

Perth & Kinross - General Practitioner Week of Care Audit 2018

Re-structuring the Primary Care Team

Aim

With an ageing population and an increasing number of patients with multiple health conditions, General Practitioners (GPs) face ever-increasing demands for care. This 'Week of Care' Audit aimed to determine current GP workload and identify which patients could be reasonably dealt with by alternative healthcare professionals instead of a GP, which could potentially free up time for GPs to use on more complex cases and ensure healthcare providers (HCPs) work to the top of their licence.

Methods

All GPs working across the 24 general medical practices in Perth & Kinross (P&K) were invited to participate in this audit. At the time of this audit, the total practice population in P&K was 145,673 (as at 01 April 2018).

Data related to face-to-face consultations were recorded manually by GPs over the course of one working week in spring 2018 using a manual data collection tool (Figure 1).

Figure 1: GP Week of Care Audit Data Collection Tool

Local Intelligence Support Team (LIST)
Perth & Kinross Health and Social Care Partnership
Week of Care (WoC) Audit 2018

Date: _____
Week Day: _____
Practice Code: _____
GP Initials: _____

PLEASE COMPLETE FOR ALL FACE TO FACE GP ACTIVITY WITHIN THE PRACTICE

Patient Number (1,2,3, etc.)	Main Problem				Could another HCP have reasonably dealt with the problem (Yes/No)?	If yes, which HCP could have dealt with the problem? Please
	Acute (non MH)	LTC (non MH)	MH (acute or chronic)	Other (please specify)		

KEY

HCP Health care professional
LTC Long-term condition
MH Mental health

HEALTHCARE PROFESSIONAL CODES

- Admin Administration
- PN Practice nurse
- NP Nurse practitioner
- ANP Advanced nurse practitioner¹
- DN District nurse
- MIU Minor injuries unit
- MFE Community medicine for the elderly
- C Counsellor
- MHN Mental health nurse
- AN Addictions nurse
- PH Practice Pharmacist
- CPH Community Pharmacist
- PHLEB Phlebotomist
- PHYSIO Physiotherapist
- OT Occupational therapy
- SW Social work
- BA Benefits advisor
- COMCON Community connector²
- DENT Dentist
- OPT Optometrist
- HCSW Healthcare support worker
- TR Treatment room
- SELF Self care
- PARA Practice paramedic³
- OTHER Other (Please specify e.g. Podiatrist, palliative care)

¹ An advanced nurse practitioner role will be a prescriber and deal with: a) Exacerbation of LTC; b) Minor ailment/illness; c) Assess, diagnose, treat, refer.

² A community connector will meet and assist patients to increase their social interaction and connect them to services, support and activities of their choice.

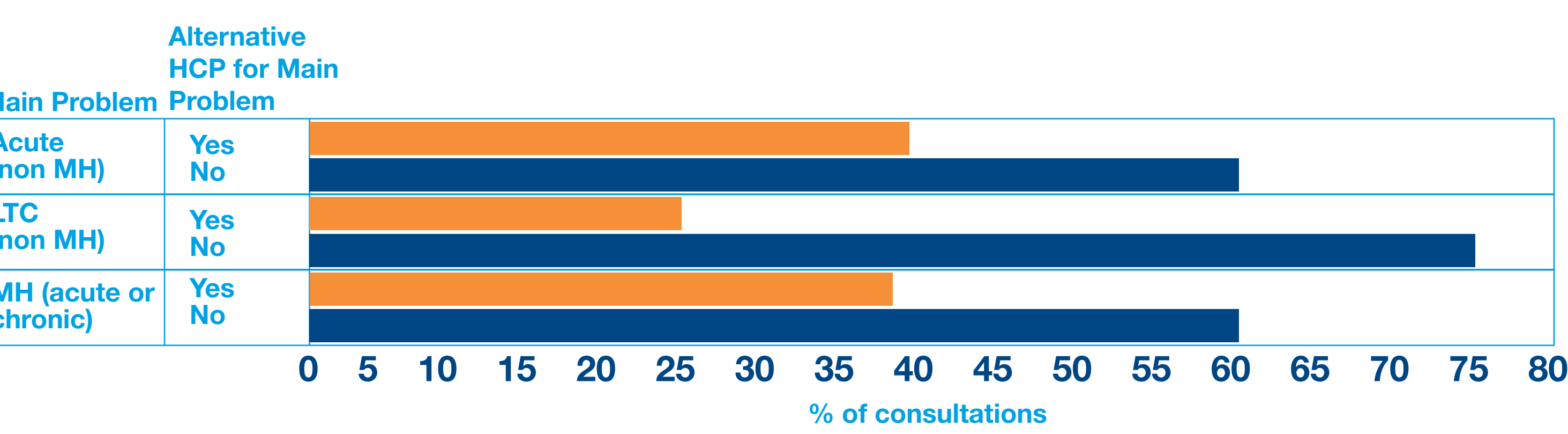
³ A practice paramedic role will provide clinical assessment, decision making, diagnosis and treatment planning in the community environment including in patients' own homes.

The main types of problem presented by patients during face to face GP appointments were (in descending order):

- Acute issues (n=3,978; 61.2%)
- Long-term conditions (n=1,708; 26.3%)
- Mental health issues (n=627; 9.7%)
- Other (n=184, 2.8%)

35.3% of all face to face GP appointments conducted during the audit were deemed appropriate for management by an alternative HCP (n=2,296). This was particularly true for patients who presented to GPs with acute (n=1,606, 40.4%) or mental health issues (n=245, 39.1%). 76.8% of appointments related to long-term conditions were deemed to be more appropriate for GP management (n=1,311). Figure 2 displays the proportion of appointments which could have been managed by an alternative HCP by type of main problem presented.

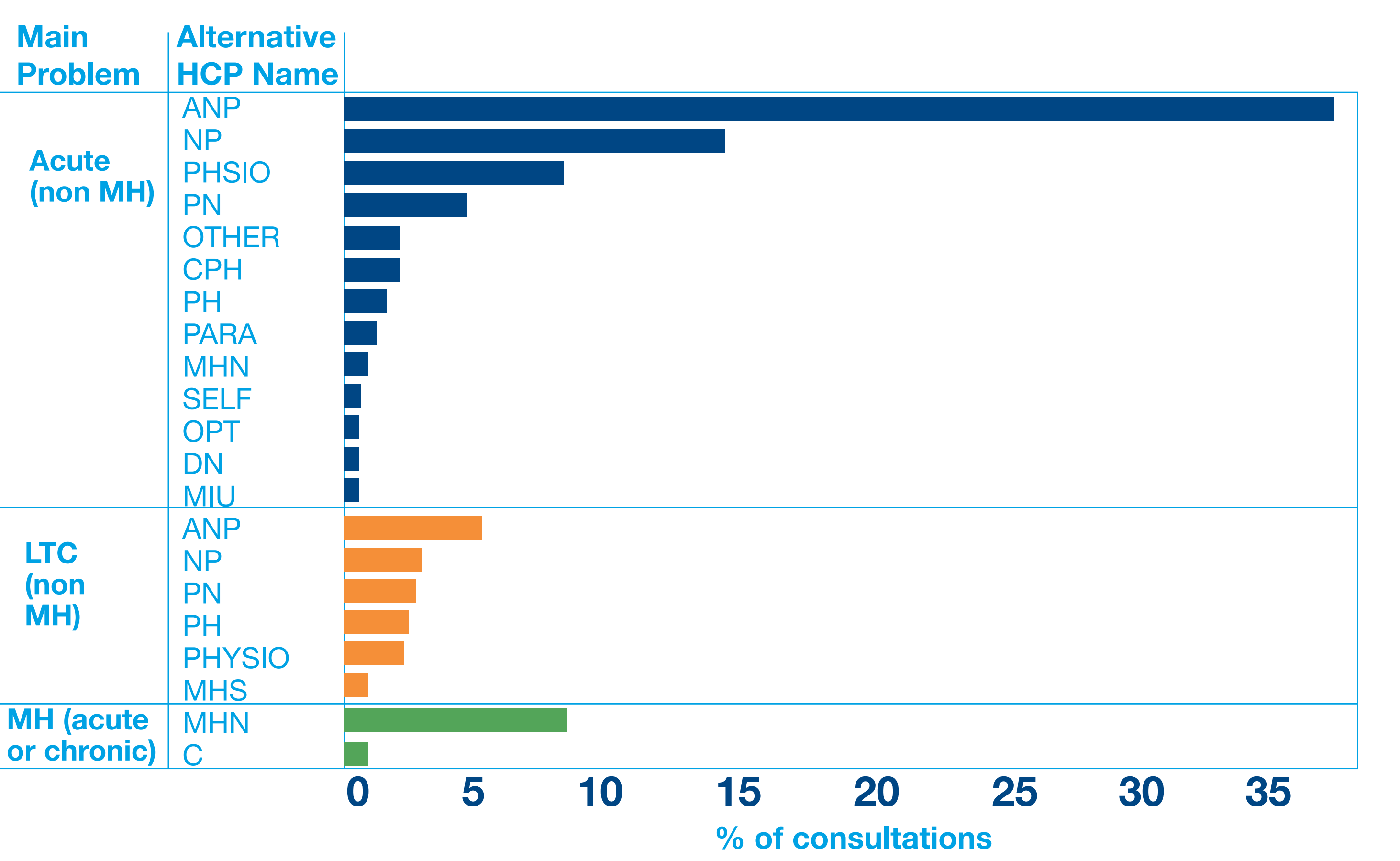
Figure 2: Appropriate Management of Appointment by Type of Main Problem – Perth & Kinross



Assuming that each face-to-face GP appointment lasts for 10 minutes on average, if this workload was transferred from GPs to alternative HCPs, there is a potential to free up 382.7 hours of GP time per week across the area.

Figure 3 demonstrates which alternative HCP could have managed the appointment by the type of main problem presented. For those appointments where patients presented with issues related to acute and long-term conditions, advanced nurse practitioners (ANP) and nurse practitioners (NP) were the most popular choice for alternative management of the appointment. For mental health issues, GPs selected mental health nurses (MHN) as the most popular choice for the alternative management of the appointment.

Figure 3: Proportion of Appropriate Management of Main Problem by Type of Healthcare Provider – Perth & Kinross



Conclusions

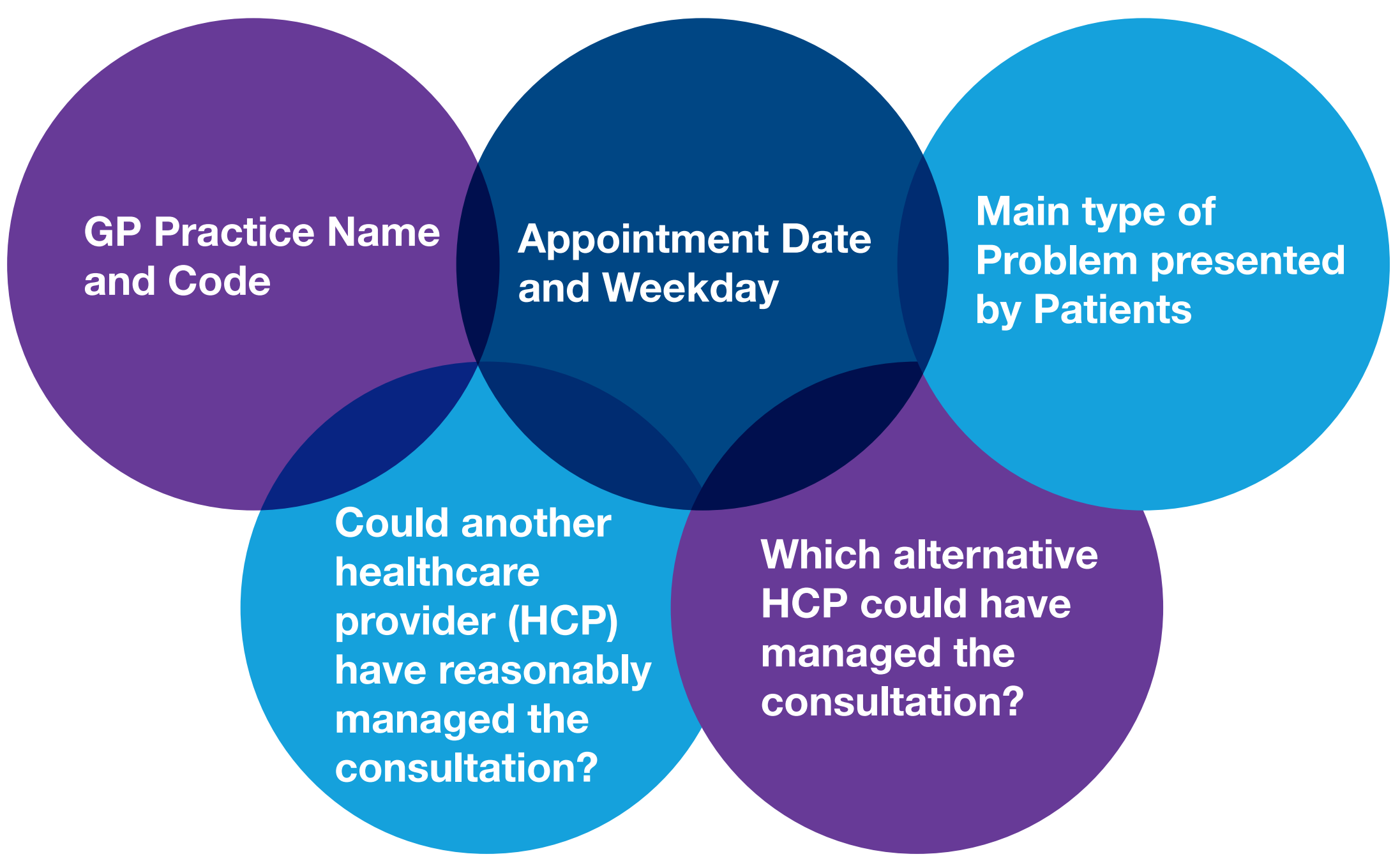
The data collected during this audit are being used to inform the reconfiguration of workload in GP practices across P&K, as part of the local implementation of the 2018 General Medical Services Contract¹. Subsequent audits will be used to measure the effectiveness of the planned workforce reconfiguration with regards to GPs seeing more appropriate cases.

References

The Scottish Government - 2018 General Medical Services Contract in Scotland. November 2017. ISBN: 978-1-78851-347-0.

This tool was developed by the Local Intelligence Support Team (LIST) in 2016 and customised for this project in collaboration with P&K Health and Social Care Partnership (HSCP). The tool was piloted in one GP practice prior to the full audit to ensure that data collection worked as intended. Practices were given some flexibility over which week they conducted the audit.

The following information was captured during the audit:



Descriptive analysis of the data was performed at GP practice, cluster and HSCP-level. Cross-tabulation of the data was conducted where appropriate.

Outcomes and Results

6,540 face to face GP appointments were recorded by 145 GPs across P&K practices. This is a weekly consultation rate of 44.9 consultations per 1,000 practice population.