Treating Access - a toolkit for GP practices to improve their patients’ access to primary care

Frequently Asked Questions about Measuring 3\textsuperscript{rd} Available Appointment

Why measure the 3\textsuperscript{rd} available appointment for all GPs and all practice nurses and combine them – why not the 3\textsuperscript{rd} available appointment with any clinician?

If the measure was of appointment availability with anyone in the practice, to obtain a true picture, the appointment would have to be approximately the 6\textsuperscript{th} or 7\textsuperscript{th} available appointment which would require to be adjusted up or down for practice size. Most practices operate in such a manner that although a patient may ask to see any clinician, patients tend to consult the same GP or nurse where possible. To try to represent the total availability of routine appointments in the way in which most patients will use the practice we have suggested measuring for each clinician then aggregating the results.

What if we have more than one site for the practice?

If the practice has a main site and one or more branch sites at which the GPs work then this needs to be considered. Initially record the measurements for the main surgery only. Once you have started the improvement work at the main surgery you can go on to look at the branch surgeries.

Do I include trainees’ appointments in the measurement?

If the practice offers appointments with a trainee to patients then these should be counted. However, remember that a trainee in the first few weeks of a post makes little contribution to the appointment availability and may in fact have a negative effect as partners give up time to induct the trainee.

How do I calculate 3\textsuperscript{rd} available appointments when a GP is on holiday?

If a GP or Practice Nurse is on holiday insert “holiday” in the calculator and this will take their availability out of the calculation. Do this if the clinician is off for 3 days or more during the measurement week (and this time is not covered by a locum).

However, if the clinician is on holiday for 1 or 2 weeks after the measurement week then the 3\textsuperscript{rd} available appointment should be calculated.

What if our practice nurses do not operate an appointment system like the GPs?

Practice nurse workloads may include a significant proportion of work for which there are not ‘routine appointments’ for example, chronic disease management clinics. If there are ‘routine’ practice nurse appointments for any other part of their work, then calculate the measurement for these in the usual way classing the clinics as blocked, un-bookable appointments. If there is no appointment system for practice nurses at all, i.e. there is

Data collection form same day and book in advance

RCGP Scotland Treating Access

no part of their work where patients may book a routine appointment with a nurse, you will not be able to calculate the 3rd available appointment measure for this group.

**What about locum staff?**

Treat the locums as if they are the clinician that they are replacing.

*If we have a nurse practitioner who does work similar to the GPs rather than similar to the nurses, do we include her/him in the GP access figures or the nurse’s access figures?*

Include this person in the nurses' access figures. The nurse practitioner is part of the nursing team skill mix and part of the human resource of the nursing team. This person is in a unique position, in being able to undertake GP work or nursing work dependant upon the demands on the service. As the practice starts to shape the handling of demand, several aspects of traditional GP work will move to the nursing team.

**What if my practice is operating open access, how do we report a 3rd available appointment?**

If the practice is operating an open access system then they will always have a 3rd available appointment for routine patient access on that day and therefore will usually report a zero figure for 3rd available appointment.

**What if we have a GP who is very rarely in the practice?**

If there is one member of the clinical staff who has very few clinical sessions and whose figures would unfairly distort the summary measure for the practice they can be excluded from the figures.

**What do we do with extended hours appointments?**

They should be included in the measurement of 3rd available appointment

**Can it be used to determine access to other team members?**

It can be used to measure access for any team member. For example, you could open another excel file of the tool to measure the data for phlebotomists.