

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

Aims

We aimed to identify, catalogue and categorise attempts to improve access to general practice, specifically to:

- develop a list of interventions for improving access to general practice, including approaches that have already been tried, are ongoing or have been proposed
- categorise these interventions according to how they are intended to work.

Methods

Identifying interventions seeking to improve access to general practice

The literature documenting interventions to improve access to general practice is broad and heterogenous, so we conducted a comprehensive three-stage search.

Search stage 1: Initial list

- We came up with an initial list of interventions that have been used to improve access to general practice by brainstorming within the team (two academic GPs, three health service researchers and two policy fellows). We sought descriptions of these interventions in the academic literature and other sources, including, for example programme reports, evaluation reports and the websites of NHS England, NHS Futures, the Royal College of General Practitioners, the Health Foundation, The King's Fund and the Nuffield Trust.
- We included interventions that addressed any of the seven features of access set out in the candidacy framework,¹ and interventions that addressed access to general practice directly (eg, speed of appointments) and indirectly (eg, improving access through improving efficiency).
- We then undertook a snowballing approach, which involved screening citations of and bibliographies in the references gathered for the emerging list.
- We sorted the list of interventions into draft categories based on how these interventions might improve access.

Search stage 2: Formal search and data extraction

- The draft categorisation from stage 1 was used to develop a formal systematic search, designed through multiple iterations and in collaboration with a medical librarian.
- The search strings related to general practice, access and interventions and was run across three databases – Medline, Embase and Health Management Information Consortium. The search was limited to papers written in English and based in the UK (full details of the search are available on request).
- All references from this search were reviewed by two reviewers independently (Carol Sinnott and Evleen Price) using Covidence software. References were included if they provided a description of an intervention that had been used or could potentially be used to improve access to general practice. A full list of inclusion and exclusion criteria is available on request.
- Discrepancies were resolved by consensus. The default was to include references for full-text review.
- Full texts were reviewed by one reviewer (either Carol Sinnott or Evleen Price). Data from included references was extracted by one reviewer (Carol Sinnott, Evleen Price or Akbar Ansari), using a data extraction template (available on request), and including information on:
 - the type of intervention being used or described
 - whether the study reported on an evaluation or not
 - study design of any evaluation
 - who or what the intervention targeted
 - study participants
 - study outcomes.
- The results of the search were used to refine and recategorise the initial list and categorisation.

Search stage 3: Policy initiatives

The third stage sought to identify interventions used to improve access to general practice mentioned in major central government or NHS England policy documents on primary care since 2000.

- Relevant policies were retrieved from several sources including a database of general practice policies developed as part of [previous research](#), the Health Foundation [Policy Navigator](#), and ongoing tracking of general practice policy by the Health Foundation.
- This was supplemented by a snowballing approach and searches of the NHS England and Department of Health and Social Care websites.
- Relevant policy documents were searched and details on any interventions relevant to improving access to general practice were extracted by one reviewer (Jake Beech). Overall approach and relevance of final extracted data against inclusion/exclusion

criteria were validated by another reviewer (Carol Sinnott). A full list of policy documents reviewed and policies extracted is available upon request.

- Any intervention that had not been previously identified in stage one or two was added to the list and used to refine the categorisation.

Categorisation of interventions

The categories used to classify interventions were refined iteratively as the search proceeded, as described above. This process included multiple rounds of in-person and email discussion between the research team and two online workshops using Miroboard software.

Results

The Prisma flow diagram in Figure 1 shows the results of each of the three stages of the search. In total, 449 citations were included, which we organised into 6 overarching categories and 22 subcategories (see table 1).

The six overarching categories were:

- appointment innovations
- direct patient access to services that remove need to access general practice
- increasing the number and range of professionals available to see patients within general practice
- offering contacts beyond core hours, core settings and core services
- supporting patient engagement, empowerment, and education
- supporting the internal and wider structures of general practice.

The interventions most frequently described in the included papers related to triage, telehealth, restructuring appointment systems, providing patients with contacts that were not appointments, the introduction of a broader range of professionals to general practice, and expansion of out-of-hours care external to practices. References most frequently referred to qualitative studies, mixed-methods studies or systematic reviews.

1. Dixon-Woods M, Cavers D, Agarwal S, et al. Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. *BMC Med Res Methodol* 2006;6:35.

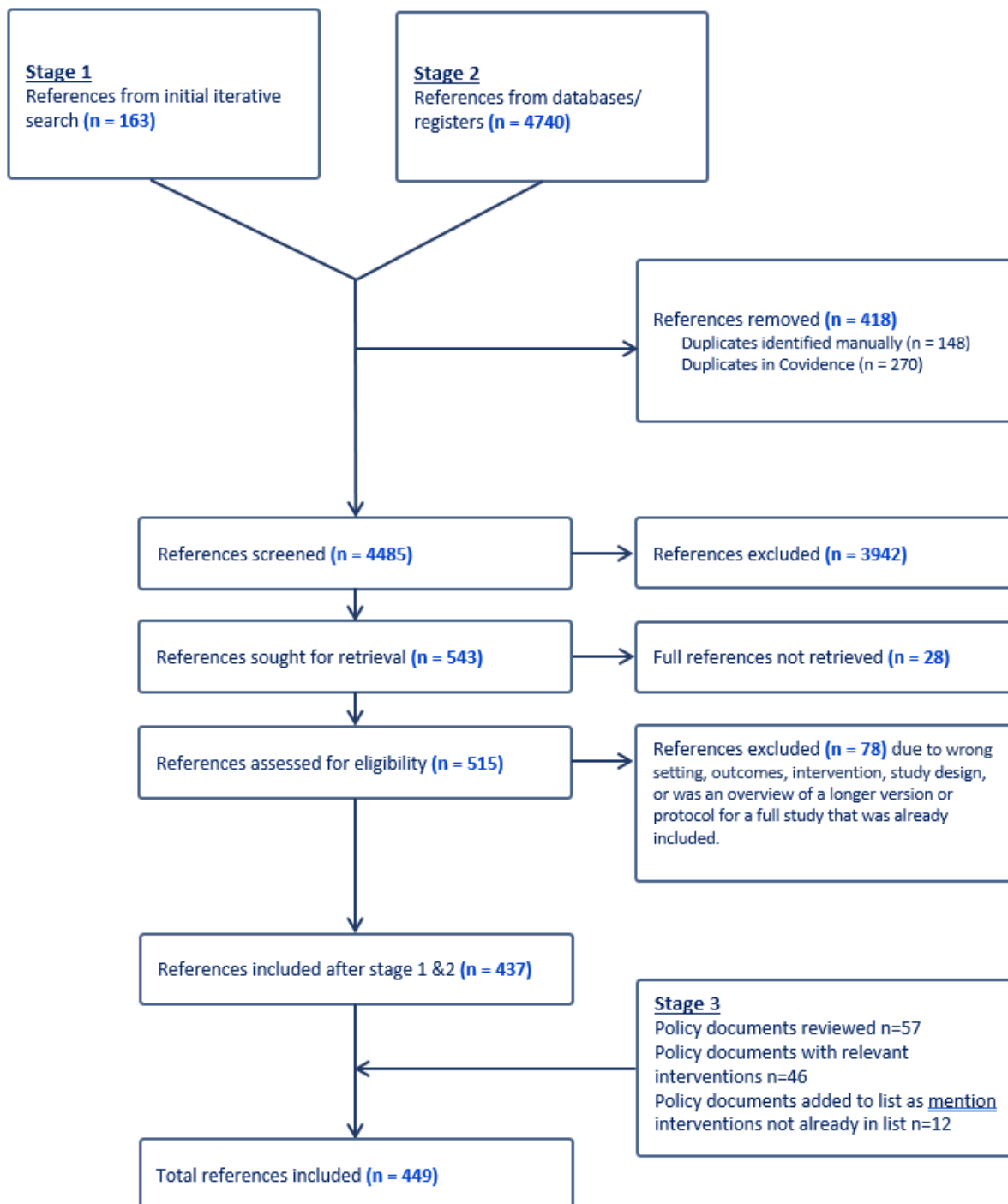


Figure 1. Prisma flow diagram of search.