



The Elms Medical Centre, Liverpool

General practice serving a community

Elms staff with Harry Longman

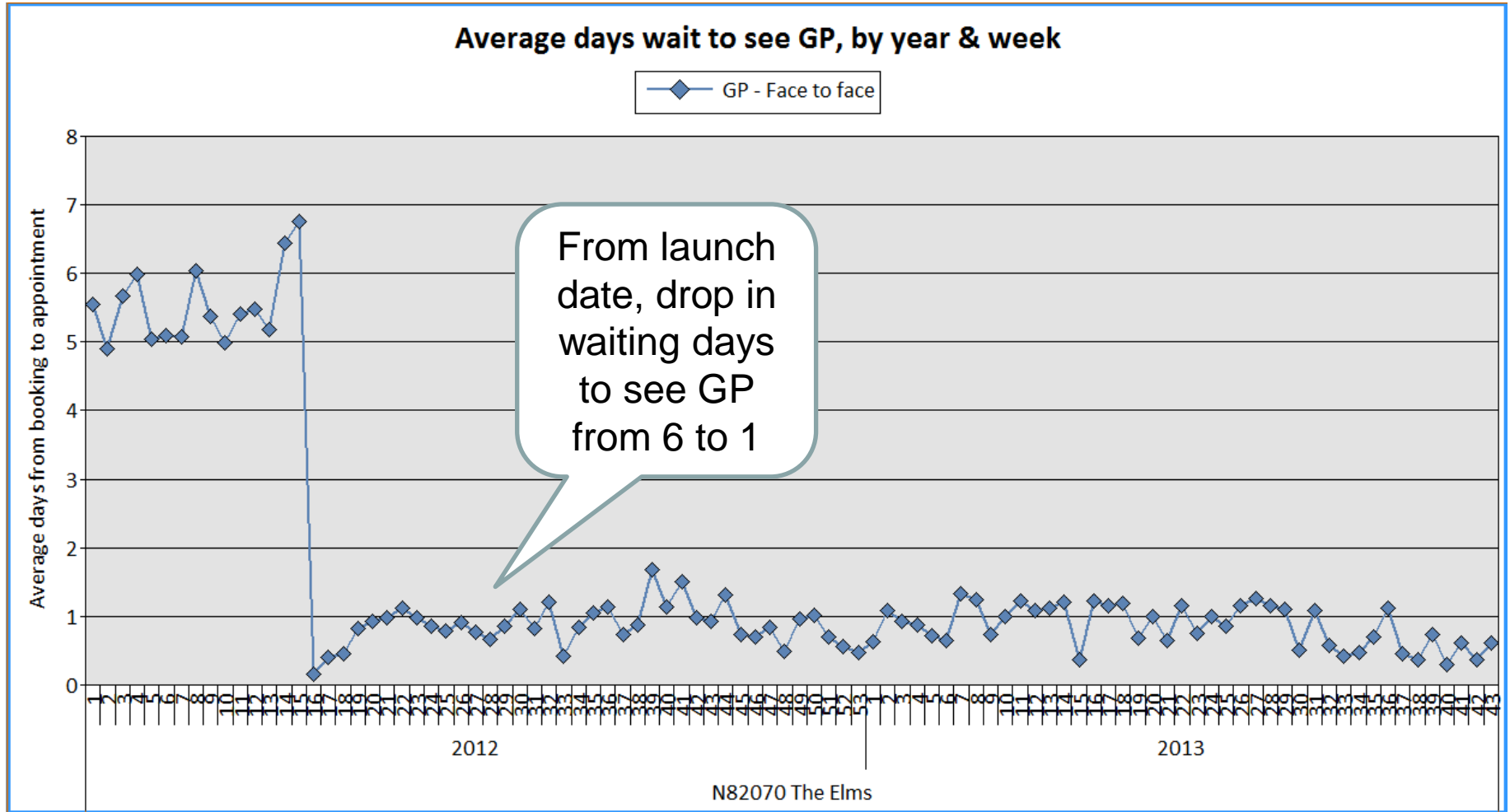
Harry.longman@patient-access.org.uk

01509 816293

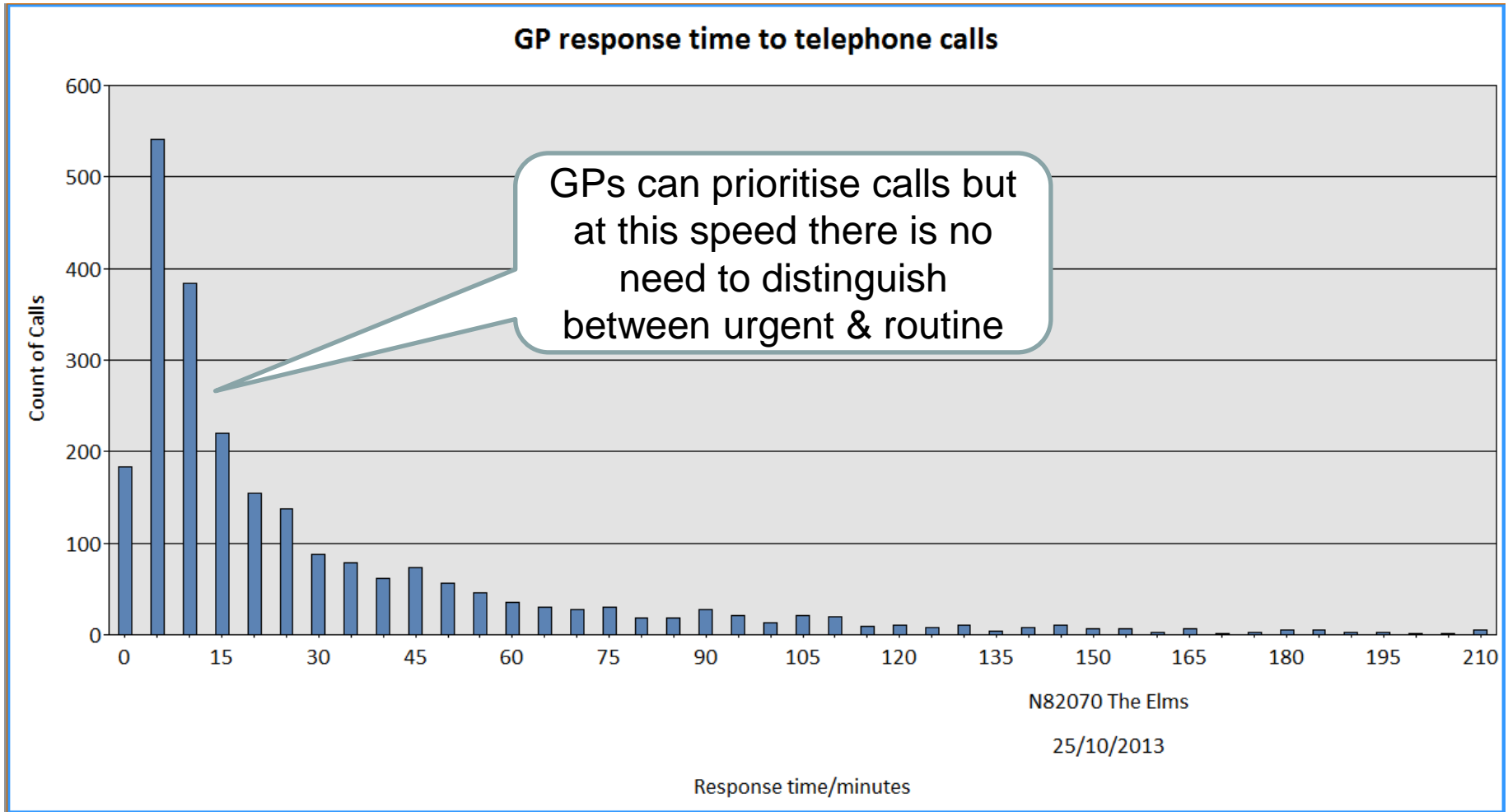
07939 148618

www.patient-access.org.uk

Something changed after launch on 16/4/12.
 This shows how average wait to see a GP has moved.

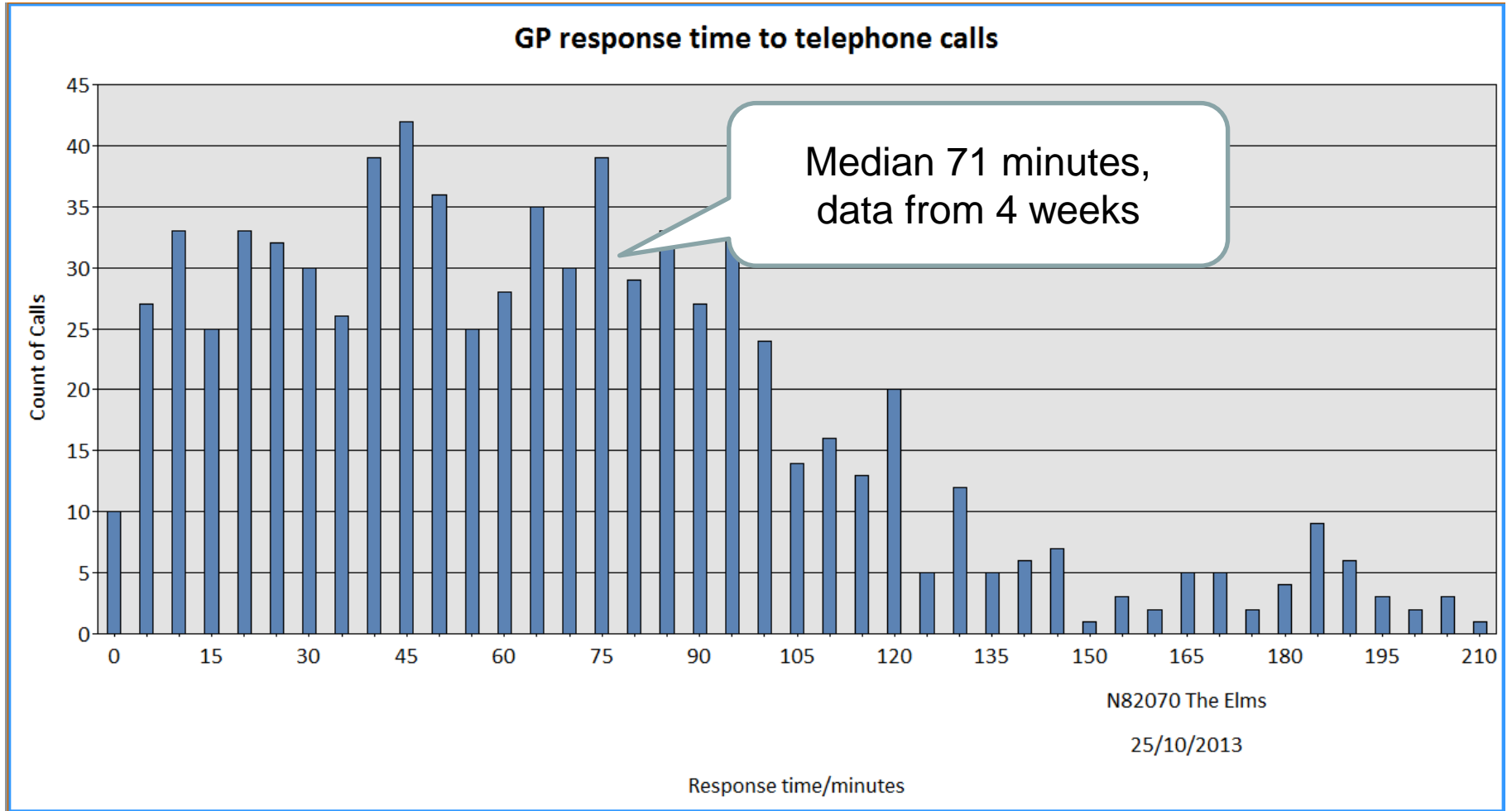


Drilling down to the wait for a GP to respond to a patient call, the median is 15 minutes.

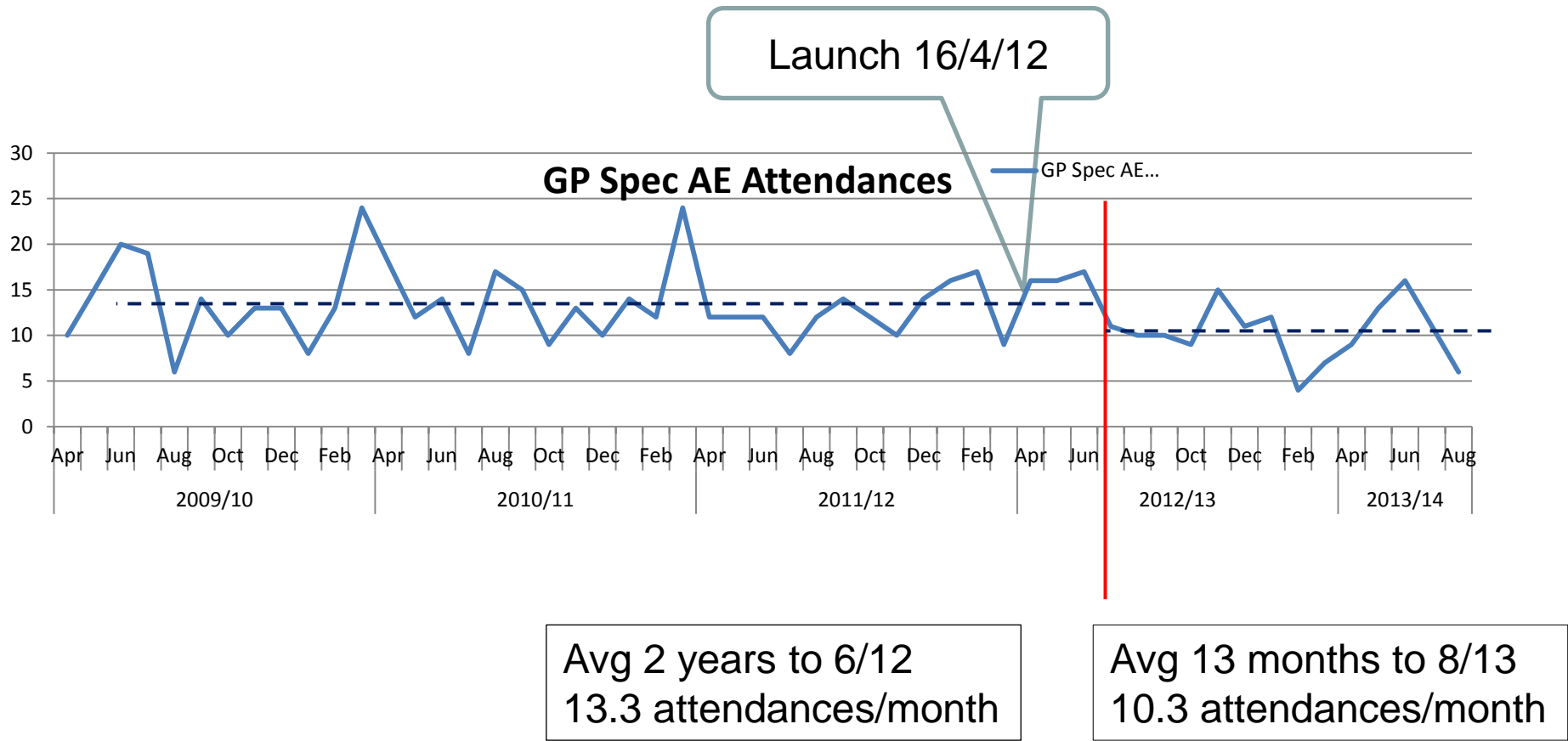


All data from The Elms, charts by PA Navigator

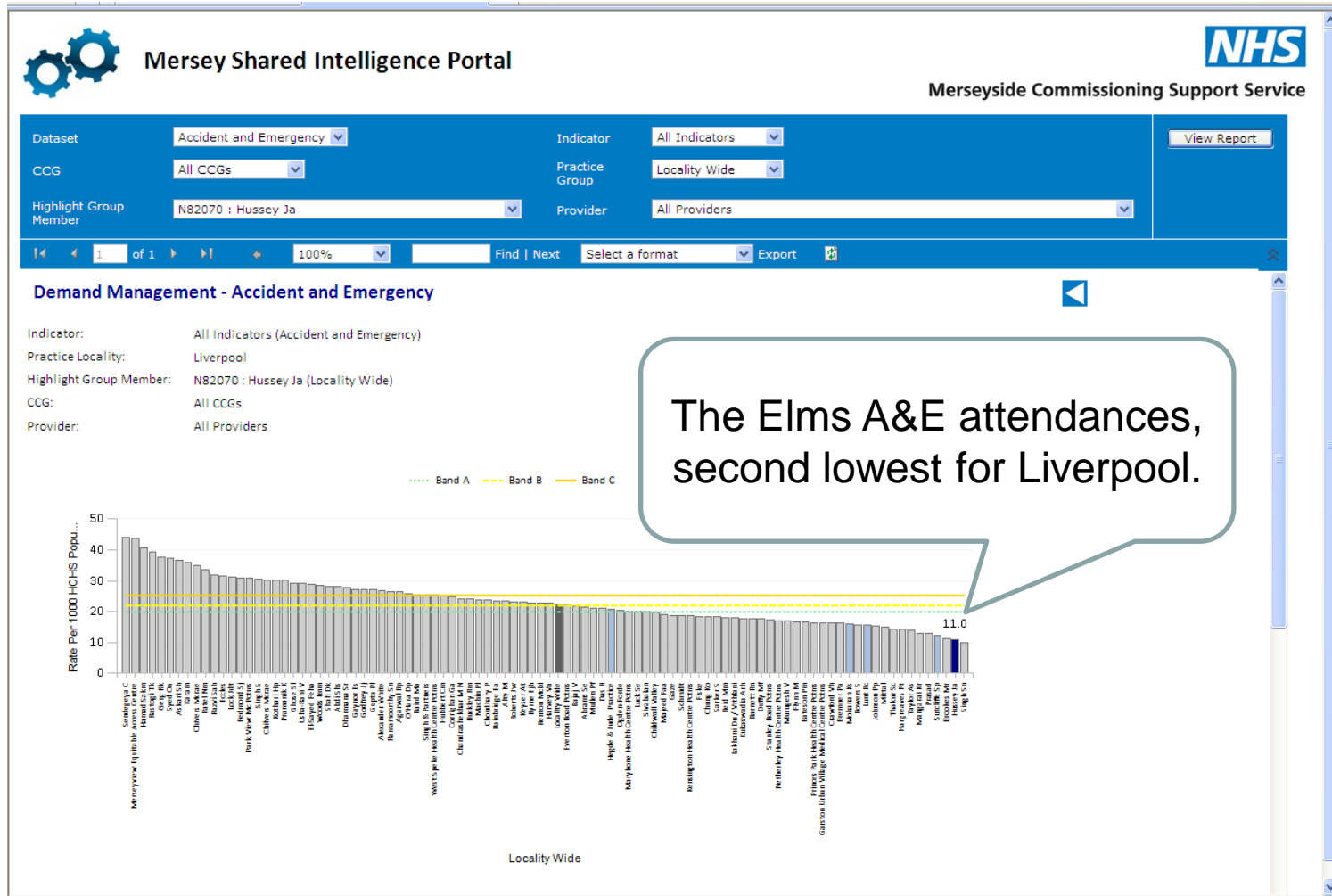
If the GP needs to see the patient, it is usually the same session.
Median time to be seen following call is 73 minutes.



From an already low level, Elms A&E attendances have fallen a further 23% since launch, after 3 months transition



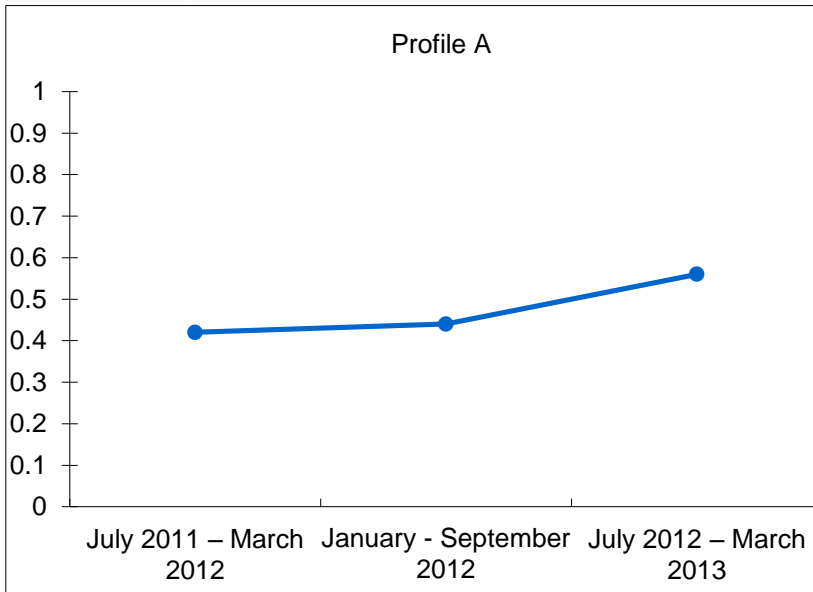
Elms patients A&E attendance relative to whole CCG, 50% below average, through rapid access to a GP



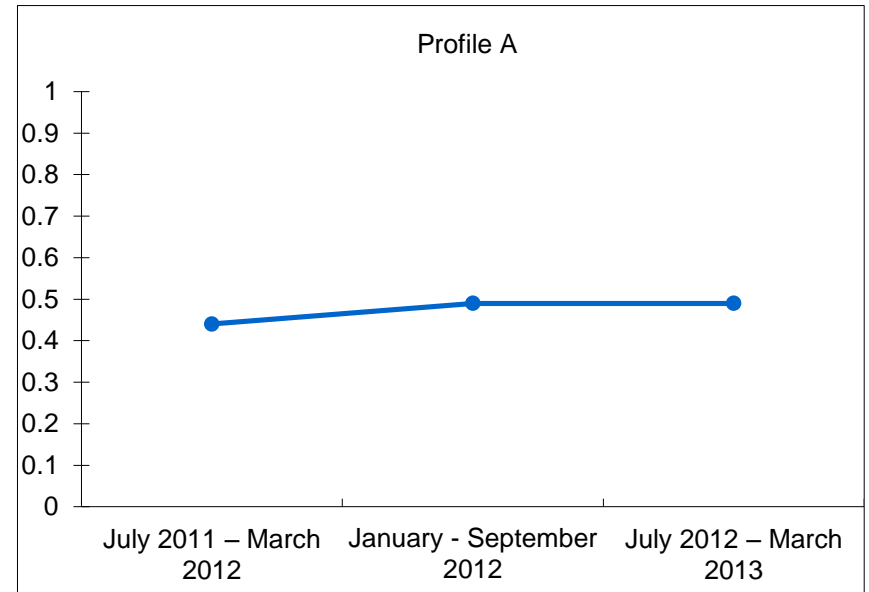
Liverpool CCG figures

A step change in performance, but what evidence does the GP Patient Experience Survey show?

Question: Q14. How long until actually saw or spoke to GP / nurse
Answer: On the same day

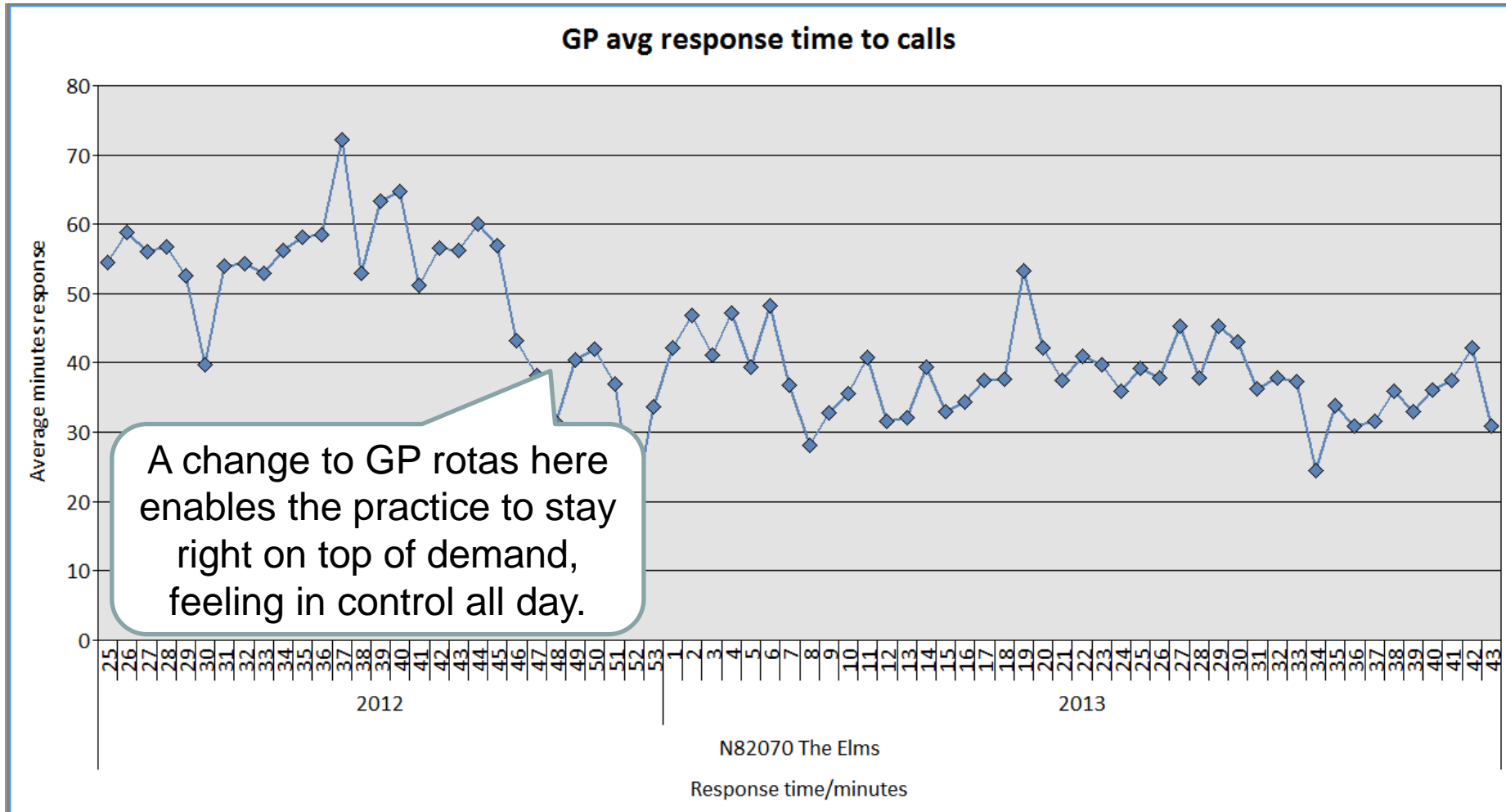


Question: Q3. Ease of getting through to someone at GP surgery on the phone
Answer: Fairly easy



As performance improves, expectations rise.
Surveys show little change.

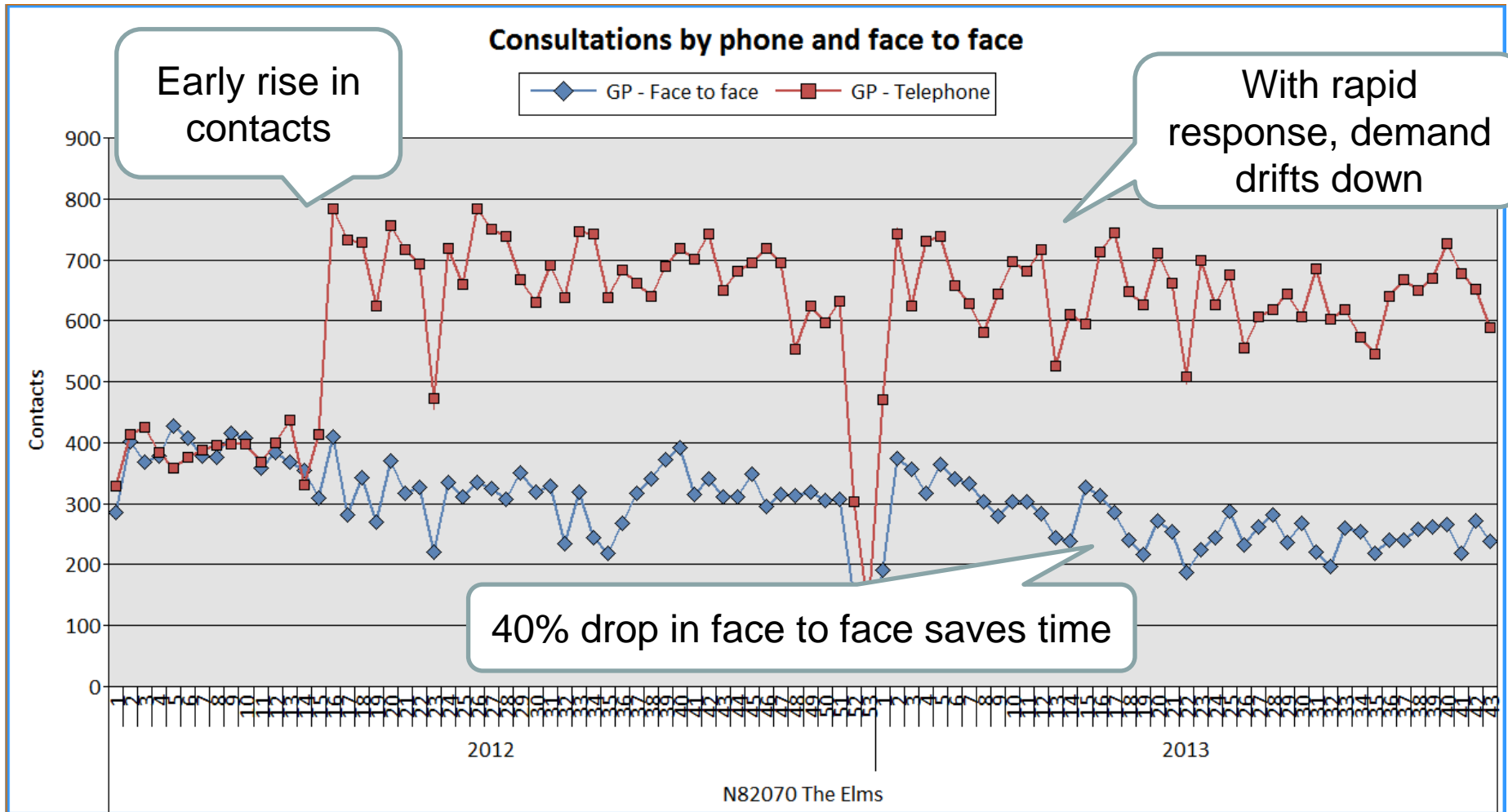
Fast gets faster. With better matched supply and demand, average response times continue to fall.



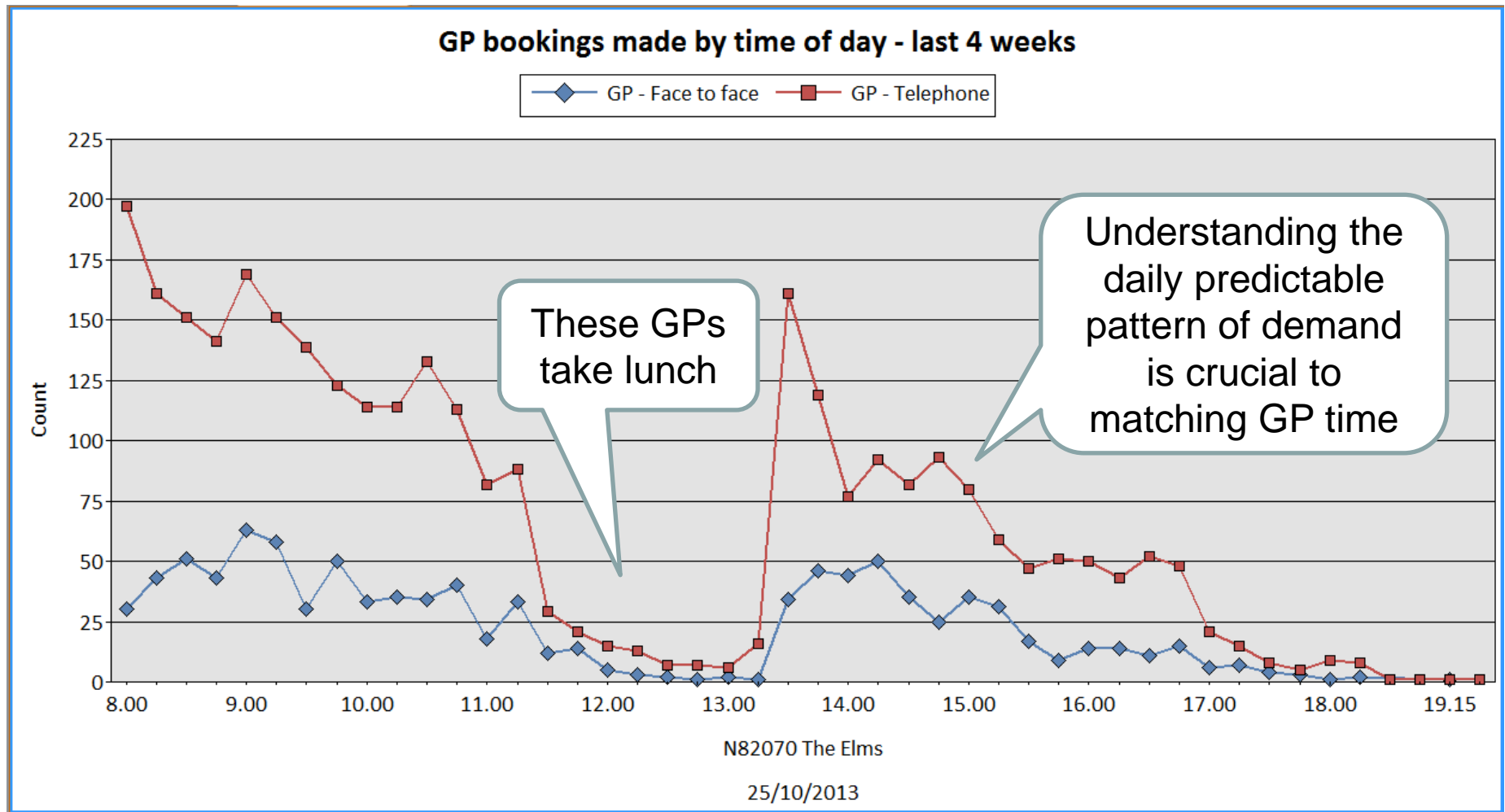
All data from The Elms, charts by PA Navigator



Has removal of all barriers to access opened the floodgates of demand? No, after an initial rise it has dropped 12%.

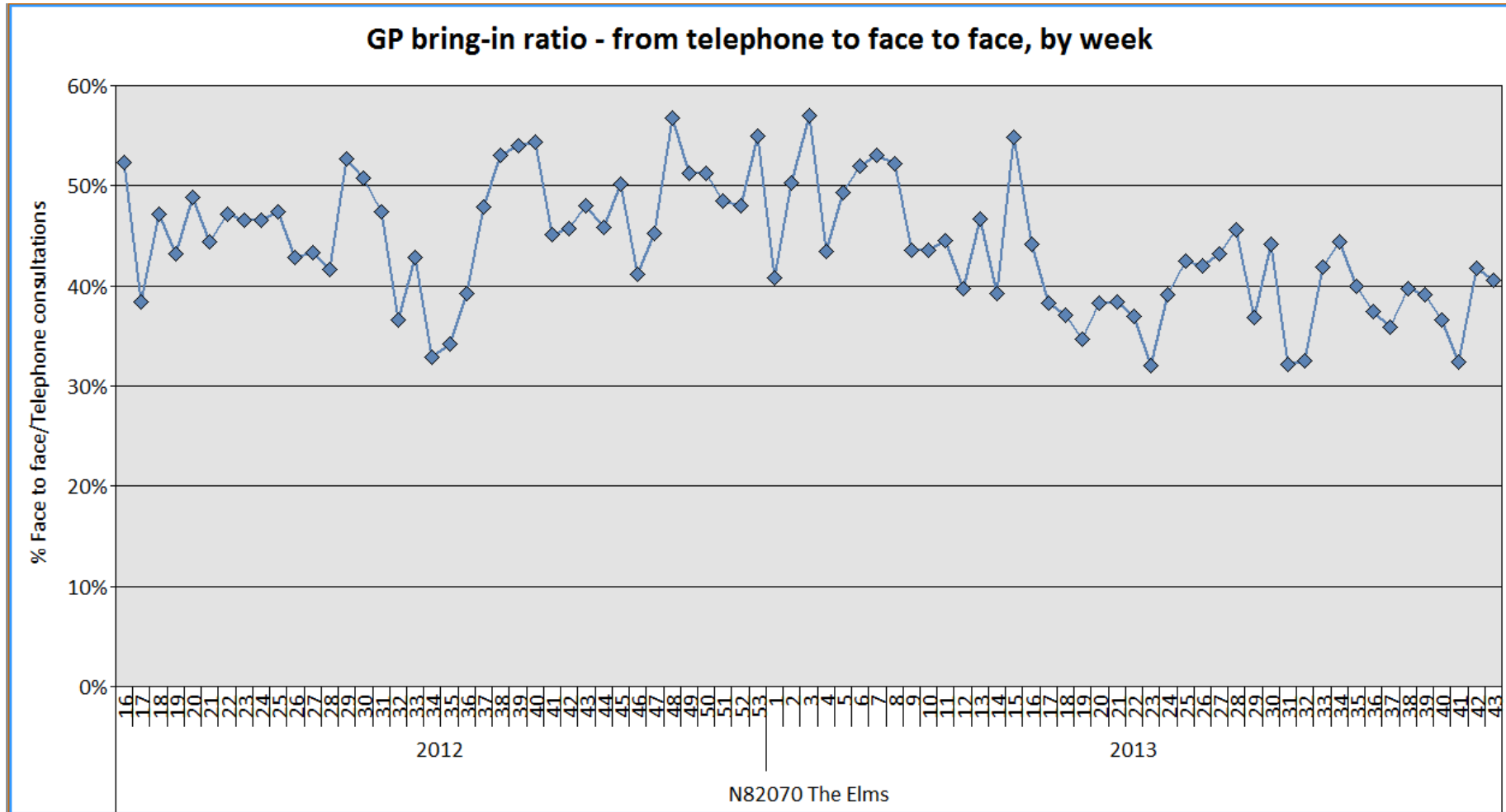


Pattern of demand by hour of the day is predictable and can then be matched by GP availability for rapid response.



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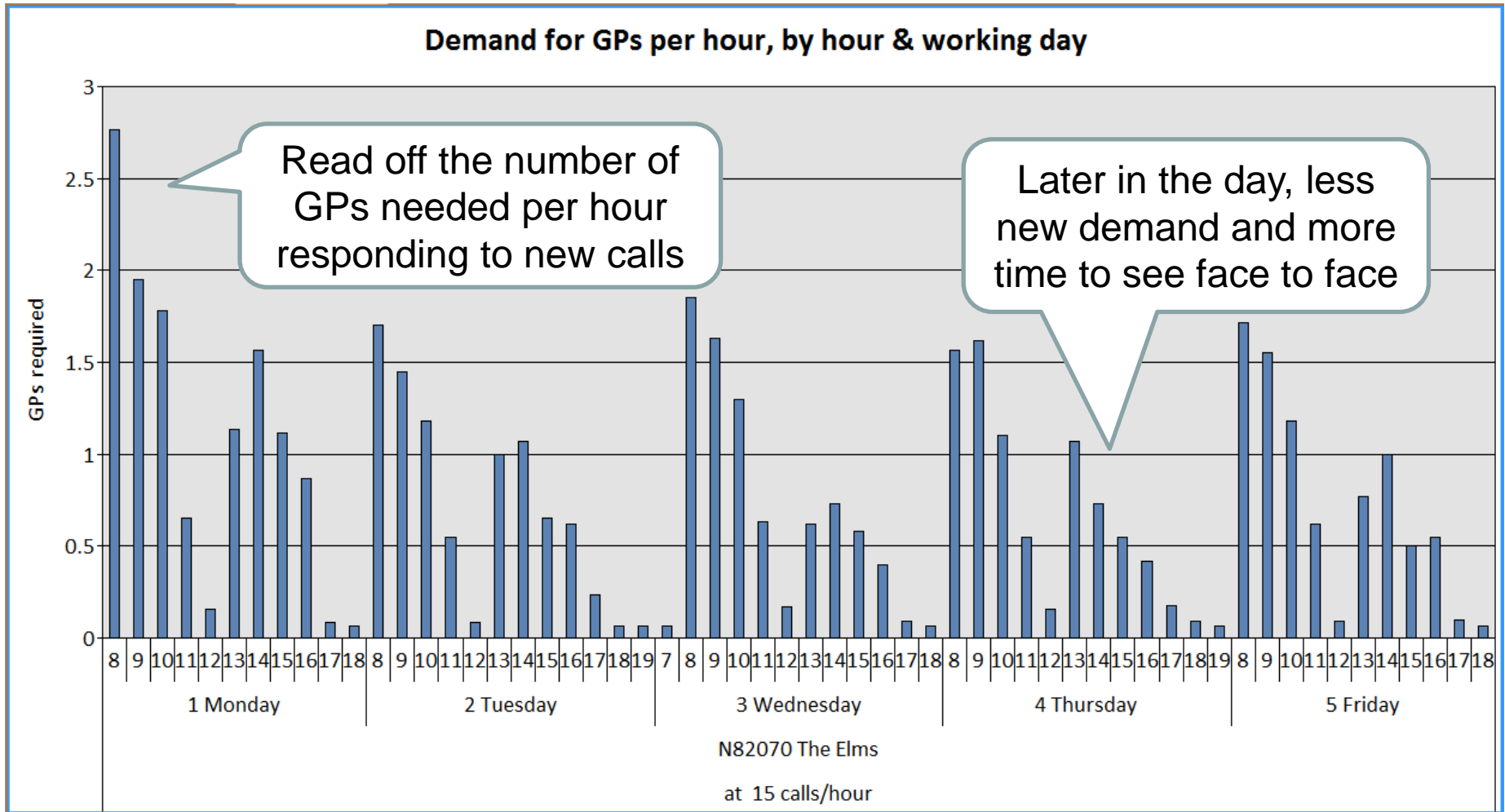
Bring-in ratio, face to face/telephone, is important for efficiency and capacity planning. Over time and with confidence it can change.



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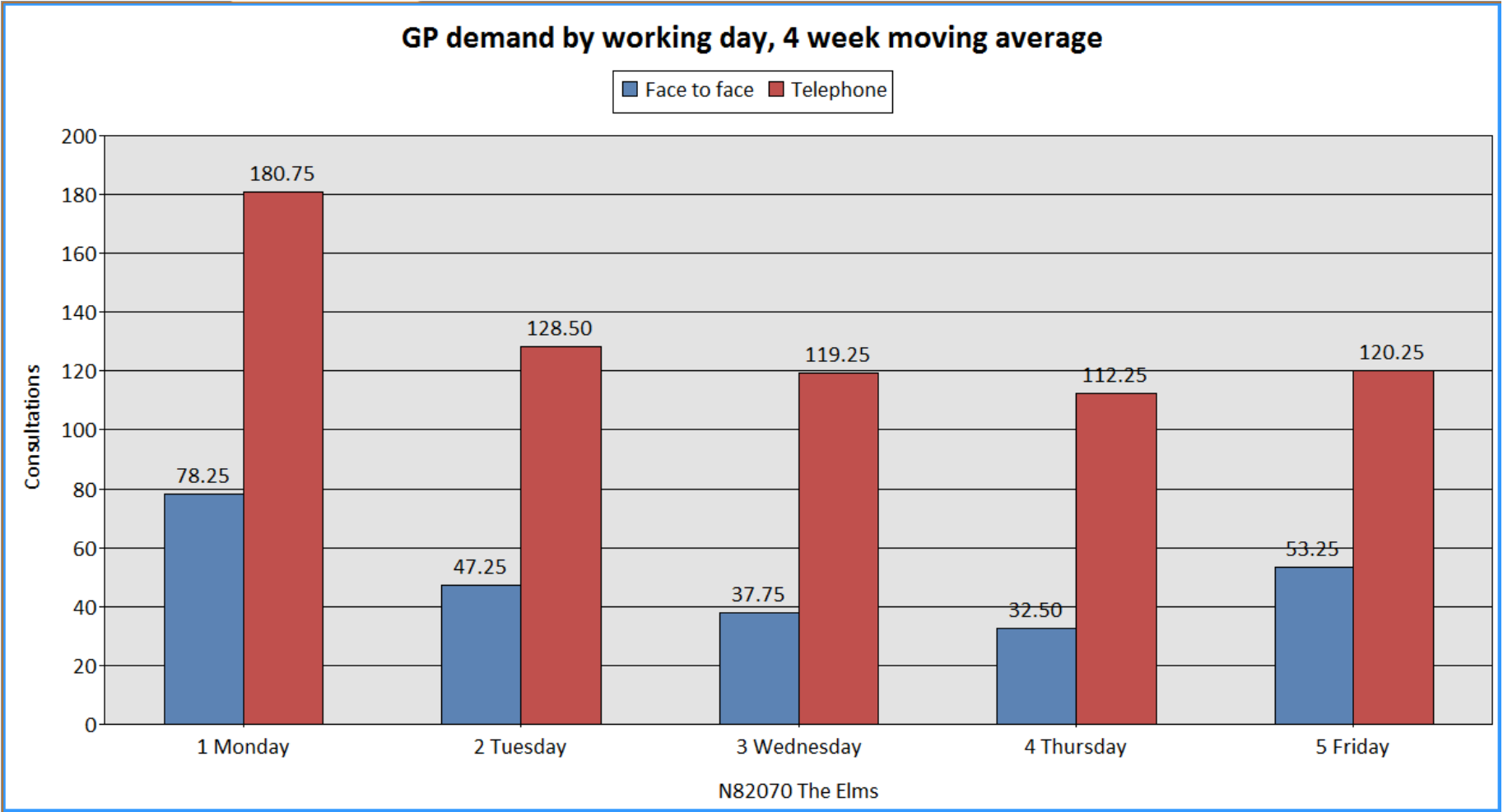


Prediction is the secret for capacity planning. Based on a moving four week view, we can see how many GPs are needed by day and by hour



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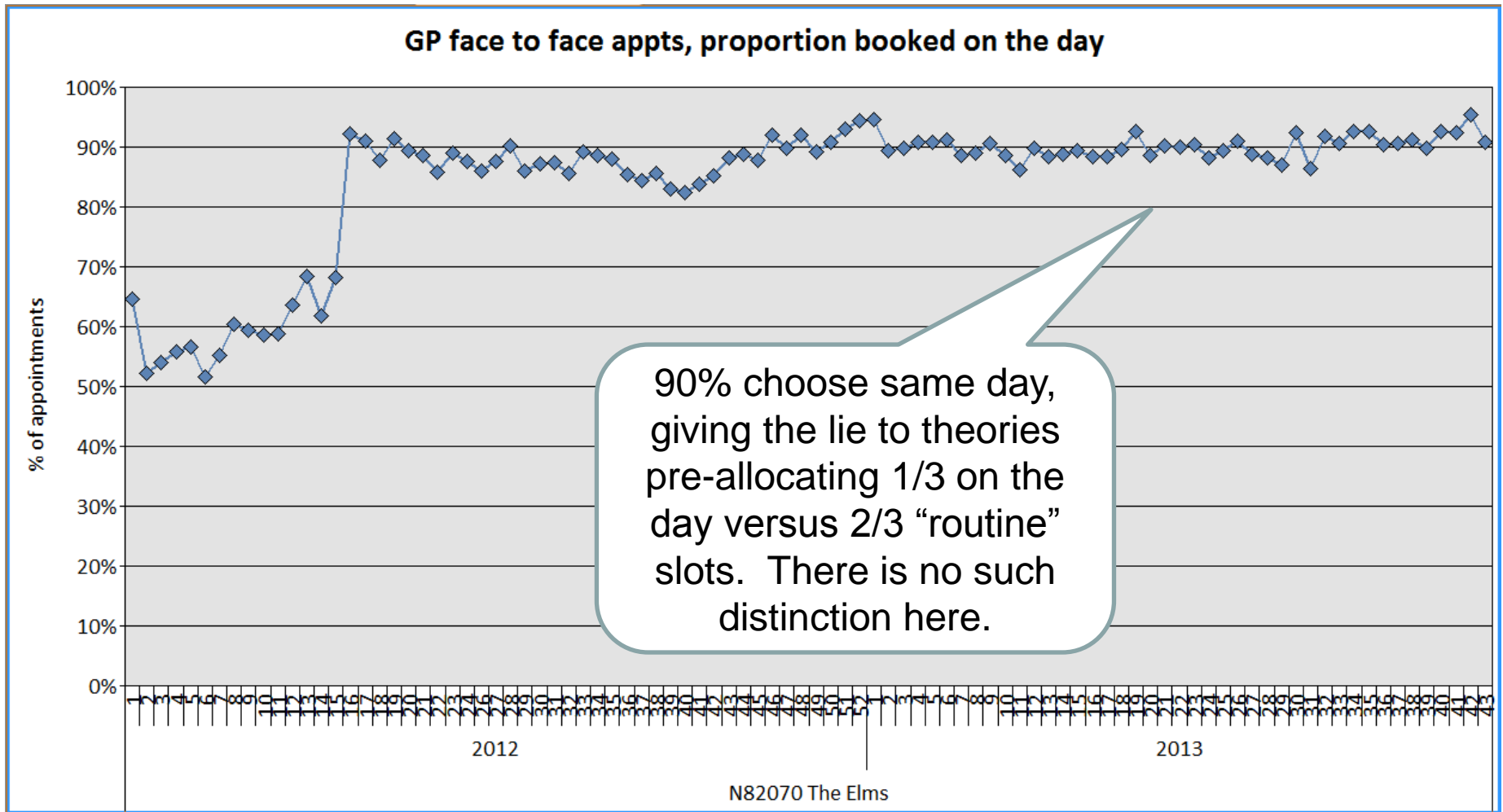
The same data shown as number of calls and face to face GP consults per day, can be used in planning sessions through Loadmaster



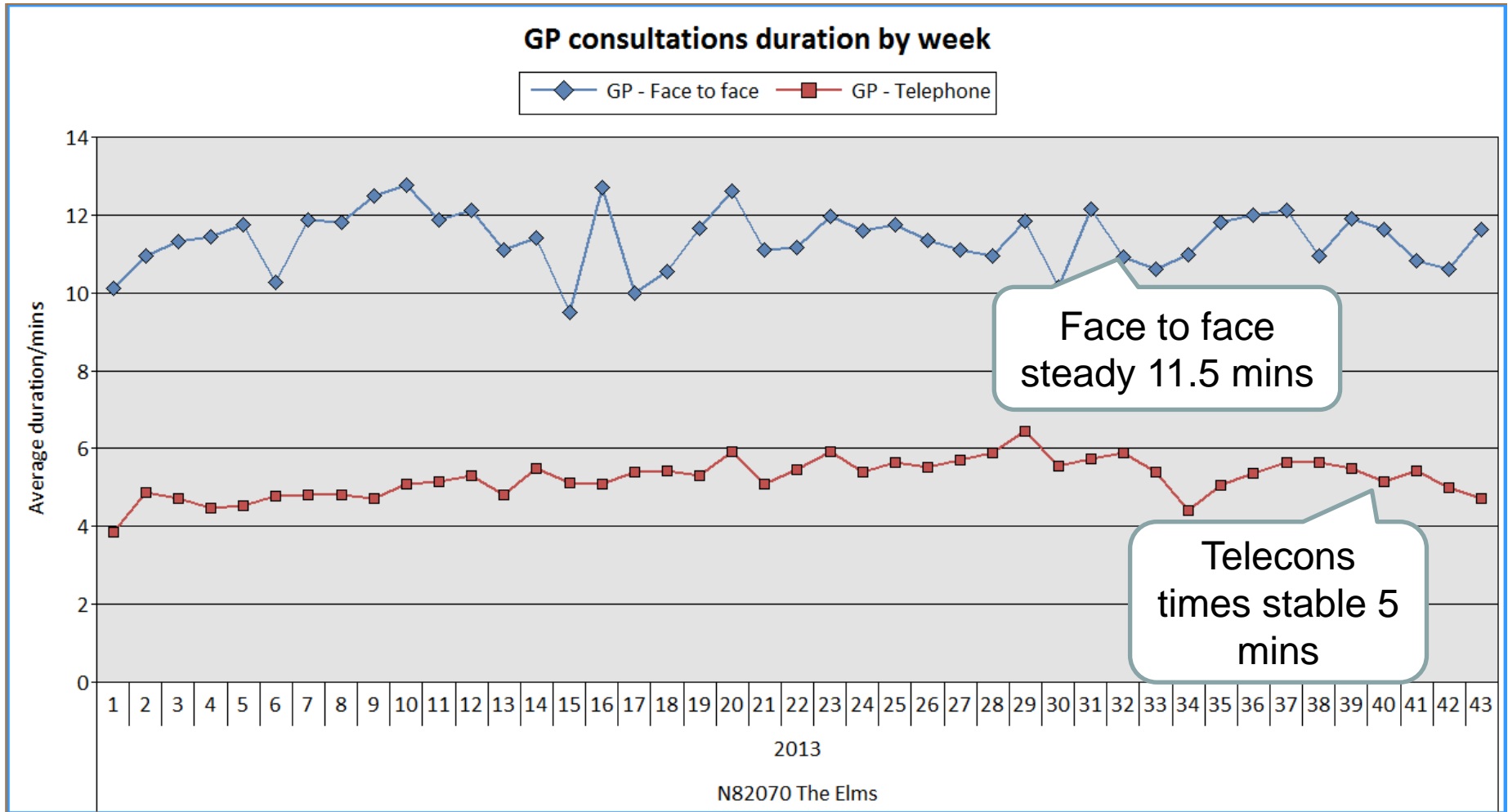
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If they need to be seen, patients choose which day to come.
For a mere 90%, it's the same day.



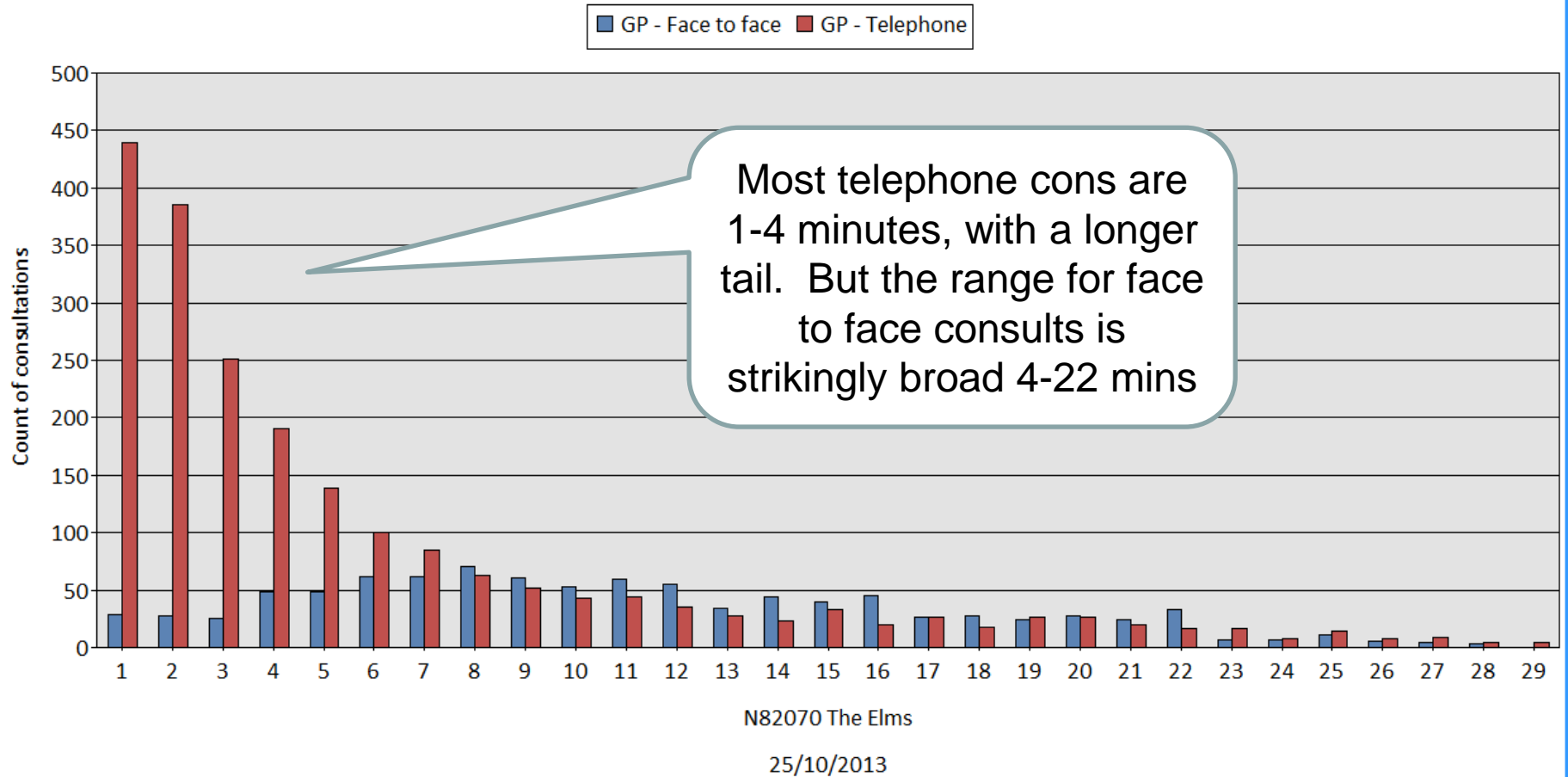
Are patients being rushed? No, average consultation times are slightly higher than many, 5 mins for phone, 11.5 for f2f.



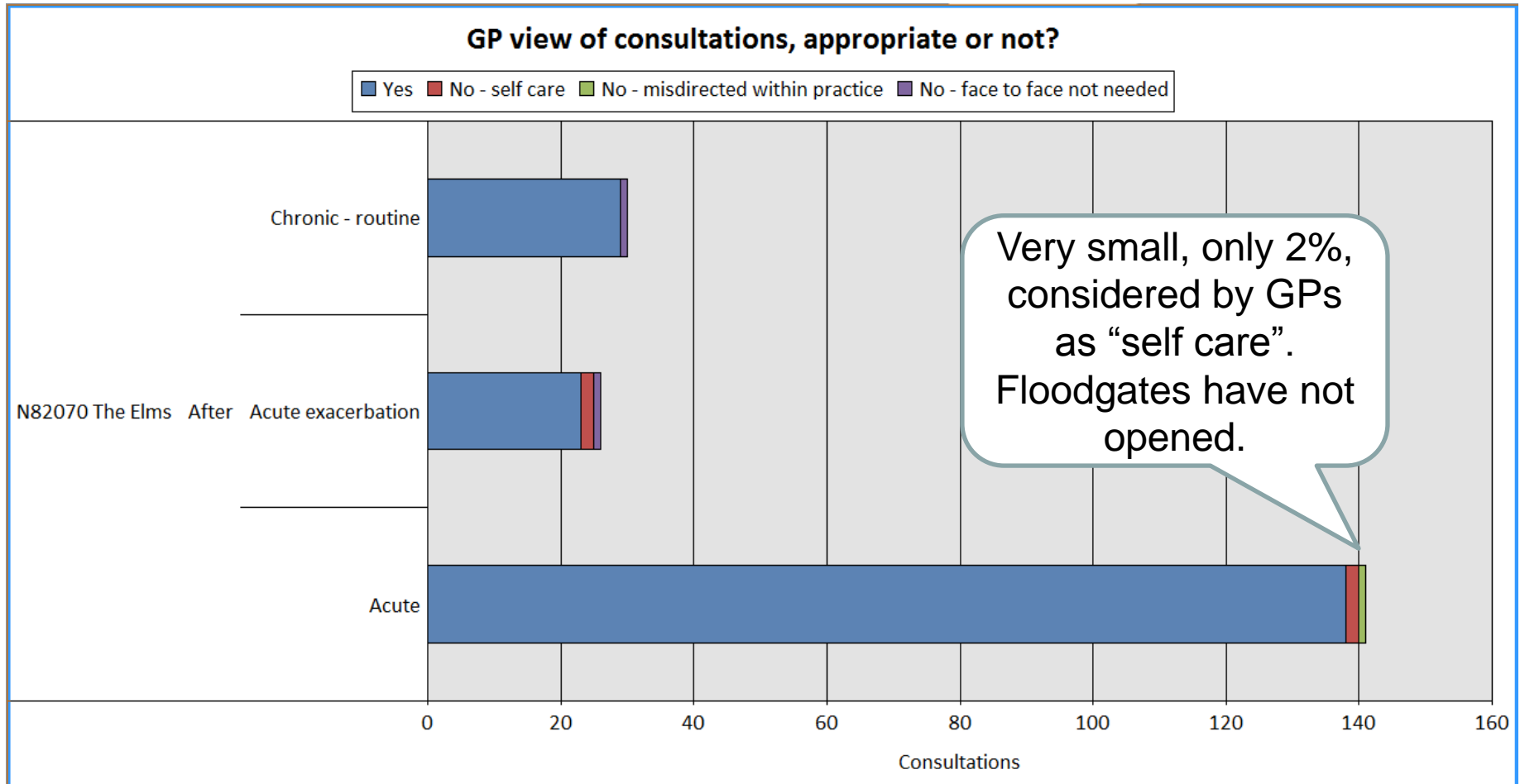
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GPs are able to give appropriate time to each patient, unconstrained by 10 minute appointment slots, and they do.

GP consultations duration, frequency distribution/minutes. Latest 4 weeks

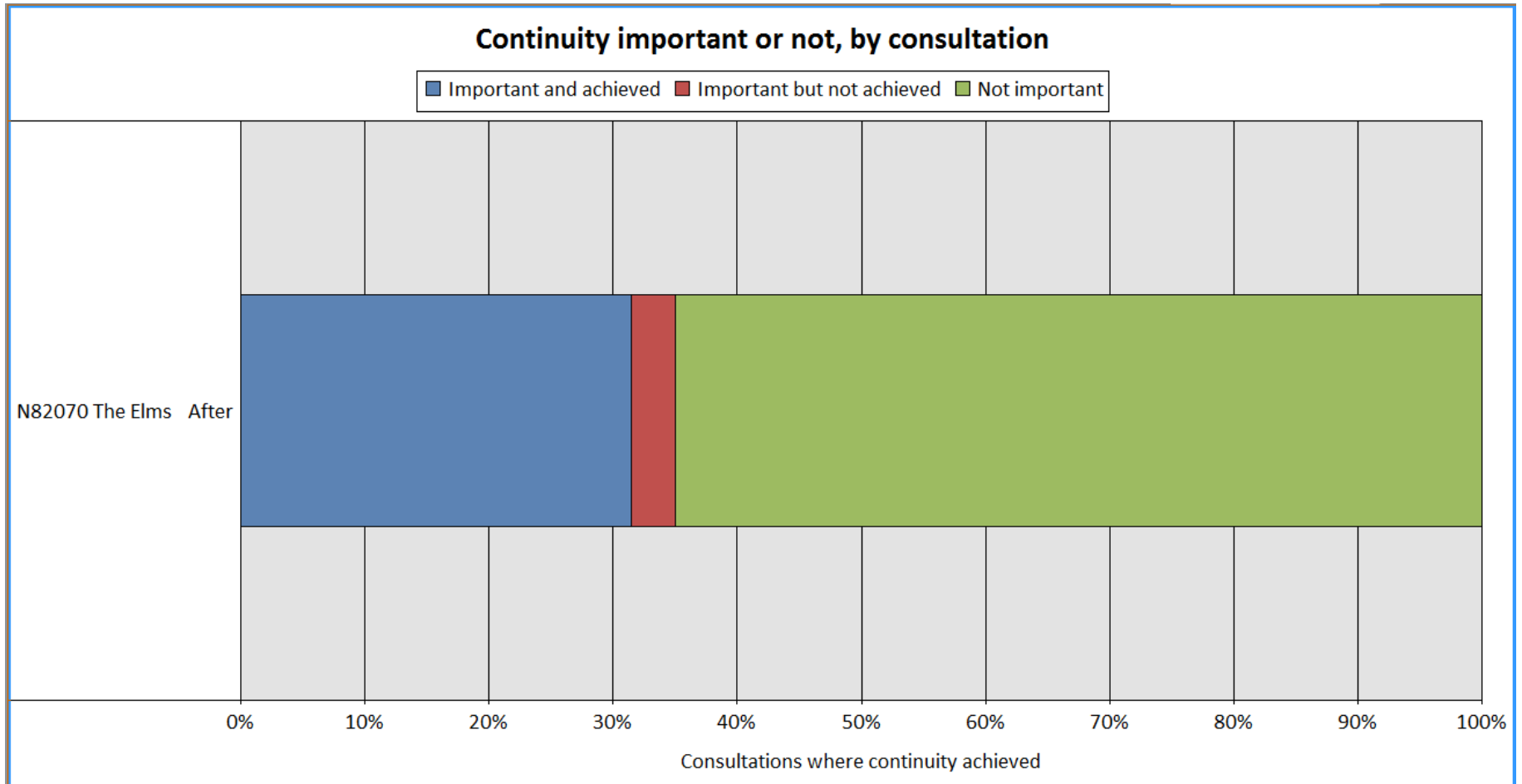


Recent audit by GPs shows 72% of demand is acute. Only 2% “should have been self care”: access has not increased demand

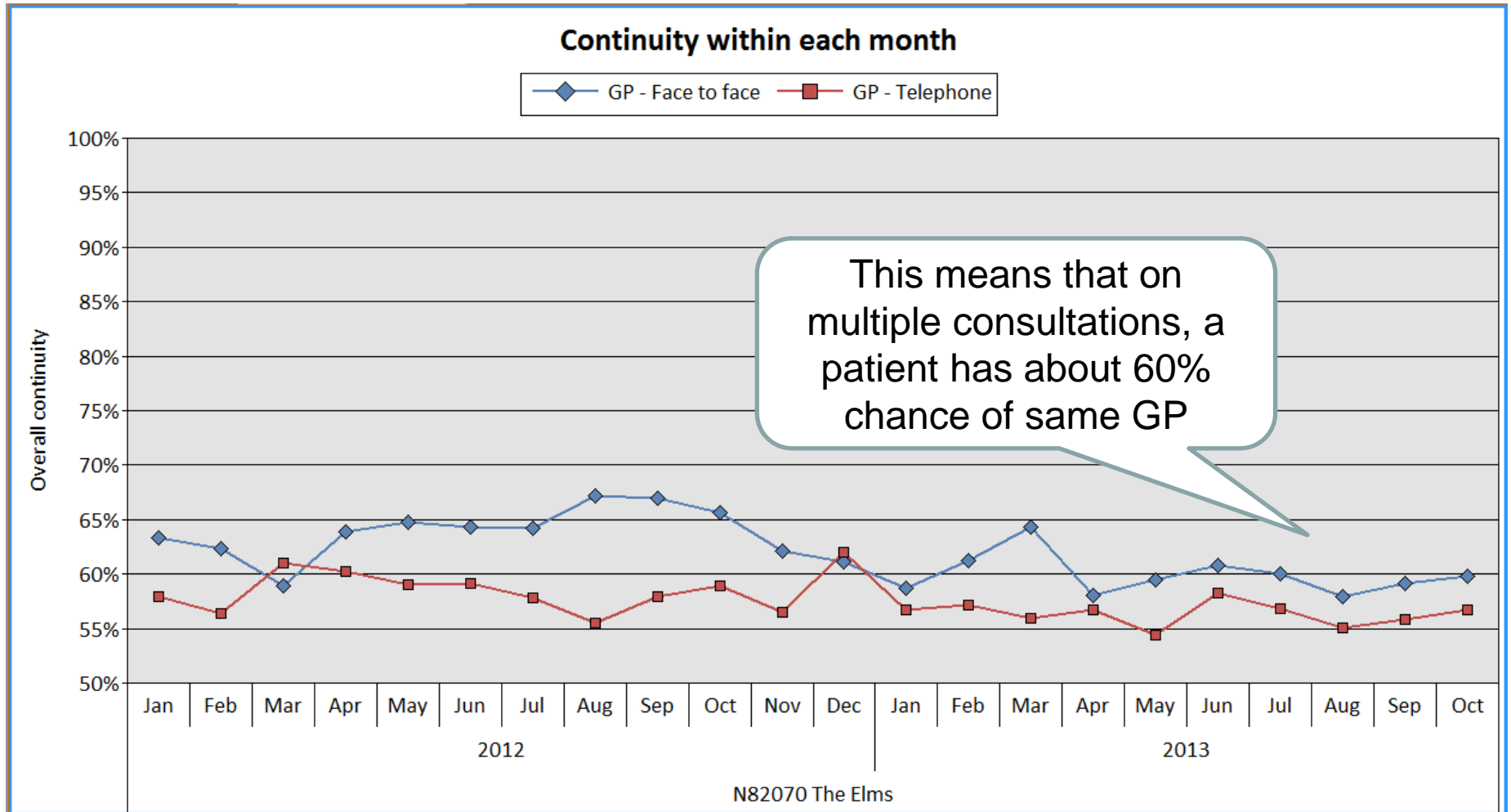


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With largely acute demand, continuity considered by GPs as important in 35% of cases and achieved in 32%.



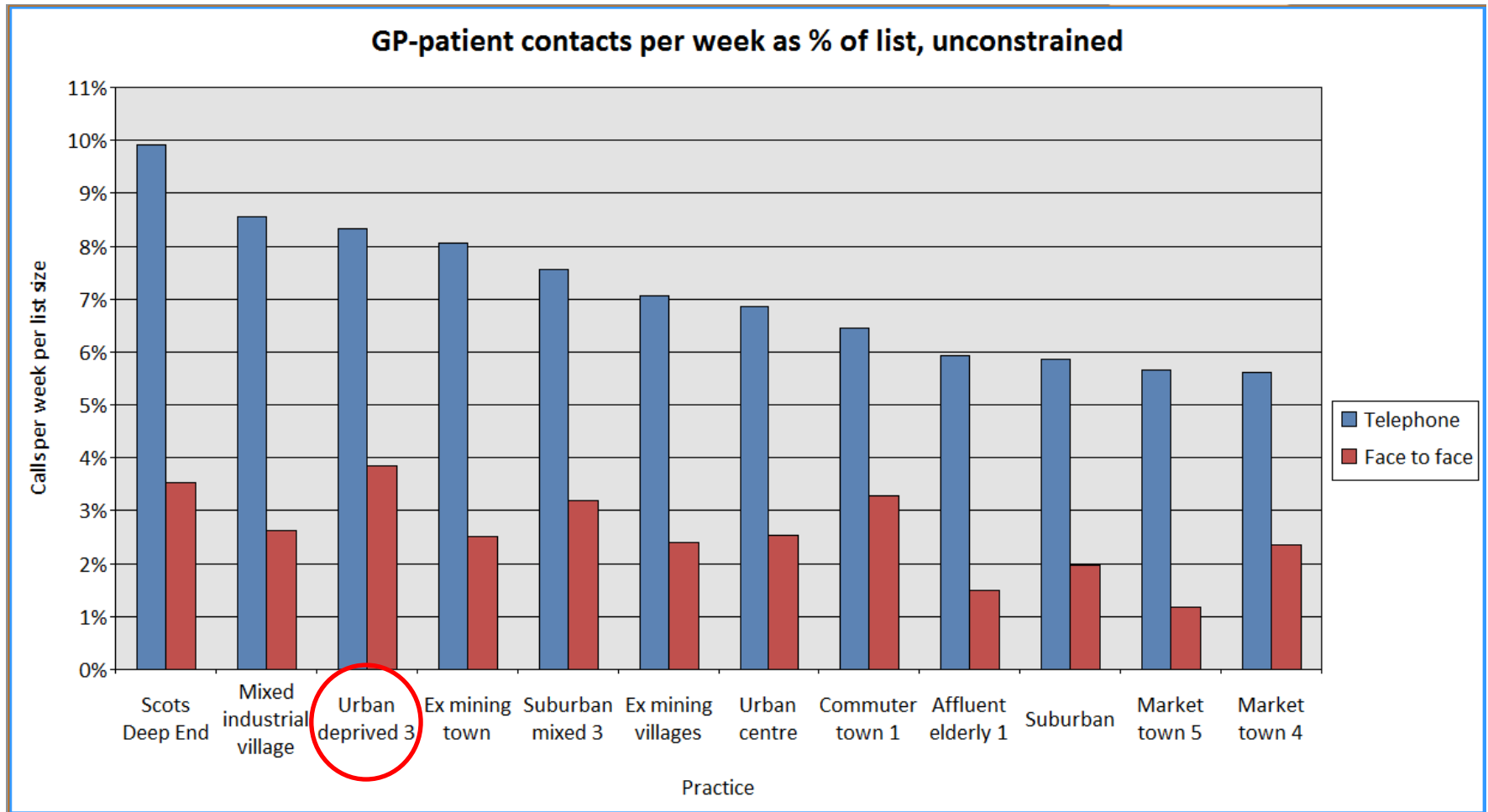
Continuity has remained stable through the change.
Measured statistically, % of patients seeing same GP.



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Does this practice have unusually undemanding patients?
No, in deprived Liverpool 8 it is on the high end at over 8% pw



All these practices have unconstrained demand, same model.

What do patients think? Chat outside the school gates...



You always get seen now

Don't always need to see a doctor. Can get a prescription for problem

I love it!

Trying to get through before taking the kids to school was a nightmare, and even worse ringing back after 9am and all the appointments had gone and told to ring the next day. Now you can get through anytime and get sorted the same day

© Alamy

And the doctors? Partners at Elms say

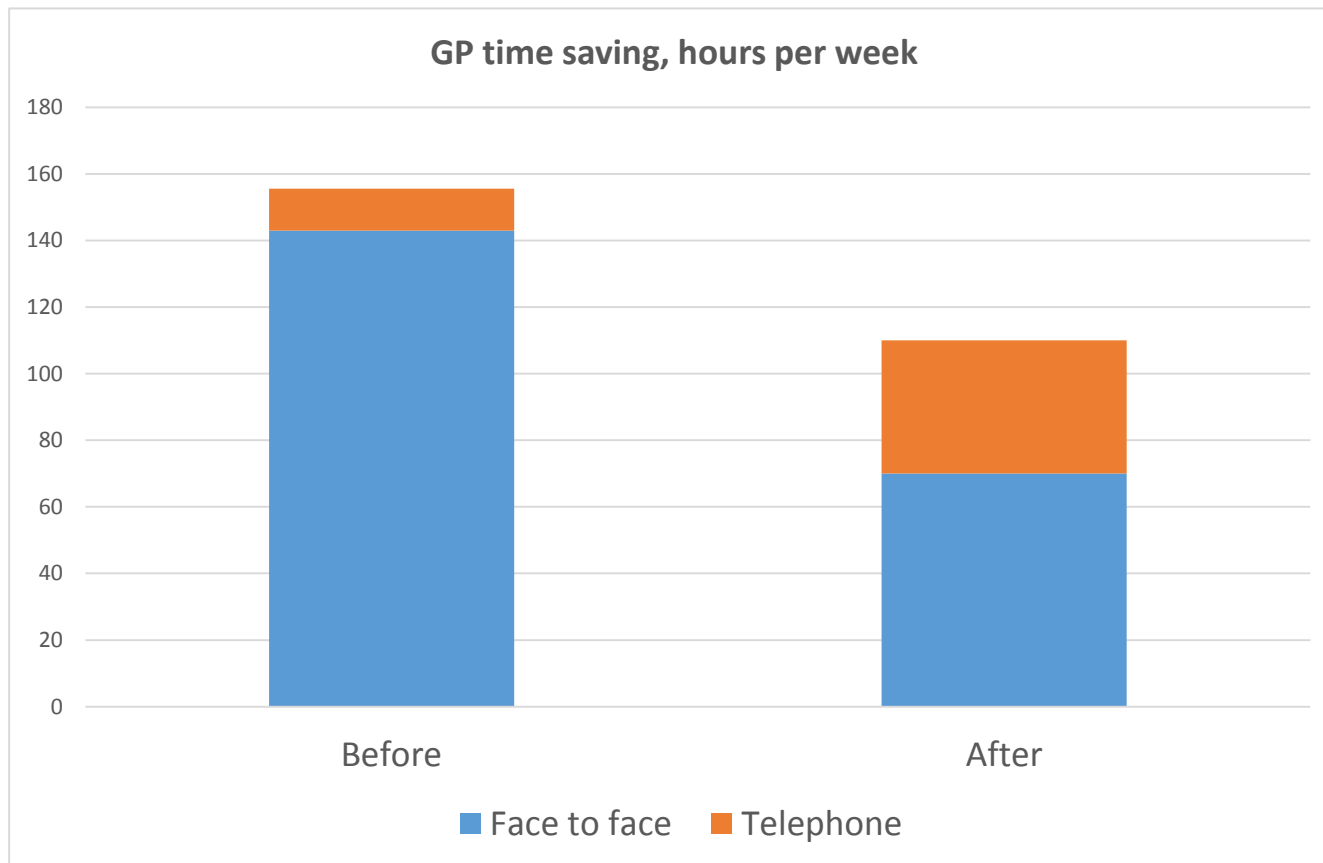
- “Under the old system we would have been dead”
- “It has been life saver”
- “First three months were hard. Now we have taken the efficiency savings of 20% to reduce our workload”
- “This is the future of primary care” – Dr Chris Peterson



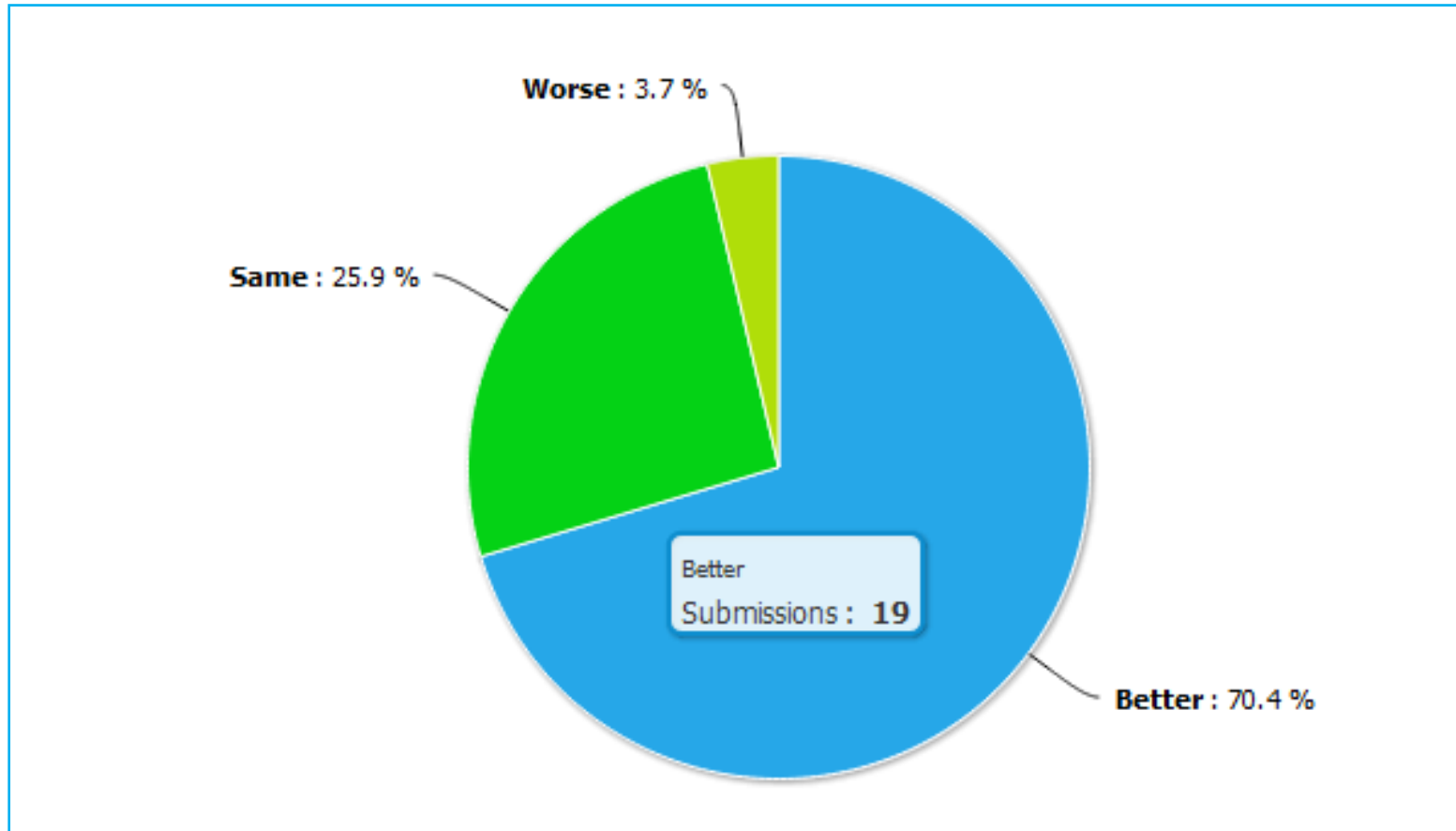
How we calculate increased efficiency

Before: 143 hours face to face plus 12.6 hours phone

After: 70 hours face to face plus 40 hours phone



70% of patients rate the new system as better,
3.7% worse (note: n = 27)



Independent qualitative research for Liverpool PCT by GfK shows what matters most to patients is speed and continuity.

When asked on the day of a GP call or appointment, this is what patients said:

- I don't worry about getting appointments in advance now - am prepared to wait and call when I need it. Female, age 76
- Mum on behalf of young daughter aged 3. Great that can talk direct to a doctor. Service always been excellent at practice anyway, from reception to nurses to doctors.
- Mother calling on behalf of young daughter. Will pick up prescription that has been organised.
- Feels that more regular GP knows him well and would have agreed to see him when initially contacted surgery yesterday, rather than be told to "work through" the problem, which he had already tried to do, and then need to contact the surgery again today. Male, age 71
- Asked to particular doctor to call back at particular time, which was facilitated. Always excellent service from practice. Female, 38
- No problems really. Had to wait initially on the phone for it to be answered. Female, 38
- Appt arranged for half an hour after call....excellent especially as is for a young child. Male 32
- I was able to get an answer over the phone that my test results weren't back yet and the doctor arranged to have them chased up for me. Female 83
- 28 week old baby seen straight away....very good.
- When original call came in it was not convenient for me, so Doctor agreed to call back later. Female 33

Finally, we ask what this means

Is this the Bradley Wiggins of general practice?



Photo Telegraph

They work hard. They are talented, and dedicated. But the secret lies not in overwork, genius or heroism. It lies in method.

Dr Rosie Kaur who devised the latest changes, says it's simple really.

Which means you too could be in the picture.