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NHS
Northumberland
Clinical Commissioning Group

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

DATE: 16 JANUARY 2018

GENERAL PRACTICE ACCESS - NORTHUMBERLAND

Report of

NHS Northumberland Clinical Commissioning Group

Purpose of report

To update the Committee on the work that has been undertaken by NHS Northumberland Clinical Commissioning Group (the CCG) to improve access to general practices.

Recommendation

The Committee is recommended to note:

- The contents of the report and the presentation and provide comments

Background

In July 2017 the CCG outlined the intended approach to extending general practice opening hours in Northumberland to the Committee. The Committee subsequently requested additional information concerning the access models used and how the models had been revised over the previous two years.

This paper provides the committee with an understanding of the access models used, the work undertaken to improve patient access in Northumberland's 42 general practices and the consequent results.

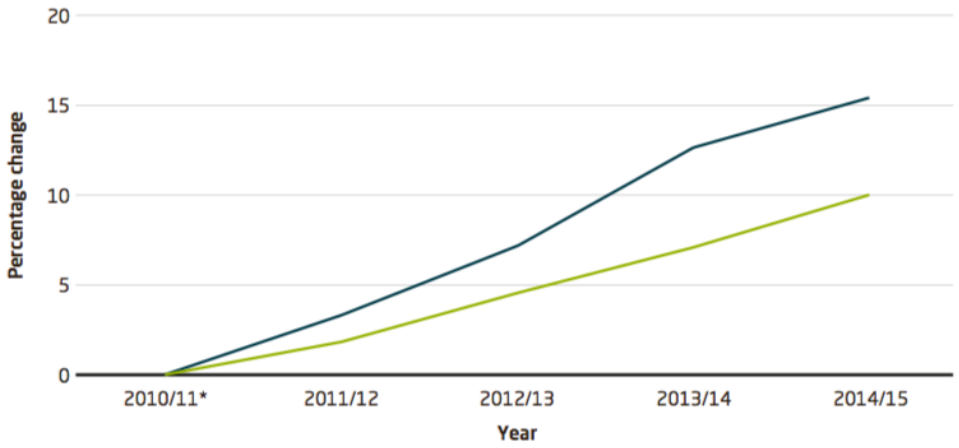
Vanguard funding was used to deliver this work in 2016/17, however subsequent funding has not been available in 2017/18 to continue the work at a practice level. The CCG are considering future requirements and the patient engagement elements associated with improving access to general practice.

Introduction

The CCG is fully aware that the capacity and workload experienced in practices can severely impact on staff health and wellbeing as well as the practice and the wider system's ability to meet the needs of its patients. Better understanding capacity and demand in Northumberland and implementing practice schemes that increase capacity or time to deliver care to specific patient groups, can only benefit both staff and patients.

There is no national routine public reporting of GP activity data and no standardised UK dataset. Kings Fund research (Understanding pressure in General Practice) in May 2016 identified significant changes in the behaviors of patients and the workload being managed in general practice. Their analysis (Figure 1 refers and covers 177 practices) highlighted that consultations increased by more than 15% between 2010 and 2015. The number of face-to-face consultations increased by 13% and telephone consultations by 63%. Considered alongside a GP workforce growth of 4.75% and a practice nurse workforce growth of 2.85%, it is clear that this continued growth is unsustainable and action needs to be taken. A recent Nuffield Trust report also underlined the importance of coordinating care though better access in order to minimise the number of inappropriate patient contacts. General practice is fundamental to achieving this.

Figure 1 Percentage change in number of contacts with clinical staff and practice list size



* Apr/May 2010 contact count estimated based on other years' data

Source: King's Fund analysis of ResearchOne sample data

Access survey results

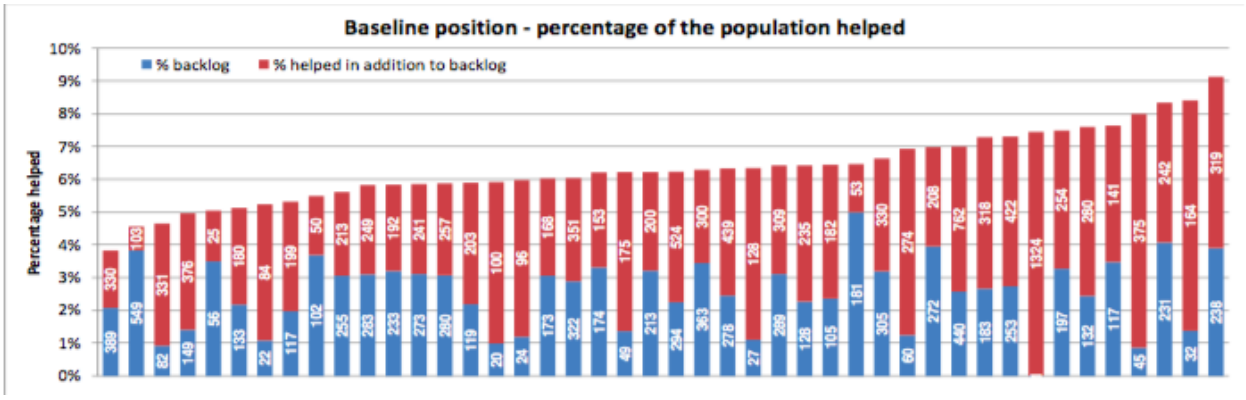
In July 2017 the national GP Patient Survey (GPPS) (an England wide survey of patient general practice experiences) showed that the overall experience of GP surgeries in Northumberland is 2% higher than the national average. Positive results ranged from 85% - 99% across the practices and 33 of the 44 practices surveyed were rated the same or above the national average for patients saying their experience is good. 73% of patients said that it was easy to get through to someone at your GP surgery on the phone, compared to 68% nationally. The CCG's general practices remain above the national performance averages year on year.

Activity and demand analysis

Northumberland published its Primary Care Strategy in January 2016. This highlighted the importance of gathering information about how practices manage their workload in terms of patient access. Maintaining primary care at the centre of a patient's care is paramount. Increasing and refining in-hours access is an important part of this.

The Northumberland PACS Vanguard programme provided funding to enable the CCG to undertake an activity and demand analysis in every practice. To ensure that the methodology was robust and standardised the CCG employed ABCD Solutions to undertake the analysis. The company is nationally recognised and delivers “demand-led” access solutions; it uses a workload analysis tool within practices designed to highlight areas of potential improvement. Each practice received its own feedback report.

The analysis showed some significant variation between practices and it enabled practices



to better understand the impact that different appointment systems were having on their patients.

Fig 1

ABCD Solutions consider that the following access models exist in general practice:

- **Standard model** - Based upon the traditional availability of pre-booked and same day appointment but providing little by way of telephone work.
- **Nurse triage model** – No Northumberland practices using this model.
- **Telephone Consulting 1 (TC1)** - Managing same day demand through the greater use of telephone appointments to decide who needs to be seen on the day and who can be dealt with on the phone. This was the most common model that Northumberland practices wanted to build on.
- **Telephone Consulting 2 (TC2)** – Similar to TC1 but enhanced by using telephone appointments to manage the demand for advanced appointments once a certain threshold is reached.
- **Hybrid DoctorFirst** - All GPs undertake telephone access work each morning; in the afternoon the system reverts to the usual system of routine and duty GP appointments.
- **DoctorFirst** - No pre-bookable appointments. All GPs start their day doing telephone work for patient requiring same day access as well as those patients requiring continuity with their regular GP) usually capped at 40 telephone appointments). As the day progresses, each GP populates their face to face surgery later in the day (usually capped at 20 appointments).

Following on from the activity and demand analysis, twenty-two practices opted to modify or completely change their practice access model. The majority of practices opted to focus on changing the balance of same day appointments against the number of pre-booked appointments, as well as increasing the number of telephone consultations throughout the

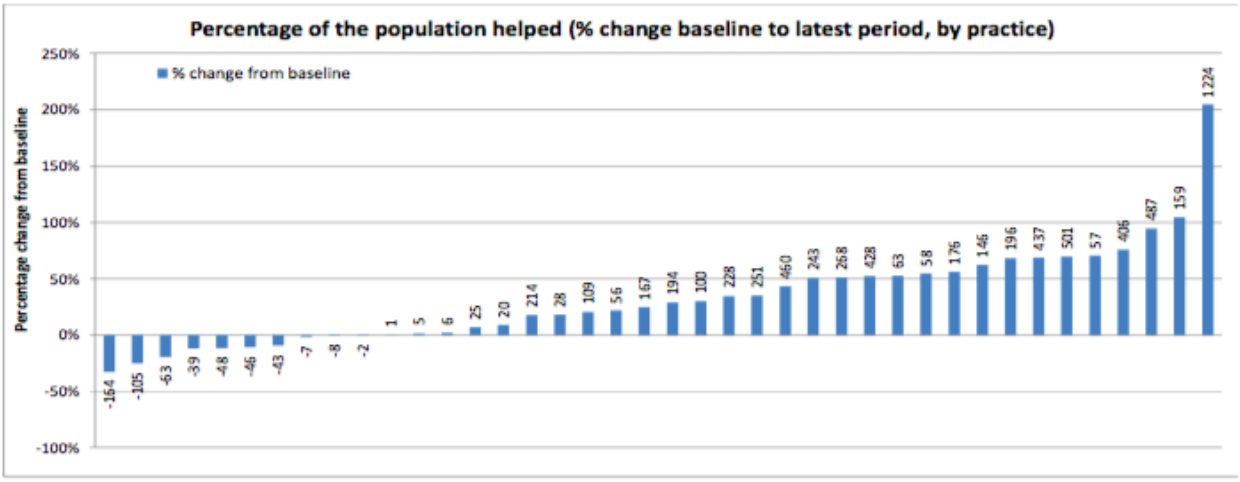
week. A common thread seen was that many practices were busiest on Mondays and Fridays. Reducing the number of pre-booked appointments on these days and improving telephone access to GPs or nurses increased the number of patient contacts on those days as well as across the week. Some practices opted to employ other professionals such as nurse practitioners to help manage patient demand.

Five practices decided to switch to the patient demand system DoctorFirst (seven Northumberland practices now run this system). DoctorFirst has very few pre-booked appointments and aims to deal with all demand on the same day.

The remaining practices in the main have adopted the Telephone Consulting 1 model, with a shift to a larger proportion of appointments being bookable on the day. In these practices Monday's and Wednesdays were identified as days that practices experienced higher levels of demand and therefore the proportions of appointments bookable on those days are greater than the rest of the week.

All practices were asked to collect data on the percentage population helped each week and the percentage pre-booked appointments each week, regardless of which initiative they were undertaking.

Fig. 2



Due to the timing of the baselines activity data capture, practices are currently at varying stages of the access review. Figure 2 shows the percentage change in the proportion of patients helped compared to the baseline position in Figure 1 for each practice.

To date, full review information is available for 8 practices; interim review information is available for 22 practices, with early information for a further 7 practices (one of these has now withdrawn) and very early change for 4 practices. Two practices have reported no data.

For the 41 practices who have data available this quarter (and irrespective of the stage of the process they are at - 12 weeks to 48 weeks), the average proportion of the population helped is 8.2%, which ranges from 3.6% to 18.32%. Improvements have been seen in 31 practices. This equates to an additional 7,428 patients helped each week.

Once the data collection is more advanced it will be possible to understand any improvement in the proportion of patients helped in the week, changes in this activity over time and changes in the type of activity by contact type. The impact of these changes on A&E activity will also be evaluated.

Other access initiatives

22 (out of 43) practices opted to change or modify their access model as outlined above. The remaining practices were able to apply for Vanguard funding if their access was judged to be satisfactory. It must be highlighted however that practices are mostly independent contractors and can therefore independently decide whether they wish to enter any access initiative.

Thirteen practices opted to review their systems for patients with long term conditions through streamlining recall systems, enhanced communication and better care planning. Many of these initiatives overlap with NHS England's "ten high impact" actions.

Eight practices opted to address the workload caused by those practices who consult frequently. Feedback to date has been largely positive however it is clear that there needs to be systematic study undertaken to evaluate this further.

Conclusion

Overall the access initiative was a success in terms of engagement with Northumberland practices. For a relatively small amount of investment, 100% agreed to undertake an activity and demand analysis and received, and acted upon, feedback. All but three practices engaged with one of the three initiatives fully with the result that there has been an increase in the number of patient contacts each week.

While additional funding in unavailable to take the work further a "Learning pack" has been developed and will soon be disseminated to all practices.

Report Authors: Dr Robin Hudson & Pamela Leveny, Primary Care Commissioning, Northumberland Clinical Commissioning Group

Pamela.leveny@nhs.net 01670 335167