Background
Document management describes the system whereby GPs respond to clinical and non-clinical electronic mail as it comes into the practice. It consumes vast amounts of GP time. Work is duplicated when people read/deal with same piece of mail. Some document management could be done by administrative staff, so releasing GP clinical time. This work should be readily transferable to other practices as the electronic mail system used is Scotland-wide.

Aim
• To ensure correspondence is managed by the most appropriate person within the team
• To reduce GP time spent managing non-clinical and clinical correspondence which does not add clinical value to the patient
• To produce guidance on document management in GP practices, which could be used Scotland-wide

Methods
• Document management process maps were constructed in 3 Lothian GP practices by GP and administrative staff
• The new document management system created a criteria list determining types of mail that either required or does not require GP review
• Training was delivered to administrative staff on new document management guidelines, with clear guidance that a GP should be contacted if doubt about where the document should go
• In addition, mails involving medicine reconciliations task were coded to be reviewed by the Practice pharmacist
• The principle of this new system is to ensure a clinical review of mail by clinicians, forwarded to the correct clinician at first attempt
• Mail processed included both administrative and clinical (outpatient, hospital discharge and emergency department) matters.

Tests of change
• Admin scrutinise document and to ensure document management to right clinician first time
• Coding done by admin before being forwarded to GP
• Follow up action identified by admin and task sent to reception to arrange these
• Medicines Reconciliation added to pharmacists list
• Checking that document is not duplicate of previous document
• Using a list of things GPs do not need to see.

Outcomes and results
The new document management process was co-designed, improved and standardised by all three practices.
Preliminary results suggest that:
• 6 hours per week per practice of GP time were saved
• 98% of mail was forwarded to the correct clinician at first attempt
• No known reported Significant Adverse Event so far.

Early outcome measures suggest that as much as 6 hours a week in a GP practice are saved in 1 GP practice with the reduction of time spent by GPs handling documents

Conclusion and lessons learned
Balancing measures learned along the journey:
• increased admin staff and time needed
• increased cost in investment in pharmacist time
• freeing up GP capacity
• random audit of letters that were not document managed to GP for quality assurance.

Financial investment was needed initially in Practices for staff to start off project including ensuring the pharmacist's availability.

Training time invested resulted in confidence being imparted to admin staff to undertake medicine reconciliation tasks and to provide the training content.

Quality control plan was developed for the practice.

Reference

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Tyne Medical Practice

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