



5 Productive work flows

Match capacity with demand

Redesigning care, The Robert Darbishire Practice, Manchester

This large inner city practice was facing multiple problems with access. A comprehensive change programme introduced a demand-led approach, which has achieved multiple improvements for patients and the practice.

The idea

Numerous tweaks had been made to the appointments system over the years, but all had only a short-term benefit. In 2009 the practice began a comprehensive review of its approach to meeting patient needs, using a demand-led approach. This involved measuring contacts at reception and consultations with clinicians, and involving the whole practice team in discussing the data and finding solutions.

It was a different approach, to first understand demand, then adapt services to meet it (rather than expecting patients to fit themselves around what was being offered - and getting frustrated when it was a bad experience for both us and them). Measuring demand revealed several issues:

- demand varied considerably during the week, but had predictable patterns, with a big peak on Mondays and in certain months of the year, yet appointments were spread evenly during the week and there was no effort to schedule routine work during quieter months
- GPs were being used as the first port of call for the vast majority of first contacts by patients, in spite of the fact that many could have been handled by someone else
- about 50-60% of contacts were for a same day appointment, yet most appointments were prebookable. Surgeries were generally booked over two weeks ahead, there was a high DNA rate and the nominated emergency GP was single-handedly handling 70 or more overspill contacts per session. Continuity was poor and patients were often frustrated at having been forced to define their need as urgent just to get an appointment. This further added to the emergency GP feeling overwhelmed and unable to do a good job.

Over time, a number of major changes were made:

- a phone first system was introduced for unplanned GP care – this was not triage, but a full consultation on the phone wherever possible
- capacity was more carefully matched to patterns of demand through the week and year. This involved adjusting GPs working week to provide more appointments on Mondays, moving some routine follow-ups to quieter months and using locums to add acute care capacity for the busiest weeks of the year. This avoided queues building up, and reduced the need for patients to book ahead just in case.
- receptionists were trained to ascertain the patients need and, where appropriate, direct them to someone else in the team other than a GP who could help, as well as to reinforce the importance of continuity for people with complex needs
- the use of advanced nurse practitioners was expanded, the senior practice nurse was trained in diagnosing and prescribing for minor ailments
- healthcare assistants were introduced, to allow practice nurses to take more responsibility for uncomplicated chronic disease management, freeing GPs to deal with more complex issues
- a number of processes were redesigned, to direct patients and paperwork to the usual GP more of the time, and to

anticipate needs where possible

Impact

The following improvements have been seen:

- Appointment capacity has increased by nearly 40% [with additional cost? Eg WTE GPs / 1000pts, or % change in staff bill]. The practice has been able to grow the list size by 14%.
- patient and staff satisfaction has improved. Patient satisfaction with access is consistently over 90% (good or very good). Results of the Friends and Family Test now mention positive experiences with access.
- Sickness absence amongst clinicians has reduced [how much].
- A&E attendance by practice patients reduced by 53% from 2008 to 2014 (despite the practice being located 0.4 miles from the hospital).
- Emergency admissions reduced by 22% from 2008 to 2014.
- Use of out-of-hours is 24% lower than the local average.

Implementation tips

Don't be afraid to ask fundamental questions about the most appropriate ways to meet patients needs. Some issues are better addressed by doing quite different things, rather than just making small tweaks.

Measure every patient request for an appointment, as well as the journeys patients take through the practices systems. There will almost always be big surprises, and immediately obvious areas for improvement. Include DNAs, as these often reflect a failure to do today's work today.

Link(s)

www.rdp.org.uk