

Data Systems & the Realities of the PWP working week

Liz Kell, Clinical Service Manager, Think
Positive (step 2 IAPT service)

PWP working week

- o Wide variety across services in 'how' PWP's actually work
 - o Admin support – amount available and how much they do themselves
 - o Systems used – often more than one, and sometimes systems in GP practices also
 - o The nature of 'high volume' caseloads, also means 'high volume' of admin

What I asked for...

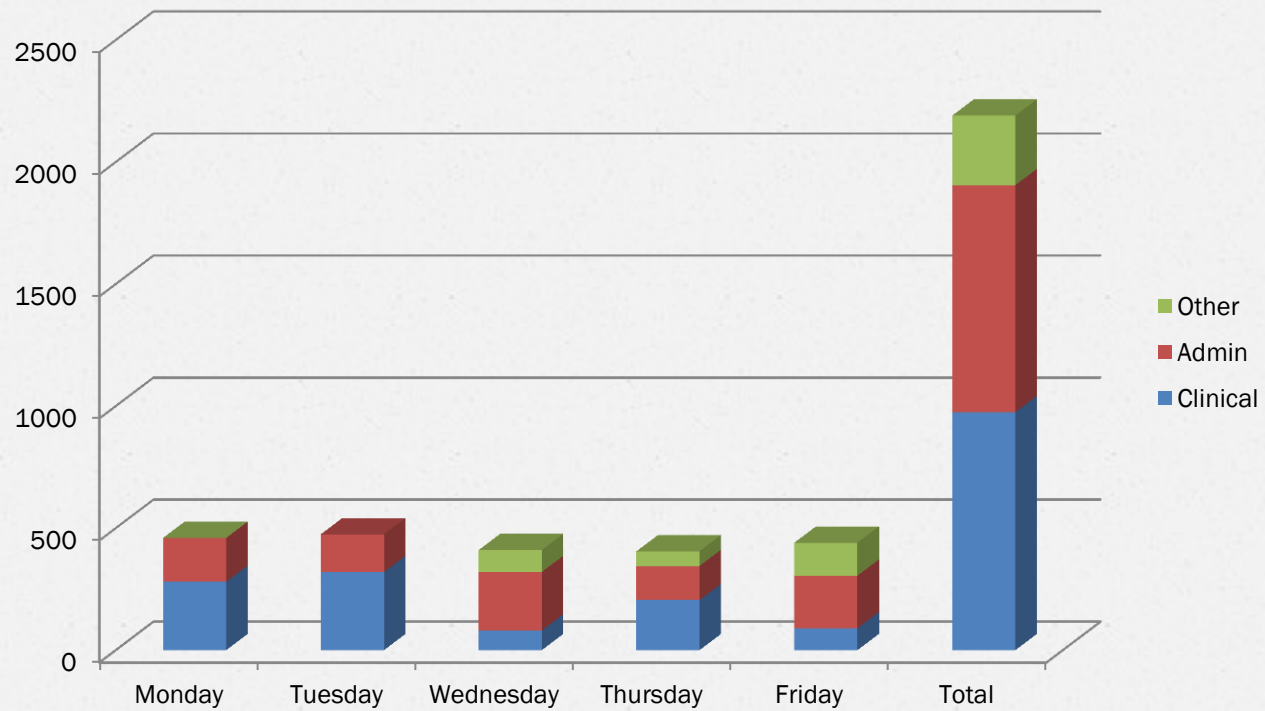
- o Request for 2 pieces of information:
 - o Detailed timetable of a typical PWP working week
 - o Breakdown of admin involved in each individual patient seen

Activity split into three categories: Clinical, admin, and 'other' which included supervision, team meetings, and champions work, health promotion

...What I got

Monday – 8:20–4:20 (working lunch)	Tuesday – 12:00-20:10 (no break other than travel time)
8:20-9:00 GP practice - Admin Log onto system Check emails Update GP patient system re patient discharges Review 1 st patient notes Contact office for further detail. (can't access system from GPs)	12:00 noon – 12:30 GP practice - Admin Wait for room to be available in GP surgery Check and respond to emails Returned patient call to re-book cancelled appointment Discussion with GP re their patient who hasn't yet been seen – checked system & phoned office to inform GP of outcome
9:00-9:45 Patient (5 minutes late) - Assessment appointment GP notes updated Half clinical notes completed Cluster completed NCRS completed	12:30-13:30 Patient - Assessment appointment Update GP notes Complete clinical notes Cluster NCRS completed
9:45-10:15 Patient - Follow up appointment Update GP notes Complete clinical notes Update NCRS	13:30-14:15 Patient - Assessment appointment Update GP notes Clinical notes completed Clustered NCRS completed
10:15-11:05 Patient - Assessment appointment Update GP notes Complete clinical notes Clustered NCRS completed	14:15-15:00 Admin – Patient cancellation last minute Rang patient to rearrange appointment Continued writing up notes from earlier complex assessment Discharged 2 patients from caseload Updated clinical notes, wrote discharge letter to GP, closed referral on NCRS and clinical system. Email to admin for new patient from W/L
11:15-12:20 Patient - Initial assessment Updated GP notes Completed clinical notes Clustered NCRS completed	15:00-15:45 Patient - Telephone triage completed Clinical notes updated Letter sent to GP informing them of outcome Referral completed and emailed to admin to process referral onto W/L
12:20-12:25 patient Unsuccessful telephone triage attempt	15:45-16:00 Patient - Telephone review appointment Clinical notes completed GP informed of outcome NCRS updated
12:25-12:45 Admin Completed notes from 1 st appointment Ate lunch while working	16:00-16:45 Patient - Follow up appointment Completed clinical notes Updated GP system Updated NCRS
12:45-13:00 Admin Message from admin team to rearrange patient appointment Attempted patient contact Researched local services for patient (incl. contact attempts)	16:45-17:00 – travel time Travel to evening CBT anxiety group to facilitate with CBT therapist
13:00-14:00 patient - Initial assessment Updated GP notes Completed clinical notes Clustered NCRS completed	17:00-17:20 Admin Set up room for group with chairs, table, projector, hand-outs and notes
14:00-14:30 patient - Follow up appointment Updated GP notes Completed clinical notes NCRS completed	17:20 – 19:30 Patients Group delivery – 8 patients
14:30-15:15 Patient - Follow up appointment Updated GP notes Completed Clinical Notes NCRS completed	19:30 – 20:10 Patients Conversations with some individual patients from group with questions Risk assessment for patients who had scored on risk question within group
15:15-16:00 Patient - Follow up appointment Updated GP notes Completed clinical notes NCRS completed Complete referral form for patient to access helpdirect	
16:00-16:20 admin Telephone calls to patients who cancelled last week Took call from admin for patient cancellation Attempted to contact patient to rearrange Contacted admin to re-fill appointment slot at short notice	

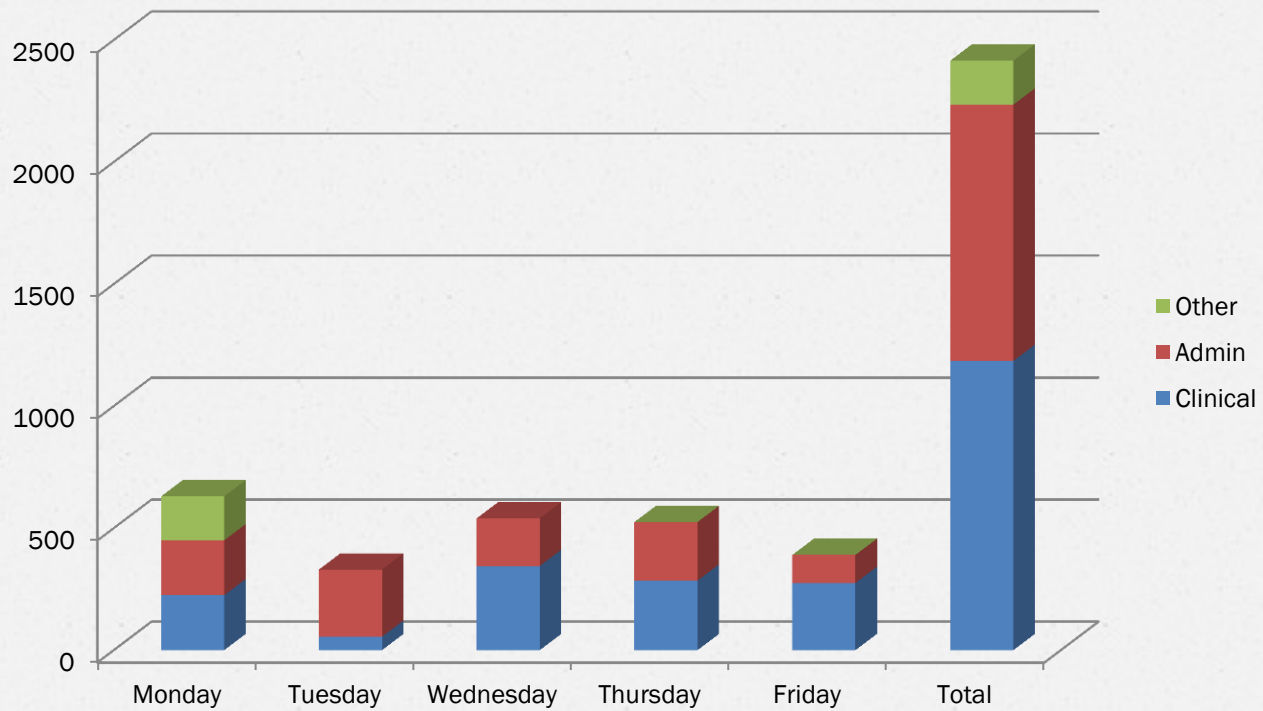
Service A



Service A outcomes

- o Planned Contacts – 33
- o Actual contacts – 28
 - o 17 face to face appointments
 - o 7 telephone appointments
 - o 5 DNA's or last minute cancellations
 - o 4 group contacts

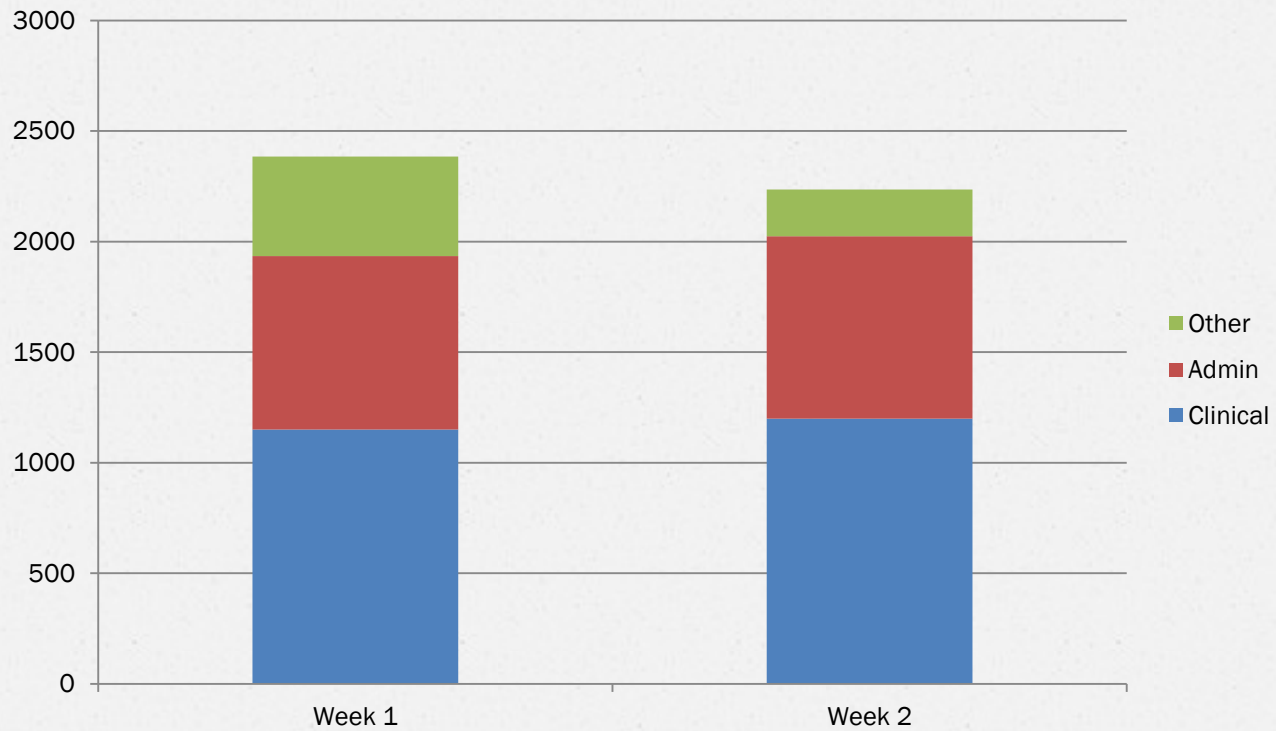
Service B

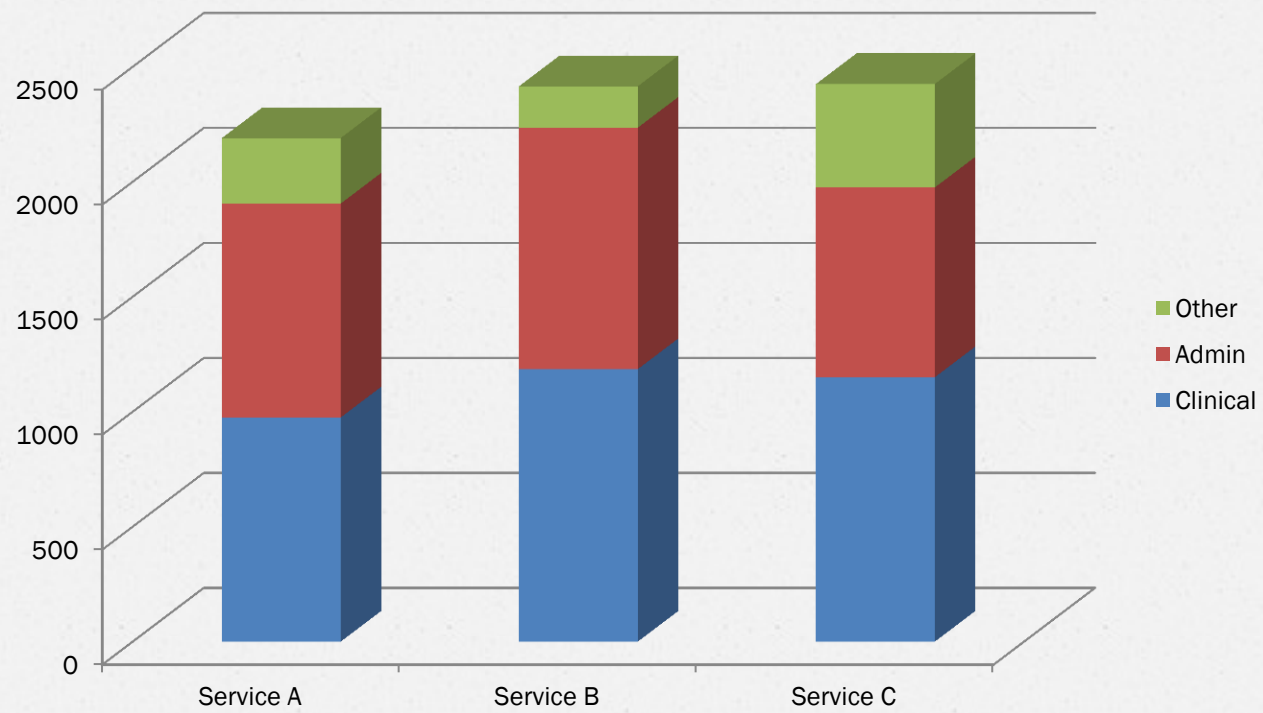


Service B Outcomes

- o Planned contacts – 36
- o Actual contacts – 32
 - o Face to face – 28
 - o Telephone – 4
 - o DNA/last minute cancellation - 8

Service C





Patient Admin

- o How much admin is required for each individual patient referred to the service, including:
 - o Letters sent
 - o Notes written up
 - o Updating systems
 - o Telephone attempts

Service B – referred patient

- o Average patient – 1 assessment + 5 Follow up
- o Total amount of admin time spent:
- o 160-245 minutes
- o Plus clinical time
 - o 1x45 min assessment, 5x30 min follow up = 195minutes
- o Total time per patient = 355-440minutes

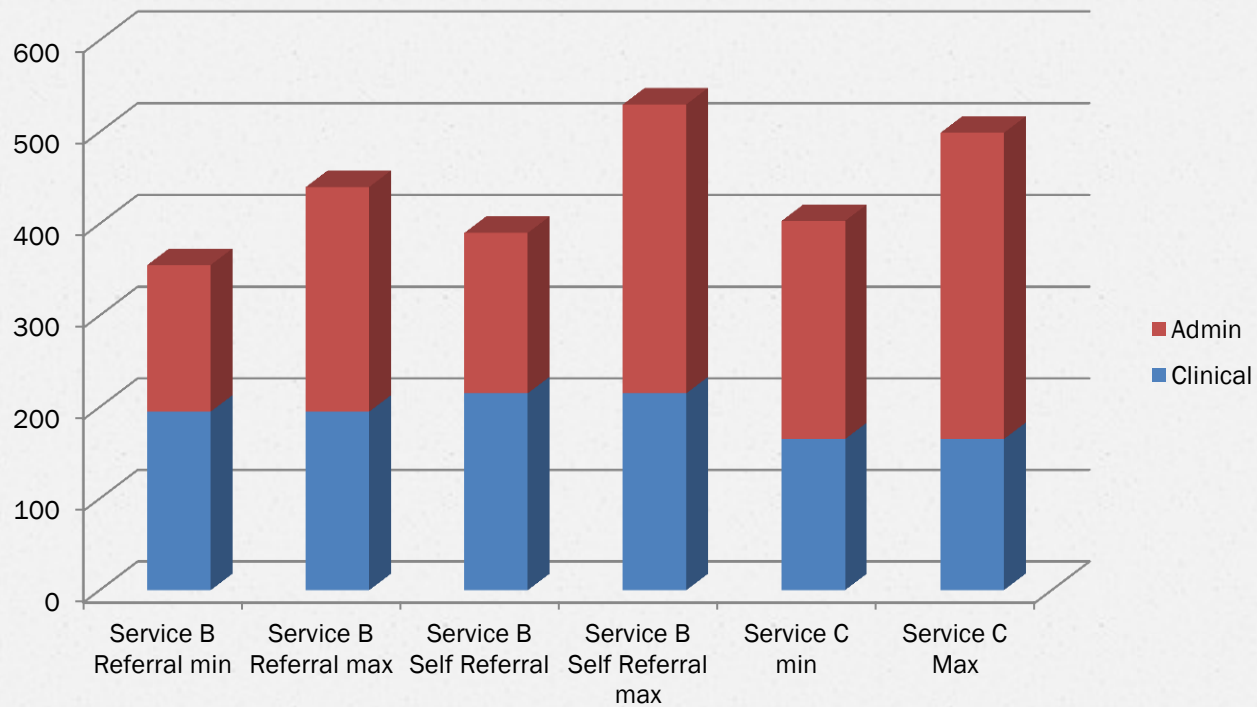
Service B – Self-referral

- o Average patient – 1 telephone triage, 1 assessment + 5 follow ups
- o Total amount of admin time spent:
- o 175-315 minutes
- o Plus Clinical time:
- o - 1x20 min triage, 1x45 min assessment, 5x30 min follow ups = 215 minutes
- o Total time per patient = 390-530minutes

Service C

- o Average patient – 1 assessment + 5 follow ups
- o Total amount of admin time spent:
- o 238-334 minutes
- o Plus Clinical Time:
 - o 1x40 min (tel) assessment, 5x25 min (tel) follow ups = 165 minutes
- o Total time per patient = 403-499 minutes

Services comparison



Conclusions

- o Significant admin workload for PWP workforce
- o Think about skills in who you recruit
- o Where can this be reduced
 - o Self-help materials
 - o Appropriate use of systems
 - o Distribution of admin support