

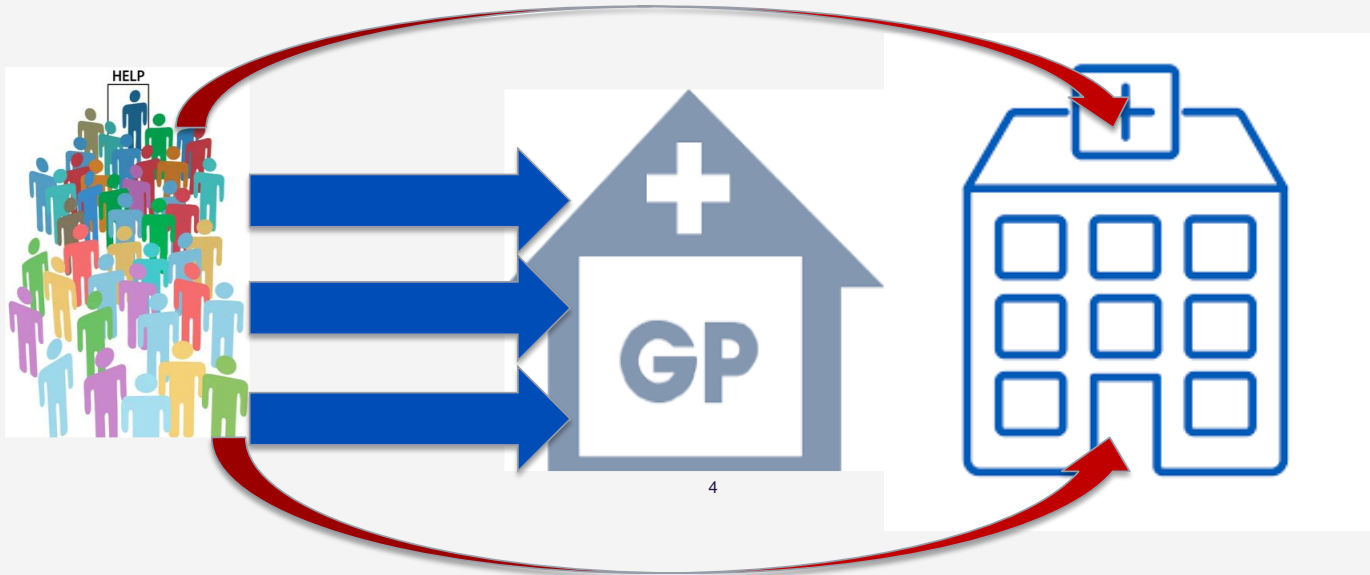
What's new in general practice in England?

Developments in access, triage and continuity

Dr Rebecca Rosen, general practitioner and
Senior Fellow, The Nuffield Trust

Understanding the context:
**A significant mismatch between
capacity and demand**

Access to care: The GP front door challenge:



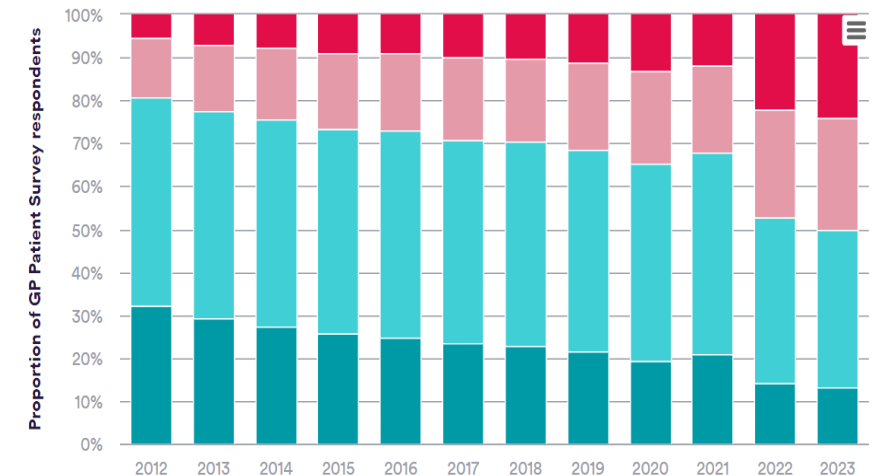
- Rising demand from a growing/aging population
- Falling GP capacity per head of population
- Increases in other roles funded through the national 'Alternative Roles Reimbursement Scheme (ARRS)

Chart

How easy is it for patients to get through to someone at their GP practice on the phone?

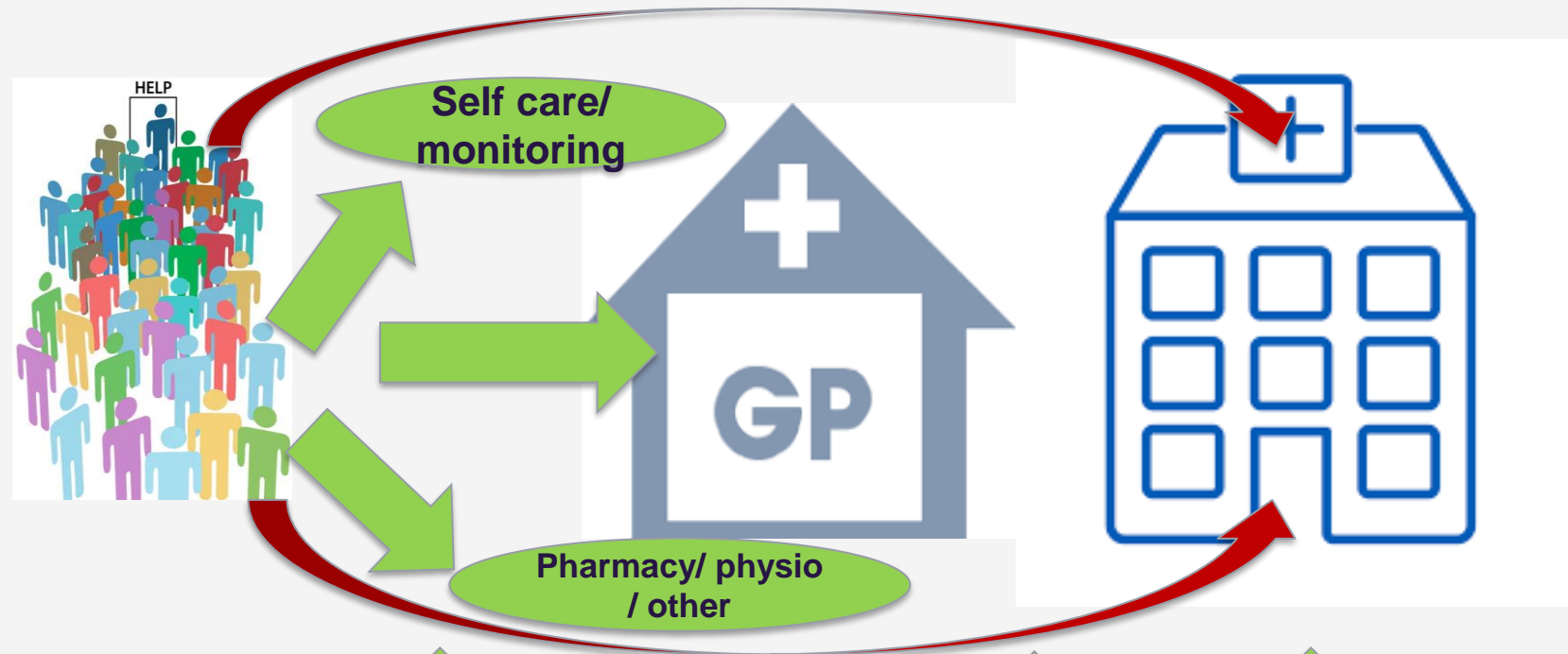
14/12/2023

QualityWatch



Organising access to care: The triage challenge

Current problems: Workforce/ capacity Triage limitations Patient factors Digital exclusion



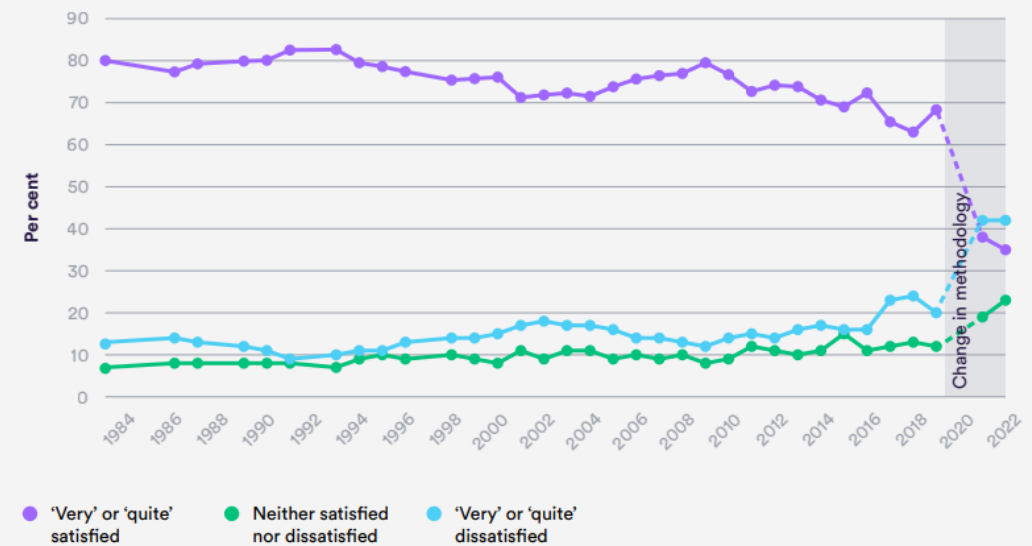
Current Initiatives: on-line checkers e-consults & e-triage Telephone triage remote LTC monitoring

Falling public satisfaction with GP services

- Although access/total appointment numbers have increased
 - 3.25m appts in Jan 2024
 - 2.9m appts in Jan 2023
 - 60% of GP appts face to face
 - 45% booked on the same day
- Overall public satisfaction with GP services is falling off a cliff....
 - Satisfaction with GP services fell to 35% in 2022,
 - from 38% in 2021 and 68% in 2019

Figure 15: Public satisfaction with NHS GP services, 1983–2022

Question asked: 'From your own experience, or from what you have heard, please say how satisfied or dissatisfied you are with the way in which each of these parts of the National Health Service runs nowadays. Local doctors or GPs?'

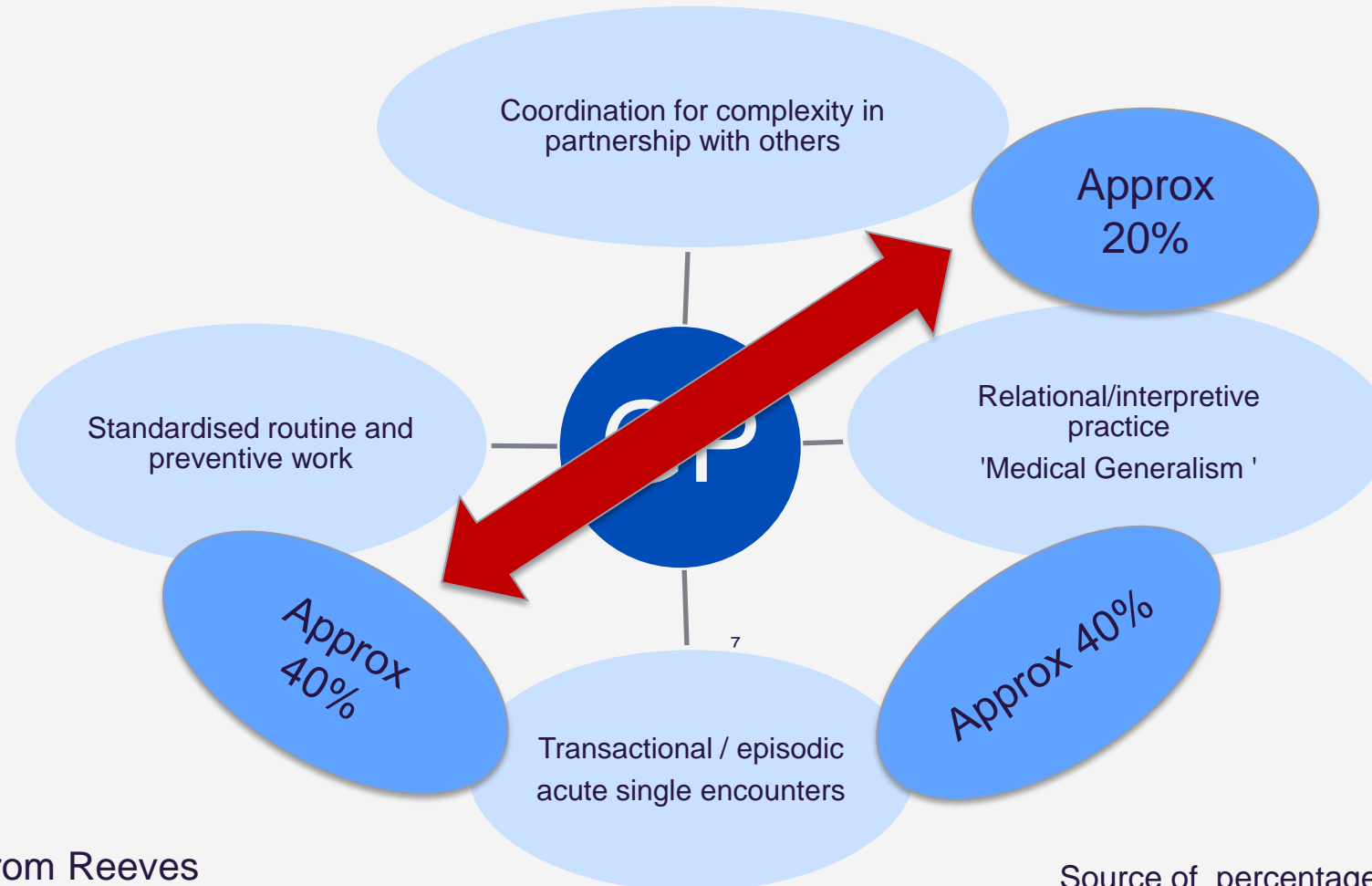


Source: The King's Fund and Nuffield Trust analysis of NatCen's BSA survey data

2022 sample size = 1,187. This question was not asked in 1985, 1988, 1992 and 2020. Don't

What do we want GP practices to be doing?

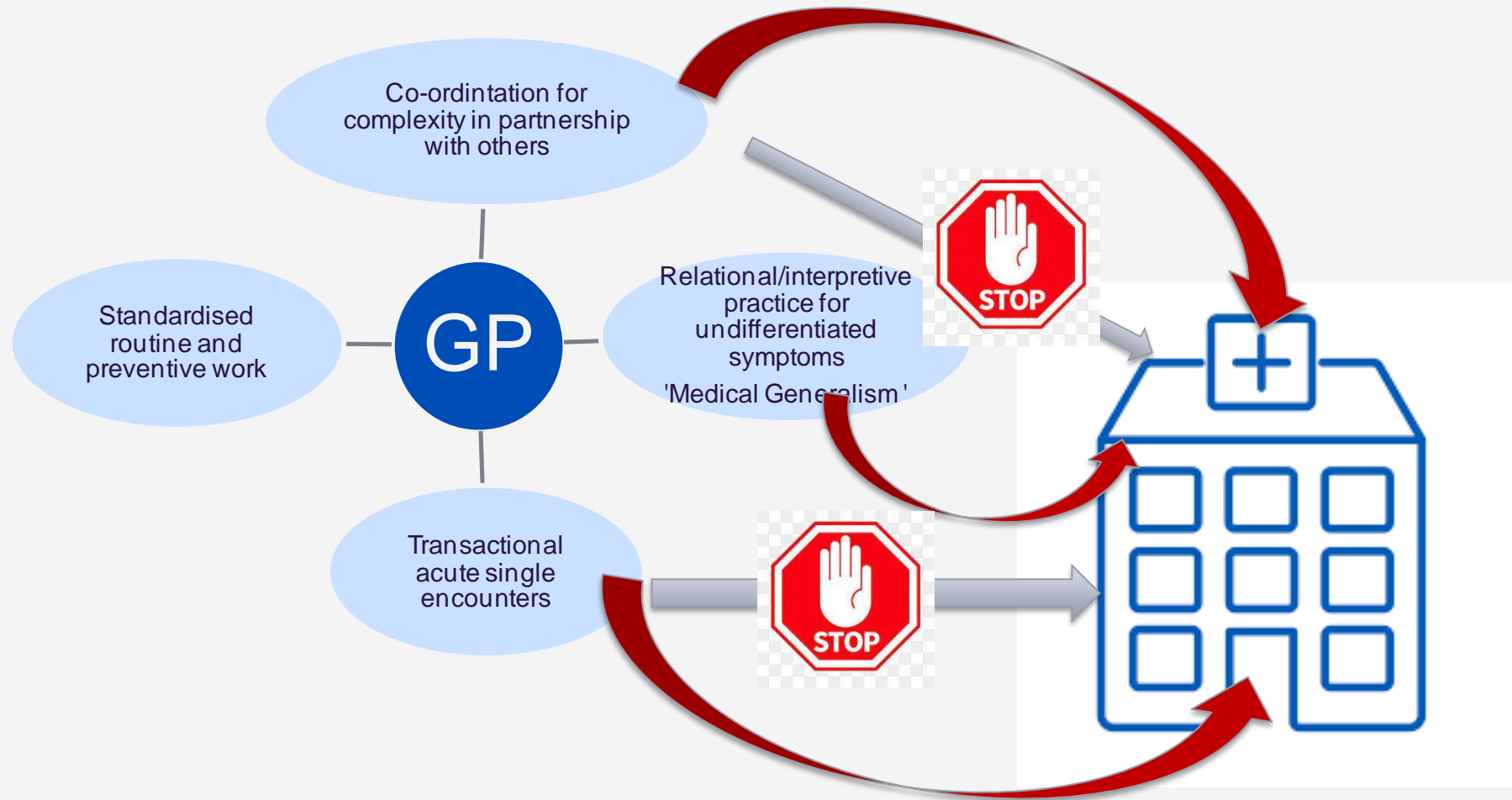
Understanding the functions of general practice



Adapted from Reeves and Byng, *BJGP* 2017

Source of percentages:
Nuka Health System.

Understanding the functions of general practice




Policy initiatives to improve GP services, access and continuity

Policy to improve access

- 1 Using the GP contract (2019-2022)
 - OOH appointments within practices
 - Online appointment booking
 - Online consultations
 - Secure messaging
 - Video consultations (hardly used)
2. NHS digital App
3. Access Recovery Plan (2023)
 - Funds for cloud-based telephony
 - Digital triage
 - Care navigation to other services

3/21/24, 12:25 PM NHS England » Primary care access recovery plan – delivery update



Date published: 7 December, 2023
Date last updated: 7 December, 2023

Primary care access recovery plan – delivery update

Agenda item: 5 (public session)
Report by: Amanda Doyle, National Director for Primary Care and Community Services
Paper type: For information
7 December 2023

[Publication \(/publication\)](#)

Content

- [Organisation objective](#)
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- [Background](#)
- [Delivery against the four key areas of the recovery plan](#)
- [Conclusion](#)

Organisation objective

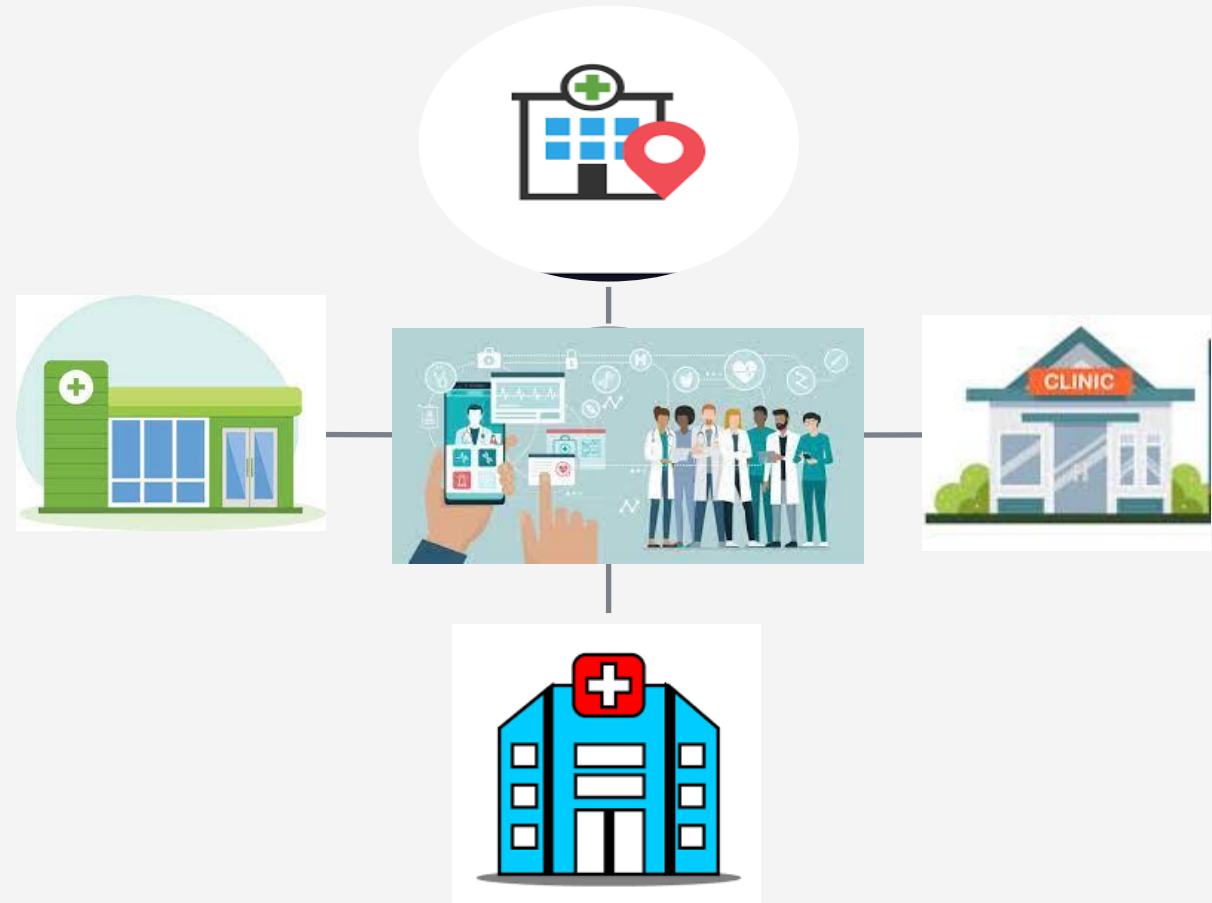
- NHS Mandate from Government

Executive summary

The [Delivery plan for recovering access to primary care \(https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/\)](https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/) was published in May 2023 with an overarching ambition to tackle the 8am rush and make it easier and quicker for patients to get the help they need.

Practice led initiatives to improve access (1) : Skill mixed access hubs

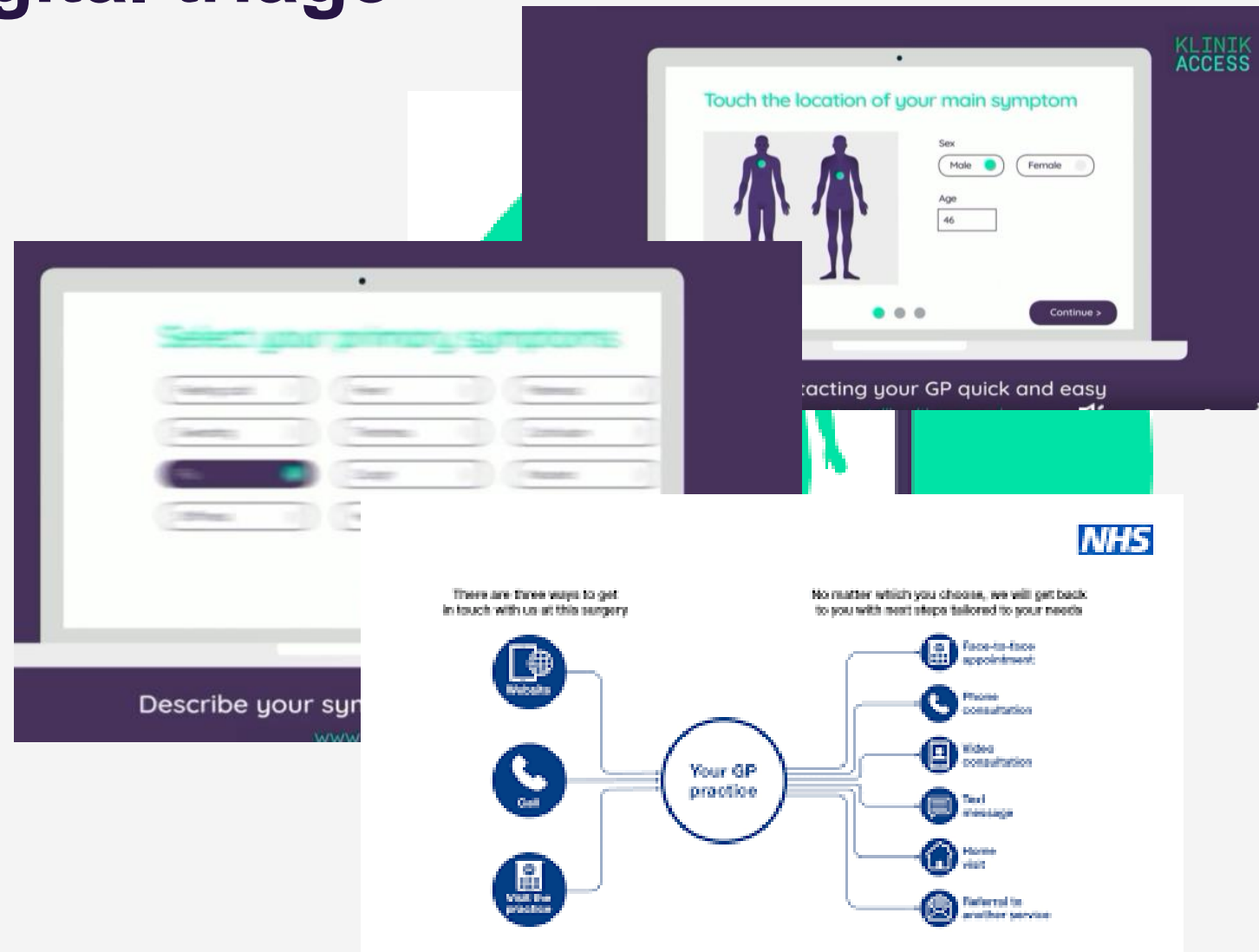
- Small practices collaborating through networks to deliver on-the-day appointments at a shared location
- Large practices providing offering on the day appointments at one or two access locations
- Chains of practices with a shared owner providing centralised (digital) access services



Practice led initiatives to improve access (2)

Online access and digital triage

- Online request for appointment
- Assessed by practice triage team
- Various 'disposal' options
 - Divert to alternative service
 - Remote advice
 - Phone call
 - Non-medical assessment
 - GP assessment




Online access and digital triage (3)

A significant organisational challenge

Time and resources needed

- Six months of initial analysis and planning
- Patient and staff consultation
- Design team included GPs, practice manager, receptionist, nurse
- Communication with patients
- Training and support ++ at 'go live'
- Action learning / tweaking

High level implementation plan



Implementation step	Board delivery	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Set up interim rota and train PSAs / clinical staff on use	LB, PR	█					
New rotas go live	LB, PR		█				
Configure Klinik and write SOPs	DL, PR, LB	█	█				
Train PSA and clinical staff on use of Klinik digital consultation tool	DL, PR, LB			█	█		
Patient engagement regarding digital access	DL, PR, LB				█		
Implement Klinik across PCN as total digital access solution	DL, PR, LB					█	█
Finalise criteria for continuity flagging	SW, TR	█	█				
Segment clinician lists by continuity flags	SW, TR			█			
Consult clinicians on list content and reallocate patients as needed	SW, TR			█	█		
Train PSA and clinical staff on continuity flag use	SW, TR, LB, DA				█		
Produce training materials on PADU approach and share within clinicians	TR	█	█				
Measure response to use of PADU approach	TR			█	█	█	█
Keighley practices to meet to discuss establishing same day access hub	BJK, PS		█				
Keighley practices to produce draft plan for access hub	BJK, PS			█	█		
Trial same day access hub	BJK, PS					█	█
Mental health offer to be expanded within PCN	BJK, TR, DA	█					
Recruit and commence new / expanded mental health offer	BJK, TR, DA		█	█	█		

Commercial-in-Confidence

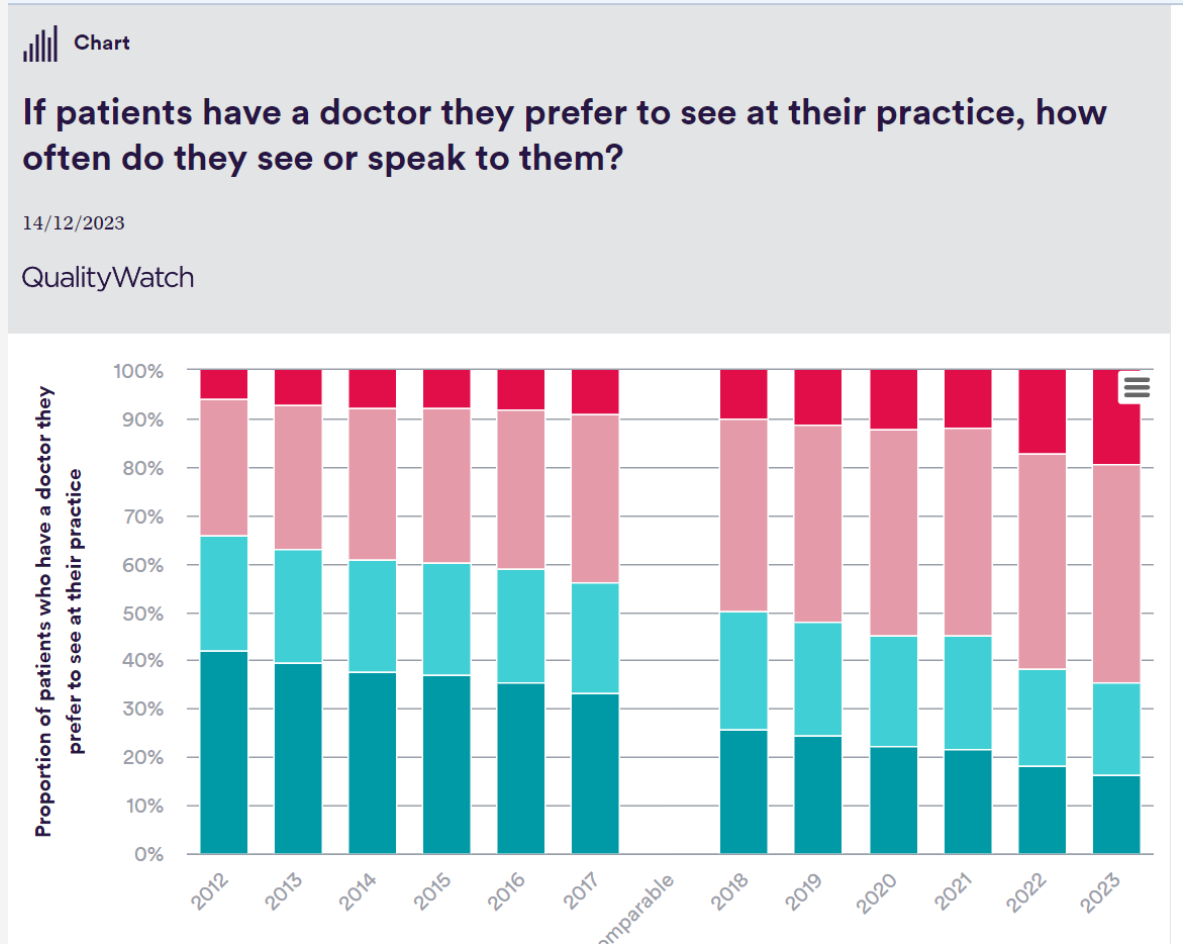
Challenges of new approaches to access

Challenge	Mitigation
Digital exclusion	<ul style="list-style-type: none"> Alternative route into appointments Check if pts able to use digital technology Receptionists complete request on behalf of patients Support patients to develop digital skills
Safeguarding concerns	<ul style="list-style-type: none"> Clinician awareness of risks Skillful probing of potential concerns Switching to in-person consulting
Patient dis-satisfaction	<ul style="list-style-type: none"> Try to offer choice / accommodate patient preference for appointment type
Missed/delayed diagnosis	<ul style="list-style-type: none"> Develop clinicians' remote consulting skills (listening, checking, safety nets) Review in person for repeat problems In person consulting for specified conditions
Fragmentation	<ul style="list-style-type: none"> Design continuity of Care into practice systems

Preserving continuity in an era focused on rapid access

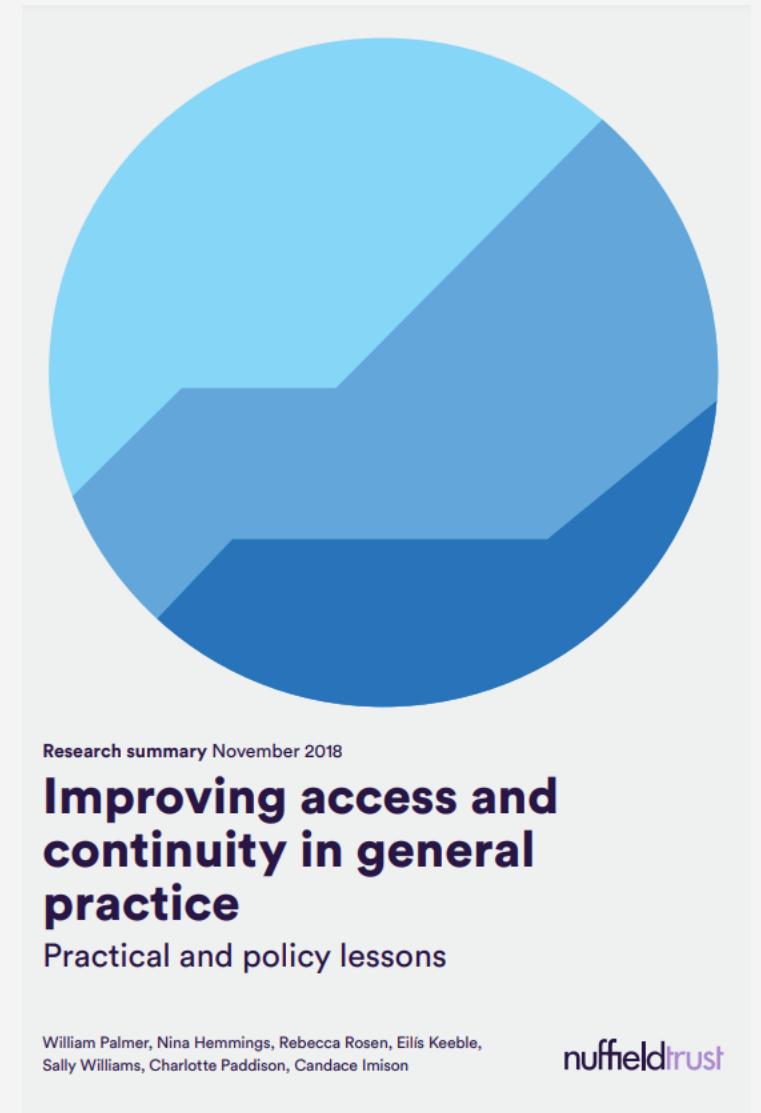
Fragmentation, continuity and access

- 20 years of NHS policy focused on rapid access
- Continuity has been neglected
- Research on continuity shows
 - Better outcomes for many conditions
 - Higher satisfaction in many patients
 - Higher professional satisfaction
 - Greater health system efficiency



Access and continuity / access to continuity?

- 1 Too much attention on rapid access
 - Many patients don't need immediate appointments
 - Many want to pre-book and organise life around this
 - Some patients don't want continuity
- 2 **ESSENTIAL** to design continuity into access routes for patients who want or need it



Balancing access and continuity: Method 1

Traffic light coding

Patient coded red/amber/green every time their notes are closed

GPs nominate which group should be added

- Green can go to the on the day clinic or book with any clinician
- Amber – ideally booked with a doctor who knows them unless they say it can't wait
- Red access to a care coordinator and high priority for continuity of care

Patient Group Template

This template is used at the end of each consultation to review the patient group (Red, Amber, Green) as outlined in the slide above and the usual GP.

This acts as both as an administrative review but also as a moment of contract between the clinician and the patient – I am recognising your need and committing to walk with you in this.

Patient's Clinical Group and Team

This patient's clinical group is: **Amber**

Usual GP and Continuing Care Team

Continuing Care Team and Branch Site

- School Hill Team 1: James Annis, Tristan Booth, Olivia Hurm
- School Hill Site

Click here to change . . .

Usual GP

USP: Dr James Annis

Please review if you feel these are correct for this patient. If you need some assistance with this then please click the guidance button below. If it is correct the select ok at the bottom of the template. If you think they need to be changed please do this below.

If you need to change the patient's group please select the most appropriate one below

Green

Red

Please select the most appropriate Usual GP which will then determine which clinical team they are in

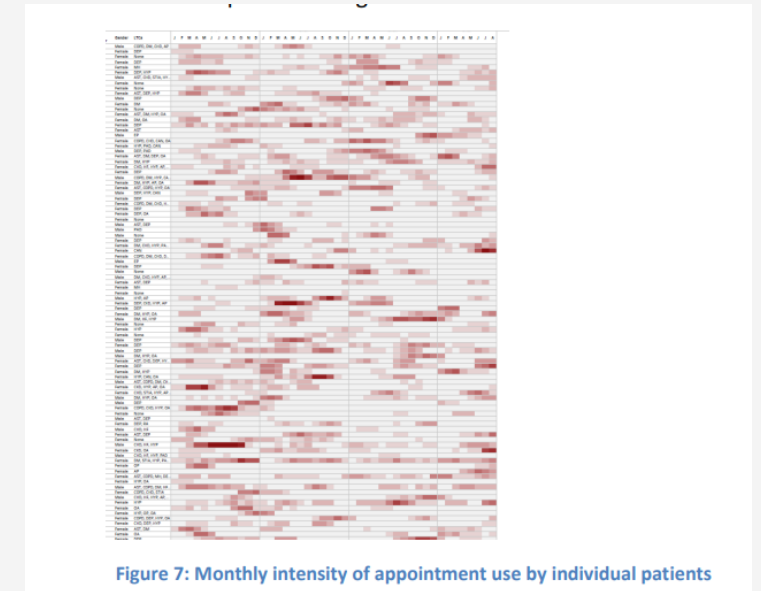
[Change GP](#) [Change site](#)

REACTIVE CARE	PROACTIVE CARE	PROACTIVE CARE
Green	Amber	Red
<i>Continuity less important</i>	<i>Continuity important</i>	<i>Continuity very important</i>
Generally well or non-complex health problems	Ongoing or Long term conditions	Frailty, complex comorbidity, dementia, end of life, SMI etc
Patient ↓ Call Handler ↓ Any GP immediate call back ↓ Supported to self care Managed on phone (eg Rx) GP face to face Nurse face to face	Patient ↓ Call Handler ↓ Named GP ↓ Supported to self care Managed on phone (eg Rx) GP face to face Nurse face to face	Single point of contact ↓ Patient ↓ Care plan Case manager Care coordinator/ Navigator Named nurse Named GP/Geriatrician Community health coaches
← 60% → ← 40% →	← 60% → ← 40% →	

Balancing access and continuity Method 2: Data analysis and note tagging

- Clinical data audits to identify repeat attenders
 - Long term high users
 - New high users >6 in 3 months
- Continuity alert added to front of med record
- Training ++ to receptionists and GPs
- Information to patients
- Team based continuity to cope with part time working
- Team development sessions to share information and build team collaboration

Data analysis and visualisation
More than 6 contacts in 3 months



CONTINUITY ALERT
Please book with Usual Dr : Dr X X

Continuity resources for staff and patients

3.3 Guide to clinicians on working with continuity patients

CONTINUITY PATIENTS

What should I be doing with them?

Continuity patients in this project have ongoing symptoms and conditions for which we may not yet know the cause or where we are trying to find the best treatment plan. Some have symptoms for which there is no perfect treatment and the challenge may be to 'de-medicalise their care and help them to live well with their condition. Research shows this is easier if they know and trust their GP and that continuity can result in higher patient & clinician satisfaction and better clinical outcomes. Background resources provided in pages 2 – 4.

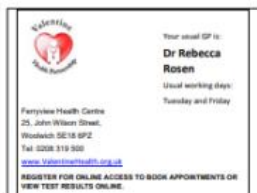
1. 'Educate' patients

What you can do:

- ▶ Explain why continuity can be important
- ▶ Explain how to achieve continuity
- ▶ Use your 'visiting cards'

What the wider practice is doing

- ▶ Promoting continuity on waiting room TV
- ▶ Receptionists encouraging tagged patients to book with their named GP



2. Take professional responsibility

If a continuity patient has ongoing symptoms/ conditions for which you don't yet know the cause, take **personal responsibility for following up test results/ making a diagnosis/ creating a treatment plan.**

Many of our complaints and missed/ delayed diagnoses occur because these patient spin around many GPs and no-one person puts all the results together or notices they are deteriorating.

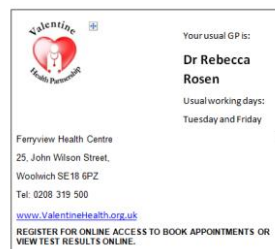
- ▶ Take time to review their notes/get to know their current and previous problems
- ▶ Follow up on results (don't send pts back to a random GP who doesn't know them)
- ▶ Be conscious of whether they have had similar symptoms before. Decide if it's worth further investigation or should you try to de-medicalise their care (see below)
- ▶ Get to know the patient – is their current state typical for them? If not, why not?

3. Collaborate with your buddy group

- ▶ **GET 2ND OPINION IF YOU ARE NOT SURE WHAT TO DO (FROM BUDDY OR OTHER GP)**
- ▶ Do a short hand over of 'active' continuity pts if you go on AL
- ▶ Use the continuity/micro-team template in EMIS to share information
- ▶ Get to know each other's continuity patients so you can cross-cover each other

Appendix 3: Resources to support continuity

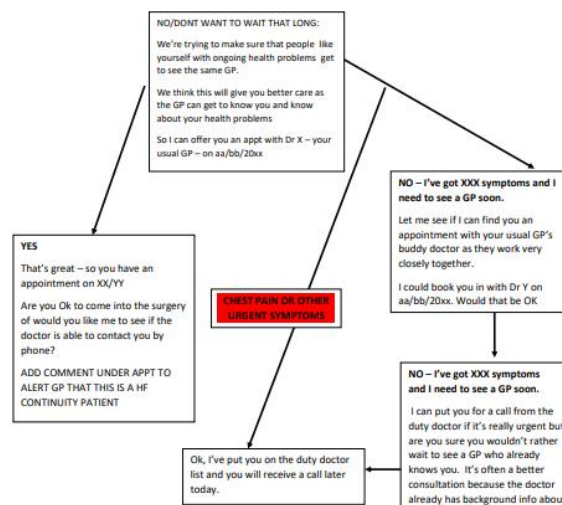
A3.1 Business cards with usual working days of each GP



3.5 Suggested script for receptionists: booking continuity patients with their named GP.

Continuity patient phones to request an appointment and you see their notes have been tagged

'I'd like to try to book you with your Dr X who is your own doctor and s/he next has an appointment on XX/20XX. Would that be ok?



A3.2 Slides to inform patients about continuity

Continuity of care with the GP or nurse you prefer to see

We are trying to make it easier to see the GP or nurse who you prefer / who knows you best

Why is continuity important?

There is lots of research evidence that continuity results in better outcomes for patients

Benefits of continuity

- Improved clinical outcomes
- eg lower blood pressure
- eg better diabetes control
- More trust in the doctor or nurse who gets to know you
- Easier to communicate with a GP or nurse who knows you
- Better understanding about the medicines you have to take
- Reduced emergency and planned admissions to hospital

Continuity with the clinician you prefer

It's easier for you to have continuity if you:

- ▶ Know which days your usual GP or nurse is working
- ▶ Ask to see the GP or nurse you prefer when you book an appointment
- ▶ If there are no appointments available for your usual GP, you can ask for a phone appointment
- ▶ You can ask to see your usual clinician in Walk in Clinic (WIC)
- ▶ Get to know which days they usually work in WIC
- ▶ If you can't come to WIC, you can ask for a phone call

Conclusions

- All countries are facing shortages of doctors and looking for new ways of maintaining access to general practice/primary care
- Self care by patients, new clinical roles and technology enabled services can all help to match demand to available capacity

BUT

- There is a risk of fragmentation and loss of continuity
- It's essential to 'DESIGN CONTINUITY INTO NEW WAYS OF WORKING'
- There are many ways to do this – the important thing is to remember to do it!