Medical Assistant Project Report:

Workflow Optimisation in General Practices in Surrey Heath

Executive summary

This report provides a full description of the Medical Assistant Project including closure of the project and transfer to business as usual.

Funding was provided by Health Education England, Kent Surrey Sussex following bid submission by the GP Federation in Surrey Heath (Surrey Heath Community Providers Ltd). Project aims and objectives were clearly defined in order to reduce the administrative burden on General Practitioners (GPs) and to enhance the skills of administrative staff.

The project ran for 12 months during which time staff were provided with training to identify correspondence that could be placed directly into patient records and also highlight documents to be reviewed by General Practitioners. In addition, practice managers and GPs received training in order to be able to provide support and supervision of administrative staff.

The training was rolled out across all 10 sites (8 practices) in Surrey Heath and positive feedback was received from the majority of participants. Following initial training the project team agreed to develop its own training package for future utilisation and this work is complete.

All practices went live with the new processes during January and February 2018. A survey of staff satisfaction has proved extremely positive and further evaluations are planned in order to provide a full evaluation of the work to date and to demonstrate full benefits realisation.

Final conclusions demonstrated an extremely positive outcome with the project delivering an 85% reduction in correspondence work flow to GPs and an 85% saving in GP time managing correspondence. This equates to an approximate time saving equivalent to 34 hours of GP time per working day across the Surrey Heath geography.

The project delivered within financial resources and to timescale. The project has transferred to business as usual with recommendations that the practices would need to identify additional administrative resources and increased scanning capacity.

Contents

1.0   Introduction
1.1   Purpose
The purpose of this document is to outline the Surrey Heath Medical Assistant Project and present the progress made in the form of pre- and post-project results and impact.

1.2   Background
In December 2016 an opportunity to access funding from Health Education England, Kent, Surrey and Sussex (HEEKSS) was identified via the Surrey CEPN (Community Education Provider Network). A funding bid was developed by the local GP Federation, and was endorsed by the Surrey CEPN before being submitted. The bid proved to be successful, securing £25,500.00 to deliver the project.

In Surrey Heath the primary care medical practices are working together as a Federation. At that time (as two practices have since merged) the Federation comprised 8 practices providing services from 10 surgery sites. The Federation is officially known as Surrey Heath Community Provider's Ltd (SHCPL), and will be referred to as 'the Federation' within this document. The Federation works closely with NHS Surrey Heath Clinical Commissioning Group (SHCCG, the CCG) to understand the demands, time and workforce pressures and the needs of general practice in order to determine best placed supportive solutions. It is well-recognised that the general practice workforce is under pressure, which was a significant motivation to deliver this project.

At project initiation the Surrey Heath area had approximately 54 full time equivalent (FTE) General Practitioners (GPs) [1]. Surrey Heath practices had a small number of vacancies across the GP workforce [1], and were beginning to feel some of the recruitment pressures faced elsewhere in the country. As a consequence the Federation were keen to explore opportunities to reduce the workload in order to support the working experience and effectiveness of existing GPs in the system.

A report commissioned by Health Education England (HEE) says that GPs spend 11% of their time on administrative tasks [2]. The introduction of the correspondence management skill set within administrative and clerical staff, known by HEE as 'Medical Assistants', would support the increase of GP capacity by freeing up the time currently being used for administrative tasks [2]. The findings of the Primary Care Workforce Commission [2] suggested that in Surrey Heath this could create approximate additional GP capacity of between 3 and 6 full time equivalents (FTEs). This is potentially significant capacity which could be utilised to increase GP time to focus on clinical tasks within their working day.

The Federation has a proven track record of achieving and sustaining innovation through collaboration and has achieved significant clinical engagement and collaboration across the Surrey Heath footprint. For example, the Federation has already worked with practices to deliver 08:00 – 20:00 extended access to general practice since April 2015.

[1] Health Education England, Kent, Surrey & Sussex, GP Workforce Tool – as per practice data for Surrey heath at Quarter 3 2016/2017.

[2] The Primary Care Workforce Commission, 2015, *The future of primary care; Creating teams for tomorrow*

1.3   Aims and Objectives

The project had two main aims:

1. To reduce the administrative burden on clinical staff in general practice, specifically medical staff (GPs), and
2. To enhance the skills of administrative staff in the practices.

The objectives the project sought to deliver were:

- To increase the GPs' experience of working in Surrey Heath,
- To support recruitment; make general practice in Surrey Heath a more attractive place to work (for both clinical and non-clinical staff),
- To retain skills, knowledge and experience within the existing workforce; support the retention of the 12% of GPs who are over 55 years old and approaching retirement,
- To support the standardisation of correspondence management across footprint; sharing best practice ways of working with all practices.
- To enable the wider Multi-disciplinary Team partners to support patients to maintain independence and avoid unnecessary hospital admissions.

2.0   Project Approach Detail

The project funding was to allow senior administrative staff (those supervising and line managing administrative staff) and the nominated GPs to provide the support and governance for this new way of working in the Surrey Heath practices. The project was to be co-ordinated by the Federation which was already demonstrating collaboration, willingness and success in engaging with system partners.

Previously the majority of correspondence management was undertaken by GPs, which saw GPs reviewing clinical correspondence which often required no clinical response or action other than filing as part of the patient's records.   This often meant GPs dealing with many 10's of individual items of correspondence, which consumed a significant amount of clinical time. There was some experience of limited levels of correspondence management being undertaken by non-GPs in the system and the Federation recognised the potential to significantly scale up this approach to release GP time.

The programme aimed to train administrative and clerical staff members from each practice to be able to undertake correspondence management that would traditionally have been undertaken by the GPs. The programme also sought to provide training to GPs and senior administrative staff from across the Federation to support the successful delivery of the new skills learnt by the administrative staff from all the practices.

The GPs and senior administrative staff trained will provide the ongoing supervision and support to the Medical Assistant staff to ensure long term confidence and competence within the role.

As an additional benefit to the NHS primary care medical system in England, this project has the potential to provide valuable learning through the ongoing evaluation shared with Health Education England, Kent, Surrey and Sussex. This learning could support other areas

looking to develop such roles and skills, or looking for strategies to manage the workload of GPs.

A faculty of 'Train the Trainers' was developed as part of the project. These trainers will be a resource for ongoing training to maintain the medical assistant resource within the Federation, but also a resource to others within the Surrey Community Education Provider Network, Sustainability and Transformation partnership, and across other Health Education England regions.

2.1   Project Governance and Structure

The initial project plan was developed and signed off by Dr Mark Pugsley, Clinical Director of Surrey Heath Community Providers Ltd (SHCPL), and Miss Netty O'Conor, Non-Medical Director of SHCPL.

The Federation established a Project Team, which included CCG representation, to provide oversight and management of project progress, issues and risks.

Table 1: Project Team:

Name	Organisation
Director (Federation)	GP Federation
Director (Federation)	GP Federation
Head of Workforce & Nursing	CCG
Project Manager	Provided by the Federation

The project funding included specific resourcing for Project Management. This was felt to be essential to the success of the project, and was expected to provide the following:

- To be responsible for the day to day management of the project and for ensuring that the project team, senior users and end users of the system are aware of their roles and responsibilities. The Project Manager's day to day management responsibilities included:
    - The planning, monitoring and control of all aspects of the project and the motivation of all those involved in it to achieve the project objectives on time and to the specified cost, quality and performance
    - Producing and maintaining the Project Plan ensuring all stakeholders are aware of their responsibilities, deadlines and budgets
    - Production of the Project Brief
    - Production of the Project Initiation Document.
    - Monitoring the project plan and providing status reports to the Project Board and key stakeholders, highlighting risks to achieving deadlines within allocated budgets in a timely manner and keeping the project on track
    - Ensuring operational decisions are implemented promptly and effectively
    - Regular communication between all stakeholders

- o Managing the 'change control' procedure for the project
- o Ensuring operational compliance with applicable laws, regulations, information and security requirements

The programme was monitored by the Project Team, with regular updates provided to the Surrey Heath practices via a number of forums; Surrey Heath GP Steering Group (which is hosted by Surrey Heath CCG), Protected Learning Time Events, and internal electronic communication.

Initially the Project Team met fortnightly, and this frequency reduced to monthly as the project developed.

The Project Governance documents included:
- Project Board meeting notes
- Project Board Action Tracker
- Project Plan (Appendix 1)
- Project Issues Log (Appendix 2)
- Project Risk Register (Appendix 3)
- Project Lessons Learned Log (Appendix 4)
- Project Communication Plan (Appendix 5)
- Project Finance (Appendix 6)

A number of project Key Performance Indicators (KPIs) were also developed to ensure the project had the ability to measure its impact (see section 2.7).

2.2 Procurement

The initial project scoping, which informed the funding bid, explored providers with off-the-shelf programmes available to train staff in the management of clinical correspondence, to provide training for an internal train-the-trainer faculty, and also covering the associated practice governance required to implement and manage the change to ways of working.

Two providers were able to offer products to meet our needs. The table below shows the provider responses:

Table 2: Programme provider costings:

	Provider	Cost
1	Provider 'A' (costing model - £0.40 per registered head of population)	£38,800 (based on indicative registered population of 97,000
2	Provider 'B'	£5000 (fully inclusive)

Members of the Project Team met with both providers and based on cost and provider offer chose to procure the training package from Provider 'B'.

Due to the cost of the preferred provider the two quotes were sufficient, and no broader procurement process was necessary.

The chosen product delivered four levels of training to build basic knowledge and understanding of medical terms and language, through to managing practice governance around the new way of working, and train the trainer skills.

2.3 Correspondence Scoping

To determine which types of clinical correspondence would be within scope of the project a process of data collection of current activity was undertaken. This information was then used to build and agree a local protocol and procedure for the Medical Assistants. A copy of the data collection template can be found at Appendix 7, and a copy of the Protocol can be found at Appendix 8.

2.4 Recruitment

The training was delivered in cohorts of each of the required training levels. The training dates for each level of training were advertised to each practice for staff to be identified and booked on. The table below shows the training capacity and uptake.

Table 3: Training capacity and uptake:

Training Level	Capacity (people)	Number attended	Percentage drop out (non-attendance)	Percentage Uptake
1 (choice of 2 dates)	50	40	4%	80%
2 (choice of 2 dates)	50	45	4%	90%
3 (1 date)	30	24	0%	80%
4 (1 date)	20	20	0%	100%
GP Champion training	8 (1 per practice)	8	0%	100%
Total:	158	137	4%	90% (average)

In terms of the reach of training, on average 13 staff at each surgery site have received some level of training.

One practice manager felt they did not want to change their flow of correspondence and therefore felt they didn't want to participate in the project, but still wanted to send staff on the training. However, as the project progressed the practice has fully embraced the changes.

Not all capacity was utilised for levels 1 and 2. It was felt that this was natural slack in capacity where the project team had been overly optimistic when planning capacity.

When looking for lessons to learn, the Project Team identified:
1. The project team recognised that the communication around the levels of training could have been clearer. It was felt that increased clarity around the description and

implications for practice of each of the 'levels' would have improved the learner preparedness for the training and potentially improved uptake.

2. Concern had been raised by the project team regarding the appropriateness (background, role, and in-role capabilities) of some of the delegates being booked onto the level 4 training (train-the-trainer). Prior to the delivery of the level 4 training the project team delivered additional communication to practices outlining the specific anticipated responsibilities of staff attending the level 4 training. Specifically, this was clarifying that staff attending level 4 training would be expected to form the faculty of train-the-trainers for future training delivery.

2.5   Communication

The Project Team recognised the importance of effective and sufficient communication in relation to the success of the project. A Communication Plan was established as an early priority, and can be found in Appendix 5.

Communication was aimed at internal staff within the general practices associated with Surrey Heath Community Providers Ltd. Methods of communication were oral presentation at a number of Federation and CCG events, supported by email and via staff meetings and professional forums.

When looking for lessons to learn, the Project Team identified:

- The project team had anticipated that GPs would be keen to support the project on the basis of the expected aims and objectives. However, some initial feedback was not as positive as expected. Consequently, the Project Team undertook some additional and targeted engagement with GPs via the CCG's GP Steering Group which identified support for the planned GP Champion training. The GP Champion training then went on to have 100% uptake of places.
- As referenced under section 4.4 one practice manager was initially disengaged with the project. This was potentially disruptive to successful delivery across all sites, therefore the Project Team felt it would have been more effective to have sought firm commitment from practices during the launch engagement work and to have had the opportunity to work through any resistance or scepticism at that early stage.

2.6   Training

As described in section 4.4 the training was delivered at the four individual levels over a period of seven days. The seven days were spread over a period of 4 months. This was to enable the release of significant numbers of staff from small practice teams without disrupting the delivery of services.

The Project Team had agreed with the training provider that all training materials would be shared with the Project Team in advance of the delivery of training. This was to enable the Project Team to provide some quality control, to ensure the content was appropriate to practice staff and that there was no messaging or phrasing that might have a negative impact on the audience.

The training provider came to a local site chosen by the Project Team for all the sessions, and the same external trainer delivered all sessions to ensure consistency. The cost of training venue and refreshments was covered by the project funding.

2.6.1 External Training Materials

The Project Team experienced a number of issues with the training provider (see Appendix 2). For example, the Project Team repeatedly did not receive copies of training materials prior to training sessions. The training provider was repeatedly reminded, but still failed to send presentation material through in advance on a number of occasions or sent the material through the evening before sessions were due to be delivered. Unfortunately, the quality of some of the materials was not up to the standard expected by the Project Team which led to material being used with spelling mistakes and advertising for other training products from the provider. On one occasion the Project Team received the training materials in advance and chose not to allow the material to be used due to the number of errors contained.

2.6.2 Sustainable Future Training

The Project Team engaged the skills and expertise of an external independent training expert to support with the development of resources for the train-the-trainer faculty. These resources are to enable future training to new staff as they come to work in practices in Surrey Heath. There is also the potential for the Federation to provide the training to practices outside the Surrey Heath geography.

When looking for lessons to learn, the Project Team identified:
- Some staff who have been trained as train-the-trainer have since articulated that they don't feel comfortable to stand up in front of colleagues outside their practice and deliver the training to them. This has meant that the train-the-trainer faculty is smaller than the original number trained.
- It is worth noting that those who opted out of delivering external training are still happy to train and support those within their own practice (surgery).
- To manage this and enable capacity for delivery of training across all practices, the GP Federation have identified an independent trainer to co-deliver some of the external sessions supported by an in-house trainer / Federation member.

2.6.3 Training Feedback

All training sessions were evaluated. Delegates were surveyed before and after each session. Copies of the pre and post surveys and the results of the surveys can be found in Appendices 9, 10, 11, 12.

Table 4 shows some of the data obtained via the training feedback forms, captured on arrival for training sessions, and again at the end of the training sessions.

Table 4: Delegate training feedback responses:

Questions	Average score **before** project	Average score **after** project
Sample of questions asked to course delegates:	Score out of maximum of 6	
How would you rate the potential for correspondence management to make a real difference to how your practice currently works?	3.72	5
How would you rate the potential for correspondence management to improve the quality of patient care your practice offers?	3.64	4.89
How would you rate the potential for correspondence management to increase your level of job satisfaction?	3.29	4.32
Sample of questions asked to Practice Managers, Line Managers, Supervisors:		
How would you rate the potential for correspondence management to make better use of GP time in your practice?	3.64	5.25
How would you rate the potential for correspondence management to increase the level of job satisfaction within your team?	3.23	4.2

What is noticeable across all questions is that the 'after' score for every question was higher than the 'before' score.

2.7   Project Metrics

A set of Key Performance Indicators (KPIs) were developed to support measurement of the impact of the project. The metrics identified were:
- % take up of training by staff group
- % drop out
- % trained who do not utilise
- Number of complaints related to correspondence
- Number of significant events
- Number of letters work-flowed to doctors
- Drop-out rate from train the trainer
- Staff Satisfaction
- GP Satisfaction

The KPIs were plotted on a Benefits Dependency Network (BDN) diagram to ensure they would provide measurement to support the project aims and would be delivered through the planned work streams. A copy of the BDN can be found at Appendix 13.

A baseline set of KPIs was captured prior to implementation (Go Live), and the first set of post-implementation KPI data was captured in March 2018. Tables 5 to 13 show the data for each project metric.

Table 5: 'Percentage take-up of training by staff group':

Staff Group	No. in staff group invited (average)	No. in staff group attended	% Uptake
Admin & Clerical	43	36	84
Managers	8	8	100
GPs	8	8	100

Table 6: 'Percentage drop out' by staff group:

This metric refers to staff who commenced but failed to complete their relevant suite of training.

Staff Group	No. Staff commenced	No. Staff who completed	No. drop out	% drop out
Admin & Clerical	38	36	2	5
Managers	8	7	1	10
GPs	8	8	0	0

Table 7: 'Percentage of those trained who do not utilise':

Staff Group	No. Staff trained	No. Staff utilising	No. not using	% not using
Admin & Clerical	36	31	5	14*
Managers	7	7	0	0
GPs	8	8	0	0

* there was a cohort of administrative and clerical staff who attended the course to gain an understanding of medical language which was delivered in the Level 1 training. However, these staff were not expected to work as correspondence managers/Medical Assistants following the training.

Table 8: 'Number of complaints related to correspondence':

	Number in the 12 months prior to project	Number 6 months post implementation (Jan to June 2018)
Number in the year across all practices	3	0

Table 9: 'Number of significant events':

	Number in the 12 months prior to project	Number 6 months post implementation (Jan to June 2018)
Number in the year across all practices	4	0

Table 10: 'Number of letters work-flowed to doctors':

	No. letters in Docman per day 'Before'	No. letters in Docman per day 'after'	Time spent per day 'before' (mins)	Time spent per day 'after' (mins)
Average across all GPs	33	5	41.15	6.15

This metric aimed to directly measure the goal of the project to reduce the number of letters work-flowed to GPs. The project demonstrated significant impact against this measure, showing an 85% reduction in both the number of letters work-flowed to GPs and the amount of time spent on correspondence.

This equates to an average time saved of 35 minutes per day per GP, based on observational assessment of individual GP activity of a sample of GPs across the geography, which showed an average time spent per document of 75 seconds.

Based on the local GP workforce of 58.56 full time equivalents in Surrey Heath at the end of the project [3] (which has increased since project initiation), the project has delivered an approximate time saving of 34 hours of GP time per working day across the Surrey Heath geography.

[3] Health Education England, Kent, Surrey & Sussex, GP Workforce Tool – as per practice data for Surrey heath at Quarter 2 2017/2018.

Table 11: 'Drop-out rate from train the trainer':

Staff Group	No. Staff commenced	No. Staff who completed	No. drop out	% drop out
Managers	8	7	1	10

Table 12: 'Staff Satisfaction':

All Administrative and Clerical staff undertaking the document management process in practices were asked to complete a post-implementation questionnaire, to seek to understand their perception of the impact of the model of correspondence management.

A blank questionnaire template is available at Appendix 14.

A sample of the role satisfaction questions asked in the questionnaires, and associated responses, are summarised below:

	Disagree	Somewhat disagree	Somewhat agree	Agree
I am more satisfied with my work	0%	0%	100%	0%
I am more likely to stay in this work setting	0%	0%	75%	25%

Examples of narrative feedback from Administrative & clerical staff are:

"Doctors don't have as much paperwork to do"

Makes it more streamlined"

"Doctors have more time to do other important things"

Table 13: '*GP Satisfaction*':

All GPs were asked to complete a questionnaire, post implementation of the new way of working, to seek to understand their perception of the impact of the model of correspondence management.

A blank questionnaire template is available at Appendix 15.

	Disagree	Somewhat disagree	Somewhat agree	Agree
I spend less time on correspondence since the programme started	0%	0%	15%	85%
I have more time for other clinical duties	0%	0%	15%	85%
The programme has had a positive impact on my working day	0%	0%	15%	85%

Examples of narrative feedback from GPs are:

"We must maintain this process across all our sites"

"Psychologically so much better to look at Docman list"

"Has reduced document filing to a manageable level"

"Positive, less workload"

2.8   Finance

The project was funded with £25,500.00 from Health Education England, via the Surrey CEPN. The Project Team provided oversight of financial management at the regular Project Team Meetings. A copy of the Finance Sheets can be found at Appendix 6. The project came in on budget. Table 14 shows how the planned spend was allocated.

Table 14: Planned spend allocation:

Cost	Allocation
£5000	bespoke training
£4000	back-fill time to support release of practice staff and sustainability of service delivery
£3250	Programme Evaluation and development of Train the Trainer toolkit and resources
£6000	Programme Management
£2500	Venue and facility costs
£4750	Costs of learning materials for future Train the Trainer programme

2.9   Go Live, Evaluation & Transfer to Business as Usual

2.9.1 Soft Go Live

A 'soft' go live was piloted in one of the practices to test for any unforeseen consequences. The soft go live identified significant time savings for the GPs in the practice. However, it also identified additional pressure on the administrative staff in the practice in terms of requiring additional administrative resource at least during the implementation phase.

It also identified that practices required additional scanning machines to enable more than one administrator to scan correspondence at any one time. This was a reflection of the fact that administrators now had to spend more time reading correspondence during the scanning process. This was supported by the Clinical Commissioning Group.

When looking for lessons to learn, the Project Team identified:
1. The soft go-live practice identified a need for increased administrative staff resource. This has now been experienced by each of the practices, with smaller practices needing up to 1.0 full time equivalent additional resource, and the largest practices needing up to 2.0 full time equivalent resource.
2. Practices have been confident to invest in administrative time based on the significant positive impact on GPs and the release of more expensive GP time.

2.9.2 Go Live

All practices identified their own Go Live dates in January and February 2018. This provided practices with a calendar month of live activity prior to the first set of post-implementation data being collected.

2.9.3 Evaluation

The Project Team are undertaking the evaluation using the baseline KPIs, first post-implementation KPIs and a final set of KPIs. This will be combined with feedback from future supervision groups delivered post-implementation.

3.0 Project Risks

The Project team maintained a Risk Register (Appendix 3). The Risk Register proved to be a useful tool for enabling the Project Team to focus on potential issues and to identify mitigation in advance.

4.0 Issues Log

The Project team maintained an Issues Log (Appendix 2). The Issues Log proved to be a useful tool for enabling the Project Team to focus on actual issues and to identify actions to prevent more significant challenges.

5.0 Lessons Learned Log

The Project team maintained a Lessons Learned Log (Appendix 4). The Lessons Learned Log proved to be a useful tool for informing approaches to future projects led by the Federation.

6.0 Conclusions

The value of this project has been significant in terms of the positive impact on GPs. The project has delivered the approximate time saving of 34 hours per working day of GP time across the Surrey Heath geography. This is based on 35 minutes per day saving across the current local GP workforce of 58.56 full time equivalents in Surrey Heath at the end of the project (based on the latest available data from the Health Education England, Kent Surrey and Sussex GP Workforce Tool at that time).

The change to ways of working has increased the job satisfaction for both GPs and administrative and clerical staff.

The Project Team would recommend the review of correspondence management workflow, and implementation of similar processes to other general practices.

7.0 Recommendations

A number of items of learning and recommendations for the future have been referenced throughout the report.

Key recommendations to others would be:
- Ensure robust engagement with GPs prior to engagement with other staff, including Practice Managers.

- Continuous review of workflow processes, including the review of scope of documents and the ongoing training of staff.
- There is value in working closely with the local Clinical Commissioning Group for support.

8.0   Table of Appendices

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9.0   Contact Details - Surrey Heath Community Providers Ltd

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Appendix 1. Project Plan

Workstream	Dependencies	Milestone/Task	Lead	Start Date	DUE Date	Date completed
Governance						
		Agree project group membership and establish		1.6.17		26.4.17
		Develop and agree project plan		3.8.17		3.8.17
		Develop and agree risk register		24.8.17	6.9.17	31.8.17
		Initiate Lessons Learned Log		8.6.17		8.6.17
		Project meetings arranged		1.6.17		1.6.17
	23	**Monthly monitoring established**		1.6.17		
Procurement						
		Agreed training in budget		26.4.17		26.4.17
		Training provider secured		26.4.17		26.4.17
		Training evaluated				30.12.17
Recruitment						
		Agreed application form in place		1.8.17		1.8.17
	27	**Communication to practices re applications complete**		1..8.17		1.8.17
		Completed applications received		1.8.17	25.8.17	25.8.17
		Applications review and places assigned against allocation		1.8.17	31.8.17	31.8.17
		Joining instructions provided to learners		6.9.17	6.12.17	
		Joining instructions provided		1.9.17	29.11.17	22.11.17
		Focus group established				
Communication						
		Develop and agree comms plan		3.8.17		3.8.17
	40	**PLT/GP Steering Group engagement complete**		20.6.17		31.8.17
		Full GP buy-in achieved		20.6.17		31.8.17
		Initial Practice Manager engagement				10.5.17
		Project Managers' Forum established		26.4.17		26.4.17
Training						
	16	**TNA Agreed**		27.7.17	28.7.17	3.8.17
		Training Material agreed		8.6.17		9.7.17
		Dates for training booked		8.6.17	27.7.17	20.6.17
		Venue booked		8.6.17		8.6.17
		Training evaluation developed				
		TTT Material developed		6.12.17	28.2.18	20.4.18
Metrics						
		KPIs agreed		26.4.17	27.07.17	27.7.17
		Metric processes agreed			27.07.17	27.7.17
		Draft evaluation forms agreed			24.08.17	24.08.17
	23	Baseline data captured		10.5.17		20.5.17
		Metrics measured (x3)				
Finance						
		Funding secured		26.4.17	1.6.17	1.6.17
		Budget sheet established			1.6.17	24.8.17
		Monthly spend review				
		Income requested			31.5.17	18.5.17
		Income received			1.8.17	22.9.17
Project evaluation & closure						
		Go live				31.1.18
		Develop and agree presentation			15.6.18	19.6.18
		Develop and agree project closure report			15.6.18	19.6.18
		Evaluation complete			30.6.18	19.6.18
		Formulate plan for BAU			30.6.18	19.6.18

Appendix 2: Project Issues log

Issue log

Version Control										
Version										
Author										
Date		24/05/2018								

Related Risk No.	Issue Type	Issue Description	Date Raised	Issue Owner	Actions	Action Owner	Date for Actions to be Implemented	Update	Open/Closed	Reason for closure
if applicable	*A statement describing the cause of the issue*		*Date issue raised*		*Actions that are operating that deal with the issue*	*Job title of the person assigned to carry out actions*	*For each action a completion date must be provided*	*Issues should be prioritised as high, medium or low. A full list is given in the guidance tab*		
	Operational	**One Practice Manager not wanting to change their flow of documents/letters as part of the project, and therefore not to participate in the project.**	24/08/2017		project manager to liaise with the practice manager to confirm their position, and if their position is unchanged it would not be appropriate for them to take up training places that could be available to the practices who are participating		31/12/2017	High	closed	GP Champion on board
	Financial	**Issues receiving the funds from HEKSS**	24/08/2017		project manager to follow up with emails to HEKSS, raise final invoice		30/09/2017	High	closed	Finance received fully
	Delivery	Training – We are not yet receiving the Training providers presentations in advance of the training delivery in order to approve content.	19/10/2017		project manager has followed this up with training provider and reminded them of this requirement.		29/11/2017	Presentations delivered but still only just before the training. Does not give us time to make amendments.	closed	Training completed
	Governance	concerns that background and capability of individuals booking onto the level 4 training, in terms of their appropriateness and ability to become a future 'train the trainer' which is the requirement of the level 4 training.	19/10/2017		validate the delegate appropriateness		21/11/2017	All Practice managers and candidates booked on level 4 emailed.	closed	Confirmation they understand they will be required to become future 'Train the trainer'.
	Governance	GPs not engaging with requests for help with metrics	08.03.18		project manager to speak to practice managers, explain how useful the information is to the Federation		15/03/2018	Project manager spoke to the practice managers at the Protected Learning Time	closed	Project manager met the PMs
	Operational	Project slippage on capturing post-implementation data	19.04.18		post implementation evaluation data has not yet been collected, questionnaires to be sent out to all practices		20/04/2018	All questionnaires sent out to all relevant parties	closed	completed

Appendix 3: Project Risk Register

Version Control			
Version: V1		Previous version date:	19.04.18
Author:		Next review:	24.05.18
Date amended:			

Risk Ref	Risk Owner	Risk Category	Risk Title	Cause & Impact	Risk Score			Mitigating Actions	Action Owner	Completion Date for Actions	Anticipated Risk Score Following Mitigation		
					Likelihood	Impact	RAG Status				Likelihood	Impact	RAG Status
A unique coding that allows the risk to be easily identified	Job title of the person responsible for the management, monitoring and control of the identified risk		A statement describing risk event	A statement describing the cause and Impact				Systems and processes that are in place and operating that mitigate this risk, including assurances	Job title of the person assigned to carry out mitigating actions	For each mitigating action a completion date must be provided			
1		Governance	If demand for primary care is too high, GPs, admin supervisors, PMs may not have the capacity to provide the level of supervision and support required to individuals delivering the medical assistant role	Cause: practice too busy to provide adequate supervision Impact: inadequate supervision and possible errors	3	5	15	continuous support to ensure staff are adequately supervised GP & PM Champions oversee trainees Trainee forum		Ongoing	1	3	3
2		Reputational	If training material is not up to standard it will impact negatively on both trainees and project for level 3 & 4	Cause: trainer could provide non agreed training material Impact: project failure	5	5	25	Ensure we see all training material before training delivered. Develop own training package		29th November 2017 31 January 2018	3	2	6
3		Strategic	GPs might not buy in to project	Cause: Not wanting change Impact: project failure	5	5	25	Transfer risk to Fed board		31st August 2017	1	1	1
4		Financial	Not receive funding in a timely fashion	Cause: Complicated invoicing process Impact: project failure	5	5	25	Escalate to KSS management team		Closed			
5		Governance	Delegates booked onto the level 4 training may not recognise the expectation that they will be required to deliver future training	Cause:communication with delegates Impact: Future training	3	5	15	validation of delegates on level 4 to ensure they are suitable for the train the trainer programme. add a question into the evaluation around preparedness to deliver training to: .New staff within your practice . Staff within other Surrey Heath practices . Staff within external practices.		30th November 2017	1	3	3
7		Operational	No external interest in the formal training package	Cause: No external interes Impact: Part of the project fails financial impact due to building a package	3	5	15	Updated CCG's and Federations that we have our own training package		Ongoing	3	2	6
8													

Appendix 4: Project Lessons Learned Log

PROGRAMME LESSONS LEARNED LOG

Project Name:	Medical Assistant Pilot	
Programme Name:	Surrey Heath Community Providers	
Project Manager Name:		
Project Description:	Pilot of new way of working for document management	

ID	Date Identified	Entered By	Project Code	Subject	Situation	Recommendations & Comments	Follow-up needed?	How has this been shared?
1	08.06.2017		n/a	Plan anticipated that GPs would be keen to become 'champions' for the work, which would have been supported by bespoke GP Champion training	Feedback from GP partners when testing the concept was not positive intially.	We undertook specific engagement via the GP Steering Group, which has agreed that we should proceed with GP Champion training.	Yes	Training will be organised
2	08.06.2017		n/a	Project Team planned for significant amount of the training to be delivered prior to the summer holiday period.	Found that this was too soon as it did not allow sufficient time for engagement with practices to ensure positive repsonse and uptake of the training, and also staff recruitment.	Additional communicaiton & engagement with practice teams prior to launching training. Delayed start of training until September 2017 (after the main holiday period)	Yes	Further practice engagment. Re-book training
3	24.08.17		n/a	Evaluation Forms	Evaluation form required for the training to gain data for KPI's	As good practice rather than start from scratch project manager to ask training provider to share a copy of their training evaluation forms.	No	
4	24.08.17		n/a	Seek practice commitment during engagement at the beginning of the process	One practice have reported not wanting to change their flow of documents/letters as part of the project and therefore not to participate in the project. Would it be relevant for their teams to attend training?	project manager to liaise with the practice manager to confirm their position, if their position is unchanged it would not be appropriate for them to take up training places that could be available to the practices who are participating.	Yes	Further practice engagment by GP Project champion and agree a plan to move the flow of documents. Re-book training places if necessary
5	19.10.17		n/a	Training Levels	It was recognised that communication around the levels of training could have been clearer	increased clarity of the levels of training, and the implications of each level, i.e. what would it mean for an individual delegate. Improving the pre-course and pre-booking communication to delegates to improve their understanding of what they are joining. The learning is to involve delegates at an earlier time/before the training (i.e. don't wait to introduce the content and learning outcomes until the first	No	
6	19.10.17		n/a	Level 4	Concern was raised over the type, background and capability of individuals booking onto the level 4 training, in terms of their appropriateness and ability to become a future 'train the trainer' which is the requirement of the level 4 training.	Email to all delegates and Practice Managers on the level 4 training, clarifying the requirement to become part of the train the trainer faculty and deliver future training as new staff join practices in the Federation.	Yes	Further engagement with Practice Managers to discuss suitability of delegates and ensure they understand they will be the future trainers.

PROGRAMME LESSONS LEARNED LOG

Project Name:	Medical Assistant Pilot				
Programme Name:	Surrey Heath Community Providers				
Project Manager Name:					
Project Description:	Pilot of new way of working for document management				

ID	Date Identified	Entered By	Project Code	Subject	Situation	Recommendations & Comments	Follow-up needed?	How has this been shared?
7	19.10.17		n/a	Training material	Difficulty in obtaining training material before each level to ensure the material was satisfactory and relevant.	In relation to seeing the course training material prior to the training delivery, it would have been more robust to stipulate need to see training material prior to sign-off / agreement to proceed with training dates.	No	Speak to training provider to ensure training material is sent to project team prior to training sessions
8	19.10.17		n/a	Evaluation Forms	Following on from lessons learned log 3 we found that the Training provider did not have an evaluation form for evaluating the training only evaluates the trainer	Don't rely on the quality of the trainers' standard evaluation form to meet our needs. In future ask to see their evaluation as part of their training package prior to signing off purchase of the programme.	No	Design own evaluation form
9	21.11.17		n/a	Number of delegates for each training level	Requirement for level 3 &4 less than expected	A knowledge of the training material would have helped evaluate the number of delegates required to attend the levels.	No	
10	21.11.17		n/a	Soft - go live pilot	soft-go live/pilot at one practice, highlighted undue pressure on the administrative staff. Extra work required by the Practice Manager	The soft launch highlighted the need to increase admin staff, a robust support network for the trained administrators and supervision is required to take the pressure off the admin staff		
11	25.1.18		n/a	GP Training	GP training ran too late in the programme should have been prior to admin training	In future training programmes run a GP session before the admin sessions	No	
12	08.03.18		n/a	Evaluation Forms 7 Feedback forms	evaluation forms and feedback forms not received from practices/GPs	would have been more effective to incentivise critical returns	No	
13	08.03.18		n/a	Train the trainer	internal and external training	recognise that individuals who have been trained to offer the training package maybe more comfortable delivering training internally and others comfortable training external delegates.	No	

Appendix 5: Project Communication Plan

KEY AUDIENCES /STAKEHOLDERS	EVENT/MILESTONE /PHASE	COMMUNICATION OBJECTIVE	TACTICS/ COMMUNICATION CHANNELS (TYPE OF MEDIA)	KEY MESSAGES	WHO TO ACTION	START AND STOP DATES	FREQUENCY (HOW OFTEN TO CARRY OUT THE ACTIVITY)
GPs/PMs	14.07.17	Update GPs on project	PLT/GP Steering group/emails	Reduce GP workload	All	14.07.17 – 19.6.18	Quarterly meetings
Administrative staff	Advertise Training dates	Explain the course and offer relevant training dates	Via PMs, emails	Benefits of training	Project manager	01.09.17 – 30.11.17	As required
Administrative staff	Feedback on training	Outcome measurement	Email/ group discussion	Peer support	Project team		
GPs	Feedback	Outcome measurement	PLT	For information	Project Team	After project closure	
Other federations	Training package	Roll out training to other organisations	Initial email, follow up face to face	High quality training material	Trainer	After project closure	

Appendix 6: Project Finance Allocation

Expenditure	
Training Provider	£5,000
Backfill time to support GP, PMs & Admin staff	£4,000
programme evaluation & development of Train the trainer	£3,250
Project management	£6,000
Cost of learning material for future Train the trainer programme	£4,750
Venue & facility costs	£2,500

Expected	£25,500.00

Appendix 7: Data collection template

	Must always be forwarded to GP	Send to other clinical staff ie Nurse	Send direct for Read Coding / File direct to patients notes	Comments
EXAMPLE - DM discharge letter			✓	If action needed also pass to GP
EXAMPLE - Malignant Neoplasm	✓			
Minor Injuries				
Results:				
Blood Abnormal				
Radiology (x-ray, Ultrasound, MRI) Abnormal				
Dexa scan Normal				
Dexa scan Abnormal				
National Screening results (bowel / Breast/ Cervical/AAA) Normal				
Histology Normal				
Histology Abnormal				
Scopes (Endocsopy, Colonoscopy, Gastroscopy, Sigmoidoscopy) Normal				
Scopes (Endocsopy, Colonoscopy, Gastroscopy, Sigmoidoscopy) Abnormal				
DM Retinal Screening				
In - House Spiro / ECG / 24hr BP				
Clinic Letters (NHS/Private):				
No action required				
Action required (TTO, Change in treatment, Referral)				
Physio letters				
Cancer Diagnosis				
Live Birth Notification				
Mother and Baby/Neonatal discharge				
Ante Natal Booking				
Nerve Conduction Studies				
Miscarages / Termination				
Family planning/vasectomy				
Death Notification				
Living Will / Advanced Decision Aids				
DNACPR				
DNA				
Private well being clinics				
Child Protection				
Mental Health Routine				
Mental Health (suicidal thoughts)				
GOS18 (optician)				
Admin letters from Jobcentre Plus				
Hospice Care Admin				
Admin letters from patients				
A&E (over 16)				
A&E (under 16)				
111 / OOH/Woking walk in Centre				
Results:				
Blood Normal				
Radiology (x-ray, Ultrasound, MRI) Normal				
National Screening results (bowel / Breast/ Cervical/AAA) Abnormal				
Cytology Normal				
Cytology Abormal				
Clinic Letters (NHS/Private):				
Hospital (NHS/Private)Discharge				
Drug and Alcohol Services				
Ambulance reports				
Learning Disability Service (speech & language)				

Appendix 8: Document Management Protocol

Protocol for Document Management

The following letters shall <u>ALWAYS</u> be forwarded to a GP as per the following list:

- All new cancer diagnoses
- All Child protection letters
- Any letter of a patient having suicidal thoughts
- Any A & E attendance sheets relating to a child (under 16), who has been attending more than once in the past 3 months, or who has attended more than one A & E department in different hospitals
- DNA for vulnerable patients – Child/Care Home/Safeguarding
- Abnormal blood results
- Abnormal Radiology (x-ray, ultrasound, MRI)
- Abnormal national screening results (bowel/breast/cervical/AAA
- Dexa Scan results
- Abnormal histology
- Abnormal scopes (Endoscopy, Colonoscopy, Gastroscopy, Sigmoidoscopy)
- Abnormal Cytology
- In-House Spiro/ECG/24hr BP
- Any letters or communications requiring follow ups, e.g. new diagnosis, further tests, TTO, Change in treatment, referrals etc
- Nerve conduction studies
- Death notification
- Hospice care admin
- Admin letters from patients
- Hospital discharge letters with actions
- Ambulance reports
- Learning disability service (speech & language)

The following letters/ information/data/results can be coded where possible:

- Minor injuries
- Normal national screening results (bowel/breast/cervical/AAA)
- Normal Histology
- Normal blood results
- Normal Radiology (x-ray, ultrasound, MRI)
- Normal scopes (Endoscopy, Colonoscopy, Gastroscopy, Sigmoidoscopy)
- Normal cytology
- DM Retinal Screening
- Clinic letters with no action required
- Physio letters with no action required
- 111/OOH/Woking walk in Centre
- Live birth notification
- Mother and baby/neonatal discharge

- Antenatal bookings
- Miscarriages/terminations
- Any A & E attendance sheets relating to over 16's
- Family planning/vasectomy
- Living will/advanced Decision Aids
- DNACPR
- DNA other than vulnerable patients
- Private wellbeing clinics
- Mental health review or care plans should be coded appropriately as review or care plan
- GOS18 (Optician) unless referral is urgent
- Letters with up to date test results, exercise, height, weight and other measurements are recorded, code into notes.
- Hospital discharge letter no action required
- Drug and alcohol services

These instructions are not totally comprehensive.   As new issues arise this policy should be amended.

Any letter you are not certain about **MUST go to the relevant GP** with a request for advice and when returned code accordingly.

These actions can also lead to amendment to policy.

Correspondence Management

Please take a few minutes before the start of this training session to complete the following questionnaire. The intention is to help us establish a baseline of understanding before the session which we will then revisit at the end of the session to gauge the difference it has made.

Did you nominate yourself for this course or were you chosen by your Manager (please circle yours answer below)	
Self - 1	**Manager - 33**

1	**Are you aware that the Correspondence Management course you are attending is a pilot and that we are one of 5 pilot sites nationally** (please circle your answer below)	
Before training	**Yes - 14**	**No - 20**
After Training	**Yes - 33**	**No**

2.	**How would you rate your understanding of what Correspondence Management is** (please circle your rating below 1 being very low - 6 being very high)
Before training	**2.94**
After Training	**5.06**

3.	**How would you rate the potential for Correspondence Management to make a real difference to how your Practice presently works** (please circle your rating below - 1 being very low - 6 being very high)
Before training	**3.47**
After Training	**5**

4.	**How would you rate the potential for Correspondence management to improve the quality of patient care your practice offers** (please circle your rating below - 1 being very low - 6 being very high)
Before training	**3.26**
After Training	**4.88**

5.	**How would you rate the potential for Correspondence Management to make better use of GP time in your Practice** (please circle your rating below - 1 being very low - 6 being very high)
Before training	**3.91**
After Training	**5.21**

6.	How would you rate the potential for Correspondence Management to increase your level of Job Satisfaction (please circle your rating below - 1 being very low - 6 being very high)
Before training	3.09
After Training	4.26

7.	How would you rate the likelihood of your Practice changing how it works as a result of you attending this training (please circle your rating below - 1 being not at all - 6 being highly likely)
Before training	3.38
After Training	4.21

8.	How appropriate for your current job is this training (please circle your rating below - 1 being very low - 6 being very high)
Before training	3.71
After Training	4.44

Correspondence Management

Level 2

Please take a few minutes before the start of this training session to complete the following questionnaire. The intention is to help us establish a baseline of understanding before the session which we will then revisit at the end of the session to gauge the difference it has made.

Did you nominate yourself for this course or were you chosen by your boss (please circle yours answer below)	
Self - 3	Manager - 39

1	If you <u>haven't</u> attended level 1, are you aware that the Correspondence Management course you are attending is a pilot and that we are one of 5 pilot sites nationally (please circle your answer below)		
Before training	Yes - 12	No – 15	Left blank -15
After Training	Yes - 21	No – 0	Left blank - 21

2.	If you <u>haven't</u> attended level 1, how would you rate your understanding of what Correspondence Management is (please circle your rating below 1 being very low - 6 being very high)
Before training	2.4
After Training	5.42

3.	How would you rate the potential for Correspondence Management to make a real difference to how your Practice presently works (please circle your rating below - 1 being very low - 6 being very high)
Before training	3.76
After Training	5.02

4.	How would you you rate the potential for Correspondence management to improve the quality of service your Practice presently offers your patients (please circle your rating below - 1 being very low - 6 being very high)
Before training	3.79
After Training	4.85

5.	How would you rate the potential for Correspondence Management to make better use of GP time in your Practice (please circle your rating below - 1 being very low - 6 being very high)
Before training	3.94

After Training	5.24

6.	How would you rate the potential for Correspondence Management to increase your level of Job Satisfaction (please circle your rating below - 1 being very low - 6 being very high)
Before training	3.37
After Training	4.26

7.	How would you rate the likelihood of your Practice changing how it works as a result of you attending this training (please circle your rating below - 1 being not at all - 6 being highly likely)
Before training	3.72
After Training	4.80

8.	How appropriate for your current job is this training (please circle your rating below - 1 being very low - 6 being very high)
Before training	3.73
After Training	4.70

Correspondence Management

Please take a few minutes before the start of this training session to complete the following questionnaire. The intention is to help us establish a baseline of understanding before the session which we will then revisit at the end of the session to gauge the difference it has made.

Did you nominate yourself for this course or were you chosen by your Manager (please circle yours answer below)	
Self - 7	**Manager - 17**

1.	If you <u>haven't</u> attended level 1 or 2, how would you rate your understanding of what Correspondence Management is (please circle your rating below 1 being very low - 6 being very high)
Before training	4.22
After Training	5.11

2.	How would you rate the potential for Correspondence Management to make a real difference to how your Practice presently works (please circle your rating below - 1 being very low - 6 being very high)
Before training	3.95
After Training	5

3.	How would you rate the potential for Correspondence management to improve the quality of service your practice presently offers your patients (please circle your rating below - 1 being very low - 6 being very high)
Before training	3.95
After Training	4.78

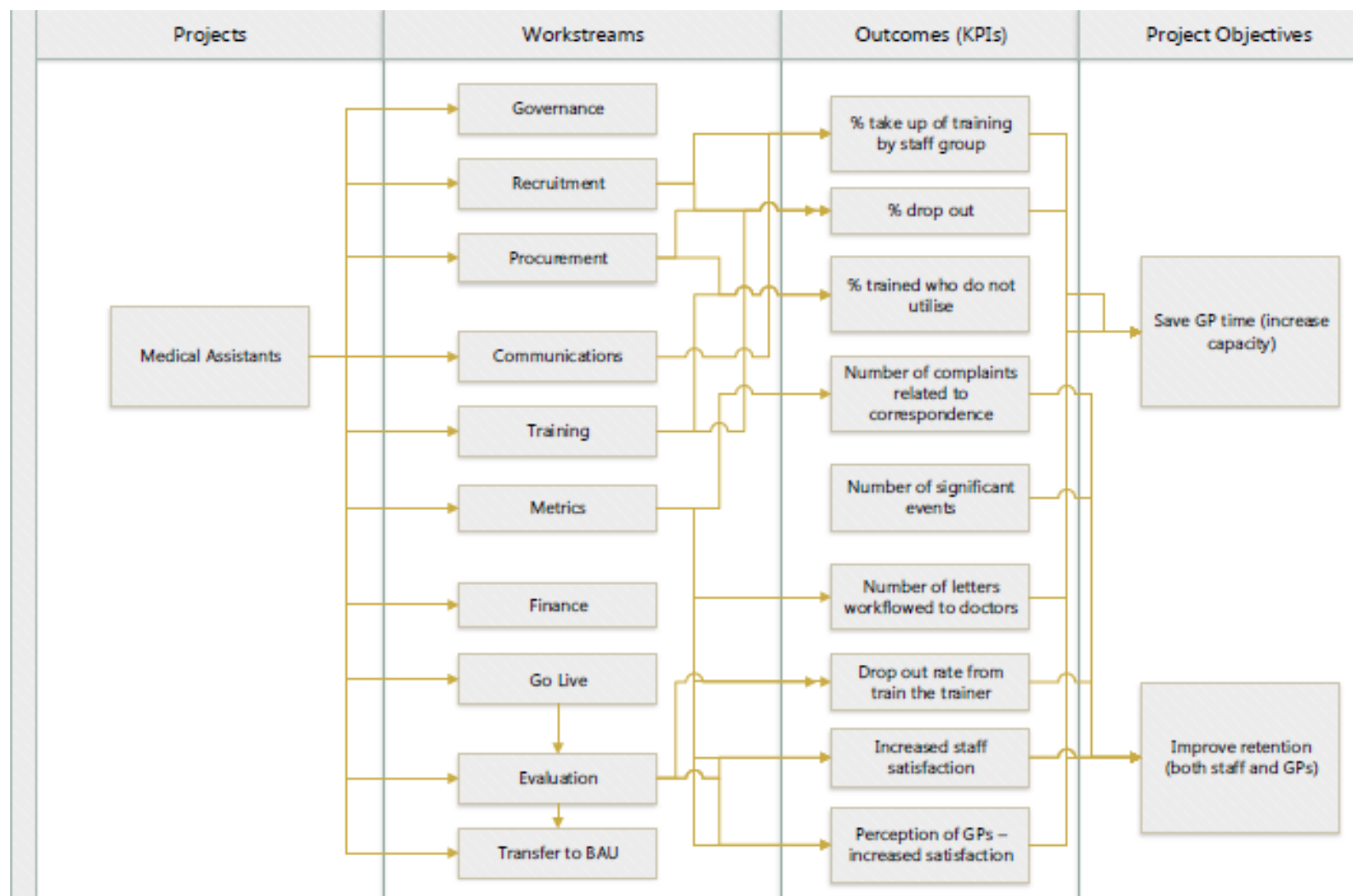| 4.	How would you rate the potential for Correspondence Management to make better use of GP time in your Practice (please circle your rating below - 1 being very low - 6 being very high)
Before training	4.5
After Training	5.3

5.	How would you rate the potential for Correspondence Management to increase your level of Job Satisfaction (please circle your rating below - 1 being very low - 6 being very high)
Before training	3.62
After Training	4.34

6.	How would you rate the likelihood of your Practice changing how it works as a result of you attending this training (please circle your rating below - 1 being not at all - 6 being highly likely)
Before training	4.25
After Training	5

7.	How appropriate for your current job is this training (please circle your rating below - 1 being very low - 6 being very high)
Before training	4.66
After Training	5

Correspondence Management

Please take a few minutes before the start of this training session to complete the following questionnaire. The intention is to help us establish a baseline of understanding before the session which we will then revisit at the end of the session to gauge the difference it has made.

Did you nominate yourself for this course or were you chosen by your Manager (please circle yours answer below)	
Self - 6	**Manager - 10**

1.	**Now that you are on Level 4, How would you rate the potential for Correspondence management to improve the quality of service your practice presently offers your patients** **(please circle your rating below 1 being very low - 6 being very high)**
Before training	**3.57**
After Training	**5.06**

2.	How would you rate the potential for Correspondence Management to make better use of GP time in your Practice **(please circle your rating below 1 being very low - 6 being very high)**
Before training	**3.64**
After Training	**5.25**

3.	**How would you rate the potential for Correspondence management to increase your level of job satisfaction** **(please circle your rating below - 1 being very low - 6 being very high)**
Before training	**3.07**
After Training	**4.21**

4.	**How would you rate the potential for Correspondence Management to increase the level of job satisfaction within your team** **(please circle your rating below - 1 being very low - 6 being very high)**
Before training	**3.23**
After Training	**4.2**

5.	How appropriate for your current job is this training
	(please circle your rating below - 1 being very low - 6 being very high)
Before training	3.21
After Training	4.66

6.	Were you aware there was a 'train the trainer' element to level 4
Yes	11
No Blank	2 3

7.	How do you feel about being a correspondence management trainer
	(please circle your rating below - 1 being very low - 6 being very high)
Before training	3.57
After Training	4.81

Appendix 13: Benefits Dependency Network

Projects	Workstreams	Outcomes (KPIs)	Project Objectives
Medical Assistants	Governance	% take up of training by staff group	Save GP time (increase capacity)
	Recruitment	% drop out	
	Procurement	% trained who do not utilise	
	Communications	Number of complaints related to correspondence	
	Training	Number of significant events	
	Metrics	Number of letters workflowed to doctors	
	Finance	Drop out rate from train the trainer	Improve retention (both staff and GPs)
	Go Live	Increased staff satisfaction	
	Evaluation	Perception of GPs – increased satisfaction	
	Transfer to BAU		

Medical Assistant: Delegates Post-Programme Questionnaire

Name:

In which GP Practice do you work?

Please describe what your current role involves, highlight what has changed since you enrolled on the programme.

What do you feel you have achieved during this programme with regards to the following domains: personal, professional (knowledge and skills) and social/networking?

Personal:

Professional:

Social/networking:

Reflecting on your overall experience of the programme, to what extent do you agree or disagree with the following statements:-

	Disagree	Somewhat disagree	Somewhat agree	Agree
I was motivated to study on this programme	O	O	O	O
I was well prepared to study on this programme	O	O	O	O
I knew what was expected of me	O	O	O	O
I had scheduled protected work time in my calendar for this programme	O	O	O	O
I felt supported by my manager	O	O	O	O
I felt supported by my colleagues	O	O	O	O
The information I received was useful	O	O	O	O
The programme was appropriate for my role as medical assistant	O	O	O	O

Now that you have completed the programme, is there any additional information that you feel would have been useful to receive before commencement of the programme?

What other skills or knowledge relevant to your role as Medical Assistant have you developed through participating in this programme?

To what extent has your participation in the programme had a positive impact on the following people in your work environment.

	No Impact	Minor Impact	Impact	Major Impact
Yourself	O	O	O	O
The Clinicians	O	O	O	O
The Managers	O	O	O	O
The Patients	O	O	O	O
The carers	O	O	O	O

Reflecting on your responses to the previous please provide examples of the positive impacts of your participation in the programme on the people in your environment

What is your biggest achievement since you started the programme?

Thinking further about the impact of the programme on your experience at work, to what extent do you agree with the following statements?

	Disagree	Somewhat disagree	Somewhat agree	Agree
My work has become more varied	O	O	O	O
My work has become more interesting	O	O	O	O
I am more motivated in my work	O	O	O	O
I am more confident in carrying out my work	O	O	O	O
I am more satisfied with my work	O	O	O	O
I am more likely to stay in this work setting	O	O	O	O
I have been given more responsibilities at work	O	O	O	O
I feel I am more proactive and able to take the initiative at work	O	O	O	O
I am able to manage my workload more efficiently	O	O	O	O
I have more interest in further learning	O	O	O	O
I feel I now contribute more to patient care	O	O	O	O

How else has your participation in the programme impacted the way you work? Please describe and give details.

How do you hope your career will progress now that the programme has finished?

What has been the most challenging aspect of the programme?

What did you like most about the programme?

Do you have any suggestions for improving the programme?

To what extent do you agree with the following statements related to the sustainability of this programme.

	Disagree	Somewhat disagree	Somewhat agree	Agree
This programme was good investment of my time	O	O	O	O
I would recommend this programme to my colleagues	O	O	O	O
I would be interested in enrolling on similar programmes	O	O	O	O
This programme has improved my career opportunities	O	O	O	O
This programme could have a significant impact on my career progression in the future	O	O	O	O

Is there any other support we can give you?

Medical Assistant: GPs Post-Programme Questionnaire

Name:

In which GP Practice do you work?

To what extent do you agree or disagree with the following statements regarding the programme?

	Disagree	Somewhat disagree	Somewhat agree	Agree
I spend less time on correspondence since the programme started?	O	O	O	O
I have more time for other clinical duties?	O	O	O	O
The programme has had a positive impact on my working day?	O	O	O	O

Please provide a few examples of positive or negative impacts reflecting on your responses to the previous question.

Is there anything else you would like to tell us that you feel is important for the evaluation?