The Impact of General Practice on Urgent Care

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We look at primary and urgent care from a number of angles

Reports for DH, NHS England & others
- Making time in General Practice
- Primary Care in A&E
- Urgent Care in general practice
- Benchmark of out of hours services
- Urgent care centres – what works
- Integrated Urgent Care financial and capacity model (111 & OOH)
- Urgent Care Commissioning guide

Local projects for health systems
- Diagnostic tools helping practices change & improve
- Integrated data at practice level
- Building integrated urgent care
Perceived Wisdom

● More appointments is better
● Any appointment will avoid A&E attendance
● Extended hours and weekend opening will help
● More same day appointments help the most
● Care navigation will guide people
● Triage is the answer

● The problem is people pick one simple solution and expect it to fix a complex set of issues – Trust me it wont!
● Few of the initiatives have addressed the core clinical process and that’s the bit that drives workload and outcomes
What really works

● In practice getting the patient to the preferred clinician first time
● Continuity
  ● Improved quality
  ● Reduces admissions
  ● Better outcomes
● Skill mix
  ● Working as a team
  ● Better use of other practitioners
Recruitment and skill mix

- Recruitment is a big challenge
- I find it easier to have change in a well skill mixed practice compared to a GP heavy practice
- Range from GPs to 40% of contacts to GPs doing 80% of contacts
- Practice has to plan and drive new working practices
- Don’t restrict ANP to minor illness
- Avoidable appointments audit can help identify the opportunity and plan the change
What are the common issues in practices

- Not enough appointments planned for existing activity
- Planning has been anecdotal not based on analysis
- Or – Enough planned but then reduced by meetings leave etc
- Too much focus on same day activity
- Patients being seen with higher than expected frequency
- Surgeries are too long (visits late)
- Team do not have time for informal contact over coffee (screen bound!)
So what impact does GP access have

- Can drive work to other services
- Patients arriving late for acute care
- Lack of focus on frailty and at risk can impact other services
**Acute Admission Timeline – home visits**

- **8.30 AM**: Patient Calls
- **8.45 AM**: GP assessment of Call
- **9.45 AM**: GP Visit
- **10.45 AM**: Ambulance Transport
- **11.30 AM**: Arrive Hospital

**Timeline Details**

- **3 Hours**
  - **8.30 AM**
  - **11.30 AM**
  - **13.30 AM**

- **2 Hours**
  - **13.30 AM**
  - **15 Minutes**
  - **8.45 AM**
  - **1 Hour**
  - **09.45 AM**
  - **1 Hour**
  - **10.45 AM**

**Additional Notes**

- In time to set up alternative to hospital
- Early enough to avoid risk of deterioration
- Just as hospital staff go home!
So is it all about access?

- Partly...
- But also about process:
  - Can you get through?
  - Will urgent cases be spotted?
  - Can the practice respond appropriately?
  - Can you see the doctor you want?
  - Does the process deliver continuity?
Some myths that we will be challenging…

- There’s nothing we can do…
- If we offer too many appointments we will be overwhelmed
- Demand is infinite
- Making access difficult reduces demand
- DNAs must be reduced to zero, because they are a real problem

What we don’t offer is

- A prescriptive solution
- Any ‘magic bullets’
What can practices do

- Proper assessment of activity and capacity
- Doing proper numbers
- Schedule the day better
- Make better use of other skills
- Audit and develop clinical workflows
- Build care navigation into the clinical process
- Get to a position in which there is time and space to keep developing their response
What have we seen that works

- ANP leading the care of NH patients across a number of practices
- Good MDT approach
- Good workload scheduling
- Clinical pharmacists
- Practices working together on aspects of care
- Fully exploiting the potential of all staff
- GPs delegating much more (workflow optimisation)
Discussion