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# The five year forward view: investment, improvement & service provision revolution

May 2<sup>nd</sup>, 2018

Manchester Central

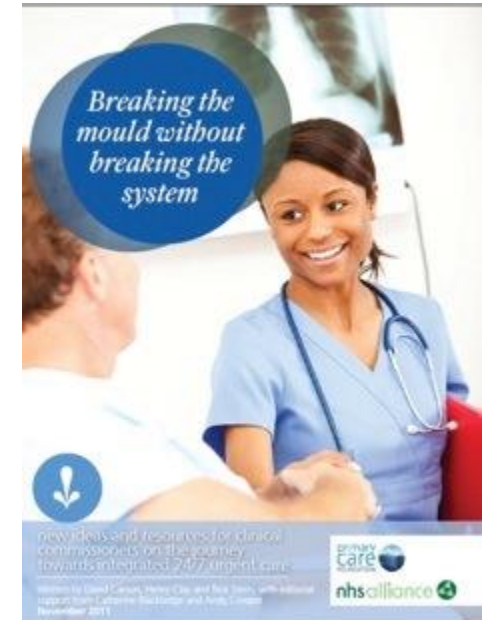
**Rick Stern**

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# PCF have looked at primary care from a number of angles

- **Diagnostic tools for general practice**
  - Audit of potentially avoidable appointments
  - Reviewing bureaucracy in general practice
  - Web-based tool for reviewing access & urgent care
  - Better decision making in general practice
- **Reports for Department of Health, NHS England and others**
  - Making Time in General practice
  - Primary Care in A&E
  - Urgent Care in general practice
  - Urgent Care Centres
  - Urgent Care Commissioning guide
- **Reviews of urgent care system, 111, OOH etc.**
  - Financial & capacity model for integrated urgent care
  - Benchmark of out of hours services
- **Projects for**
  - Commissioners, particularly CCGs
  - Providers, practices, OOH providers etc.
  - NHS, commercial and mutual organisations





**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

# Transformation in primary care



## The bigger picture

- New models of care – from organisational form to service design
- ‘Making Time in General Practice’
- GPFV, General Practice Development Programme & the 10 HIAs

## Four initiatives - transforming general practice

1. Is there evidence that the 10 High Impact Actions make a difference?
2. Key lessons from working with over 1,500 practices across the UK
3. Identifying potentially avoidable appointments in general practice
4. A new model for making better decisions in general practice

“If general practice fails, the NHS fails. That's why implementing the GP Forward View should matter as much to hospitals as it does to GPs.”

*Health Policy Insight:* Editorial, Monday 12 September 2016:  
Andy Cowper Interview with **Simon Stevens**, chief executive, NHS England



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## **Transforming general practice 1:**

Is there evidence that the 10 High Impact Actions make a difference?

# General Practice Forward View, Development Programme & 10 High Impact Actions

## 10 High Impact Actions to release time for care



1:  
**ACTIVE SIGNPOSTING**

2:  
**NEW CONSULTATION TYPES**

3:  
**REDUCE DNAs**

4:  
**DEVELOP THE TEAM**

5:  
**PRODUCTIVE WORK FLOWS**

6:  
**PERSONAL PRODUCTIVITY**

7:  
**PARTNERSHIP WORKING**

8:  
**SOCIAL PRESCRIBING**

9:  
**SUPPORT SELF CARE**

10:  
**DEVELOP QI EXPERTISE**



[bit.ly/gpcapacityforum](https://bit.ly/gpcapacityforum)

# Gathering Evidence for the High Impact Actions



- Report has been prepared for NHS England – awaiting release.  
Three examples:
- **Haxby Group** – introducing paramedics to its urgent care team as a cost effective alternative to GPs
- **Unity Healthcare** – introduced web consultation as main gateway to care with 87% take up in one year
- **York Medical Group** – standardising care across 3 UCCs, with more capacity but fewer GPs and a customised signposting sheet

***“Getting demand under control creates the headspace for transformation”***



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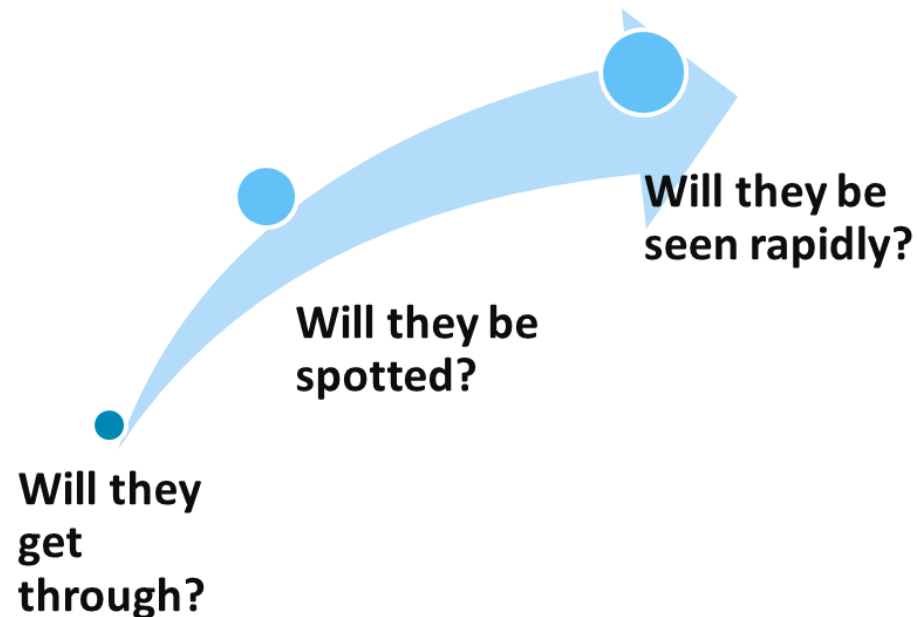


## **Transforming general practice 2:**

Key lessons from working with  
1,500 practices across the UK

# Reviewing Urgent Care in General Practice

- Report on urgent care in general practice 2009 supported by BMA, DH and RCGP
- Focus on improving working life in practices
- It is about improving speed and quality of response - only sending those to hospital who need to go
- Practices with optimal systems work less hard
- **Since 2012, we have worked with more than 1,500 practices**



**Practical examples ...**  
**what practices are doing now to**  
**improve the way they work**

# Reducing contacts that don't resolve the problem



- Seeing the wrong clinician – continuity is important for those with greatest needs
- Being seen in a way that doesn't suit the patient
- 'Triage' that creates more appointments
- Short 5 minute slots
- Too few options to book ahead
- Seeing people too often
- Working harder can lead to unhappier doctors and patients ... practices with higher consultation rates tend to be less popular with patients

# Keeping the process simple and consistent



- Consistency doesn't need to be impersonal
- Common approach (who, how, when) or script for reception team – as patients, we will work around inconsistent or dysfunctional systems
- Reduce length of time on the phone ... long calls likely to mean collecting too much information or negotiating as no appointments
- A consistent approach to appointments across the GP team rather than clinical care – avoid undermining the reception team



# A rapid response



- Acute illness is time-sensitive - a rapid response when someone is acutely ill is good care and can reduce potentially unnecessary admissions to hospital
- There is evidence that as patients we perceive rapid care to be good care

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## **Transforming general practice 3:**

Identifying potentially avoidable appointments in general practice

# The Potentially Avoidable Appointment Audit

*exploring how general practice might be, rather than the way it is now*

A simple tool for reviewing workload within the practice and exploring how things might be managed differently in the future. So far, nearly 400 practices have received reports and a new, fully automated web-based tool is now available at no cost to all practices across England.



*The costs of developing and running this audit have been funded in full by the General Practice Forward View, NHS England*



“The interesting thing is that it made us think about differences in how we work and how we might do things in new ways. The audit is, of course, subjective, how could it not be – the idea of what is avoidable will mean different things in different practices – but at a time when we are drowning in work we need to look at things differently and that’s what made it useful.”



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in full by the General Practice Forward View, NHS England*



Any practice can access the audit from the front of our homepage at [www.primarycarefoundation.co.uk](http://www.primarycarefoundation.co.uk)

## New Opportunity



**New on-line opportunity for the potentially avoidable appointments audit.**

**It's easier to use, with better reporting - and is free to use for all practices in England**

To register [CLICK HERE](#)



# Clinician is offered simple choice ...

Concord Medical Practice practice audit

Logged in successfully. You have submitted 5 responses!

## Appointment Details

Complete the following questions

Your last appointment was

Avoidable

Unavoidable

---

# If the appointment was unavoidable ...



Potentially Avoidable Appointments

[My Audits](#) [Logout](#)

Concord Medical Practice practice audit

Logged in successfully. You have submitted 5 responses!

## Appointment Details

Complete the following questions

Your last appointment was

Avoidable

Unavoidable

Why was the appointment unavoidable?

Unavoidable

Seen face to face, could have been  
phone/online

# If it was potentially avoidable ...



## Why was the appointment avoidable?

Another clinician in this practice	Could be met by other local service	Demand from other organisation	If system works, should not arise	Other
Nurse	Community Nurse Service	Fit/sick note or benefit/welfare certification	Clear management plan should prevent/reduce	Social prescribing
ANP	WIC/MIU/UTC	Requests/follow up from primary care services	Improved continuity of care should prevent/reduce	Patient should have gone straight to hospital
Clinical Pharmacist	Community Pharmacist	Requests/follow up from hospital	Improved self-care support should prevent/reduce	Other
Physio	Community Physio Service	Unnecessary referral by other organisation	Help needed in navigating NHS	
Mental health nurse/therapist	Community Mental Health Service		No concern test feedback	
Health care assistant	Dental or optician/optometrist			
Other clinician in practice	Other community service			

# The Potentially Avoidable Appointment Audit

*exploring how general practice might be, rather than the way it is now*

## Why are practices signing up?



*The costs of developing and running this audit have been funded in full by the General Practice Forward View, NHS England*



# What practices tell us ... 1

**We are just working too hard – we are working increasingly long hours and there seems to be no way out.** By looking more closely at the 1 in 5 appointments (rolling national average) that others could pick up practices can find a way of reducing the pressure.



# What practices tell us ... 2

**We know we need to do something different, but we don't know what.** Like all audits, this simple review helps focus attention on specific issues within the practice. Practices frequently use the audit as a general diagnostic tool.

# What practices tell us ... 3

**We are struggling to recruit GPs and nurses**  
this audit helps make sense of what work could be potentially shared with other members of the practice team, including new roles such as practice pharmacists or GP assistants, or passed on to other organisations.



*The costs of developing and running this audit have been funded in full by the General Practice Forward View, NHS England*



# What practices tell us ... 4

**We are working more closely in a network or federation with other practices – and this audit helps explore similarities and differences and how you might work together.**



*The costs of developing and running this audit have been funded in full by the General Practice Forward View, NHS England*



# What practices tell us ... 5

**We have no money to pay for development -**  
this audit has been funded nationally and is  
free for all practices across England.



*The costs of developing and running this audit have been funded  
in full by the General Practice Forward View, NHS England*



# What practices tell us ... 6

**We are part of a bigger national programme that is already looking at avoidable appointments – this web-based audit is much easier and simpler than working out your own way of reviewing appointments or using a paper-based system.**



*The costs of developing and running this audit have been funded in full by the General Practice Forward View, NHS England*



# What practices tell us ... 7

**We want to know how we compare with other practices** – the audit has also been piloted and tested by 400 practices across the UK, so it is easy for you to benchmark how you compare to others. It also means all the initial problems have all been ironed out.



*The costs of developing and running this audit have been funded in full by the General Practice Forward View, NHS England*



# What practices tell us ... 8

**We want a way of showing how money could best be spent to support general practice – the results have been used across larger areas as the basis for further investment as funding from the 5-year Forward View becomes available.**



*The costs of developing and running this audit have been funded in full by the General Practice Forward View, NHS England*



# And what we tell practices ...

## how to make the audit as effective as possible

- Discuss the audit together as a practice team
- Include all appointments – phone and face to face
- There is no hard and fast rule about what is avoidable - agree how you plan to use the audit
- Meet up and discuss the audit report as a team
- Identify specific actions

*the more you talk to each other, the more effective the audit will be*

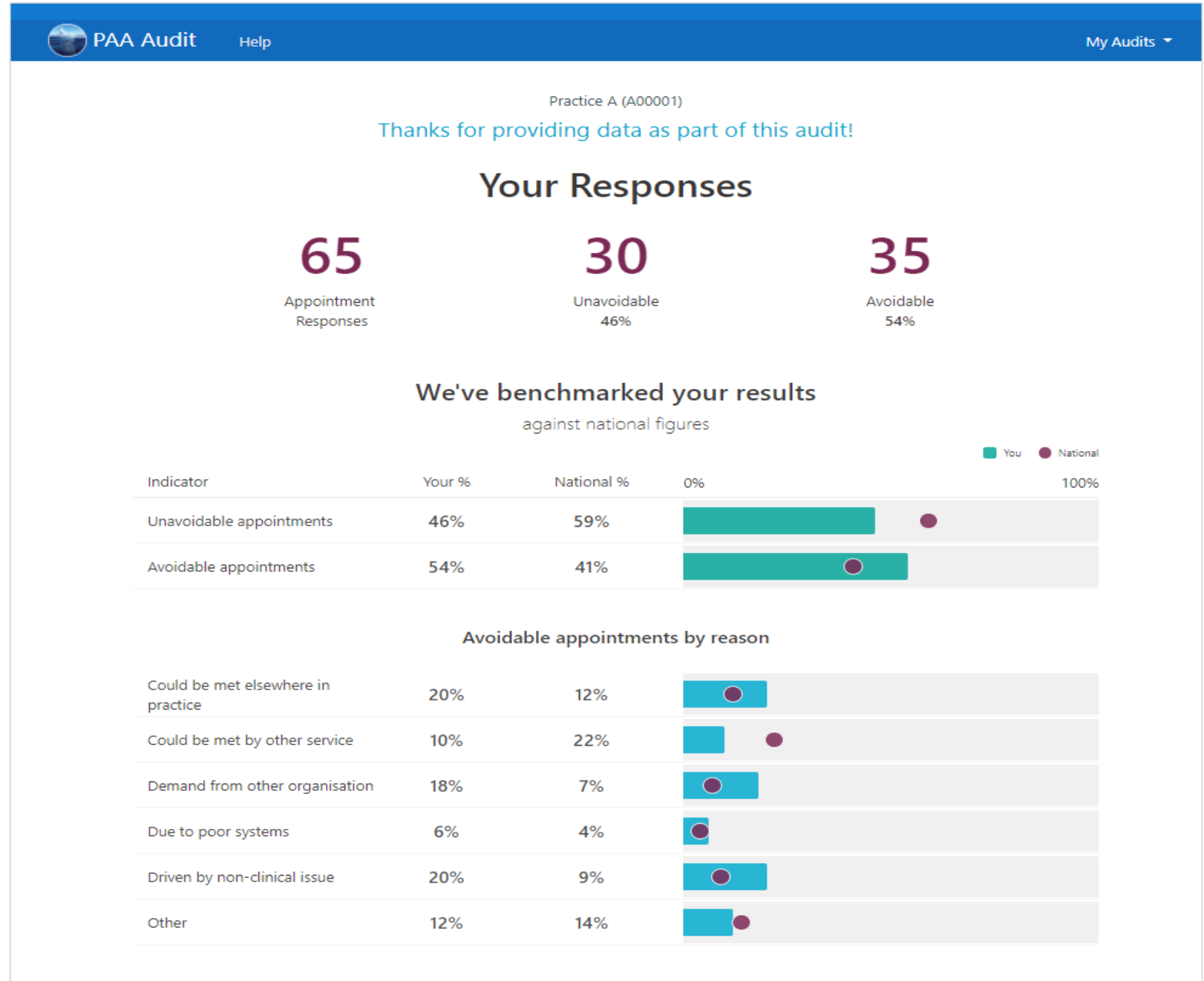


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# Instant feedback report for each clinician



# Report for the whole practice team ... 1

## Potentially Avoidable Appointments

Audit feedback Practice A (A00001)

08 January 2018 to 31 March 2018

### 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.

12% of your practice's appointments were considered potentially avoidable, this is lower than the national average of 13%

### Audit Participants and Results

	Appointment Responses	Potentially Avoidable	vs National
<b>5</b> Participants	100	12%	▼ - 1%
<b>2</b> GP	55	15%	▲ + 1%
<b>1</b> Nurse	15	11%	▲ + 1%
<b>2</b> Other Clinician	30	8%	▼ - 3%

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

# Report for the whole practice team ... 2

## Results by participant

4 participants submitted data as part of the audit, 2 others were invited but did not submit any data. The table below shows the results for each participant, along with a comparison to national average, where the bar represents the participants % of potentially avoidable appointments against the circle that represents the national %.

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

Name	Skill Type	Responses	% Avoidable	National Comparison
Clarice Wheatley	GP	33	12%	
Aron Regan	GP	22	27%	
Klaudia Bryant	Nurse	15	11%	
Samuel Hume	Other clinician	9	4%	
Valerie Gardiner	Other clinician	21	19%	
Practice Total		100	12%	

# Report for the whole practice team ... 3

## 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 participants 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.

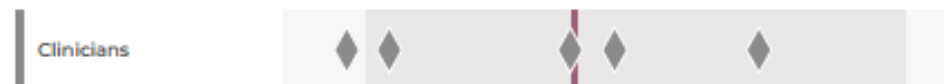
Each bar represents the spread of national results, with the line showing the national average (median). The circle shows where your practice is placed. Most practices fall within the shaded area of the bar, therefore you can easily see if your practice is significantly different to the national average.



### Where each clinician is placed

The chart below shows where each clinician is placed against the national distribution. This helps to highlight the variation within your practice. The national figures here are based on the average across all skill groups.

Again, the line shows the national average, with each diamond representing each individual clinician.



You can [login to the audit tool](#) and [download your audit result data](#) to analyse further!

# Feedback from practices

results from a survey of practices who received reports July 2017 – February 2018



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## **Transforming general practice 4:**

A new model for making better  
decisions in general practice

# Making better decisions in general practice

building capacity and capability to  
translate integrated data sets into  
powerful evidence to help you  
reduce workload and improve care

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“The financial crisis across the NHS continues to make headlines. But while financial deficits make news, knowledge deficits tend to get ignored. There has never been so much data, but how much provides real information?”

Article in *Healthcare Leader*,  
March 2018

# From a one-off stocktake ... to a change in the way we work

a case study from **One Care** covering practices across Bristol,  
North Somerset & South Gloucestershire, Jan-June 2017

- Funded by NHS England as a one-off exercise to improve understanding of general practice
- One Care are a federation of over 90 practices with analytical support to extract data from practice systems
- Easy to digest reports, combining data sets, sent to each practice to show how practice compares to others
- Broader report prepared for workshops across groups of practices to help identify priorities across localities
- Summary of key learning sent to STP Board to inform planning

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# There are also some real opportunities for improvement ...

- **Shifting from the quantity to the quality of consultations** - activity isn't always a good thing, but greater focus of offering continuity of care and longer consultations for the right people, probably is
- **Managing the workforce in general practice** - there are big variations in skill mix and the way practices deploy their clinical teams to meet agreed goals
- **The power of benchmarking against your peers** - allows practices to ask why they are significantly higher or lower than others on a specific clinical measure
- **As well as wider national comparisons** - with practices that are 'most like me'.



# What does this tell us about transforming primary care?



1. Improvement and innovation in general practice has the potential to reduce pressure in primary care and across the rest of the health & social care system
2. Prioritise innovation in systems and process rather than organisational design
3. Good evidence is essential if we are to make effective decisions about change and improvement, including understanding and reducing variation
4. Practices working together offers new opportunities to improve care and reduce workload and costs
5. It's not big or small - it's always both – doing the right thing at right level
6. It's often not what you do, but how you do it
7. There is no single big idea ... lots of little things creating continuous, sustained improvement within an increasingly connected system

**Get in touch ...**



**Email me at  
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**You can access the avoidable appointment  
audit and download copies of our reports at  
[www.primarycarefoundation.co.uk](http://www.primarycarefoundation.co.uk)**