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Access to general practice services in England has been a prominent theme in recent issues of the BJGP. Simpson and colleagues outlined the historical context of current policy to extend practice opening hours in the evenings and at weekends. Campbell and Salisbury examined the conceptual foundations of access to health care. Ford and colleagues reported empirical work on patient preferences for additional opening hours, while Scantlebury and colleagues modelled general-practice-level determinants of emergency department visits. We extend this discussion below, focusing on the UK government’s controversial commitment for all patients in England to be offered GP appointments 7 days a week by 2020.

**POLITICAL CONSIDERATIONS**

Language used by the government when referring to its commitment to extend opening hours, in addition to that used for its wider political strategy, provides one means of analysing this policy. Relevant government press releases often refer to people with busy work and family lives who struggle to fit in GP appointments; the latest mentioned ‘7-day GP services for hardworking families’ and offering ‘hardworking taxpayers and families the security of care they need’. In April 2015, at the launch of the Conservative Party manifesto for the last UK general election, David Cameron declared the Conservatives to be ‘the party of working people’. In October 2015, after being re-elected as Prime Minister, he repeated this position at the Conservative Party conference: ‘The party of working people, the party for working people — today, tomorrow, always.’ The consistent rhetoric, highlighting a focus on the employed, is one sign that the policy to extend opening hours cannot be divorced from wider political activity.

The timing, source, and place of the government’s statements on this policy issue are also revealing. The Prime Minister, rather than the Department of Health or NHS England, has often made the major relevant announcements. These have taken place, for example, at the Conservative Party annual conferences in September/October 2013, 2014, and 2015. The first commitment in the Conservative Party election manifesto read, ‘We will continue to increase spending on the NHS, provide 7-day a week access to your GP and deliver a truly 7-day NHS.’

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**THEORETICAL CONSIDERATIONS**

The traditional account of definitions in philosophy literature states that the meaning of a term in a proposition is revealed by the empirical observations needed to verify the proposition as true or false. We cannot infer the practice’s opening times solely from the proposition that the patient was ‘able to access care’ in that practice on their last attempt. Equally, we cannot infer the practice’s opening times from the government’s statements on this policy.

We can, however, infer whether a patient was able to access care on a given attempt by observing whether they then received care from their general practice. This reveals how we understand ‘access’ in common language and therefore its meaning. Opening times are better seen as a practical determinant of the probability that a patient is able to access care on a specific attempt, and a determinant of when care can be received. Because access and opening hours are theoretically distinct, their true relationship must be determined empirically.

**EMPIRICAL CONSIDERATIONS**

The national evaluation of the first GP Access Fund pilot schemes did not validly test their impact on patients’ access to care or their attitudes towards opening times.

“One concern is that opening hours have been conflated with access itself by many policymakers, without valid theoretical reason.”
One unanswered question is the amount by which opening hours should be extended, and when, to achieve the expected benefits for patients. Despite these being key outcome measures for the schemes,6,7 in general, the evaluation was limited by poor data quality and the absence of rigorous methods designed to estimate the interventions’ causal effects. Caution therefore has to be taken over some claims made by the evaluation, such as a 15% reduction in certain types of emergency department visits. Any effect estimate is unlikely to represent the effect of implementing the interventions nationally, because the pilot schemes are a self-selected group that may not stand benefit the most. Many interventions have been trialled simultaneously or introduced progressively, so the independent effects of extended opening hours are also difficult to estimate. The evaluation reported that medium-sized pilots provided, on average, around 41 minutes of extended hours per week per 1000 patients.8 This is not a large change to opening hours and the scope for some benefits would therefore seem limited.

The government has used several rationales to justify its policy to extend opening hours. This is often the frame to trial new interventions; pilot schemes are accountable for all care provided for a national population under a capitated budget.9 From this perspective, extending general practice opening hours is just one intervention among wider change. It is, however, an intervention that the public can immediately grasp and intuitively favour. As such, it is now also a manifesto commitment for the Secretary of State to deliver.

Table 1. Responses to the question ‘Is your GP surgery currently open at times that are convenient for you?’ in the GP Patient Survey 2013–2014, by employment category

<table>
<thead>
<tr>
<th>Employment category</th>
<th>Question response, n%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not working*</td>
<td>28 936 (8.6)</td>
<td>337 753</td>
</tr>
<tr>
<td>Can take time off work to see GP</td>
<td>66 213 (22.3)</td>
<td>297 263</td>
</tr>
<tr>
<td>Cannot take time off work to see GP</td>
<td>62 911 (44.2)</td>
<td>142 415</td>
</tr>
<tr>
<td>Total</td>
<td>158 059 (20.3)</td>
<td>777 430</td>
</tr>
</tbody>
</table>

Data were missing for 7.9% of responses; responses of ‘Don’t know’ are excluded from the table (6.6% of weighted responses). Full-time education, unemployed, sick or disabled, retired, looking after home, other. Responses are weighted to account for survey design and non-response (by age, sex, geographical location, general practice, and other variables) to increase national representativeness.10

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