

# Access to GP Services

GP Patient Survey –an  
analysis of the Access  
Questions

January 2015

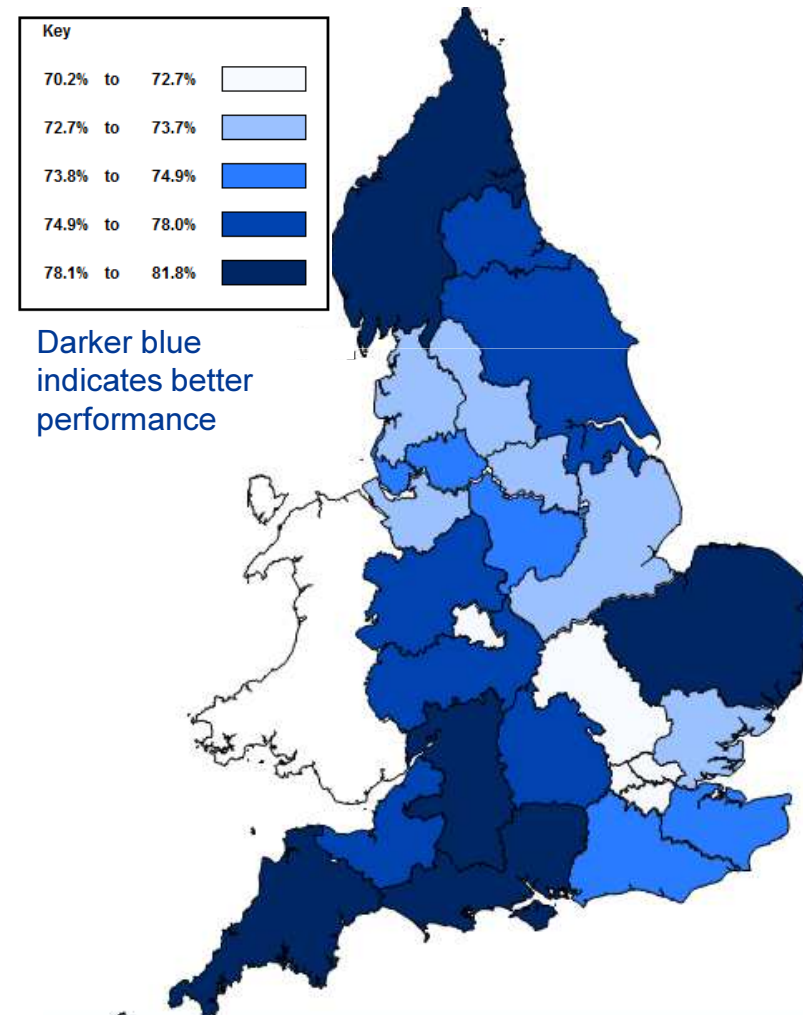
# There is considerable geographical variation in patient experience of access

There is **significant variation in the reported experience of access to GP services across geographical areas** in England (Fig 1). Differences in population demographics partly explain this variation.

In 2013-14 there was a difference of 12 percentage points between the areas with the highest and lowest proportions of people reporting a good **overall experience of making an appointment** (82% in Devon, Cornwall & the Isles of Scilly; 70% in Birmingham & the West Country. In Rotherham, 75% people reported a good overall experience of making an appointment.)

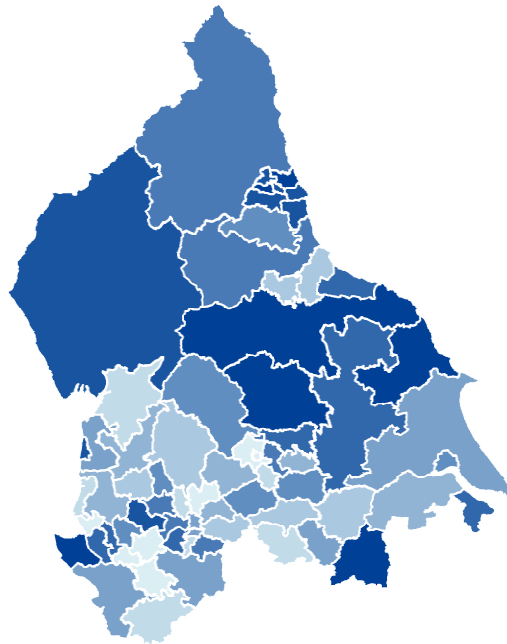
The **national trends in the key drivers of experience of access are reflected at Area Team level** though there is variation in regional rates of decline over time. For example, between 2011-12 and 2013-14, the proportion of people who felt that their last appointment was convenient fell by 2.2 percentage points in Cheshire, Warrington and Wirral, compared to 0.5 points in Greater Manchester. In Rotherham change has been decline of 1 percentage point over the same period

**Figure 1:** Proportion of patients who describe their overall experience of making an appointment as good, 2013-14

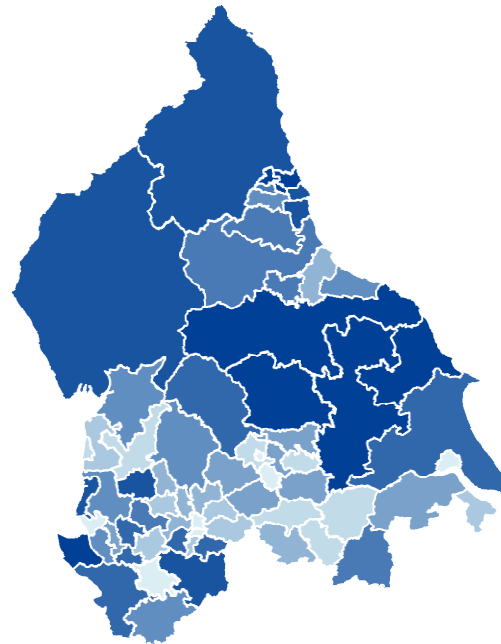


# GP Access Metrics: CCG Benchmark in the North of England

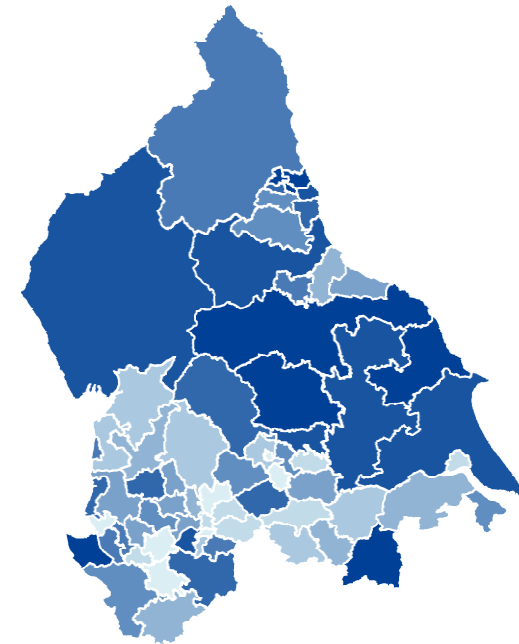
Satisfaction with Access



Satisfaction with Consultation



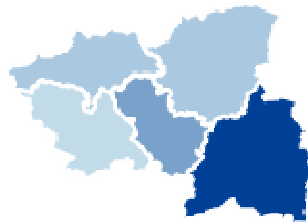
Satisfaction with Care Overall



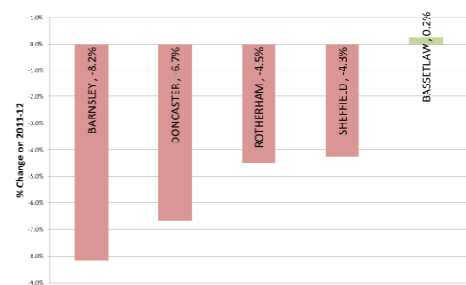
- CCGs ranked on 2013-14 performance on 3 primary care metrics – coloured in 10% bands: Rotherham CCG practices fall into average access across the Region (although North Region performs above national average)

# South Yorkshire & Bassetlaw CCGs

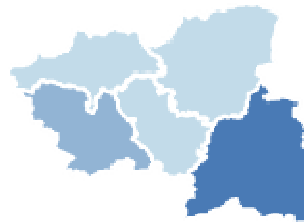
## Satisfaction with Access



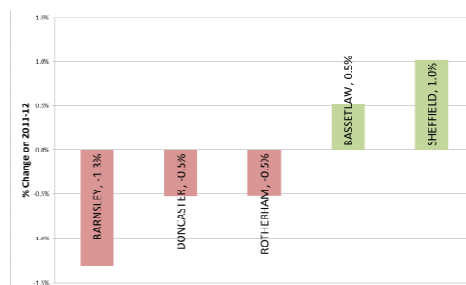
AT Total	Score	Change on previous year	Change on 2011-12
2011-12	255.3		
2012-13	249.0	↓ -2.5%	
2013-14	242.3	↓ -2.7%	↓ -5.1%



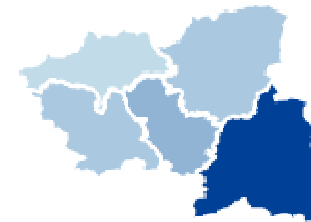
## Satisfaction with Consultation



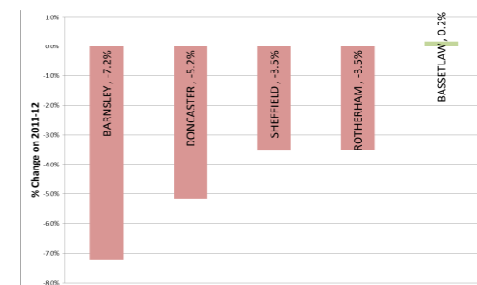
AT Total	Score	Change on previous year	Change on 2011-12
2011-12	629.0		
2012-13	633.3	↑ 0.7%	
2013-14	628.9	↓ -0.7%	↓ 0.0%



## Satisfaction with Care Overall



AT Total	Score	Change on previous year	Change on 2011-12
2011-12	171.9		
2012-13	168.5	↓ -2.0%	
2013-14	164.7	↓ -2.3%	↓ -4.2%



Quality

Delivery

Commissioning

Finance

HR

OACP

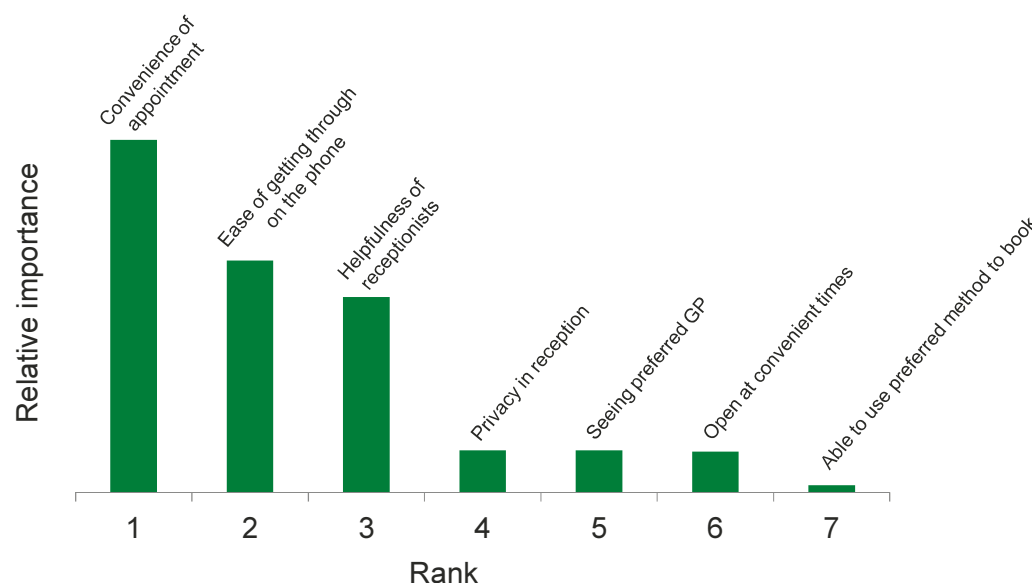
Strategic

# Key drivers of satisfaction with general practice appointments

- Overall levels of patient satisfaction with primary care remain high, but experience of access to general practice is deteriorating.
- Analysis of the GP Patient Survey by Ipsos-MORI highlights that the convenience of the appointment has the most impact on a person's rating of their experience of making an appointment, followed by ease of getting through on the phone and experience with reception in making an appointment

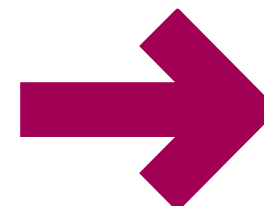
## Key National Drivers for Q18

*Drivers of overall experience of making an appointment*



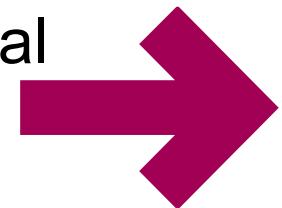
Q18: Overall, how would you describe your experience of making an appointment?

61.7% of the variance explained by the model



# Deep dive into appointments

- Within the North we have used this to delve deeper into what types and times of appointments patients want compared to the types and times of appointments patients get and what impact that therefore has on their overall experience of making an appointment
- This analysis looks specifically at whether patients are getting appointments and how that affects their experience.
- In addition, as the chart on the previous slide shows, being able to get through on the phone and helpfulness of receptionists are also key drivers, so making improvements in these areas will also contribute to improving patient experience of accessing general practice overall



# Age and state of health are two of the strongest predictors of experience of access to primary care services

The significant geographic variation in reported experience of access to GP services across England can partly be explained by differences in population demographics.

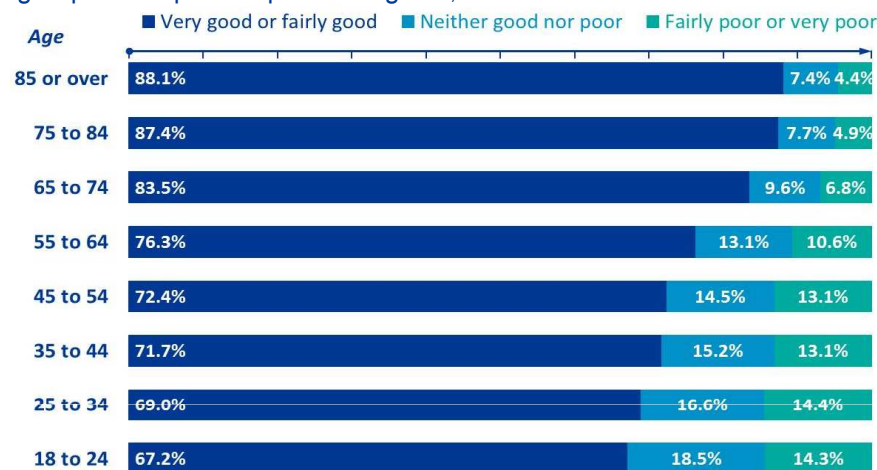
Analysis indicates that **Age** and **State of health** are two of the strongest predictors of patient experience of access:

**Older** patients are **more likely** to report a **positive** experience of accessing GP services compared to younger patients (fig 5).

Patients with **one or more long-standing health conditions (LSHC)** are **more likely** to report a **positive** experience of accessing GP services compared to patients without an LSHC (fig 6).

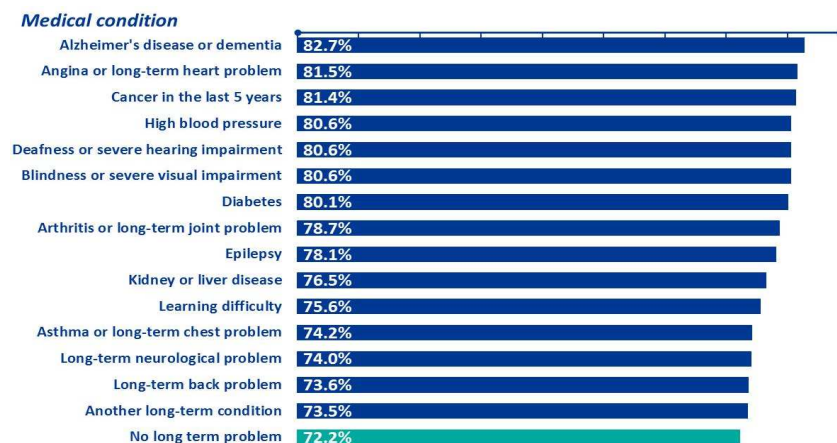
We also know that **experience of access varies by ethnicity**: while three-quarters (75%) of people from white backgrounds report good overall experiences of making an appointment, only around two-thirds (64%) of those from Asian and Asian British backgrounds report this way.

**Figure 5:** Overall experience of making an appointment by age group. All response options. England, 2013-14



Data source: NHS England, GP Patient Survey 2013-14. Fieldwork periods Jul - Sept 2013 & Jan - Mar 2014

**Figure 6:** Overall experience of making an appointment by health status. All response options. England, 2013-14

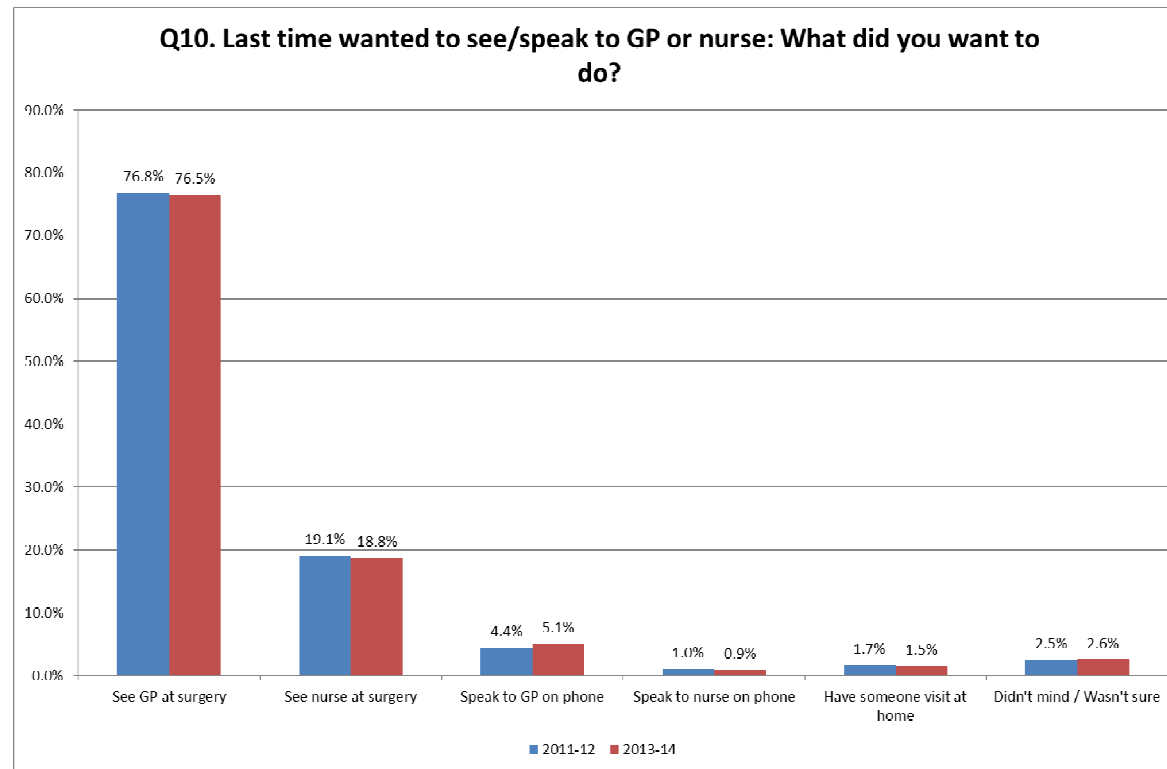


Data source: NHS England, GP Patient Survey 2013-14. Fieldwork periods Jul - Sept 2013 & Jan - Mar 2014

<sup>3</sup>Unpublished research commissioned from Ipsos MORI by NHS England in 2014.

# Type of appointments - wanted

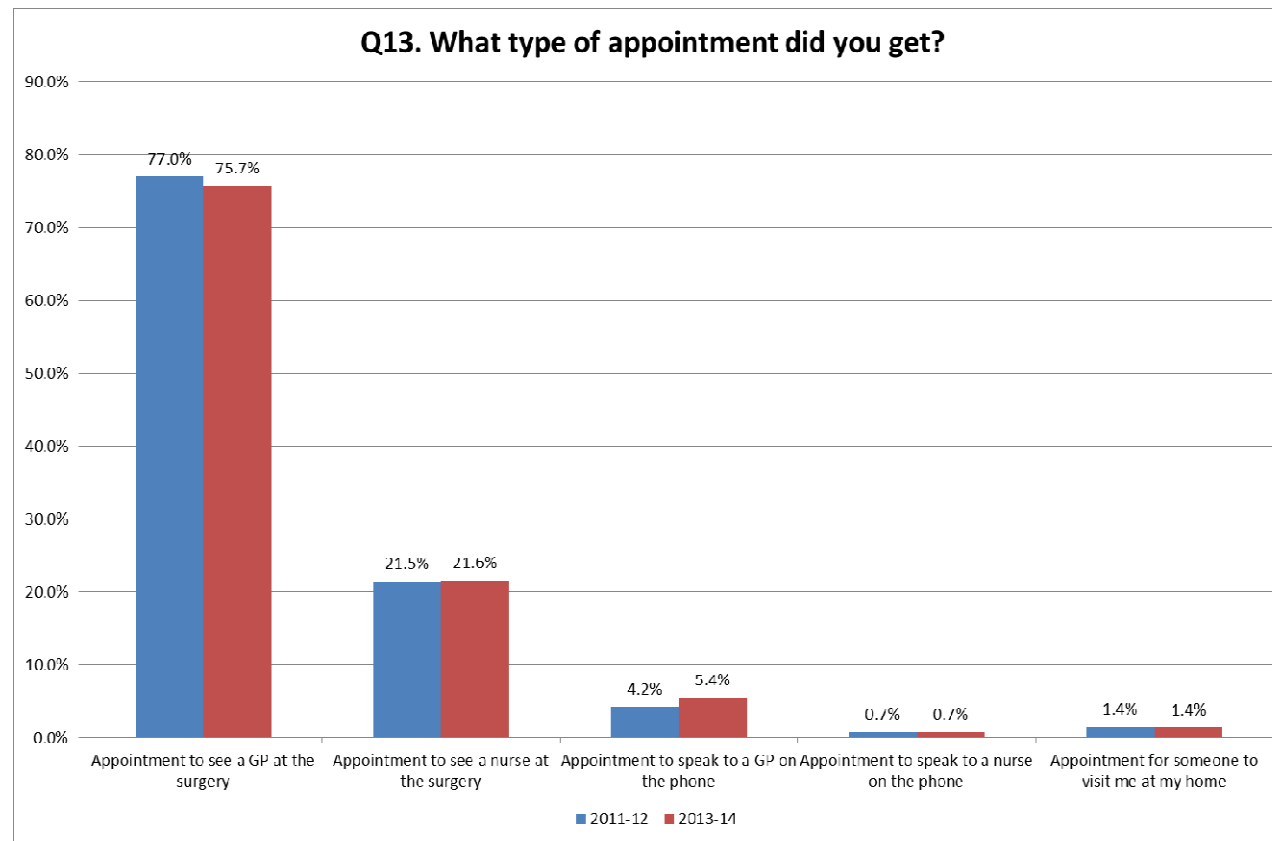
- The GPPS shows that the vast majority of patients still want to see a GP at the surgery, however, that proportion has dropped slightly in 2013 and there has been an increase in the proportion of people wanting to speak to a GP over the phone





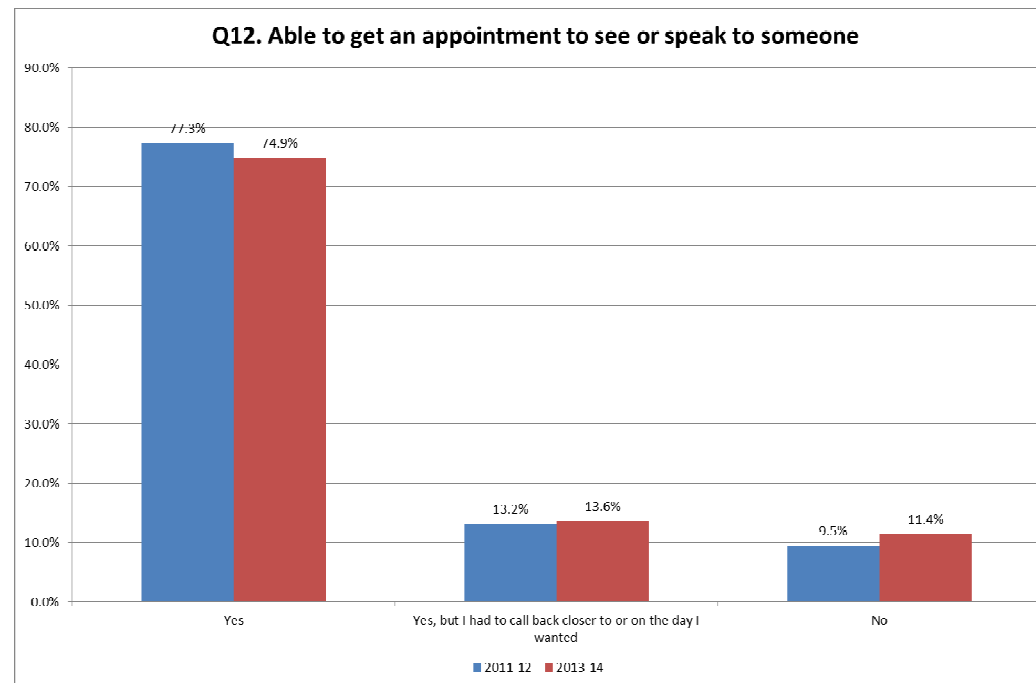
# Type of appointments - getting

- Most patients are getting appointments in the surgery with the GP, in a similar proportion to the numbers requesting those types of appointments



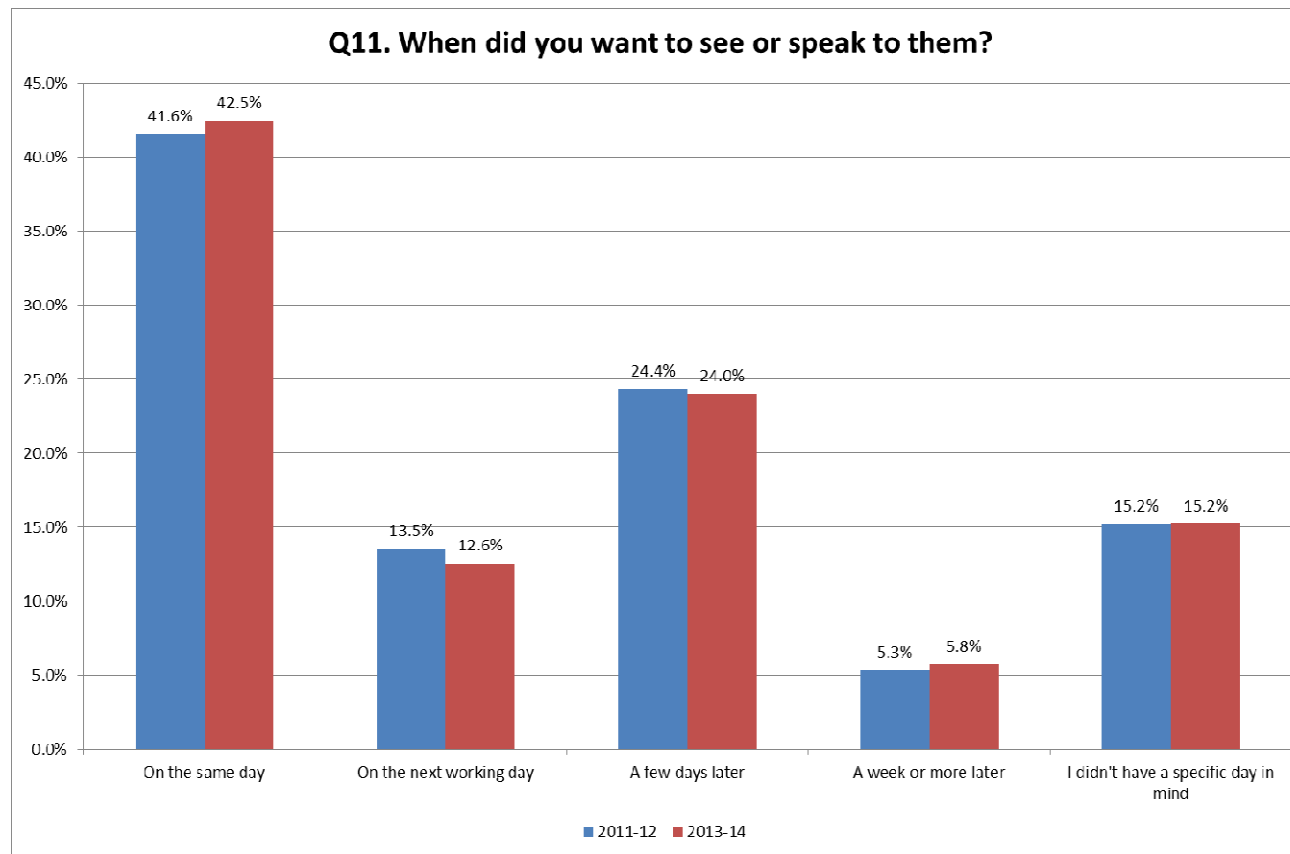
# Are people getting appointments

- Only 89% of patients in the North region (85% in Rotherham) are actually able to get appointments to see or speak to someone at their surgery in 2013-14 -
- Alongside that, 14% of respondents (12% in Rotherham) are having to call back in order to get those appointments – which has gone up 0.4 percentage points from 2011-12



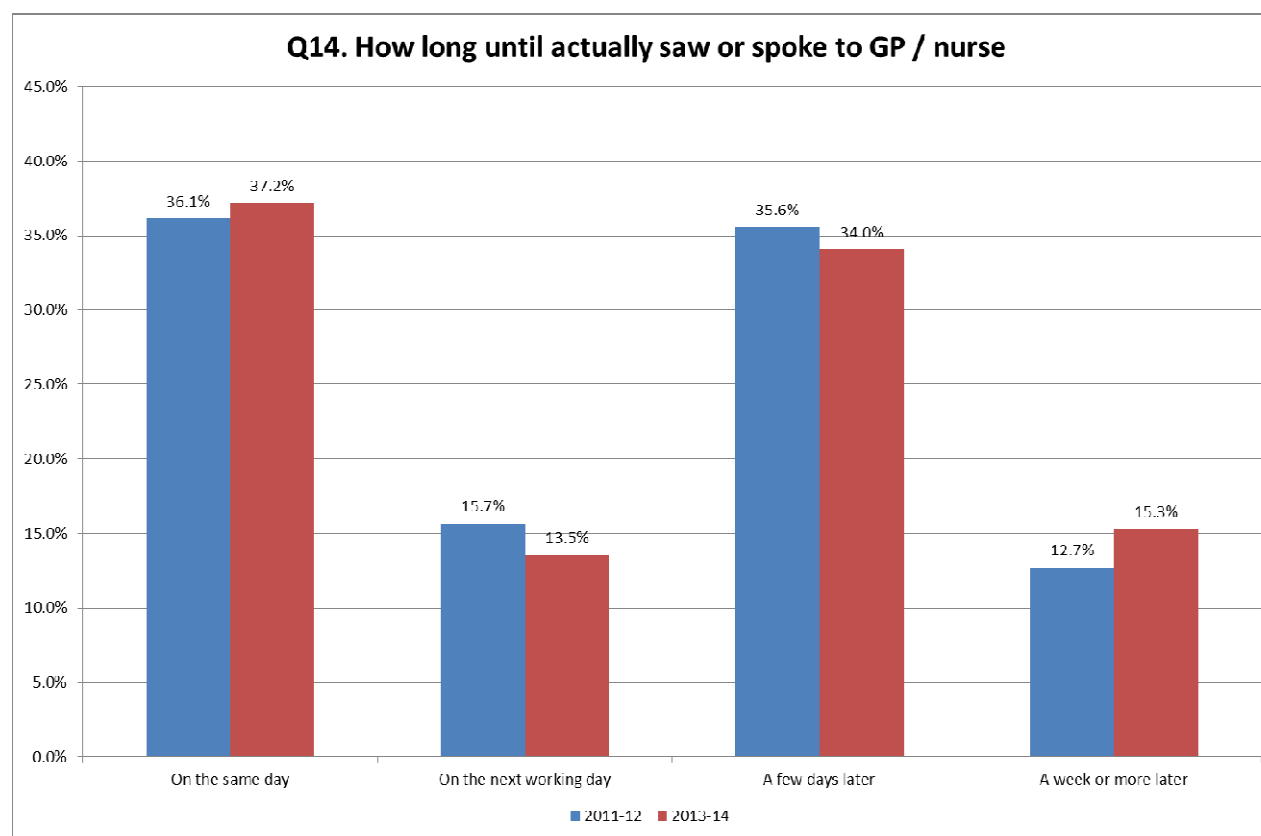
# When do people want appointments

- In 2013-14 around 43% of respondents across North of England wanted a same day appointment (41% in Rotherham), an increase of 1 percentage point on 2011-12



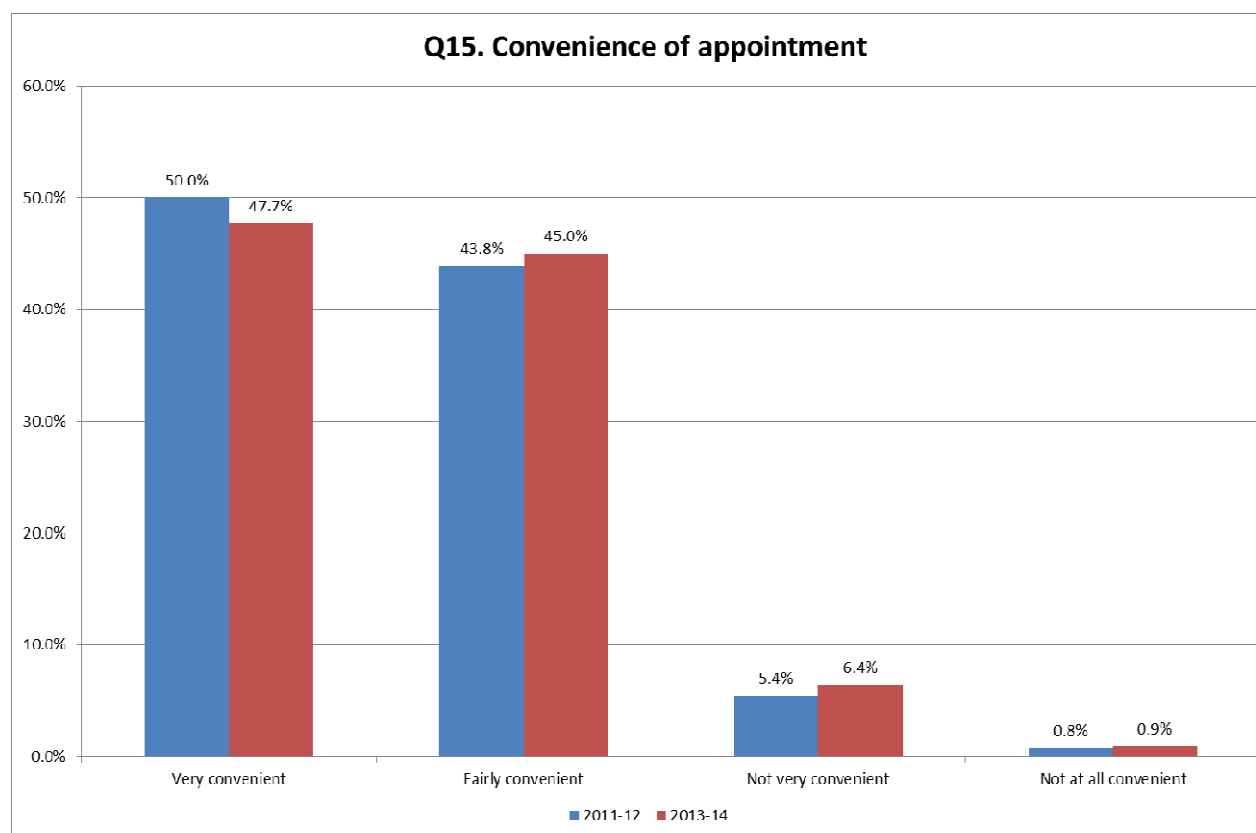
# When are people getting appointments?

- In contrast, only 37% of patients (35% in Rotherham) in 2013-14 were actually able to get a same day appointment.



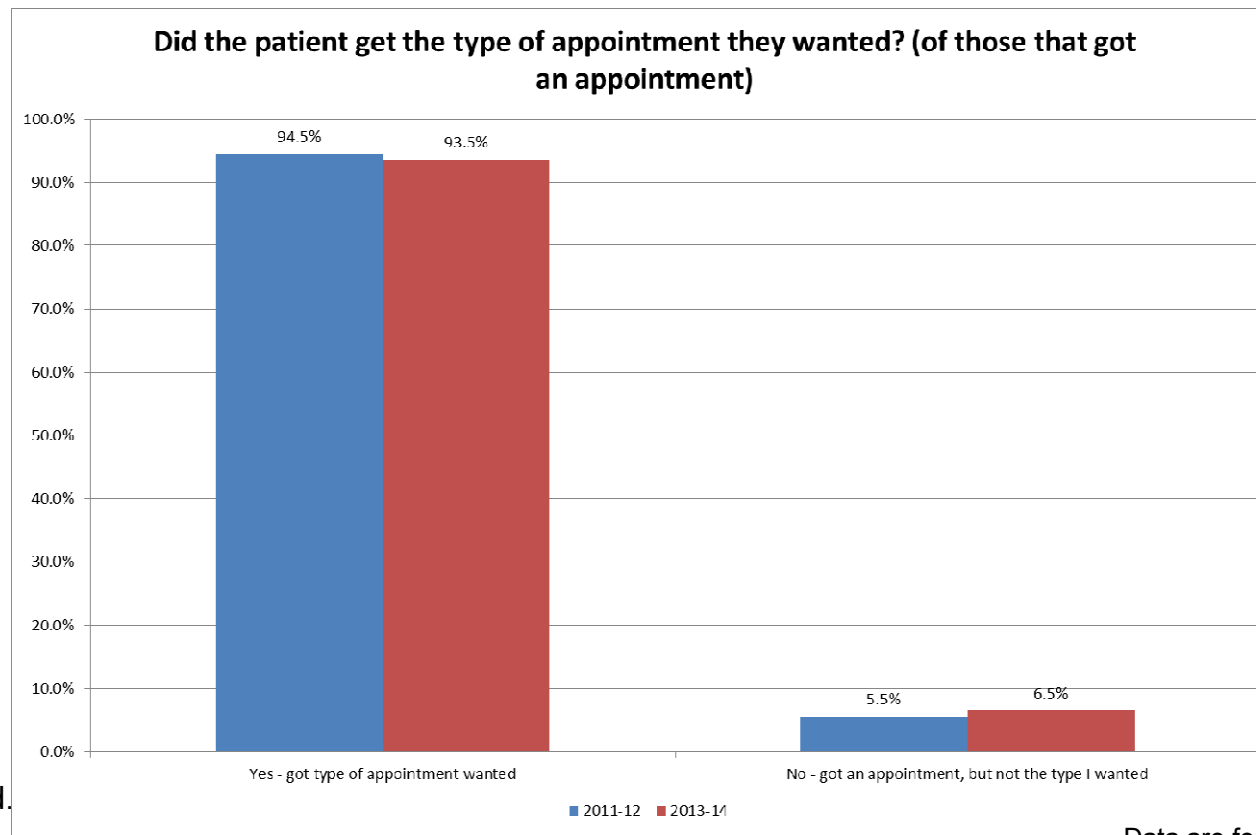
# Convenience of Appointment

- This may be why slightly more people in 2013-14 are reporting their appointments as not very convenient



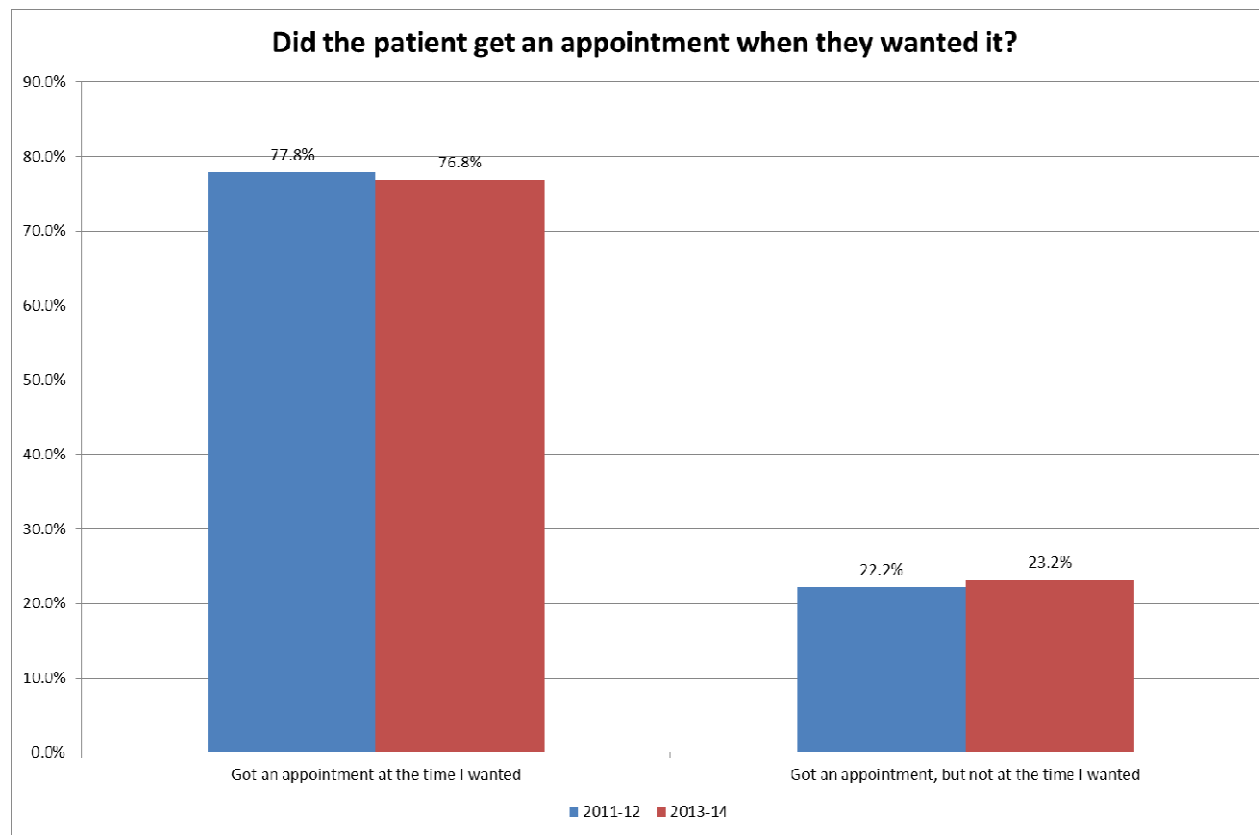
# Giving patients what they want – Type of appointment

- These next slides show how many patients get the type and/or time of appointment they want
- Within the North Region our practices perform well in being able to meet the needs of their patients in terms of type of appointment



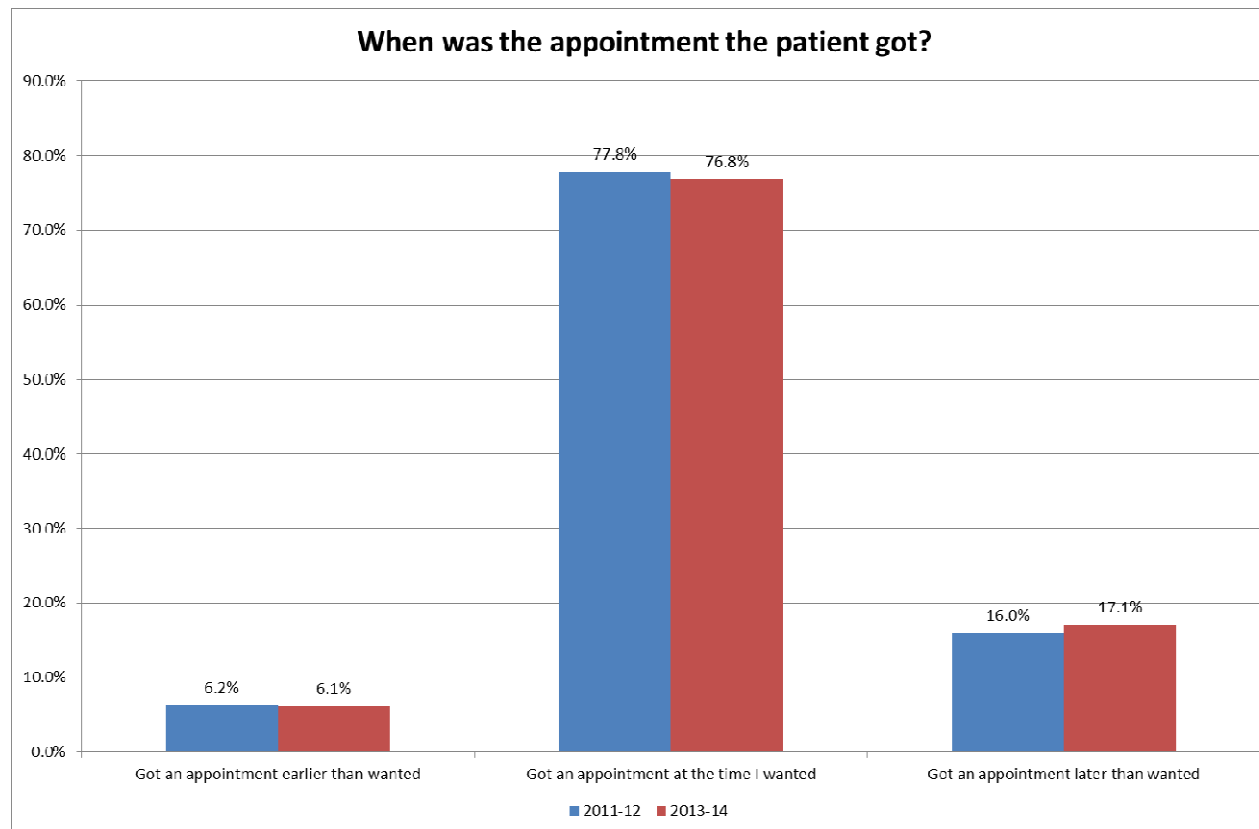
# Giving patients what they want – timing of appointment

- However, when it comes to timing, only 77% of patients are being given appointments when they ask for them



# Timing of appointments

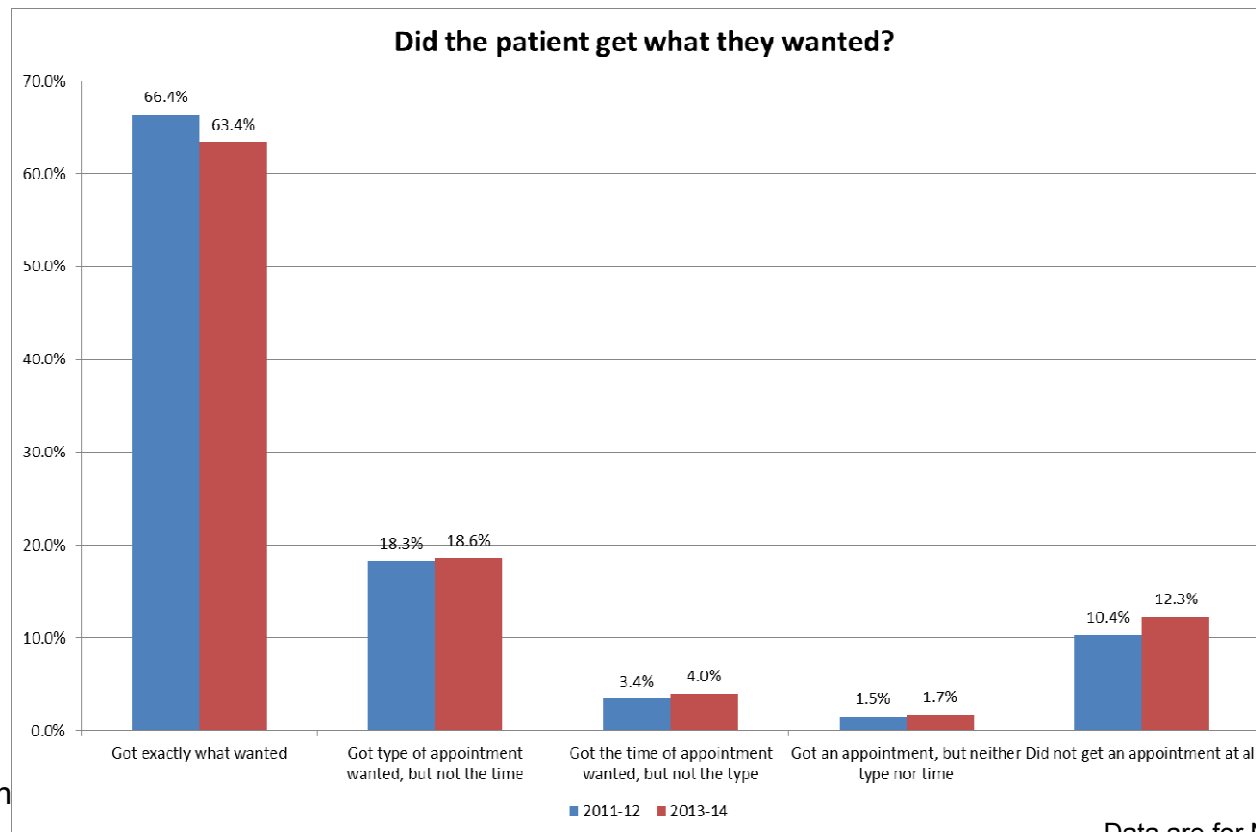
- A small proportion of patients are being given appointments sooner than they asked for them, but the majority who don't get what they want have to wait longer for an appointment





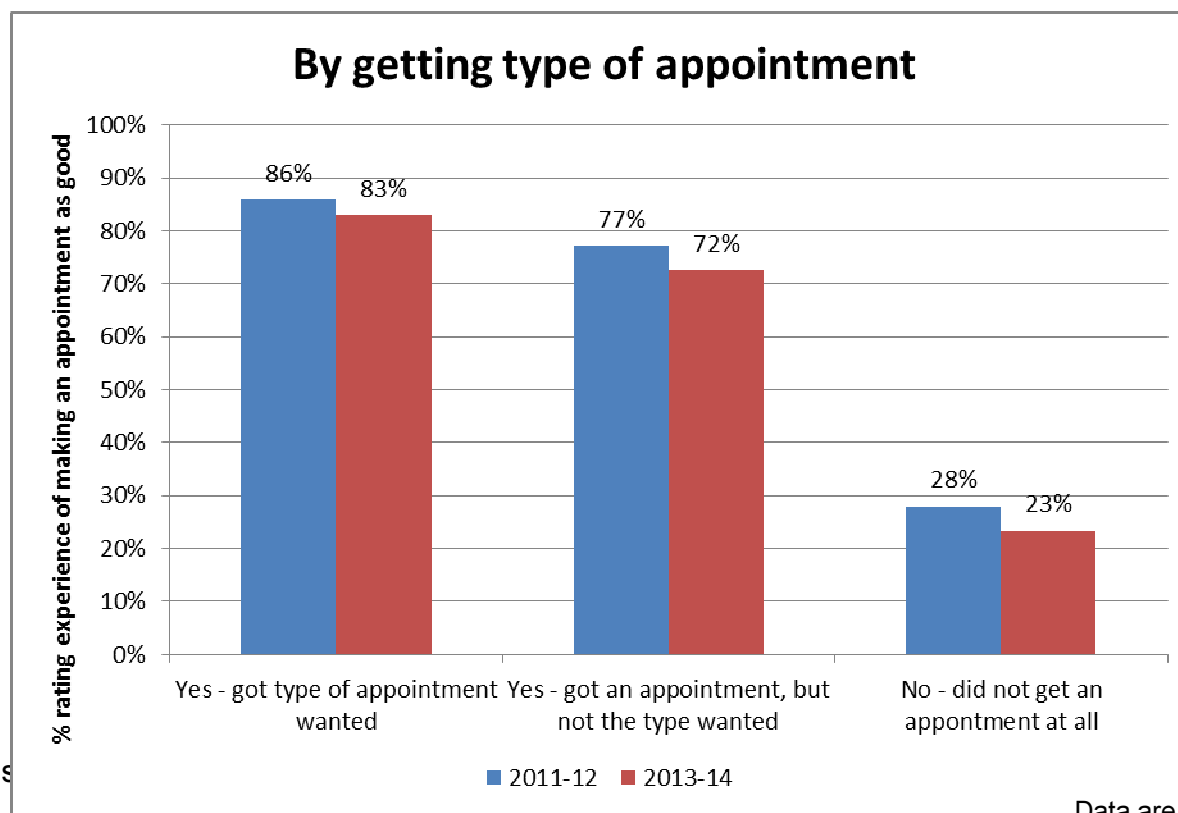
# Summary of giving patients what they want

- In 2013-14 across the North Region, only 63% of patients got both the type of appointment and timing of appointment they asked for
- Of the remaining patients, the majority got the type of appointment they wanted, but not the timing



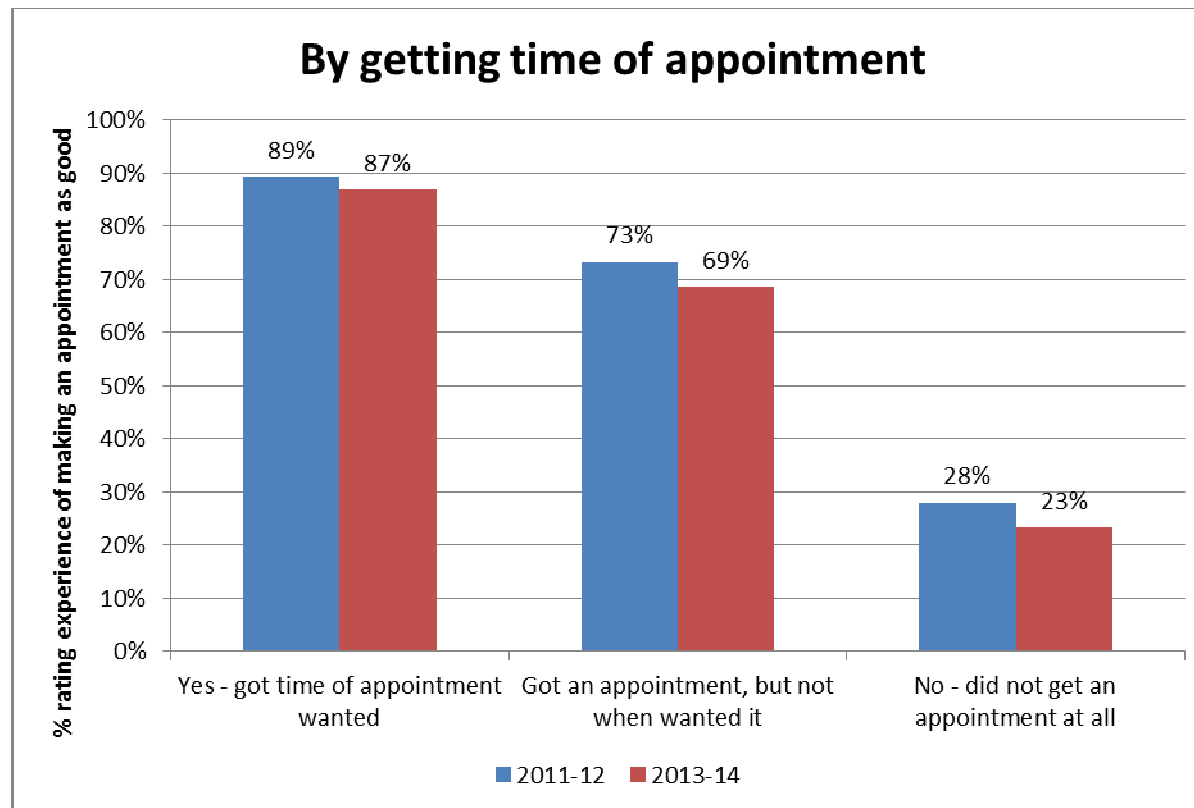
# Impact on Satisfaction – Type of appointment

- Obviously patients that get exactly what they want will be the most satisfied, but the next few charts show which has more impact, getting the time or type of appointment
- Of Patients that got the type of appointment they wanted, 83% rated their experience of making an appointment as good in 2013-14



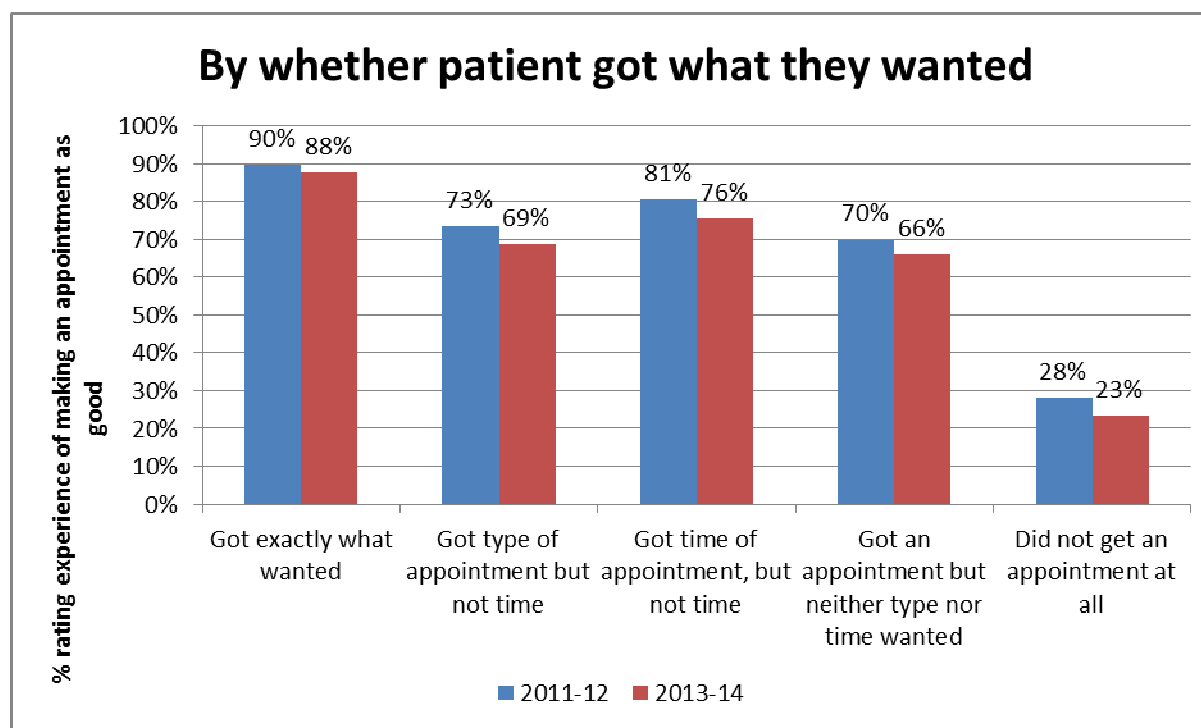
# Impact on Satisfaction – Timing of appointment

- However, timing of appointment seems to have more of an impact – those patients that get appointments when they want them have a higher satisfaction score than those that get the type of appointment



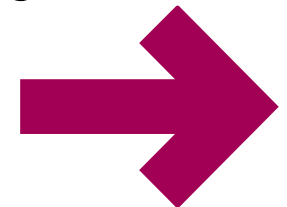
# Impact on Satisfaction – Overall

- The chart below crystallises that point further. Those patients that got exactly what they wanted are obviously the happiest, but next happiest are those that got an appointment at the time they wanted, even though it was a different style or with a different person than they originally requested



# Conclusion

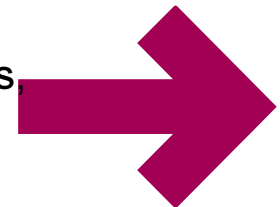
- Obviously meeting the needs of patients and being able to give them the types and times of appointments will lead to more patients being satisfied with their experience
- However, our practices are clearly focused on giving patients the types of appointment they want, and are generally successful in this
- But the analysis suggests that offering patients a different appointment, but at the time they wanted it may have more of an impact on patients overall experience of making an appointment
- So clearly need to seek to address how practices can better respond in being able to support patients to be able reliably book an appointment at a time convenient to the patient. This suggests a number of actions need to be explored



# Potential Actions

Our proposition is that a number of factors are likely to be needed:

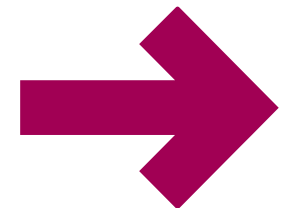
- **Increasing the overall supply of clinicians in primary care**, including:
  - increase the number of training places for GPs;
  - increasing number of doctors qualifying that wish to enter general practice;
  - changes to the induction and returner scheme to enable GPs to return more swiftly to the GP performers list;
  - **new models of care** which meet demand differently, including through widening skill mix; (e.g. minor ailments services, direct physio access, and e-consultations)
- **Looking to extend the availability of General Practice**
  - Expanding **PM Challenge Fund pilots**: exploring models for 7-day access to general practice (year 1: £50m established 20 pilots nationally (7 in North) covering 7 million patients. Year 2 additional £100m available to expand number of pilot areas)
  - **‘Doctor First’** – this is now being used by some practices. This enables same day telephone triage, with around two thirds of patients being dealt with by phone.
- **Ambition of ‘Patient Online’** – providing the ability to book appointments, prescriptions and view medical records online.



# Potential Actions

Our proposition is that a number of factors are likely to be needed:

- **Right Care:** clearer to patients and the population how best to access the right care to meet their needs: one study showed that 50% of people in A and E in a Birmingham hospital during the working day had not attempted to visit their GP).
- Using **111** can direct people to get the right care – which can include self-care
- **Encouraging use of pharmacy as an alternative to GP:**
  - Feeling Under the Weather is a national campaign focusing on the management of winter illnesses.
  - Treat Yourself Better is a national campaign led by the industry focusing on the management of illness without expectation of antibiotics.
  - Pharmacy First is a national 'brand' used by many CCGs which encourages patients with some minor ailments to use the pharmacy. Patients who are exempt from prescription charges receive free medicines from the pharmacist.



# PM Challenge Fund: exploring new models of care

- The **Warrington** pilot is creating eight new virtual 'Primary Care Homes' (serving population of c30k) providing an integrated service hub that includes primary health, community services, social care and psychological therapies. Every 'Primary Care Home' benefit from shared services across practices, including heart monitoring and blood testing, and have dedicated care coordinators for patients with complex needs.
- The **Wakefield** pilot is introducing a new on-line signposting service to give patients better access to GP and other community based services, including consultations by email, 'real time' web chats or by phone with a care navigator, as well as being able to book appointments with a frontline physiotherapist for new problems without having to see a GP. Video consultations between GPs and patients, care homes and consultants will be available. A new pharmacy co-ordinator will work across the practices to promote integration with community pharmacy and self-care for minor ailments
- The **Care UK** pilot is exploring offering patients the facility to access services by phone or on-line – using a single contact point from 7am to 10pm, 7 days a week which will be rolled out 24/7 in October. Patients would be able to call their practice and talk to a GP or nurse who can provide diagnosis, treatment, handle routine queries, arrange prescriptions and signpost them to the right treatment or service that best meets their health needs

