Whatever happened to all those attempts to change access to General Practice?

GP-SUS
Access to General Practice: Innovation, impact and sustainable change

GP-SUS Briefing Sheet 5: Cross-country comparisons.

Thinking differently about managing demand

Denmark and England have similar, publicly funded primary care systems. General Practices in both countries have struggled to ensure that those most in need of care get timely access to appointments.

We compared the experiences of a Danish practice with two of our English practices to explore the strengths and limitations of different access models and their sustainability. All three practices were actively trying to manage demand for appointments by changing the flow of patients into the practice.

Our Danish practice is one of several practices that has pioneered a successful access system which offers patients a same day appointment, typically with their chosen GP. This system appears to have increased responsiveness to patient need and has apparently managed demand such that GP workloads are felt to be manageable.

Objective

To understand how different systems impact the flow of patient demand, and from this, to identify learning points to think differently about the problem of GP access.

Methods

To supplement the data we collected in England, data collection was undertaken by an experienced research team member based in Denmark who speaks Danish. We interviewed GPs as well as patients, collected relevant documentation such as protocols on use of the access system, and conducted non-participant observations. We also interviewed GPs working at ten other general practices in Denmark who used the same access system (called Time Same Day).

Different approaches to managing access

English practice H diverted patients away from GP appointments, offering appointments with nurses and/or encouraging patients to seek help from local pharmacies where appropriate. Practice E focused on reducing the numbers of ‘did not attends’, encouraging patients to attend booked appointments so none would be wasted. They used online and/or receptionist triage to improve access to same-day appointments. The Danish practice divided patients into two groups: pre-booked check-ups (e.g. to manage long-term conditions), and same day appointments. Staff used a light touch triage to problem solve, for example identifying that an appointment was not needed for an administrative request, and mainly focused on offering an appointment on the same day to patients who requested this.

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Headline Findings

Practices in England and Denmark were grappling with the same problem: high demand for appointments. They found it very difficult to manage this demand and the work this generated.

The approaches in the two English case studies focused on using triage mechanisms to manage demand for appointments. Often this channelled patients to alternative care provision (e.g. advice to see a pharmacist) or introduced hurdles to be overcome in order to get an appointment (e.g. completion of an online form). This sometimes resulted in conflict between patients and practices, and often did not manage demand or reduce the pressure to offer more appointments.

In contrast, the Danish approach prioritised meeting the patient's request for an appointment on the same day. They encouraged patients to seek help on the day they needed it and invested in additional appointments to meet an initial surge in demand when the system was introduced. Over time demand reduced and stabilised, we believe because patients no longer felt that appointments were scarce or difficult to obtain and they trusted and learned by experience that the practice would offer them an appointment when they needed it.

Lessons from our cross-country comparison

Different practices serve different populations, and this analysis reinforced the need to develop local, contextually responsive solutions for managing demand for appointments.

Embedding new access systems requires flexibility and a willingness to adapt to local changes in population characteristics, staffing levels and workforce configuration, and fluctuations in demand for appointments. Sustainable change involves thinking differently about demand, trusting patients to judge when they need help and helping them to learn how the access system works.

Changes to access systems should be approached with caution, they require careful planning and analysis of patterns of demand to avoid being overloaded during the initial period of change.

Practices need to retain the ability to respond to patient needs and to alter rules where necessary. There are trade-offs with all systems of access, as increasing same-day access can have an impact on continuity of care in addition to changing the work involved in getting an appointment.

Conclusion

Simplifying access to appointments and allowing flexibility for practices to tinker or adjust systems according to local context and/or population characteristics has a somewhat surprising consequence of reducing demand. A challenge remains to identify which routine data, tracked for how long, might be used by practices to find out whether their innovations are 'working' for patients and staff.

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Outputs

Academic articles; Conference presentations; funder report and feedback to participating practices and patient groups.

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