Improving GP Access:

Dealing with Dysfunctional Access in Primary Care:
Moving to a ‘Patient Access “Appointment” System’

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Patient & Disabled
Entrance to
Health Centre
ADT Fire and Security
NHS
Wester Hailes
Health Centre
REAR CAR PARK
IS FOR USE BY
STAFF ONLY

Working in a deprived area:

- 13% list will contact us weekly
- 10% East European, 6% African,3% Asian.
- (at least) 7% list drug/alcohol dependent
- High DNA rate
- Child Protection Mountain – 1/3 paperwork ‘clinical’
- Nobody’s happy – Dr’s, PCN’s, Recep, Patients
- Inappropriate demand mixed with serious illness
- Poor Access: Unmet/Hidden demand ??

Practice Consultation

- Concerns re: Continuity
  Priority Clinical Need
  Safety/Unmet Need

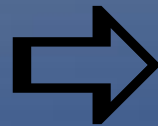
"...it's effectively dog-eat-dog. The assertive get attention...Continuity is a matter of the luck of the draw..."

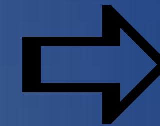
Dysfunctional Access:

- Affects nearly all practices
- Poor Patient Satisfaction
- Poor Staff Satisfaction
- High A+E attendance, OOH involvement
- ?Driver of problems in Secondary Care
- Inherent to Conventional Appointment System??

Conventional System

Patient Need

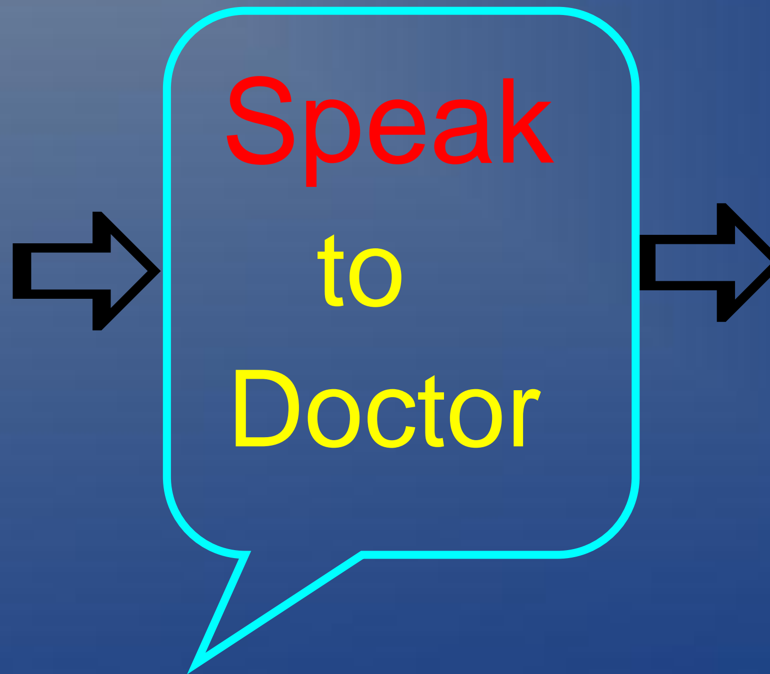




	GRANT CALLAGHAN
	WH AM
09:00	
09:10	
09:20	
09:30	
09:40	
09:50	
10:00	
10:10	
10:20	
10:30	
10:40	
11:30	
11:40	
11:50	
12:00	
	ADVICE CALLS
12:45	

Patient Access System

Patient Need



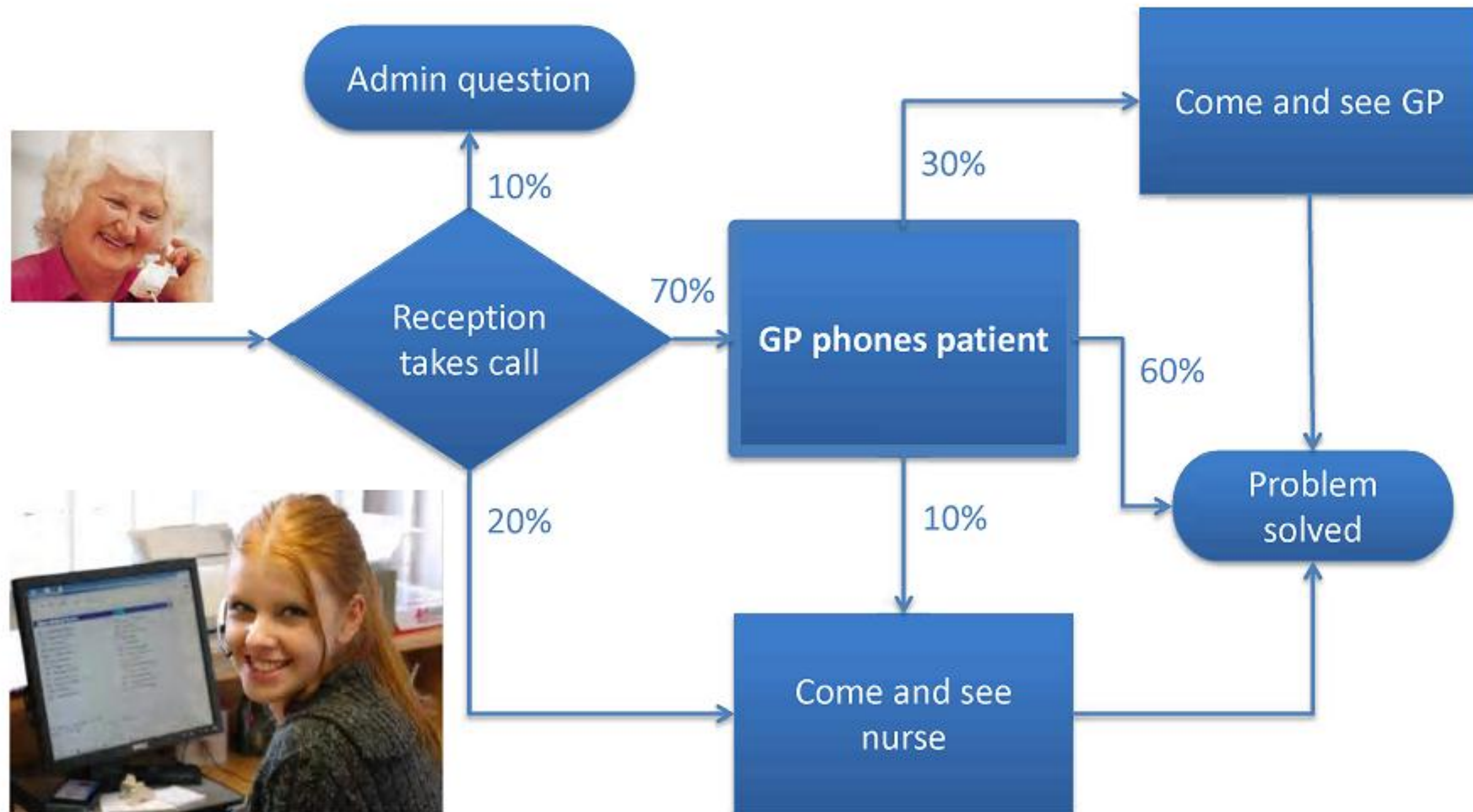
GP Appt

PCN Appt

Px

Advice/?

Simple process, whole system



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

Patient Access

High flexibility

Low DNA

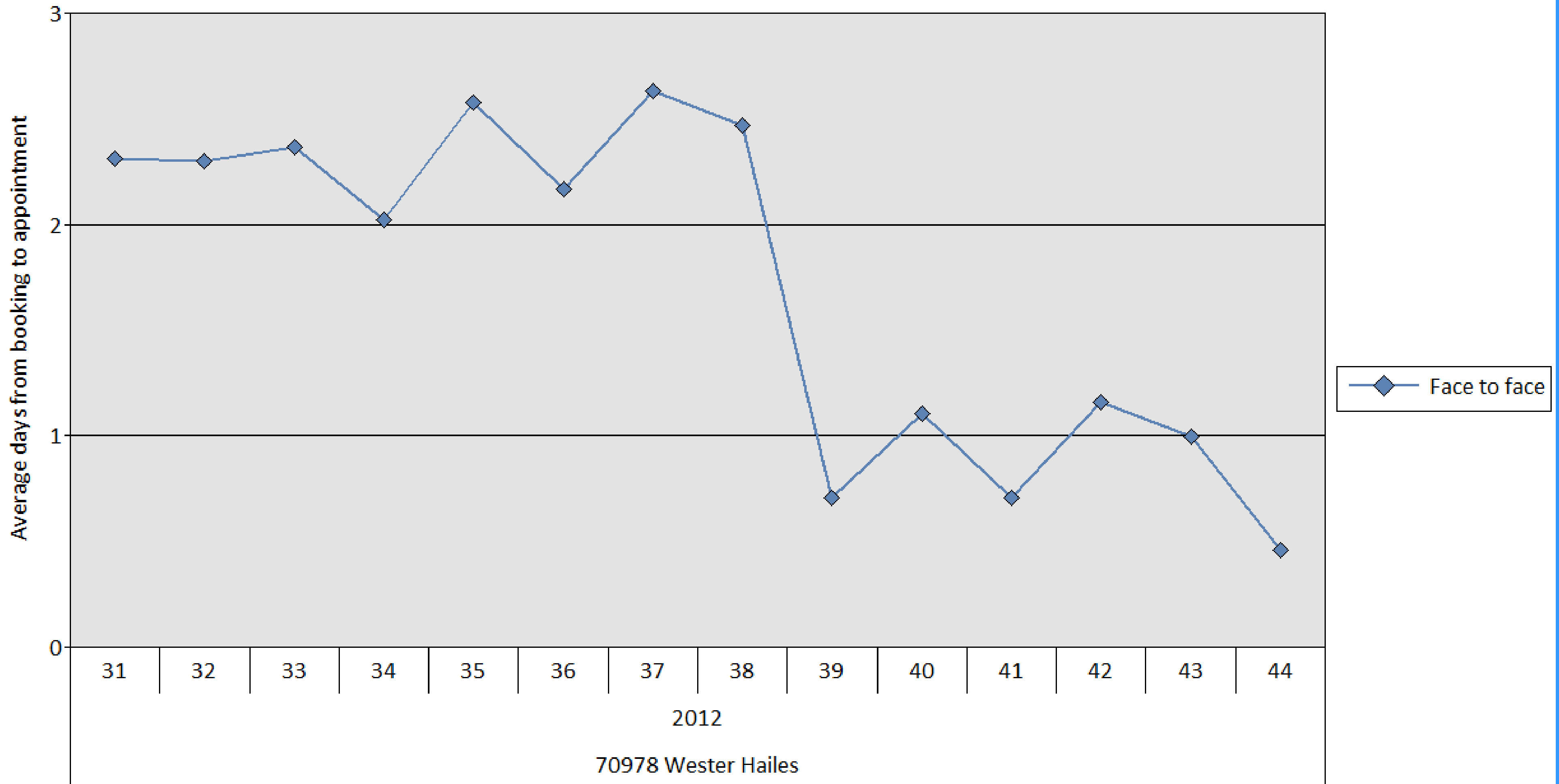
High GP control

High Capacity

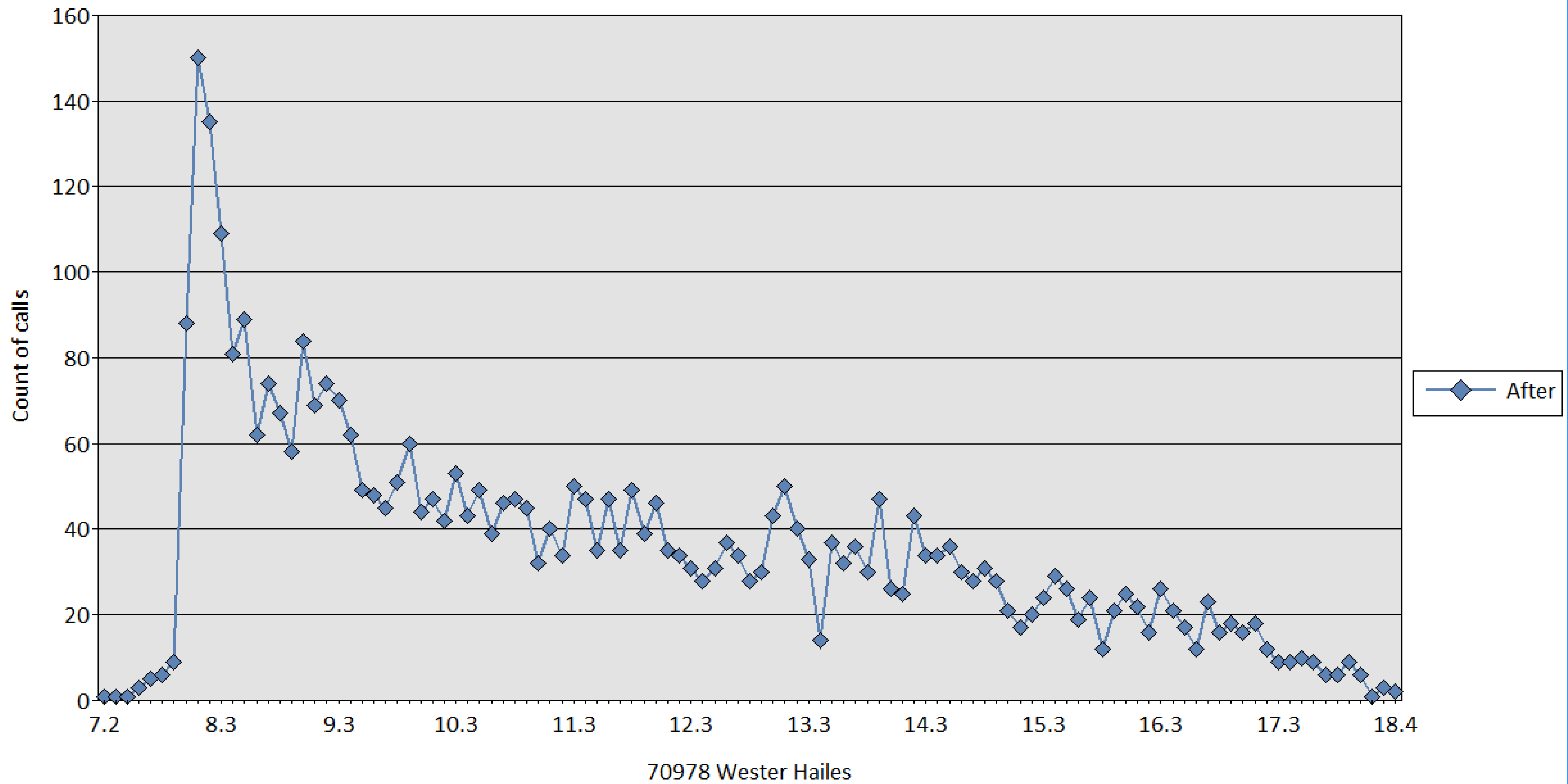
	MC ADVICE CALLS		MARTE COWELL
	AM ONLY WH		WH 9.00-12.00
09:00	AN OTHER NAME 013	09:00	
09:05	AN OTHER NAME 013	09:10	
09:10	AN OTHER NAME 013	09:20	
09:15	AN OTHER NAME 013	09:30	
09:20	AN OTHER NAME 013		
09:25	GPASS FREDA	[illegible]	
09:30	AN OTHER NAME 013	10:00	
09:35	AN OTHER NAME 013	10:10	
09:40		10:20	
09:45			
09:50		10:40	
09:55		10:50	
10:00		11:00	
10:05		11:10	
10:10		11:20	
10:15		11:30	GPASS FREDA
10:20		11:40	
10:25		11:50	
10:30			
10:35		12:10	
		12:20	
		12:30	
		[illegible]	ADVICE CALLS
		12:45	

444 4444 chest inf ph after 1030

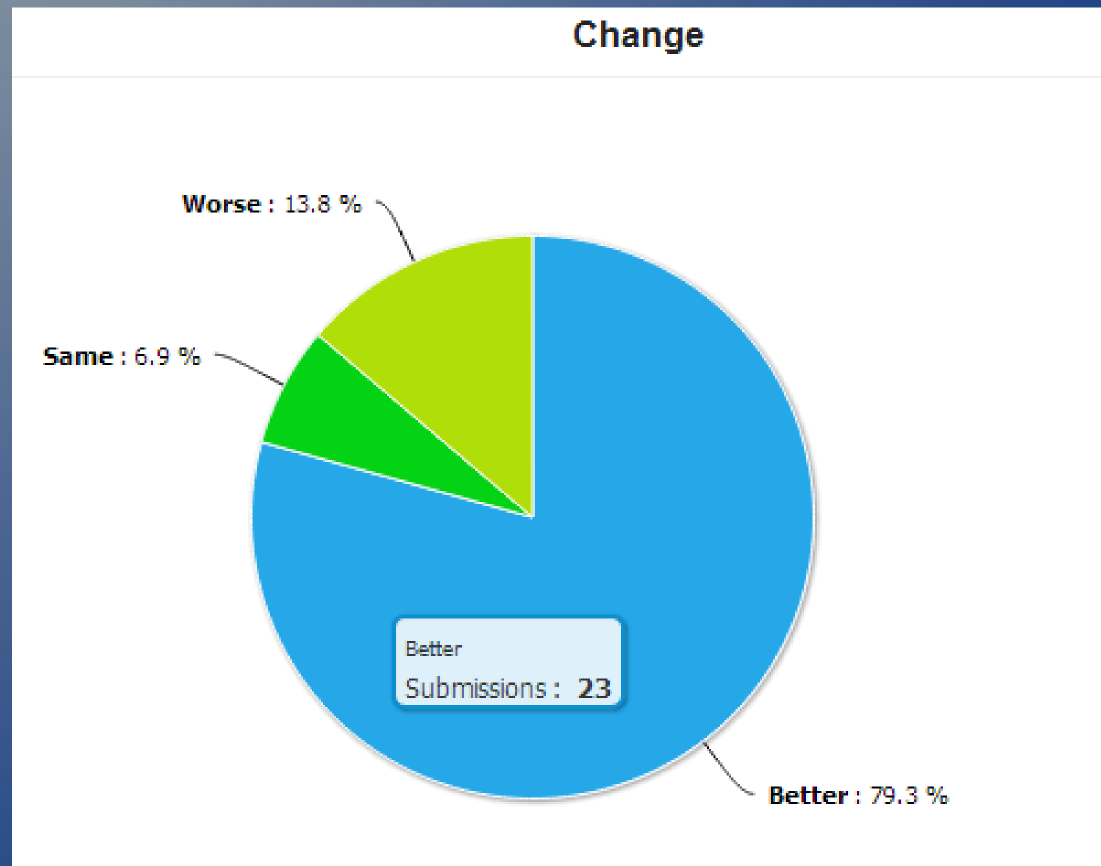
Average waiting times to see GP now < 1 day



Appointments available ALL day



Patient survey very positive about the change 79% say it's better vs 14% worse



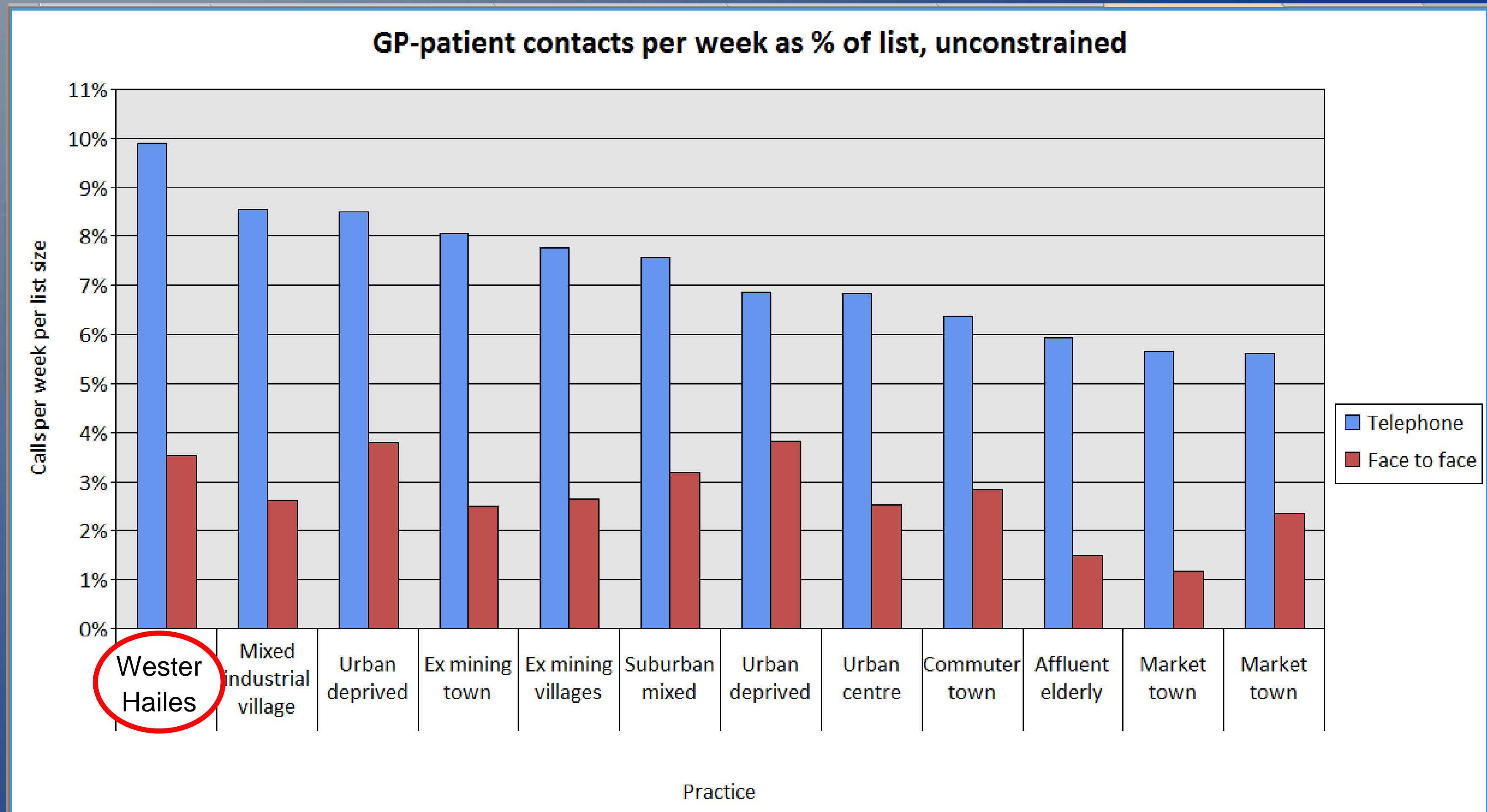
Effect A+E / OOH

Since launch on 24/9/12

- 17% reduction OOH contacts Oct 2012 vs 2011

(20% reduction at Harbours, also Patient Access since 24/9/12, cf 4% Lothian Average)

Unconstrained access vs Deprivation



Demographic Change Challenge

"…practices employing the method were highly diverse, from the lowest to the highest deciles of deprivation, from inner city, suburban and rural settings, young and old demographics, single hander to very large practices, and all parts of the UK."

"There is no evidence of a practice situation which is unsuitable."

Why does it work?

- Frees capacity on the day; weeks ahead all clear.
- *Some* genuine increase in capacity
- Little carry-over/Low DNA's
- ?Changes patients ideas engagement
- Efficient Consulting
- *Seems* to shorten shopping lists – why?

Downsides?

- Loss of opportunistic screening?
- *Some* patients will *never* like it
- Doctor Shopping with increased access
- Hard work – More intense clinical sessions
- Requires more direct management patients
- Less comfortable/convenient for GP's

Summary

- Has been shown to be flexible and helpful re care of elderly/demographic change
- **Can't fix social problems/inappropriate use of services** – arguably exacerbates
- Will mainstream Primary Care bite? – if not what then?
- Access Problems in Primary Care: Public Health issue?