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

May 2nd, 2018
Manchester Central

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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
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
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
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”
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
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.

NHS 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.”
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](http://www.primarycarefoundation.co.uk)
Clinician is offered simple choice …

Appointment Details
Complete the following questions

Your last appointment was

Avoidable
Unavoidable
If the appointment was unavoidable …

Potential Avoidable Appointments

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 …
The Potentially Avoidable Appointment Audit
exploring how general practice might be, rather than the way it is now

Why are practices signing up?
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.
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.
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.
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.
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.
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.
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.
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
Instant feedback report for each clinician

![Dashboard showing responses and comparisons.](image-url)

**Your Responses**
- 65 Appointment Responses
- 30 Unavoidable (46%)
- 35 Avoidable (54%)

**We've benchmarked your results** against national figures:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Your %</th>
<th>National %</th>
<th>%差异</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unavoidable appointments</td>
<td>46%</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>Avoidable appointments</td>
<td>54%</td>
<td>41%</td>
<td></td>
</tr>
</tbody>
</table>

**Avoidable appointments by reason**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Your %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could be met elsewhere in practice</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Could be met by other service</td>
<td>10%</td>
<td>22%</td>
</tr>
<tr>
<td>Demand from other organisation</td>
<td>18%</td>
<td>7%</td>
</tr>
<tr>
<td>Due to poor systems</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Driven by non-clinical issue</td>
<td>20%</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>14%</td>
</tr>
</tbody>
</table>
### Report for the whole practice team...1

#### Potentially Avoidable Appointments

**Audit Feedback Practice A [A00001]**

**03 January 2019 to 31 March 2019**

**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

<table>
<thead>
<tr>
<th>Role</th>
<th>Participants</th>
<th>Appointment Responses</th>
<th>Potentially Avoidable</th>
<th>vs National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>5</td>
<td>100</td>
<td>12%</td>
<td>-1%</td>
</tr>
<tr>
<td>2 GPs</td>
<td>2</td>
<td>55</td>
<td>15%</td>
<td>+1%</td>
</tr>
<tr>
<td>Nurses</td>
<td>1</td>
<td>15</td>
<td>11%</td>
<td>+1%</td>
</tr>
<tr>
<td>2 Other Clinicians</td>
<td>2</td>
<td>30</td>
<td>8%</td>
<td>-3%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Skill Type</th>
<th>Responses</th>
<th>% Avoidable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarice Wheatley</td>
<td>GP</td>
<td>33</td>
<td>12%</td>
</tr>
<tr>
<td>Aron Regan</td>
<td>GP</td>
<td>22</td>
<td>27%</td>
</tr>
<tr>
<td>Klaudia Bryant</td>
<td>Nurse</td>
<td>15</td>
<td>11%</td>
</tr>
<tr>
<td>Samuel Hume</td>
<td>Other clinician</td>
<td>9</td>
<td>4%</td>
</tr>
<tr>
<td>Valerie Gardiner</td>
<td>Other clinician</td>
<td>21</td>
<td>19%</td>
</tr>
<tr>
<td>Practice Total</td>
<td></td>
<td>100</td>
<td>12%</td>
</tr>
</tbody>
</table>
Report for the whole practice team ... 3
Feedback from practices
results from a survey of practices who received reports July 2017 – February 2018

Changes made after audit

- Using ANPs and clinical pharmacists more
- Series of self-care and care navigation changes – will re-audit shortly to see if there are any noticeable differences
- Introduced new appointments types with different lengths
- Agreed additional training for the reception team to enable them to streamline appointments
- More telephone appointments
- Made arrangements with local pharmacy to deal with any minor ailments
- Triage in the surgery each day and starting to use care navigation
- Education for receptionists and core navigation training

Changes made after audit
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

“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
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