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We now have prescription, recall, reception, telephone, and typist teams who take more ownership of their roles, and this has led to further time-saving changes. We have also created a ‘letter triage team’. The staff look at all of the scanned letters, deal with and complete those where no action is required, and forward those that need to be actioned. This ensures that the clinician knows that any letters sat in their inbox need some action, be it new medication or a diagnosis.

We have a dedicated team to look at the QOF and they have worked hard to ensure our results are better than ever.

Our patient survey highlighted that our clinical care scored very highly but our access was considered to be poor. The appointment system had been in place for several years and needed reviewing. We finally agreed that we would offer 2-week advance and next-day appointments, and then run a sit-and-wait ‘pool’ for patients who needed to be seen on the same day. At present we run this from Tuesday to Friday, with Mondays still having a triage service in place. As I sit here writing this article at 10.45 am in June 2015, I can see we still have some next-day appointments available for tomorrow and 2-week appointments for a week’s time, something unheard of for many years.

We will continue to evolve and make changes, with the next phase being to release a clinician to deal with all of the home visits (home visit project) and therefore increase the number of appointments the main body of clinicians see. We would like to recruit another salaried GP but the changes we have made have reduced the urgency for this.

POINTS TO REMEMBER
• Use your team; they are full of ideas.
• Tailor your clinicians to your patient group; for example, we have a lot of patients with long-term conditions and depression.
• There are highs and lows; for us it was two steps forward and then one back.
• Not everyone will appreciate change; even your peers may not understand the need for change.

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