Appendix to Health Foundation long read

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What's been tried? A catalogue of efforts to improve access to general practice, 1984 to 2023

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Contents

About this resource

The purpose of this resource is to catalogue and categorise attempts to improve access to general practice with a view to informing future improvement efforts. The list includes interventions that have already been tried, are ongoing or have been proposed, and categorises them according to how they are intended to improve access to general practice.

How to use this resource

The interventions in this resource are grouped in 6 overarching categories and 22 subcategories. A description of how the interventions might improve access to general practice and examples for each subcategory are provided.

Click on the category or intervention in the contents list to go directly to that section of this document. You can find out more about each example of an intervention by using the references provided. Clicking on the in-text references (superscript numbers) will take you directly to the specific reference(s) for each example.

You can return to the contents list by clicking on ‘Return to contents list’ at the bottom of each page.

1. Appointment innovations

1.1 Triage

Triage refers to the process of choosing the most appropriate time, mode of consultation (eg in-person or remote) and health care professional (eg GP, nurse or other health care professional) to manage each patient's request according to clinical need.

How is this expected to improve access to general practice?

Triage responds to the increasing imbalance between patient demand and availability of appointments by ensuring that the patients with the most urgent needs are dealt with first, and patients are allocated to health care professionals best placed to address their need.

Examples of options

- **Telephone triage** performed by clinical staff (eg GP, nurse, paramedic or pharmacist),[1-14] on all patient requests for an appointment or for condition-specific reviews.[15] May or may not be supported by computer decision-support software.[16]
- **Digital triage** via online consultation systems which use automated triage algorithms, structured questionnaires or free-text submissions with clinician review. Responses may include signposting to self-care or other resources, online messages, telephone call-backs or immediate offers of appointments.[17-36]

1.2 Telehealth

Telehealth refers to provision of health care services remotely using audio and video technology rather than face-to-face care.

How is this expected to improve access to general practice?

As remote consultations can be shorter than face-to-face consultations, telehealth has the potential to release capacity for appointments within a practice system. Telehealth can also improve convenience and access to healthcare for patients with restricted ability to attend in person. Telehealth systems also support triage.

Examples of options

- **Telephone consultations** by GPs or other clinical staff, such as nurses or Physician Associates.[5 26 37-58]
- **Video consultations** which give some limited visual information on patients' physical appearance and environment.[59-66]
- **Resources to aid telehealth** include 'drop boxes' to facilitate the measurement of vital signs,[67] protocolisation and scripts for remote consultations,[68] video-conferencing 'booths',[669] using photos during remote care e.g. tele-dermatology,[70] and offering simplified or supported processes for those with language difficulties or capacity issues.[71 72]

1.3 Restructuring appointment systems

Interventions that aim to change the ways that appointments are allocated, organised and scheduled, but are distinct from triage and telehealth.

How is this expected to improve access to general practice?

These programmes are intended to improve access through matching capacity to demand and managing demand by offering different types of access (acute versus pre-booked), different types of appointments and different means of booking appointments.

Examples of options

- **Appointment scheduling interventions** which prioritise same day appointments or other appointment targets and limit how far ahead appointments can be booked to prevent long waiting times (eg, as implemented as part of the 'Advanced Access' initiative).[73-86]
- **Appointment segmentation**: splitting access into appointments for urgent/acute care versus pre-bookable appointments for patients with routine, non-acute or long-term conditions or who require follow-up.[87-93]
- **Restructuring consultation lengths** to ensure sufficient time is available for patients with language or communication difficulties, disabilities or complex needs.[89 94-109]
- **Appointment mapping** to help practices understand demand for and use of appointments and determine the resources required to meet demand.[110-115]
- **Group consultations** which bring together up to 12 patients for up to 90 minutes at one time to support shared learning about management of specific conditions.[116-123]
- **Establishing condition-specific clinics** within a practice eg for screening or prevention.[124 125]
- **Direct booking of appointments** by patients via apps, online tools or SMS messaging.[126-128]
- **Strategies to reduce DNAs** including texting appointment reminders to patients who persistently fail to attend or reducing forward booking time.[92 129 130]

1.4 Offering patient contacts that are not appointments

Offering patients a means of accessing health information which does not involve synchronous interaction with a health care professional.

How is this expected to improve access to general practice?

These interventions might reduce the need for appointments with health care staff while still giving patients access to needed or beneficial information and support.

Examples of options

- **Asynchronous email** communication between patient and practice.[131-139]
- **Online patient access portals** that allow patients to order repeat prescriptions, book appointments and get health advice.[21 140-143] Overlaps with digital triage
- **Electronic access to own electronic health records** including test results, prescriptions and correspondence between professionals.[19 135 144-158]
- **SMS messaging** to notify specific patients of results,[159] alert patients to overdue screening tests,[126 160] prompt medical compliance and attendance at appointments,[161]

share links to health information,[26] facilitate disease management[129 162] and support behaviour change,[163] including use of multilingual resources.[164] Overlaps with technology-supported self-care

- **Targeted written and phone communication** from practices to selected high-risk patients on symptoms that warrant attention[165-167] and to prompt attendance for preventative care and vaccinations.[168 169]

2. Direct patient access to services that remove need to access general practice

2.1 Community pharmacists

Enhanced role for NHS community pharmacists to treat minor illnesses and dispense certain medication without a prescription.

How is this expected to improve access to general practice?

Enhancing the medical care available to patients in community pharmacies may reduce their need to attend general practice and increase capacity for other patients.

Examples of options

- **Community pharmacists'** provision of blood pressure checks, oral contraceptives reviews, 'pharmacy first' treatment of minor illness, vaccinations, smoking cessation and urgent repeat medicines supply.[10 170-172] Consultations with community pharmacists may be delivered in person, on the phone or via video[173-177] and can be augmented by pharmacy-based private GP video consultation services.[178]

2.2 Self-referral pathways

Patients can self-refer to certain services without needing GP input.

How is this expected to improve access to general practice?

Self-referral allows patients to bypass general practice to get the care that they feel they need directly, reducing demand for GP appointments. Allied health care professionals in the community might also alert a patient to the need to attend a GP thereby supporting the patients' claim to access.

Examples of options

- **Counselling and talking therapies** eg Improving Access to Psychological Therapies (IAPT) programme.[179]
- **Direct access to physiotherapy**/musculoskeletal first contact practitioners[171 180-189]
- **Other direct access services** include: drug and alcohol addiction, smoking cessation, sexual health, physical activity, urgent and minor eye care, audiology, weight management, community podiatry, wheelchair and assisted-living equipment.[10]

3. Increasing the number and range of professionals available to see patients within general practice

3.1 Expansion and diversification of skill-mix

These interventions relate to the employment of additional staff, including allied health professionals and non-clinical roles to contribute to the delivery and organisation of care.

How is this expected to improve access to general practice?

Employing a wider range of professionals in general practice to see, treat and support patients has been hypothesised to increase capacity through offering more appointments, allowing redistribution of tasks that would have previously required GP attention and reducing the demand for GP appointments.

Examples of options

- **Nurse-led care** for minor injuries, illnesses, and long-term conditions[190-207] as well as nurse-supported consultations.[195]
- **Physician associates**[208-212] who work alongside doctors providing medical care as an integral part of the multi-disciplinary team. Physician associates can work autonomously, but always under the supervision of a fully trained and experienced doctor. PAs are trained to do clinical duties such as taking medical histories, carrying out physical examinations, and developing and delivering treatment and management plans.
- **Pharmacists** in practices to triage, review medications, update medical records, action incoming correspondence and treat patients.[213-221]
- **Social prescribers**, **link workers, health and wellbeing coaches, patient navigators, care coordinators and lay health workers** to provide advice on community services, reinforce patient education, support navigation of treatment processes and raise awareness of wider services on offer, including for non-clinical needs.[222-228]
- **Paramedics**[189 229 230] taking on triage and assessment of patients and supporting management of patients with minor injuries or illness, or who require home visiting.
- Practice-based **mental-health staff**[231] and **social workers.**[232]
- **General practice assistants** to carry out administrative tasks and basic clinical duties which can free up GPs' time and contribute to the smooth running of appointments.[233]
- Introduction of **specialty and associate specialist (SAS) doctors** to practise in general practice.[234]
- **Training** to develop the skills of existing practice staff such as nurses and receptionists.[10 141 235]

3.3 Improving GP recruitment and retention

Programmes to enhance the capacity of the GP workforce to meet the demand for GP services.

How is this expected to improve access to general practice?

Increasing and maintaining the number of GPs available to consult with patients is a core feature of campaigns to improve access to general practice. Adequate staffing ensures sufficient capacity for patient appointments while also facilitating continuity of care.

Examples of options

- **Encouraging medical students** towards future GP careers (eg RCGP 'Choose GP' campaign)[236 237] and increasing the exposure of doctors in training to general practice early in their careers.[238]
- **Salary supplements,** including relocation and incentive payments to attract GP trainees to under-served areas where GP training places are unfilled.[239-244]
- **Post-training fellowships** designed to facilitate GPs to attain special skills.[245-247]
- **International recruitment** of GPs to work in the UK.[248-250]
- **Return to Practice programmes** to support GPs who have been out of practice for over 2 years to return to practice.[251-253]
- **Mentorship programmes** to support mentors of newly qualified GPs.[254-256]
- **Partnership incentives** to support GPs to commit to partnership roles in practices.[257-259]
- **GP Retainer programme** to provide GPs who might otherwise leave practice with flexibility, financial and educational supports to facilitate them to remain in practice.[260 261]
- **Addressing indemnity costs** for GPs to help retention.[262]
- **Services to support GPs with burnout**.[141]
- **Changing pension rules** as an incentive to keep older GPs in practice.[263]
- **Loan forgiveness programmes** to encourage retention of doctors to their training programmes.[264]

4. Offering contacts beyond core hours, core settings and core services

4.1 Extended hours services provided by GPs within their own practice or practice network

Care is provided by GPs beyond standard clinic hours – after 18.30 on weekday evenings and at weekends.

How is this expected to improve access to general practice?

Extended hours provide more options for getting an appointment and are useful for patients for whom it is not convenient to attend a GP during standard office hours.

Examples of options

- **Longer opening hours and weekend opening** within individual practices or by networks of practices within local access hubs.[33 265-281]

4.2 GP services external to a patient's practice or local practice network

Services that provide out-of-hours or acute care for patients who cannot or choose not to use their own practice.

How is this expected to improve access to general practice?

These services respond to care needs that arise outside of standard opening hours or cannot be met or secured within standard opening hours in a way that is convenient for the patient. These services can address the need directly, signal where the patient's needs will be best met, or can encourage patients to attend their own practice thereby supporting the patient's claim to access in their own practice.

Examples of options

- **Single number access** to urgent and out-of-hours advice and care from clinical or trained non-clinical responders, eg NHS Direct or 111. Can triage patients to acute services, regular GP services or community services such as pharmacies.[282-295] Regional extensions to NHS 111 include NHS 111 option 2 which provides dedicated telephone support for acute mental illness in the East of England.[296-298] Online variations described in online advice tools.
- **Walk-in centres, urgent care clinics, minor illness clinics, out-of-hours cooperatives staffed by local GPs or deputising commercial providers**.[284 288 290 299-316] Variations on these services include remote care for out-of-hours services,[317] locations to cater for specific cohorts of the population eg commuters,[318 319] or care led by allied health care professionals.[320 321]
- **Co-location of primary care services with Emergency Departments** (EDs), either as GPs embedded within EDs, co-located in EDs as urgent care centres, or in adjacent GP out-of-hours clinics.[322-324]

4.3 Enhanced services within practices

Contracts that incentivise practices to improve access for specific populations or under-served areas.

How is this expected to improve access to general practice?

More comprehensive resourcing and remuneration allows practices to add to and sustain the services they offer, with expected benefits for specific groups.

Examples of options

- **Additional direct or localised enhanced services** which GP services can sign up to that increase access for specific groups of patients. Includes vaccination programmes, NHS health check schemes, and enhanced services for patients with alcoholism, learning disabilities, palliative/end of life needs, conditions covered by the Quality Outcomes Framework, Proactive Care Programme and so on.[325-332] These services can be provided at practice or primary care network level[333] and may be supported by recall/reminder systems for the patients involved.

4.4 Expanded or reorganised services within the wider community

Community-based health care professionals who provide care for people outside of practices in the community, including in their own homes.

How is this expected to improve access to general practice?

These services facilitate access to medical care for people who cannot attend a GP in a conventional way or have needs that are best met in their homes. These services may reduce demand on GP services, increase appointment capacity for other patients and potentially reduce inequalities in access.

Examples of options

- **Services supporting home-based care for patients** ie paramedics, network home visit teams, admissions avoidance teams, health visitors, community and district nurses, and social care workers.[334-338]
- **Dedicated clinical support for care home residents** provided at the level of primary care networks.[339-342]
- **Outreach clinics** that proactively offer general practice care to marginalised populations in the community, such as people who are homeless or recent migrants.[343]

5. Supporting patient engagement, empowerment, and education

5.1 Educational initiatives targeting patients

Interventions intended to support patient understanding, navigation, engagement and self-care.

How is this expected to improve access to general practice?

These approaches aim to reduce demands on general practice by promoting awareness of the services available and how to access the most appropriate services to meet one's needs; supporting patients to cope with illness without the support of a health care provider where appropriate; and facilitating better use of consultations that do take place, including improved awareness of how to communicate needs.

Examples of options

- **National media campaigns** that encourage patient understanding of when to seek care and who to seek care from, including services other than their general practice if appropriate (eg NHS Choices, NHS Choose-well campaign).[33 344-348]
- **Targeted communication schemes** (eg The General Practice Access Routes Campaign), e-directories and information packs to help patients understand their local services, means of contacting their practice and other services, and how their practice will respond, including multilingual and translated resources.[349-353]
- **Digital facilitation programmes and skills courses** that seek to support patients in the uptake and use of web-based services and teach patients how to navigate online NHS systems, including links to key services, points of access, and how to best use smartphones/internet to find accurate health information.[354-356]
- **Multilingual and culturally sensitive** versions of health education and health protection materials.[125 164]
- **Resources for patients** to use before and/or take away after their consultations (eg consultation planners, video recordings of consultations, patient information leaflets and so on).[357-361]
- **Campaigns supporting and promoting registration with practices and uptake of practices' services** to patients with disabilities[362 363] or patients who are homeless, migrant or otherwise at risk of social exclusion.[72 364]
- **Self-management resources** and courses for patients with specific long-term health conditions which include information on when to seek care from general practice, provide links to more urgent support, and share useful resources and general information on their conditions.[365-370]
- **Telephone announcements** (on-hold messages) encouraging self-management for specific conditions for patients phoning the practice.[371]

5.2 Digital resources for patients

Online and technology-supported advice and information for patients.

How is this expected to improve access to general practice?

These resources are available 24/7 and may remove the need for GP care and release capacity for other patients. They can empower patients to self-care for minor illnesses and encourage and facilitate patients to seek care when it might be indicated, helping to ensure they get the right care at the right time in the right place.

Examples of options

- **Online advice tools** and AI-supported symptom checkers which use systemised pathways to lead patients to information relevant to their health needs. Some NHS practices embed these symptom checkers within their practice websites.[372-375] Interactive health information has also been made available through digital television platforms and public touch-screen kiosks.[348 352 376] Overlaps with digital triage.
- **Technology-supported patient education** and behavioural modification without ongoing involvement of health care professionals such as exercise and movement apps, smoking cessation apps, and pelvic floor training apps.[377 378]
- **Technology-supported self-care** such as wearables and mobile phone-supported self-monitoring of long-term conditions including automated advice on when further actions should be taken.[162 375 379 380]
- **Online support groups** for patients intended to provide peer support for specific health conditions.[381-384]

5.3 Practice-level interventions or interventions targeting practice staff and professional behaviour

These interventions aim to improve a practice's capacity to better support patient engagement, education and self-care.

How is this expected to improve access to general practice?

Supporting patients to use general practice and to communicate their needs and engage in shared decision making during consultations might promote more patient-centred care, higher levels of patient satisfaction with the consultations they secure, less failure demand,[385] and better use of appointments.

Examples of options

- **Making registration processes easier**, especially for people with low health literacy, or who are homeless, migrant or otherwise marginalised. Interventions may include receptionist training in registration of migrants, practices reaching out to non-attenders and open-access clinics that do not require prior registration.[72 93 343 364 386-389]
- **Improving links between practices and local transport options** including volunteer transport schemes, partnerships with local taxi firms and mobility scooter charging points, and providing appointment flexibility to accommodate attendance around these transport options for older patients in remote settings.[265 266 390-392]
- **Technology to support communication during consultations** including video interpretation for deaf users,[393] pictographic symbols, bilingual text and digitised speech for migrants,[394] and interactive treatment videos to inform patients about treatment choices.[395]

- **Translation services** for patients (ie British Sign Language (BSL)/foreign language) either online or in person.[396-399]
- **Technology to facilitate translation of notifications** from a practice into the patient's language, including SMS, targeted digital communications and YouTube videos to deliver health advice to non-native speakers or migrants.[400]
- **Resources to support health care professionals to better engage patients** in their own care,[11 401-404] including interventions that support staff in the management of particular patient groups such as those with learning disabilities.[10 402]
- **Shared decision-making tools** to improve people's engagement in and satisfaction with care decisions.[405-410]
- **Professional interventions addressing consultation skills** and tailoring care to individual patients' needs.[411-415]
- **Care navigation training** for receptionists and triage staff.[10]

5.4 System-level interventions targeted at patients

5.4.1 Offering patients broader choices of GP practice at which to register

How is this expected to improve access to general practice?

These interventions are intended to improve access by increasing the choice of practices available to patients. They permit practices to register patients who live outside their practice area but who may work locally or have other reasons for wanting to access care at that location.

Examples of options

- **Choice of GP/out-of-area registrations programme** which allows GP practices to register patients who live outside their practice area.[416-418]
- **Video consultation services** which provide primary care services based predominantly on offering video consultations via smartphones.[419 420]

5.4.2 Reducing co-payments

How is this expected to improve access to general practice?

Co-payments are a barrier to access for some patients, deterring them from seeking general practice care even if the co-payment does not relate to the consultation itself.

Examples of options

- **Reducing co-payments** and out-of-pocket costs for medicines on a means-tested or age basis.[125 421]

5.4.3 Publishing practice performance data publicly

How is this expected to improve access to general practice?

Patients who have access to reliable information on GP practices might be able to make better decisions about which practice is most likely to meet their needs and offers the level

of access they want. This approach also potentially incentivises improvements in access processes within practices and other changes in provider behaviours.

Examples of options

- Up-to-date online information on **practices' appointment activity, capacity and waiting times**; opening times; accessibility; whether open for new patients; and whether a practice accepts out-of-area registrations.[263 422 423]
- Practices reporting performance against **key quality indicators including patient experience** and patient-reported satisfaction.[424]

6. Supporting the internal and wider structures of general practice

6.1 Making existing processes in practices more efficient

Redesigning processes in practices to ensure more efficient workload management

How is this expected to improve access to general practice?

Improving the efficiency of practice workflow might increase capacity to meet patient demands for access or directly reduce demand through faster actioning of tasks and patient requests.

Examples of options

- **Practice workload, workflow assessment and improvement programmes** (eg Time for Care, Accelerate, General Practice Improvement Programme).[113 424-427]
- **Training for clinicians and managers to support practice redesign**,[141] and on how to be **good employers**.[235]
- **Automation and artificial intelligence** to support administrative tasks, clinical decision making and care management (eg symptom assessment, automated clinical coding, triaging and personalised self-management), and proactive detection (eg analysing patient records to predict patients that might benefit from prevention or assessment of undiagnosed conditions or identify vulnerable groups).[375 428-430]

6.2 Reducing the burden of bureaucracy in general practices

Strategies to reduce bureaucratic and administrative burdens in general practice.

How is this expected to improve access to general practice?

Less bureaucracy should result in more primary care time freed up for appointments with patients therefore improving access for all.

Examples of options

- Solutions aimed at **streamlining communication between primary and secondary care** including secondary care onward referrals, fit notes and discharge letters, and clear points of contact for patients with queries about their position on waiting lists.[431 432]
- **Principles for government departments** to support a move away from seeking information on people from general practice to alternative pathways for gathering evidence where possible.[433]
- **Reducing bureaucracy associated with payment and regulation processes**.[141 235]
- **Limiting bureaucracy** for new entrants wanting to provide primary care in under-doctored areas.[389]

6.3 Interventions to ensure general practices at high risk of closing stay open

Strategies are implemented to ensure that general practices at risk of closure from financial, leadership or governance problems can stay open.

How is this expected to improve access to general practice?

Closure of practices potentially disrupts patients and their care. Instigating measures to protect practices safeguards access to some degree.

Examples of options

- **Horizontal integration** and mergers between struggling practices and other local practices.[235 434-436]
- **Financial support specifically for struggling practices** including to help develop their workforce, tackle workload and redesign care.[141]
- **Simplification of 'closed list' procedures** to offer practices the flexibility they need to manage short or longer term capacity issues.[422]
- **Vertical integration** of general practices with hospital trusts and secondary care.[437]
- **Allowing commercial organisations, charities or other non-standard primary medical service providers to bid** for primary care contracts under 'Alternative Provider Medical Services' arrangements. Includes situations where existing practices cannot be sustained by previous GPs.[438-441]

6.4 Financial mechanisms for improving access

National and regional funding to support investment in practices and practice infrastructure.

How is this expected to improve access to general practice?

Supporting investment into practices and practice infrastructure might enable practices to better meet their patients' access needs.

Examples of options

- Changes to **area-based primary care allocation formulae**.[241]
- **Financial incentives for specific activities** eg Winter Access Fund 2021/22 or the Access Improvement Programme to drive improved access to urgent, same-day primary care.[333 424]
- **Financial incentives for practices that invest in resources** like digital telephony, triage and communication tools.[10] Overlaps with triage and telehealth.
- Linking indicators on access, for example from surveys, and quality improvement activity related to access to **pay-for-performance schemes**.[333 389 424 442]
- **Capital investment** through programmes like cost-rent, improvement grants, public–private partnerships, local improvement finance trusts[443] and national infrastructure, estates and technology funds to support development of new buildings, primary care centres, IT, and disability access.[87 141 352 376 391 444]

6.5 Contracting and commissioning to shape provider markets

Changes in the processes used to plan, purchase and monitor general practice.

How is this expected to improve access to general practice?

Changes in commissioning processes can be used to support national policies intended to improve access.

Examples of options

- Permitting and encouraging **a wider range of primary care providers into the market to increase provision or drive competition for improvement**.[376 445 446]
- **Changes to commissioning powers that allow greater flexibility for commissioning local primary care services.** Includes new options for commissioning out-of-hours provision or care for asylum seekers, refugees, persons who are homeless and prison leavers. Alternative contract types like APMS or PMS contracts can also address equity of GP distribution or achieve other aims.[376 445 446]
- Contract changes to **allow money to better follow the patient** with a view to incentivising improvements in providers' access processes.[389 422]
- Requiring newly commissioned services to be delivered **close to public transport services**.[447]
- **Mandating expansion of general practice services** through commissioning bodies, including the development of new practices in the areas with the poorest provision.[389 422 445]
- **Abolishing centralised systems of entry regulation** to primary care provision.[448]
- **Changes to local authority planning guidance** to raise the priority of primary care facilities when considering how funds from new housing developments are allocated.[10]

6.6 Changes to the scale or model of general practice (not otherwise included)

Collaboration between multiple GP practices or between GP practices and other providers with the aim of a collective benefit.

How is this expected to improve access to general practice?

New models of care and working at scale are intended to improve practice capacity, diversify skill mix, offer new ways of working and deliver economies of scale, resulting in better access.

Examples of options

- **Providing GP services within different models of care** such as polyclinics,[449] primary care centres and multispecialty community providers[423] and hospital-owned GP surgeries with registered lists.[450] Overlaps with horizontal and vertical integration.
- **Practices working at scale** in primary care networks[333] or as federations or super-practices.[141 423 434]

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