

# Guidance for Meeting the GP Access Needs of Patients from Inclusion Health Groups

This document aims to support general practices and Primary Care Networks (PCNs) to meet the access needs of patients from Inclusion Health groups. The guidance has been drawn together following a review of publications from statutory organisations (NHSE&I/CQC/NICE/BMA), voluntary and third sector organisations (DOTW/Groundswell/Pathway), and after incorporating expert opinion from inclusion health specialists.

The term “Inclusion health groups” refers to people who face the most acute impact of health inequality and who are most marginalised and includes people experiencing homelessness (including those in temporary accommodation/insecurely housed, not just rough sleepers), vulnerable migrants (asylum seekers, undocumented migrants), sex workers, people from Gypsy, Roma and Traveller communities and those in contact with the criminal justice system among others.

Having an inclusion health focus may mean reallocating finite and overstretched general practice resources to meet this need, but the population health outcomes of ensuring access to GP care for this population are numerous. General practice managers and clinicians could be empowered to **clinically** prioritise access demands to achieve the best population health outcomes focusing on proportionate universalism within the limited resources available to them. This may require ICS and wider support.

The guidance is divided into three sections:

- **Expected standards for practices:** these include the expected standards as articulated by NHSE&I and CQC. These are presented in one easy read table which summarises what is expected of practices concerning access for inclusion health populations.
- **Good practice recommendations for practices:** these recommendations constitute evidence-based advice, expert recommendations and guidance from organisations working in inclusion health. Practices are not currently measured on or expected to achieve these standards by

V1.0 23/06/22

This guidance has been produced as part of a research project on the impact of remote ways of working on GP access for inclusion groups. Researchers: Dr Aaminah Verity (Senior Research Clinical Fellow) and Dr Victoria Tzortziou Brown (Principal Investigator), Institute of Population Health, Queen Mary University of London. The study is funded by the Public Participation Department, NHS England and Improvement, and is being delivered in collaboration with Pathway, Groundswell and Healthwatch.

CQC or NHSE&I but achieving these recommendations would result in significantly improved access for inclusion health populations and is feasible in most cases within currently available resources.

- **Aspiring to excellence for inclusion health populations:** Implementing these recommendations may require restructuring of appointment and triage systems and may be easier at PCN level. Implementation may require strategic reallocation of resources with consequent implications for staff and patients. These recommendations may not be currently achievable due to capacity and staffing challenges and under-resourcing within general practice. PCNs and practices in areas of high deprivation and high representation of inclusion health populations may want to consider starting conversations with local commissioners on whether additional resources can be released to achieve these recommendations.

V1.0 23/06/22

This guidance has been produced as part of a research project on the impact of remote ways of working on GP access for inclusion groups. Researchers: Dr Aaminah Verity (Senior Research Clinical Fellow) and Dr Victoria Tzortziou Brown (Principal Investigator), Institute of Population Health, Queen Mary University of London. The study is funded by the Public Participation Department, NHS England and Improvement, and is being delivered in collaboration with Pathway, Groundswell and Healthwatch.

<b>Type of Guidance</b>	<b>Website</b>	<b>Making Appointments</b>	<b>Registration</b>	<b>Accessibility</b>
<b>Expected standards for practices</b>	Must have an up-to-date web page and nhs.uk GP profile page <sup>1</sup>	25% of practice appointments should be bookable online <sup>1 2</sup>  (This is a requirement from NHSE although we feel this may be unachievable in some practices)	GP practices should register all patients unless their list is closed or there are reasonable grounds for refusal. These should not include a lack of ID, proof of address, immigration status or any protected characteristic <sup>3 4 5 6 7</sup>	Practices should use communication methods based on the person's preferences and abilities, for example, phone call, text message, email, letter, face to face <sup>6</sup>
	Opening hours of practice should be clearly visible <sup>8, 9</sup>	Patients should be offered a choice of face to face or remote appointment <sup>10 8</sup>	Practices should offer support to fill out registration forms for those who need it <sup>6, 11, 12</sup>	Reasonable adjustments should be made to provide professional interpreting and translation services reflective of the practice population's dominant languages. There should be evidence that the practice is responding to the accessibility needs of its population: e.g., translators, leaflets in different language etc <sup>13 14 15 16 17 6 8</sup>

V1.0 23/06/22

This guidance has been produced as part of a research project on the impact of remote ways of working on GP access for inclusion groups. Researchers: Dr Aaminah Verity (Senior Research Clinical Fellow) and Dr Victoria Tzortziou Brown (Principal Investigator), Institute of Population Health, Queen Mary University of London. The study is funded by the Public Participation Department, NHS England and Improvement, and is being delivered in collaboration with Pathway, Groundswell and Healthwatch.

	Methods to make appointments should be clearly laid out <sup>1, 8, 16, 13</sup>	Practices should have a system that identifies and prioritises those with most urgent clinical needs <sup>8 9 13</sup>	Whilst full registration process is underway to allow immediate and necessary clinical care, temporary registration should be suggested <sup>3</sup>	Practice materials should meet NHS accessibility standards <sup>18, 19 6 11</sup>
	The practice website should meet NHS accessibility standards <sup>18, 19</sup>	Patient's privacy should be respected both at reception and in clinical rooms <sup>13 11</sup>	Practices should offer to use a proxy address/address of the practice if patients have no fixed address or do not want to share their address <sup>4 11</sup>	Practices should support/promote the use of an advocate for the patient if one is available, while being alert to the possibility of exploitation, coercive control <sup>11 13</sup>
	Practices should have an online consultation tool which is easily accessible through their website <sup>1, 20</sup>		Patients should be offered referral to a specialist homelessness service, if appropriate and available, but if they decline, they should be registered at the practice unless there are reasonable grounds not to. <sup>4</sup>	
	It should be clear how to use the online consultation tool <sup>13</sup>			

V1.0 23/06/22

This guidance has been produced as part of a research project on the impact of remote ways of working on GP access for inclusion groups. Researchers: Dr Aaminah Verity (Senior Research Clinical Fellow) and Dr Victoria Tzortziou Brown (Principal Investigator), Institute of Population Health, Queen Mary University of London. The study is funded by the Public Participation Department, NHS England and Improvement, and is being delivered in collaboration with Pathway, Groundswell and Healthwatch.

	Patients should be able to order and manage prescriptions online <sup>20,21</sup>			
	There should be information for inclusion health groups about their rights to health and social care services <sup>6</sup>			
<b>Good practice recommendations for practices</b>	There should be some signposting to support services appropriate for the local population <sup>11,12</sup>	There should be options for making appointments for those who do not have telephone or internet access e.g. walking into the practice to request appointments <sup>11 8</sup>	Practice access policies should work to mitigate the combination of barriers to GP registration and provide staff training in equity of registration. <sup>8</sup>	Practice staff should become familiar with common cultural practices found in the practice population, and develop protocols to accommodate for these. Often practice staff are from the local population and may have great insights to offer management. <sup>11 12</sup>

V1.0 23/06/22

This guidance has been produced as part of a research project on the impact of remote ways of working on GP access for inclusion groups. Researchers: Dr Aaminah Verity (Senior Research Clinical Fellow) and Dr Victoria Tzortziou Brown (Principal Investigator), Institute of Population Health, Queen Mary University of London. The study is funded by the Public Participation Department, NHS England and Improvement, and is being delivered in collaboration with Pathway, Groundswell and Healthwatch.

	How to access help out of hours should be easily visible	It should be clear that the practice is open during opening hours when visiting the practice with easy to understand instructions on how to enter the premises if the door is not kept open	All patients must be registered at first consultation. Ideally and usually, this should be full registration, unless the person is already registered with another GP practice, in which case temporary registration is acceptable. <sup>11,12</sup>	Patients should be asked whether they consent to communication between practice staff and support workers/advocate etc. and it should be made clear to patients they have the right to withdraw consent
	Details of how to register should be available on the practice website	For remote and triaging appointments patients should be made aware of the process for receiving a call back. e.g. a clear contact time for a call back aiming within 2 hour window, number maybe private/withheld and how to contact the practice if they miss the call. <sup>8</sup>	If practices refuse a registration this should be recorded and the refusal, explaining the reasons, should be communicated in writing to the patient at the time of the refusal <sup>11 12</sup>	
		The system for booking appointments should be flexible and not involve fixed contact times e.g. only between 8-10am. <sup>8</sup>	Staff training / sharing of guidance to ensure registration guidance is adhered to consistently regardless of which member of the team is supporting registration on a given day	

V1.0 23/06/22

This guidance has been produced as part of a research project on the impact of remote ways of working on GP access for inclusion groups. Researchers: Dr Aaminah Verity (Senior Research Clinical Fellow) and Dr Victoria Tzortziou Brown (Principal Investigator), Institute of Population Health, Queen Mary University of London. The study is funded by the Public Participation Department, NHS England and Improvement, and is being delivered in collaboration with Pathway, Groundswell and Healthwatch.

		Practices should have information available to share with patients at registration on how to make appointments/ and consider how this information is reaching patients	The reception team should have access to expert support within the practice/PCN to deal with registration queries (e.g senior receptionist, practice manager or partner)	
		The triage system should identify those who have complex needs or may be vulnerable and tailor the practice`s response to their needs. Triageing should identify those for whom remote consultation is unsuitable either due to clinical or social reasons	The registration of new patients should be a shared responsibility and the practice policy should be kept up to date and covered at induction of new staff	
<b>Aspiring to excellence for inclusion health populations</b>	There should be a validated symptom checker and self-care health information (although this is suggested by NHSE/I we are aware there is no consensus on which checker is validated) <sup>20</sup>	Practices should make adjustments and be flexible and accommodating to overcome the barriers some patients face  E.g. walk-in appointments, longer appointments, flexible appointment times and flexible appointment booking <sup>22 6 4 11 8 13</sup>		Practices should have enough capacity to ensure that calls to the practice can be answered in a timely manner or a call waiting/call back system should be used. To avoid barriers for those with pay as you go phones, low battery life etc <sup>17</sup>

V1.0 23/06/22

This guidance has been produced as part of a research project on the impact of remote ways of working on GP access for inclusion groups. Researchers: Dr Aaminah Verity (Senior Research Clinical Fellow) and Dr Victoria Tzortziou Brown (Principal Investigator), Institute of Population Health, Queen Mary University of London. The study is funded by the Public Participation Department, NHS England and Improvement, and is being delivered in collaboration with Pathway, Groundswell and Healthwatch.

		Once a patient has been identified as having complex needs/vulnerability there should be a system for flagging this to clinical and reception staff at every interaction		Practice staff should receive training on trauma informed approaches and de-escalation practices.
--	--	--	--	---

**Note: Please note that this is a working document and is under review. If you have any comments or suggestions on its content, please contact Dr Aaminah Verity: [a.verity@qmul.ac.uk](mailto:a.verity@qmul.ac.uk)**

With warm thanks to all those who contributed so generously of their time and expertise to develop this first version. We would particularly like to acknowledge the following contributors to this first version:

- Dr Claire Wilson, Homeless health program manager, NWL CCG
- Dr Nigel Hewett, Medical Director, Pathway
- Rachel Brennan, Groundswell
- Dr Rhiannon England, East London ICS
- Dr Lisa Harrod- Rothwell, LMC/ Doctors of the World
- Elliott Singer
- Joanna Dawes, UCL Collaborative Centre for Inclusion Health
- David Groom, HLP
- Ella Johnson, GLA/Doctors of the World
- Dr Beatrice Foster, Haringey GP Federation Homeless Lead
- Dr Jasmin Malik, co-clinical lead, Homeless health programme, HLP
- Dr Caroline Shulman, co-clinical lead, Homeless health programme, HLP
- Sandra Tejero, HLP
- Atiyah Patel, HLP
- Rachel Burns, UCL
- Samantha Dorney-Smith, Pathway

V1.0 23/06/22

This guidance has been produced as part of a research project on the impact of remote ways of working on GP access for inclusion groups. Researchers: Dr Aaminah Verity (Senior Research Clinical Fellow) and Dr Victoria Tzortziou Brown (Principal Investigator), Institute of Population Health, Queen Mary University of London. The study is funded by the Public Participation Department, NHS England and Improvement, and is being delivered in collaboration with Pathway, Groundswell and Healthwatch.

## References:

1. NHS England and NHS Improvement. Letter: General practice contract arrangements in 2022/23. Published 2022. <https://www.england.nhs.uk/publication/letter-general-practice-contract-arrangements-in-2022-23/>
2. NHS England. A five-year framework for GP contract reform to implement The NHS Long Term Plan. Published 2019. <https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>
3. British Medical Association. Patient registration. Published 2022. <https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/patient-registration>
4. Care Quality Commission. GP mythbuster 29: Looking after homeless patients in General Practice. Published 2021. <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-29-looking-after-homeless-patients-general-practice>
5. Care Quality Commission. GP mythbuster 36: Registration and treatment of asylum seekers, refugees and other migrants. Published 2021. <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-36-registration-treatment-asylum-seekers-refugees-other>
6. National Institute of Clinical Excellence (NICE). Integrated health and social care for people experiencing homelessness NICE guideline [NG214].
7. NHS England. Patient Registration Standard Operating Principles for Primary Medical Care (General Practice). Published 2015. Accessed July 23, 2022. <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/04/patient-registration-standard-operating-principles-nov-2015.pdf>
8. Healthy London Partnership. *London General Practice Access Guide.*; 2021. <https://www.healthylondon.org/our-work/primary-care/gp-access/hlp-london-general-practice-access-guide-v6/>
9. Care Quality Commission. GP mythbuster 55: Opening hours. <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-55-opening-hours>
10. NHS England. Improving Access to General Practice - National slidepack. Published 2017. <https://www.england.nhs.uk/publication/improving-access-to-general-practice-national-slidepack/>
11. Pathway, Faculty for Homeless and Health Inclusion, Commission Care Quality. GP Reception Standards for Primary Care. Accessed August 17, 2020. <https://www.pathway.org.uk/wp-content/uploads/2017/02/GP-reception-standards-for-primary-care-v10.pdf>
12. The Faculty for Homeless and Inclusion Health. Homeless and Inclusion Health standards for commissioners and service providers Version 3.1. Pathway. Published 2018. <https://www.pathway.org.uk/wp-content/uploads/Version-3.1-Standards-2018-Final.pdf>
13. Care Quality Commission. Regulations for service providers and managers. Published 2021. <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers>
14. Care Quality Commission. GP mythbuster 20: Making information accessible. Published 2021. <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-20-making-information-accessible>
15. British Medical Association. GP access: meeting the reasonable needs of patients. <https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/gp-access-meeting-the-reasonable-needs-of-patients>
16. NHS England and NHS Improvement. Improving access to general practice. <https://www.england.nhs.uk/gp/improving-access/>

V1.0 23/06/22

This guidance has been produced as part of a research project on the impact of remote ways of working on GP access for inclusion groups. Researchers: Dr Aaminah Verity (Senior Research Clinical Fellow) and Dr Victoria Tzortziou Brown (Principal Investigator), Institute of Population Health, Queen Mary University of London. The study is funded by the Public Participation Department, NHS England and Improvement, and is being delivered in collaboration with Pathway, Groundswell and Healthwatch.

17. Care Quality Commission. What standards you have a right to expect from the regulation of your GP practice.
18. Adams C, Campbell A, Montgomery R, Cooper M, Kirkpatrick A. Web Content Accessibility Guidelines (WCAG) 2.2. Published 2021. <https://www.w3.org/TR/WCAG22/>
19. Gov.uk Service Manual. Accessibility and assisted digital Understanding WCAG 2.1. Published 2018. <https://www.gov.uk/service-manual/helping-people-to-use-your-service/understanding-wcag>
20. NHS England and NHS Improvement, BMA. Supporting General Practice in 2021/22. Published online 2021. <https://www.england.nhs.uk/publication/supporting-general-practice-in-2021-22/>
21. British Medical Association. Previous GP contracts in England.
22. Care Quality Commission. GP mythbuster 90: Population groups. Published 2021. <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-90-population-groups>

V1.0 23/06/22

This guidance has been produced as part of a research project on the impact of remote ways of working on GP access for inclusion groups. Researchers: Dr Aaminah Verity (Senior Research Clinical Fellow) and Dr Victoria Tzortziou Brown (Principal Investigator), Institute of Population Health, Queen Mary University of London. The study is funded by the Public Participation Department, NHS England and Improvement, and is being delivered in collaboration with Pathway, Groundswell and Healthwatch.