A Disruptive Innovation in General Practice

Harnessing Innovation King’s Fund 19 June 2013

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Tighter funding

Growing list and rising workload

Longer waits, patients complaining

STRESS

Tighter funding
A&E demand rising nationally

Source: HES, CHKS
One thing I have always found is that you have got to start with the customer experience and work backwards to the technology.

Steve Jobs 1955-2011
The receptionist asks “How can I help you?”
The doctor calls you back, surprisingly fast.
Phone Completed…some examples from yesterday

- Treatment and investigation left at reception for lady with cystitis calling from Boots
- Advice and reassurance to 93 year old who has just returned from holiday in Spain
- Cradle cap treatment and information
- Recurrent Shingles treatment
When would you like to come in and who would you like to see?
To come in …examples from yesterday

- 77 year old lady with new neck and arm pain, seen 30 minutes after calling

- Lady with suspected urine infection called at 8.45am, leaving surgery seen, investigated and treated and on their way to work at 10.15am

- 68 year old with possible chest infection requesting home visit, seen at preferred time at surgery

- Double appointments for two patients with multiple complaints
How? A new system. Simple, but different

PA Navigator measures the flows, which vary by GP & practice.
Patient demand is predictable, by day and by hour

Demand for GPs per hour, by hour & working day

All data from Clarendon, charts by PA Navigator
Innovation: a significant positive change. Addressing the problem “I can’t get to see my GP.”

Average days wait to see GP, by year & week

Wait is rising

Data from Thurmaston HC, charts by PA Navigator
Clarendon, Salford: wait to see a GP falls off a cliff.
The Elms, Liverpool. Spot the intervention.

**Average days wait to see GP, by year & week**

- **GP - Face to face**

All data from The Elms, charts by PA Navigator
Clarendon: more patient contacts, but less time. Now reducing a session. Others saving more.

Consultations by phone and face to face

All data from Clarendon, charts by PA Navigator
Meaning the GPs can be ready. Median response 30 mins.

All data from Clarendon, charts by PA Navigator
90% of patients choose to be seen same day. Fine.
Patients are more likely to see the same doctor. Continuity, so precious to both, is up 15%.

This means that on multiple consultations, a patient has about 85% chance of same GP.

All data from Clarendon, charts by PA Navigator.
Research shows patients 20% less likely to attend A&E.

At mean deprivation, line shows 21% saving.

Best fit line for 8,000 practices.

Best fit line for 31 Patient Access practices.

Design H Longman, A&E data calc EMQO from HESOnline FY0910, deprivation from SPH.
Example, Thurmaston after first full year…

A&E visits down 49%
ACS admissions down 64%
Emergency admits down 14%
Elective admits down 49%
May be from a high base but isn’t all this worth a look?

<table>
<thead>
<tr>
<th>Practice Profile Information</th>
<th>November 2012</th>
</tr>
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<tbody>
<tr>
<td>C82678</td>
<td>Thurmaston Medical Centre, South Charnwood</td>
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<table>
<thead>
<tr>
<th>QIPP Indicators</th>
<th>Area</th>
<th>Indicator Aspects Identified</th>
<th>Date of Information</th>
<th>Data Source (Where it comes from)</th>
<th>Information Format</th>
<th>Previous Data Position</th>
<th>Latest Data Position - 2012/2013</th>
<th>Additional Explanation</th>
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<tbody>
<tr>
<td>Area 3.1 G&amp;Ps</td>
<td>1</td>
<td>New Outpatient Attendances (GP ref: Exc. Obs., MH &amp; Miscelle Epsides)</td>
<td>April - Sept 2012</td>
<td>HERA %</td>
<td>%</td>
<td>2.3</td>
<td>-0.3</td>
<td>On Target 0.0 or below (e.g. -0.2)</td>
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<td></td>
<td>2</td>
<td>Emergency spells by practice 0-3 days</td>
<td></td>
<td>HERA %</td>
<td>%</td>
<td>23.7</td>
<td>20.3</td>
<td>8.7</td>
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<td></td>
<td>3</td>
<td>A&amp;E Attendance Activity per 1000 of weighted population (all providers)</td>
<td></td>
<td>HERA %</td>
<td>%</td>
<td>256.69</td>
<td>129.63</td>
<td>94.31</td>
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<tr>
<td>Area 3.2 Emergency Admissions</td>
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<td>Ambulatory Care Sensitive Conditions Admissions Activity (all providers)</td>
<td>April - Sept 2012</td>
<td>HERA % of Last Year</td>
<td>%</td>
<td>1.77</td>
<td>0.83</td>
<td>0.58</td>
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<td></td>
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<td>Frequent Flyers</td>
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<td>Not Collected Last Year</td>
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<td>0.55</td>
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<td>Area 3.3 Planned Care</td>
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<td>Elective Admissions (all providers)</td>
<td>April - Sept 2012</td>
<td>HERA % of Last Year</td>
<td>%</td>
<td>11.70</td>
<td>5.46</td>
<td>6.06</td>
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<td>Area 3.4 HERA Access</td>
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<td>Frequency HERA Access (reports included specified in Glossary)</td>
<td>Sept - October 2012</td>
<td>HERA</td>
<td>Number of Hits on HERA</td>
<td>Not Collected Last Year</td>
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<td>30.52</td>
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<td>Area 3.5 Medicines Management</td>
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<td>Prescribing Budget overall spent against allocated budget</td>
<td>April - August 2012</td>
<td>Medicines Management %</td>
<td>%</td>
<td>11.70</td>
<td>3.24</td>
<td>-1.74</td>
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<td>Area 3.6 QIPP Sign Up</td>
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<td>Areas of QIPP Practices have NOT agreed to take part in</td>
<td>July 2012</td>
<td>CCG returned Sign Ups</td>
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<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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</table>
The launch programme changes everything in 12 weeks…

Consensus

Yes.
Pledge to each other and to patients.

Preparation

Staff survey

Patient survey

Data capture

Training

System setup

Whole team

Launch day

New deal for patients

Feedback wall

Test & learn

Build confidence

Routine

Evidence:

New measures

New staff survey

Review

“How are we going to help all our patients, all day, every day?”
We are helping CCGs and practices to change

- 80+ diverse practices
- 600,000 patients
- 250 years experience
- 7 million patient calls
- Growing research
- Vision: “To transform access to medical care.”

www.patient-access.org.uk
Patients’ view of the new system is clearly influenced by the experience of response time, as perceived by them.

Patients polled shortly after receiving a call from a GP.
15 practices, n=1328 responses

- Patients saying it is better have waited an average 43 mins
- Patients saying it is worse waited an average 60 mins
Being called by my own or usual GP also makes an important difference to patients’ approval of the new system.

Patients polled shortly after receiving a call from a GP. 15 practices, n=1328 responses total, 441 excluded, no preference for usual GP.