

Background

The current context of primary care in Scotland is one of increasing pressures and demands, challenges with patient access, and resulting impact on staff wellbeing. To support primary care recovery, Healthcare Improvement Scotland developed the Primary Care Access Programme (PCAP), which works with primary care teams to rapidly improve an aspect of access across a 7-week sprint.

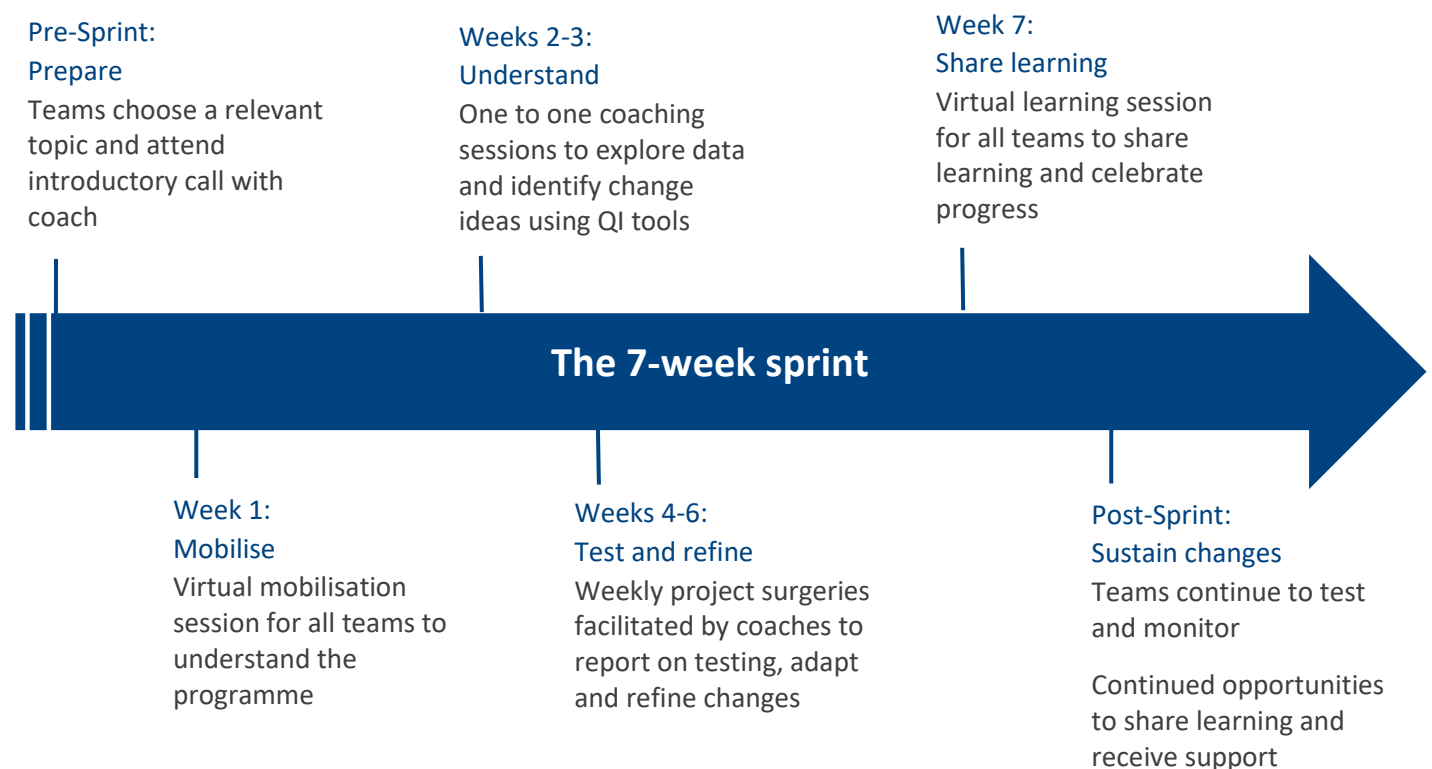
This evaluation report covers the period from August 2022 to April 2023, when Healthcare Improvement Scotland initially tested this approach with three practices in NHS Grampian and then delivered PCAP to a further 78 teams across three cohorts. We continue to actively deliver the PCAP programme.

Programme design

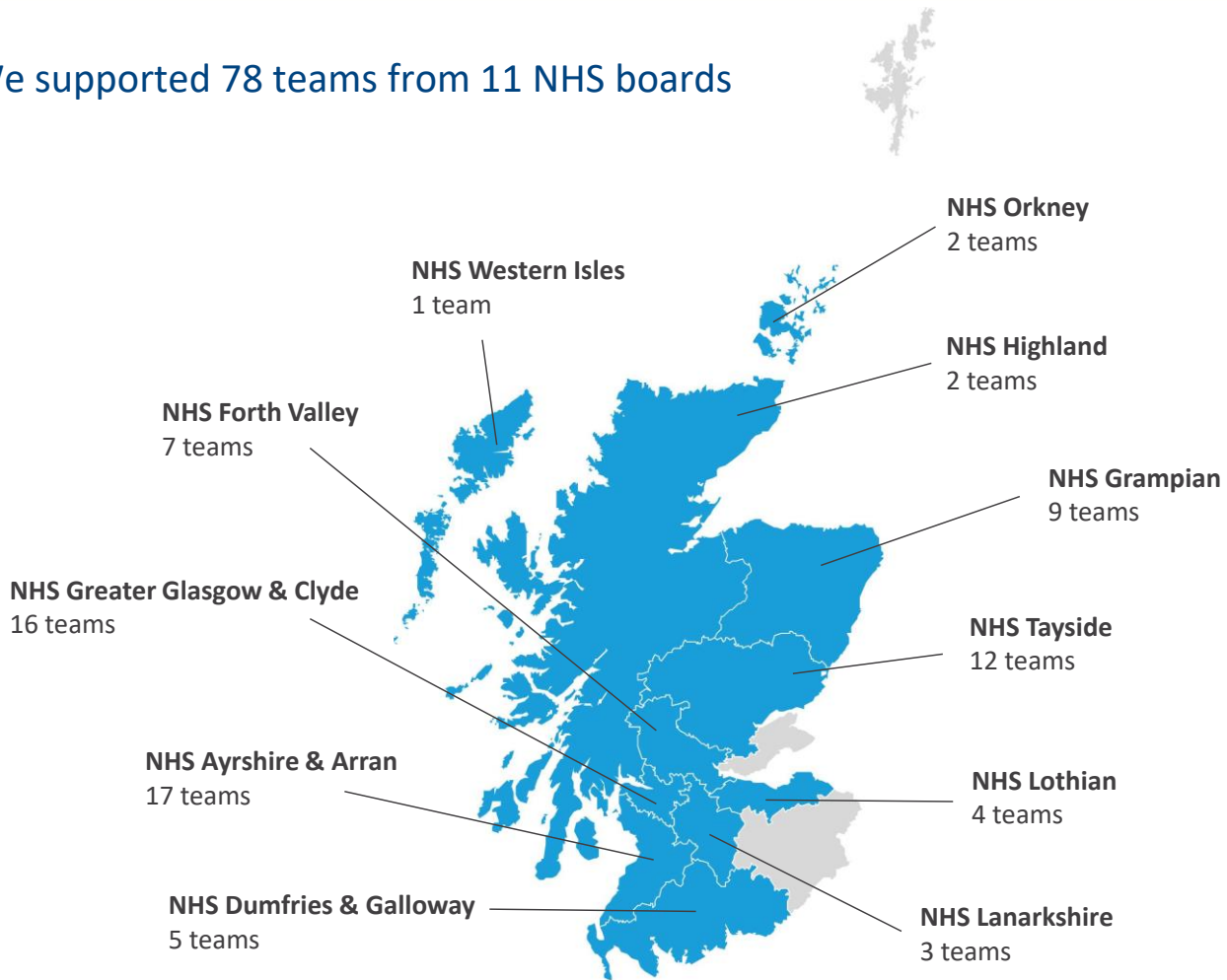
PCAP uses a mix of quality improvement (QI), sprint, and demand, capacity, activity, queue (DCAQ) methods. Primary care teams are supported to use data to identify the cause of access issues, prioritise impactful change ideas, and use QI tools to rapidly test and embed changes.

Participating teams included general practices, GP clusters, multidisciplinary teams, such as Community Treatment and Care (CTAC), and pharmacotherapy teams. Each team was assigned an improvement advisor who provided one to one coaching and support with data collection and analysis. Coaches maintained regular contact and visited teams in person.

Programme stages



We supported 78 teams from 11 NHS boards



Each team focused on one of four topics



Appointments
41 teams



Administrative
23 teams



Pharmacotherapy
12 teams



Other clinical
2 teams

Programme statistics

- 187** people attended our introductory virtual sessions.
 - 136** people attended our final virtual sessions.
 - 208** people attended our virtual National Sharing the Learning webinar.
 - 7** Deep End practices participated.
- Overwhelmingly due to capacity issues, some teams were forced to withdraw from the programme after on-boarding.
- Cohort 1: **22** participated, 1 withdrew
 - Cohort 2: **31** participated, 11 withdrew
 - Cohort 3: **25** participated, 28 withdrew

What participants told us

We interviewed **12** sprint participants from **10** health boards, **10** were practice managers and **2** were GPs.

We captured feedback at coaching sessions and at learning sessions.

Four themes emerged from the discussions:

1. QI knowledge increased

- **Greater understanding** of how their practices work and how to understand their unique data
- The **QI tools and knowledge** they were given will enable them to continue making changes going forward
- **Coaching and on-site visits** were especially helpful

‘It gave the staff a voice and led to a small cultural change.’

Lanarkshire Practice Manager

‘One of the useful things about being involved was learning about the tools and how to apply them to our practice.’

Forth Valley GP

2. Increased staff capacity to use QI skills

- Helped all staff groups **understand the benefits** of knowing and using QI methods
- Participants with theoretical QI knowledge **learned how to apply it** [QI skills] in practice
- Administrative and reception **staff developed skills** they didn't have before

‘We recognised that it was a 7-week sprint and we weren't going to change the world overnight, but it gave us a stepping stone to start that journey...’

Highland Practice Manager

3. Sharing the learning and networking

- The **collaboration and support from peers was invaluable**
- **Helpful** to learn how other practices tackled the same issues
- Almost all of the practices we asked said they **would recommend** the programme to other practices, and many already had

‘...sharing examples and things to consider and also the unintended consequences was important.’

Tayside GP

4. Created momentum and improved team morale

- **Speed and pace** of the programme kept teams committed and involved
- Showed them that small changes were not only possible but **impactful**
- Several practices commented on the **positive impact** the sprint had on staff morale

‘I would recommend this..., there is nobody it couldn't help.’

Tayside Practice Manager

‘Small changes can make a big impact and you can evidence that.’

Tayside GP

Changes and resulting impact

A practice from NHS Lothian introduced [an online form for safely reviewing HRT prescriptions.](#)



capacity

Time taken for a review decreased from 15 minutes to 3 minutes and the number of reviews undertaken per month increased three-fold.

A practice from NHS Tayside [changed up to 15 afternoon appointments per week from urgent to routine.](#)



access

After the change, 61% of patients were able to access routine appointments and 27% fewer patients were asked to call back.

A practice from NHS Grampian [introduced a nurse-led minor illness clinic.](#)



capacity

In the last week of testing, 62 patients were seen in the clinic instead of using an urgent GP appointment.

A practice from NHS Tayside assigned some clinical documents to the administrative team instead of GPs.



capacity

By week 6 of the sprint, the administrative team had appropriately managed 259 documents which would previously have been sent directly to GPs.

A practice from NHS Ayrshire & Arran [created a new procedure to manage antidepressant prescriptions.](#)



demand

The number of total acute prescription requests received by the practice decreased from 50-60 per day to an average of 28 requests per day.

A practice from NHS Lothian [changed the ratio of face to face to telephone appointments from 40/60 to 60/40.](#)



capacity

The number of inappropriate telephone appointments dropped from 24% to 14% over three weeks.

More in-depth examples of programme impact can be found in our [Programme Updates.](#)

Opportunities for improvement

Participants said...

they would have benefitted from more in-depth pre-programme materials. For example, more information about the purpose and format of the sprint, and the commitment required.

they would have liked more pre-work time built in before the sprint to give them more time to think about potential projects and get staff on board, reducing the pressure in weeks one and two.

they would like the final interactive session to include more participants sharing their experiences and learning.

We have...

added more information to our pre-programme communications including prep work needed and expectations for ongoing commitment to help teams decide whether PCAP is right for them.

added an onboarding call with coaches as soon as teams confirm to discuss the programme, set expectations, identify key dates and answer questions.

adapted the first and last sessions to be more informal and interactive giving each team an opportunity to discuss their progress.

Next steps

Participant feedback on the sprint framework and the support from coaches was overwhelmingly positive. The short length and quick pace of the sprint allowed teams to focus on achievable, high impact changes at a time when there is limited capacity for improvement work.

Healthcare Improvement Scotland will continue to offer additional cohorts of the PCAP programme. We are also testing an approach in which Healthcare Improvement Scotland trains and supports teams from NHS boards or Health and Social Care Partnerships to deliver PCAP locally. This will make the programme accessible to many more teams across Scotland. Early indications show that this is working well. We will continue to test this and other approaches to scale up and spread this work.

Due to the success of PCAP, we have also developed the Pharmacotherapy Quick Start Programme which launches in September 2023. This will also use a mix of sprint, DCAQ and QI methods to address prescribing challenges in primary care.

For more information about the programme, visit the [Primary Care Access Programme at ihub.scot](https://ihub.scot.nhs.uk/primary-care-access-programme).

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