



Making Time in General Practice

Rick Stern

rick.stern@primarycarefoundation.co.uk

Henry Clay

henry.clay@primarycarefoundation.co.uk



nhsalliance
connecting, integrating, innovating

MAKING TIME IN GENERAL PRACTICE

Freeing GP capacity by reducing bureaucracy and avoidable consultations, managing the interface with hospitals and exploring new ways of working

October 2015

Prepared by Henry Clay & Rick Stern
Editorial support from Daloni Carlisle

Widespread support for this report

- Foreword from seven national leaders across primary care
- Welcomed by Simon Stevens & NHS England
- Immediate response from Jeremy Hunt in HSJ lecture in October and recent statements on paperless NHS

Dr Chaand Nagpaul
Chair, General Practitioners
Committee, British Medical
Association



Dr Nav Chana
Chair, National Association
of Primary Care



Dr Maureen Baker
Chair, Royal College
of General Practitioners



Dr Peter Swinyard
Chair, Family
Doctors Association



Dr Amanda Doyle
Co-Chair, NHS
Clinical Commissioners



Russell Vine
Chair, Practice
Managers Network

Practice Management Network
for practice managers, by practice managers

Dr Michael Dixon
Chair, NHS Alliance



What were we asked to do?

- Look at ways of reducing bureaucracy
- Look at potentially avoidable GP appointments to make more time for GPs to do what only they can do
- Quantify current pressures on general practice
- Make recommendations for action

The Perfect Storm

- General Practice feels under pressure as never before
- Increasing workload driven by the growing complexity of health needs
- Increasing expectations both from politicians and policy makers
- Many GPs are working increasingly long hours and many are looking to leave the profession
- The numbers applying to become trainee GPs and practice nurses has fallen to a worrying level
- The overall share of NHS budget for general practice has reduced by nearly 20% over the last decade

Our approach

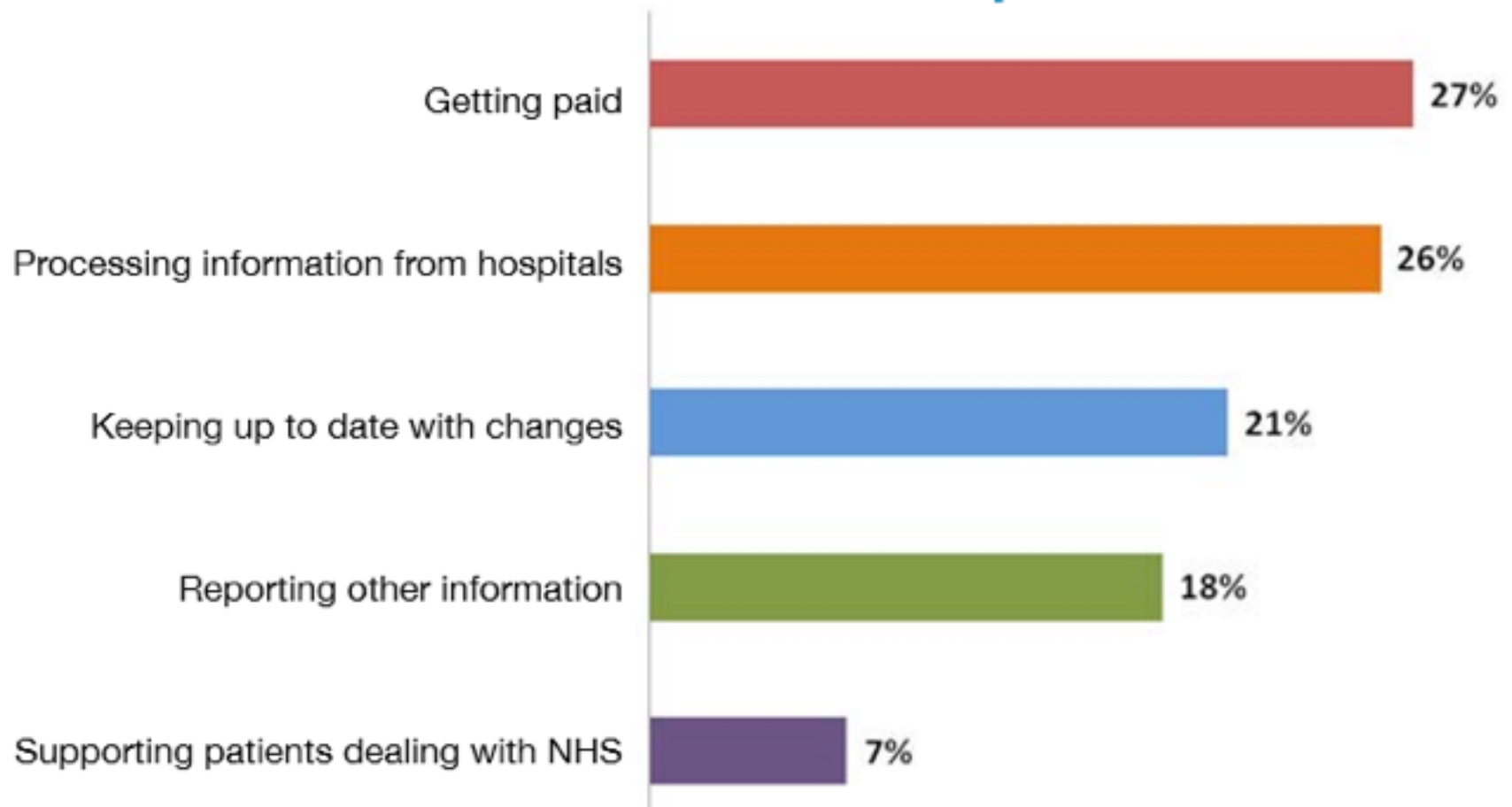
We did two main things to quantify the current pressure

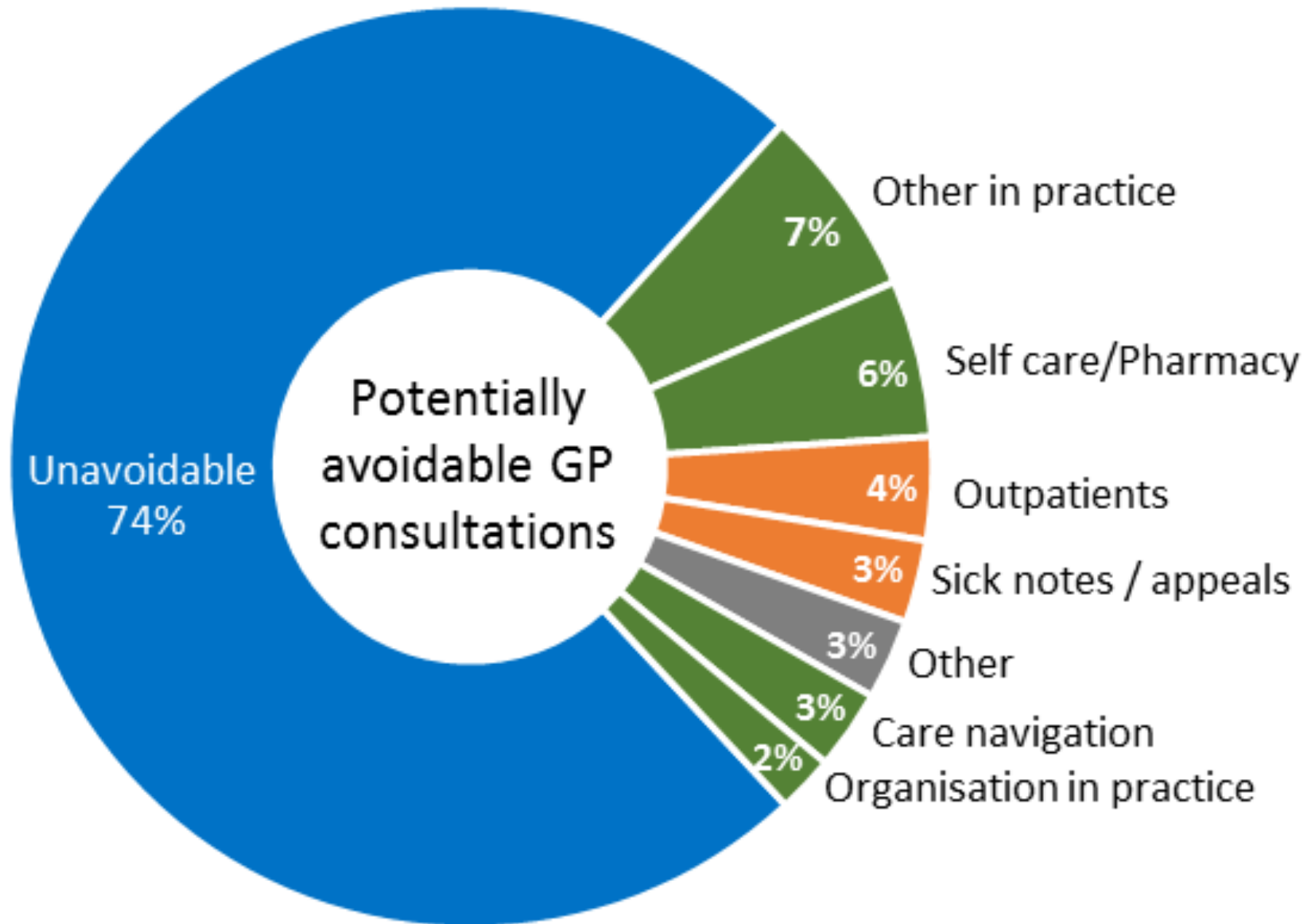
1. An on-line questionnaire identifying the main sources of bureaucracy in general practice completed by 267 practice managers between December 2014 and March 2015
2. An audit of potentially avoidable GP appointments completed by 56 GPs between January and June 2015, reviewing a total of 5,128 appointments

We drilled down in more detail with GPs, Practice Managers, and interface with hospitals

What did we find ... bureaucracy

Most burdensome area for practice





5,128 consultations

Key messages ...

“lifting the burden on general practice is good for everyone who works in the NHS and for all of us who use it”

1. Complexity and confusion of payment systems for practices needs fixing now
2. Fractured relationships between GPs and specialists in hospital increases the workload on all sides
3. Practices can learn from each other - while many feel beleaguered others are working in new ways

What did we recommend?

A. Reducing the bureaucracy in general practice must be a national priority

Immediate actions:

- NHS England must ensure that it rapidly sorts out the way practices are paid
- NHS England should urgently review the range of safety notices that are sent to practices

What did we recommend?

B. Practices should work together to free up time

Immediate actions:

- Funds should be made available to free up ‘headspace’

What did we recommend?

C. Communication between general practice and hospitals is crucial

Immediate actions:

- Patients who don't attend a hospital appointment should have the right to rebook within two weeks without going back to the GP
- Implement a local system to allow GPs to discuss a case with a specialist and for hospital clinicians to speak direct to a GP, within hours not days.
- Discharge letters should be transferred electronically to the practice within 24 hours

What did we recommend?

D. Unlock the potential for the whole system to work together

Immediate actions:

- Funding for federations to build practical social prescribing projects
- Rapid and effective sharing of patients notes
- Rapid support for integrated IT systems

What did we recommend?

E. Changes within individual practices

Immediate actions:

- National financial incentives for practices to employ a wider range of staff
- Practices taking the initiative to work in new ways and not waiting for permission

How can you use this work?

- Roadshows - practical opportunity to offer support to practices
- Rather than a traditional report it is designed as a web-based support ... can find it at:

<http://www.nhsalliance.org/making-time-in-general-practice/>

- Offers a wide range of practical ideas that you could consider adapting and introducing locally.

Explored current innovation:

‘think pieces’ exploring ideas that work well somewhere

- The Growing Role for Practice Pharmacists
- The general practice physician assistant: time to reappraise?
- Remote consultations: are they safe, effective and efficient?
- Group consultations: a way to spend more time with patients
- Support is just a click away
- Improving communication through Simple Words
- Can Apps support self care and can general practice respond?
- How online patient record access can save practices time and money
- Simplifying data collection for payment and monitoring

Track record in supporting audit in primary care and exploring variation

...we use information to drive improvements in care, reduce unnecessary variation and develop practical tools that can be widely applied ... ([PCF Mission](#))

- National Out of Hours Benchmark (2007-11)
- New integrated urgent care model for commissioners (2015)
- Web based tool for practices reviewing access and urgent care
 - Practical outcome from report for DH '*Urgent Care in General Practice*' in 2009 offering rapid, low cost support that recognises that there are many ways of tackling access issues in general practice
 - To date, worked with more than 1,500 practices across the UK
 - Review a week of activity in practice - telephony, appointments - and set alongside workforce, patient satisfaction and demographic data
 - Produce a report looking at how practice compares to others and areas for potential improvement
 - Meet and discuss findings & review with other local practices

What is the appointment audit tool?

- It focuses on potentially avoidable appointments (with GPs, nurses and other primary care health professionals)
- It's as simple as we can make it
- And it provides:
 - Evidence of the main areas on which attention might be focused
 - A great tool to promote discussion and share solutions between clinicians

What will it look like?
A quick virtual tour ...

Audit Tool Online

Log In

Stay Logged In For



1 Hour



All Day



All Week

Audit Tool Online

Was your last patient contact avoidable?


Avoidable


Unavoidable

Designed by CFEP UK Surveys

Avoidable Options






Please select the *main* or *closest* option in the expandible sections below.

Click the  icon to expand a section.

Click the  icon next to each option for full descriptions.

Type in here to filter the options below



-  Demands that could be met by someone else
-  Demands from other organisations
-  Demands that, if systems worked better, would not have arisen
-  Demands that are driven by an underlying problem that is not clinical
-  Other

Audit Tool Online

Avoidable Options

Please select the main or closest option in the expandible sections below.

Click the  icon to expand a section.

Click the  icon next to each option for full descriptions.

Type in here to filter the options below



Demands that could be met by someone else

Could have been directed to others in practice



Could have been directed to other services




Patient could self-care without clinical advice





Patient could have gone to Pharmacy



Demands from other organisations

 Demands that, if systems worked better, would not have arisen

 Demands that are driven by an underlying problem that is not clinical

 Other

Audit Tool Online

Great!
Would you like to add more or reflect?

Next Patient

Add comments to last Patient

I'm done

Designed by CFEP UK Surveys

Audit Tool Online

Reflection

	Responses	Your percentage	National percentage
➤ Demands that could be met by someone else			
Could have been directed to others in practice	53	32%	22%
Could have been directed to other services	13	8%	8%
Patient could self-care without clinical advice	8	5%	14%
Patient could have gone to Pharmacy	1	1%	7%
➤ Demands from other organisations	Expand section to see details		
➤ Demands that, if systems worked better, would not have arisen	Expand section to see details		
➤ Demands that are driven by an underlying problem that is not clinical	Expand section to see details		
➤ Other	Expand section to see details		

Your reflection notes

Submit

If you are interested ...
What should you do?

Register your interest by speaking to me and/
or by emailing
info@primarycarefoundation.co.uk

primary
Care
FOUNDATION



Thank you!

rick.stern@primarycarefoundation.co.uk

henry.clay@primarycarefoundation.co.uk