



ENABLING QUALITY IMPROVEMENT IN PRACTICE

Tower Hamlets Our Latest Newsletter (27/04/2021)



Where is your demand hiding?

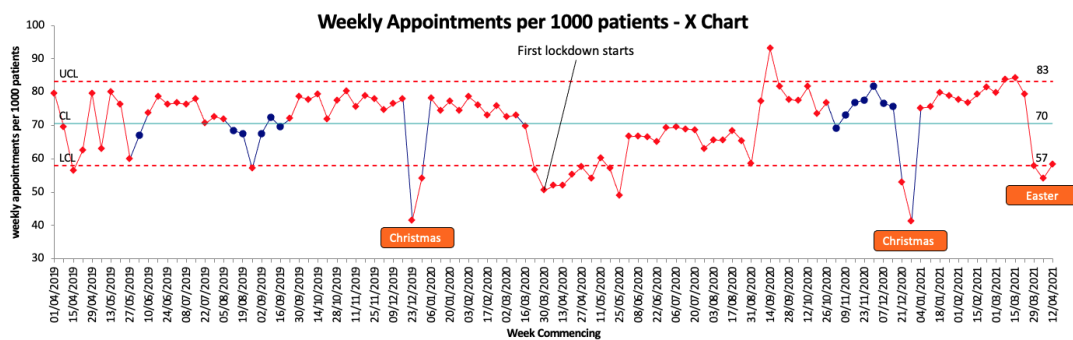
Dear folks,

We know that people are feeling like there is super-high volume of demand at the moment. This can be coming from a variety of sources:

- Stuff that people have been hanging on to since the first lockdown
- Extra registrations because people want to be on the system to get vaccinated
- Vaccination queries
- Work sent through from hospitals, who are feeling the pinch tightly
- People on hospital outpatient and diagnostic waiting lists who are re-presenting to primary care

Our intention was to put together a quick snapshot of **'reactive' demand** (contacts that are initiated, in the most part, by people wishing to access their GP practice with a question or concern about their health and care), looking at some sample practices from across North East London, which would give an idea of what is happening, and what 'extra demand' actually means – how much? From where? From who? etc.

When we took a look we found that after the dip experienced at the beginning of the pandemic, demand across primary returned to 'pre-pandemic' levels after the summer holidays, and has remained high since Christmas. The weeks commencing 15th and 22nd March were statistical outliers a.k.a. *"really *insert expletive here* busy"!!*



Here's the thing, though – the graph above only tells part of the story as it shows average activity across 8 practices. In the attached mini-report there are examples of individual practices where demand is through the roof and other practices that show a different picture entirely. The shift to new channels of access, like online/digital is also clear – making the demand feel different to before the pandemic.

One of the main challenges when trying to analyse the work done in primary care is that individual practices capture their activity in lots of ways – appointment slot types, users, consultation types. Add to this that we have multiple new channels of access – from telephone and face-to-face through to online consultations, SMS, emails, carrier pigeon etc... and it becomes clear that measuring the same thing across practices isn't straightforward.

In our sample, practices that measure more stuff, showed more demand. We are really keen on not letting demand 'hide', but on being able to build a fuller picture around what is actually happening. So, our ask of you: please help us build a better picture.

Some things that really help with this are:

- Mapping your appointment slot types to the [National Standard Appointment Categories](#). Across NEL, we've worked on turning the national guidance into a straightforward process to save you time and get better data out too. If you need help with the mapping please contact your local NEL CSU IT facilitators who are poised, like coiled springs, to support you with making this as painless as possible.
- If you are an EQUIP practice and/or have Edenbridge Apex installed, and you need to refresh the configuration to capture new modes of access such as online/digital, please contact [Sindbad](#) on the EQUIP team or [Ben Hampshire](#) at Edenbridge who will be happy to help.
- **And finally, if you're really up for helping to build a fuller picture of demand, we're looking for a few practices to share some more detailed workload data with us.** What we'll need (and this will require a bit of manual counting and server downloads) is some specific extracts of your data over a couple of weeks:

1. Incoming telephone calls (from your telephone server or phone supplier)

2. Volume of patient-related emails
3. AccuRx data
4. Other 'hidden' workload – daily documents, lablinks etc
5. Capturing 'avoidable contacts' using a simple audit tool

In return, we will build a fuller picture of the demand (including [failure demand](#)). By measuring and showing the work that is being done in primary care, we can make a better case for the resources needed to meet this demand.

Tom, Sindbad and Afzal

[DOWNLOAD DOCUMENT Understanding demand in primary care](#)