Letters

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Impact of Advanced Access

Last year we conducted a qualitative study entitled 'The impact of Advanced Access', as part of an Intercalated BSc degree, at a practice involved in the National Primary Care Collaborative who were implementing Advanced Access in January 2003. We interviewed patients and staff to investigate whether their opinions of appointment systems, job satisfaction and workload had changed.

Advanced Access ensured patients had better access to their own GP and many enjoyed not having to wait 3 weeks for an appointment, especially those employed full time. However this was at the expense of elderly, more chronically ill patients, who were unable to successfully navigate the telephone system and tended to forget to make their follow-up appointments. We were unsure as to whether access to care was still in equilibrium with continuity of care.

Advanced Access has the motto 'doing today's work today'.[1] According to the GPs, this meant that you were dealing with an unlimited demand, especially because patients presented earlier in their illness. This demand probably exceeded the primary care capacity, hence the need for the nurse practitioner to be deployed to doctor-type duties to increase the number of available appointments, and thus changing her role.

Advanced Access was seen to reduce job satisfaction, especially among the receptionists, as they had lost their, in the broadest terms, 'gate-keeping' role.[2] They used to decide who should reach the doctor or the nurse, but now they just gave out appointments.

Finally, it seemed that Advanced Access may even affect the recruitment and retention of GPs. It no longer allowed GPs to control their availability and work around family and childcare commitments, as they would have to work with an open-ended commitment when demand was high. Meanwhile, training seemed problematic, with registrars seeing more minor illness and less clinical variety, as when patients could see the GP of their choice, they rarely offered to see the registrar.

GPs may welcome the new initiatives to improve patient access to primary care,[3] but perhaps in reality this is in the form of a mixed system of same-day and bookable appointments.[4,5] This way, patients are satisfied by access to care that is in equilibrium with continuity of care, and GPs are still in control of their workload, with no changes to the roles of staff.

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Failings in primary care collaborative

One major problem with the National Primary Care Collaborative project was the inadequacy of the data collection. As Dr Mark Pickin points out, it is easy to manipulate the third available appointment time downwards simply by severely restricting the advanced booking of appointments.[1] I am not sure I see this as an advance. There was also no attempt to measure consultation rates in participating practices, which surely is a key measure when looking at changing appointment patterns.

It is interesting to note in Dr Pickin's paper that 47% of the participating practices were either not sure or thought they did not have a problem with access prior to joining the collaborative.[1] It looks, therefore, as though the project was not accessed by those most in need.

My own experience was that debate was stifled in collaborative project meetings. There was little, if any, critical appraisal of project interventions. The decision that the collaborative was a success appeared to have been made almost before the project began and it seemed to be more a vehicle of career advancement than an instrument of health improvement.

I am of the generation that was taught that critical reading skills and evidence-based medicine are important. It is therefore disappointing to see a health service willing to commit large sums of money to a project whose evidence base appears so shaky.

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