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## POSTER ABSTRACT

### Improving capacity and patient access in general practice

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**Background:** Ty doctor is a general practice in rural north Wales, providing care for 4500 from two sites. Originally we had 3.5 whole time equivalent general practitioners but in March 2015 I was left as the last man standing to provide this service. This was a very difficult time for the practice, having to contemplate closure, redundancy and no healthcare for our patients.

We decided to work differently.

Having discussed all the options with the excellent staff team, and working on the premise that patients just want their problems dealt with professionally and promptly, we decided to prioritise our workload to ensure that the patient is seen by the most appropriately qualified clinical member of the team.

We did this by:

1- Every member of staff bought in to the concept and worked hard to upskill themselves. This has been done by extra staff training, changing the skill mix, ensuring an element of cross cover amongst staff, telephone handling skills courses

2- We have changed our skill mix, replacing the retiring gp with an advanced nurse practitioner.

3- All requests for a doctor's appointment are triaged by the receptionist and a few simple questions asked to establish the nature of the problem before deciding on how best to help them with their issues. This may be an appointment with the dr /anp/practice nurse/physio/audiologist/social worker/home visit by our urgent care practitioner or referral to the local minor injury unit, pharmacist etc. .

4- We communicated with our patients throughout this time to explain the reasons why these changes have been made and that our intention was to ultimately improve access for all patients.

What happened next:

(i) We managed to improve access for patients to the services we provide.

On any given day we have 14% capacity (average) for gp/anp. ie these are appointments that are unfilled and a symptom of the improvement in capacity.

Our reception staff have options to offer to our patients every day and ensures consistency.

(ii) The new system has proved popular with patients with a 10% increase in our practice population.

(iii) We have not compromised on providing prudent health care. We are in the lowest quartile for both scheduled and unscheduled care admissions, we have lower than average antibiotic prescribing.

(iv) Our efforts have been recognised by bevan commission (bevan exemplars 2017/18) and by the king's fund.

We have been approached to take a more active role in planning health care provision in north wales.

Also the health board are to adopt our bevan project by agreeing to set up a "flying squad" to help failing gp practices. This should be a great asset in the future and one we did not have the benefit of during our hour of need. We hope to be playing an active role in this new venture.

We think that it is important to support innovative projects of this kind, where we all learn to work differently, with a new skill mix but ensure prudency and patient safety.

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**Keywords:** innovation; improvement; access; capacity; resilience

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