

**EMBARGOED UNTIL MEETING**

**GREATER GLASGOW NHS BOARD**

**Board Meeting**

**Tuesday 18 November 2003**

**Board Paper No. 03/70**

**Chief Executive Primary Care Trust**

**PRIMARY CARE ACCESS STRATEGY – UPDATE REPORT**

Recommendation:

The Board consider the progress in achieving the 48 hour access strategy and endorse the further actions outlined in the report.

**1. Background**

In April 2003 the Primary Care NHS Trust submitted to Greater Glasgow NHS Board a progress report on the implementation of the Primary Care Access Strategy. The aims of the strategy are to improve access to services across a range of measures and at the same time support the short-term goal of ensuring that patients can access an appropriate member of the primary care team in no more than 48 hours. This national target has been reinforced in Scotland's Health White Paper: *Partnership for Care* and is defined in *Partnership for a Better Scotland* as follows:

**'anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours.'**

Contact is defined as face to face, telephone or email communication between the patient and a primary care professional. The target, which is included in the quality and outcomes framework of the new GMS contract, only applies to access to primary care services for routine purposes as any patient with an urgent requirement would be able to see the appropriate healthcare professional within 24hrs.

The overall access strategy, which is part of the Primary Care Strategy Phase 2 (2003-2008), is divided into three sections:

- Long Term initiatives towards "Increasing Capacity"
- Medium Term initiatives towards "Managing Demand & Service Redesign"
- Short Term initiatives towards "Assessment, Triage and Waiting Times"

This further report will again focus upon the progress towards implementing the short term strategy of achieving the 48hr target for access by 31 March 2004. Section two provides an outline of the national performance criteria and section three shows a summary of the progress to-date along with an overview of the Trust's performance against the national criteria.

## 2. National Performance Criteria

Since the last report the Scottish Executive has set the criteria outlined below for measuring performance against the 48hr target. In order to meet the target the local NHS system must demonstrate that practices have in place one or more of the following:

1. Open Access.
2. Advanced Access and can provide same day appointments.
3. RCGP or Training Practice Accreditation or QPA awarded and access criteria have been achieved.
4. Telephone (or email) access to a member of the primary care team for professional advice within 48hrs.
5. Formal arrangements for Triage by a doctor or a nurse by telephone or face to face.
6. Appointment with a doctor, nurse or other health care professional within 48hrs or sooner where there is a clinical need.

## 3. Progress to-date

### Summary

- Open access – this is available in a number of practices across the city, in line with local demand
- Advanced access – a major programme of practice redesign has commenced and will be rolled out across the city over the next 3 years
- Practice Accreditation – 92% of Practices have either achieved RCGP Accreditation or QPA or are expected to achieve it by 31 March 2004
- Triage – a training programme is already underway and will be rolled out across the city over the next 2 years
- Appointment within 48hr – the most recent appointment stocktake, which was carried out in September 2003, showed that 96.5% of the 80% of practices which participated in the stocktake met the 48hr target for appointments compared with 75% of the 49% of practices which participated in December 2002
- An analysis of the performance of all practices, including the 44 which did not participate in the appointment stocktake, against all of the access criteria showed that 86% currently meet the access target or have strategies in place to improve access
- An action plan has been developed to ensure that the remaining 14% (32 practices) have the necessary systems in place to meet the new national primary care access targets
- Additional initiatives – a number of additional initiatives such as the introduction of direct access to physiotherapy, podiatry and back pain services and the roll out a major new chronic disease management programme will also improve access in the longer term by allowing patients to access the specialist health services they require direct without having to make separate appointments

### Detailed overview of performance against national criteria

**Criterion 1. Open Access.** This is where patients are seen on a drop in basis on the same day without an appointment. Although 14 practices currently provide this type of service to meet specific local needs, it is generally accepted that this type of access would be not be appropriate for all areas of the city

**Criterion 2. Advanced Access.** The Scottish Primary Care Collaborative is a national practice redesign programme to improve access and quality of services which will be rolled out in 4 stages across Greater Glasgow over the next 3 years. More than a quarter of the cities practices (59) will be involved in wave 1 which is already underway in 3 LHCC areas (Eastern, Maryhill/Woodside and South West) and a further 4 LHCCs will be involved in wave 2 which commences in January 2004.

**Criterion 3. RCGP Accreditation, Training Practice Accreditation and QPA.** RCGP Accreditation is a national scheme which measures practices against service standards with the aim of monitoring and improving services. QPA is a quality assurance process designed to measure performance against 16 sets of clinical and non clinical criteria. The Trust target is for all practices to have achieved accreditation by 2004. The status as of September 2003 is detailed in table 1. 142 practices have achieved accreditation, 5 of which have attained QPA. A further 58 aim to have achieved accreditation by March 2004.

<b>Table 1.</b>	<b>Level of Accreditation</b>	<b>Number</b>
	Training Practices with Accreditation	34
	Non Training Practices with Accreditation	108
	Practices who have applied to achieve RCGP before 31 March 2004	50
	Practices still to apply	17
	Training practices still to achieve accreditation	8
	<b>Total</b>	<b>217</b>
	Practices with QPA	5

**Criteria 4 and 5. Triage.** Following a pilot to evaluate triage systems, a city wide programme is being developed to extend the use of triage across the city over the next 2 years. A new training course has been developed in conjunction with the Primary Care Training Centre in Bradford and 30 nurses are expected to have completed this course by March 2004. In addition, a sub group of the Primary Care Division Access Steering Group has been established to address a range of issues associated with triage including evaluation, guidelines and protocols, IM&T and ongoing training plans.

**Criterion 6. Appointment with a doctor, nurse or other health care professional within 48hrs or sooner where there is a clinical need.** Following agreement with the LMC, an appointment stocktake was coordinated through the LHCCs for a 5 day period during the week beginning 15 September 2003. The third available routine appointment for either a doctor or nurse was recorded at a fixed time each day and the average over the 5 days was recorded as each practices result against the 48 hour target. Information was either gathered using a software programme developed to extract data directly from the GPASS reporting database or captured on a proforma for non GPASS practices. The programme automatically excluded weekends and non routine appointments and practices could exclude public holidays. The results are shown in Table 3.

<b>Table 3. SUMMARY OF GP APPOINTMENT STOCKTAKES</b>					
September 2003			December 2002		
Total Number of GGNHSB GP Practices	217	100%	Total Number of GGNHSB GP Practices	218	100%
Practices who returned Stocktake	173	80%	Practices who returned Stocktake	107	49%
Returns which met 48 hour commitment	167	96.5 %	Returns which met 48 hour commitment	80	75%
Returns which did not meet 48 hour commitment	6	3.5%	Returns which did not meet 48 hour commitment	27	25%
Number of Practices who did not return - therefore not known	44	20%	Number of Practices who did not return - therefore not known	111	51%

<b>Table 4. Analysis of Practices which did not meet access target or return stocktake</b>					
Practices	Triage in Place	Triage Training Current	Triage Training Waiting List	Practice Redesign	Not Known/ No Planned Action
6 who returned stocktake but did not meet target	0	1	2	0	3
44 who did not return stocktake	1	7	7	(1) also on waiting list	29
Total 50 Practices	1	8	9	(1)	32

The 44 non returns are still actively being pursued although it is understood that the majority of these were due to local IT difficulties with only 10 practices opting out of the stocktake. Three of the 6 practices who did not meet the appointments target are undertaking or planning to undertake triage training and 15 of the 44 practices who did not participate in the stocktake are also planning to introduce a range triage or practice redesign initiatives (see Table 4). From this it can be concluded that 86% of all practices are either achieving the access target (167 practices / 78%) or have plans in place improve access (18 practices / 8%). Measures to ensure that the remaining 32 practices (14%) have appropriate plans in place to improve access will form part of a Trust action plan which is shown at Appendix 1.

#### **4. Conclusion**

Good progress has been made over the last six months in taking forward a wide range of initiatives to improve quality and access within primary care. These include practice redesign, triage training and practice accreditation. The Trust will continue to progress these initiatives over the coming months and has developed an action plan to ensure that all practices have the necessary systems in place to meet the new national primary care access targets. It is also recognised that a number of additional direct access and chronic disease management initiatives, which are being taken forward as part of the Primary Care Strategy, will significantly improve access in the longer term by allowing patients to access the specialist health services they require without having to make separate appointments.

**Action Plan****October 2003 - March 2004**

The following actions will be undertaken during the remainder of the financial year.

<b>Item</b>	<b>Action Required</b>	<b>Date</b>
Advanced Access	Continue to support wave one, establish wave two and plan for wave 3. This will be achieved via Primary Care Division Steering Group and LHCC General Managers.	<b>Ongoing 2003/2004</b>
RCGP Accreditation	Actively pursue the remaining 17 practices still to apply through letter from Medical Director and follow up visit from project coordinator.	<b>Nov 2003</b>
Triage	Review initial findings of working group, evaluate cohort one training programme and plan future training programme to meet needs of those practices on the waiting list.  Further work required to determine future training needs analysis for remaining 130 practices across Glasgow.	<b>Jan 2004</b>  <b>Mar 2004</b>
48 Hour Appointments	Feedback to LHCCs on performance.  Those LHCCs with practices that do not meet the target will provide the Trust with a documented action plan. Priority will be given to those practices who have failed to meet the 48 hour commitment and are unable to demonstrate a planned approach to improve access. If required support will be available from the Primary Care Access Steering group.  Next stocktake to be undertaken.  Report back to TMT and GGNHSB.	<b>Nov 2003</b>  <b>Dec 2003</b>  <b>Jan 2004</b>  <b>Mar 2004</b>
Communication	A press release will be prepared to inform the public of the Access Strategy, performance to date and further actions.	<b>Nov 2003</b>