

# 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

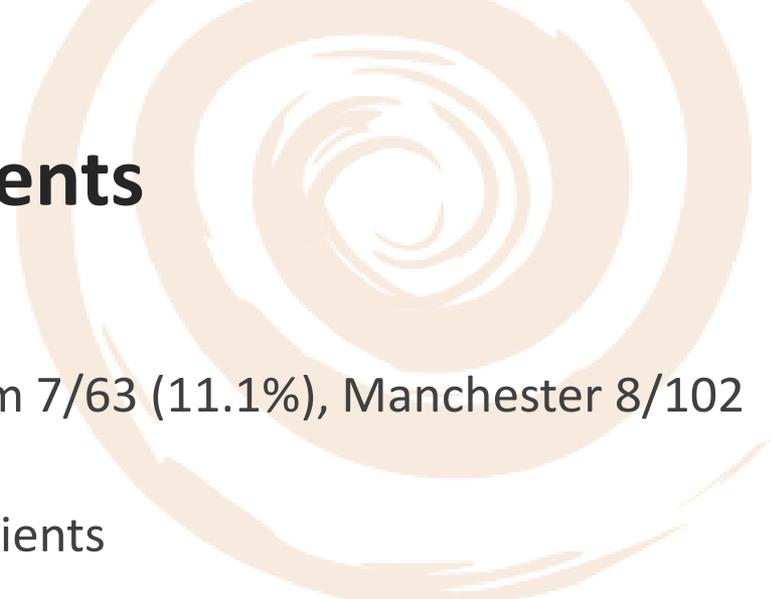
# Objectives of the 12 month evaluation

- 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

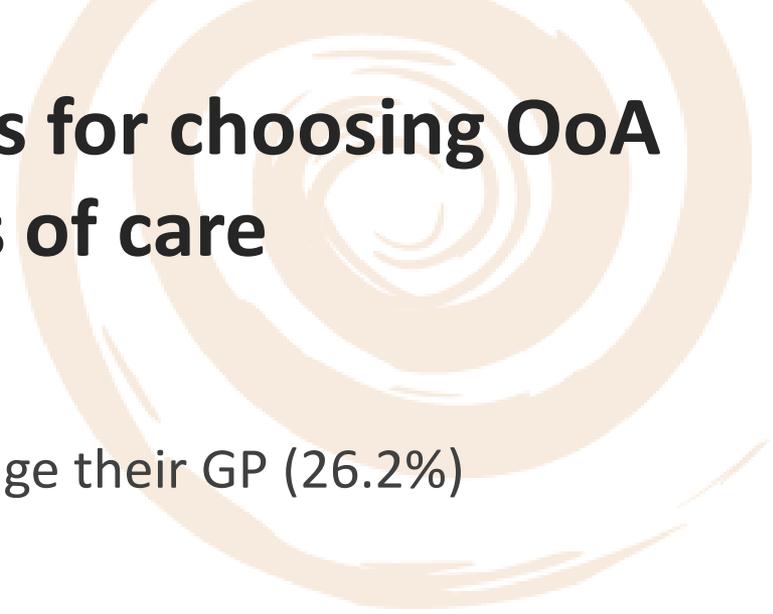


- 43 participating practices:
  - Westminster 20/53 (37.7%), Nottingham 7/63 (11.1%), Manchester 8/102 (7.8%) and Salford 8/51 (15.7%)
  - 11 of 43 practices recruited no pilot patients
- Pilot and local non-pilot practices were very similar in terms of QoF scores and patient experiences, according to 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

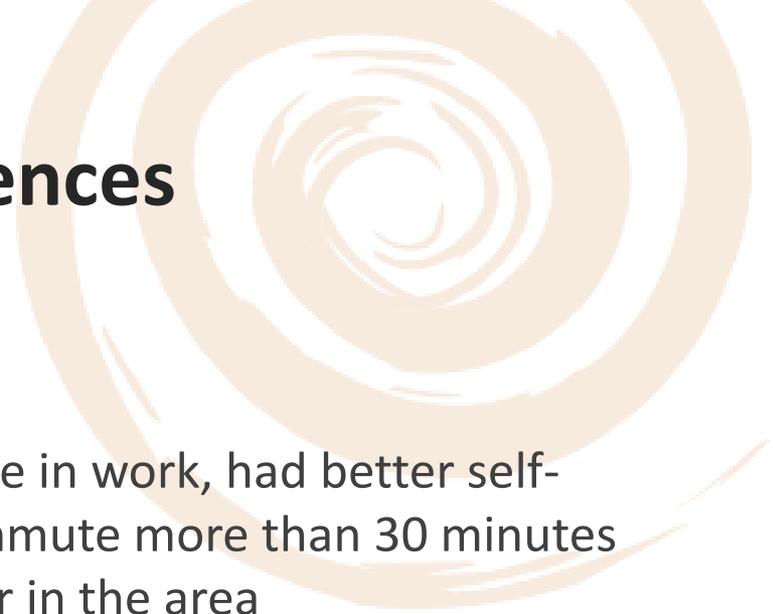
# Out of area patients' reasons for choosing OoA registration and experiences of care



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

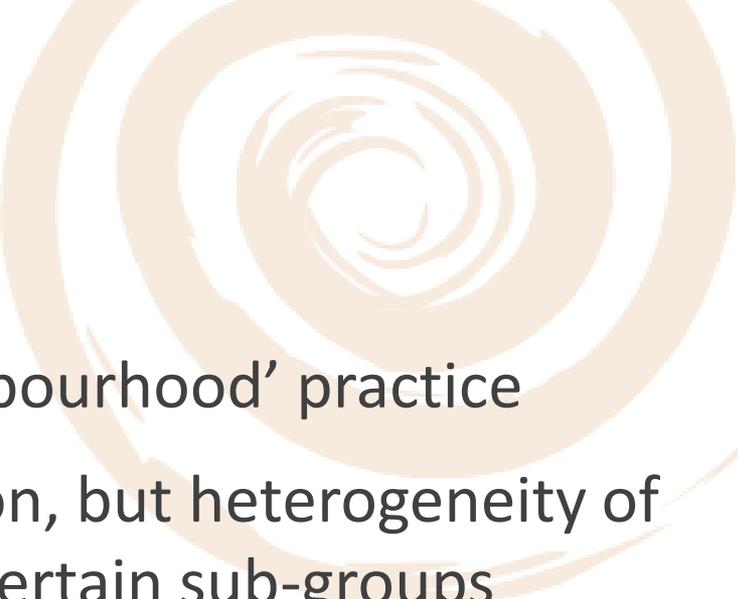


- More satisfied:
  - Patients were younger, more likely to be in work, had better self-reported health and more likely to commute more than 30 minutes than other patients at their practices or in the area
  - Despite this they were likelier to describe their most recent experience or visit to their 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

ATTRIBUTES	LEVELS	
	Practice in your neighborhood	Practice outside your neighborhood
1. Whether the practice is open on Saturday and Sunday morning (8am-12pm)	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>
2. Whether the practice is open at lunchtime (12-2pm)	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Never open at lunchtime</li> <li>▪ Sometimes open at lunchtime</li> </ul>
3. Whether the practice has extended opening hours - either 7-8am or 6-8pm	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>
4. How quickly you can normally be seen by a GP in this practice	<ul style="list-style-type: none"> <li>▪ Same day</li> <li>▪ Next day</li> <li>▪ A few days later</li> <li>▪ A week or more</li> </ul>	<ul style="list-style-type: none"> <li>▪ Same day</li> <li>▪ Next day</li> <li>▪ A few days later</li> <li>▪ A week or more</li> </ul>
5. Whether the practice meets your specific health needs	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>
6. How well the practice knows the health care services (e.g. hospital, community nurses, etc.) in your neighbourhood	<ul style="list-style-type: none"> <li>▪ The practice has previous experience with most of the health care providers in your neighborhood</li> </ul>	<ul style="list-style-type: none"> <li>▪ The practice has previous experience with most of the health care providers in your neighborhood</li> <li>▪ The practice does not have previous experience with most of the health care providers in your neighborhood</li> </ul>

# 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

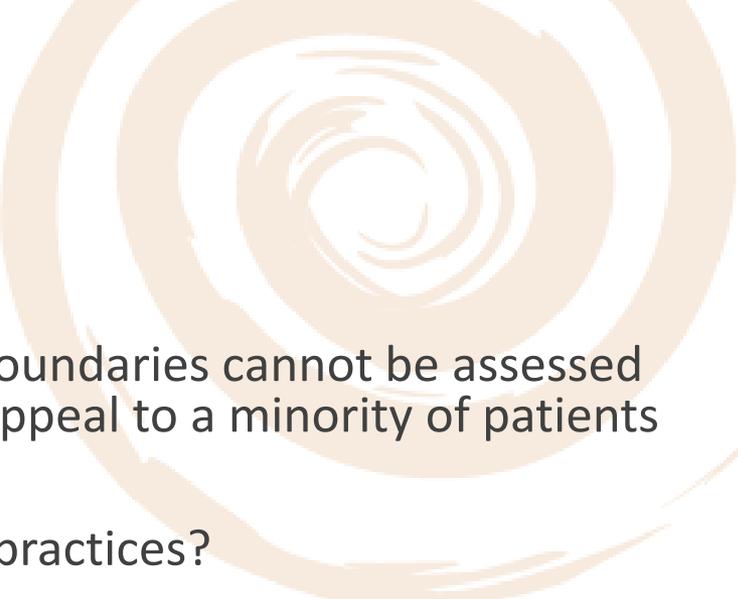
# Policy decision following the pilot

- 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)



This is an independent study commissioned and funded by the Policy Research Programme of the Department of Health. The views expressed are not necessarily those of the Department.

The full report is available at:

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