



General Practice Urgent Care & the Future

David Carson

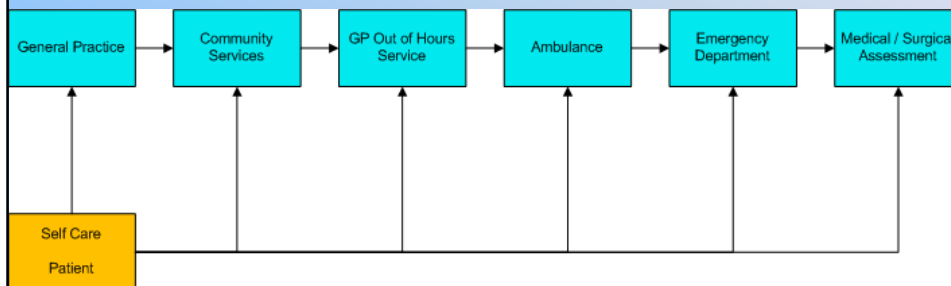
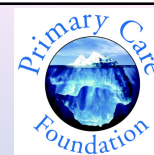
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Whole System Perspective



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Some Background



- 9000 practices in England
- GPs 300 M contacts per annum
- 1/3 of contacts same day (includes urgent)
- Each GP admits a patient about once every 2 to 3 weeks
- If every GP in the catchment area of a DGH admits one extra patient every 12 weeks – 25% rise in admissions
- Home requests 20 times more likely to be admitted than a patient seeking an appointment
- Every time we see good urgent care response in practices we see substantial reductions in acute referrals

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Types of Organisation and Contracts



- Based on registered list system
- Partnerships or small companies
- Larger companies (Out of Hours, Private sector)
- 8 – 8 centers – walk in (anybody) and registered list
- Contracts
 - GMS (2004)
 - PMS (1998)
 - APMS (mainly OOH)
 - Out of hours mainly separate contract with larger providers

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Spend



- Approx £8 Bn on Service
- Similar on Drugs
- Total Spend per person 2006 £2000 per annum
- Spend in Hospital £1,800
- Spend in community including GPs £200

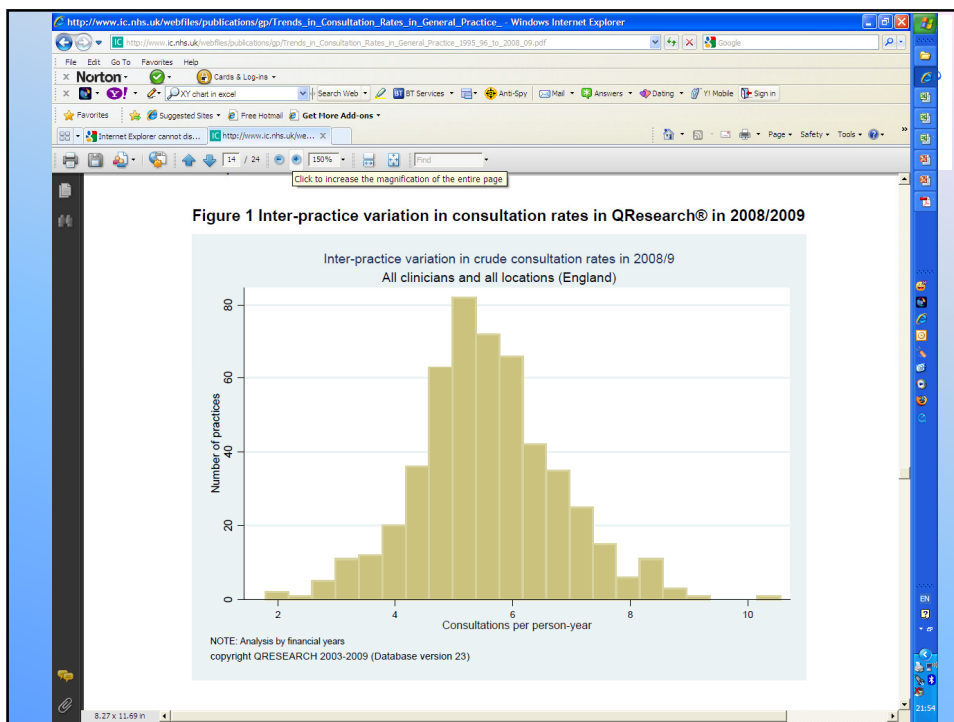
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Workload



- Increasing significantly
- Driven by transfer of complex care from hospital to community
- Driven by increasing age and morbidity in population
- Consultation rate 1995 – 3.5
- Consultation rate 2007 – 5.5
- Variation is significant

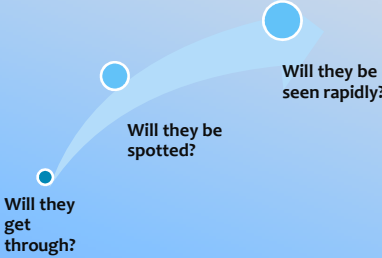
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Reviewing Urgent Care in General Practice:

a practical guide to transforming same-day care in general practice



Will they get through?

Will they be spotted?

Will they be seen rapidly?

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URGENT CARE
a practical guide to transforming
same-day care in general practice

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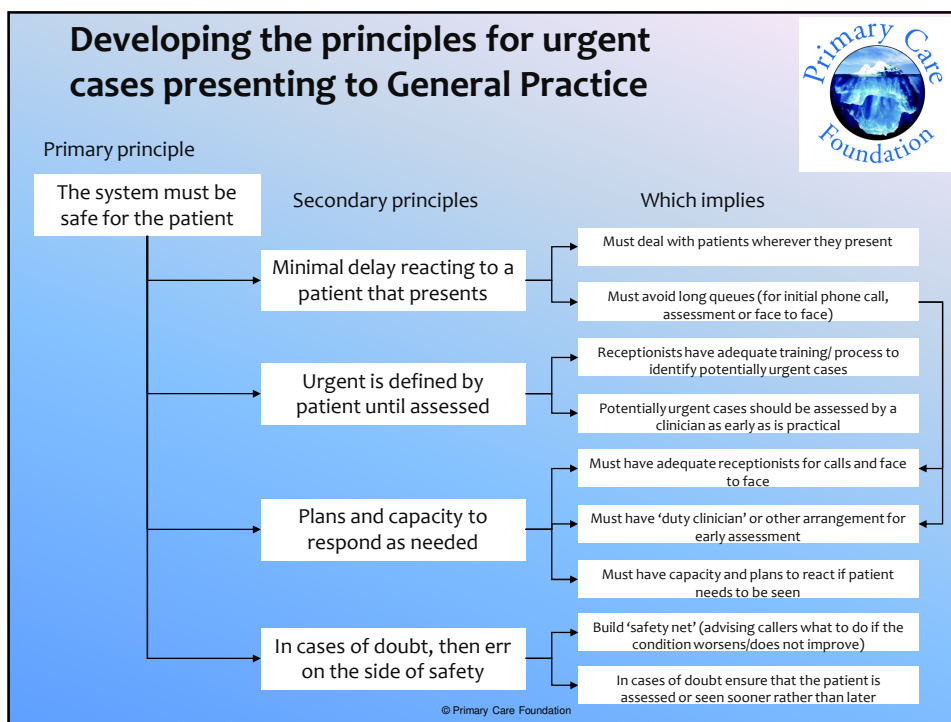
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Background and context



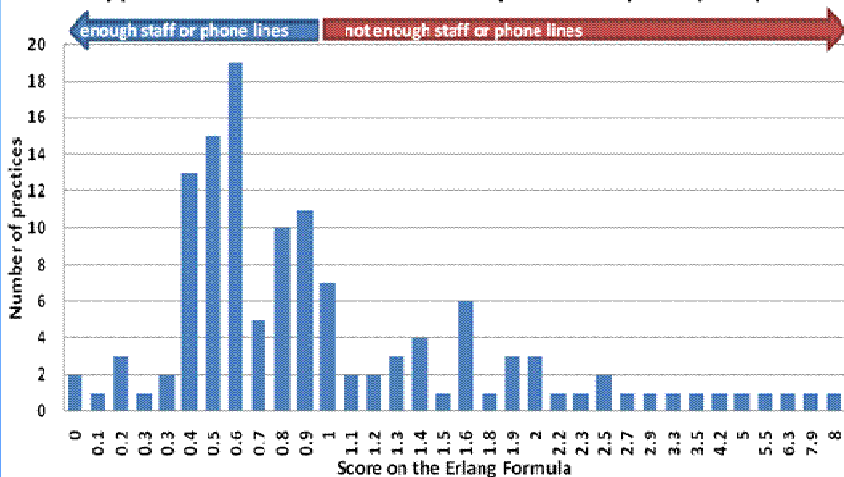
- The Primary Care Foundation was commissioned by the Department of Health to undertake a review of urgent care in general practice, following a competitive tender in March 2008.
- The project explored the practical steps that GPs and their staff take to improve patient care and reduce pressure on the wider healthcare system.
- It explored the different ways in which practices assess and respond to urgent in-hours demand for access to a health professional.
- It also examined the standards that are followed, how staff are trained to handle this demand and the extent to which there is any consistency within and between practices in their management of same-day access to urgent care.



Will patients get through? Using data to benchmark existing service



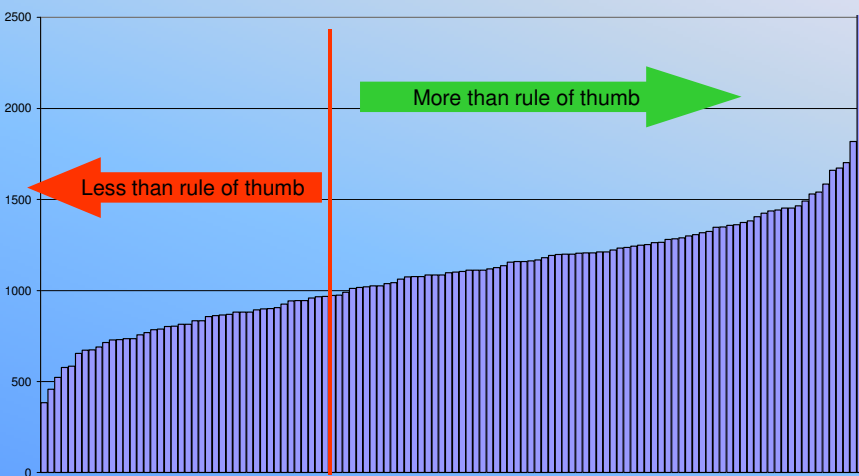
Over a third of practices in our survey across five PCTs appear to have insufficient staff to respond reliably and quickly



Our report highlighted variation in numbers of appointments and suggested around 1/3rd for same day



Total number of face to face appointments per 10000 patients for surveyed practices



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Key recommendations – in summary



1. Address urgent needs of a patient, whether they choose to access the service by phone or in person
2. Match capacity to demand – both in responding to patients initial call and recognising the different demand patterns for same day and advance appointments.
3. Ensure that the full range of cases that might need urgent attention will reliably be recognised by staff when the patient rings or presents in person and that the process is understood
4. Set deadlines for assessment and intervention and measure performance against these, paying particular attention to the needs of those requesting home visits where the chances are that the case may be more acute or complex
5. Review and audit the processes to refine the way that they operate

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The Future

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Where are the Pressure Points



- Capability of staff and clinicians to use more advanced processes
- Capacity planning and organisation of resources
- Workforce changes – more salaried staff
- Ability of small organisations to afford top rate managers
- Increasing expectation of quality
- Delivery of more complex clinical care

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What we do not want to lose



- Local focus
 - Registered list
 - Team with intimate knowledge of their population
 - Local response
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- We DO NOT WANT the approach large telecoms take!

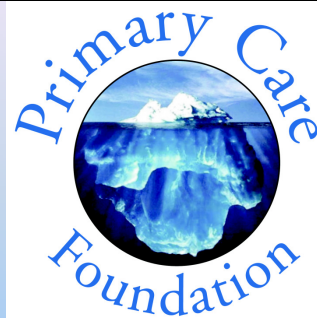
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GPs response



- Increasingly sharing information and practice
- Groups of practices are forming into larger organisations
- Perhaps running 5 – 10 sites – Each local but common process and management team
- Interest from larger providers – not much progress
 - Sale of goodwill is banned – you cannot sell the business (OOH is different)

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Discussion

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