

Primary care access and responsiveness

The majority of the 2.4 million patients surveyed in the 2008 [GP patient survey](#) reported that they were satisfied with current access arrangements. However the survey highlighted some unacceptable variations. Following publication of the survey, the Secretary of State announced a package of measures to improve access and responsiveness to GP services, including an expectation that 50% of practices will offer extended opening hours. The Improvement Foundation can offer support with this with a new programme based on the vision for responsive primary care emerging from the National Improvement Team (NIT) and the NHS Next Stage Review, led by Lord Darzi. We have worked with the NIT and the NHS Institute for Innovation and Improvement to develop a framework to support delivery of the vision, in terms of the four quality dimensions of availability, convenience, patient experience and effectiveness. The support offered includes:

- An expert reference panel
- Identification of examples of good practice from around the country (and internationally) and identification of the change principles (which if replicated by others will result in similar good practice)
- Identification of improvement measures
- Local orientation support for the PCTs and practices delivered in situ by the 10 Improvement Foundation area teams
- Development of resources and materials to support the programme of work, e.g. resource pack, handbook, website support, webcasts
- A series of rapid improvement workshops followed by action
- Use of a self-assessment framework to determine initial level of primary care responsiveness and then improvement (completed and analysed before each workshop)
- A parallel learning process accessible to PCTs, not taking part in the rapid improvement workshops, to ensure that all PCTs across the country have access to support to help them improve the responsiveness of primary care - this would include regional events, web casts, online learning and resources

Background [Improving access](#) was one of the first topics that the Improvement Foundation tackled. Our belief is that a high quality practice that cares about its population and wants to achieve better health outcomes will, almost automatically, have good access. Access is a measure of quality, and one we wanted to help practices to improve. When we began, it was typical for a patient to have to wait two weeks to see the doctor, the average waiting time starting point being more than five working days. The participating practices achieved a reduction in waiting time for an appointment from an average of five days to an average of one day for both GPs and practice nurses, while still enabling patients to book in advance. Our work informed the Government's Quality and Outcomes Framework and public service agreement targets. Many PCTs have had fruitful productive relationships with our area teams, mainly to help practices who were struggling. The measures adopted for the Government 24/48 hour target is different to the measure we have used to assess access. There are undoubtedly some practices that have changed their system to achieve this target without implementing its spirit, which is to improve responsiveness, and hence prevented booking in advance. Overall, however, the improvement in access in primary care across the entire country since the year 2000 has been remarkable. If you are interested in working with the Improvement Foundation please go to [How we can help](#) or [click here to contact us](#). What we are doing If you are interested in working with the Improvement Foundation please go to [How we can help](#) or [click here to contact us](#).