

Whatever happened to all those attempts to change access to General Practice?



GP-SUS Briefing Paper 2: Scoping review and expert stakeholder consultation.

Aim

We aimed to systematically consolidate and present the current international evidence base related to different approaches to delivering access in General Practice.

We did a systematic scoping review to summarise and map the different types of access approaches that have been studied and the rationales behind them.

Methods

We reviewed the different types of access approaches previously studied and reported in the research literature from January 2001. Included studies examined the use, application, or evaluation of an access system within a General Practice setting. We focused on routine General Practice care excluding studies

investigating access to 'out of hours' urgent care services, even if in primary care settings. Participants of interest were patients, staff, or both. Studies focusing on access limited to a specific condition or follow-up appointments were excluded. We included any empirical study design (quantitative, qualitative, or mixed methods) published in English. Editorials, debate pieces, conference abstracts and reviews were excluded.

The review was developed with input from academics, public representatives, front-line healthcare professionals, policymakers and commissioners during stakeholder workshops. Co-production techniques and visual minutes were used to facilitate discussion of the emerging schematic representation outlining access systems.

Findings 1: Approaches adopted

- Broadly there were 2 key approaches
 - those designed to modify patients' pathways to obtaining appointments;
 - those designed to alter appointment capacity.
- Systems were designed according to one of these approaches or they combined both approaches.
- Some were introduced as whole systems, whereas others were 'add-ons', the latter becoming more popular in recent years, reflecting the advent of add on digital alternatives.
- A schematic representation of the approaches was developed and published in the main paper.

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Access to General Practice:
Innovation, impact and
sustainable change

Findings 2: Rationales behind systems

The rationales behind the access systems were predominantly practice-focused, with intention to manage demand and improve efficiency most commonly reported. Some studies described patient-focused aims, such as convenience, reduced waiting time, and access to healthcare advice. However, these were often coupled with aims which were practice focused (such as efficiency or managing demand).

Findings 3: Evidence gaps

The review comprehensively reflects existing published research; however, stakeholders identified some access systems and adaptations not (yet) present in the literature, e.g. more recent digital approaches. Further research is required to include such approaches in the evidence base.

Very few studies examined how access systems work for particular patient groups (a gap highlighted by the study's 'patient and public involvement panel'). Research and policy may need to look beyond managing demand and GP workload to find solutions which are also patient focused and consider impacts on, and opportunities for, all patient groups.

Team

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Outputs

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<https://bjgp.org/content/74/747/e674>

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