



Healthcare
Improvement
Scotland

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Practice Administrative Staff Collaborative (PASC)

Phase 2

Specification

July 2019

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Introduction

[Healthcare Improvement Scotland](#) (HIS) is calling for applications from Health and Social Care Partnerships (HSCPs) to participate in Phase 2 of the Practice Administrative Staff Collaborative (PASC) commencing in autumn 2019. Phase 2 aims to continue to support the development of GP practice administrative teams and improve GP practice processes by adopting the learning and resources developed in Phase 1. The collaborative, led by HIS, will run until May 2020 and will work with a range of national partners.

Participating HSCPs will provide overall leadership and support to GP practices involved through a named operational lead, ensuring representation at learning events and operational steering groups. Participating GP practices will identify three key staff including a GP lead. Each GP practice will be required to share their progress and learning at the learning sessions.

The successful HSCPs will receive:

- Support in the development of quality improvement (QI) capacity and capability in participating GP Practices
- Support to improve GP practice processes for either:
 - workflow optimisation, or
 - care navigation
- Access to QI tools and related resources to support the testing of interventions and measure improvement
- Funds to support GP practice staff participation in the national collaborative

The collaborative will work with up to 200 GP practices across Scotland running from September 2019 until May 2020 with participation sought through an application process.

Applications will close at noon Friday 23 August 2019 and successful HSCPs will be informed by week commencing 2 September 2019.

What is PASC?

The General Medical Services Contract 2018 ([GMS 2018](#)) focuses on sharing responsibility to better manage the challenges of increasing workflow. The Practice Administrative Staff Collaborative (PASC) Phase 1 was launched in February 2018, to support the development of practice administrative teams and improve GP practice processes.

Four multidisciplinary teams from six HSCPs joined us on this improvement journey:

- Argyll & Bute HSCP
- Clackmannanshire and Stirling & Falkirk HSCPs (joint application)
- East Lothian HSCP
- South Lanarkshire & North Lanarkshire HSCPs (joint application)

Each team involved a selection of GP clusters, participating in a range of QI activities.

What were we trying to achieve?

PASC Phase 1 focused on two main areas:

- **Workflow optimisation** - to reduce the amount of time GPs spend on correspondence management.
- **Improving care navigation** - to make the best use of GP practice appointments and resources in order for patients to be seen by the right person, at the right time and in the right place.

The aim was to improve the overall outcomes and care experience in primary care for people, families and staff.

How did we achieve this?

At the end of PASC Phase 1 the following resources were developed by the participating clusters:

A [Workflow Optimisation Digital Toolkit](#) and accompanying motion graphic to support practice teams to develop, test and implement processes to improve their correspondence management.

A [Care Navigation Digital Toolkit](#) which provides a step by step guide to implementing care navigation within GP practices and recently distributed to all GP practices in July 2019.

Impact

Workflow optimisation

By managing correspondence in a safe and efficient manner, the number of documents requiring GP involvement can be reduced, releasing GP time to focus on their expert medical generalist role.

During PASC Phase 1, data from 17 practices demonstrated that, on average, GPs reviewed 44% fewer documents, which reflects around 5,258 fewer documents each week. A GP from Clackmannanshire involved in this programme stated:

“Workflow optimisation has been a revelation in our GP practice. I now spend a fraction of the time managing documents.”

A GP from Forth Valley also commented:

“On average workflow optimisation is saving our GP practice five hours of GP time per week.”

Workflow optimisation ensures processes are in place so clinical correspondence can be dealt with by trained administrative staff in a timely, safe and efficient way, and supports the development of practice administrative staff roles. In turn, practice administrative staff and practice manager roles are further supported to develop and extend skills in fields such as QI and clinical coding.

Care navigation

Care navigation gives people options to access the care and information that best meets their health and social care needs. This helps them to be seen by the right person, at the right place and at the right time. It also creates an opportunity for a person-centred conversation and encourages patients and carers to make an informed choice on how to best manage their own health and wellbeing.

Implementing care navigation makes best use of appointments and resources within GP practices. PASC Phase 1 teams identified that developing the skills of practice administrative staff leads to an increase in job satisfaction, morale and confidence.

A Patient Advisor at Biggar Health Centre stated:

“My day job has changed because it’s quite satisfying knowing that I have helped somebody to see the right person.”

The benefit for people needing care is that they can be seen by the most appropriate person, at the right place, at the right time.

A patient at Medwyn Medical Practice commented:

“Being offered an appointment with the nurse practitioner was really good as they were able to do something there and then so I wouldn’t have to book another appointment later which is just a waste of everyone’s time.”

Practice Administrative Staff Collaborative (PASC) Phase 2

Aim

The aim of this collaborative is to support practice administrative staff in the development of QI skills and improve GP practice processes in order to improve overall outcomes and care experience within GP practices for people, families and staff.

Scope and scale

The Primary Care Improvement Portfolio will work with HSCPs and GP practices to adopt the learning from PASC Phase 1 by applying recognised QI and (where appropriate) patient engagement tools and methods. We will support participants to:

- improve processes and develop protocols through the adoption and adaptation of the tools and resources developed in PASC Phase 1 for either:
 - **workflow optimisation**, or
 - **care navigation**
- adopt and adapt protocols, QI tools and related resources to support testing of interventions and measure improvement on selected topic of focus
- promote collaboration and communication across practice teams and with other care providers
- collaborate with key stakeholders, to support QI methodology, capacity and capability in the use of QI methodology to support the creation of a culture of QI within the practice
- evaluate the impact of improvement work within GP practice teams, patients and others involved in this collaborative

What will be expected from participating partnerships and GP practices?

All HSCPs in Scotland are invited to apply and we are looking to work with 200 practices across Scotland with a maximum of eight practices per HSCP. If joint HSCP applications are submitted the geographical distribution of their collective practice allocation can be decided at local discretion to align with existing regional planning and activity. The participating HSCP teams will:

- provide overall leadership and support to the participating GP practices
- involve up to eight practices within the HSCP
- identify a named operational lead
- ensure appropriate representation at learning events and steering group meetings
- provide regular updates on progress at specified intervals

There is a clear expectation that all GP practices will:

- identify a GP lead
- identify key staff, including a practice manager and administrative officer
- collect baseline and ongoing routine data and share it with all participating teams
- deliver patient engagement activities where appropriate
- participate in QI and leadership skills training
- participate in two learning events, four webinars and a showcasing event

Organisation, culture and infrastructure

Creating the conditions for successful participation in this collaborative is essential and the following guiding assumptions will contribute to the development of the best climate for participating GP practices:

- Aligning PASC Phase 2 participation with practice/cluster and HSCP primary care improvement plans strategic and corporate objectives
- Continued support and engagement from senior management and HSCP executive leaders
- Culture where testing adaption and learning are embraced at all levels
- Acknowledgement this is not a quick fix, time and patience is required to support the change
- Senior management sponsorship
- Service manager and clinical ownership vital and need to be part of the daily work
- QI infrastructure in place from the HSCP to front line
- Access to and availability of data
- Ethos of co-production and design
- An engaged, skilled and enthusiastic clinical leader
- GP practice teams empowered to take decisions, make mistakes and adapt
- An understanding of their system and ability to identify improvement priorities

What can you expect from HIS?

- National collaborative leadership and coordination
- Improvement support at all levels within the HSCP
- Maintained alignment with relevant national policies and improvement programmes (such as [Realising Realistic Medicine](#), [GMS Contract 2018](#), [Improving Together: A National Framework for Quality and GP Clusters](#))
- QI Faculty support for participating GP practices where required
- Data review and monitoring progress
- Collaborative governance

Funding will be allocated to the successful HSCPs and their practices, as set out in the table below:

Activity	2019-20
HSCPs to support project costs such as data aggregation, local events, travel, nominated representative to attend regular steering groups and to support practice staff participating in collaborative activity.	Funding available for up to 200 practices (up to £500/practice)

Benefits of joining the collaborative

Patients

- Will receive the right treatment and care at the right time in the right place
- Will be informed and involved in shared decision making
- Will see improved communication with their health professional
- Will experience improved overall outcomes

GP Practice Team

- Will improve communication and collaboration across the wider GP practice team and across the GP cluster
- Will be recognised as leaders in improving the processes within their GP practice ensuring patient safety and enhanced service delivery
- Will build on their pool of knowledge about improvement methods and apply this to future improvement work
- Will improve GP practice processes resulting in increased GP capacity
- Will develop GP practice staff roles and provide opportunities for increased job satisfaction for team members
- Will improve the overall care experience and clinical outcomes for their patients
- Will work to the top of their level of competence

Applying and participation

PASC Phase 2 Collaborative is being advertised throughout July and August 2019. **Closing date for applications is noon on Friday 23 August 2019.** All applications will be assessed by an expert panel comprised of improvement and subject matter experts.

Successful HSCPs and GP practices need to be able to clearly demonstrate:

- why they wish to be involved
- commitment and support for the project at executive level
- significant HSCP support
- support from up to eight GP practice teams to be part of the collaborative and plans for involving patient representatives
- integration and alignment with other improvement activities within the Primary Care Improvement Portfolio

Successful applicants will be notified week commencing Monday 2 September 2019 and a Memorandum of Understanding will be agreed between HIS and the HSCP.

Please note: we are also currently recruiting for the Pharmacotherapy Level 1 collaborative. GP practices should only apply to take part in one of these collaboratives. HSCPs should take a coordinated approach to the recruitment of participating GP practices.

We are also working collaboratively with our Living Well in Communities Portfolio. We will take a coordinated approach to supporting HSCPs and practices who are interested in participating in our Living and Dying Well with Frailty Collaborative.

Key dates

Collaborative activity	Date
Applications open	Wednesday 10 July 2019
Closing date for applications	Friday 23 August 2019
Successful applicants informed	w/c Monday 2 September 19
Inaugural steering group meeting	September 2019
National Learning Session 1 Steering group meetings Data collection Ongoing testing of resources and learning	November 2019 – February 2020
National Learning Session 2	March 2020
Showcasing Event	May 2020

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Improvement Hub
Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0131 623 4300

0141 225 6999

www.ihub.scot
