# **Business Operations: Delivering Value**

Elm Surgery: Staffing

### Narrator

The practice capitalises on its highly trained nurses and operates a triage system which ensures the patient sees the right professional for their medical needs.

#### **Mike Davies**

We need to make sure that the patient gets in front of the right person. And that's something that's changing quite radically because nurses can now do far more in primary care than they could do before.

## **Dr Tim Alexander**

With the change in staffing of practices has come the challenge of making sure that the patient asking to be seen gets seen by the person who can be most use to them. It's a waste of resource if somebody who simply needs a blood test that a phlebotomist could take, comes to see a doctor who's probably paid four times as much for the same purpose. The slot is used but not most effectively.

#### Narrator

The surgery increasingly provides services previously seen as the province of hospital specialists.

### Mike Davies

We are being targeted and encouraged to go along the lines of practice based commissioning, which is to say setting up services in the community that means that we don't have to refer as often as we have done to secondary care. And in conjunction with three or four other local practices, we're offering a specialist dermatology service where a specialist GP can do much of what the hospital can do and can do biopsies and what have you, which actually, you know, improves the patient experience because it reduces their waiting time and actually we can save some money within the NHS to do that, which we can then recycle into other patient services.

Patient satisfaction is important and we measure it, so we are asking our patients what their experiences of the surgery in reception; on the telephone; are they have to wait very long for an appointment to commence; what's their experience of seeing individual doctors? And the important thing is that we use that proactively to improve what we do. One example was that patients felt that they were queuing a long time at the desk, so we introduced the new automatic check in facility, which some patients have had difficulty getting on with but most patients have liked and a lot of our elderly patients, who surprisingly we thought would be the sector that didn't like it, a lot of those have said, you know, it's great because we don't have to stand up and queue.

We also had feedback that patients were having to wait too long on the telephone before getting through. Last year we upgraded our telephone system, so that we've got more lines coming in and we've got more receptionists on at the key times of the day when patients are coming through. And it's not difficult to predict when that's going to be, it's going to be between 8 o clock in the morning and 10 o clock, when most patients have got up, don't feel well. Mondays are busy days. Fridays are busy days, so it's not difficult, you know, to predict when the demand is. If you've got your patient feedback as well then I think you can easily, you know, identify ways of improving.

## Narrator

With a flexible and loyal staff of 20 the surgery strives to provide a high quality service based around their patients needs.

#### **Mike Davies**

Problems can occur if staff, you know, are ill and particularly in key areas like reception where we have to deal with today's work today and we can't leave, patient work cannot be left for another day.

We have a number of staff who although they don't perform reception roles now, you know, understand and have worked in reception. So clearly what's important I think is having a work force which is multi-skilled.

The majority of our staff, particularly our back office staff, are part time and the advantage I think that gives us is that, you know, if somebody is ill or somebody's away, then we can slot staff in fairly quickly. You're not having to replace a full timer who's off. And one of the agreements that we have with all our staff is that they are happy and prepared to be flexible and can work alternate shifts really at a moment's notice. And that's fundamental to running a, you know, a practice like this.