Royal College of General Practitioners

Spotlight on the 10 High Impact Actions

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Executive summary

NHS England launched the *10 High Impact Actions* as part of a range of commitments to increase capacity in general practice and reduce workload. The ongoing 'Time for Care' initiative will give every practice in England the opportunity to join a local programme, in order to better position them to pursue these actions.

GP workload is a critical issue, so the Royal College of General Practitioners (RCGP) has undertaken to review the *10 High Impact Actions*, highlighting relevant evidence about their impact on workload, as well as investigating the perceptions of GPs as to their efficacy in frontline clinical practice.

Through this process, several themes emerged:

- GPs surveyed by the RCGP were often concerned about the upfront investment in pursuing actions, with concerns about increased workload stemming from a lack of capacity to implement these properly at the start. Therefore, even actions that might be viewed as positively impactful can still be unattractive to practices dealing with immediate workload pressures.
- Good implementation is key. Concerns voiced by GPs surveyed by the RCGP may sometimes be directly addressed in adapting the implementation of the action, or ensuring that a different action is implemented first.
- The evidence base for these actions is of varying quality. Where strong evidence is lacking, GPs surveyed by the RCGP often expressed higher scepticism, which emphasises the importance of communicating evidenced impact and sharing case studies.

Although different practices will find different actions best address the pressures they are facing, there were some that were commonly assessed as particularly promising. The evidence and case studies around **productive workflows** show the diverse application of this action, and potentially high impact from often relatively straightforward changes. GPs surveyed by the RCGP also showed positivity towards this. Additionally, **active signposting, developing the team, supporting self-care** and **social prescribing** show signs of positive impact, redirecting patients to the most appropriate support, and with benefits likely from implementing some or all of these actions together. These are also broadly welcomed by GPs surveyed by the RCGP, although there are concerns over capacity to implement the necessary changes.

Conversely, some actions, such as **new consultation types, reducing DNAs** and **personal productivity** show a more mixed picture. Although there are often other reasons that these actions may benefit a practice and its patients, there is limited evidence of a positive impact on GP workload for these, and there is more resistance to them from the GPs surveyed by the RCGP. Some of these barriers are surmountable with careful implementation. The impact of some actions may also vary according to local contexts, for example it may be more challenging for smaller practices without mature networks already in place to find the capacity to introduce them without further support.

The College is making the following key recommendations to NHS England:

- **Launch public awareness campaigns** to ensure public understanding relating to active signposting, developing the team and supporting self-care.
- **Expand schemes with high potential to reduce administrative work for GPs** to promote productive workflows and active signposting.
- **Provide resources and guidance** to facilitate the expansion and integration of the wider practice team.
- **Introduce social prescribing initiatives** such as a social prescriber role accessible to all practices and a database of relevant local services.

GPs and their practices can find more details of resources and initiatives related to the *10 High Impact Actions* in Appendix B.

10 High Impact Actions

1. **Active signposting:**
making sure the first point of contact directs patients to the most appropriate source of help.

2. **Develop the team:**
integrating other healthcare professionals into the team.

3. **Support self-care:**
supporting patients to play a greater role in their own health and care.

4. **New consultation types:**
using communication methods such as phone and email for some consultations, reducing clinical contact time.

5. **Reduce Did Not Attends (DNAs):**
making changes to ensure patients remember their appointments and that it is easy for them to cancel or rearrange.

6. **Social prescribing:**
referral and sign-posting to nonmedical services in the community.

7. **Partnership working:**
creating partnerships and collaborations in the local health and social care system.

8. **Productive workflows:**
introducing new ways of working.

9. **Personal productivity:**
training and support to enable staff to work more efficiently and improve resilience.

10. **Develop Quality Improvement (QI) expertise:**
developing a specialist team to support continuous quality improvement.

Introduction

There is widespread agreement that NHS GPs are struggling to meet increasing demand for general practice services, with workload increasing by 16% between 2007 and 2014 in England.[1] An ageing population with increasing incidence of multi-morbidity, a rising administrative burden from regulatory and statutory pressures, and inadequate resources all contribute to unsustainable pressures on GP workload.

This has a major impact on the GP workforce, contributing significantly to burnout and stress, and resulting in GPs choosing to leave the profession. Indeed, a recent RCGP survey showed that 28% of GPs think they will be unlikely to be working in general practice in five years' time, with 44% of these saying this is because they are too stressed.[2]

NHS England's *General Practice (GP) Forward View* committed to a three-year 'Time for Care' programme which aims to release GP capacity by supporting practices to implement *10 High Impact Actions*[3] along with £96m additional investment to provide extra training for clerical staff and practice managers and develop online consultations. The development of these actions was designed to free up time for GPs who are managing unsustainable levels of demand and to build capabilities for practices to lead their own service improvement. The actions were informed by the schemes funded through the GP Access Fund, and also by recommendations of the *Making Time in General Practice* study,[4] published in October 2015, which the RCGP inputted into.

To retain and attract new GPs to the profession, it is essential that measures such as the *10 High Impact Actions* have a positive impact on the frontline of general practice by freeing up GP time. These have the potential to both reduce individual GP workload, and provide more capacity in general practice for patient care.

Although many of the *High Impact Actions* can be easily described, implementing them is often a complex challenge of service redesign and leadership.

Aims

The Royal College of General Practitioners (RCGP) is committed to monitoring and evaluating all aspects of the implementation of the *GP Forward View*. This report is part of that work, taking a focused approach towards understanding one area of this much larger programme. The workload pressures on GPs are of particular concern to the College, which is why this report considers the *10 High Impact Actions* presented in the *GP Forward View* that have been suggested to have a high potential to increase the capacity of GPs by reducing their workload.

The College recognises how useful these actions could be if they are supported by the evidence and embraced by the profession, which is why this report aims to review how effective the *10 High Impact Actions* are in releasing GP capacity. The report does not seek to evaluate the 'Time for Care' programme itself, or the other workload-related commitments contained in the *GP Forward View,* but instead reviews the evidence for each action, as well as presenting the perceptions of GPs about the potential effectiveness. Through this, we highlight the actions that are likely to be most impactful and popular, and those which might have more limited impact or appeal. This is a broad overview, however, so practices should take the steps that are right for them and their populations.

We also identify existing programmes and resources that practices can access, highlight the work the College is doing to support GPs, and make a series of recommendations to NHS England on how to raise awareness of existing areas of good practice and what more can be done to help tackle GP workload.

We have numbered the actions for ease of navigation, but there is no order implied by this, other than grouping actions that are naturally linked together.

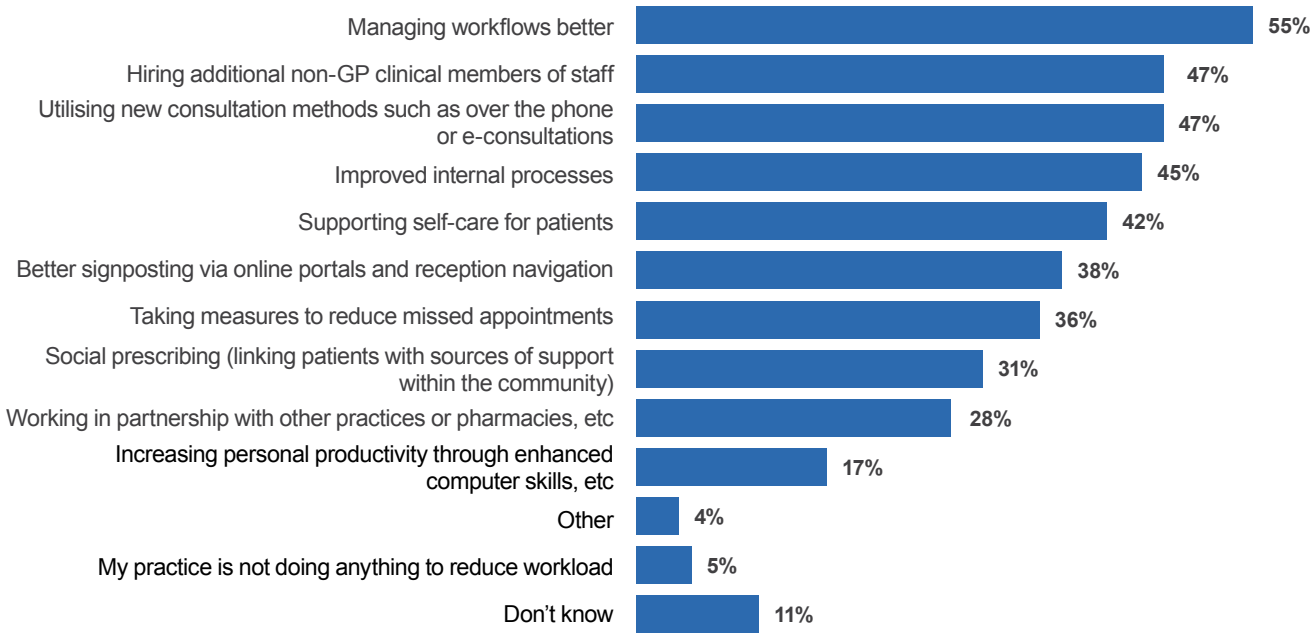
This final section of this report makes recommendations to NHS England for furthering the actions that have the most potential to positively impact on GP workload. Appendix A outlines what the College is doing in this area to support practices to reduce GP workload, and Appendix B highlights key resources for practices to access.

Sources of information

This report draws on numerous sources, which are explained here.

- ComRes online and telephone tracking survey wave of 823 GPs in England, commissioned by the RCGP. This was in field 3rd August to 17th September 2017. This report primarily focuses on a question asked about what practices are doing to reduce workload, considering the *10 High Impact Actions*. The results of this question are shown in Figure 1.

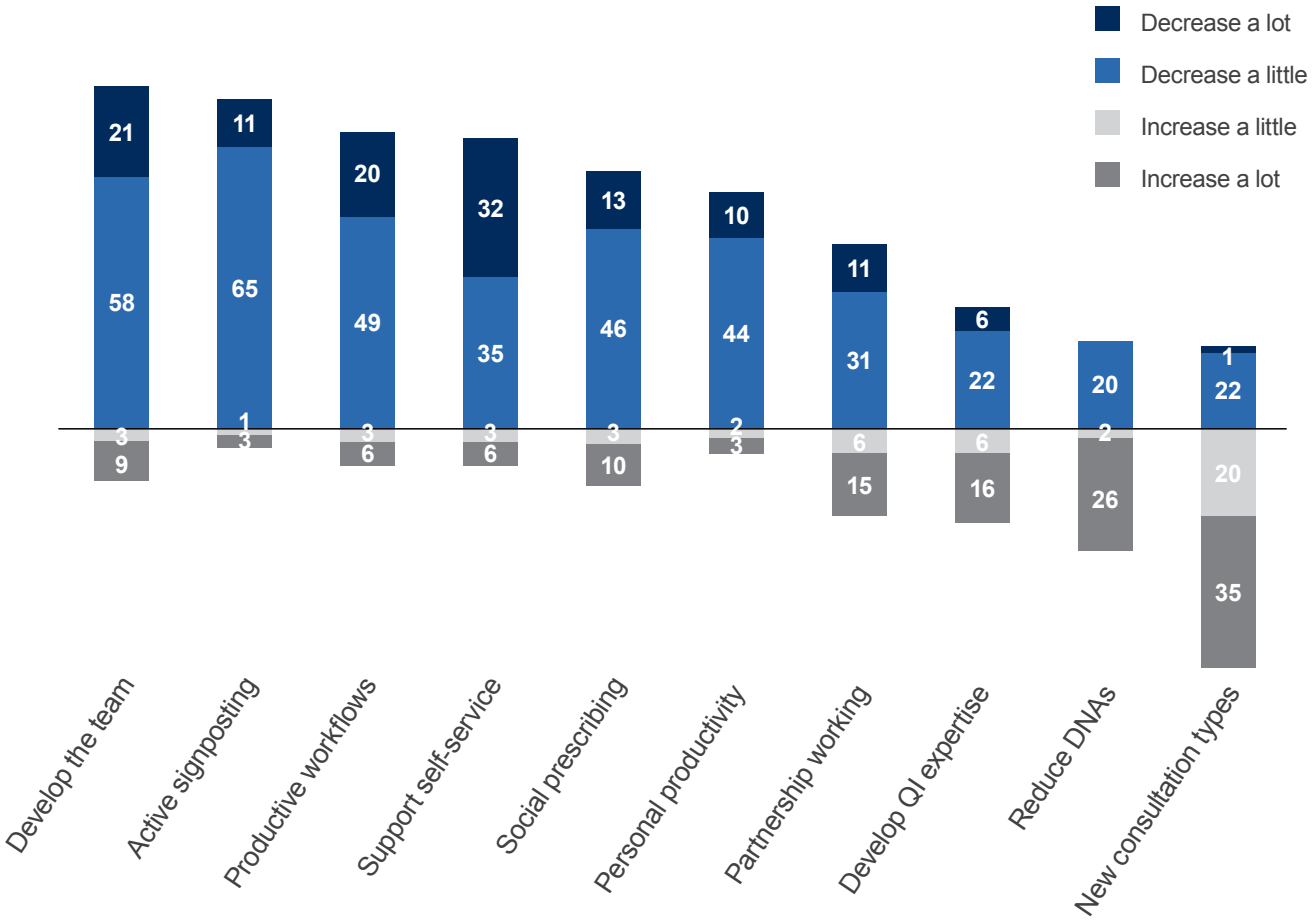
Figure 1
Which of the following steps, if any, is your practice currently taking, or has previously taken, to try reduce workload? (%)



ComRes online and telephone survey of RCGP members in England, n=823
Fieldwork dates: 3rd August – 17th September 2017

- Online survey of 143 GPs in England, distributed by the RCGP. It was in field 14th December 2017 to 9th January 2018. Quotations from GPs who took part in this survey are shown throughout this report, some of whom are in practices who have tried or implemented some of the *10 High Impact Actions* (as part of the 'Time for Care' programme or for other reasons), and others who are considering the possibility of doing so. Although the latter group do not have personal experience of the actions, their perceptions are still crucial as they reveal where there are barriers to take-up. Figure 2 shows the results of questions about the anticipated impact of each *High Impact Action* on GP workload.
- Information and case studies from NHS England, much of which is publicly available as resources for practices looking to implement any of the *10 High Impact Actions*.
- Secondary research.

Figure 2
Anticipated impact of action on workload (%)



Online survey of GPs in England, n=143
Fieldwork dates: 14th December 2017 – 9th January 2018

1: Active signposting

A range of healthcare professionals across the NHS can provide effective care for patients without the need for a GP appointment. Despite this, GPs are often the first port of call for patients who are not directed to other services.

Active signposting is designed to provide patients with an initial point of contact to direct them to the most appropriate source of help. These signposts can include web and app-based portals or surgery receptionists that can direct patients to the most appropriate professional, such as pharmacists or nurses, or to another member of the team in the case of clerical queries. Some signposting may guide patients to self-help resources such as NHS Choices, or highlight the option of self-referral in areas such as physiotherapy.

There is some evidence that effective signposting can improve GP appointment availability and free up GP time. For example, in the first 10 months of the Care Navigation service in West Wakefield, an estimated 930 GP hours were saved across six practices.[5] Similarly, a study of two practices in London found that reception staff using active signposting greatly reduced the number of consultations that GPs were involved in unnecessarily.[6] Active signposting was also generally positively received by GPs responding to our survey: three quarters (76%) believed that active signposting would reduce workload.[7]

> **“We triage all requests for same day appts. Less than 25% of the calls generate a F2F [face to face appointment].”**

Capacity and funding is required to appropriately train staff and to put effective patient resources in place. As part of the *GP Forward View*, a £45 million fund has been set up and is available to every practice via their CCG to support the training of existing reception and clerical staff, partially so they can play a greater role in the navigation of patients.[8] NHS England anticipates that over the course of the *GP Forward View*, a typical 10,000 patient practice could receive around £7,500 towards training and backfill costs.[3] Feedback from practices, CCGs and training providers indicate that this training is in high demand.

RCGP research indicated that some practices providing a signposting service find that some patients still want to see a GP or are reluctant to talk to non-medical staff about their health issues. It is essential that stronger public awareness campaigns promoting alternative sources of care to patients are rolled out across the UK.

2: Developing the wider practice team

Developing the wider practice team was deemed to have the potential to generate the biggest impact to workload by the GPs who took part in our survey. Almost eight out of 10 (79%) of respondents thought that this action would reduce workload.[7]

It is therefore unsurprising that growing numbers of practices are looking at broadening their workforce to reduce demand for GP time and connect patients directly with the most appropriate professional. This may include training a senior nurse to provide a minor illness service, employing a clinical pharmacist within the practice or providing direct access to physiotherapy, counselling or welfare rights advice.

This can improve GP appointment availability and onward referrals and could mean a shorter wait for patients to see the most appropriate person. It also has the potential to free up GP time by making more appropriate use of each team member's skills. It may also help to retain crucial staff undertaking enhanced roles. This will be more effective if used in conjunction with active signposting and partnership working.

Those in our survey that thought developing the wider practice team may increase workload (12%) saw the value in doing so, but recognised that effective oversight, mentoring and training are needed and that requires time and investment from GPs, inevitably increasing their workload. Additionally, smaller practices may lack capacity for additional staff.[7]

Therefore, for this action to have a positive impact on the workload of GPs, GPs and employers must be adequately supported and resourced to train, integrate, lead and supervise the wider practice team. As set out in our position paper on the wider practice team, we believe there are a number of significant challenges that need to be overcome in order to create conditions where new and emerging roles can effectively and smoothly become integrated into teams within general practice across the UK.[9] Practices must be supported with adequate resources to increase capacity for training overall, and this should include capacity for wider roles, for example, through funding for student placements, infrastructure and educational support. Practices can also work together to develop the wider practice team by building a shared network of staff and utilising models of collaboration such as GP Federations and Primary Care Networks.

The evidence base regarding the impact of broadening the practice workforce is still emerging. The commissioning of further research is needed to build an evidence base of robust, high quality, independent evaluations. This need was reflected in the 2017 National Institute for Health Research (NIHR) call for a programme of work in this area.[10]

Developing patient understanding of the different roles is also crucial to ensure confidence in the care they receive, as well as facilitating effective signposting as outlined above.

Supporting the development of wider practice team roles is essential to ensure general practice has a sustainable future. As one of the actions that could be particularly expensive for practices to implement, it is all the more important that practices are well-supported and the evidence base is continually strengthened.

3: Support self-care

Many common conditions like coughs, colds and sore throats don't need to be treated by a GP, or even another health professional such as a nurse, and self-care may be the most appropriate solution in many cases. However, some patients are not made aware of alternative sources of effective care and advice.

Every opportunity should be taken to support people playing a greater role in their own health and care. This may be through better signposting to sources of information, advice and support in the community, including patient information websites, community pharmacies and patient support groups. For people with long-term conditions, this may involve working in partnership to understand patients' mental and social needs as well as physical.

Overall, 67% of GPs responding to our survey thought that supporting self-care would decrease workload. One third (32%) thought this would be by a lot, more than any other initiative.[7]
This suggests there is a belief amongst GPs that there is substantial impact that could be made through enhancing self-care.

> **"If we can encourage patients to both self care, and know when to access appointments this will massively reduce workload. It's really depressing to have patients attending appointments with short lived pain when they have not tried any over the counter analgesia."**

However, there are challenges in the effective implementation of this action. Some GPs indicated in our survey that they are sceptical of its impact in practice due to the wider culture change needed for patients to feel empowered to self-care, and the time and effort required in educating patients appropriately on a small scale.[7] This needs to fit within a broader piece of work beyond the efforts of practices, to help educate the public about self-care, and to ensure patients do not receive mixed messages.

4: Consultation types

This *High Impact Action* suggests that a variety of consultation methods, such as telephone, email, video calls and group consultations, have the potential to reduce clinical contact time, as well as offering benefits to patients. A £45 million fund has been created to contribute towards the cost of purchasing online consultation systems, improving access and making best use of clinicians' time.[11]

However, over half (55%) of GPs in our survey thought that introducing a variety of consultation types would increase workload.[7] While telephone consultations are a commonly used method, there is mixed evidence about their ability to reduce GP workload. Some GPs in our survey indicated that they can take the same amount of time as a face-to-face appointment, so although they have an important place, they generally do not save time.

> **"I do a lot of telephone appointments - about 60-70%. I am expected to deal with problems that would have been given 10 minute appointments for face to face in 5 minutes over the phone - this is not possible and my surgeries are very long and unrewarding as a result of loss of patient contact - often a problem takes multiple phone calls or results in face to face anyway."**

Although online consulting is a fast-growing technology with a rapidly expanding market, there is a paucity of evidence or evaluation in this area, and caution should be exercised as its impact on GP workload is unclear,[12] although there are some individual reports from practices that have implemented online consulting of a reduction in consultation times. A recent study of practices in South West England found that the most common reason for an online consultation was an administrative request (such as fit notes, repeat prescriptions, and test results) that could potentially be carried out by a member of the wider practice team, but would be a burden on GPs if added to their workload.[13]

Therefore, this initiative needs to be carried out in tandem with others, including active signposting and developing the wider practice team. Additionally, another study found that GPs regularly needed to follow up on online consultations with telephone or face-to-face consultations, meaning their workload was perceived to have increased.[14]

There are advantages to general practice offering a range of consultation types, but it is not obvious that they lead to a reduction in GP workload.

5: Reduce DNAs (Did Not Attends)

There is high demand for GP appointments, which is artificially increased when an appointment is missed that could have been used by another patient. Additionally, a patient missing an appointment will often need to make another. In one study, over 90% of those who missed an appointment subsequently consulted within three months, and nearly 60% of these consulted for the problem that was the subject of the original appointment.[15]

NHS England provides several suggestions to reduce Did Not Attends (DNAs). For example, their factsheet on DNAs indicates that a reduction of up to 70% can be achieved by improving same day access, and reducing the opportunities for patients to make appointments in advance.[16]

However, many GPs do not view DNAs as a major workload pressure; to the contrary, they are often grateful to have some unexpected time to catch up on other non-patient facing tasks. In our survey, more GPs thought reducing DNAs would increase their workload (28%) than decrease it (20%).[7]

> **“Usually DNAs provide welcome catch up time but that is because we are expected to do so much in 10 minutes and get behind.”**

This demonstrates the severe strain GPs are under. It would clearly be preferable to have breaks built into a working day, or longer appointment slots to avoid running behind, but many GPs see these as unrealistic under current levels of pressure. Strategies such as developing the wider team and reducing the administrative burden on GPs may need to be considered as a precursor to actions for reducing DNAs having a positive impact on GP workload.

6: Social prescribing

Patients don't always need traditional medical care. For example, in the case of lonely patients, they might benefit from a community group, which GPs could recommend if appropriate and available. Social prescribing is the practice of referring patients to alternative sources of help and support, beyond a medical focus.

There is limited robust evidence around social prescribing and GP workload. However, a recent evidence review found that studies report an average reduction in demand for GP services by 28% following referral to a social prescribing service. This could suggest promising outcomes for GP workload through this route, although further evidence would be welcome.

Six out of 10 (59%) GPs in our survey thought that social prescribing could reduce workload, but some said they find it difficult to stay on top of the wide variety and frequent changes to local services.[7] This chimes with another study, which found that 40% of GPs would refer if they had more information about available services.[18] More funding and support is required to enable local services to be accessible and sustainable, especially those services for patients who are vulnerable or have language barriers.

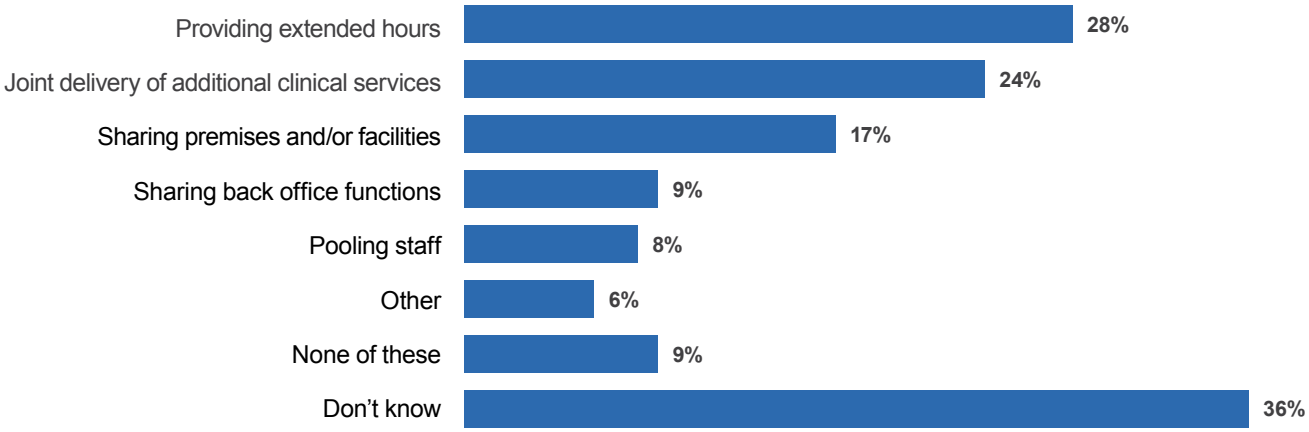
Social prescribing initiatives might be helpful in freeing up GPs' time, but it is essential that information is easily available and up-to-date. Without adequate information about charities, community groups and local services that can be recommended, social prescribing will be more difficult and will not have a significant impact on freeing up GP time.

7: Partnership working

Practices partnering in order to achieve efficiencies have the potential to reduce GP workload. Collaboration in development of policies, administration, staff pooling and continuous professional development can help to make practices more resilient to fluctuations in demand and changes in staff levels.

Most GPs responding to our tracking survey indicated their practice worked together with other practices and/or hospitals for certain services or functions, but there is clearly potential for more practices to try this or to expand the services or functions they undertake using a model of partnership working.[2]

Does your practice work together with any other practices and/or hospitals in any of the following ways? (%)



ComRes online and telephone survey of RCGP members in England, n=823
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Two fifths (43%) of respondents to our recent survey believed that it could reduce workload. However, some GPs were sceptical of partnership working and believe there to be minimal benefit in reducing GP workload. Others had experienced difficulty in directing patients to partner surgeries.[7]

> **"[I've] been working in a practice piloting this. Able to offer appointments, regularly and repeated[ly] turned down […] because patients don't like going to [a] different surgery/appointment not with who they want."**

There are also concerns that implementing and developing partnership working requires immediate capacity, time and resources: 20% of the respondents thought this initiative would increase GP workload.[7] Greater support may need to be provided to practices, particularly in the short term, to help them to navigate the implementation of partnership working. For example, they may require additional administrative support to facilitate this process.

8: Productive workflows

Changing the way day-to-day work is carried out can have a big impact on workload. Even relatively minor inefficiencies can cumulatively contribute to workload pressure. Changes that will have the greatest impact will differ between surgeries, but NHS England has highlighted some examples.

Some practices have trained their administrative staff to process correspondence that doesn't require clinical input, which has substantially reduced the number of letters processed by GPs. For example, one GP reported that they had previously seen over 70 letters a day, and now only deal with about four.[19] Receptionist and clerical staff training is available as part of the *GP Forward View*; there has been high demand for this scheme, suggesting an expansion is warranted.

Other changes include refining the processes around prescriptions, and reorganising consultation rooms more logically. Practices report saving hundreds of hours a year. For example, a practice in Sheffield organised rooms more logically and saved an estimated 250 hours of clinical time a year.[20]

Seven in 10 (69%) of the GPs we surveyed thought that more productive workflows could decrease their workload, which suggests this could be a particularly worthwhile action to promote, as well as expanding the support to facilitate this, such as increasing administrative support.[7]

It was also the *High Impact Action* that GPs in our tracking survey were most likely to say was being taken forward in their practice, with 55% saying they were managing workflows better to reduce workload.[2] This might mean practices have already taken relevant steps and therefore have limited additional changes they could make, but it also reflects openness to this action. As there are numerous ways of making changes, most practices will likely still have gains to make and further resources could build on initiatives that aim to build on this.

9: Personal productivity

This action proposes changes GPs could consider as individuals that could potentially enable them to be more productive, saving time and decreasing workload. Although this is potentially a wide-ranging category, NHS England focuses on developing personal resilience and enhancing certain skills.

Personal resilience is widely recognised as incredibly important. The GP Health Service[21] is available for those who are suffering from stress or burnout, on a self-referral basis, and so far, hundreds of GPs have used the service. This is symptomatic of a workforce facing a highly stressful and busy environment, so while the service is essential, it will not in itself address the root of the problem. NHS England also provides links to resources which aim to help GPs proactively develop resilience.[22] However, while this may help GPs who are at risk of burnout, and resilience in the system aids stability in workforce planning,

> **“I don’t believe the answer to increased workload is increasing resilience; this suggests the problem is with the individual rather than the system.”**

concerns were voiced by GPs in RCGP’s survey about viewing this as a solution to workload.

In terms of skill enhancement, software used in general practice is complex and may not be intuitive to all GPs. Many systems have shortcuts, buttons and functions that save time, thereby reducing the burden on GPs. For those who are less familiar with these, having the time and resources to learn about them could have an impact. NHS England suggests several ways that practices could skill-share,[23] but it would also be positive for GPs and their staff to have more formal training opportunities with this focus.

However, ideas for enhancing skills can sometimes be more of a stretch; for example, GPs are encouraged to learn speed reading and touch typing. According to NHS England, the mean number of words typed per GP consultation was found to be 29, so time-saving through touch typing must surely feel quite meagre.[24] Furthermore, reducing the number of administrative tasks for GPs, such as typing, is a key aim of other of the *10 High Impact Actions*, and therefore valuable resources (including GP time) may be better spent developing other strategies to reduce their workload.

Overall, although 55% reported this *High Impact Action* might decrease their workload, most of these thought the reduction would be little (44%) rather than a lot (10%). Some GPs that we surveyed indicated that they either didn’t see how they could be more productive, or said that even finding the time to review this would be a challenge.[7]

> **“There comes a point where you just can’t work any faster, and productivity drops off and we risk burn out.”**

10: Develop Quality Improvement (QI) Expertise

Developing a specialist team of enablers to support service redesign and continuous quality improvement may aid faster and more sustainable progress on the other *High Impact Actions*. The aim is to ensure continuous improvement in patient safety, efficiency and quality of care by helping GPs to make the most of their systems, organisations, talents and expertise.

There appears to be a general misunderstanding amongst GPs about what this High Impact Action is and how it may reduce workload. Just over a quarter (28%) of GPs in our survey thought that this would reduce workload. However, another quarter (24%) thought it would increase workload.[7] Further work should be done to demonstrate the benefits of an individual or a group having oversight for the practice's quality improvement strategy.

There has been high demand amongst GPs to take part in the General Practice Improvement Leaders Programme, established as part of the *GP Forward View*. This provides training sessions to GPs and other members of the practice team, with the aim of giving them the skills and confidence to lead a change project in their workplace. If this proves to have a positive impact, expanding the scheme may be a way of supporting practices to develop QI expertise.

It has been suggested that this is more useful for those working at scale and in partnerships or collaboration; however, the time and resources required to implement this action and the potential for removing GPs from frontline care are still barriers which will need to be overcome.

> **"There are simple effective techniques already available to use as tools but few Practices are aware of them or have Managers with the capability to source and implement them. As an ordinary GP this is a role I'm about to start on - with some trepidation at my lack of experience."**

NHS England should provide funding to recruit or train staff to take on this role full time within a practice or local area.

Conclusion and recommendations

Amongst the *10 High Impact Actions*, a number have shown promise in reducing GP workload, while for other actions, there is a lack of evidence of a significant positive impact or potential. Practices around England have already benefited from taking forward a range of these strategies, with more efficient and appropriate processes, shared workload across a range of roles in the wider team, and effectively signposted patients to more suitable avenues for their needs.

However, many practices would benefit from a reduced GP workload, and unlocking the potential of these *High Impact Actions* often requires additional upfront support to practices. Changes that would have a substantial positive impact once bedded in may need extra attention and time while they are introduced, meaning that practices most impacted by workload challenges are least able to embrace them. Below are a set of recommendations to NHS England that we believe will help them to build upon the *High Impact Actions* with the greatest potential to reduce GP workload, and to address some of the current limitations of the support and resources available to practices to unlock their benefits.

Recommendations

1. Public awareness campaigns

A number of promising *High Impact Actions* rely on patient engagement. Therefore, NHS England and other relevant organisations should ensure that pertinent information is clearly communicated to patients, through high profile public awareness campaigns. There are distinct campaigns needed:

- Explaining the wider practice team roles and services provided by a range of non-GP staff, and providing assurances about their professionalism and competencies. This should communicate that patients may be seen by someone who is not a GP if appropriate, which has a range of benefits. This should be part of a wider piece of work to standardise and clarify the responsibilities and scope of practice of all wider practice team members, which then needs to be clearly communicated to the public.
- Consistent information about self-care and alternative sources of advice and treatment should be developed and disseminated more widely, signposting to high quality resources.

2. Expand existing schemes with high potential to reduce administrative work for GPs

There has been high demand for reception and administrative staff training, which relates to implementing productive workflows and active signposting. This should be expanded rapidly and substantially by NHS England to meet demand, and all practices should be made aware of opportunities. Additionally, there should be a wider rollout of funding for provision of a general practice assistant or ‘Medical Assistant’ role to practices in order to provide additional administrative support, rather than just training existing staff to take on extra tasks.

3. Resources and guidance to facilitate the expansion and integration of the wider practice team

There are a number of ways that the expansion and integration of the wider practice team could be further facilitated, which are explored further in the College's recent paper on the wider practice team.[9] These include:

- Appropriate guidance for integrating the wider team into practices should be developed, including training, mentorship schemes, induction support and supervision mentorship schemes and induction programmes for the wider team. This should aim to ensure supervision is not burdensome for GPs.
- Provision of increased resources to practices for training of the wide range of practice staff, including sufficient funding for student placements, infrastructure, educational and supervision support.
- Further research should be commissioned to build an evidence base on the impact of expanding the wider team in general practice, the changes to the skill mix as new roles are integrated, and the impact across practice workloads.

A public awareness campaign must sit in conjunction with these to build patient understanding and confidence in wider roles.

4. Resources for social prescribing

Many GPs are not in a position to engage with this at a large scale, so we recommend:

- Dedicated and funded social prescribers, based in practices to enable them to integrate into practice teams and work effectively with patients.
- The creation of an online database of organisations and contacts, including local level information, to be kept updated and available as an app.

The concept of developing and facilitating the *10 High Impact Actions* to make a tangible difference to GP workload is admirable and worthwhile, given that the GP workforce has not grown sufficiently to meet increasing patient needs in recent years, and GP workload continues to rise. However, it is important that any actions which are recommended for GPs to adopt are critically appraised and their effectiveness and feasibility analysed. It is essential that stretched resources, both in terms of additional NHS funding and GP and wider staff time and efforts, should be focussed on actions that will yield the most positive outcomes. This report indicates that the evidence of the efficacy of certain *High Impact Actions* in achieving a reduction in GP workload is stronger than for others. As such, initiatives and resources should be adapted and expanded to build upon the *High Impact Actions*, to create a sustainable future for general practice with manageable workloads.

APPENDIX A: What the College is doing

The RCGP has long been concerned about workload pressures on GPs and the subsequent impact on patient care. As well as a programme of work ensuring that the *GP Forward View* promises are delivered comprehensively and reports such as this one, to drive change, the College has taken practical steps to address workload challenges. Here are some recent examples.

3 before GP

The College recently launched *3 before GP*, a UK-wide poster campaign, which enables patients to help relieve pressures on GP services by adopting a three-step mantra before booking an appointment. Our campaign calls for patients to consider three alternatives before booking a GP appointment:

1. Self-care

For minor ailments patients could safely treat symptoms at home, for example through rest or with appropriate over the counter medicines.

2. Use trusted NHS online services

Online NHS services offer sensible advice on a range of health issues and are a useful place to turn for initial guidance.

3. Seek advice from a pharmacist

Pharmacists are highly skilled healthcare professionals who can offer valuable advice.

General Practice at Scale Programme

The Nuffield Trust, the delivery partner of the RCGP for the General Practice at Scale programme, has produced a range of resources to help new and developing networks and organisations working at scale to be effective and sustainable.[25] This programme of work is funded by NHS England as part of the General Practice Development Programme.

The RCGP quality improvement toolkit

The College has produced a toolkit of quality improvement methods which explains what each tool does and how practices can use it to improve care.[26]

The RCGP QI Ready online network and self-assessment platform

RCGP's QI Ready self-approval online tool assists practices in better understanding Quality Improvement methodologies. This includes an online learning network for GPs and wider practice staff, a self-accreditation tool and a series of learning modules.[27]

RCGP work with CCGs and practices

The RCGP runs several courses, training programmes and support schemes that have relevance for practices implementing the *10 High Impact Actions*. These include programmes relating to active signposting, productive workflows and social prescribing.[28] These are often commissioned by CCGs for the benefit of all local practices, though there are also some that are aimed at individual practices.

APPENDIX B: What practices can access

Practices may be able to benefit from existing programmes and resources. This table outlines some of the support available.

Initiative	How to access
Every practice in England will have the opportunity to join a local Time for Care programme. These should begin by the end of August 2018. This aims to help practices release GP capacity, focusing on the *10 High Impact Actions*.	This is hosted by CCGs or STPs, so practices should contact their CCG or look on their website.
The General Practice Improvement Leader programme gives clinicians and managers quality improvement skills, working actively on an improvement project.	Details of how to get involved are available on NHS England's webpage about the programme.[29]
Training for reception and clerical staff is available, with a focus on active signposting and correspondence management. Bursary funding is available towards training and backfill costs. This is a £45m programme.	Funding is held by CCGs, so practices should contact their CCG or look on their website.
Training for developing practice managers looks to promote sharing of good ideas and peer support, which could be directed towards changes to reduce GP capacity. This is a £6m programme.	Local training is being provided at CCG level. LMCs will be offered funding in 2018/19 to support formative appraisals for practice managers. A new programme of executive coaching will be launched later in 2018/19, details of which will be published on the NHS England website.[3]
The General Practice Resilience Programme supports practices to build resilience into the system, and therefore has the potential to be used to address GP workload pressures if this is appropriate. This is a £40m programme.	Practices can self-refer. Contact details are available on NHS England's webpage.[30]
An online consultations fund has been launched to contribute to online consultations systems. This is a £45m fund.	This is CCG-led, so practices should contact their CCG or look on their website.
The GP Health Service is a free, confidential service that GPs can self-refer to, and offers services from health professionals specialising in mental health support to doctors.	Details of how to access the GP Health Service are available on the service's website.[16]
NHS England has collated information, resources and case studies around the *10 High Impact Actions*, which practices could refer to for further guidance and inspiration.	This information can be accessed on the NHS network for the *10 High Impact Actions*.[31] There are further case studies available on NHS England's website.[32]
Providers can apply for funding through the Clinical Pharmacists in General Practice scheme. This includes funding for three years to recruit, train and establish clinical pharmacists in their general practice.	Providers can submit applications on an ongoing basis through the clinical pharmacist application portal.[33]

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