more of the administrative tasks currently carried out by GPs, who will therefore be able to spend more time with patients. A receptionist who is able to direct a patient to the most appropriate source of advice or guidance will save time for the patient and will also free up appointment time. A practice manager who understands quality improvement methods and has developed the skills needed to lead, facilitate and influence matters in their practice and across their GP cluster will be a valuable asset to any multidisciplinary primary care team.

1.1 Healthcare Improvement Scotland

Healthcare Improvement Scotland is a public body with responsibility for quality improvement and patient safety in Scotland.

Within Healthcare Improvement Scotland, the Improvement Hub (ihub) was established in April 2016 to support those delivering health and social care across Scotland, including Health and Social Care Partnerships (H&SCPs), Local Authorities, NHS boards, third and independent care sector organisations, and housing organisations. The ihub also provides national improvement support for NHS boards and plays a key role in supporting services to deliver the vision outlined in the Scottish Government's Health and Social Care Delivery Plan¹ published in 2016, whereby people in Scotland can live longer, healthier lives at home or in a homely setting.

In January 2017, the Scottish Government published Improving Together: National Framework for Quality and GP Clusters in Scotland² and, shortly afterwards, announced that Healthcare Improvement Scotland would lead the development and implementation of this work.

There followed an announcement by the Cabinet Secretary in April 2017 of support for the development of practice managers and practice administrative staff and subsequently Healthcare Improvement Scotland was commissioned to develop a programme to develop the skills and role of these practice staff.

1.2 The Primary Care Portfolio

As part of the development of the ihub's work plan for 2017-2020, the current work programmes have been reorganised into portfolios, including a Primary Care Portfolio. The Practice Administrative Staff Collaborative will be an important element of the Primary Care Portfolio's work to support GP Clusters and will engage practice managers and practice administrative staff in quality improvement (QI) initiatives, with a particular focus on care navigation and document management.

2. The Practice Administrative Staff Collaborative

2.1 Aims

The aim of this project is to support the development of practice administrative teams, improve GP practice processes and appropriate navigation to improve the overall outcomes and care experience for people, families and staff.

¹ Health and Social Care Delivery Plan. The Scottish Government, 2016. <http://www.gov.scot/Resource/0051/00511950.pdf>

² Improving Together: a National Framework for Quality and GP Clusters in Scotland. The Scottish Government, 2017 <http://www.gov.scot/Resource/0051/00512739.pdf>

[The Improvement Hub \(ihub\) is a part of Healthcare Improvement Scotland](#)

2.2 Objectives

The Primary Care Portfolio will work with H&SCPs and GP clusters to apply QI tools and methods designed to ensure patient involvement. The participants will seek to do the following:

- to improve care navigation and direct patients to the most appropriate source of help or advice and be able to demonstrate their patients receive the right care at the right time
- to improve processes and develop protocols for seamless documentation management and be able to demonstrate reduced GP involvement in correspondence management
- to promote collaboration and communication across practice teams and with other care providers
- to build capacity and capability in QI methodology and develop leadership, facilitation and influencing skills
- to develop and test protocols and related resources to support testing of interventions and measure improvement in care navigation and document management.

2.3 Method/The collaborative model

The programme will be based on the Institute for Healthcare Improvement's Breakthrough Series (BTS) Collaborative model developed by Langley and Nolan³. The improvement programme will run until March 2019 and be designed with organisations committed to achieving sustainable change. Participating organisations are supported by improvement experts.

It is envisaged that the participating clusters will work together on three key areas:

1. **QI methodology & Leadership Skills:** to support development of capacity and capability, and leadership, facilitation and influencing skills
2. **Document management:** to improve practice processes and document management, and
3. **Care navigation:** to guide service users to appropriate resources and services, both inside and outside the practice.

2.4 Participation

All H&SCPs in Scotland are invited to apply and we are looking to select three to take part in the collaborative. Each partnership will be expected to recruit:

- approximately four GP cluster teams (not necessarily within their H&SCP – see below), and
- an Associate Improvement Advisor.

Joint applications from two H&SCPs or more in close geographical proximity will be considered on the basis that one will be the lead H&SCP, for example they may be from the same NHS board or from the islands.

There is a clear expectation that all clusters participating will:

- identify key staff members to support the programme
- gain knowledge about QI and apply the tools and methods
- involve patients in developing and testing of processes within the practice, and
- participate in an induction event, learning sessions, a celebratory event and evaluation.

³ Institute for Healthcare Improvement (2003) The Breakthrough Series – IHI's Collaborative Model for Achieving Breakthrough Improvement. Innovation Series 2003.

In addition, for joint applications, there is a clear expectation that the lead H&SCP will support the participating clusters and ensure there is local associate improvement advisor support in place.

Engaging with patients, other service providers and stakeholders will also form a significant part of this work.

Members of the H&SCP/GP Cluster teams are expected to attend an induction event, national learning events and a celebratory event over the course of the collaborative. In terms of resources, each H&SCP will appoint an associate improvement advisor to support local implementation. A service level agreement will be signed between Healthcare Improvement Scotland and each participating H&SCP. Following this, we expect service level agreements to be put in place between the H&SCP and participating GP clusters. (A sample template can be provided, if required). All service level agreements will clearly set out expectations and collaborative timelines.

There are clear benefits of participating in the collaborative for:

Patients
<ul style="list-style-type: none"> • Will be signposted to the appropriate source for advice and guidance. • Will find it shortens the wait to get the appropriate help and advice. • Will support self-help and self-management. • Will find it easier to get an appointment with the GP if they need to see a GP • Will have overall improved outcomes and care experience for people, families and staff.
Practice Team
<ul style="list-style-type: none"> • Will have improved communication and collaboration across the practice team. • Will be recognised as leaders in improving the processes within their practice to ensure their patients receive the right care at the right time. • Will be able to build on their pool of knowledge about improvement methods and apply this to future improvement work. • Will have improved practice processes resulting in reduced GP involvement in documentation management. • Will develop practice staff roles and provide opportunities for increased job satisfaction for practice team members. • Will be improving the overall care experience and reducing delays for their patients.
H&SCPs and GP Clusters
<ul style="list-style-type: none"> • More collaborative working across the cluster. • Development of the role of practice managers in the cluster. • Recognition as leaders in improving skills of non-clinical practice staff. • Improved collaboration and communications across teams leading to overall improved outcomes and care experience for people, families and staff.

2.5 Governance arrangements

Responsibility for the Practice Administrative Staff Collaborative falls within the remit of the Primary Care Portfolio Programme Board. This Programme Board is the single overarching body responsible for the delivery of the Primary Care Portfolio. It is responsible to the Board of Healthcare Improvement Scotland

For the duration of the collaborative, an operational Steering Group will be convened comprising key representatives of participating H&SCPs, NHS Education for Scotland staff and Healthcare Improvement Scotland staff leading the collaborative. The Steering Group will meet approximately every 6 weeks. Additional support and expertise will be co-opted to this group as and when required.

Within Healthcare Improvement Scotland, the Practice Administrative Staff Collaborative will be supported by an Improvement Advisor, Professional Advisor, Associate Improvement Advisor and supporting project staff.

2.6 Reporting arrangements

Participating H&SCPs will be expected to provide regular update reports on the collaborative for each Steering Group meeting (approximately 6 weekly).

2.7 Evaluation

A formal evaluation of the collaborative will be commissioned.

3. Provisional timetable

High Level Project Plan	Date
<ul style="list-style-type: none"> • Recruitment of Professional Advisor • Awareness raising activities • Convene a core group to oversee: <ul style="list-style-type: none"> ○ literature review and scoping exercise ○ assessment of existing resources and development of new ones. 	October–December 2017
<ul style="list-style-type: none"> • Recruit H&SCPs and GP clusters and issue funding • Convene an operational steering group and schedule meetings. • Commission evaluation. 	November 2017–February 2018
<ul style="list-style-type: none"> • Induction event • National Learning Session • Steering Group meetings • Ongoing testing of resources and learning 	February–September 2018
<ul style="list-style-type: none"> • Data collection • Steering Group meetings • Ongoing testing of resources and learning • Learning session • Development of strategy for spread and dissemination of collaborative results • Celebratory event. 	October–March 2019

Additional networking opportunities will be added to the timetable as the collaborative gets under way

4. Funding

Each H&SCP selected to participate in the Practice Administrative Staff Collaborative will receive funding as follows:

£20,000 will be paid to support the period to end of March 2018
 £77,000 will be paid per annum thereafter.

Participating H&SCPs will be responsible for managing their allocated funding in line with a staged payment schedule.

A notional breakdown of funding is outlined below:

Activity	2017-18	2018-19
To cover payments to participating GP clusters (£12,000 per cluster), based on the recruitment of four clusters	£12,000	£48,000
Towards the cost of an Associate Improvement Advisor, Band 7, 0.5 Whole Time Equivalent (WTE)* to support local implementation	£6,000	£23,182
To support project facilitation, such as data aggregation, local events, travel, etc.	£2,000	£6,000
Total	£20,000	£77,182

* Two or three H&SCPs in close geographical proximity may work together, one taking a lead role, to manage the funds and host one Associate Improvement Advisor role (0.5 WTE) to work across partnerships.

5. Application and selection process

The Practice Administrative Staff Collaborative is being advertised throughout November/early December 2017.

Closing date for applications is 12 noon on Friday 29 December 2017.

All applications will be assessed by an expert panel comprising improvement and subject matter experts.

- On the interview panel will be: Claire Mavin, Improvement Advisor, Primary Care Portfolio, Healthcare Improvement Scotland.
- Jill Gillies, Portfolio Lead Primary Care, Healthcare Improvement Scotland
- Fiona Duff, Senior Advisor, Primary Medical Services Branch, Scottish Government
- Dr Andrew Buist, Deputy Chair, Scottish General Practice Committee, British Medical Association (Scotland).

Successful H&SCPs and GP Clusters need to be able to clearly demonstrate:

- why they wish to be involved
- commitment and support for the project at executive level
- significant H&SCP support
- support from four GP cluster teams to be part of the collaborative and plans for involving patient representatives
- integration and alignment with other improvement activities within the Primary Care Portfolio.

Shortlisted applicants will be notified by Wednesday 10 January.

Interviews will be held on Wednesday 24 and Thursday 25 January 2018

H&SCPs selected for interview are invited to send a maximum of 3 representatives, including key team members, and are asked to ensure that their representatives will be free on this date as no alternative arrangements are possible.

Applicants must complete an application form and submit this electronically to:

Hcis.psipcteam@nhs.net

By 12 noon on Friday 29 December 2017.

Please do not attach or embed any supporting documents with the application form.