

# Caja Case Study

## South Staffordshire Clinical Commissioning Group

### Application of Behavioural Science in Primary Care



## 01. CHALLENGE

There is a growing body of evidence that Primary Care – the backbone of the NHS – is experiencing unsustainable growth in demand, presenting risks to patient experience and safety as well as to the wellbeing of GPs and other Primary Care staff. A 2016 survey of more than 5,000 GPs by the BMA indicated that 84% of GPs believe that current workload pressures are having a direct impact on the quality and safety of the care they deliver to patients. Additionally, the Commonwealth Fund 2015 International Survey of General Practitioners revealed some alarming statistics:

*'GPs in the UK report higher levels of stress and lower satisfaction than primary care doctors in other countries, with 59% of GPs in the UK describing their job as extremely or very stressful'*

Working with key clinicians and staff from South Staffordshire CCG we developed a working hypothesis that some of the demand being experienced in primary care was being inadvertently generated from the practices themselves based on the way that they interacted with patients. Our hypothesis suggested that the concepts of Behavioural Science successfully used in a number of sectors and industries could influence the behaviours of both clinicians and patients.

## 02. SOLUTION

We worked with two large GP practices in Staffordshire to trial an approach to influencing patient demand and make better use of practice resources. During our initial data gathering phase we observed:

- Over 160 clinical consultations
- Over 200 reception contacts
- Analysis of 1 year's demand data from EMIS

We found that most interaction with patients is fairly traditional. Our conclusions were that practices are inadvertently reinforcing the expectations of patients and demand patterns that don't maximise the opportunity that new models of care offer. The very subtle verbal cues when 'safety netting' coupled with traditional thinking about how to navigate patients differently, appeared to be counter the achievement of better productivity and outcomes.

We identified 3 areas of focus and co-designed some simple initiatives in the practices using the basic principles of Behavioural Science or 'Nudge Theory':

- **Patient First Point of Contact** – using a range of nudge techniques to influence how patients interact with the practice, setting different expectations and creating new social norms to maximise new workforce models and reduce the cost of DNAs.
- **Patient & Clinician Interactions** – subtle changes to language and messaging, particularly during safety netting and closing consultations to ensure expectations aren't inadvertently set that drive inappropriate demand.
- **Physical Environment & Signage** – maximizing flow through the practice physical space where possible and ensuring consistency of messaging through posters, information leaflets and campaigns with messaging at first point of contact and during consultations.

**For further information on this or any other case study, please contact us on:-**

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## 03. OUTCOME

Initiatives were trialled for 6 months and found to be simple and cheap to implement with a focus on working with staff and making simple changes quickly and observing the results, adjusting as required. Analysis of EMIS data based on the trial period demonstrated:

- Increased overall practice utilisation of available appointments by 0.5% (Utilising circa 50 more appointments per year).
- Reduced DNAs by 1% (Equivalent to recovering £50,000 in lost clinical time per year)
- Increased use of alternative appointment types with new clinical roles
- Further opportunities for improvement identified

