

Primary Care Resilience Webinar Series

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# Improving access to general practice

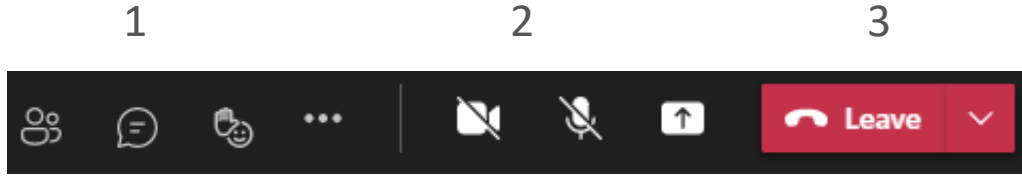


# Introduction and Scene Setting

**April Masson**

Portfolio Lead, Primary Care Improvement Portfolio  
Healthcare Improvement Scotland

# Housekeeping



1. **Open and close the chat panel** – use the chat box to introduce yourself, raise any questions you may have for the speakers and also post comments.
2. **Participants will have their cameras and mics automatically off** - The facilitators may ask you to elaborate on a specific point, in that case we will enable you to unmute your microphone.
3. **Leave the meeting** – use this to leave this webinar at the end.

**This Webinar will be recorded.**

**The link will be shared, so those who are unable to join us today can listen to the session.**



# Aims of the webinar series

- Reflect on what we have learnt from the response to COVID-19
- Explore what changes we have made and what we need as we move forward
- Connect and learn from each other

**TODAY**

Improving access to General Practice

# What do we mean by improving access?

- Improving access from an **inequalities** point of view
- Improving **times to access care**

## Diagnosis

- Understand demand/activity
- Build the will for change



## Prioritise intervention

Care navigation  
Workflow optimisation  
Pharmacotherapy  
Digital tools

# Session 1

## Improving access from a patient perspective

**Dr Michelle Watts**

Senior Medical Advisor

The Scottish Government

# The metaphor of the Norman door

“The design of the door should indicate how to work it without any need for signs, certainly without any need for trial and error”

*Don Norman, the design of everyday things*





# Managing access to General Practice and Primary Care services in post COVID recovery

**Fiona Duff**

Primary Care Senior Advisor  
The Scottish Government

# The New Normal?

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- Hybrid Working
  - Face 2 Face, Telephone, Triage, Near Me, DACs
- MDT working
- NIPCM
- Increased Demand
- Sustainability Issues
- Increased Complexity
- Increased variation

# HOW??

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## **Infrastructure**

- Telephony
- Digital & Data
  - (DACs/ Online Appts, Near Me)
- Premises

## **Patient Engagement**

- Public Messaging
- Practice Websites
- Social media/ PPGs etc

## **Workforce Development - Training/ Education**

- Receptionist and Managers Roles
- Care Navigation
- Demand Capacity Activity Queue DCAQ
- Safe Staffing Levels to meet patient need?

# GP Receptionist Campaign

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[Right Place - Receptionist Campaign \(prgloo.com\)](http://prgloo.com)

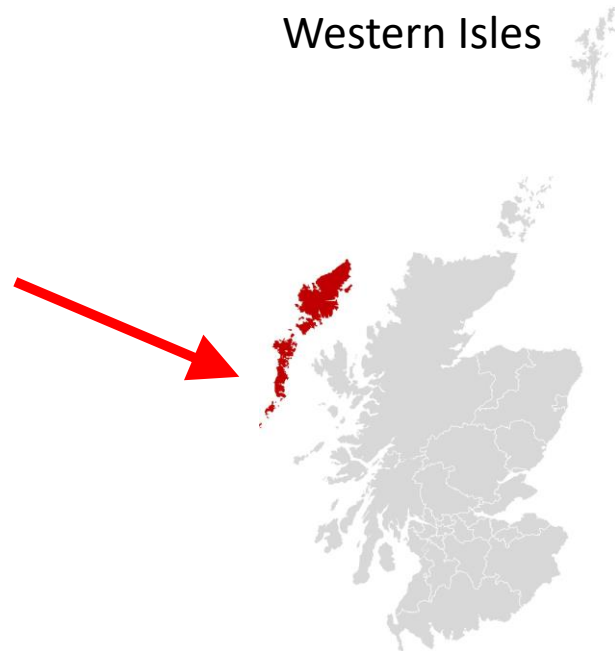


# Patient Participation Group (PPG) contribution in improving GP practice access


**Dr Kate Dawson**  
General Practitioner  
NHS Western Isles



Dr Kate Dawson  
GP partner  
Benbecula Medical Practice  
Western Isles



# The Facebook PPG



A photograph of a white, two-story medical practice building with a grey roof. A silver car is parked on the left, and a blue van is parked in the center. A large wooden fence is on the right. An 'Edit' button is visible in the bottom right corner of the photo.

## Benbecula Medical Practice Patient Participation Group

Public group · 805 members

Joined ▾ + Invite

About Discussion Topics Members Events Media Files

Write something...

Photo/video Poll

### About

This Facebook Patient Participation Group for Benbecula Medical Practice has been created to allow patients and the surgery to work together to ... [See more](#)

Public



# Plotting the big access project





# Your experience matters

During the last 17 months the way patients access appointments at Benbecula Medical Practice has changed significantly in reaction to the COVID-19 pandemic.

It is vital that patients are able to get the right appointment in a way that best meets their health needs and preferences.

The Patient Participation Group (PPG) is carrying out a survey to give patients the opportunity to tell us about their experiences in accessing appointments during this time, including what worked best for them.

Click **(link to google form)** to complete the form online.

You can ask for a hard copy from the Griminish Surgery or Daliburgh Branch Surgery reception staff. Hard copies of the survey should be returned to the Griminish Surgery/Daliburgh Surgery)

The survey is anonymous and no responses can be attributed to any specific person. If you have a specific issue, you should contact the surgery direct.

If you require assistance with completing the survey, please contact us at: **(email to PPG)**

Once the survey is complete, the PPG will collate all the responses. A report with recommendations will be prepared which will help inform any future changes the Practice may be considering.

The survey closes on 6th September 2021.

# Key Findings

## ACCESS TO BENBECULA MEDICAL PRACTICE APPOINTMENTS SURVEY REPORT

- 72 responses – and mostly high rates of satisfaction
- 42 recommendations
- A large proportion of the findings are about letting the public know what we are doing and why, and how to get the best care from the practice.
- Biggest ambivalence:
  - Receptionists asking why people are calling
  - Telephone appointments
  - Not getting to F2F with GP first time
  - Switching off on-line booking



# What is next?



**USING THE  
HIS ACCESS  
TOOL**

**VIDEO  
INTERVIEWS  
WITH STAFF**

**EXPLICIT SUPPORT  
OF RECEPTION  
STAFF  
(TELEPHONE  
MESSAGE)**

# Discussion

# Session 2

## Improve times to access care

**Dr Scott Jamieson**

General Practitioner, NHS Tayside and  
RCGP Scottish Council

# Understanding home visit demand and activity in General Practice

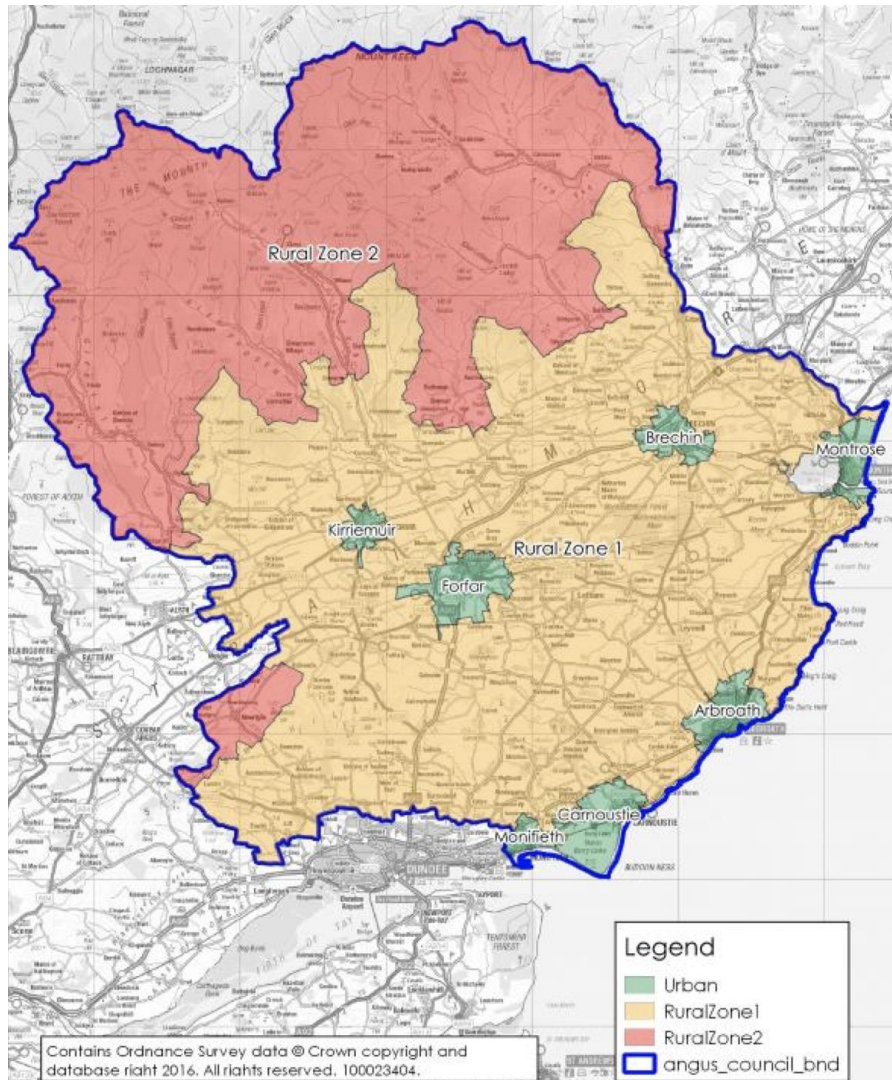
**Dr Scott Jamieson**

General Practitioner, NHS Tayside and  
RCGP Scottish Council

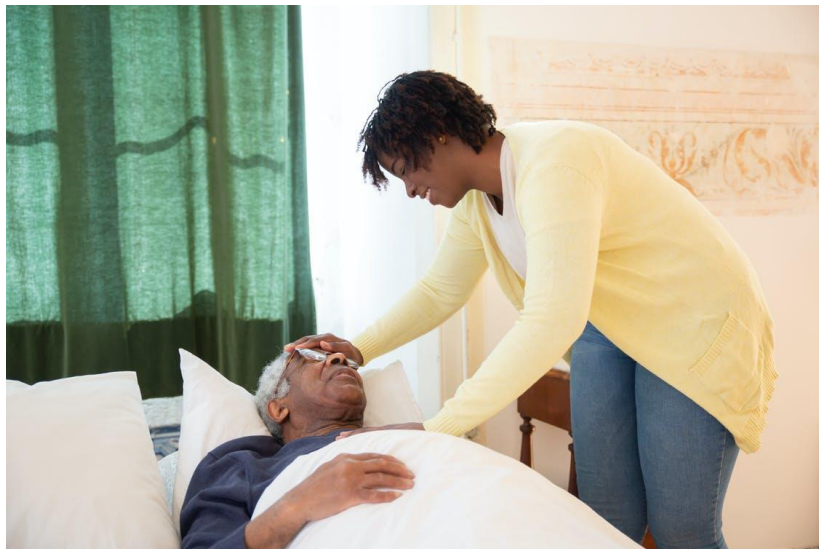


# A wider team to support Home Visit urgent care

**Dr Scott Jamieson**





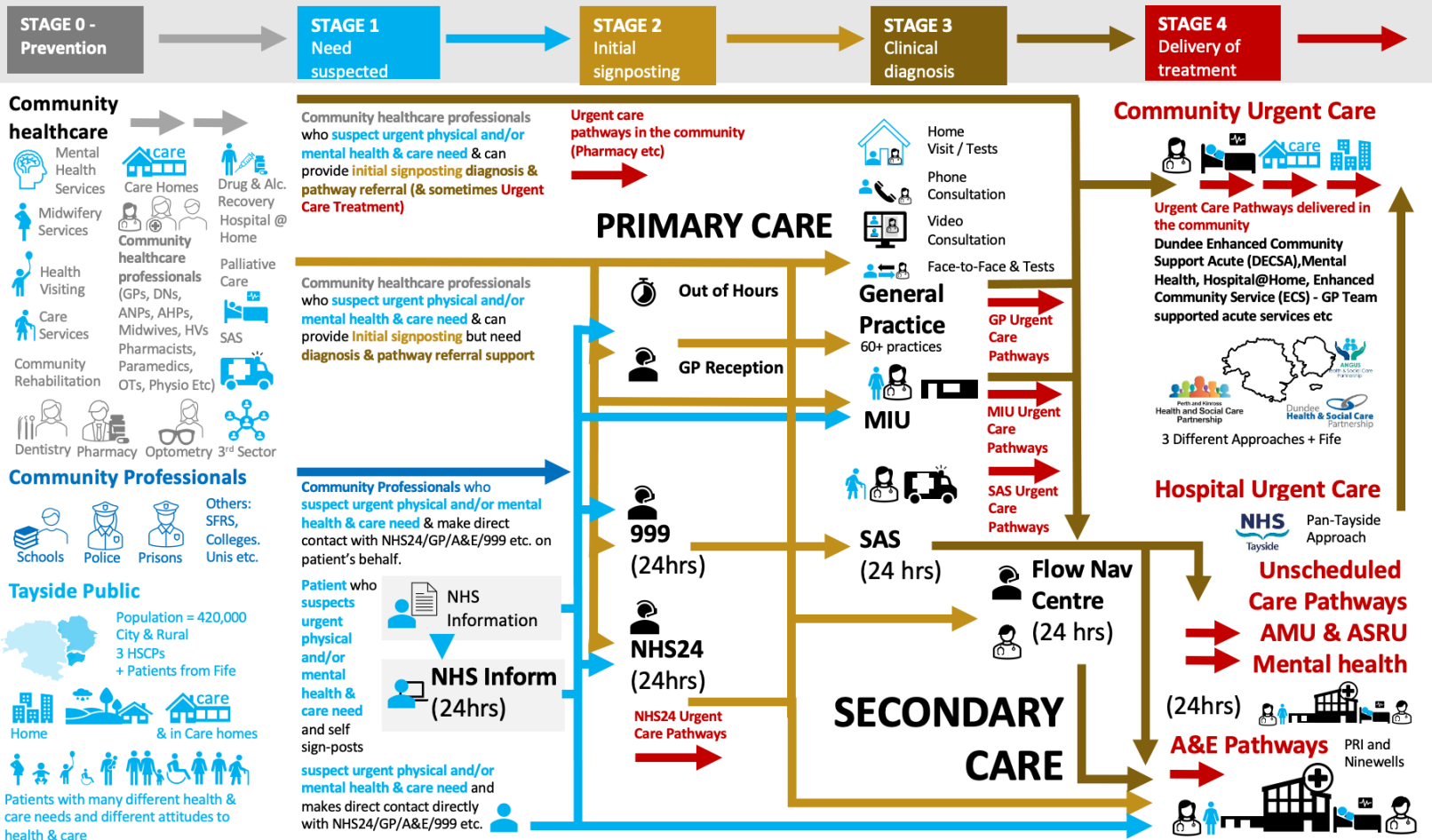


## THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND



# Tayside's urgent care ecosystem

Tayside's urgent care ecosystem aims to optimise each stage in a child, young persons or adult's urgent care journey. Delivering physical and/or mental urgent health & care as close to home as appropriate, in a timely way, ensuring Tayside's resources deliver the best possible health & care outcomes 24/7.



### Annotations for run charts

Date	C-Chart of visits completed	Acute script required?	GP/OOH within 48 hours?	Admitted within 72hrs?	% Visits carried out by staff group
06/10/2021	Practice ANP start	Practice ANP start	Practice ANP start	Practice ANP sta	Practice ANP starts
15/10/2021	DN prescriber	DN prescriber	DN prescriber	DN prescriber	DN prescriber
25/04/2022	DN B5 clinical ass	DN B5 clinical ass	DN B5 clinical asse	DN B5 clinical as	DN B5 clinical assessme
01/05/2022					
06/05/2022					
07/02/2022					

Date	WkDay	Total number of requests from patients	Total number offered alternative by Admin	Total number added to duty request list for clinician review	Total additional number generated by the practice	Column1	Total number home visits completed on each day
18/05/22	Wed	1.00	0	1	2	3.00	3
19/05/22	Thu	2.00	0	2	4	6.00	6
20/05/22	Fri	1.00	0	1	2	3.00	3
23/05/22	Mon	8.00	0	8	3	11.00	11
24/05/22	Tue	1.00	0	1	3	4.00	4
25/05/22	Wed	2.00	0	2	1	3.00	3
26/05/22	Thu	1.00	0	1	2	3.00	3
27/05/22	Fri	2.00	0	2	0	2.00	2
30/05/22	Mon	5.00	0	5	0	5.00	4
31/05/22	Tue	1.00	0	1	0	1.00	1
01/06/22	Wed	2.00	0	2	2	4.00	4

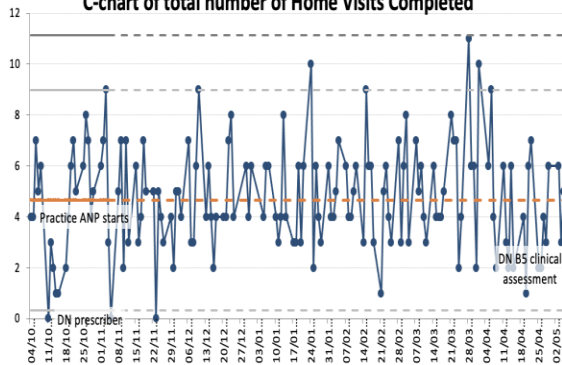


Date	WkDay	Home visit carried out by	Was an acute script required?	Was the patient admitted to hospital within 72 hours?	Did the patient initiate contact with a GP/OOH within 48 hours?
27/05/22	Fri	GP/ST	No	No	No
27/05/22	Fri	GP/ST	Yes	No	No
30/05/22	Mon	GP/ST	No	No	No
30/05/22	Mon	GP/ST	Yes	No	No
30/05/22	Mon	GP/ST	No	No	No
30/05/22	Mon	GP/ST	Yes	No	No
31/05/22	Tue	DN	Yes	No	No
01/06/22	Wed	GP/ST	No	No	No
01/06/22	Wed	GP/ST	Yes	No	No
01/06/22	Wed	GP/ST	No	No	No
01/06/22	Wed	GP/ST	No	Yes	No



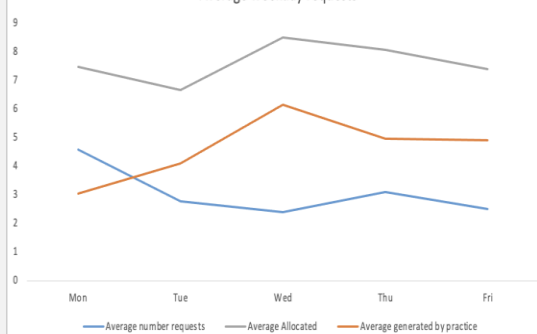
## Requests

### C-chart of total number of Home Visits Completed



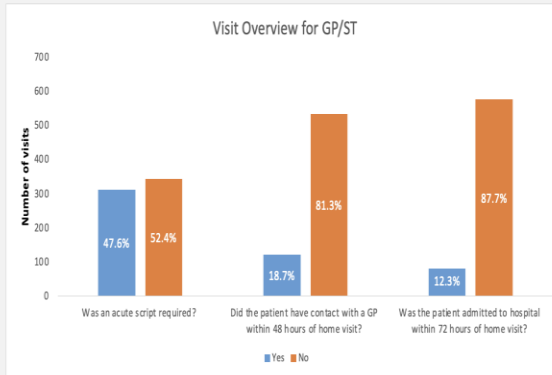
Expect an average of 5 visits, a maximum of 9 and a minimum of 0.  
Capacity for 6 visits would manage the majority of variation (80th percentile).

### Average weekday requests

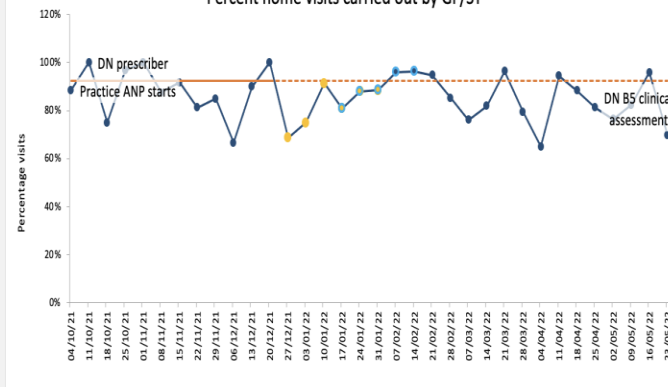


## Visits

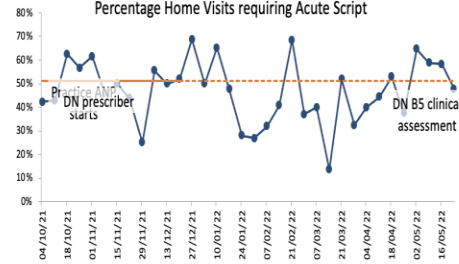
### Visit Overview for GP/ST



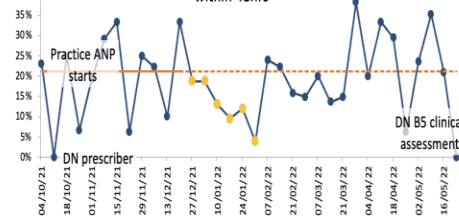
### Percent home visits carried out by GP/ST



### Percentage Home Visits requiring Acute Script



### Percentage Home Visits with patient initiated GP contact within 48hrs



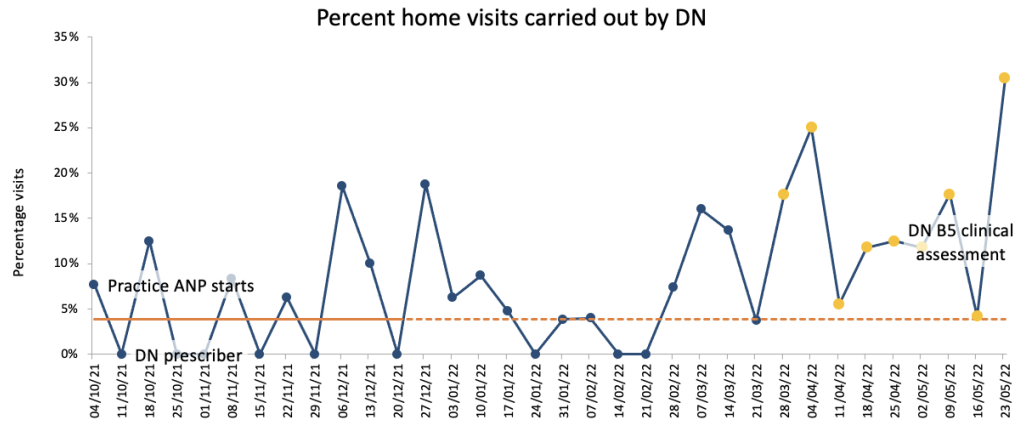
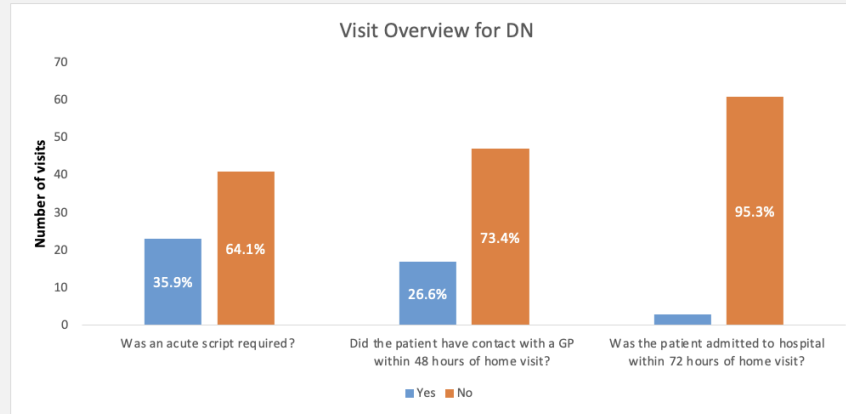
### Percentage Home Visits admitted within 72 hrs



## Visits

Select staff group

DN



# GP Access Tools

Tools and resources to sustainably improve access to general practice

Home / GP Access Tools / Learning from practices / Kirriemuir Medical Practice: Understanding home visit demand and activity in General Practice

## Understanding home visit demand and activity in General Practice

Kirriemuir Medical Practice

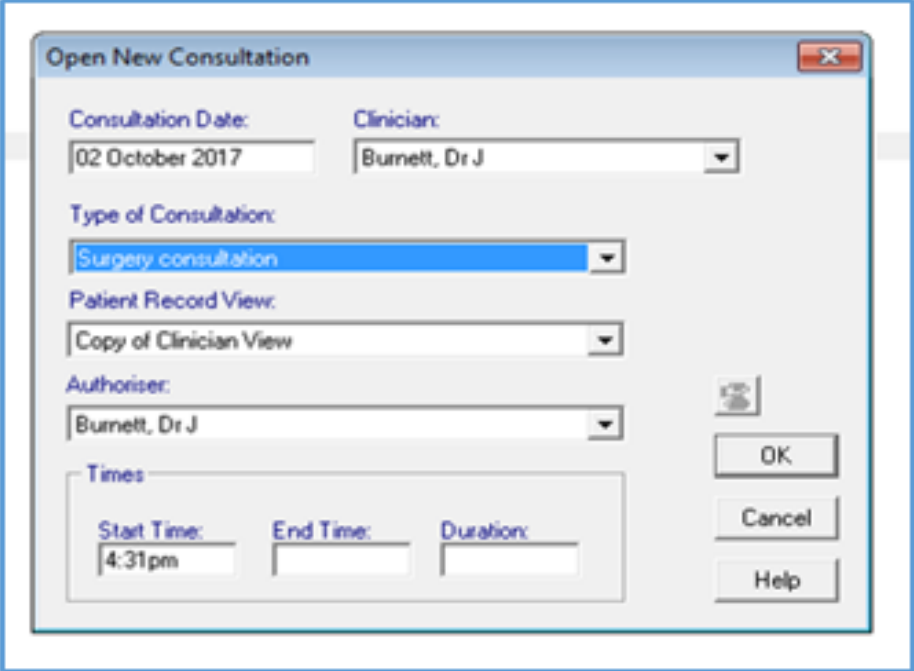
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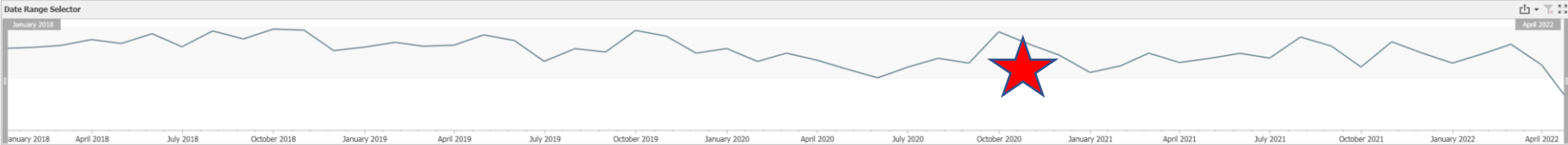
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dema

- Avoid generic users
- Ensure you get a prompt for encounter type when opening notes
- Stick to the agreed list of encounter types: HV (h), Surgery Consultation, Telephone (tt), admin (aa), medicines management (mmm)



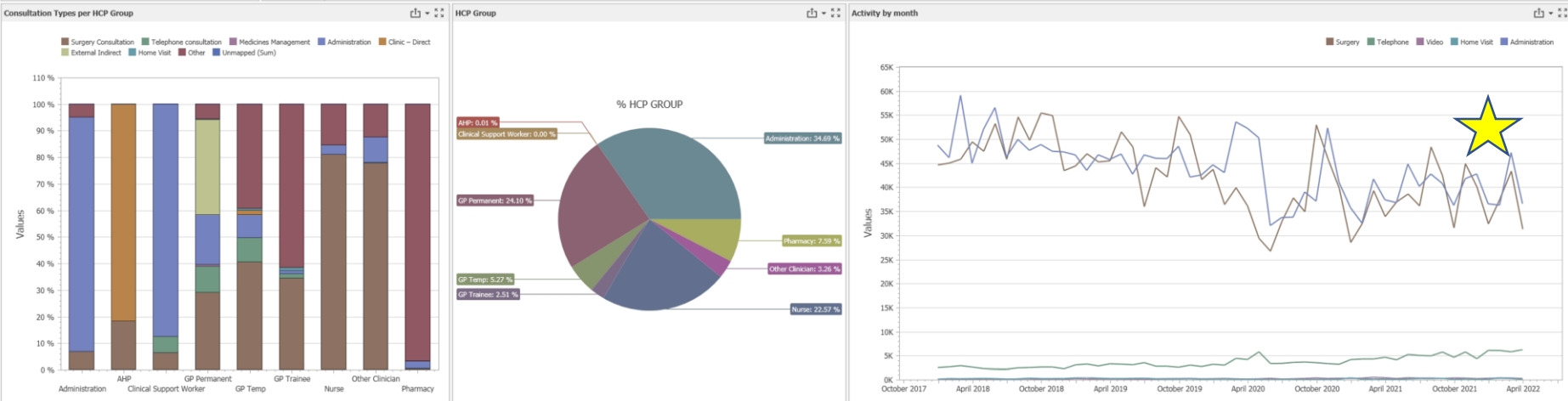
The screenshot shows a dialog box titled "Open New Consultation" with a close button (X) in the top right corner. The dialog contains several input fields and buttons:

- Consultation Date:** A text field containing "02 October 2017".
- Clinician:** A dropdown menu showing "Burnett, Dr J".
- Type of Consultation:** A dropdown menu with "Surgery consultation" selected and highlighted in blue.
- Patient Record View:** A dropdown menu showing "Copy of Clinician View".
- Authoriser:** A dropdown menu showing "Burnett, Dr J".
- Times:** A section containing three fields: "Start Time" (4:31pm), "End Time" (empty), and "Duration" (empty).
- Buttons:** "OK", "Cancel", and "Help" buttons are located on the right side of the dialog.



Select HCP Type to filter items in Activity Table. Values are shown as percentages.

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# How to set up a new appointment booking system to manage patient demand

**Lynne Martin**  
Practice Manager  
NHS Tayside

# What we did

## COVID-19

October 21

- One of 4 GP partners moved
- Patient demand increased

Discussions  
about having a  
full triage system

Decision to  
put the idea  
on hold

Reviewed decision → decided  
to implement the full triage  
system from December 2021.

- HIS approached us to  
participate in a GP access pilot

# What we did

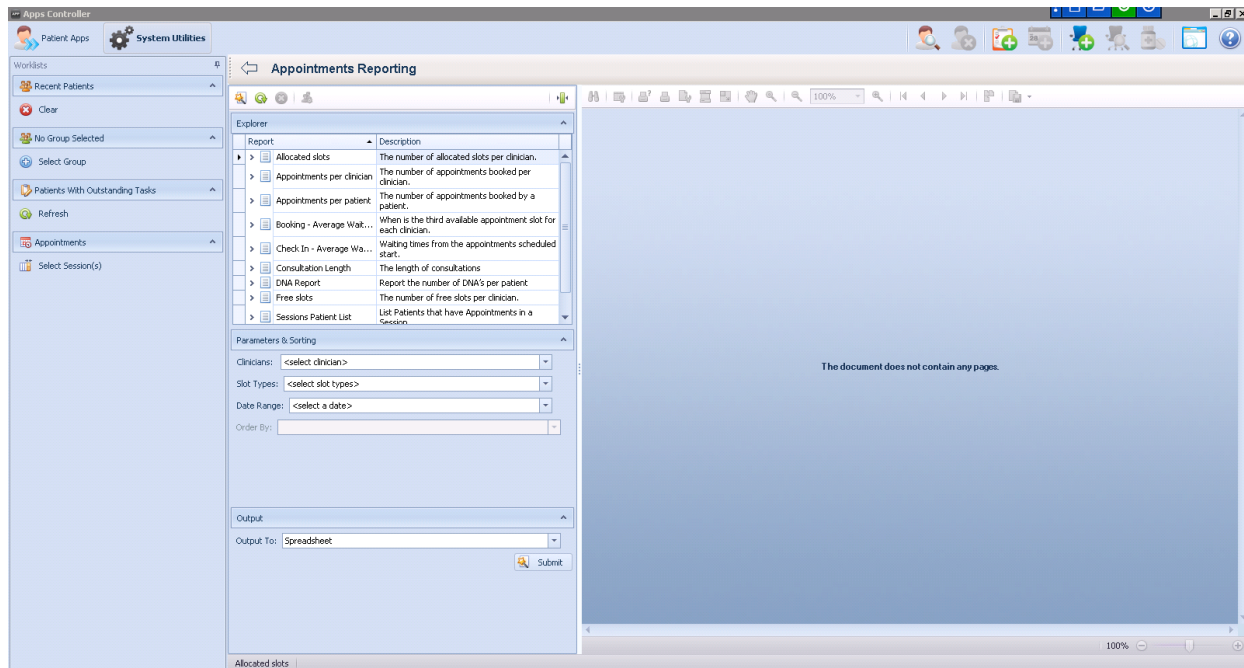
## Developed systems for data gathering and analysis

- System utilities appointment reporting system in the Apps Controller module
- Data analysis tool (run charts) with HIS

## Continuous analysis of the data

- We noted on the run chart any tweaks made to the triage system to allow us to show if these tweaks changed any appointment supply.
- It was found that in the early days this was useful and the plan was to do spot checks by running a report once per week to keep an eye on appointment supply and demand.
- This ongoing checking has not happened due to various issues, including lack of time.

# Appointment Reporting in Vision



# What we learned

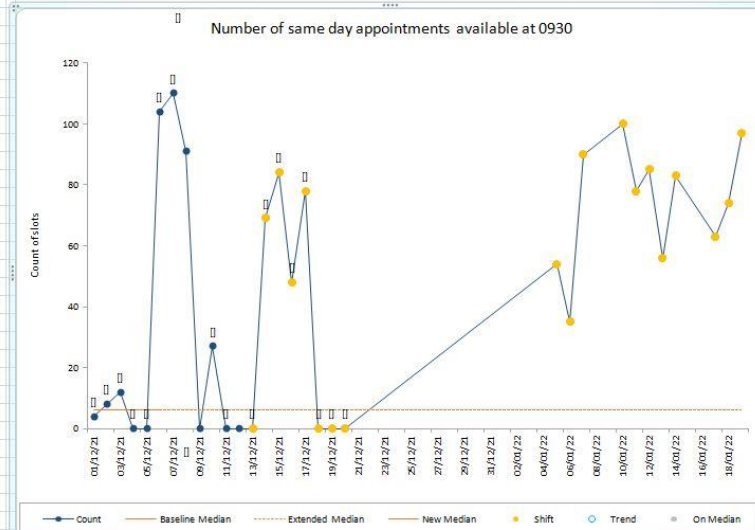
- The **run chart was useful** to evaluate the different types of appointments and the increase in telephone consultations being offered to patients.
- The **run chart** could be used to monitor lots of different projects
- There have been **challenges**:
  - Too many patients in triage and no appointments to move them to if they need seen - demand always changing and can be hard to monitor.
  - Time is an issue with any project to fully complete
- There are **reports available in vision which may not be as known or used** by as many people who could do.

# Run Chart extract

Same day appointment availability (at 0930)

Home

Chart Title	Number of same day appointments available at 0930							Chart Annotation	Comment	DownTrendPt2
Date (dd/mm/yyyy)	Count of slots	Baseline Median	Extended Median	New Median	Shift (auto)	Trend (auto)	On Median (auto)			
30/11/2021	10								ANP AL - GP day off	
01/12/2021	4	6.0			#N/A	#N/A	#N/A		gp/anp day off and 1 anp a/l	
02/12/2021	8	6.0			#N/A	#N/A	#N/A		Gp x 2 anp x1 a/l 1 locumhere al	
03/12/2021	12	6.0			#N/A	#N/A	#N/A		gp x1 anp x1 a/l 1 gp day off	
04/12/2021	0	6.0			#N/A	#N/A	#N/A			
05/12/2021	0	6.0			#N/A	#N/A	#N/A			
06/12/2021	104	6.0	6.0		#N/A	#N/A	#N/A		New appointment h/b on a/l 2xgp working from home	
07/12/2021	110		6.0		#N/A	#N/A	#N/A		1x gp a/l 1 xgp day off 1x anp wo	
08/12/2021	91		6.0		#N/A	#N/A	#N/A		1x gp on a/l 1 x anp day off locu	
09/12/2021	?		6.0		#N/A	#N/A	#N/A			
10/12/2021	27		6.0		#N/A	#N/A	#N/A		1x gp on a/l 1 x gp day off	
11/12/2021	0		6.0		#N/A	#N/A	#N/A			
12/12/2021	0		6.0		#N/A	#N/A	#N/A			
13/12/2021	?		6.0		#N/A	#N/A	#N/A			
14/12/2021	69		6.0		69.0	#N/A	#N/A		GP day off	
15/12/2021	84		6.0		84.0	#N/A	#N/A		ran at 10am	
16/12/2021	48		6.0		48.0	#N/A	#N/A		2 GP AL	
17/12/2021	78		6.0		78.0	#N/A	#N/A		2 GP AL	
18/12/2021	X		6.0		X	#N/A	#N/A		Sat	
19/12/2021	X		6.0		X	#N/A	#N/A		Sun	
20/12/2021	X		6.0		X	#N/A	#N/A		Report not run until 5/1 due to staff absences	
05/01/2022	54		6.0		54.0	#N/A	#N/A		2 GP AL, 1 ANP day off	
06/01/2022	35		6.0		35.0	#N/A	#N/A		1 GP AL, 1 ANP AL	
07/01/2022	90		6.0		90.0	#N/A	#N/A		1 GP AL, 1 ANP AL, 1 GP day off	
10/01/2022	100		6.0		100.0	#N/A	#N/A		1 ANP AL	
11/01/2022	78		6.0		78.0	#N/A	#N/A		1 ANP AL, 1 GP day off	
12/01/2022	85		6.0		85.0	#N/A	#N/A		1 GP day off, 1 ANP AL, 1 GP morn	
13/01/2022	56		6.0		56.0	#N/A	#N/A		ANP AL - 1 GP day off	
14/01/2022	83		6.0		83.0	#N/A	#N/A		1 GP day off, 1 ANP AL	
17/01/2022	63		6.0		63.0	#N/A	#N/A			
18/01/2022	74		6.0		74.0	#N/A	#N/A		1 GP day off	



# What is next

- The practice plans to **review the triage system** as
  - due to the restrictions of the pandemic being removed, demand has increased again.
  - We have also taken on a large amount of patients from a local practice which has closed and need to have a system fit for the future, especially with GP retirements coming up in the near future and still no replacement for the GP who us left last year.
- If we have **further projects, we would use the run chart and amend as required** to fit our needs

# Questions

Any questions?



# Understand clinical demand and time in general practice using data collection tools

**Anne Ribet**  
Practice Manager  
NHS Shetland



# Background

## November 2021

- Yell Health Centre approached by HIS to identify an area of demand which the practice team felt needed a different/improved approach to understand the demands on clinical time.



A snapshot of issues was achieved by undertaking a rapid data collection and analysis exercise using data collection tools. This was for one week. (8<sup>th</sup> – 15<sup>th</sup> December).

# What we did

- Consultation with team
- Subjective views sought
- Suggestions
- Decision on topic agreed



# What did we focus on? - Unseen Demand - TASKS

- Tasks sent to GPs regarding different categories of query can increase workload substantially
- Data collection completed to identify the number and type of tasks dealt with on a daily basis by GP



# What did we do?

## Demand Collection Sheet

Date:		Time:		Source:	(Name and or Job Title)
-------	--	-------	--	---------	-------------------------

Task category...

[illegible]

- Data capture tally sheets produced by HIS listing the various task categories given to each reception desk for AM and PM
- Brief session with staff to go over the process of data capture sheet (completed daily for a week)

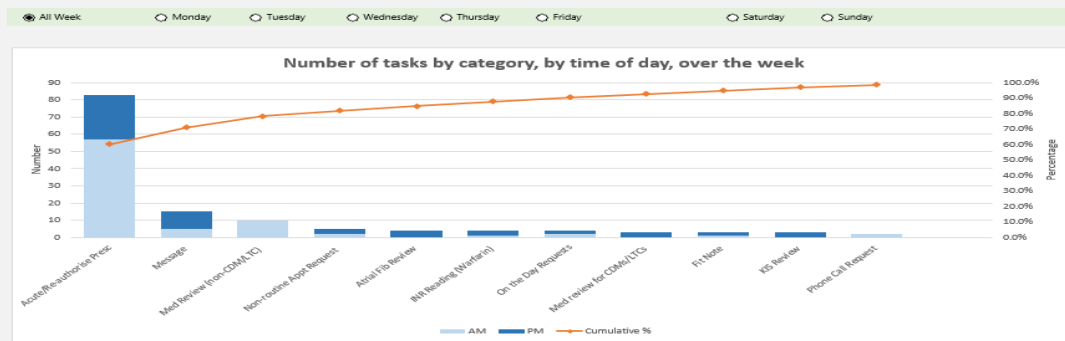
# What did we do?

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Date	Time (AM or PM)	Acute/Re-authorise Prescribing	Message	Med 3/Fit Note	Medication review for CDMs/LTCs	INR Reading (Warfarin Reading)	Phone Call Request	Medication Review (non-CDM/LTC)	Atrial Fibrillation Review	On the Day Requests (e.g. need urgent referral, need urgent prescription as meds have run out)	Non-routine Appointment Request	Key Information Summary (KIS) Review	Other
2	12/9/2021	AM	3	2	0	0	0	0	0	0	1	0	0	0
3	12/9/2021	PM	5	5	0	0	0	0	0	0	3	0	0	0
4	12/10/2021	AM	7	2	0	0	0	0	0	0	2	0	0	0
5	12/10/2021	PM	11	1	2	0	0	0	0	0	3	0	0	0
6	12/13/2021	AM	4	4	0	0	0	0	0	0	0	0	0	0
7	12/13/2021	PM	3	1	0	0	0	0	0	0	1	0	0	0
8	12/14/2021	AM	1	3	1	0	0	0	0	0	1	0	0	0
9	12/14/2021	PM	5	2	0	0	0	0	0	0	0	0	0	0
10	12/15/2021	AM	6	0	1	0	0	0	0	0	0	0	0	0
11	12/15/2021	PM	1	0	2	0	0	0	0	0	2	0	0	0
12														

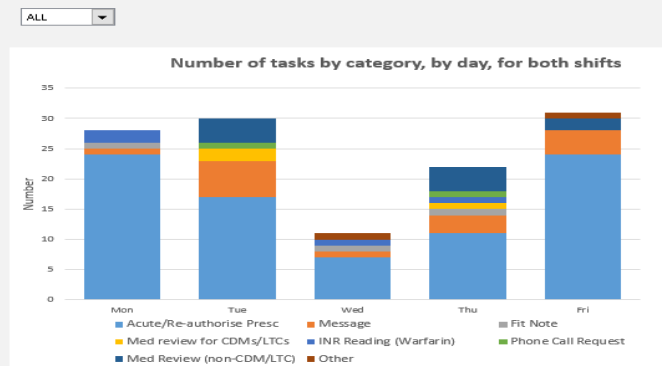
PM collated daily count onto a spreadsheet. HIS then analysed the demands of various tasks at the end of the data collection week with data tally tool (on HIS website)

# Analysing the data

- After the data collection was complete, the data was entered into a special Excel data dashboard.



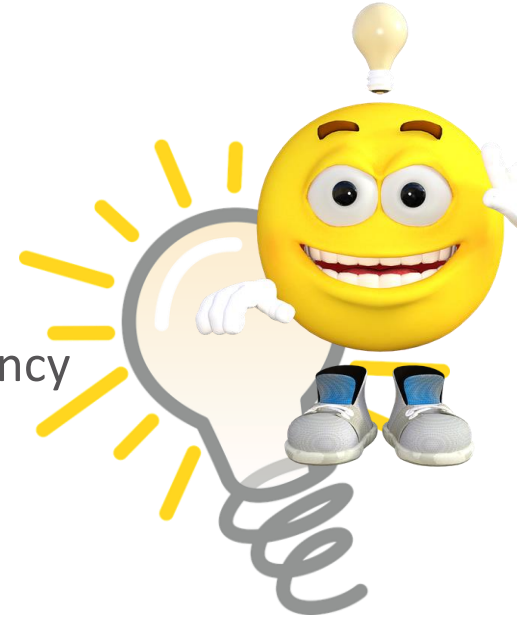
Average over the week	Acute/Re-authorise Presc	Message	Med Review (non-CDM/LTC)	Non-routine Appt Request	Atrial Fib Review	INR Reading (Warfarin)	On the Day Requests	Med review for CDMs/LTCs	Fit Note	KIS Review	Phone Call Request
AM	57	10	0	0	0	0	0	0	0	0	0
PM	26	15	10	5	4	4	4	3	3	3	2
Total	83	25	10	5	4	4	4	3	3	3	2
Percentage	60.1%	10.9%	7.2%	3.6%	2.9%	2.9%	2.9%	2.2%	2.2%	2.2%	1.4%
Cumulative %	60.1%	71.0%	78.3%	81.9%	84.8%	87.7%	90.6%	92.8%	94.9%	97.1%	98.6%



Both shifts	Mon	Tue	Wed	Thu	Fri
Acute/Re-authorise Presc	24	17	7	11	24
Message	1	6	1	3	4
Fit Note	1	0	1	1	0
Med review for CDMs/LTCs	0	2	0	1	0
INR Reading (Warfarin)	2	0	1	1	0
Phone Call Request	0	1	0	1	0
Med Review (non-CDM/LTC)	0	4	0	4	2
Atrial Fib Review	1	0	2	1	0
On the Day Requests	1	1	1	0	1
Non-routine Appt Request	2	0	1	2	0
KIS Review	0	2	0	1	0
Other	0	0	1	0	1
Total	32	33	15	26	32

# What did we learn?

- Majority of tasks were patient requests for repeat/acute or re-authorised or expired prescriptions.
- There is scope for signposting to local pharmacy and using Pharmacy First.
- Many of “task” categories were historical and not used.
- There were some staff differences in interpretation and urgency perceptions of task categories - some not being correctly classified could cause delay in GP action.





# Next steps

- Another data collection exercise once pharmacist in post
- Review of task list categories
- Staff training around task categories and urgency
- Engage with local pharmacy re telephone consults/Near Me consults for pharmacy First promotion



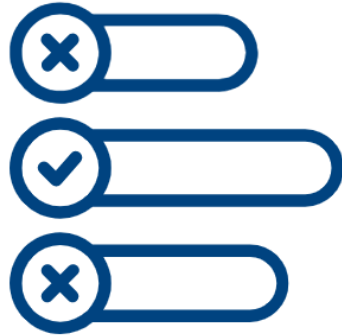
# Discussion

# Closing remarks

**April Masson**

Portfolio Lead, Primary Care Improvement Portfolio  
Healthcare Improvement Scotland

# Next steps



Evaluation  
survey – link in  
the chat box



Follow up  
email circulated  
soon

# Keep in touch



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