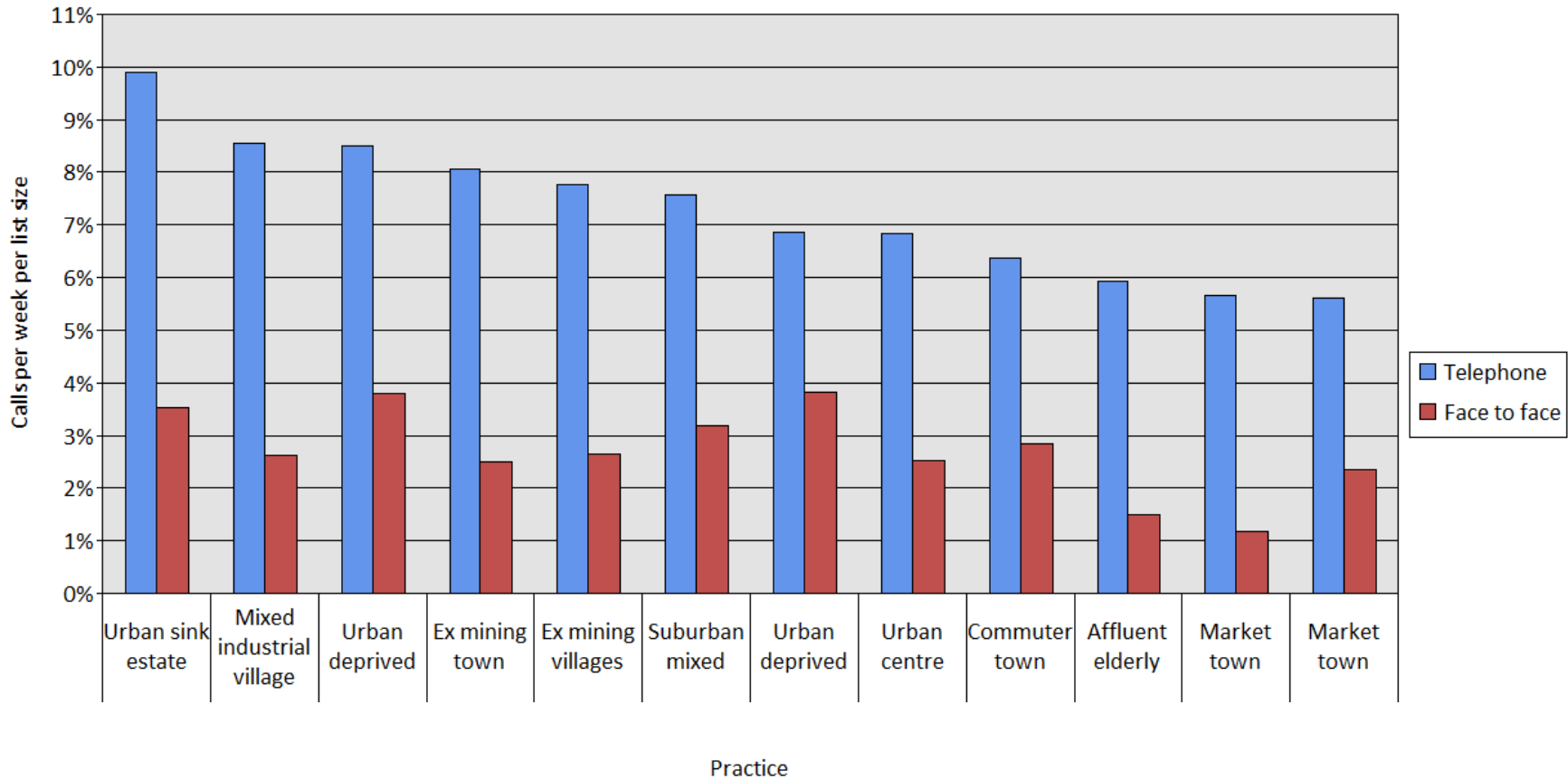


Patient requests for GP: average per week, all responded to initially by a GP call, bring in to face to face if required.

GP-patient contacts per week as % of list, unconstrained

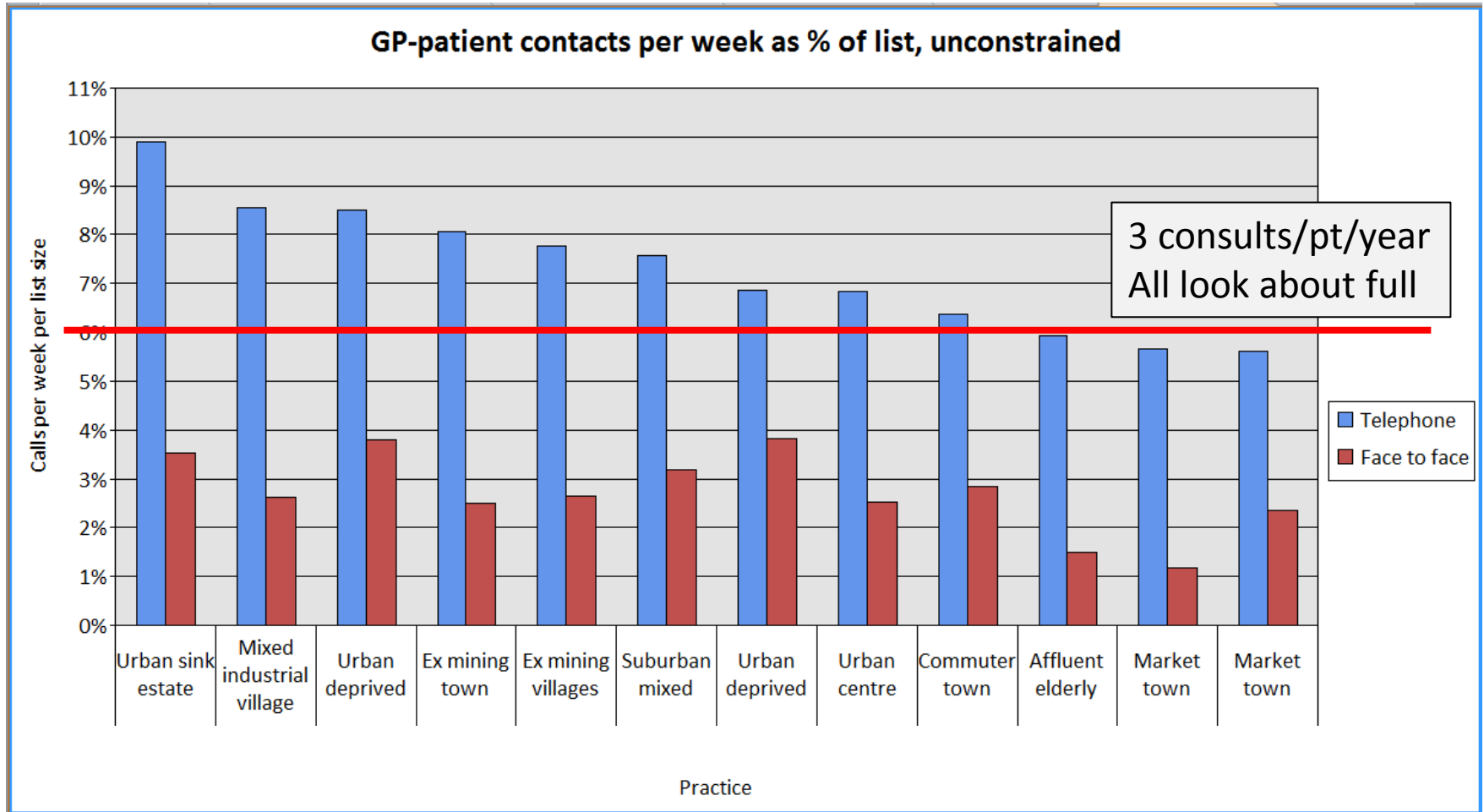


How the comparison works: consultations are not constrained by supply

- All these practices have answered the question:
“How can we help all our patients, all day, every day?”
- All patient requests are initially responded to with a GP call. A face to face is offered where clinically indicated, same day if desired
- This means that no patient is turned away by reception on the grounds of no slots, a common complaint.
- Phone and f2f consults are recorded on the clinical system as normal
- The number per week is divided by the raw list size
- Sample size varies from 1 month to 6 months depending on practice
- Demographic comments are broad brush – practice locations and identities available.

Conclusion: demand varies between practices, broadly in line with deprivation, ranging from 5.5% to 10% of list per week

The effect of constrained supply: 3 consultations/pt/year = 6% of list/week. If this is all that is offered, all practices appear similar



Outside a traditional surgery



People waiting on the phone, the same, unseen

A practice in the GP Access community looks a little different

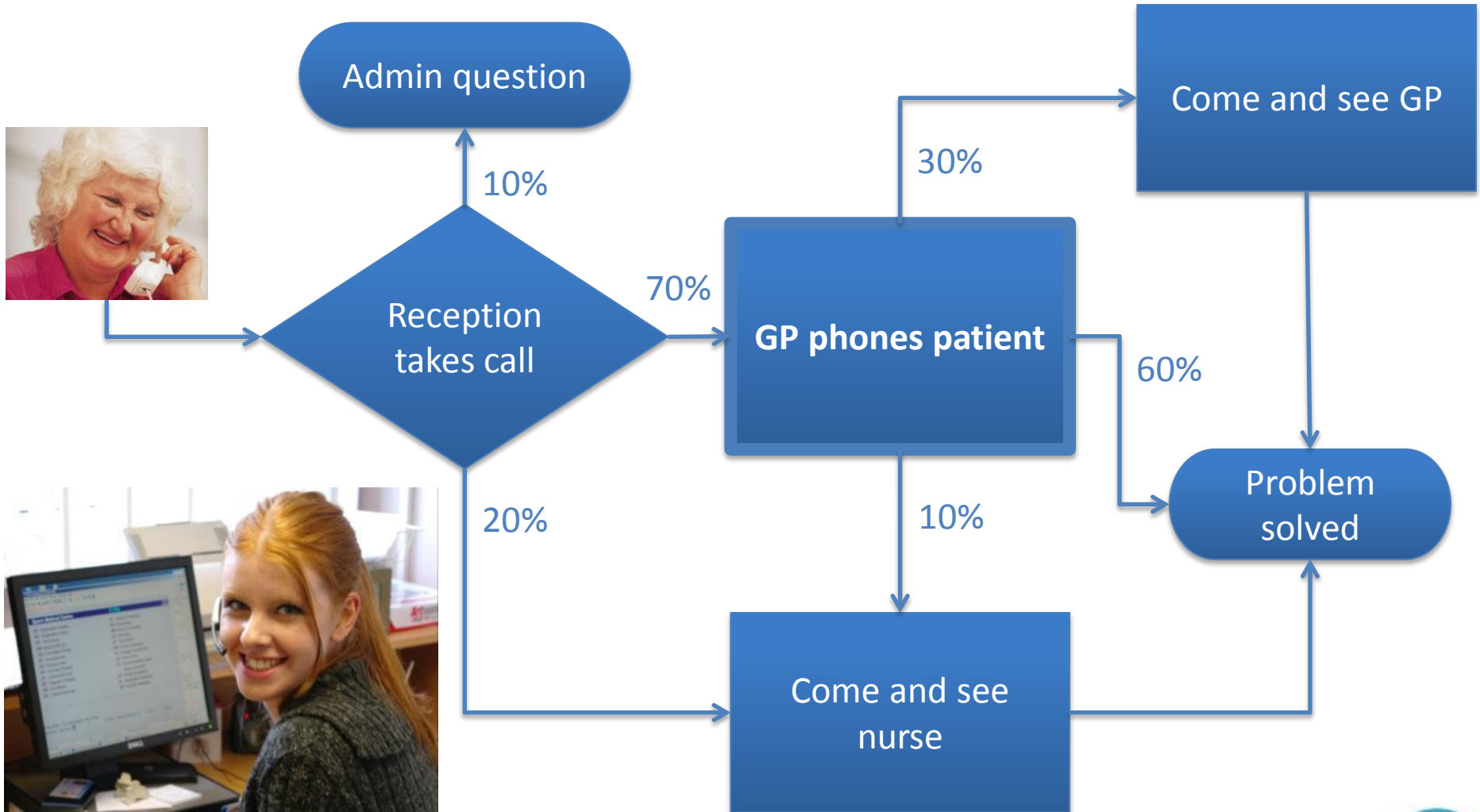


Dr Chris Barlow of Quorn, one of the earliest pioneers in 2000

Monday morning 8.30,
Busy day, going full tilt.
All carefully worked out.



Simple, but the whole system changes



GP Access Navigator measures the flows, which vary by GP & practice.

From launch day, almost all patients are seeing a GP on the same day.
Fall from up to 6 days average (many longer) to 0.

