

THE BEAST OF MANY HEADS

The continuing assault from spiralling admissions is just one of the myriad pressures that have created a monstrous challenge for urgent care services to defeat, writes Catherine Blackledge

Like the many-headed hydra of Greek mythology, the problem of overstretched accident and emergency departments and unnecessary hospital admissions has proved extraordinarily difficult to vanquish. In the past 10 years, a variety of initiatives has been tried, including urgent care and walk-in centres and shining the spotlight on intermediate care and long term conditions, but the beast continues to thrive.

In May, the King's Fund reported that emergency attendances were up by around 6 per cent per annum since 2004, while emergency admissions rose by 11.8 per cent between 2004-05 and 2008-09. Perhaps, like the successful serpent-slayer Hercules, it's time to approach the struggle in a different way.

"It's always much more attractive to look for the single big hit, but there's no magic bullet, it's about a lot of little things across the system," says Rick Stern, one of the three directors of the Primary Care Foundation, which is shifting the focus away from the hospital and back to the start of the urgent care pathway – general practice.

It's vital to do this because of the tremendous gearing effect general practice has, says Mr Stern and his fellow director, the former GP Dr David Carson. Across England's 9,000 practices, around 1 million appointments are made every day, with about one-third of these same-day appointments.

"If patients are seen quickly, rapidly and effectively, it has a profound effect," notes Mr Stern, who is also urgent care lead for NHS Alliance. The converse is true too – if general practice is not working well, patients go elsewhere and secondary care feels the impact.

Since the end of 2010, more than 200 practices in England have used a web-based tool, developed by PCF, to enable them to operate more effectively. Using data submitted by the practice online, PCF provides a report highlighting how easily or not patients can access care; the relationship between demand and availability of appointments; and how practice staff recognise and respond to requests for urgent care. The report benchmarks practices locally and nationally.

"It's encouraging practices to have the difficult conversation they've put off for years," says Mr Stern. "Frequently, practices are working without any meaningful information. With this, practice managers have the evidence to show doctors."

The web tool is already producing results within practices and is showing signs of easing pressure further

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downstream too. In Gateshead, where all local practices have worked with PCF, a 20 per cent fall in urgent care centre utilisation may stem in part from the initiative (see box).

While the PCF reports are bespoke, many GP surgeries share similar problems. One of the most common suggestions they make is for practices to consider altering their approach to home visits – the area of general practice that has probably got the highest impact on emergency admissions. "One in 400 of all the people a doctor sees ends up in hospital, but one in 20 of all home visits end up as admissions," says Mr Stern.

PCF advocates that every person phoning to request a home visit should receive a call back within 20 minutes and, if needed, be seen within an hour. This is in contrast to the typical set-up where home visits are left to early afternoon, which means patients needing to attend hospital arrive as staff leave at the end of the day. Yet, as Dr Carson highlights: "The earlier patients enter the hospital system, the more likely they are to get out the same day."

Keeping the access system simple is also paramount. Often practices attempt to hold back appointments for those who need urgent or same-day care. This results in complex processes for gaining an appointment, or many different types of appointments, or not allowing patients to book appointments many weeks in advance. The result is frequently



THE LABOURS OF GATESHEAD

Between the end of last year and March 2011, all of Gateshead's 35 general practices used the Primary Care Foundation's web tool as part of the PCT's urgent care strategy. A&E attendances were increasing and a survey of patients in A&E had revealed 40 per cent were there because they couldn't get appointments with their GPs. The PCT knew it needed to look at general practice.

"We wanted to make the patient's journey better... and we were trying to see how practices could amend and improve their systems," says Mark Dornan, urgent care lead at Gateshead PCT.

Following completion of the PCF work, there has been a reduction of up to 20 per cent in the number of people attending one of Gateshead's two urgent care centres. While figures vary – in March there was a 5 per cent drop, in April 15 per cent and May a 20 per cent fall – numbers have

remained consistently down, on average by 15 per cent. At the same time, instead of seeing the predicted 3 per cent rise in A&E attendance, this figure has not increased.

Mr Dornan believes there is a three-fold reason for the changes. One is the general practices' work with PCF to improve accessibility and availability of appointments.

However, he also believes the introduction of a third urgent care centre 18 months ago, coupled with neighbouring Newcastle recently relocating an A&E department to one more accessible to Gateshead residents, will be having an impact too.

Mr Dornan hopes that in the coming months, with more of the practices making changes after completing the web tool, further reductions in urgent care centre utilisation will be seen. "It will probably be a year before we see the full results," he says.

a system so perplexing that patients end up turning to secondary care.

At Mile Oak practice in Brighton, work with PCF highlighted the need to resolve confusion around the type of appointments on offer and how to access them. "We are trying to strip out hurdles... we want to take the barriers away," says practice manager Rick Jones. "Our problem has been there have been too many rules and hence not enough appointments."

The intervention, he says, prompted a valuable discussion among all practice staff. "It's raised a lot of things for us," he comments. The practice is now streamlining its processes so that instead of offering five different types of appointments it now offers just two: urgent

and pre-bookable, with the latter now available up to four weeks in advance.

Making changes such as extending the booking ahead window and ensuring each doctor sees patients who book ahead and those who call in the same day or who need urgent care. This encourages continuity of care by making it more likely that a patient is able to see the GP of their choice. "We are increasingly realising how important this is – seeing the preferred doctor," says Mr Stern.

Dr Carson points to a recent study in the *Emergency Medical Journal* highlighting the importance of continuity of care in general practice and its impact on secondary care. The study of 145 practices across two PCTs in the East Midlands concluded that being able to

consult a particular health practitioner was associated with lower emergency admission rates.

Looking at how practices employ triage is also vital. Mr Stern says that triage was invented around a battlefield situation and works well there but, in the general practice setting, he is concerned that triage makes processes more complicated and less efficient. Talking over the phone is not acceptable for many people; triage also immediately breaks up continuity of care.

PCF recommends handing choice back to the patient and asking them when they ring up for an appointment if they are happy to discuss the matter over the phone with a GP or nurse; often patients are. "We tend to think patients are sensible and tend to make logical decisions; frequently trusting patients is a better idea," says Mr Stern.

Looking to the future, the hope now is that tackling urgent care via general practice will have a lasting effect. "I think we are beginning to have a substantial impact at the front end of the urgent care system that hasn't really happened before," Mr Stern notes.

Dr Carson is equally optimistic, adding: "I think the impact could well be much more substantial than many people expect at the moment and bigger than many of the initiatives tried." It remains to be seen whether general practice is the right hydra head to approach. ●