General Practice
Access Toolkit

Useful Hints and tips!

March 2022

Version 2

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Section 1 Introduction and Background

Patients and practice teams see good access as an important characteristic of general practice. It is one of the fundamental building blocks of a quality safe patient service. The recent work of the Health and Social Care ALLIANCE has highlighted both good and poor patient experiences accessing care during the pandemic. Whilst some patients have expressed frustration about accessing health care services, GPs and their teams have also raised concerns about increasing levels of work, high patient demand, exhaustion and impact on staff wellbeing. This has provided for a perfect storm at a time when we are trying to improve services and support practice teams as we come out of the pandemic and find a way of moving forward.

There are many challenges to providing good safe access:

- Increased demand and complexity
- Patient expectations
- New technology
- Different skill mix and development of the multi-disciplinary team
- Impact of Covid-19 and prevention of infection spread
- Poor Infrastructure – for example telephone systems, digital and premises

Improving accessibility to General Practice has been a long standing topic with various initiatives in the past designed to support practices including the Scottish Primary Care Collaborative, Access Indicators in QOF, Productive General Practice Scotland, and the Practice Administrative Staff Collaborative (HIS) (PASC). Many practices will still have these resources in their building, and they can still be useful today.

The pandemic, however, has significantly changed the way in which patients access services and the ways in which these services are provided. Following Infection Prevention and Control guidance, Practices now screen patients symptoms of infectious disease at the time of making appointments for safety reasons, with practices encouraging patients to “phone first” before attending. Some practices triage patients by offering a phone appointment first with a clinician who then decides, with the patient, the most appropriate follow up (whether this be in person, by video consultation or by phone) while other practices are giving patients a choice of telephone or face to face (in person) consultations for routine or non-urgent matters within an agreed safe timescale.

Finding the right balance for your practice team and patients going forward will be important. We know that not every piece of new technology suits every situation or patient, so a balance needs to be found by offering a blended approach to how we deliver services to suit a wide range of needs. The remainder of this document provides an overview of how practices can assess demand and capacity. Links to further in-depth resources are provided in the attached annexes together with real practice examples. These may be of use to those practices who intend to undertake a review of access. A glossary of common terms can be found in **ANNEX A**.

This document **is not mandatory**. Many practices will have already implemented access reviews. Therefore, the information contained may not be relevant to all practices or settings at this time. Recently, demand on practice services has been extremely high and where demand completely outstrips capacity, triage may be the only short-term solution and a more thorough review of access may have to wait.

Section 2 What is Good Access?

The Scottish Government Quality Strategy defines the six domains of quality as:

- person centred,
- safe,
- efficient,
- effective,
- equitable and
- timely.

Good access in General Practice should cover all these domains.

In 2013 the RCGP led a Short Life Working Party which developed the RCGP Access Toolkit.

It stated that:

- Patients are able to access information, care or treatment with an appropriate member of the practice primary care team in line with their clinical need.
- The ability of patients to access the above does not vary on account of characteristics such as age, disability, gender, race, religion or belief, sexual orientation, geography or socio-economic status.
- Clinicians and staff are able to manage both demand and capacity to meet demand effectively so that optimal levels of access are maintained over time.
- The practice works with patients, families and carers to improve their awareness of access to services provided by the practice and other primary care practitioners in the community such as pharmacists, optometrists, dentists and other community care and local voluntary services.

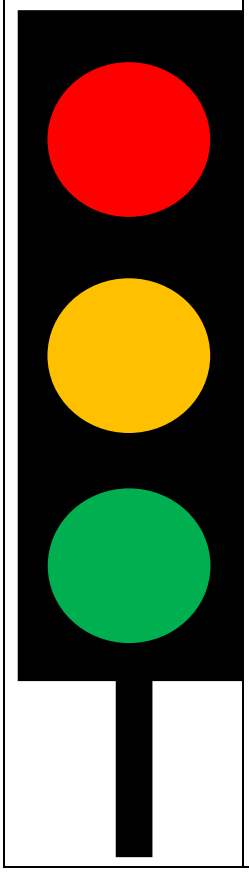
Practices should also consider applying Realistic Medicine principals to facilitate person centred access which:

- Enables shared decision making
- Allows a personalised approach to care
- Is effective and efficient
- Doesn't perpetuate unwarranted variation in access
- Manages risks associated with care proportionally
- Research innovation in developing novel approaches to access
- Allows the right person to see the patient within the right timescale.

Section 3 How do you know if you offer good access to your patients?

- **Ask your patients** – reviewing previous patient surveys, monitoring social media, reviewing complaints and other feedback (informal and formal)
- **Ask your team** - they will be able to tell you which are the busier times, what patients are currently asking for, what patients don't want as well as what they do. They will be aware of the barriers to access for certain patient groups such as the housebound or elderly. They are also more likely to have faced verbal abuse, and patient frustration.
- **Measure and shape your demand** (**see section 4, Annex B & G**) to ensure that your capacity is sufficient and is offered when patients need to be seen. Having plenty of capacity on a Tuesday and Wednesday may not be appropriate if your busiest days are Mondays and Thursdays. This requires flexibility from those who work in the system to ensure that demand can be accommodated.

Looking at the "traffic light" system below, you may be able to quickly identify how the practice is currently feeling about access and you can then make decisions about how you wish to proceed. Investing time up front in managing a change process and communicating that change can ultimately save you time in the longer term.



You are likely to have a problem with access when:

- Your staff ask patients to call back tomorrow as todays appointments have gone
- You hear the word "urgent" a lot when staff are trying to accommodate patient requests
- You have a mad half hour every morning when the phones go over
- Surveys, complaints & feedback indicate a direct problem with access
- Patients walk in or try and circumnavigate the system

You may have a problem with access when:

- Your staff appear stressed and there is an impact to their wellbeing
- You have high staff turnover
- The workload of the duty doctor increases dramatically

It's unlikely you have a problem with access if:

- The system is actively monitored and evaluated on a regular basis by measuring & shaping demand and matching that to capacity
- You have few complaints about access (either formal or informal)
- You have spare appointments in the system
- You are planning for annual leave and can manage sickness – some of your part-time clinicians may already provide internal locum cover or you have a regular locum.

Section 4 Understanding Demand, Capacity, Activity and Queue (DCAQ)

There are various ways of measuring and understanding demand and a variety of methods and tools can be sourced to help.

To help Practices to understand capacity and demand, an explanation of the DCAQ tool has been provided in **Annex B** and further resources are available in **Annex G**.

Health Improvement Scotland (HIS) has recently worked with six practices to support them to understand their demand and capacity.

Tools have been developed and tested to support GP practice teams to:

- collect, present, and interpret practice demand and activity data
- quickly identify key improvement priorities to support patient access, and
- free up team capacity and enhance staff morale.

The tools were developed in collaboration with six general practice teams from NHS Ayrshire &Arran, NHS Shetland and NHS Tayside. The toolkit contains a selection of easy-to-use data collection and analysis tools that are designed to be modified to suit the practice team. It also contains a series of summaries capturing the learning and insights from these general practice teams and outlines potential ideas practices may want to try when getting started.

Quick links to the Health Improvement Scotland toolkit can be found below:

GP Access Tool Webpage

Data Collection and Analysis Tool Templates

Practice Learning Summaries

Other Useful Links to Improve Practice Efficiency

How You Can Share Your Learning With Others

Section 5 How access has changed during the pandemic

During the pandemic Scottish Government working with NES, HIS, SGPC and RCGP published a range of guidance for practices with the first of these in March 2020, National Supporting Guidance for Scottish General Practice. This document noted that the Health Protection Scotland guidance at that time was:

Triage of Patients (PREVIOUS ADVICE FROM MARCH 2020 to MARCH 2021).

"Primary Care practices are advised to make every effort to triage patients by telephone to avoid the patient presenting at the practice unnecessarily and minimising any contact with patients with respiratory symptoms".

All GP practices across Scotland changed the way they were working to move to a telephone first approach to keep patients and staff safe.

The Public Health Scotland Primary Care guidance was updated on 1st April 2021 stating:

Access for Patients (CURRENT ADVICE FROM APRIL 2021)

7.1 Patients who, following telephone assessment, do not meet the possible case definition for COVID-19, and who require further face to face meeting/consultation, should be advised to attend the healthcare facility/premises for further management.

Recovery Guidance was published on 7th September and encouraged practices to again consider their access arrangements and reiterated:

Triage of Patients/ types of appointments/ open access *– It is not necessary for practices to triage all patients. Triage of patients may be necessary for practices to manage workload and to prioritise those whose care needs are to be managed most urgently. Whilst many practices may wish to continue with clinical telephone triage and the offering of telephone and digital appointments as part of a blended approach, clinical triage is not mandated.*

There has been continuing confusion around the difference between triage, Covid-19 screening and telephone consultations and other access terminology. In order to try and help clarify the language we are using a **Glossary of Terms** which has been developed in **Annex A** to try and bring some consistency to the different terms.

Every practice delivers care in a different way depending on a whole range of different factors. But it is becoming clearer that we are unlikely to return to the way we were working before the pandemic. Therefore, practices need to reflect on how they are working now, how they want to work in the future and how they will involve patients in these conversations. **Annex C and D** give real examples of how different practices are working now, and examples of different patient pathways which you may want to develop and adapt for your own practice either in the short or longer term. Some practices may be too busy to consider a review of access at this stage, but future review may be possible as pressures ease.

Section 6: Communication

Whether the practice has been involved recently in reviewing its access arrangements or not, it is still worth revisiting your patient facing messaging services on a regular basis (whether these be phone messages, websites, leaflets or social media) to ensure that they are clear, consistent and up to date.

During a period of fast paced change, some practice messages may have become lost to patients which adds to the confusion in relation to how health services are currently being managed.

6.1 National Messaging

The Primary Care Digital Communication Toolkit contains information and assets to support communication with the public on how Dental, GP Practice, Optometry and Community Pharmacy services are being delivered differently as a result of coronavirus. This includes:

- films on YouTube featuring trusted voices explaining how services are currently being provided.
- examples of copy and text that can be used by practices.
- information on NHS Pharmacy First Scotland and Scotland's Service Directory.
- a briefing paper on wellbeing and mental health support services for patients, including a range of self-care, clinical and community based options.
- New resources will be added to the toolkit as they are developed and shared.

The NHS Inform page Your Community Healthcare Services provides video guides explaining how services are currently being delivered by community pharmacy, dental, optometry and general practice. It also sets out person-centred advice and information about:

- changes to services due to coronavirus.
- self-care, NHS Inform and community pharmacy.
- face-to-face appointments, telephone and video consultations.
  the role of the receptionist.
- mental health support and NHS 24.

Please utilise these resources on your websites, and social media such as Facebook and Twitter (**see Annex E and F**)

6.2 Practice Messaging

As things change it is important to communicate with patients on a regular basis in a clear way. There are many ways to communicate with your patients such as practice websites, patient participation groups, social media, text messaging, voicemail messaging, newsletters and information in the waiting room. The more we repeat the same message on a regular basis the more patients will understand how services are working. When change is implemented (as has been the case in the last eighteen months) communication is key to the change being accepted and will improve patients understanding of how your practice is working now.

Section 7 Summary – Top Tips

- Identify any problems with your current access systems
- Listen to your patients and the practice team
- Review your demand capacity activity and queue (DCAQ)
- Consider if your current system is creating any internal problems e.g., by double handling (having a phone consultation which then requires a face to face consultation), and make changes accordingly
- Consider why are you working the way you are?
- Does your system meet the six domains of quality?
- Review the role of the Receptionist/ patient advisor/ care navigator
    - do they have any training needs or require any support?
    - do they have a clear communication protocol?
- Have you implemented Care Navigation? Or Workflow Optimisation
- Do you have a clear “access” process map? And do your patients know how this works?
- Do you have a practice website and how often is it reviewed (monthly?)
- What other ways are you utilising to communicate with your patients?
- Are you utilising National Messaging resources in the practice or on social media?
- As winter pressures build, you may need to adapt your systems short term to manage more effectively – you may need to introduce triage, for example, if you experience high demand or staff absences. A review of access may, therefore, need to wait or be reintroduced at a later stage.

All the above will take time and space to consider and implement.

You may decide that one of the above actions is the priority for you and your team just now. And other areas can wait.

You may need some reflective time in the practice to consider what changes to make and how to communicate them with the team and patients.

Healthcare systems are extremely busy right now and people are under increased pressure with higher than usual demand, so not everything can be achieved at once.

Taking time to reflect and plan is OK**.**

Annex A Glossary

GLOSSARY

Care Navigation

Care navigation is intended to help people understand the options available to them in terms of care and the information which best meets their needs. This helps them to be seen by the right person, at the right place and at the right time. Care navigation creates an opportunity for a person-centred conversation. It encourages patients and carers to make an informed choice on how to best manage their own health and wellbeing.

Signposting

Signposting is designed to connect patients with the most appropriate source of help or advice; this may include services in the community (e.g. pharmacies) as well as GP services. This can be done passively such as through website information, display notices or telephone messages and direct conversations.

Covid-19 Screening

Covid-19 screening is a means of ensuring that people do not attend the practice in person when they have symptoms of Covid-19. It is advisable to remind people (at the time of making an appointment) that they should not attend the practice if they have any of the three main symptoms of Covid-19 (temperature, new cough and/or anosmia). Messages on websites and posters at entrances can help to inform.

(Care Navigation, Signposting and Covid-19 Screening are primarily undertaken by practice reception team members when patients make their initial enquiry)

Triage

The assignment of degrees of urgency to health care needs to decide the order of treatment when the resources would not manage to see all demands of it at once.

Telephone Triage

The assignment of degrees of urgency via the telephone to health care needs to decide the order and type of treatment when the resources would not manage to see all demands of it at once. It may not include any care advice but on occasion telephone triage by an appropriate clinician may turn into a telephone consultation.

Total Triage

Total triage is a colloquial term currently relating to a method by which no person can pre-book care or any type of appointment and every patient contacting the practice first provides some information on the reasons for contact and is care navigated and prioritised before making an appointment. This can be done by telephone or asynchronous consultation.

(Triage should always be undertaken by clinically trained personnel).

NHS Near Me

NHS Near Me is an NHS video calling platform which enables people to have face to face consultations online and to access services from wherever is convenient and without travelling. Another name for Near me is Attend Anywhere.

Telephone Consultation

A telephone consultation is the opportunity to speak to a healthcare professional via the telephone as part of management of a care need. Telephone Consultations can be pre-booked by the patient or as a result of a call-back from the clinician and is different to telephone triage (the aim of which is to assess the degree of urgency of the health care need).

Face-to-Face Consultation

This conventionally refers to a patient speaking to a healthcare professional about their care need in person. This could be on video but conventionally refers to a consultation in person.

Digital Asynchronous Consultations

Digital Asynchronous Consultations are consultations where the healthcare professional and the patient are not necessarily communicating at the same time. Examples of this include emails and text messages, but more sophisticated systems have been developed which involve both a triage, data gathering, care navigation and messaging components. People will normally contact their practice following completion of an online form which is then submitted digitally to the practice. This form is then reviewed by a clinician and a course of action identified and communicated to the patient including self-management advice, telephone, video or face to face consultation.

Online Appointment Booking

These are pre-booked appointments with the time and date selected online. They can be for any type of appointment (telephone, in person or video and with any member of the clinical team).

It will be important to remember that digital solutions may not be suitable for every patient with many patients experiencing digital poverty.

Annex B – Understanding Demand, Capacity, Activity and Queue (DCAQ)

Demand

Health Improvement Scotland (HIS) have been working with six practices to test the DCAQ methodology and links to the tools they have developed can be found on page 6. The remainder provides an explanation of the DCAQ model.

It is essential to understand demand before considering changes. Patient demand is largely predictable and can be counted but other work activities need to be considered, such as:

- Management of prescription requests
- Management of laboratory test results
- Management of incoming hospital correspondence
- Management of referrals
- Telephone calls from other health care professionals
- Community Pharmacy signposting “walks ins” to the practice
- Physios requiring a medical opinion during surgery
- Midwives checking test results or looking for an opinion or prescription
- District Nurse requests for house visits
- Queries and management of staff on a day to day basis
- Training

The two following tasks can help understand overall demand.

Patient demand
Patients request different types of appointments, with different professionals and with different levels of urgency.

A simple tick sheet completed by call handlers each day of the week will record weekly patient demand data. The example below can be adapted.

Date Day Name etc		
	Same day request	**Routine request**
GP face to face		
GP telephone		
GP video		
Home visit requests		
GP Nurse face to face		
GP nurse telephone		
GP nurse video		
Pharmacist		
Mental health practitioner		

Physiotherapist		
etc		

Non-patient initiated demand

Non patient initiated demand includes the following tasks, you may be able to add more.

- Management of prescription requests
- Managing of laboratory test results
- Management of incoming hospital correspondence
- Management of referrals
- Telephone calls from other health care professionals
- Queries and management of staff on a day to day basis
- Training

It is possible to record the number of specific actions, such as how often patients were phoned with results, but an estimate of time taken on other tasks is often needed.

Day_____ Date _____ Name _____		
Task	**Estimate of time taken**	**Number of patients contacted by telephone**
Management of prescription requests		
Managing of laboratory test results		
Management of incoming hospital correspondence		
Management of referrals		
Telephone calls from other health care professionals		
Training		
Review of trainees		
Add as needed		

Other data may be needed depending on the agreed changes. Types of request, for example, requests about mental health problems, musculoskeletal problems or respiratory problems may be required. Data on return rates and follow up rates may also be useful. These can often be calculated by analysing a sample of appointments.

Capacity

To calculate current capacity, count all the different types of appointments available on each day. Then identify how much of the day is specifically or nominally assigned to completing the other tasks.

Compare existing capacity to demand for each day of the week. Consider the following:

- Are there enough of each type of appointment (face-to-face, telephone, video etc)
- Do you have the right skill mix? Does this match demand
- Staff well-being – how does the quantity and cognitive difficulty of different types of work affect staff.
- How would you cope with unexpected conditions, for example staff absences?

A capacity calculator can be used to help.

Activity

Once demand and capacity are understood, the next step is to identify ways to manage demand to help optimise the match between demand and capacity. This requires input from the whole team and ideas are often dependent on the specific practice context (for example number of consulting rooms available). After discussing demand and capacity, a 'brainstorming' exercise is often a good way to start. It will be possible to implement some of the ideas, whereas others may require outside resources.

Some ideas to consider:

- Failure demand - not doing it right the first time which increases return rate. Consider the impact or benefits of longer appointments.
- Created demand – is work being duplicated? Are your processes creating double handling (phone consultation which then turns into the need for an in person consultation)? Who is the best person to follow up and are there other means of follow up) How efficient are recall systems? Could "one stop" appointments be introduced
- Inappropriate demand - can signposting and care navigation help? (See Annex C)
- Who creates demand? Consider patient return rates, follow-up requests.
- Are there ways you can cut your DNA rate to create further capacity?
- Process mapping of current systems with the whole team may identify areas to increase efficiency.

Once you have listed ideas, prioritise them. Which will have the most impact for the least effort? Can you test changes? Try them for a few days and collect data – either demand and capacity figures or verbal feedback – to determine if they were successful.

Remember that by increasing available appointments you will also increase other associated work, such as referrals, results etc.

Monitoring demand and capacity – avoiding the queues

It is useful to be able to monitor how well demand and capacity remain aligned. Queue's form and grow quickly when demand is higher than capacity. What you monitor is dependent on your own systems. Some practices measure the following:

Did all appointments get used this week? If there was capacity, where was this?

How long are patients having to wait for an appointment? 3 days or 3 weeks?

How busy is the duty doctor? Is working being bounced?

Do you send out appointment reminders (recalls) at busy times or do you measure what capacity you have at that time

Do you pause routine work at times of reduced capacity (holidays).

Annex C – Patient Journey Processes

When we talk about how patients access services we are, in the main, referring to both:

- appointments (and the types of appointments we now offer) and
- information (or care navigation and signposting).

In Scotland we have 925 GP practices, over 1000 dental practices, together with community pharmacists and optometrists which make, in total, around 4000 independent primary care service points. Whilst, for the general public these represent front line services and the face of the NHS, we also know that they also represent 4000 different structures and processes.

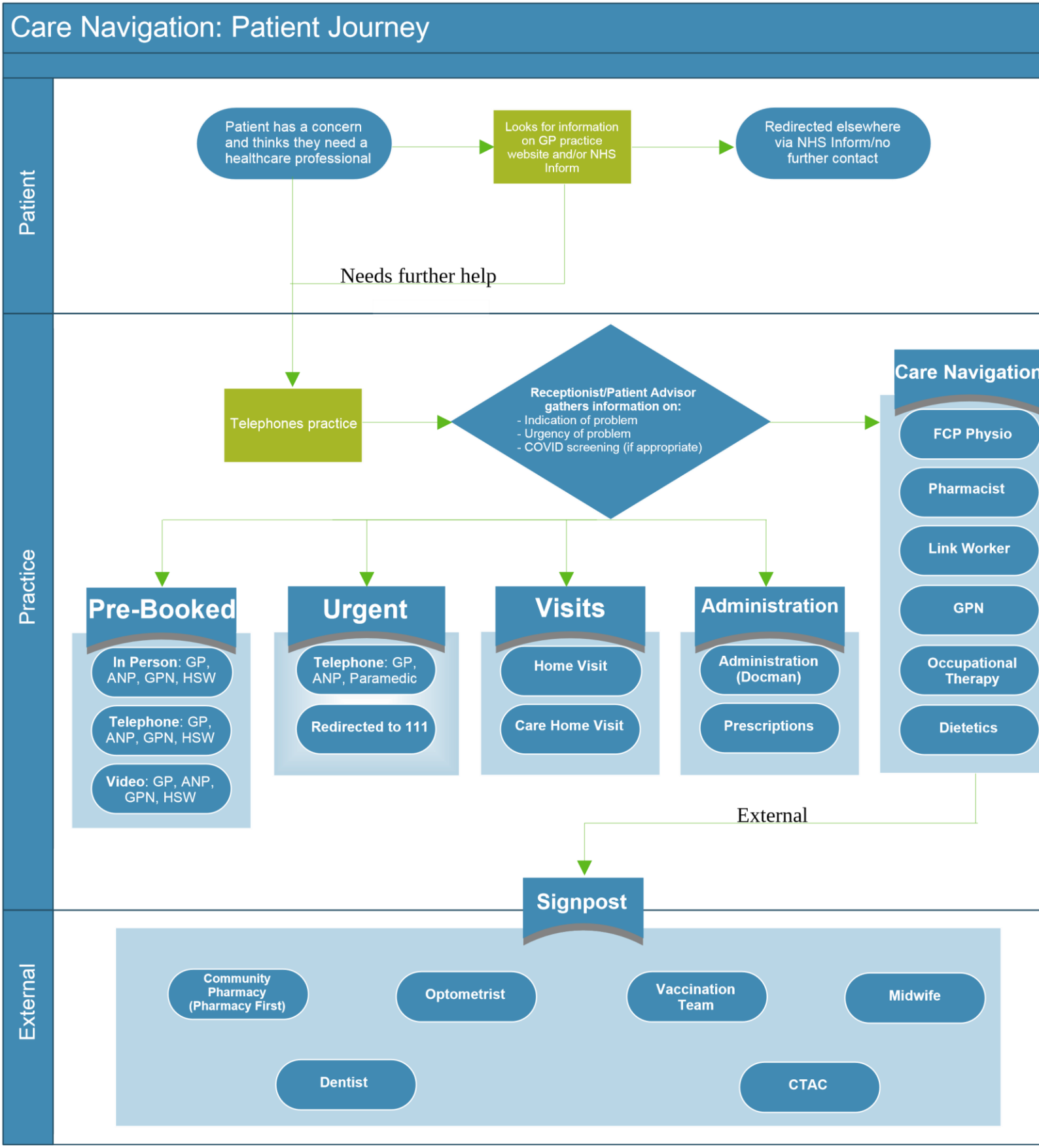
Accessing these services (particularly where fast paced change has taken place) can be confusing for people and since the pandemic there is now even more variation across the country in the types of access provided. Where, once an "appointment" referred largely to seeing a doctor or nurse in person, now an appointment can refer to a whole host of access arrangements including triage, phone appointments, in person appointments, online consultation (such as eConsult), and video consultations (Near Me) with a range of different clinical staff.

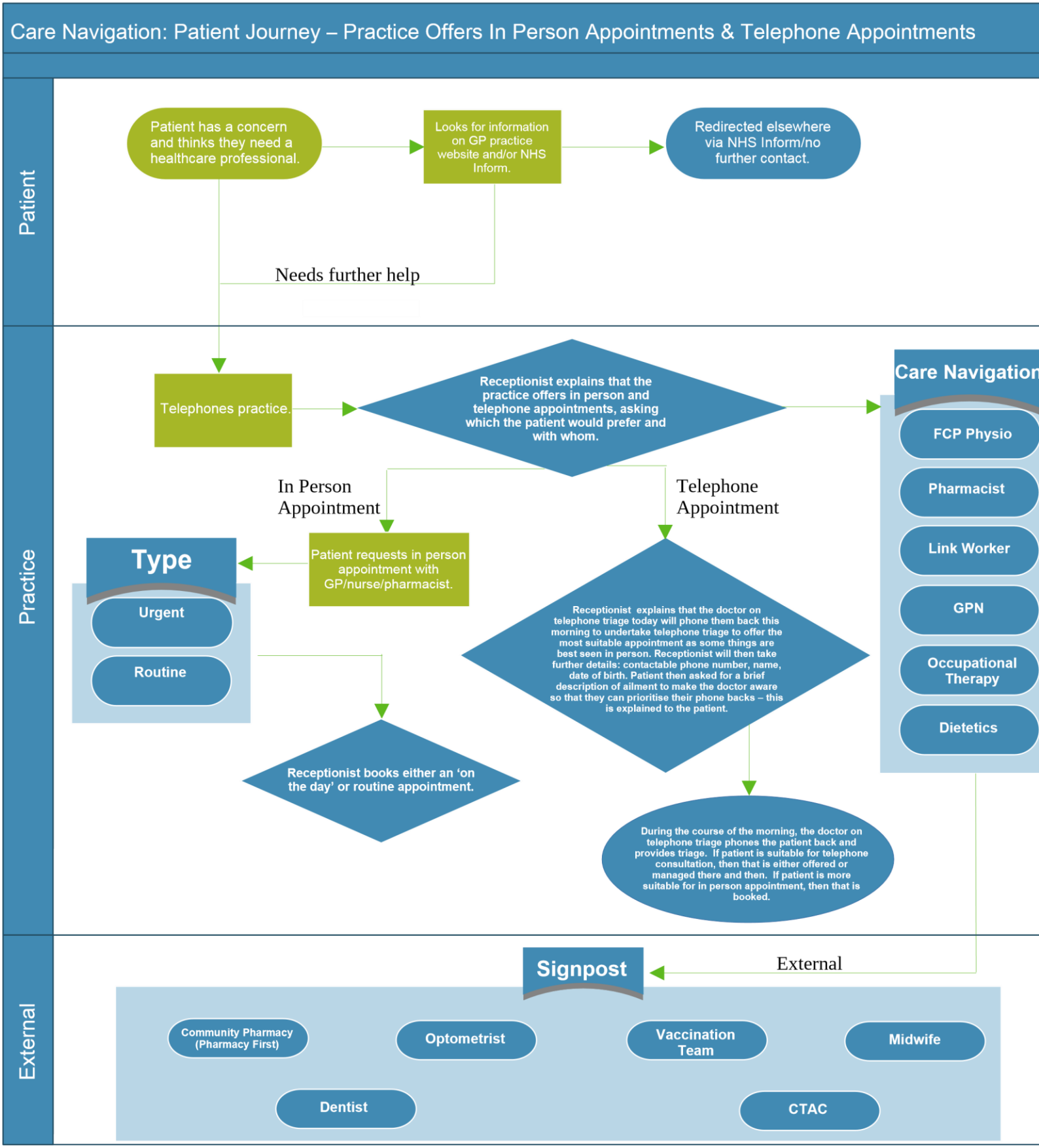
Within one process map we could never replicate the variety of access arrangements on offer, but some Patient Journey processes have been included by way of example – nothing prescriptive.

It may be useful to map your own patient journey and publicise this so that your patients can easily comprehend what is on offer and how the practice now provides access.

Examples provided:

1. Patient Journey – Generic (page 17)
2. Patient Journey – for the practice that offers in person and telephone appointments with a degree of telephone triage (page 18)


Care Navigation: Patient Journey
Patient
Practice
External
Patient has a concern and thinks they need a healthcare professional
Looks for information on GP practice website and/or NHS Inform
Redirected elsewhere via NHS Inform/no further contact
Needs further help
Telephones practice
Receptionist/Patient Advisor gathers information on:
- Indication of problem
- Urgency of problem
- COVID screening (if appropriate)
Care Navigation
FCP Physio
Pharmacist
Link Worker
GPN
Occupational Therapy
Dietetics
Pre-Booked
In Person: GP, ANP, GPN, HSW
Telephone: GP, ANP, GPN, HSW
Video: GP, ANP, GPN, HSW
Urgent
Telephone: GP, ANP, Paramedic
Redirected to 111
Visits
Home Visit
Care Home Visit
Administration
Administration (Docman)
Prescriptions
External
Signpost
Community Pharmacy (Pharmacy First)
Optometrist
Vaccination Team
Midwife
Dentist
CTAC


Care Navigation: Patient Journey – Practice Offers In Person Appointments & Telephone Appointments
Patient
Practice
External
Patient has a concern and thinks they need a healthcare professional.
Looks for information on GP practice website and/or NHS Inform.
Redirected elsewhere via NHS Inform/no further contact.
Needs further help
Telephones practice.
Receptionist explains that the practice offers in person and telephone appointments, asking which the patient would prefer and with whom.
Care Navigation
FCP Physio
Pharmacist
Link Worker
GPN
Occupational Therapy
Dietetics
In Person Appointment
Telephone Appointment
Type
Urgent
Routine
Patient requests in person appointment with GP/nurse/pharmacist.
Receptionist explains that the doctor on telephone triage today will phone them back this morning to undertake telephone triage to offer the most suitable appointment as some things are best seen in person. Receptionist will then take further details: contactable phone number, name, date of birth. Patient then asked for a brief description of ailment to make the doctor aware so that they can prioritise their phone backs – this is explained to the patient.
Receptionist books either an 'on the day' or routine appointment.
During the course of the morning, the doctor on telephone triage phones the patient back and provides triage. If patient is suitable for telephone consultation, then that is either offered or managed there and then. If patient is more suitable for in person appointment, then that is booked.
External
Signpost
Community Pharmacy (Pharmacy First)
Optometrist
Vaccination Team
Midwife
Dentist
CTAC

Annex D – Hints and Tips from Practices – their thoughts

On advising staff:

"Our reception and admin team use this list to book face to face appointments with the GP.

- **History of pains in limbs/joints after physio or self care**
- **Sick kids**
- **Acute abdominal pain**
- **Lumps – breast and testicles**
- **New headaches**
- **Older people with crusty moles – young people can usually take a photo to send in**
- **New altered bowel habit – arrange bloods first then in person appointment**
- **Older people – acute back/loin pain**
- **Severe on the day pain**
- **Swollen legs – no history of heart problems"**

"We have given reception staff permission to offer in person appointments with GPs for breast lumps, testicular lumps and really any other lumps or growths. We found we were giving a 10 min triage call for the GP to bring them into another appointment slot later that day, so we now save more appointment time this way."

On patient frustration and education:

"From what I'm picking up it's calling the surgery for an on the day appointment that causes people a lot of angst. They can have difficulty getting their call answered and then are told there are no appointments left and to try again the next day. This is far from ideal for many patients and must add additional pressure to surgery staff. Being able to pre-book an appointment should ease this situation."

"The messaging needs to begin to lead patients into understanding that we may never go back to the ways we worked before and that there will be a "new normal" of a blended approach, and there's nothing wrong with telephone appointments."

On patient access:

"Practices who are finding their overall demand continues to climb trying to manage all requests for care on the same day, may wish to consider splitting acute presentations and routine presentations. Practices who have done so in the past 6 months have stabilised requests for access. It can also help the well-being of staff to know their work for the day and allow appropriate length appointments, be they in person, on Near Me or by telephone".

"for smaller practices, on the day case management, can work well but for medium/larger practices, a few days to a planned care appointment can help build a better history and let the patient plan to attend/speak to the clinician - prepared with their history, bring support where needed etc. Indeed, some things get better themselves and input is not needed, or symptoms become more defined to make a diagnosis easier".

"A reasonably universal and fairly easy surrogate of 'demand' is the number of patients managed by the 'duty GP'. lots of different ways practices do this, but a run chart of the 'on the day demand' is a useful thing to measure. As you change things this helps assess impact".

Annex E – Care Navigation and Signposting

Drawing on the extensive work and learning from the Practice Administrative Staff Collaborative (PASC), HIS has developed the Care Navigation in General Practice: 10 Step Guide PowerPoint Presentation (ihub.scot) which provides practical guidance on how to set up, or review, care navigation processes and pathways within general practice at pace and scale. It also contains links and references to related support materials developed by our national partners and is accompanied by a recorded workshop which takes you through each step of the guide.

NHS 111

Patients can be navigated to 111 via practice websites to get help with their symptoms and to find general health information and advice.

Pharmacy First

NHS Pharmacy First Scotland (NHS PFS) is a consultation service designed to encourage the public to visit their community pharmacy as the first port of call for all minor illnesses and common clinical conditions. Members of the public can visit any community pharmacy without an appointment. Practices can care navigate to Pharmacy First via reception staff who should be familiar with the conditions which can be covered and some important exclusions for conditions (such as UTI and cellulitis). Patients cannot be directed to pharmacy first after a consultation with a clinician in the practice be that by telephone or in person.

A guide for general practice teams provides further information. Public facing information is available on NHS Inform.

Additional learning resources can be found on the NHS Education for Scotland Turas Learn site. You will need to register for a Turas Learn account first and the resources can be found under Pharmacy – CPD resources – Pharmacy First.

Dental Issues

Any patients contacting or presenting at the practice with a dental related problem should be advised to attend their own general dental practitioner or, if they are unregistered, the NHS dental helpline in their health board area.

NHS Inform

For more general health advice, patients can be signposted to NHS Inform and Scotland's Service Directory

Voluntary Sector

The voluntary sector has a huge amount of information relevant to patients. Some health and social care partnerships work closely with the voluntary sector to provide local resource kits. Where practices have attached community link workers, they can be referred to for local resources and information.

Annex F – Practice Messaging further hints and tips

Messages for the Team

- To ensure consistent messaging, agree as a team how you will support patient access and choice as part of your care navigation activity.
- Regularly use all patient feedback, including complaints, to review the effectiveness of your messaging and patient access processes.
- Review your messaging platforms regularly (e.g. practice website, voicemail, social media etc.) to reflect both local and national service updates accurately (e.g. Urgent Care, Pharmacy First, It's OK to Ask). Remember to publicise the content update to assure patients they are accessing the most recent advice.
- Collaborate with neighbouring practices, your GP cluster and local partner services such as Community Pharmacy, Dentists and Opticians to ensure consistent and joined-up local messaging.
- Use all your communication channels (websites, social media, text messaging practice newsletters etc.) to get the same message(s) across in multiple different ways to reach all your target patient groups.

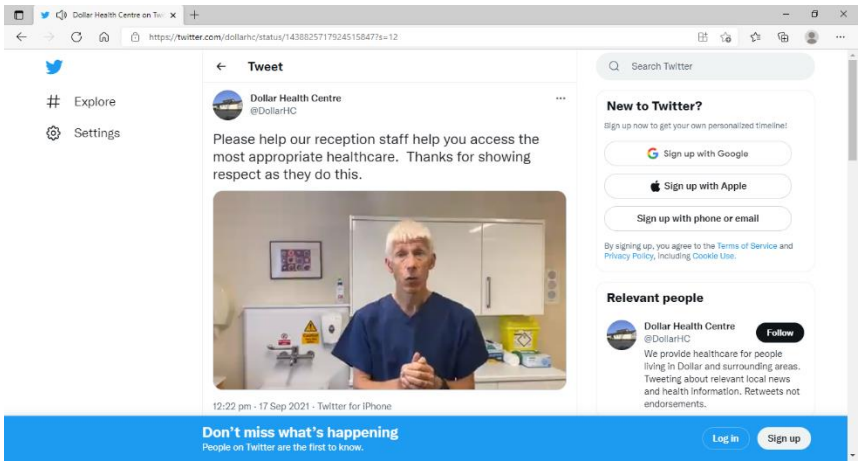
Making the most of your communication channels

Telephone - consider the content and delivery of your automated and live responses. Create an engaging and clear automated message that is concise and easy to understand. Think about who should record the message – one of your GPs? Update it regularly with relevant and topical information. Develop a script for your reception team that clearly explains to patients how the current system is working and anticipate how your patients may respond and what follow-up information you may need to offer. GP practice example telephone messages provides examples of automated messages that patients have responded to positively and Primary Care Communications Toolkit for current national wording templates.

Text Messaging - this is a cost effective and easy way to keep patients updated especially on large-scale communications activities such as vaccination clinics. It can be an alternative to e-mail and is an effective way to deliver appointment reminders and other public health messages. For example, one practice text messaged the link to the NHS Inform Community Services page to all their patients. RCGP provides more information on the benefits and various ways to use text messaging.

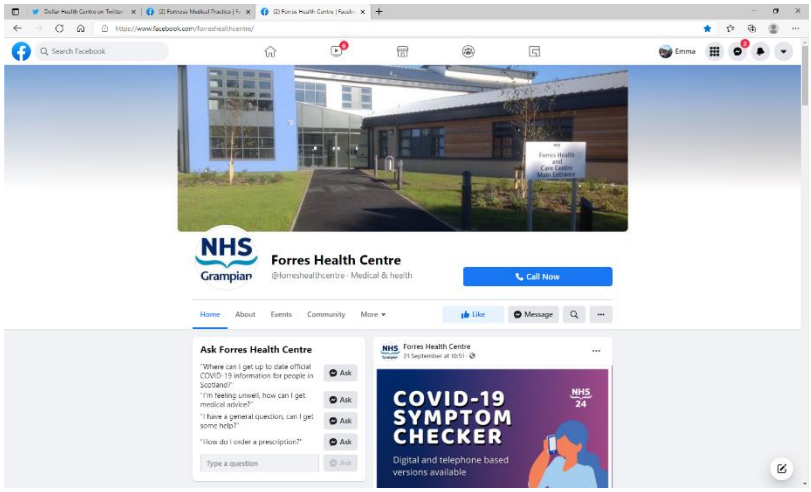
Website - Patients of all ages are accessing practice websites more and more and, if used well, can provide them with relevant information while reducing incoming call volume. Regular content review is essential to ensure your website remains accurate so review it regularly, making clear when information was last updated and removing any out of date or expired content. If you do not have a website yet, and have **never had a website** and wish to consider the GP.Scot website for your Practice please contact gp.scot@nhs24.scot.nhs.uk

Social Media - While not everyone uses social media, many practices have felt significant positive impact from a dedicated social media page such as Facebook, Twitter or Instagram. These platforms can meet the needs of large population groups.



Dollar Health Centre for example have recently developed a practice video to explain to patients the role of the practice receptionist which they shared on their twitter account.

Forres Health Centre and many other practices are successfully using Facebook to share information with their patients.



Annex G – Additional Resources for Quality Improvement

Access Toolkits – for further in-depth information and data collection forms for those who wish to review their access arrangements (although some of these documents are pre-pandemic, they contain some useful information and tools)

Health Improvement Scotland GP Access Tool Webpage

Productive General Practice 2010

Improving Access, Responding to Patients

Urgent Care: A Practical Guide to transforming same-day care in General Practice

Primary Care Foundation Access & Urgent Care in General Practice

Primary Care Foundation Potentially Avoidable Appointment Audit

Calculating Telephone Capacity

Capacity Calculator Tool

Care Navigation, Staff Signposting and Workforce Optimisation

Care Navigation and Workforce Optimisation Toolkits

Annex H – Acknowledgements

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