



Fort House Surgery
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Managing Access and Patient Demand Policy

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1 Introduction

1.1 Policy statement

This policy outlines how Fort House Surgery will support patients in providing safe, timely and flexible access, ensuring all patients inclusively can access the services provided when they need to.

1.2 Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](#). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

2 Guidance

2.1 Understanding access

[CQC GP Mythbuster 77: Access to GP services](#) explains that access is categorised into three key areas:

- Physical access
- Timely access
- Choice

This organisation will strive to offer good access as defined in [CQC GP Mythbuster 77](#) and will monitor both staff and patient feedback to ensure any concerns are acknowledged and suggestions for improvements considered.

2.2 Practice opening hours

At this organisation, essential services and agreed additional services are provided during the core hours of 8.00 am to 6.30 pm Monday to Friday excluding bank holidays.

Out of hours services are provided between 6.30 pm and 8.00 pm weekday evenings and at weekends through 111.

It should be noted that the GMS contract does not require the practice to make a GP available in person to provide routine services to patients throughout the core hours. Therefore, the practice would not be in breach of its contract if it closed for some time during



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these core hours. The contract does advise that, should the practice be closed during core hours, then the practice is to make arrangements to meet the reasonable needs of patients to deliver essential medical services.

2.3 Access standards

As outlined in [CQC GP Mythbuster 77](#), timely access includes the types of appointment available. This organisation aims to always offer patients a choice of appointment; this can be face-to-face, telephone call, text or email communication. Patients should be signposted to the correct clinician, considering the professional's skill mix.

Furthermore, staff at this organisation are to advise patients to re-book with the same clinician for continuity of care purposes. Further detailed guidance is available within the organisation's [Continuity of Care Policy](#).

2.4 Accessible Information Standard

At this organisation, there is an expectation from the CQC that services will be available and provided in accordance with [CQC GP Mythbuster 20: Making information accessible](#).

Further reading can be sought from the organisation's [Accessible Information Standards Policy](#).

2.5 Meeting the needs of population groups

[CQC GP Mythbuster 90: Population groups](#) details a range of population groups that the CQC may assess to determine how well this organisation is meeting their specific needs. However, it is acceptable for this organisation to categorise these groups differently and add further groups to serve the local population effectively. It is imperative that this organisation provides services that reflect the needs of the population served.

2.6 Demand and capacity

NHS England explains that building data collection and data analysis capabilities provides practices with the skills to understand demand and capacity. This organisation will use the how to align capacity with demand in general practice guidance, accessible via [Connect on FutureNHS](#) (login required).

Alternatively, this organisation may use the [EMIS Apex](#) analytics platform to better understand demand and capacity activity.

2.7 Access to online services

At this organisation, patients can access online services enabling them to:

- Order repeat prescriptions
- View their health record
- Review communication between this organisation and other services
- Request and cancel appointments



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Details of the organisation's online health services provider are available on the organisation's website. NHS England provides advice for patients regarding [online health and prescription services](#).

2.8 Appointments

This organisation will offer the following types of appointment:

- A blended approach of face to face and telephone consultations
- Home visits – (see home visiting policy)
- Group appointments for long-term conditions where appropriate

The [CQC](#) does not advise the ratio for the number of appointments this organisation should offer; this is dependent on the needs of the patient population. However, this organisation must also consider skill mix and staffing models that are appropriate to meet patient needs.

The introduction of 15-minute appointments allows improved decision making and case management and should reduce the administrative burden outside clinic times by facilitating more activity within the appointment. As patients increasingly present with more complex conditions, longer consultation times are necessary to ensure safe and high-quality patient care.

[The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2023](#) (s10.4) states that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Therefore, staff at this organisation must not request that patients call back or contact the practice later.

2.9 Support for specific patient cohorts

This organisation will adhere to the following guidance regarding specific patient cohorts to ensure they receive the necessary level of support and access to timely care:

- [GP Mythbuster 29: Looking after homeless patients in General Practice](#)
- [GP Mythbuster 36: Registration and treatment of asylum seekers, refugees, and other migrants](#)
- [GP Mythbuster 93: Caring for veterans and their families](#)

2.10 Child who contacts the organisation to make an appointment

Should a child contact the organisation and ask to make an appointment, the staff member receiving the call is to consider both the age and competence of that child. Often it may be appropriate for the child to do so but, should there be any concerns, such as:

- The child seems to be too young, or
- What they are asking for is inappropriate, or
- The staff member feels that this may be a safeguarding concern

then this is to be discussed with the Safeguarding Lead.



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For further information, see the organisation's [Safeguarding Policy](#) and also CQC [GP Mythbuster 8: Gillick competency and Fraser guidelines](#).

2.11 Managing frequent attenders

Should there be a noticeable rise in the number of frequent attenders, it may be pertinent for staff at this organisation to completed the [Managing Frequent Attenders programme](#). This training will help staff to work with frequent attenders and understand their complex needs and direct them to the most appropriate service.

2.12 Monitoring access

This organisation will ensure that there are robust systems in place to monitor access, including audit, patient feedback, trends in complaints relating to access and patient outcomes. The following guidance can be used to support monitoring:

- [Appointments in General Practice – NHS Digital](#)
- [GP Data Hub](#)
- [GP Patient Survey](#)
- [NHS England Improving GP appointment data](#)

For further information, see the organisation's [Quality Assurance and Clinical Audit Policy](#).

Furthermore, this organisation may seek the support of the Patient Participation Group to gather feedback and encourage suggestions for change to enhance access. For further information, see the organisation's [Patient Participation Group \(PPG\) Policy](#).

2.13 Care navigation

This organisation provides appropriate care navigation training to all staff enabling them to direct patients to the most appropriate healthcare resource so that they receive the required level of care, where they need it and when they need it.



Care Navigation – An introduction eLearning is accessible in the [HUB](#).

2.14 Pharmacy First

The Pharmacy First service enables patients to obtain certain prescriptions and medications directly from a pharmacy. It includes the supply of appropriate medicines for [seven common conditions](#), thereby offering patients a more convenient way to access healthcare. Additional information can be found in the following NHS England resources:

- [Find a participating pharmacy](#)
- [Pharmacy First service documents](#)
- [Launching the service](#)



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This organisation will promote the use of the Pharmacy First service by means of advertising on the organisation website and through posters in waiting areas.

2.15 Direct booking by NHS 111

NHS 111 has the capability to directly book GP appointment slots to a maximum of one appointment per 3000 patients. It is for this organisation to re-triage these patients and decide how to manage them.

NHS Digital provides detailed advice on [GP Connect: Appointment Management](#).

2.16 Locum staff

There may be a requirement for this organisation to utilise locum staff to meet patient need. Further information can be found in the organisation's [Locum Policy](#).

2.17 Reducing inequalities in access

As outlined in [CQC GP Mythbuster 61: Patient registration](#), general practice can play an active role in improving population health and is in a key position to tackle health inequalities. This organisation will be proactive, responsive and inclusive to patient needs.

To ensure inclusivity, this organisation will adhere to the NHS England [Reducing inequalities in access to general practice services guidance](#).

Furthermore, to ensure patients do not face digital exclusion, this organisation has implemented a [Digital Inclusion Policy](#) which outlines an approach to overcome the barriers to digital exclusion.