

Access & Urgent Care in General Practice

Report prepared by the Primary Care Foundation, June 2014

Urgent Care in General Practice
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Improving Access and Urgent Care in General Practice

June 2014

1. Background

In March 2013 Islington Clinical Commissioning Group launched a Local Enhanced Service (LES) to improve access for patients to GP practices across the Borough. The initiative had two options:

Option A; the “Doctor First” approach, or

Option B; dedicated support to undertake a bespoke review of current systems and processes, through the Primary Care Foundation (PCF)

This report is designed to provide a summary of Option B, showing the differences on a practice by practice view.

2. Process

Initially 27 GP practices accepted the PCF option. The process is that GP practices capture data about their systems, processes, consultations, telephones and staffing for a sample week. This data is uploaded via a web portal to the PCF website, where it is checked, analysed and published in a practice specific report. The report includes a comparison of the practice’s indicators against evidence based benchmarks, describing, amongst many other things, an optimum balance of:

- Available patient appointments for GPs, nurses and other health care professionals
- The split of appointment availability across the primary care team
- How soon patients can get an appointment and the availability of appointments they can book in advance
- Comparative activity of GPs and nurses, when looking at national indicators
- How easy it is to get through on the phone and how often they are asked to call back
- What happens when patients request a home visit
- What patients say about access to routine and urgent appointments and their overall experience of making an appointment
- How consistent their reception staff are in dealing with a range of requests for urgent appointments, their level of confidence and how recently they have received training

Within each practice report there are approximately nine pages of information that describe these findings. Included also is additional information describing the generic background, evidence and rationale that underpins their report, together with suggestions about what GP practices find helpful in reviewing their systems and processes.

The PCF met with the GP practices to talk through the findings and offer any clarification or additional information necessary to help the GP practice move forward, together with any further support required to complete their changes (round 1). In addition there are a number of requirements within the LES that are not managed by the PCF.

An action plan was produced by each practice, with support from the PCF, to help them plan and implement any necessary changes.

The CCG commissioned a repeat of this process to help understand the impact of any changes made by the GP practice since round 1 (shown in round 2).

3. Status

The participating GP practices (see appendix 1) have completed their round 1 requirement, with most gathering their data during a period from March - May 2013. All GP practices received their reports and follow up visits during the summer of 2013. In addition to the original 27 practices, 1 further practice joined (for round 1 and 2) and a further practice more recently (for round 2 only).

All 29 GP practices completed their round 2 work, received their reports and have been offered further support and a follow up meeting.

Finally, practices received a second detailed report, based on round 2, and also a comparison summary to help show the differences identified between round 1 & 2. A summary report has been included as appendix 2.

A short commentary describing the overall impact across Islington and within their respective localities is included on pages 5 -10.

4. Executive Summary

Many of the Islington GP practices have made significant efforts to understand and make appropriate changes to their systems and processes for access and urgent care. Some of these changes are already showing positive signs, although these changes can take time to be understood by patients and reflected in feedback.

It's also recognised that the dynamics can change for GP practices that have higher levels of patient deprivation or language problems; for instance, it's more likely that in these circumstances GP practices may need a higher proportion of same day appointments, compared to elsewhere. However, the principles are the same and it's good to hear from practices that experience these circumstances that they have been positive about the benefits these changes are bringing.

Like any other change, it's often a combination of processes that need review, across the whole GP practice system, and these will need ongoing monitoring and evaluation, rather than just a "quick fix".

The following pages set out information to demonstrate progress being made across the Borough.

Simon Lawrence
Primary Care Foundation, June 2014

Appendix 1: Participating GP practices by locality

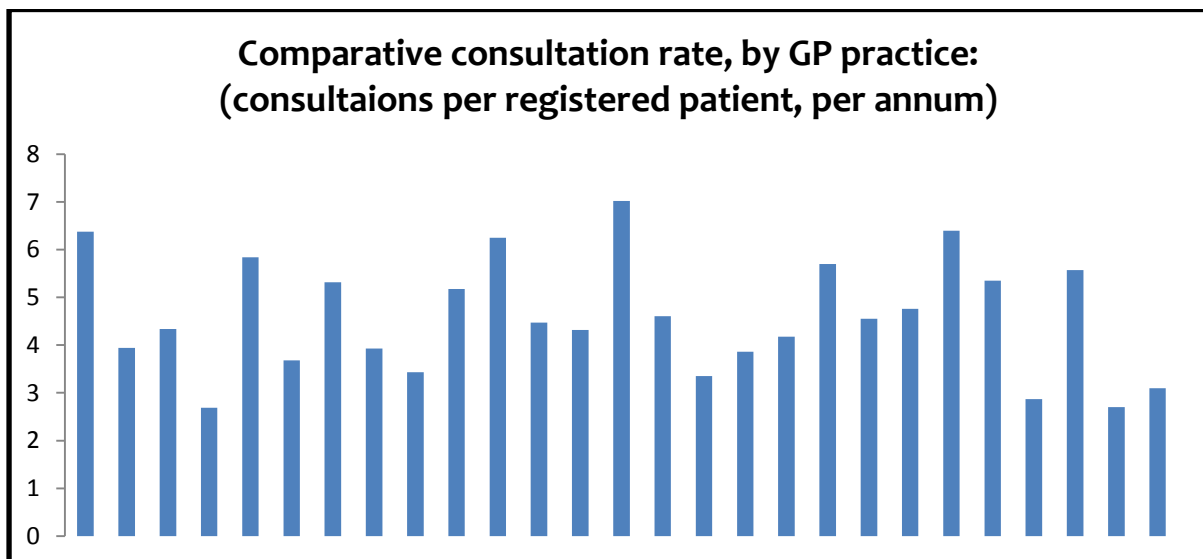
Goodinge Group Practice
Highbury Grange Medical Centre
Holloway Medical Clinic
Dr Ko's and Partner
The Miller Practice
Sobell Medical Centre
Andover Medical Centre
Archway Medical Centre
The Beaumont Practice
Dartmouth Park Practice
The Northern Medical Centre
The Rise Group Practice
St John's Way Medical Centre
Hanley Primary Care Centre
Stroud Green Medical Clinic
The Village Practice
Elizabeth Avenue Group Practice
The Family Practice
Islington Central Medical Centre
Mitchison Road Surgery
New North Health Centre
River Place Health Centre
Roman Way Medical Centre
St Peter's Street Medical Practice
The Amwell Group Practice
Clerkenwell Medical Practice
Bingfield Street Surgery
Killick Street Health Centre
Pine Street Medical Practice
Ritchie Street Group Practice

29 participating practices

What was the picture after round 1?

- Strong correlation with General Practice Patient Survey in many areas
- Some complex systems designed to “manage” demand; e.g. embargo’s, which drive “phone/call early” culture
- Widespread variation in reception quiz results
- Continuity of care varied; part time GPs, popular GPs and duty GP systems can cause this
- Out of balance split between same day and book ahead availability (usually too high same day)
- High % of occasions when patients are asked to ring back (when appointments are all gone) in some practices, prompting pressure on staff and phones and inconvenience for patients
- Book ahead period too short (some concern about DNAs)
- Long wait for next routine appointment
- Mixed picture for home visiting; some assessments and visiting late in the day
- Skill mix quite varied; GPs, nurses, HCAs
- Few practices had consistent scripts for reception staff; quite a bit of variation and defaulting to next appointment rather than offering a choice
- Some variability of clinical practice e.g. consistency of care

But a typical picture; not unusual!



This chart, from round 1, demonstrates the differences between GP practice consultation rates.

Some of the important factors within GP practice control

Consultation rate, appointment availability and skill mix: why is this important?

Making sure GP practices have sufficient clinical consultations is obviously important; so we demonstrate how close to the expected number of consultations, weighted for the age and sex of their population, each practice is delivering.

However, it's not just the total number; the split of how consultations are shared across the healthcare team, the split between appointments booked for the same day and those booked in advance, as well as how soon the next routine appointment is available are also important indicators.

We sometimes find GP practices have far more appointments than we might expect; this can be for a variety of reasons. Whilst being higher or lower than average does not necessarily mean something is wrong, it can help to identify where some changes might be helpful; not just for the benefit of patients, but also the workload of the team.

When we meet with GP practices, we discuss this and some potential reasons why this might be, together with ideas that might help improve the balance. From this they can decide how they might adjust their systems and processes.

Please see the summary on page 7 which describes how GP practices have changed these arrangements to improve access and urgent care.

Telephone systems, capacity and demand: what makes the difference?

In our work with a large number of practices we have found that the patient survey result is normally a good reflection of the actual experience of accessing the practice on the phone. If the result is good in the survey (average or above average) then GP practices can be reassured that patients do not experience difficulty in getting through on the phone. If however the result is below average then it is likely they have issues that could be addressed.

There are four variables which will impact on the ability of patients to get through on the phone.

- Volume of incoming calls
- Number of lines
- Number of people answering
- Call lengths

The table we include in the GP practice report uses the Erlang formula to calculate the number of staff required to answer the phone in each hour to ensure that 90% of calls are answered promptly, based on the reported call volumes and length of the average call.

When we meet with the GP practice, we look at all of these factors and discuss how they might want to use this information to improve their systems and processes.

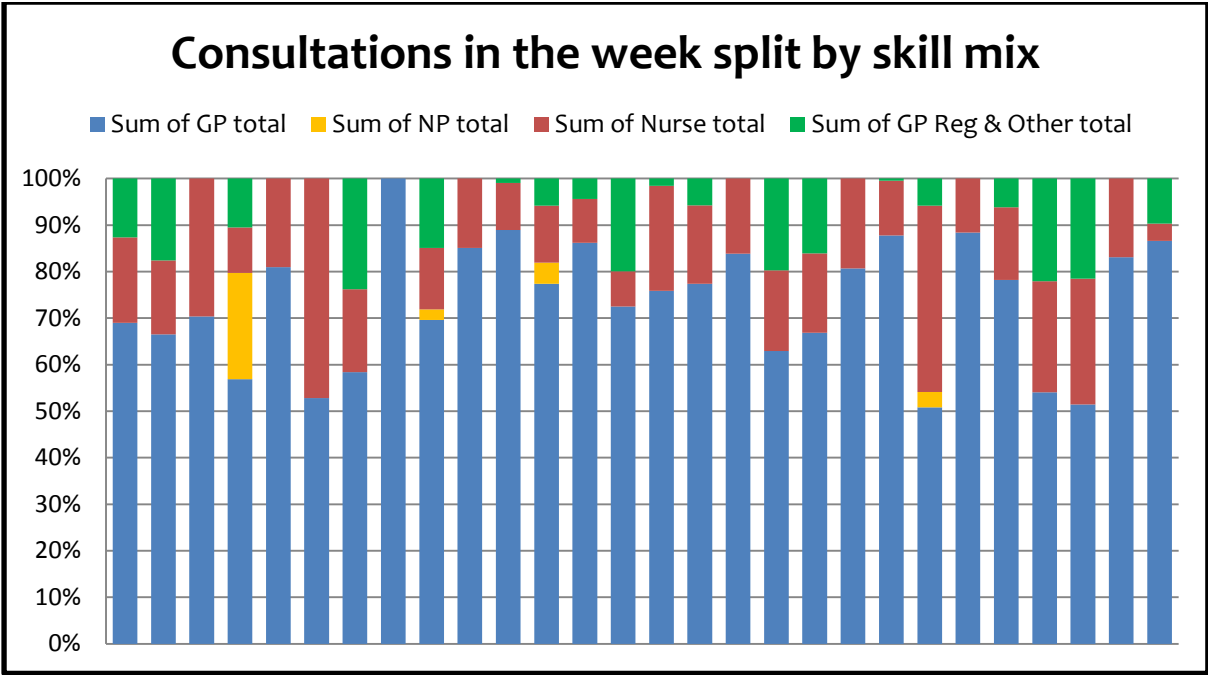
Please see the summary on page 9 which describes how GP practices have changed these arrangements to improve access and urgent care.

What did we find after round 2, compared to round 1?

Consultation arrangements

Central Locality	<ul style="list-style-type: none"> • 3 of 6 practices had a consultation rate closer to that expected • 3 of 6 practices had an improved same day/advance appointment ratio • 3 of 6 practices had a better balance of activity skill mix (GPs, nurses, HCAs) • 6 of 6 practices had increased their book ahead appointment window in line with the recommended length (usually about 6 weeks) • 5 of 6 practices had reduced the wait for the next routine book ahead appointment • 3 of 6 practices reduced the occasions when patients are asked to call back (when appointments run out)
Northern Locality	<ul style="list-style-type: none"> • 4 of 9 practices had a consultation rate closer to that expected • 5 of 9 practices had an improved same day/advance appointment ratio • 3 of 9 practices had a better balance of activity skill mix (GPs, nurses, HCAs) • 8 of 9 practices had increased their book ahead appointment window in line with the recommended length (usually about 6 weeks) • 4 of 9 practices had reduced the wait for the next routine book ahead appointment • 4 of 9 practices reduced the occasions when patients are asked to call back (when appointments run out)
South East Locality	<ul style="list-style-type: none"> • 3 of 8 practices had a consultation rate closer to that expected • 5 of 8 practices had an improved same day/advance appointment ratio • 5 of 8 practices had a better balance of activity skill mix (GPs, nurses, HCAs) • 4 of 8 practices had increased their book ahead appointment window in line with the recommended length (usually about 6 weeks) • 2 of 8 practices had reduced the wait for the next routine book ahead appointment • 5 of 8 practices reduced the occasions when patients are asked to call back (when appointments run out)
South West Locality	<ul style="list-style-type: none"> • 3 of 6 practices had a consultation rate closer to that expected • 3 of 6 practices had an improved same day/advance appointment ratio • 3 of 6 practices had a better balance of activity skill mix (GPs, nurses, HCAs) • 6 of 6 practices had increased their book ahead appointment window in line with the recommended length (usually about 6 weeks) • 3 of 6 practices had reduced the wait for the next routine book ahead appointment • 3 of 6 practices reduced the occasions when patients are asked to call back (when appointments run out)

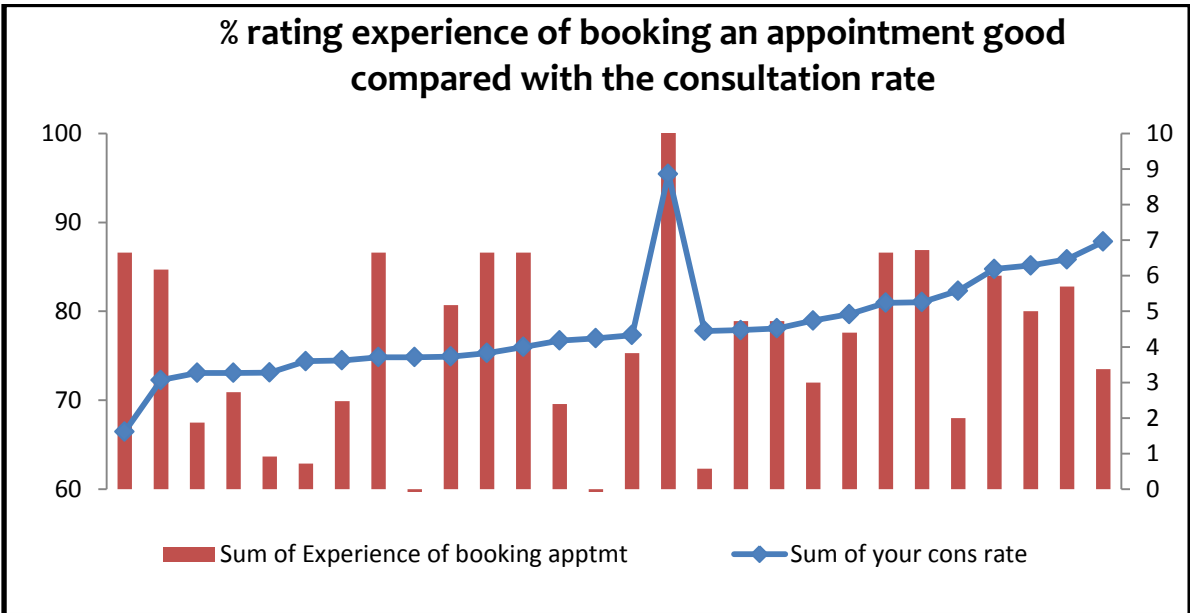
The majority of GP Practices have adjusted their systems and processes to deliver services more responsive to their patient's needs but these changes can also improve the work balance and experience of their staff.



This chart, taken from the round 2 data, shows the variation of clinical staffing across GP practices in Islington.

We know that the typical average workload in general practice is split, with about two thirds of consultations undertaken by GPs.

But the size of the GP Practice and the ability to recruit and train the right clinical staff can affect the skill mix.



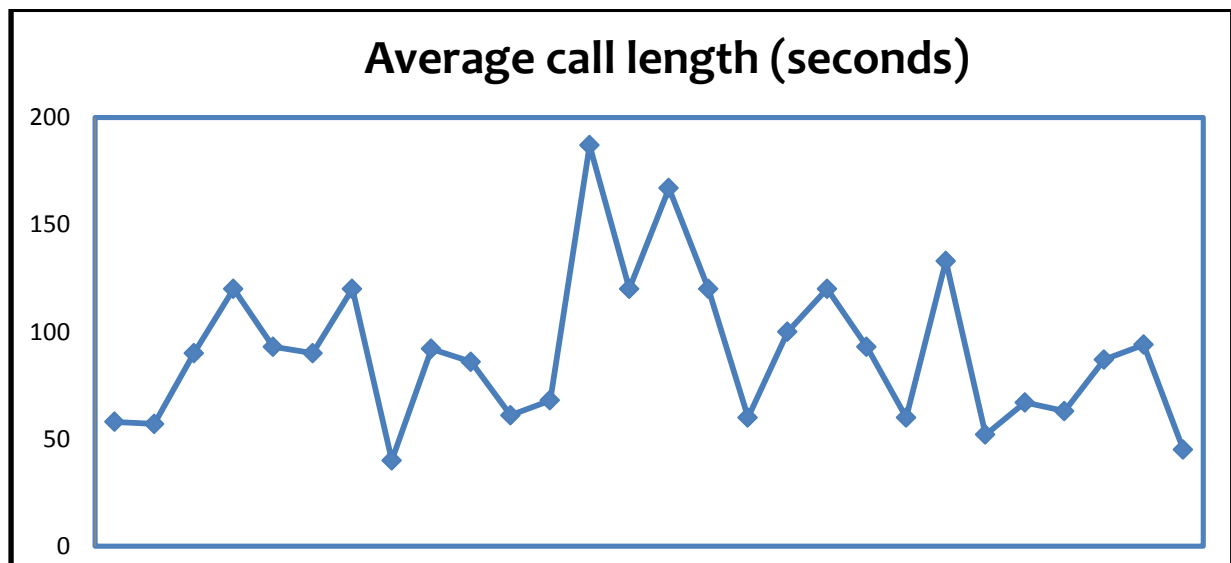
This chart, taken from the round 2 data, shows that a higher consultation rate does not necessarily improve patient satisfaction with booking an appointment; other factors such as continuity of care, ease of getting through on the phone and the availability of an appointment within the next few days will affect patient’s experiences.

What did we find after round 2, compared to round 1?

Telephone arrangements

Central Locality	<ul style="list-style-type: none"> • 4 of 6 practices had reduced the time to complete calls resulting in better telephone staff capacity • 3 of 6 practices had improved their capacity overall, with better cover and response across the day
Northern Locality	<ul style="list-style-type: none"> • 3 of 9 practices had reduced the time to complete calls resulting in better telephone staff capacity • 5 of 9 practices had improved their capacity overall, with better cover and response across the day
South East Locality	<ul style="list-style-type: none"> • 5 of 8 practices had reduced the time to complete calls resulting in better telephone staff capacity • 5 of 8 practices had improved their capacity overall, with better cover and response across the day
South West Locality	<ul style="list-style-type: none"> • 4 of 6 practices had reduced the time to complete calls resulting in better telephone staff capacity • 4 of 6 practices had improved their capacity overall, with better cover and response across the day

This shows some good progress with many GP practices improving their systems and processes to ensure a good match between capacity and demand.



This chart, from round 2 data, demonstrates the variability between GP practices in how quickly they complete a call. This affects their overall capacity on the telephones.

Reception Staff Training; following up the reception quiz results

The purpose of the reception quiz is to check on the overall consistency or variation in managing patient calls or queries. The first part looks at practice protocols and training, as well as exploring staff confidence in recognising potentially life threatening conditions. The second part presents 13 different scenarios where patients call describing a particular health problem and the receptionist has to decide how they would respond, from calling an ambulance, through to getting immediate help from a doctor, to booking the patient for an appointment. This is less about whether the response is right or wrong (although with more serious conditions you will be looking for rapid intervention) but the level of consistency across the team. If there is substantial variation across the team the GP Practice may want to run a training session across the reception team, led by a clinician, to explore why there is variation, how much is acceptable, and how it can be reduced.

What did we find after round 2, compared to round 1?

Reception Quiz results

Central Locality	<ul style="list-style-type: none">• 4 of 6 practices still had some variation in results across the reception team's answers
Northern Locality	<ul style="list-style-type: none">• 6 of 9 practices still had some variation in results across the reception team's answers
South East Locality	<ul style="list-style-type: none">• 3 of 8 practices still had some variation in results across the reception team's answers
South West Locality	<ul style="list-style-type: none">• 3 of 6 practices still had some variation in results across the reception team's answers

This shows GP practices still need to offer ongoing support to their reception team; we have found this works particularly well where clinicians lead this process, perhaps using the scenarios from with the reception quiz or other typical local experiences.

Individual Practice Summaries

The following pages show samples of the brief summary shared with each GP practice, comparing round 1 to round 2 outcomes.

Anonymous 1

Summary of Key Points

March 2013; round 1	March 2014; round 2
<ul style="list-style-type: none">• Consultation rate 4.47 against expected 5.1• Same day appointments 53.5% (about 1/3 same day would be expected)• GPs undertake approximately 84.9% of appointments (about 66% would be expected)• Next routine book ahead appointment 7 days• Book ahead window 2-4 weeks• Average call length; 91 seconds• Phone demand and capacity; under pressure• 15-30% of time patients asked to call back• 6 reception staff not trained in last 2 years	<ul style="list-style-type: none">• Consultation rate 4.92 against expected 5.15• Same day appointments 34.9% (more book ahead appointments available)• GPs undertaking 77.4% of appointments• Next routine book ahead appointment 1 day• Book ahead window 4 weeks• Average call length; 68 seconds• Phone demand and capacity; good cover across the day• 15-30% of time patients asked to call back• 0 staff not trained in last 2 years (all trained in last 2 years)

Practice action plan from round 1

<ul style="list-style-type: none">• Increase clinical sessions (issues with recruiting nurses)• Re-dress same day/book ahead balance• Review GP practice in follow up appointments, etc	<ul style="list-style-type: none">• Increase receptionist cover dedicated to answering phone• Training of receptionists in urgent care decisions
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Commentary

The practice has made remarkable progress and improved against the indicators in most areas. The consultation rate has increased in line with need; same day appointments are in better balance and book-ahead appointments more readily available. The practice have clearly worked hard in reviewing systems and processes in reception with better cover dedicated to answering the phone, training and quicker call handling. Average weekly workload on GPs has reduced, although still higher than average.

The throughput of nurse practitioners has remained lower than expected.

Recommendations

It's recommended that the practice continues to review the availability of appointments, recommendations within the reports and their action plan. Areas for continued attention could include reducing the number of times patients are asked to call back for an appointment (this remains high) and maintaining support for reception staff with clinical leaders providing training. We have not considered the GPPS survey results from the second report (as the period is too short, data from before the first round is still included and it will take time for the changes to filter through to patients completing the survey).

Anonymous 2

Summary of Key Points

May 2013; round 1	April 2014; round 2
<ul style="list-style-type: none"> • Consultation rate 3.43 against expected (4.9) • Same day appointments 50.6% (about 1/3 same day would be expected) • GPs undertake approximately 81.3% of appointments (about 66% would be expected) • Next routine book ahead appointment 2 days • Book ahead window 2 weeks • Average call length; 127 seconds • Phone demand and capacity; under pressure all day • Less than 5% of time patients asked to call back • DNA rate 1.3% • Only 1 member of staff completed the quiz 	<ul style="list-style-type: none"> • Consultation rate 3.27 against expected (4.63) • Same day appointments 62.7% (17% of patient's indicate they are looking for a same day appointment) • GPs undertaking 83.1% of appointments • Next routine book ahead appointment 1 days • Book ahead window 2 weeks + (unlimited reported) • Average call length; 94 seconds • Phone demand and capacity; under pressure in the morning • We rarely ask patients asked to call back • DNA rate 6.3% • Only 1 member of staff completed the quiz

Practice action plan from round 1

<ul style="list-style-type: none"> • Extend book ahead window • Train staff on telephone 	<ul style="list-style-type: none"> • Increase nurse sessions • Text patients with appointment reminders to reduce DNAs
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Commentary

The practice has made good progress in reducing call completion times and there is less pressure on phones during the afternoon. The book-ahead window has been extended for some appointments and the wait for a book-ahead appointment is low. Patients are less likely to be asked to call back for an appointment.

Whilst the GP and nurse are carrying out the average number of consultations per w.t.e, overall the availability of appointments is lower than expected. Same day appointments appear far higher than required. The percentage of GP consultations across the team is higher than average.

Recommendations

It's recommended that the practice continues to review the availability of appointments, recommendations within the reports and their action plan. Reviewing the availability of clinical consultations and skill mix might be worthwhile, as is the split between book ahead and same day appointments. We have not considered the GPPS survey results from the second report (as the period is too short, data from before the first round is still included and it will take time for the changes to filter through to patients completing the survey).