



Case study 3

A PCT in North Central London has solved its practice nurse recruitment problem by setting up a staff bank. The nurses each get a Personal Development Plan – and ‘earn’ training credits as well as wages. An on call development nurse practitioner is always available to support, as well as find, nurses. Each practice has been assessed for which grades of nurses should work there – so the PCT can be sure that appropriate cover is maintained. It also influences the training programme.

Case study 4

Another PCT in North East London is using a PMS practice as a transitional practice for refugees and some other unregistered patients – sorting out the backlog of problems and making sure all the Quality and Outcomes Framework issues are tidied up before passing them on to a ‘regular’ practice. Again, this takes the pressure off practice teams – and allows them to offer good access.

Improving access improves the lives of your patients – and your life as well

Hear what people say:

Patient:

“The new staff are so much better than the old staff” (the same staff)

Patient:

“I would like to congratulate you and your staff on the massive improvements that have taken place”

GP:

“The benefits to us and our staff cannot be overestimated”

So ask your patients

- When do you want to be seen?
- Who do you want to see?
- Or can we help you a different way?



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When do you want to be seen?

Who do you want to see?



Improving access

Improving access is not about:

- eliminating booking ahead
- patients having to ring back at the beginning of the day



When do you want to be seen?

Who do you want to see?

These are the questions most people would like to be asked when wishing to access the health service. Those of us who work in health, and our families, often wish to be dealt with quickly. It is the same for every patient.

There have been major improvements to access in primary care brought about in various ways. A huge number of practices now operate advanced access and other practices create different approaches with their PCTs.

“*Improving access is about patients having a choice of a range of methods of accessing primary health care, for example telephone and email, as well as conventional consultation. It's about being able to be seen on the same day or on a future day and being able to maintain continuity of care wherever possible. These are vital elements in primary care and what we have been working to achieve.*”

Sir John Oldham, GP and Head of the National Primary Care Development Team (NPDT)

Improving access is not about:

- eliminating booking ahead
- patients having to ring back at the beginning of the day
- receptionists battling with patients
- something you do once; it is like managing blood pressure, you have to keep checking it's ok

If you have improved access in some ways but still have these problems then we can help you take that extra step.

What can you do?

If you are preventing booking ahead case study 1 will be of interest. The steps below will help and they can also be found at: www.npdt.org

STEP 1

Recalculate your demand and capacity

STEP 2

Survey the % of patients who wish to book ahead

STEP 3

Maximise your efforts to give choice of access rather than face to face appointments

STEP 4

Ensure good contingency plans for sickness and holiday

STEP 5

Trust the mathematics of step 1 and 2. It's a common myth that preventing booking ahead protects you from being flooded; demand is predictable, one week is much the same as another, one winter much the same as another.

Case study 1

A practice in the West Midlands was operating a restricted booking system which only allowed patients to book on the day that they rang, as receptionists were clearing all appointment screens at the end of each working day on the understanding that this was “Doing today's work today”. After hearing an NPDT presentation on Advanced Access, one of the GPs recognised that the practice's appointment system was not flexible enough to offer patients an appointment on the day of their choice. The practice then spent time measuring their demand and capacity for appointments and also re-trained receptionists on the new way of working. After initially only allowing pre-booking to working patients, and those who had difficulty with transport, the practice were able to open up their appointment system to any patient requesting a pre-bookable appointment.

If you want to improve access in a different way case studies 2, 3 & 4 will be of interest. They are good examples of how PCTs have assisted practices in improving access for patients.

Case study 2

A PCT in Kent is using their out-of-hours service to provide extra appointments in-hours for practices who are struggling. To ensure fairness, each practice is allocated a set number of slots – they get ‘money back’ if they don't use the slots, and can also ‘buy’ more slots if there is a problem with, for example, unexpected sick leave.