

# Core management data in general practice

General practice computer systems are remarkably sophisticated but their potential is underused.

In contrast many private sector businesses use IT meticulously to measure performance. For example, many retail stores know exactly how sales change according to how they position goods in the shop or even how they alter the lighting. Following Drucker,<sup>1</sup> the father of management theory, *'If you don't measure it, you can't manage it.'*

Drawing on research and data collection performed at a practice over 30 years, we suggest that there are eight core management statistics that are easily available to every general practice. These make it possible for GPs to understand exactly what is happening in the practice. The core data are: the number, the age/sex structure and the duration of registration of the registered patients, the annual consultation rate, the average duration of face-to-face GP consultations, level of continuity of care, and measures of routine appointment provision and availability.

### PRACTICE LIST SIZE

All GPs already understand the importance of knowing the number of patients registered with the practice and this figure is commonly used when describing a general practice.

### AGE/SEX STRUCTURE OF THE POPULATION SERVED

This is available for the population nationally, regionally, and for individual practices. It is particularly helpful to know the proportion of older patients, since they have many more health problems, which helps planning. This is freely available to all practices on the Public Health England Practice Profiles website (<https://fingertips.phe.org.uk/profile/general-practice>).

### DURATION OF REGISTRATION OF THE REGISTERED PATIENTS

This is an important statistic indicating how long patients stay in the practice, the number coming and going each year (turnover rate), hence the net increase or decrease of the practice population and how long some specific groups of patients stay, such as patients aged >75 years. It can also be used to track longitudinally the prevalence of chronic conditions such

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as type 2 diabetes.<sup>2</sup> Long duration of registration is one of the great strengths of British general practice and is widely underestimated. For example, Barker *et al*<sup>3</sup> found that the key group of patients with multiple long-term conditions had been registered with their general practices for a median of 15 years; a rich opportunity to develop good patient-doctor relationships if continuity of care is provided.

### ANNUAL CONSULTATION RATE

This is a fundamental management statistic that enables the practice to understand its own workload and measure how changes in management actually work out. It is important as some policies designed to reduce workload unintentionally lead to patients coming more often. In particular, practices need to understand how different kinds of general practice, different practice populations, and different policies are associated with very different consultation rates. There appear to be large differences between practices. For example, a figure of 3.18 or more face-to-face GP consultations per patient per year is the average for England.<sup>4</sup> However, in our practice this is 1.96.<sup>5</sup> This difference has big implications for the reception system and for all doctors within a practice. For example, for an average-sized practice of 8000 patients, a decrease in the annual consultation rate of 0.5 per patient per year means 4000 fewer appointments. This equates to at least 250 fewer surgeries; that is, around five per week and probably one less part-time doctor.

NHS Digital has recently started to collect data from a large proportion of GP practices including the number of consultations and did-not-attends, but only at the level of clinical commissioning group, not at practice level. These data are publicly

available but as yet are not used to their full potential.

### DURATION OF FACE-TO-FACE GP CONSULTATIONS

Longer consultations are better for patients as they are significantly more patient centred.<sup>6</sup> Patients perceived doctors as being 'less tense' and 'more relaxed' in longer consultations.<sup>7</sup>

There are great differences between general practices in the length of time patients receive in GP consultations, from 9.4 minutes on average as reported by Hobbs *et al*<sup>4</sup> to over 15 minutes in a growing minority of practices.<sup>5</sup>

### MEASURING CONTINUITY OF CARE RECEIVED BY PATIENTS IN GENERAL PRACTICE

A recent systematic review showed that continuity of care with doctors was associated with reduced mortality,<sup>8</sup> and Barker *et al*<sup>3</sup> showed that continuity was reduced in larger group practices. This came after much research showing at least eight substantial benefits from continuity of care.<sup>9</sup> So, measuring the level of continuity of doctor care has become a priority. There are several ways to do this, but the most used, the Usual Provider Continuity (UPC), only measures the provider most often seen and not the personal doctor, and may count a locum or a GP registrar as the index doctor. Sidaway-Lee *et al*<sup>5</sup> report an alternative method of measuring continuity known as the St Leonard's Index of Continuity of Care (SLICC) and suggest this is the simplest method for use in service general practices. This can be calculated from GP computer systems in common use, for a whole practice, individual doctor's list, or other specific patient group.

All NHS general practice patients have a

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named GP. Personal list practices go further and provide a doctor who takes personal responsibility for the patients on their list. Measuring the proportion of patients who actually see their personal or named doctor when they consult is now logical.

From a GP perspective, it also makes sense to count the proportion of a GP's appointments that are with the patients on their own list/for whom they are named doctor. We term this the 'own patient ratio' and this can be commonly >80% even in practices with part-time GPs and offering same-day appointments.

#### NUMBER OF APPOINTMENTS PROVIDED PER WEEK

The number of appointments provided each week or month is an important statistic in every general practice and it is helpful to know the number of telephone consultations also. These data should be reviewed regularly in light of the annual consultation rate.

#### PATIENT TIME TO GET AN APPOINTMENT

What matters to patients is how easy it is to make an appointment, particularly with the GP of their choice. This is conveniently counted in days and is another of the core management statistics. It is important that practices should have objective data that they have measured.

#### OVERVIEW

With advances in digitalisation and data availability, statistics like these will be increasingly valued. NHS England should ideally have these overall management data as well, nationally and regionally, to enable them to take a national view of general practice and monitor the real impact of new policies.

These eight measures are all currently possible and in use in some practices. They take 2 hours a week of staff time in our practice plus how ever much time the managers and partners take to reflect on the data. It would be helpful if the NHS could commission the main providers of general practice computing systems to make them more easily available to practices. They give staff in general practices an overview of what is actually happening and, in particular, how things are changing over time. We find them of great interest and use in day-to-day general practice.

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