The Digital Practice: A Guide for Practice Managers

Transforming general practice in the digital age requires strategic implementation of key technologies. This guide will help you unlock financial and operational efficiencies through digital transformation.

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CSMO Enhanced Technology Facilitator General Practice Improvement Programme - Xytal

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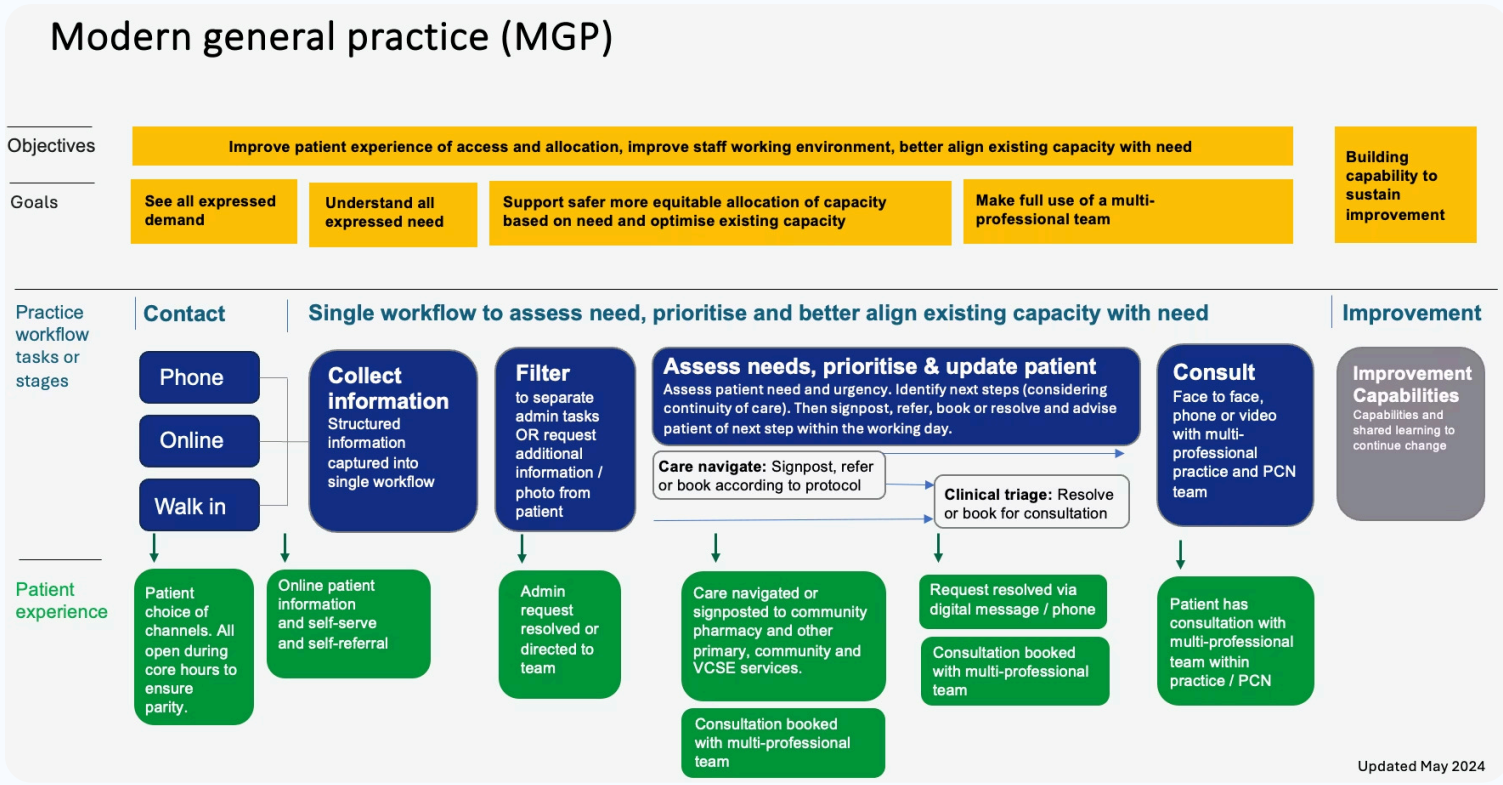
Core Digital Technologies for General Practice



Make no assumptions about digital access.

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The NHS App: Empowering Patients

Prescription Ordering

Streamlines repeat prescriptions, saving admin time

Appointment Booking

Reduces phone calls with patient-friendly slot names

Results Access

Provides timely test results to patients

Encourage app adoption at every touchpoint.

Blood Tests, QR codes and "If you can email, you can app."

Secure access 24 hours a day

Access a range of

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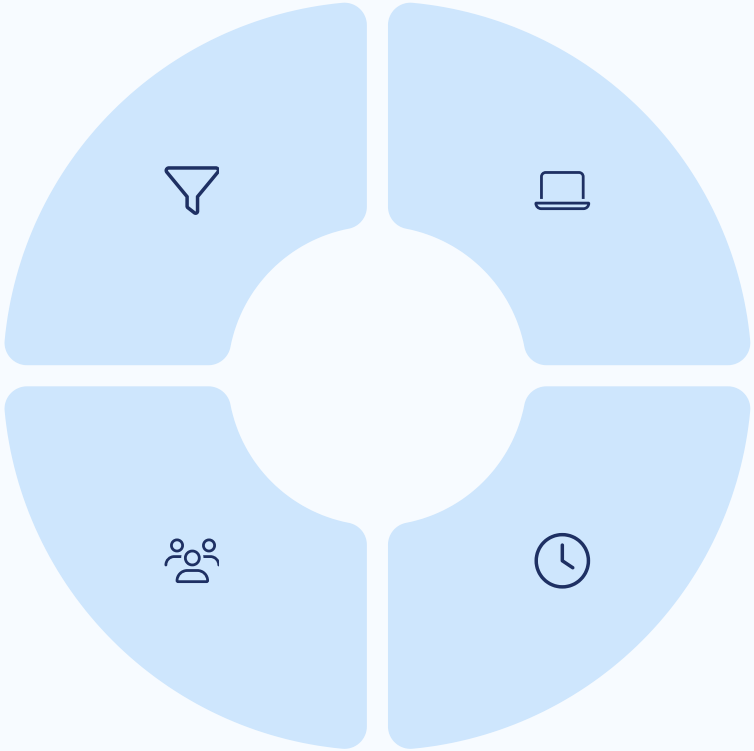
Online Consultations: Transforming Triage

Total Triage

Directs patients to appropriate care pathways

Digital Reception

Handles routine inquiries efficiently



Resource Optimisation

Gives staff time to allocate more effectively

Reduced Waiting

Improves patient satisfaction significantly

Online consultations help manage demand and direct patients to appropriate care. This includes pathways outside of your practice.

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VOIP Telephone Systems: Modernising Communication

Call Recording

Supports effective care navigation and training opportunities for reception staff.

Call Analytics

Ensures the right number of staff answer phones at peak times (predictable and surge).

IVR Integration

Tracks why patients call, helping improve digital adoption strategies.

On Hold Messaging

Maximise any remaining hold time to inform patients about services that might meet their need i.e. NHS App , Community Pharmacy...

Implementation in action

Average wait time: 22% reduction

1st hour average: 71% reduction

Abandoned calls decreased by 37%

There is a strong correlation between patient and staff satisfaction when reduced waiting times are achieved through telephone demand and capacity matching.

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Financial Benefits of Digital Transformation

2 mins

per prescription request

16.5 million requests per month

10% > 220 = 7 hours = 364 hours per year

4 mins

per appointment booked

NHS App and targeted booking links

10% > 220 = 14 hours = 728 hours per year

377 hours

per year with automated registrations

50 hours

per week with document automation.

364 + 728 + 377 + 2600 = 4069 hours per year @ £17.50 per hour = £71,207.50

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Operational Benefits of Digital Transformation

Streamlined Workflows

Automation reduces manual administrative tasks

Improved Communication

Enhanced collaboration between staff and patients

Better Data Management

Analytics improve service delivery decisions

Enhanced Patient Engagement

Patients take greater control of their health

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Getting Started: A Step-by-Step Guide

Assess Current Capabilities

Identify strengths and improvement areas

Develop Digital Strategy

Create implementation roadmap

Understand Funding

What is already available to you (National and Local)

Cost benefit analysis of investing in technology

Choose Technology Partners

Select providers aligned with your needs

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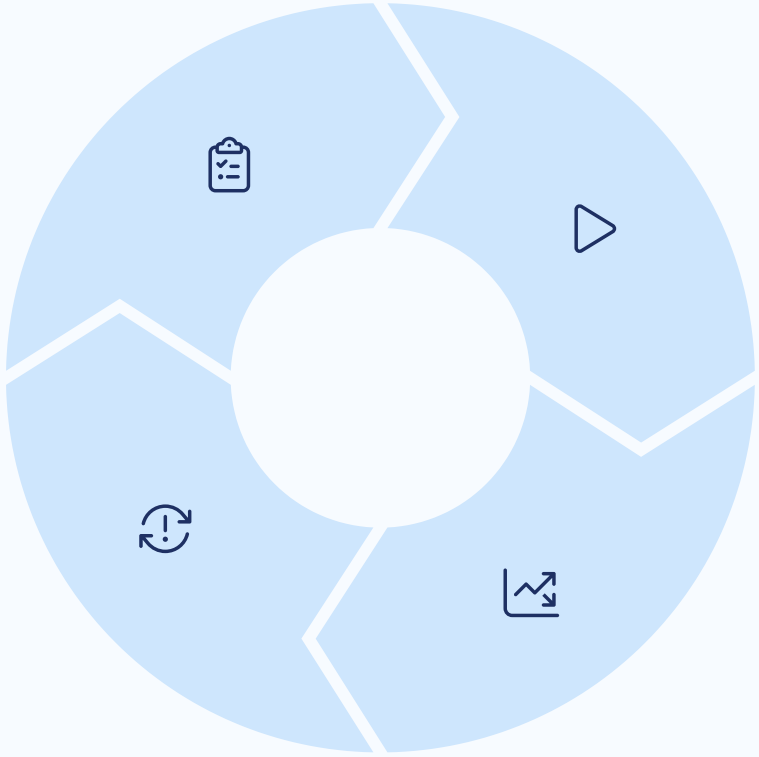
The Transition Period: Implementing QI

Plan

Set clear goals with measurable outcomes



Do

Implement changes on small scale first

Act

Refine approach based on findings

Study

Analyse results against measurable outcome

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Conclusion: Embracing the Digital Future

Digital Transformation Is Essential

Not optional for modern general practice survival

Financial and Operational Benefits

Significant return on investment through efficiency gains

Practice Managers Traditionally Lead the Way

Think carefully about how you can bring your team along with you from the early stages of change.

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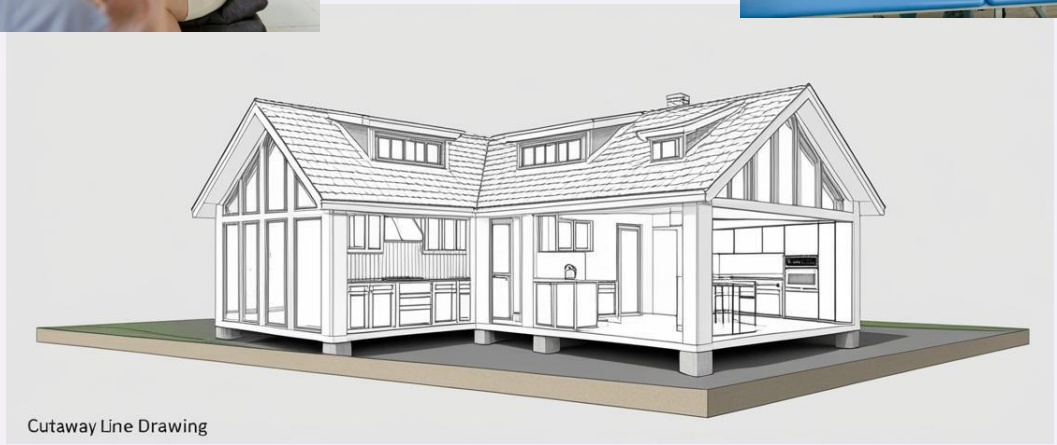
Cutaway Line Drawing

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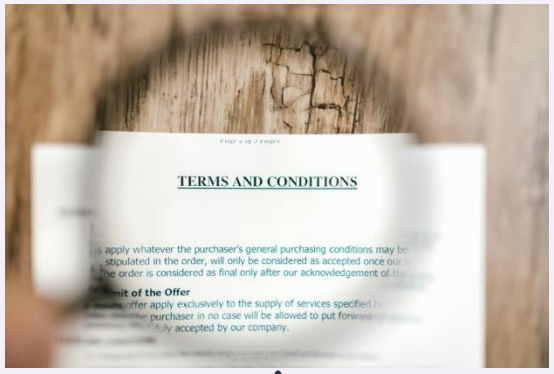

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Policy and Procedure Lifecycle

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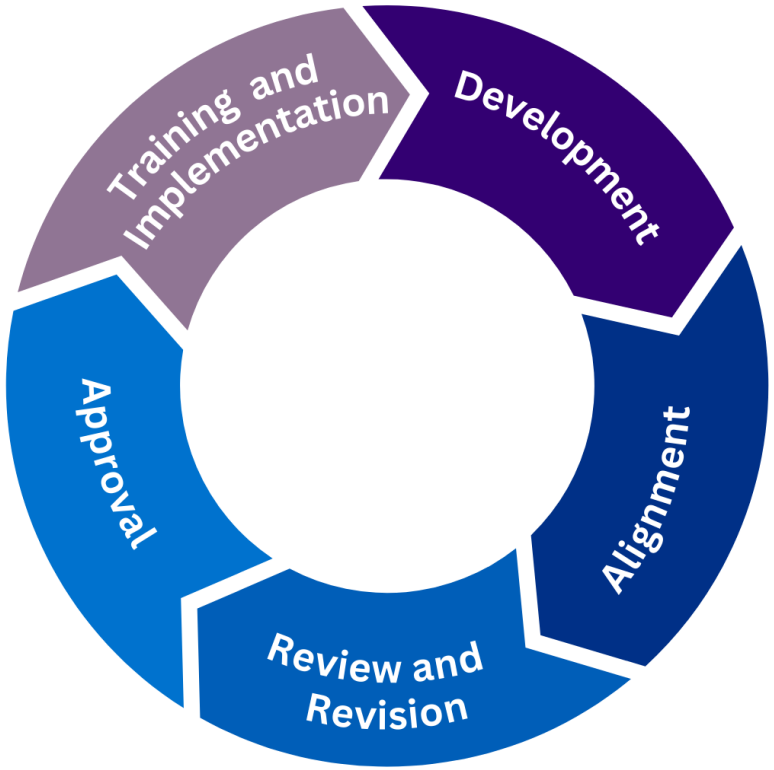

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Clinical Governance & Safety

1. Run CQC/Ardens clinical searches
2. Stock check and risk-assess emergency meds
3. Keep PGDs correctly signed (and PSD process is compliant)
4. Check vaccine fridge loggers daily
5. Log and act on safety alerts

Recruitment & HR

6. Have a written DBS policy
7. Check DBS before start or risk-assess
8. Verify clinical staff registrations annually
9. Record staff immunisations
10. Get assurance for PCN/federation staff

Premises & Safety

11. Complete fire risk assessments
12. Log fire alarm tests and drills
13. Hold up-to-date health and safety risk assessments
14. Maintain COSHH assessments
15. Review Legionella risk externally

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Session 1: Leadership & Accountability

Do we have a governance steering group?
Are roles and skills clearly defined?
Am I sharing the compliance workload?

Session 2: Risk Management

Do we use a RAG-rated risk register?
Are risks reviewed in meetings?
Are policies, SOPs and training based on actual risk?

Session 3: Learning Culture & Inspection Readiness

Are staff logging everyday learning (not just SEAs)?
Are investigations clearly documented?
Is our compliance evidence centralised?
Are staff ready to speak to inspectors?

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Q&A

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