

Mail triage

“GPs should only do what only GPs can do”

Dr. Kari Nightingale

Southampton GP Education Unit, University Hospital Southampton, Tremona Road, Southampton, Hampshire, UK

1. Aim

The project aimed to enable GPs to attend more promptly to patient matters specifically requiring GP action.

2. Background

Increasing pressures on GP time may lead to delays in dealing with clinical matters or administrative tasks. Prior to the pilot phase of this project, the surgery had received a complaint regarding what the patient perceived to be delayed actioning of medication changes.

3. Project design

Our strategy was to change the previous system in which the majority of incoming correspondence was scanned into Docman and sent to GPs regardless of content. We designed a process whereby non-clinical staff could deal with incoming mail that does not need to be seen by GPs.

4. Changes made

Using a protocol developed from feedback from GPs during initial data collection, the scanners route each scanned document as below. A safety net remains in that the IT and Data Quality Administrator checks the scanners’ decisions by reviewing the Triage trial workflow folder.

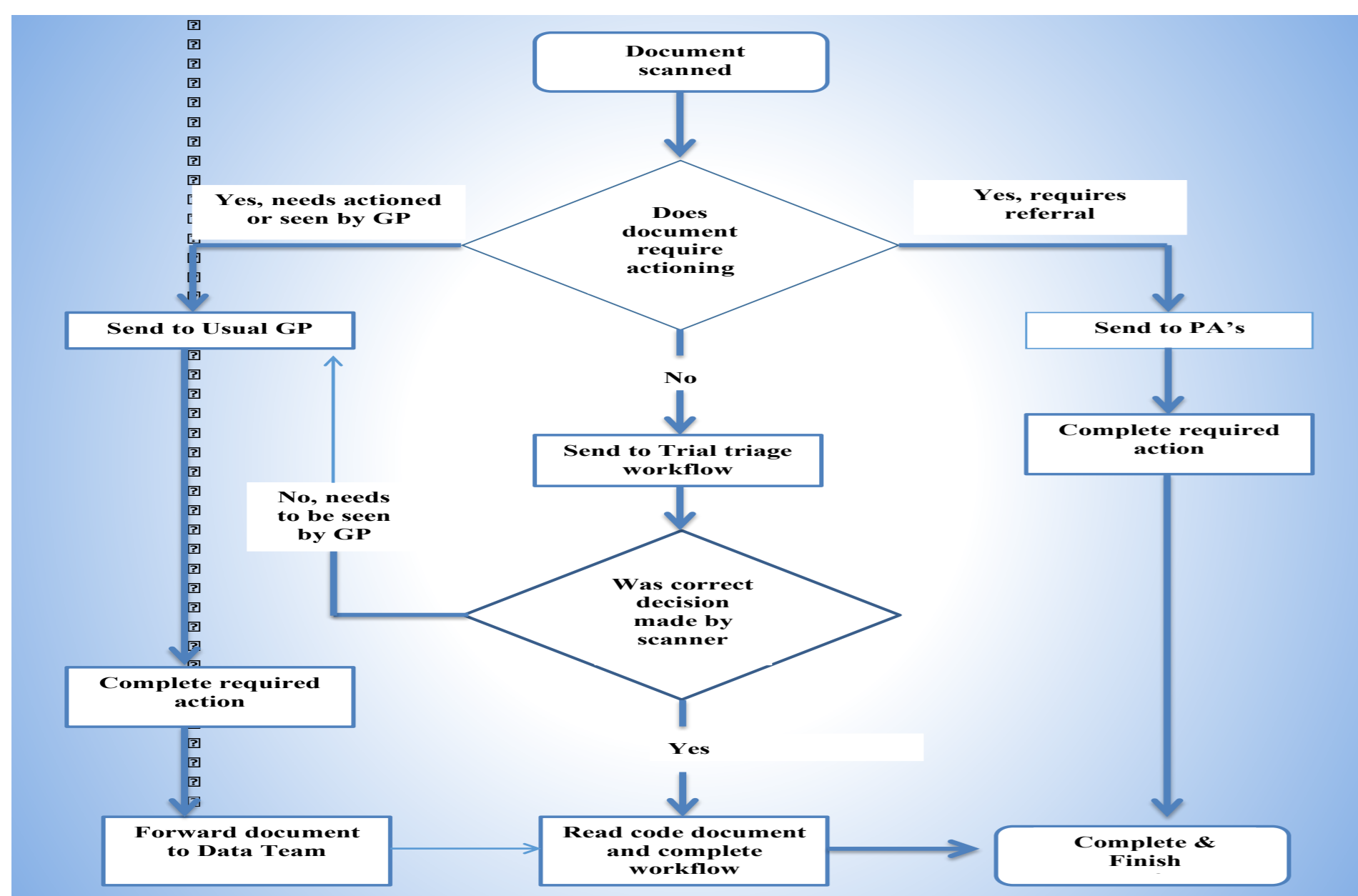


Figure 1 : New document route from scanning to completion

5. Multidisciplinary team

Based at Abbeywell Surgery, Great Well Drive, Romsey, Hampshire, UK

Project lead: Author

Risk Lead: Practice Manager, Julie Davies

Risk Owner: GP Partner, Dr. Simon Tricker

Action Owner: IT & Data Quality Administrator (IDQA), Matthew Buck

6. Outcomes

a) Volume measurement:

2016	Total items scanned	Sent to IDQA	% diverted from GPs
March	5006	2209	44%
April	3005	1669	56%
May	4481	1899	42%
June	2740	1186	43%

Table 1 : Numbers of documents allocated by new routing process

b) A survey of GPs produced the following results:

100% strongly agreed that since the mail triage project started they had noticed a reduction in the number of Docman items they received.

85% strongly agreed and 15% agreed that they could now deal more quickly with Docman items requiring their attention.

c) GPs were asked for examples of how this new system has improved patient care:

“Able to keep on top of the work on a daily basis so letters responded to more quickly and new treatment or changes in treatment actioned more swiftly”

“Mail no longer waiting in our inbox for days (or weeks) to be actioned”

7. Message for readers

- The new system successfully continues in the practice.
- We used the NHS risk matrix [1] and the NHS Risk Management Policy [2] to assess risk and implement appropriate mitigation which includes regular audits and identifies appropriate team members.
- The practice has had a CQC visit since implementation at which the project was presented and discussed and a report about the project submitted. The practice has been rated “good” across the board.
- It is imperative to have a united team motivated to succeed.
- It is important to share measurements and analyses with the team and the system users frequently and transparently.

8. Contact details

Dr Kari Nightingale, GP Fellow. Email: karinightingale@nhs.net

9. References

1. Risk Matrix from National Patient Safety Agency document “A risk matrix for risk managers”, 2008
2. NHS Risk Management Policy and Process Guide and Risk Matrix, 2015