



Primary Care Foundation

Urgent Care Conference

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Urgent care: how GPs can lead reform

'Most of the recommendations I am doing, or I should be doing, or I can do,' says Dr Laurence Buckman, chair of the British Medical Association's General Practitioners Committee (GPC).

Speaking at the Primary Care Foundation seminar, "*Urgent care: a practical guide to transforming same-day care in general practice*", Dr Buckman said the GPC backed the Foundation's report and recommendations as 'a good start'.

'You have to take what is in the report and use it in your practice,' he added. 'It would be a very cocky practice that thinks it can't learn.'

The report outlines practical steps surgeries can take to:

- meet demand for same-day care
- make the system safer for patients
- offer a much faster response to potentially urgent cases.

It was welcomed by an expert panel, including Dr Buckman, Dr Agnelo Fernandes, clinical champion for urgent and emergency Care at the Royal College of General Practitioners, Chris Dowse, head of urgent and emergency care at the Department of Health, Dr David Jenner of the NHS Alliance's PBC Federation and Dr David Carson, a director of the Primary Care Foundation.

Dr Fernandes said: 'Patient safety is an over-riding principle.' While reforming urgent care processes is 'not an easy task for each practice individually,' the report had shown surgeries the way by sharing examples of good practice.

Ms Dowse said the PCF's research would 'help the dialogue with GPs' rather than telling doctors what they should be doing. 'From the patient's point of view, what they are interested in is access to care when they need it' she explained – and the report would help practices meet that desire.

Key recommendations

Dr Carson spelt out the report's key recommendations:

- Ensure patients can choose how to contact the practice, by telephone or in person.
- Make sure patients can get through on the telephone.
- Analyse patient demand and provide sufficient capacity to meet it – both appointments and telephone consultation slots.
- Train receptionists to identify potentially urgent cases.
- Respond within an appropriate clinical timescale, particularly to request for home visits.

For more information, the full report can be downloaded from <http://www.primarycarefoundation.co.uk/page9/page19/page19.html>.

Practices take charge

Practices should take the report and draw up their own standards for meeting these requirements, Dr Carson explained. The Foundation had deliberately 'avoided putting in any specific standards' as each practice faces a unique set of local circumstances, patient population and skill mix.

Dr Fernandes agreed: 'What this report does is empower us to set our own standards. Practices need to be supported, encouraged and empowered to make the changes in quality and standards that are recommended.'

Meeting patient demand

While some GPs and their staff might be concerned that improving urgent care would lead to unmanageable levels of demand, such fears were groundless, the panel agreed.

'If you are a good practice, the worry is that you will attract more patients and increase demand,' said Dr Fernandes. 'But overall the demand profiles of practices is stable.'

Instead the report would help practices manage their workload, reducing stress for doctors, nurses and other practice staff while offering a better service to patients.

Rick Stern, a director of the Primary Care Foundation, said practices typically faced 20% to 30% more requests from patients on Monday mornings. Adjusting the staff mix so phone calls would be answered and patients could be seen would make a dramatic improvement in service to patients and managing staff workload.

Dr Jenner said: 'There is a lot to learn from mapping demand and matching capacity to that.' That would be vital in the tougher financial environment of the next few years, he added: 'We have to show value for money and commissioners will have to get better at looking for it. They should carry out a health needs assessment and commission against it.'

Resources

Yet currently practices facing the toughest environments are punished, by losing money if the annual patient survey shows they are struggling, Dr Fernandes said. 'It beggars belief that in primary care when we need to do better money is taken away.' Dr Buckman agreed: 'If any other part of the NHS fails, money is thrown at it.'

Dr Fernandes added that PCTs and commissioners needed to 'recognise that we want to improve and support us in doing that'.

Dr Jenner said better commissioning and provision of urgent care would save money by reducing avoidable admissions to hospital. 'Two-thirds of the money commissioners spend goes on non-elective admissions.' If there was more collaboration between PCTs, general practice and out-of-hours services, that figure could come down, releasing money to be invested in improved care.

'Urgent care has a bright future if practice based commissioners and local commissioners invest in responsive round-the-clock urgent care – that will be the way forward,' she added.

Reforming urgent care - key lessons

Conference delegates and speakers pulled out some of the key lessons on reforming urgent care to emerge from the plenary sessions and workshops.

1. Leadership

Carol Madden, chief officer, Luton Health Collaborative PBC group, said clinical leadership is essential for success: 'Having someone who can lead across the whole locality, to help us stay focused in the middle of competing priorities and doing simple things at practice level, can make a real difference.'

2. Use Practice Based Commissioning as a lever

'PBC has been a really effective vehicle for setting up a very simple in-hours rapid home visiting scheme that has unbundled urgent care from planned care,' said Dr Shika Pitalia, PBC consortium chair, Halton & St Helens. 'GPs can now focus on planned care while patients can be seen when they need and where they need to be seen.'

In an earlier session, Dr David Jenner, of the NHS Alliance's PBC Federation, said: 'Practice Based Commissioners or locality commissioners should invest in responsive urgent care round the clock.'

Tools such as health needs assessments would help practices demonstrate that they should be commissioned to provide the urgent care services patients need, he added.

3. A focus on urgent care helps patients and practices

Reforming urgent care using the recommendations of the report will help to 'square the circle' by balancing both patient priorities and clinical priorities, said Dr David Carson, director of the Primary Care Foundation. Patients want to be seen quickly, while doctors want to treat the most pressing cases first.

During the research that underpinned the report, '*Urgent Care in General Practice*', the patient participation group at one practice were surprised to learn it had the highest rates of non-elective hospital admissions in the whole PCT.

'They said, that's not good, and added that they couldn't get through on the phone,' reported Dr Carson. The practice improved their phone response and held monthly meetings to review patients admitted to hospital.

'Within a year they had gone from the highest to one of the lowest for unplanned admissions. The message is, if you start looking at this issue you will make progress – and there is huge progress to be made.'

4. Don't reinvent the wheel

Learning from other practices saves time, said Rick Stern, director of the Primary Care Foundation. There's no need to start from scratch – instead, use the case studies in the report to find out how people who have already boosted their urgent care response have done it.

5. Involve the whole practice team

Urgent care can't be left to doctors alone. Getting the whole team on board, from receptionists and practice managers to nurses and other clinical staff 'is vital', said Mr Stern.

Gill Rogers, director of primary care strategy, Londonwide LMCs, agreed: 'Practice managers are key to implementing these recommendations, especially in terms of receptionist training, and they will be very interested in taking this forward.'

6. Ask your PCT for support

Dr Paul Everden, who established an integrated urgent care system at his practice in Norfolk, said: 'PCTs can be very helpful in facilitating some of the cross boundary work that is required, especially if you are liaising with organisations such as ambulance trusts' on issues such as deploying paramedics as part of the urgent care team within your practice.

In an earlier session, Chris Dowse, head of urgent and emergency care at the Department of Health, said PCTs should support practices seeking to improve urgent care. 'If you get general practice working at its optimum, you release resources elsewhere in the system.'

PCTs should offer support and advice to practices in analyzing demand for same-day or urgent care, converting raw data into 'intelligence that can help you do a good job', she added.

7. Size doesn't matter

Small practices can run effective urgent care systems, says Dr Pitalia. Her home visiting service, in St Helens, is a collaboration

between several small practices, some single handed when the scheme started.

Dr Everden agreed. 'It's very important to keep it small and think in terms of your own practice. Small is beautiful in general practice and it works.'