**Managing Access and Patient Demand Policy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| 1.0 | 28/03/2024 | Deborah Leigh | Dr Chandran |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Table of contents**

[1 Introduction 3](#_Toc129189986)

[1.1 Policy statement 3](#_Toc129189987)

[1.2 Status 3](#_Toc129189993)

[2 Guidance 4](#_Toc129189998)

[2.1 Background 4](#_Toc129189999)

[2.2 Patients’ rights and responsibilities 4](#_Toc129190000)

[2.3 Practice opening hours 4](#_Toc129190001)

[2.4 Access standards 4](#_Toc129190002)

[2.5 Accessible Information Standard 5](#_Toc129190003)

[2.6 Meeting the needs of population groups 5](#_Toc129190008)

[2.7 Matching demand and capacity 6](#_Toc129190009)

[2.8 Access to online services 6](#_Toc129190010)

[2.9 Access to medical records 6](#_Toc129190011)

[2.10 Appointments 7](#_Toc129190013)

[2.11 Child who contacts the organisation to make an appointment 8](#_Toc129190014)

[2.12 Monitoring of online access to appointments 8](#_Toc129190016)

[2.13 Electronic prescription service and repeat prescriptions 9](#_Toc129190017)

[2.14 Care navigation 11](#_Toc129190018)

[2.15 Community pharmacy 12](#_Toc129190021)

[2.16 Cloud telephony 12](#_Toc129190022)

[2.17 Core digital offer to patients 12](#_Toc129190023)

[2.18 Fit notes 13](#_Toc129190024)

[2.19 Direct booking into organisation systems by NHS 111 14](#_Toc129190025)

[2.20 Staffing levels and skill mix 14](#_Toc129190026)

[2.21 Locum staff 15](#_Toc129190030)

[2.22 Competency levels and supervision 15](#_Toc129190031)

[2.23 Reducing inequalities in access and patient pathways 15](#_Toc129190032)

[2.24 Addressing variation and encouraging good practice 16](#_Toc129190033)

[2.25 Zero tolerance of abuse and public communications 17](#_Toc129190034)

[2.26 Feedback from patients and patient consultation 17](#_Toc129190035)

[2.27 Risk 17](#_Toc129190036)

[3 Summary 17](#_Toc129190037)

# Introduction

## Policy statement

The purpose of this document is to set out how organisations may manage access by and demand from patients to book or cancel appointments online or in person, order repeat prescriptions, view summary information or view clinical correspondence online.

Guidance is also offered on providing improved access to GP services including sufficient pre-bookable and same day appointments and routine appointments at evenings and weekends to meet locally determined demand alongside effective access to out of hours and urgent care services[[1]](#footnote-1).

There is an expectation from the Care Quality Commission (CQC) that these services will be available and provided in general practice in accordance with:

* [CQC GP Mythbuster 55 – Opening Hours](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-55-opening-hours)
* [CQC GP Mythbuster 77 – Access to appointments and staff competence](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-77-access-appointments-staff-competence)
* [CQC GP Mythbuster 90 – Population Groups](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-90-population-groups)

This document explains how patients can access organisational services at Rawmarsh Health Centre ensuring that everyone can access services on an equal footing. While public satisfaction with general practice remains high, in recent years patients have increasingly reported, through the [GP Patient Survey](https://gp-patient.co.uk/), more difficulty in accessing services including a decline in good overall experience of making an appointment in general practice.

However, good access is not just about getting an appointment when patients need it. It is also about access to the right person, providing the right care, in the right place at the right time[[2]](#footnote-2).

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

# Guidance

## Background

General practice is under pressure, managing high volumes of routine work alongside responding to COVID-19 initiatives. The number of GP trainees and non-GP patient care staff in general practice is increasing, however it is not clear whether this will be enough to meet workforce targets. Limitations on activity data and workload in general practice provides some insight but there are other areas of general practice such as administration work or clinical supervision where data is not collected.

With the publication of the Government’s [General Practice Access Plan](https://www.gov.uk/government/news/plan-set-out-to-improve-access-for-nhs-patients-and-support-gps) and requirements to increase the proportion of appointments done face to face, activity in general practice is under increasing scrutiny[[3]](#footnote-3).

## Patients’ rights and responsibilities

Rawmarsh Health Centre provides treatment in the UK in line with extant legislation.

Additionally, staff should also refer to any local Standard Operating Procedures relating to the registration of patients at Rawmarsh Health Centre to be read in conjunction with the following CQC Mythbusters:

* [GP Mythbuster 29: Looking after homeless patients in General Practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-29-looking-after-homeless-patients-general-practice)
* [GP Mythbuster 36: Registration and treatment of asylum seekers, refugees and other migrants](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-36-registration-treatment-asylum-seekers-refugees-other)
* [GP Mythbuster 61: Patient registration](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-61-patient-registration)
* [GP Mythbuster 90: Population groups](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-90-population-groups)
* [GP Mythbuster 93: Caring for veterans and their families](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-93-caring-veterans-their-families)

Further detailed guidance is available within the organisation’s [Entitlement to Treatment Policy](https://practiceindex.co.uk/gp/forum/resources/entitlement-to-treatment-policy.681/).

## Practice opening hours

Essential services are provided during the core hours of 8.00 am to 6.30 pm Monday to Friday excluding bank holidays.

Out of hours services are provided between 6.30 pm and 8.00 pm weekday evenings and 9 am to 5 pm on weekends by calling NHS 111

## Access standards

Rawmarsh Health Centre aims to always offer patients a choice of how they wish their problem to be dealt with. This can be via a face-to-face appointment, telephone call, text or email communication. Patients should be signposted to the correct clinician, considering the professional’s skill mix.

Relational continuity of care in general practice is concerned with ensuring that patients whose condition does not require admission to hospital are seen by the same clinician for all or as many consultations as is possible.

The rapport, trust, confidence and understanding between the two are enhanced and this leads to better outcomes and fewer hospital admissions.

Further detailed guidance is available within the organisation’s [Continuity of Care Policy](https://practiceindex.co.uk/gp/forum/resources/continuity-of-care-policy.1549/).

## Accessible Information Standard

The NHS is committed to providing high quality, equitable, effective healthcare services that are responsive to all patients’ needs. NHS England Guidance[[4]](#footnote-4) for commissioners states that patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them from receiving the same quality of healthcare as others.

This guidance also enables primary care organisations to meet NHS England’s Accessible Information Standard[[5]](#footnote-5). The NHS guidance places the responsibility for commissioning interpreter and translator services on Integrated Care Systems (ICS).

There is an expectation from the CQC that these services will be available and provided in general practice in accordance with [CQC GP Mythbuster 20: Making information accessible](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-20-making-information-accessible).

Further reading can be sought from the [Accessible Information Standards Policy](https://practiceindex.co.uk/gp/forum/resources/accessible-information-standard-policy.1361/) and the [Translator and Interpreter Policy](https://practiceindex.co.uk/gp/forum/resources/translator-and-interpreter-policy.1555/).

## Meeting the needs of population groups

The CQC will monitor and assess organisations based on the five key questions and the new quality statements[[6]](#footnote-6) that provide guidance on the requirements needed to deliver high-quality, person-centred care.

Rawmarsh Health Centre must ensure that the service, care and outcomes reflect appropriately on the following population groups:

* Older people (including those resident in care or nursing homes)
* People with long term conditions
* Families, children and young people
* Working aged people (including those recently retired and students)
* People whose circumstances may make them vulnerable
* People experiencing poor mental health

## Matching demand and capacity

The mismatch between capacity and demand is one of the main reasons why patients must wait for appointments and backlogs develop. The understanding of the outputs of robust demand and capacity modelling are a fundamental requirement for the planning and delivery of healthcare services.

An understanding of the constraints can help to[[7]](#footnote-7):

* Model the required level of capacity to keep pace with demand
* Understand the gap between the required capacity and the current capacity of a service
* Calculate the maximum waiting times that are consistent with the clinical pathway milestones
* Identify any potential inefficiencies
* Support better decision making around service changes
* Reduce waiting times for patients

However, due to the current recruitment and retention crisis in primary care, the rise in demand from patients for appointments and the current requirements around appointment provision indicated from NHSE, it is extremely difficult for organisations to meet demand expectations with current staffing levels, creating additional workload challenges for clinical and administrative workforces in primary care.

## Access to online services

Patient Online was designed to support GP practices in offering and promoting an online service to their patient population. The service is referred to as ‘GP online services’ and is offered to patients in addition to telephone and face-to-face interactions at GP practices[[8]](#footnote-8).

By empowering people to manage their health and care we can deliver better health outcomes, improve patient experience and increase efficiency. This includes:

* Access to medical records [(Section 3.9)](#_Access_to_medical)
* Access to appointments [(Section 3.10)](#_Appointments_1)
* Repeat prescriptions [(Section 3.12)](#_Repeat_prescriptions)

## Access to medical records

The law states that organisations must, when requested by an individual, give that person access to their personal health information and, occasionally, certain relevant information pertaining to others.

Access to medical records can be provided via:

* An online portal linked to the organisation’s webpage
* A variety of NHS approved apps
* A verbal subject access request (SAR)
* A written SAR including email and/or through social media

All patients should have online access to their full record, including the ability to add their own information, as the default position from April 2020, with new registrants of an organisation having full online access to the digital record for their prospective information from 31 October 2023, starting from the date of their registration for online services.\*

The organisation will need to be mindful that this level of access will be the default for all patients within the clinical system.[[9]](#footnote-9) It is therefore imperative that organisations know how to manage their workflows ensuring sensitive information is redacted as it is entered onto the clinical system or, in rare circumstances, know when it may be inappropriate to give a patient access to their record.

Patients will see new information once it is entered or filed onto their record in the clinical system[[10]](#footnote-10).

Further detailed guidance on access to online services is available within the organisation’s [Access to Medical Records Policy](https://practiceindex.co.uk/gp/forum/resources/access-to-medical-records-policy.1702/).

\*It should be noted that at the time of this update, the commencement date of prospective access was highlighted in the GP Contract changes for 2023/24 although there has not been any confirmation to date.

## Appointments

Organisations must provide enough appointments to meet the reasonable needs of their patients however these must be within safe bounds for patients and GPs.

Default appointment type(s) at Rawmarsh Health Centre are:

* A blended approach of face to face and telephone consultations

Patients who are suffering from any COVID-19 symptoms will receive an initial telephone triage appointment with a clinician to understand the patient’s concern. This may then result in a face-to-face consultation with appropriate infection prevention control in place.

Remote consulting with triage as appropriate is a safe and effective way of delivering care. Utilising this method may allow organisations to provide patient appointments more flexibly and direct patients to the most appropriate provider of care as well as prioritising care for those most in need[[11]](#footnote-11).

General practice is increasingly moving to a multidisciplinary model of working. Many different staff groups are now providing appointments to patients, including practice nurses, social prescribing link workers, clinical pharmacists and others. While the exact ratio changes over time, these other practice staff collectively provide around the same number of appointments as GPs.

Each organisation should determine how many appointments it should offer each week to meet the needs of its patients and who is the most suitable person to see each patient[[12]](#footnote-12). However, most organisations work to the widely accepted parameter of 72 appointments per 1,000 patients per week for GP or ANP appointments and 35 appointments per 1000 patients per week for nurse appointments. Different populations have differed care needs and this care is provided using different staffing models and therefore organisations will take differing approaches depending on their circumstances, staff and population need.

Appointments may be offered via telephone, electronic consultation or face to face.

The introduction of 15-minute appointments allows improved decision making and case management and should reduce the administrative burden outside clinic times by facilitating more activity within the appointment. As patients increasingly present with more complex conditions, longer consultation times are necessary to ensure safe and high-quality patient care.

Where patients do not require triage, appointments should be directly bookable online. This will allow organisations to determine what is most appropriate to make available for online booking[[13]](#footnote-13).

Note, it has been highlighted that the GP Contract for 2023/24 is to detail access changes although the detail is still awaited.

## Child who contacts the organisation to make an appointment

Should a child contact the organisation and ask to make an appointment, the staff member receiving the call is to consider both the age and competence of that child.

Often it may be appropriate for the child to do so but, should there be any concerns, such as:

* The child seems to be too young, or
* What they were asking for was inappropriate, or
* The staff member feels that this may be a safeguarding concern

then this is to be discussed with the Safeguarding Lead.

Further information on competence can be sought in the [Safeguarding Policy](https://practiceindex.co.uk/gp/forum/resources/safeguarding-policy.728/) and also the CQC’s [GP Mythbuster 8: Gillick competency and Fraser guidelines](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-8-gillick-competency-fraser-guidelines).

## Monitoring of online access to appointments

Data is collected from GP systems via a standardised set of GP appointment categories. Organisations are expected to ensure that general practice appointment data (GPAD) is captured accurately and in a timely manner to enable more timely reporting on activity, capacity and waiting times[[14]](#footnote-14).

Appointments should be assigned to four services – general practice, primary care network, extended access provision and other.

Appointment categories are then sub-divided into three context types – care related encounter, care related activities and administration and practice staff activities.

Further guidance is available within:

* [Network Contract DES Standardised GP Appointment Categories](https://www.england.nhs.uk/wp-content/uploads/2021/03/B0486-network-contract-des-standardised-gp-appointment-categories-21-22.pdf)
* [NHSE Improving GP Appointment Data webpages](https://www.england.nhs.uk/gp/gpad/)

## Electronic prescription service and repeat prescriptions

* **Electronic prescription service**

The Electronic Prescription Service (EPS) enables prescriptions to be sent to pharmacies from Rawmarsh Health Centre electronically, making the prescribing and dispensing process more efficient for staff and patients alike. Patients can choose the pharmacy where they would like their prescription to be sent; this is referred to as ‘nomination’ and can be set, changed or cancelled as required.

Further information regarding the EPS is available via [NHS Digital](https://digital.nhs.uk/Electronic-Prescription-Service/Electronic-prescriptions-for-GP-practice-staff). Any questions relating to EPS can be directed to enquiries@nhsdigital.nhs.uk

* **Repeat prescriptions**

The purpose of a repeat prescription is to authorise the repeated issue of medicines at agreed intervals without the patient attending a consultation with the prescriber.

The prescriber will only prescribe evidence-based medicines so long as they have adequate knowledge of the patient’s health and are satisfied that they meet the patient’s needs. The prescriber will also determine the number of repeat authorisations before a review is required; this may be every 6 months.

Prior to transferring from acute to repeat prescriptions, the prescriber is to recall the patient and review the factors stated above whilst informing the patient about the repeat prescribing process at Rawmarsh Health Centre.

* **Electronic repeat dispensing**

Electronic repeat dispensing (e-RD) is a contractual requirement for all patients where it is clinically appropriate and the patient consents.

e-RD is a process that allows a patient to obtain repeated supplies of their medication or appliances without the need for the prescriber to hand sign authorised repeat prescriptions each time. This allows the prescriber to authorise and issue a batch of repeat prescriptions until the patient needs to be reviewed. The prescriptions are then available for dispensing at the specified interval by a patient’s nominated dispenser[[15]](#footnote-15).

Any patient suitable for a repeat prescription could be suitable for e-RD. This includes but is not limited to:

* Patients on stable therapy
* Patients with long term conditions
* Patients on multiple therapy e.g., hypertension, diabetes, asthma etc.
* Patients who can appropriately self-manage seasonal conditions

Whilst all the above patient groups are suitable for electronic repeat dispensing, the

additional functionality allows the patient suitability to be broadened based upon

clinical assessment.

e-RD requires the patient to consent to the introduction of two-way sharing of their information between the dispensing and prescribing site. The patient should be asked to consent but written consent is not required.

A patient must have their dispensing site nomination recorded for any prescription to be sent electronically.

* **Requesting repeat prescriptions**

At Rawmarsh Health Centre, the following are permitted to request repeat prescriptions:

* Patients
* Nominated representatives, i.e., carers
* District nurses and/or specialist nurses
* Pharmacists
* Care home staff at Fitzwilliam Lodge

It is imperative that confidentiality is always maintained; therefore, all staff must ensure that:

* They do not divulge information unnecessarily
* The request is appropriate and genuine
* The person requesting the repeat prescription is authorised to do so

Patients can request repeat prescriptions in the following ways:

* Online
* Via email
* In writing
* Using the prescription counterfoil (usually the right-hand side of the prescription) and posting it in the box in reception
* The secure mailbox outside the entrance to the Health Centre

Patients must be advised that requests for ‘all repeats’ or requests with limited information are likely to result in a delay in the process. In such instances, staff will need to contact the patient to discuss their exact requirements.

Patients (or their representatives) are to understand that they are responsible for requesting repeat prescriptions in a timely manner, allowing at least 48 hours for the request to be processed excluding weekends and public holidays.

Further detailed guidance is available within the organisation’s [Prescribing Policy](https://practiceindex.co.uk/gp/forum/resources/prescribing-policy.731/).

## Care navigation

Rawmarsh Health Centre provides appropriate care navigation training to all staff enabling them to signpost patients and carers to local community resources, empowering them to manage their personal needs and reducing their reliance on GPs. The main aims of care navigation are to:

* Reduce unnecessary GP appointments
* Increase patient wellbeing
* Maximise resources already in the system

Care navigation includes[[16]](#footnote-16):

* Providing signposting to organisations and services as part of ad hoc conversations with patients during appointment making or
* Providing dedicated care navigation appointments to discuss signposting or referral to other services following a clinical appointment e.g., diabetic patients having a follow up conversation with a care navigator to access exercise, smoking cessation or weight management support following a GP appointment. The aim is to put the patients in touch with specialised (and often non-clinical) services as part of their ongoing and holistic care
* Compiling resources, e.g., noticeboards and leaflets for helpful partner organisations or a local directory of services (although these are increasingly produced by local councils and wellbeing services).
* Targeting population health management interventions from risk stratification data especially regarding social needs. For example, supporting patients with diabetes to access exercise, smoking cessation or weight management
* Holding events to connect groups of patients to support services and groups e.g., coffee mornings for carers with local organisations that may provide carer support, patient support groups or the Citizens Advice
* Providing a listening ear and empathy to patients who know seeing the GP is not what they need but not knowing who else to talk

Care navigation forms a useful part of the integrated primary care team and supports both meeting the wider and non-clinical needs of patients and can release clinical time.

## Community pharmacy

Use of the Community Pharmacist Consultation Service (CPCS) can help to alleviate pressure on GP appointments by harnessing the skills and knowledge of community pharmacists to treat a range of minor illnesses17. Using the service gives a patient a same-day appointment in a community pharmacy and helps to improve patient experience as well as directing demand to the most appropriate setting.

The [PCN Investment and Impact Fund](https://www.england.nhs.uk/primary-care/primary-care-networks/network-contract-des/iif/) has provided an incentive for PCNs to develop plans to implement CPCS or to increase their current referral rate.

## Cloud telephony

NHS England has provided the required funding to move organisations to the use of cloud-based telephony systems.

As well as providing more phone lines for inbound and outbound calls and automated queuing, cloud-based systems provide data about patient demand and give feedback about current performance and inform organisations about the level of administrative support they need for call-handling[[17]](#footnote-17).

## Core digital offer to patients

A core digital offer must be made available under the current contractual requirements[[18]](#footnote-18).

This includes the provision of:

* Online consultations that can be used by patients, carers and practice staff on a patient’s behalf to gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs
* The ability to hold a video consultation between patients, carers and clinicians
* Two-way secure written communication between patients, carers and organisations
* An up-to-date accessible online presence such as a website that, amongst other key information, links to an online consultation system and other online services prominently
* Signposting to a validated symptom checker and self-care health information (e.g., nhs.uk) via the organisation’s online presence and other communications
* Shared record access including patients being able to add to their record
* Request and manage prescriptions online
* Online appointments – refer to [Section 2.10](#_Appointments_1) and [Section 2.11](#_Monitoring_of_online)

## Fit notes

As from 1 July 2022, nurses, occupational therapists, pharmacists and physiotherapists can now legally certify and issue fit notes. Previously only GPs or hospital doctors could do this. This makes it easier for people to have this advice certified by the most relevant healthcare professional and enable them to have better conversations about their work and health with their employer[[19]](#footnote-19).

Key changes to fit notes are:

* They can only be issued following an assessment of a person’s fitness for work so cannot be issued on request or through over the counter services
* They do not need to be signed in ink. This enables eligible healthcare professionals to certify fit notes digitally and means people can retrieve their fit note through digital channels

When first conducting fit note certification, the Health Care Professionals (HCP) who are legally able to certify fit notes should complete the Health Education England [e-LFH training modules on fit note certification](https://portal.e-lfh.org.uk/Component/Details/745775) and have a period of structured mentorship and support.

The HCP should be involved with the assessment, diagnosis or care planning of the patient, the work and health conversation relating to this or be able to form an assessment based on a written report by another HCP.

Further detailed guidance is available by visiting:

* Gov.uk – [More healthcare professionals given powers to certify fit notes](https://www.gov.uk/government/news/more-healthcare-professionals-given-powers-to-certify-fit-notes)
* [CQC GP Mythbuster 40 – GP Fit Note](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-40-gp-fit-note)
* [Clinical guidance document – Fit notes](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-fit-notes.1921/)

## Direct booking into organisation systems by NHS 111

Rawmarsh Health Centre meets the current contractual requirement for one urgent in-hours appointment per day per whole 3,000 patients registered at the organisation to be available for direct booking by the NHS 111 service.

These appointments will come from NHS 111 calls that have reached clinician triage and are deemed to need to see their usual GP team. In such cases, patients still have the option to make their own appointment and it is up to the organisation to decide how to deal with any patients who are booked into these slots. The appointments are usually face to face but patients will be informed that they may be contacted by the organisation ahead of the appointment.

The contract does not specify these patients must be reviewed by a GP and therefore an appointment with a nurse practitioner routinely seeing acute presentations would be appropriate.

Where these appointments remain unused by a reasonable time beforehand then Rawmarsh Health Centre will release these appointments for general use.

## Staffing levels and skill mix

The Primary Care Network Direct Enhanced Service4 acknowledges the workforce recruitment challenges for GPs, practice nurses and advanced nurse practitioners. Therefore funding has been made available via the [Additional Roles Reimbursement Scheme](https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-additional-roles-reimbursement-scheme-guidance/) (ARRS) to optimise the organisational skill mix within individual organisations or PCNs by recruiting:

* Social prescriber
* Clinical pharmacist
* Pharmacy technician
* Physician associate
* Health and wellbeing coach
* Dietitian
* Care co-ordinator
* Podiatrist
* First contact physiotherapist
* Occupational therapist
* Mental health practitioner
* Paramedic
* First contact practitioner

Rawmarsh Health Centre ensures that staff are suitably registered when appointed and throughout their employment. The organisation also supports staff to fulfil the requirements of registration including the necessary continuing professional development and revalidation.

## Locum staff

Rawmarsh Health Centre has appropriate access to locum clinical staff to assist with managing staffing issues during times of long-term sickness and annual leave.

Any locum providing their services at Rawmarsh Health Centre will have undergone all applicable checks that mirror the requirements for partners or employees (i.e., DBS check, proof of identity, referees, GMC registration, Performers List entry, mandatory training etc)

Refer to the [Locum Policy](https://practiceindex.co.uk/gp/forum/resources/locum-policy.1046/).

## Competency levels and supervision

Rawmarsh Health Centre is required to demonstrate how it is assured that staff can demonstrate the appropriate level of competency for patients they provide care and treatment for. This includes those employed on a temporary or locum basis.

The organisation undertakes regular revalidation review (as applicable), appraisals, professional development and confirmation of update training at appropriate intervals for all staff to ensure competency levels are maintained17. Supervision is provided by appropriate mentors. Allied healthcare professional supervision does not have to be provided by a GP on-site. This could be undertaken by telephone or video discussion.

However, allied healthcare professionals must only work within their recognised competency/training levels if there is no GP on the premises, e.g., baby immunisations would not be permitted.

## Reducing inequalities in access and patient pathways

Ensuring everyone can access services on an equal footing is a key priority for the NHS. One of the seven core requirements for implementing improved access, as set out in the [NHS Operational Planning and Contracting Guidance 2017-19](https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf), is to address issues of inequalities in patients’ experience of accessing general practice identified by local evidence and put actions in place to resolve this[[20]](#footnote-20).

To support commissioners and providers of general practice services to address this, NHS England has produced a [practical resource – Improving Access for all: reducing inequalities in access to general practice services](https://www.england.nhs.uk/publication/improving-access-for-all-reducing-inequalities-in-access-to-general-practice-services/) –  which aims to promote understanding of groups in the community who are experiencing barriers in accessing services and help to address those barriers as improvements in access to general practice services are implemented.

The patient pathway identifies individuals and groups sharing one or more protected characteristics who do not currently experience easy access to general practice services and subsequently do not experience the same health outcomes as the rest of the population[[21]](#footnote-21).

Rawmarsh Health Centre is required to ensure services have suitable pathways in place to deal with such patients in an effective and timely way. This includes providing support for staff where needed.

This may include:

* Gypsy
* Traveller and Roma groups
* Refugees
* Asylum seekers
* Migrants
* Sex workers
* Faith groups
* Homeless

And additionally, people with:

* Mental health problems
* Learning disabilities
* Low health literacy
* Drug and alcohol problems

Further detailed guidance is available within the [NHSE website – Inequalities Resources](https://www.england.nhs.uk/wp-content/uploads/2017/07/inequalities-resource-sep-2018.pdf).

## Addressing variation and encouraging good practice

Rawmarsh Health Centre is expected to have reviewed the right balance between remote and face to face consultations for patients11,17. Integrated Care Systems (ICSs) have already started to assist the 20% of practices locally who have been identified as struggling to address the requirements of improved access.

This includes17:

* Overall appointment numbers lower (excluding Covid-19 vaccinations) than in the equivalent pre-pandemic months
* Lowest level of face-to-face GP appointments as opposed to whole practice including appointments with other staff
* Most significant rate of A&E attendances compared to what would be expected
* Feedback received at a regional and practice level including concerns, complaints, whistleblowing allegations and feedback received from Healthwatch and local LMC intelligence

The CQC is working with NHS England to support systems in this process and to make the required improvements across those organisations that are not meeting people’s reasonable needs. This will also form part of their new [single assessment framework](https://www.cqc.org.uk/news/our-new-single-assessment-framework) during inspections.

## Zero tolerance of abuse and public communications

While most patients receive high quality convenient care from their GP teams, the organisation understands the frustration of patients who are not able to access appropriate care when they need it. However, this is never an excuse for abuse or violence which is too common in many NHS settings.

General practice staff are dedicated to delivering care for patients and have the right to work free from fear of assault or abuse in a safe and secure environment17.

Further reading can be sought from [Dealing with Unreasonable, Violent and Abusive Patient Policy](https://practiceindex.co.uk/gp/forum/resources/dealing-with-unreasonable-violent-and-abusive-patients-policy.1638/).

## Feedback from patients and patient consultation

Patients at Rawmarsh Health Centre must be given the opportunity to rate their organisation’s performance via text message based on their most recent experience of accessing support14.

Organisations need to be able to demonstrate they are responsive to feedback received from patients whether by survey, questionnaire, informal feedback, reviews or complaints.

Patient Participation Group (PPG) consultation should take place, outlining the organisational approach and documenting of any discussion and/or agreed actions.

Further reading can be sought from the [Patient Participation Group (PPG) Policy](https://practiceindex.co.uk/gp/forum/resources/patient-participation-group-ppg-policy.693/).

## Risk

A risk assessment should be undertaken to ensure that appropriate mitigations have been put in place and referenced within the organisation’s risk register and [Business Continuity Plan](https://practiceindex.co.uk/gp/forum/resources/business-continuity-policy.1056/) where appropriate.

Further reading can be sought within the [Risk and Issues Guidance Document](https://practiceindex.co.uk/gp/forum/resources/risk-and-issues-guidance-document.1568/) and [Risk Assessment Guidance Document](https://practiceindex.co.uk/gp/forum/resources/risk-assessment-guidance-document.1519/).

# Summary

Managing access and patient expectation is often at the centre of any organisation’s considerations. Having lower access or a higher demand will result in frustration from the service users and, as such, more time will be spent on responding to complaints, concerns or negative online feedback, coupled with the risk of reputational damage.

At Rawmarsh Health Centre, we are to be aware of feedback and contractual requirements and will explore smarter ways to manage access, such as technology and a wider spectrum of clinicians.

Rawmarsh Health Centre believes in Inclusivity and does not prioritise a particular group of patients over any other group of patients.

1. [General Practice Forward View](https://www.england.nhs.uk/gp/gpfv/) [↑](#footnote-ref-1)
2. [NHSE - Improving Access to General Practice](https://www.england.nhs.uk/gp/improving-access/) [↑](#footnote-ref-2)
3. [The Health Foundation - Understanding activity in general practice: what can the data tell us?](https://www.health.org.uk/news-and-comment/charts-and-infographics/understanding-activity-in-general-practice-what-can-the-data-tell-us) [↑](#footnote-ref-3)
4. [Guidance for commissioners: Interpreting and Translation Services in Primary Care](https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf) [↑](#footnote-ref-4)
5. [NHS England - Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/) [↑](#footnote-ref-5)
6. [CQC - Five key questions and quality statements](https://www.cqc.org.uk/about-us/how-we-will-regulate/five-key-questions-and-quality-statements) [↑](#footnote-ref-6)
7. [NHSE - Demand and Capacity Modelling - what everyone needs to know](https://www.england.nhs.uk/ourwork/demand-and-capacity/demand-and-capacity-modelling-what-everyone-needs-to-know/) [↑](#footnote-ref-7)
8. [NHSE About Patient Online](https://www.england.nhs.uk/gp-online-services/about-the-prog/) [↑](#footnote-ref-8)
9. [NHSE - Prospective records access practice guide v1.2](https://www.england.nhs.uk/wp-content/uploads/2019/12/Prospective-records-access-practice-guide-v1.2-accessible-1.pdf) [↑](#footnote-ref-9)
10. [NHS Digital - Access to patient records through the NHS App](https://digital.nhs.uk/services/nhs-app/nhs-app-guidance-for-gp-practices/guidance-on-nhs-app-features/accelerating-patient-access-to-their-record) [↑](#footnote-ref-10)
11. [BMA - Safe Working in General Practice](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice) [↑](#footnote-ref-11)
12. [CQC GP Mythbuster 77 - Access to appointments and staff competence](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-77-access-appointments-staff-competence) [↑](#footnote-ref-12)
13. [BMA - GP Contract Changes England 2022/23](https://www.bma.org.uk/pay-and-contracts/contracts/gp-contract/gp-contract-changes-england-202223) [↑](#footnote-ref-13)
14. [NHSE - Our Plan for Improving Access and Supporting General Practice October 2021](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf) [↑](#footnote-ref-14)
15. [NHSE - Electronic Repeat Dispensing Guidance](https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/06/electronic-repeat-dispensing-guidance.pdf) [↑](#footnote-ref-15)
16. [NAPC - Care Navigation](https://napc.co.uk/navigation/) [↑](#footnote-ref-16)
17. [NHS E](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf) [↑](#footnote-ref-17)
18. [BMA Contract 2021/2022](https://www.bma.org.uk/pay-and-contracts/contracts/gp-contract/gp-contract-england-202122) [↑](#footnote-ref-18)
19. [CQC GP Mythbuster 40 - GP Fit note](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-40-gp-fit-note) [↑](#footnote-ref-19)
20. [NHSE - Reducing inequalities in access to general practice services](https://www.england.nhs.uk/gp/improving-access/reducing-inequalities-in-access-to-gp-services/) [↑](#footnote-ref-20)
21. [NHSE - Inequalities Resources](https://www.england.nhs.uk/wp-content/uploads/2017/07/inequalities-resource-sep-2018.pdf) [↑](#footnote-ref-21)