

Potentially avoidable appointments audit

Demo Road Practice (A000001)

20/06/18 to 15/08/18

Introduction

The potentially avoidable appointment audit report allows you to review your audit results, compare colleagues within your practice and benchmark your results against other practices who have completed the audit. It is a report to help you reflect on how you use the single most important resource - your time.

29% of your practice GP appointments were classified as potentially avoidable, higher than than the national average of 20%. Across all clinicians the figure is 23% compared with a national average of 19%.

Audit respondents and results

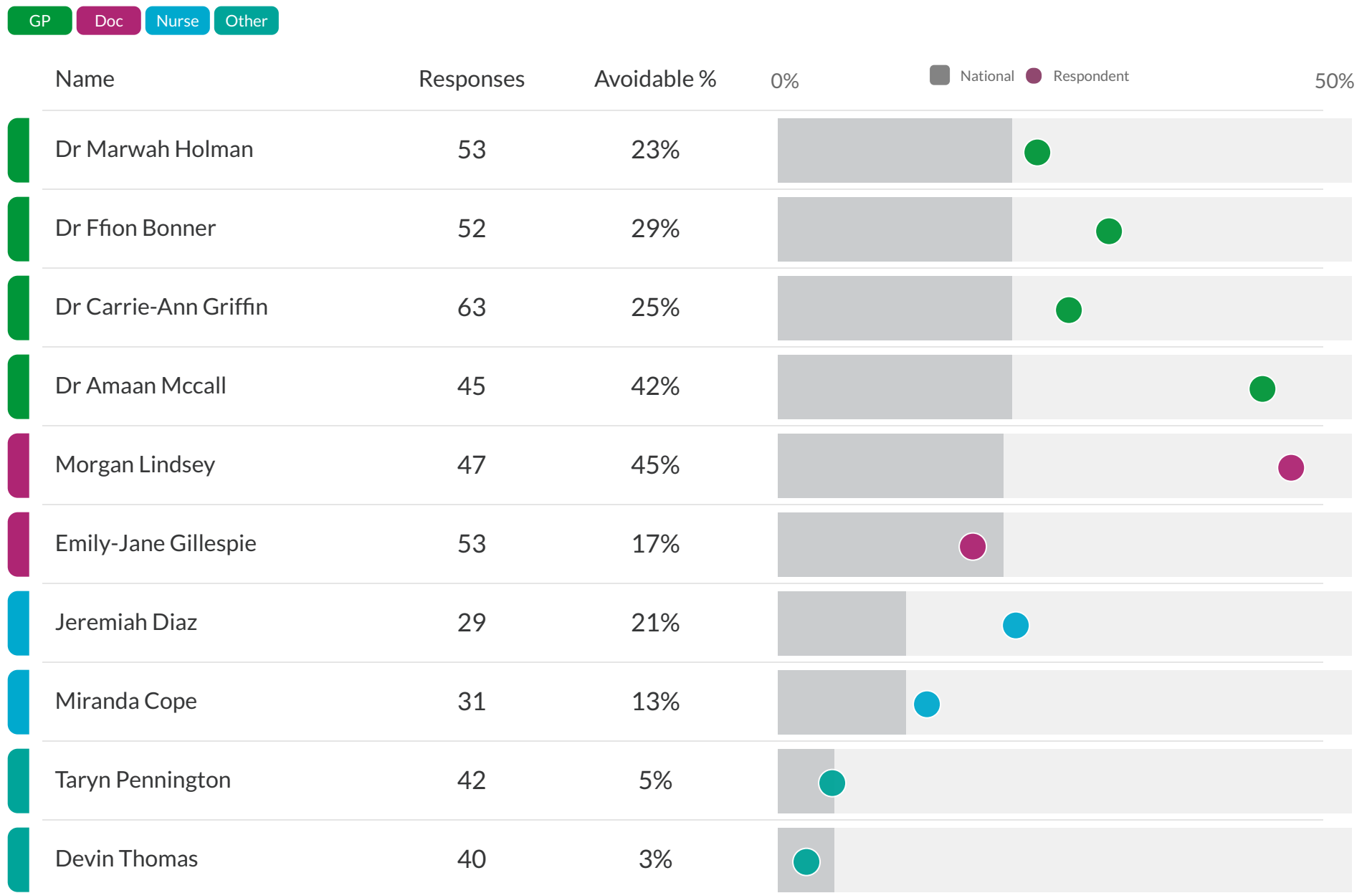
	Appointment Responses	Potentially Avoidable	vs National
10 Respondents	455	23%	▲ + 4.5%
4 GPs	213	29%	▲ + 8.8%
2 Doc & ANPs	100	30%	▲ + 10.4%
2 Nurses	60	17%	▲ + 5.6%
2 Other Clinicians	82	4%	▼ - 1.1%

National average figures are based on the mean result of all practices that have taken part in the audit.

Results by respondent

10 participants submitted data as part of the audit . The charts below show the results for each respondent, along with a comparison to national average, where the circle represents the respondents % of potentially avoidable appointments against the bar that represents the national %.

National averages are based on the average for each respondents skill group.



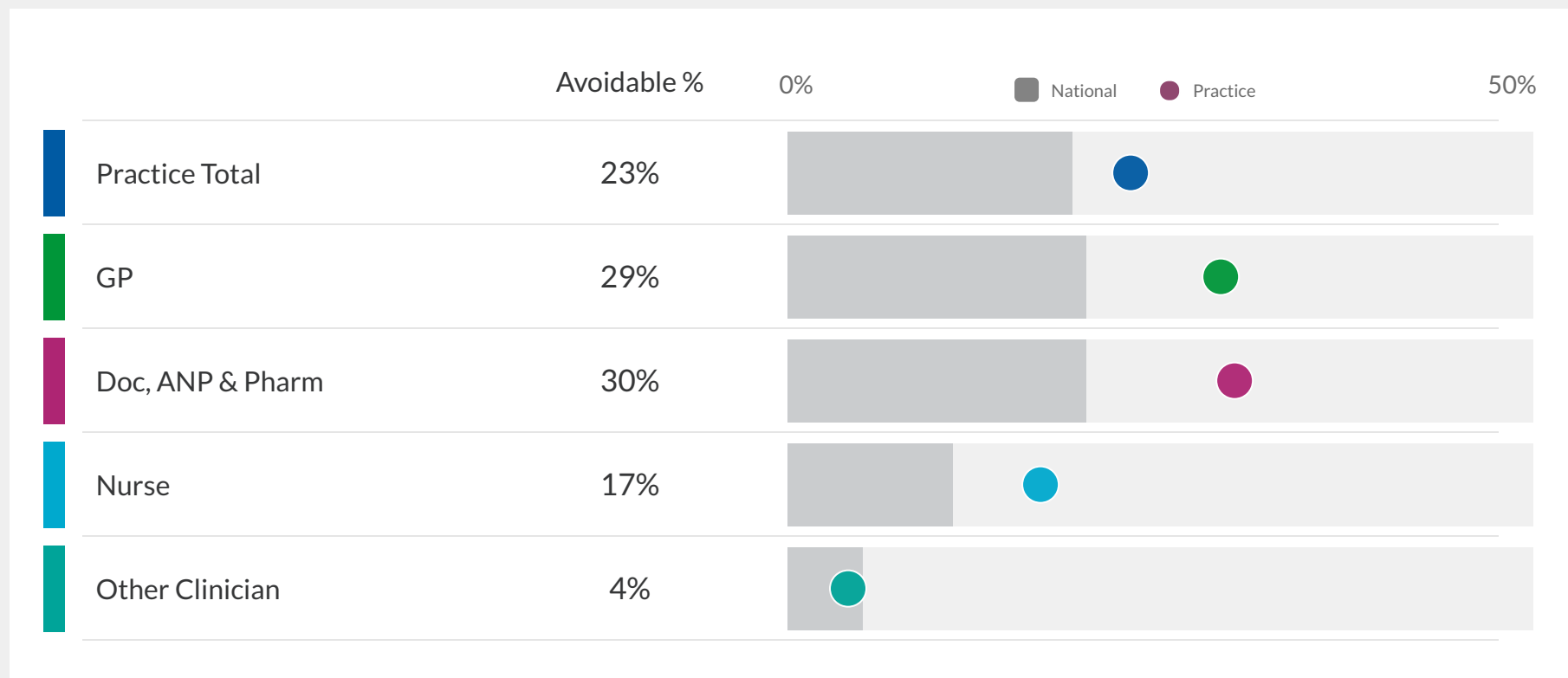
How your practice compares

This page shows how your overall practice results compare to the national average. The national average is based on the results of all practices that have taken part in the audit to date.

National averages are based on the average for each skill group.

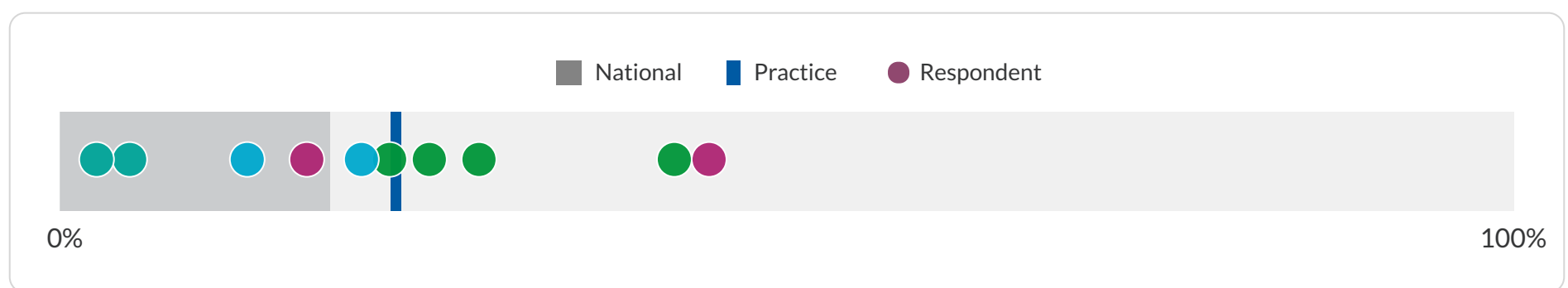
Results by skill group

The chart below shows the proportion of potentially avoidable appointments as a practice total and split by skill group against the national average. Each circle represents the practice % of potentially avoidable appointments by skill group against the shaded area which shows the national average.



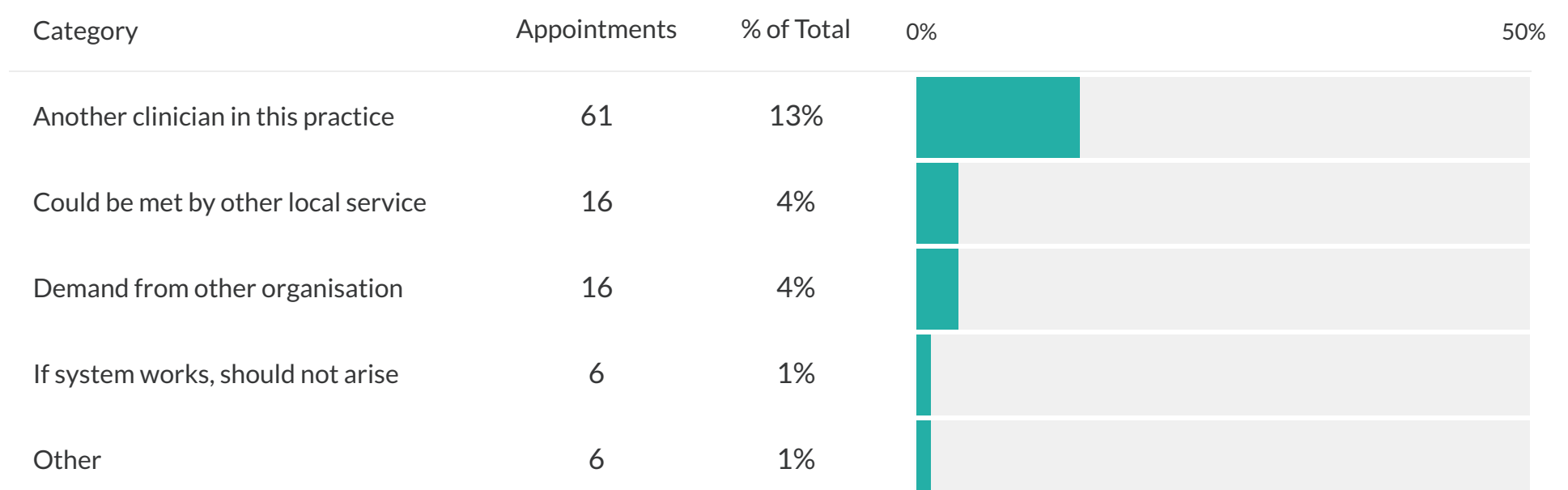
Variation within the practice

The chart below shows each respondents % of avoidable appointments highlighting the variation within your practice. Again, the shaded bar represents the national average, with the line representing the average for your practice.



Why appointments could have been avoided

This section shows a breakdown of the potentially avoidable appointments in your practice by avoidable reason category.



Audit reflection questions

We asked each participant to complete 4 multiple choice reflection questions at the end of their audit. The aim of these questions is to capture thoughts about the opportunities for your practice, reflecting on the appointments that were potentially avoidable for each clinician. It is designed to stimulate discussion and support decisions about what action might be taken.

Participants were asked to rank their 3 answers to each question in order of priority. We have taken each ranked answer and applied a score to determine the most popular answers within the practice. The top 3 answers to each question are shown below, ordered by highest to lowest scoring.

Q1. How can your practice help patients more towards the right practitioner?

Work with reception staff (for example to develop active signposting further and/or so that they ask more questions)	20
Providing all staff (clinicians and non-clinicians) with a simple sheet for patients that explains who within the practice is best able to deal with their condition	18
Providing better guidance and prompts to those that use our web-site and online facility so that it is easier for them to identify the right person and book an appointment	4

Q2. What other referral pathways would reduce the burden on general practice by providing better support to patients?

Establish direct referral protocols, for example for Physio	18
Promote or establish a 'Pharmacy First' or 'Minor Ailment' scheme to allow patients to receive medications without charge	16
Working with the local authority to provide a referral pathway for support with housing, benefits and other issues or having a link worker attached to the practice e.g. a weekly/monthly drop in for advice	10

Q3. Looking to avoid patients coming to the practice when we can add no value?

Highlighting to the CCG the need to address instances when the hospital has inappropriately referred patients back to the practice for a 'DNA' (for example because of the disorganised process for offering and confirming appointments)	24
Persuading the CCG to agree protocols that will allow direct referral of patients to specialists – for example to allow an optician to refer directly to the hospital (whilst notifying the practice)	8
Highlighting to the CCG the issue with patients being referred back to practices by specialists 'to do that work which should be done in the hospital'	6

Q4. What type of practitioner would it be most helpful to recruit/increase hours working within the practice to reduce the workload on GPs?

Practice Nurses	16
ANP/Nurse Practitioner	11
Clinical Personal Assistants	11

You can download all reflection question answers for your audit from the audit dashboard by clicking 'Reflection data'.

What next for your practice

Further links for making improvements in your practice

There are many sources of ideas and advice for tackling the issues raised in this report. As a starting point, the Primary Care Foundation/NHS Alliance report 'Making Time in General Practice' was designed as a web based resource to offer advice, support and specific case studies for practices and can be found at <http://www.nhsalliance.org/making-time-in-general-practice/>.

Releasing time for care

NHS England, following the publication of the Five Year Forward View in April 2016 (available at www.england.nhs.uk/gp) have developed a national programme for supporting general practice called 'Releasing time for care'. It aims to spread awareness of innovations that release time for care and facilitate local change programmes to implement them. It is estimated that most practices can release about 10 per cent of GP time.

Spreading the 10 High Impact Actions

NHS England aim to give every practice in England the chance to learn about proven innovations that release time for care, this will include working in conjunction with the primary care improvement faculty from the Sustainable Improvement team. Faculty members include jobbing general practice team members, ex-commissioners and improvement specialists holding improvement expertise and particular sector experience. They have committed to gather practical case studies and share them through local showcase events, webinars and conferences. A new social online repository of innovations will also be created to make it easy to find, discuss and share successful changes.

Your own Time for Care programme

In addition to sharing examples of what practices can do to release time for care, NHS England will provide practical support to implement change. Every practice in the country will have the opportunity to join a local Time for Care programme, helping practices implement change to release time more quickly, safely and sustainably.

In most cases, it is expected that a programme will be convened for a natural grouping of practices such as the members of a CCG. This change programme will help practices to implement at least one of the 10 High Impact Actions, drawing on the experience of others, experts in improvement and the support of the whole group. The programme will be designed with local leaders and with the support of your appointed development adviser to ensure it meets your needs and aligns with other practice development plans locally. A wide menu of support can be drawn on, and no two programmes are likely to be the same.

Further Support

Some practices may wish to go further in implementing changes, and there will be sufficient funding for up to a quarter to receive packages of on-site support from the **Productive General Practice Quick Start programme**, a hands-on, short term support package for practices that forms part of a local Time for Care programme.

NHS England hope every practice over the next five years will make use of the new funding being distributed via CCGs to support staff training and online consultations. This will often work best when planned in conjunction with your Time for Care programme.