



Faculty of Public Health
Committee of the Faculty of Public Health in Scotland

Public Health in Scotland Transcending Boundaries

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Modernising Primary Care in Aberdeen City: A Baseline Evaluation

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Background

- ❖ A medical practice in Aberdeen City started as a new entity on 1st October 2015, taking over the GMS contract for 10,000 local patients.
- ❖ The need for this new practice was partly due to the recruitment crisis in general practice.
- ❖ Permanent clinical staff included: 2 part-time salaried general practitioners (GPs), 3 advanced nurse practitioners (ANPs), 2 physician associates (PAs – a new role in primary care) and 2 pharmacists.

Aims and objectives

The purpose of the evaluation was to understand the effects of this new way of working on patients, staff, and interaction with wider healthcare systems. The main questions of interest from the practice's perspective were to understand:

- Patient perception/experience of care
- Effectiveness of the appointment and triage system
- Staff perspectives, are they engaged and do they have a vision for the practice?
- Improvements that could be made
- The impact, if any, that this new of working had on workload and referrals

Methods

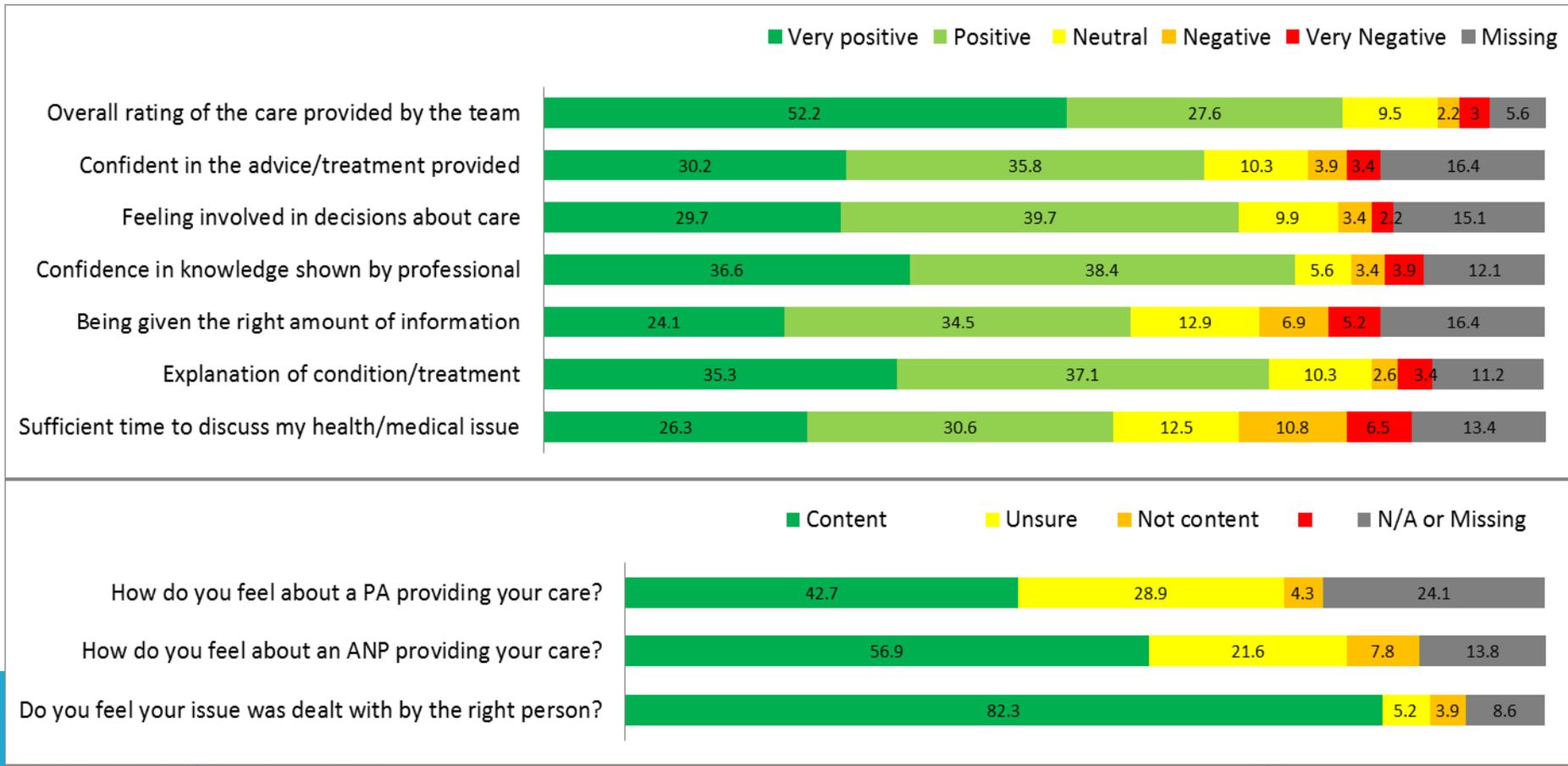
- ❖ **A mixed-methods approach was used, comprising:**
 - focus group sessions with different staff groups and for patients with long-term conditions;
 - a patient survey (Viewpoint machine or paper-based);
 - data from the practice IT systems (staff workload).

- ❖ Data collection period was between August and October 2016

Findings



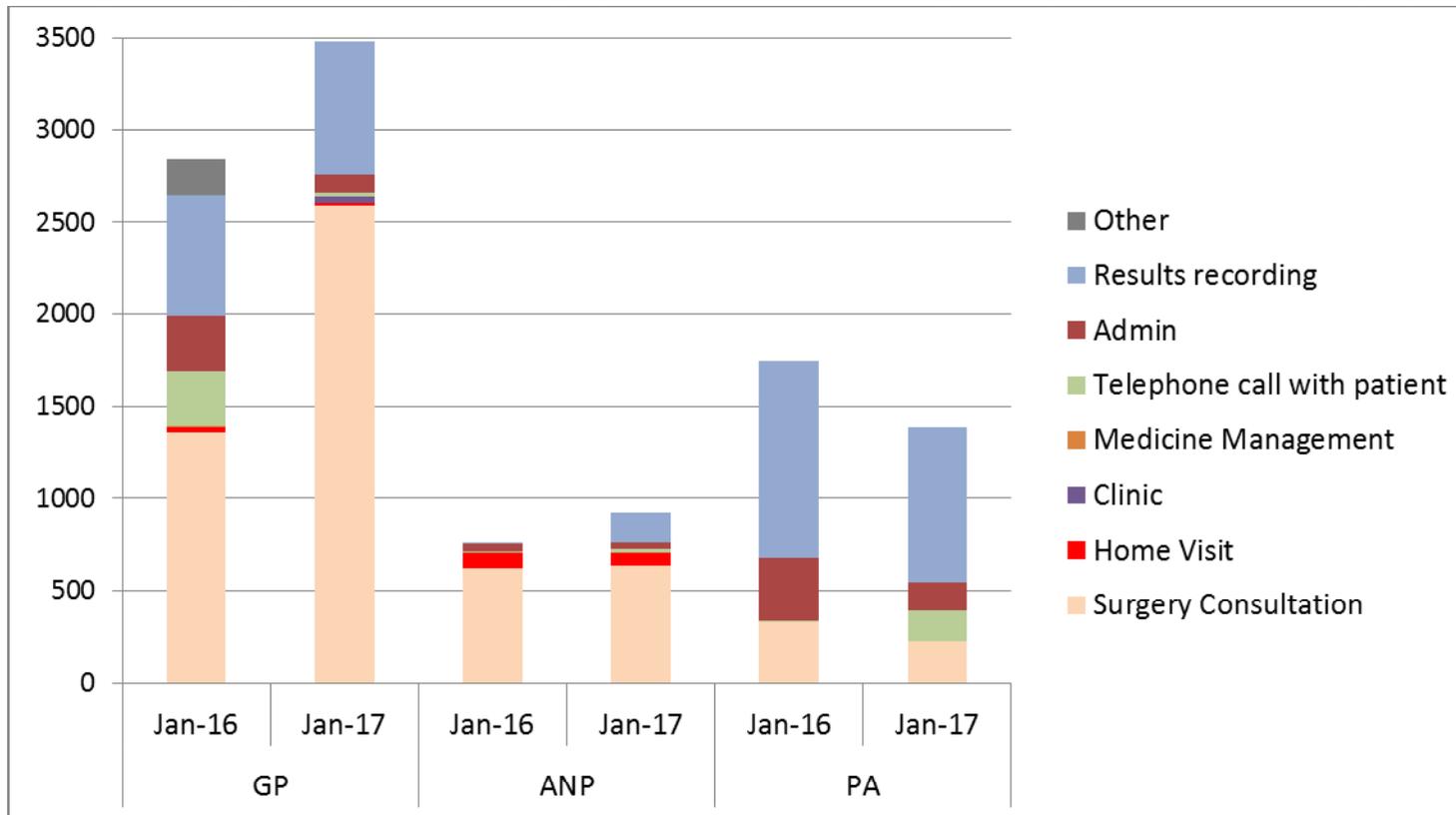
Patient experience of care



Staff perspectives on the new model

- ❖ Overall the attitude was very positive with a forward looking approach
- ❖ Staff stated that first few months of the transition had been difficult for patients, largely because of poor understanding of the ANP and PA roles.
- ❖ However, there was a general consensus that patients were becoming more accepting of this new workforce.
- ❖ Increasingly, patients (particularly regular attendees) were calling in requesting to see the same ANP/PA that had previously attended to them.
- ❖ Capacity to prescribe was seen as a major advantage

Comparing workload by professional group and activity (numbers)



Identified areas for development

- Triage
- Patient-facing systems
- Training for receptionists
- Reception area
- Communication with patients
- Review



“I would like to see notices on the walls - describing the types of staff you can see and what you would recommend we see them for. This would give me more confidence.”

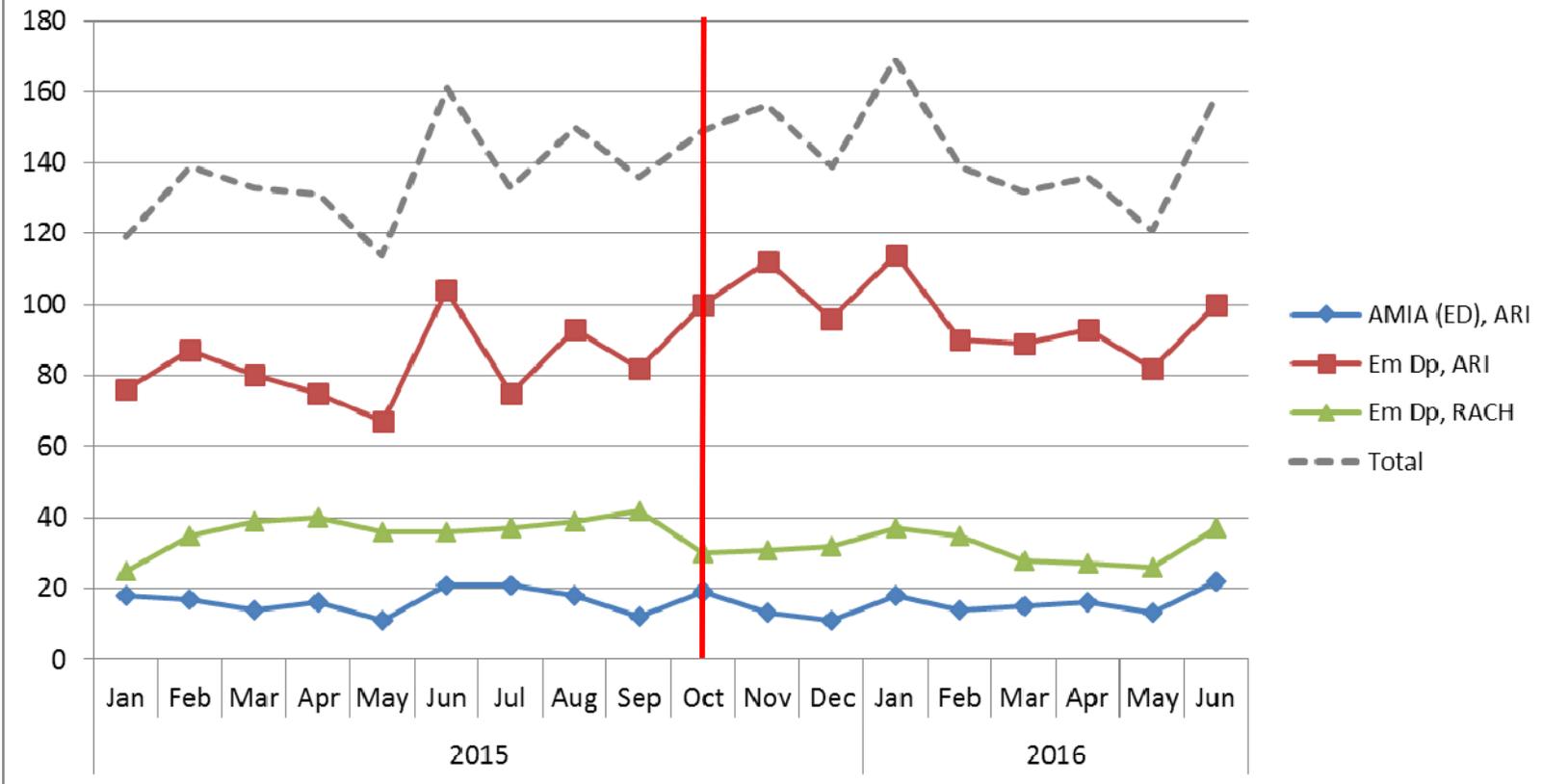
“How does a receptionist decide if it is a doctor or NP you see. I would like to know if they are medically knowledgeable to decide.”

“Very lucky to have the level of care provided. It is probably the future of GP practice and provision; don't see why other health care providers shouldn't take up other treatments etc.”

Conclusion and wider implications

- ❖ The response has been generally positive, with high levels of satisfaction from both patients and staff. This suggests that things are moving in the right direction after a very challenging beginning.
- ❖ Using ANPs and PAs to supplement GPs may have potential in some contexts and warrants further investigation

Patient emergency attendances at secondary care



Referrals into secondary care

