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Impact of initiatives to improve access to, and choice of, primary and urgent care in England: A systematic review

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ABSTRACT

Background: There were ten initiatives in the primary and urgent care system in the English NHS during the New Labour government, 1997–2010, aimed at delivering higher quality, more accessible and responsive care by expanding access, increasing convenience and introducing greater patient choice of provider. We examine their impact on demand, equity, patient satisfaction, referrals, and costs.

Methods: Studies were systematically identified through electronic databases and reference lists of publications. Studies of all designs were included if published between 1997 and 2013, and with empirical data on the impacts above.

Results: Nineteen studies of ten initiatives were included. Innovations often overlapped, complicating care. There was some demand for new provision on grounds of convenience, but little evidence of substitution between services. Patient satisfaction varied across schemes. There was little evidence on the costs and benefits of new versus existing provision.

Conclusion: New services generated a more complex system where new and existing providers delivered overlapping services. The new provision did not induce substitution and was likely to have increased overall demand. Initiatives to improve access to existing provision may have greater potential to improve access and convenience at lower marginal costs than developing new forms of provision.

1. Introduction

Internationally, health systems have pursued improvements in quality, access and responsiveness by expanding choice and widening access to providers in the last 25 years. However, evidence that greater choice widens access and improves quality is inconclusive. In Scandinavia, for example, greater choice was expected to increase competition but robust evidence of impact is scant; the evidence in relation to primary and urgent care has largely been limited to the rate of switching between providers, with uptake highest in densely populated urban areas and dependent on the quality of information available to patients [1]. After New Labour came to power in the UK in 1997, the government similarly sought to develop better quality, more accessible and more responsive patient-centred care in the English NHS. Traditionally, there were two ways to access primary and urgent care in England: patients were registered with a general practice for all routine and non-urgent care during normal business hours; or they could attend a hospital A&E department at any time (for care that was not always clinically appropriate), leaving considerable space for alternatives. Although much attention has been devoted

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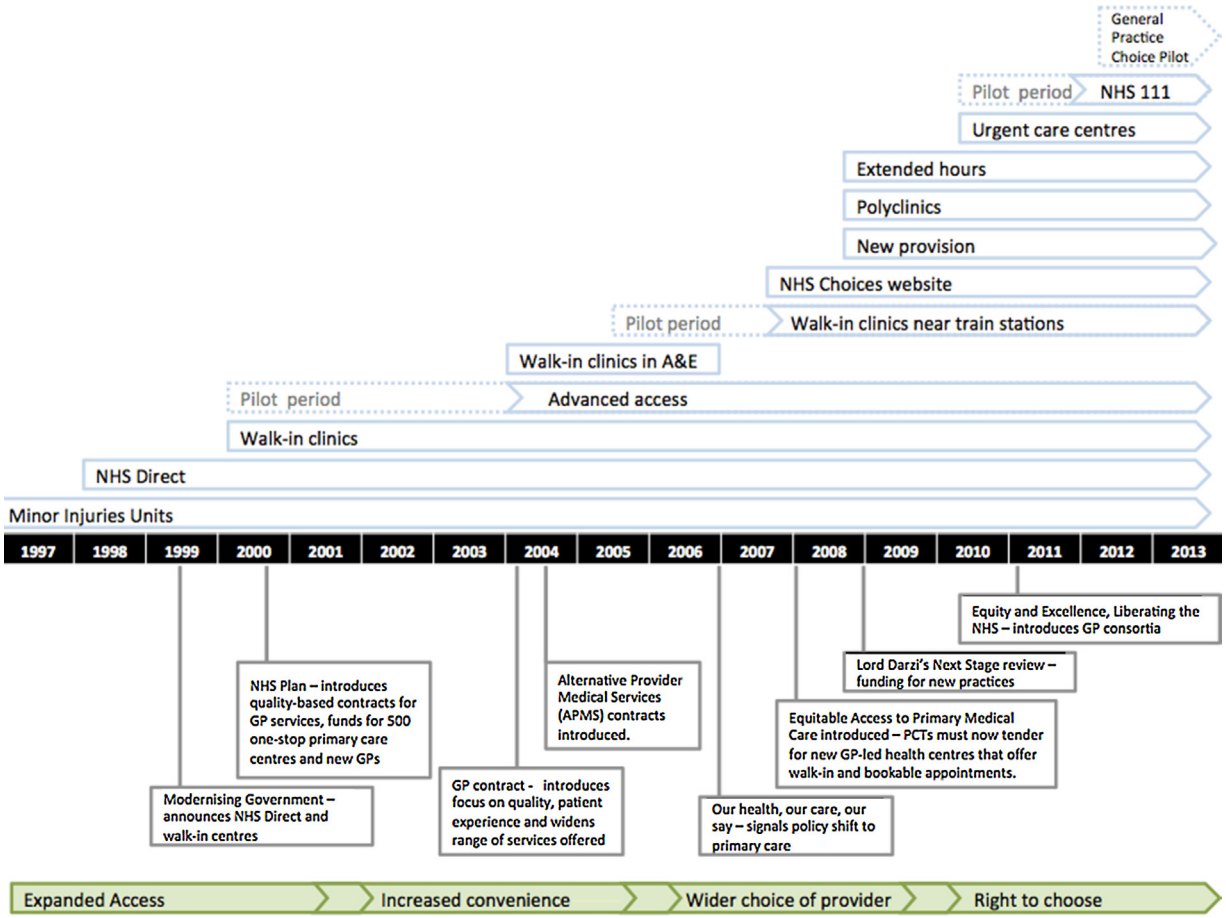

Fig. 1. Initiatives to improve access and choice in urgent and primary care in the English NHS.

to the quasi-market reforms in hospital care [2,3], reform also included 'modernising' primary and urgent care by expanding the range of options between traditional general practice and local A&E departments. Here the focus was on correcting perceived problems in access to, and choice of, services, such as growing public concern about timely access to general practitioners (GP) during and outside clinic hours, and the perceived inflexibility of traditional general practice, leading to inappropriate use of different sources of urgent care, especially the hospital accident and emergency department (A&E). The coalition government that followed New Labour in 2010 has continued to focus on improving patient access to primary and urgent care; notably through a pilot where patients can either register with, or use, general practices beyond the catchment area of their local general practices [4,5], with out of area registration becoming available across England from October 2014 [5] and pilots of extended general practice care including seven-day working [6,7]. Fig. 1 and Appendix 1 summarise the reforms of 1997–2013.

Between 1997 and 2004, a series of initiatives was developed in response to the perceived limitations of access to primary and urgent care in the NHS. NHS Direct (1998) opened a new telephone access route for primary care advice, especially outside practice hours. NHS walk-in centres (1999) aimed to provide more convenient access to primary and urgent care without an appointment [8]; some were co-located with accident and emergency (A&E) departments (2004) to improve access where patients chose to attend for urgent care, and further walk-in centres were located at, or within walking distance of, commuter train stations from 2005. NHS Direct and walk-in centres established new pathways for primary and urgent care, and offered a protocol-driven service for patients who could not, or chose not to access their registered GP practice. The Advanced Access scheme (2000) intended to reduce waiting times for GP appointments. There was also investment in training additional GPs and modernising existing practices in the NHS Plan [9]. A new General Practice NHS contract (2004) was introduced to address issues in contracting and payment, standardise quality and modernise IT infrastructure. The new contract featured incentives to shorten waiting time for a GP appointment to 48-h and the Quality and Outcomes Framework (QoF) which included targets relating to levels of patient satisfaction. By 2005–2006, investment in primary medical care had increased by well over £2 billion when compared to the financial year 2002–2003 [10].

From 2007, further policies were introduced to support and offer greater patient choice, including in primary care.