Evaluation of the choice of GP practice pilot, 2012/13

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The choice of general practice pilot

Removal of pilot practice boundaries aimed at improving access and convenience (e.g. for commuters)

12-month variation to NHS GMS contract in England

In Westminster, Nottingham, Manchester and Salford with volunteer practices, April 2012-March 2013

Two options:

• *Out of area registered patient*: access to all primary medical services except out of hours and home visits, home PCT responsible for patient’s out of hours care

• *Day patient*: access to GP or nurse for non-urgent or routine care, up to five times in 12 months, £13 fee paid to the practice by the NHS
Objectives of the 12 month evaluation

• To describe pattern of uptake of the pilot
• To understand patients’ experiences of pilot practices
• To give an early indication of potential costs and benefits for practices, patients and commissioners if extended
Methods

• Semi-structured interviews with pilot patients (n=24), GPs and practice managers (n=15) in participating practices & PCT staff (n=13)

• Survey of practice staff and GPs in pilot practices (23/45, 51% response rate)

• Postal survey of pilot patients compared with GPPS (34% & 36% response rate)

• General population survey to explore the determinants of choice of registered practice via a YouGov web panel (n=2431)
Pilot practices and pilot patients

• 43 participating practices:
  • Westminster 20/53 (37.7%), Nottingham 7/63 (11.1%), Manchester 8/102 (7.8%) and Salford 8/51 (15.7%)
  • 11 of 43 practices recruited no pilot patients

• Pilot and local non-pilot practices were very similar in terms of QoF scores and patient experiences, according to GPPS
  • So pilot patients’ reports can thus generally be attributed to their experience of the pilot as opposed to attending ‘better’ practices

• 1358 patients
  • 1108 OoA registrations (71% in Westminster)
  • 250 day patients

• Presentation will focus on out of area registered patients
Pilot practice staff and commissioners’ views of the pilot

• Commissioners were more likely to identify practical drawbacks of the scheme than pilot practices or patients
  – e.g. monitoring, continuity of care and transfer of clinical information
  – but little sign of major increase in costs either to implement or in terms of service use

• 61% of pilot practices very or fairly likely to continue with the pilot
Out of area patients’ reasons for choosing OoA registration and experiences of care

Four types:
1. Moved house but did not want to change their GP (26.2%)
2. Motivated by convenience (32.6%)
3. New to area, registered with a local practice but lived outside the practice’s catchment area (23.6%)
4. Dissatisfied with their previous practice or chose practice for specific services or GP (13.9%)
5. Not classifiable (3.8%)
Out of area patients’ experiences

• More satisfied:
  – Patients were younger, more likely to be in work, had better self-reported health and more likely to commute more than 30 minutes than other patients at their practices or in the area

• Despite this they were likelier to describe their most recent experience or visit to their new practice as very good than all GPPS patients (though not statistically significant)

• Perceived benefits of scheme:
  – continuity of care, convenience, choice

• Perceived drawbacks:
  – no adverse events, or issues with out of hours care, but limited pilot period
Design of the 16 choice pairs in the discrete choice experiment with the general public

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<thead>
<tr>
<th>ATTRIBUTES</th>
<th>LEVELS</th>
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<tr>
<td></td>
<td><strong>Practice in your neighborhood</strong></td>
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<tr>
<td>1. Whether the practice is open on Saturday and Sunday morning (8am-12pm)</td>
<td>▪ Yes ▪ No</td>
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<tr>
<td>2. Whether the practice is open at lunchtime (12-2pm)</td>
<td>▪ Yes</td>
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<tr>
<td>3. Whether the practice has extended opening hours - either 7-8am or 6-8pm</td>
<td>▪ Yes ▪ No</td>
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<tr>
<td>4. How quickly you can normally be seen by a GP in this practice</td>
<td>▪ Same day ▪ Next day ▪ A few days later ▪ A week or more</td>
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<td>5. Whether the practice meets your specific health needs</td>
<td>▪ Yes ▪ No</td>
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<td>6. How well the practice knows the health care services (e.g. hospital, community nurses, etc.) in your neighbourhood</td>
<td>▪ The practice has previous experience with most of the health care providers in your neighborhood</td>
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Summary of DCE findings

• General bias in favour of a ‘neighbourhood’ practice

• Some appetite for OoA registration, but heterogeneity of preferences with less interest in certain sub-groups
  – e.g. less mobile people, higher users, those more satisfied with their local practice

• Determinants of GP practice choice overall
  – most important how quickly patients can get to see a GP
  – least important weekend opening
Policy decision following the pilot

• The 2014/15 GMS contract will provide an out of area registration voluntary option from October 2014*

• The day patient option will not be offered

• Raises question of quantity and nature of evidence needed for such a decision, and the purpose of pilots
  – since the pilot evaluation was inevitably limited

*Source:  
http://www.nhsemployers.org/SiteCollectionDocuments/Summary%20of%202014-15%20GMS%20deal%20FINAL.pdf
Some implications for policy

• The full implications of removing practice boundaries cannot be assessed in a small 12 month pilot, but it is likely to appeal to a minority of patients in selected locations

• How to publicise to patients if voluntary to practices?

• How to manage GP capacity in areas with large inward and outward flows?
  • e.g. is upfront investment in provision needed in areas lacking capacity (e.g. Canary Wharf, Westminster)?
  • e.g. how to protect practices in areas with large numbers of commuters

• How to fund referrals to community services and secondary care and manage budgets of losing and receiving CCGs?

• How to manage risk of lists becoming socio-economically segregated
Limitations of the study due to the nature of the pilot

• Short duration
  • Major implications for patient numbers, patient experience of pilot, access to practices’ clinical data, ability to collect data from practices patients had left, numbers of referrals, costs, etc

• Small self-selected group of PCTs and practices
  – Pilot could not be actively promoted to all potential patients because voluntary thus future participation rate, patient mix, etc. could not be reliably estimated
  – Difficult environments for research (Westminster, GP practices)
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The full report is available at:

http://www.piru.ac.uk/publications/piru-publications.html