Modern General Practice Access - Approaches from the Wakefield District

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AT A GLANCE

The core purpose of Modern General Practice Access (MGPA) is to align practice capacity (people, skills, time, and systems) more closely with patient demand patterns, so that patients are seen by the right person, in the right place, at the right time. It does this through multiple access channels, structured information gathering at the first point of contact with the patient, systematic care navigation, and the practice involvement of multi-professional teams that are supported by digital and telephony improvements.

NHS
Ossett Surgery
Providing NHS services

"Access was inconsistent, and patients frequently had to call multiple times to secure an appointment. This led to difficult conversations and, at times, abusive interactions. Our goal was clear: create faster, fairer access for patients while giving staff a more empowering role."

**Mark Donaldson,
Business Manager, Ossett Surgery**

INTRODUCTION

As of October 1, 2025, all GP practices in England have been required to keep their online consultation tools available during core hours, removing the pressure of a single morning rush for appointments.

Local Approaches to MGPA Implementation

Across Wakefield, practices are under pressure from rising demand, patients with complex needs, and expectations for faster, fairer access.

The Modern General Practice Access (MGPA) model sets out smarter capacity use so patients are prioritised by need rather than order of contact. Within this context, two Wakefield practices – Ossett Surgery and King's Medical Practice – have implemented differing models of Modern General Practice Access. Each faced access problems familiar across the district - 8am bottlenecks, long waits, and complaints about getting through or seeing the right person. In response, they developed their own approaches to meet the demands of MGPA.

AIMS AND DRIVERS

Both practices set out to improve timely, equitable access, protecting staff wellbeing whilst aligning with local Wakefield priorities.

Ossett's explicit goals were to eliminate repeated calling, halve waits, and ensure every contact lead to a clear outcome, providing fair and consistent access across phone, online, and walk-in routes.

King's aimed to replace the existing, inconsistently applied Wakefield model of care navigation with a safe, clinically developed evidence based in-built system for non-clinical care navigators. This would reduce avoidable GP appointments, improve patient experience, increase clinical skill mix and ensure that patients would see the right clinician at the right time

IMPLEMENTATION APPROACH

Ossett followed a project-managed approach from May to October 2025, with weekly multi-disciplinary meetings, nearly 500 logged actions, full mapping of inbound workstreams, and a phased test → scale → launch plan. The team carried out small-scale testing, and ramped up over the summer. They used rapid access meetings and digital transformation support to refine flows before full go-live.

King's invested 12 months developing protocols in SystmOne; completing clinical pathways via a cycle of drafting and repeated refinement based on staff feedback and data insights. This was done within a robust governance structure to develop a rolling programme of pathway implementation. A successful pilot period enabled the utilisation of over 140 pathways.

TRAINING, WORKFORCE AND CULTURE

At Ossett, all staff received group training with role-specific breakout sessions and optional one-to-one support, plus buddy systems and daily low-level testing to build upon skills. A Clinical Assessment Team and Patient Care Navigators were established, and training focused on both technical and communication skills under the "Kind, Compassionate Care" ethos.

King's expanded and upskilled reception and admin teams to develop risk-aware questioning and red-flag recognition. Average call duration rose from about 2.5 to 3.5 minutes, reflecting more thorough first-contact assessments that clinicians trust.

USE OF DIGITAL TOOLS AND DATA

Ossett's model relies on online consultation tools integrated with cloud telephony to ensure all requests are captured and triaged consistently. This has reduced repeated calls and eased the 8am surge. The practice used data on call volumes, waiting times, patient satisfaction, and route of access to refine capacity and confirm that outcomes (such as faster response and reduced complaints) were being achieved.

King's built an internal "visualisation" to support a quick access symptoms dashboard for care navigators in SystmOne. This also included a customised suite of reports to track demand, triage outcomes, show signposting rates (including Pharmacy First), and capacity utilisation. The approach was supported by formal clinical risk management, SOPs, and training logs.

GOVERNANCE, EQUITY AND PATIENT VOICE

Ossett embedded an Equality Impact Assessment from the outset that explicitly considered age, disability, deprivation, and other protected characteristics. This led to the designing of multiple adjustments creating a truly equitable model. Communications were accessible (subtitles, audio-visual resources, SMS, and in-person support), and targeted engagement ensured digitally excluded groups, including residents in assisted accommodation, were reached.

King's worked with its Patient Participation Group to review care navigation options, explain why receptionists ask clinical questions and the redesign of the reception space to address privacy concerns. They also supported patient awareness of alternatives like telephone and online contact.
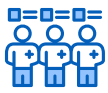
MODEL OF ACCESS AND TRIAGE

Model of access at Ossett

Ossett now offers a single, consistent triage process for all requests received by phone, online, or walk-in, supported by online consultations and cloud telephony.

Patients contact the practice once. Structured information is captured, and requests are streamed to same-day, routine, or alternative services based on clinical need rather than first-come, first-served. The approach is built around multiple access routes, clear streaming flows for all inbound workstreams, and a Clinical Assessment Team that can handle acute queries within defined timeframes.

Model of access at King's

King's Medical Practice created an in-house triage and care navigation system in SystmOne, using structured protocols and NICE CKS-aligned pathways so reception staff can safely gather clinical information and signpost to Pharmacy First, self-care, or clinicians.

All access channels ultimately feed the same triage logic, with appointment slots grouped by urgency (same day, 1-7 days, 8-14 days, clinical triage), reinforcing MGPA principles of prioritising based on need. Telephony capacity has been expanded with a new system that supports queuing, call-back, and integration with clinical records, improving call handling and patient experience.

OVER 25%

OF REQUESTS NOW SIGNPOSTED TO OTHER SERVICES E.G. PHARMACY FIRST, OPTICIANS, COMMUNITY SERVICES (KINGS)

OUTCOMES FOR PATIENTS AND STAFF

Ossett reports shorter waits, lower call volumes, high satisfaction (over 90% rating access as good or very good during full testing), fewer access-related complaints, and improved continuity because the right clinician is matched earlier in the journey. Staff morale is better and employees report less exposure to abusive and stressful interactions, as they can provide meaningful outcomes at first contact instead of turning patients away when appointments run out.

King's has seen access complaints reduced to just one. A local patient survey with around 95% positive feedback for the new navigation system known as "MAJIC."

THE TRUE MEANING OF MAJIC

MAJIC Nav is an acronym for **Michael and Jaz's Incredible Care** Navigation

"A former GP registrar contacted us to highlight how safe and effective MAJIC Nav is. At her new surgery, she had seen a patient who had to wait several days for an appointment with calf swelling and shortness of breath (following their basic care navigation); she admitted the patient as an emergency with a suspected DVT. If MAJIC Nav had been used, the patient would have been directed to A&E immediately."

💡 LEARNING AND CONTINUING DEVELOPMENT

The major learning from Modern General Practice Access implementation is that the model works only when it is treated as a whole-system redesign of access, not just a bolt-on digital or triage tool.

Whole system, not single fix

Looking beyond Wakefield, successful MGPA implementation shows that benefits come when all the core elements are brought together:

- multi-channel contact
- structured information gathering at first contact
- a single care-navigation/triage process
- and deliberate matching of capacity to need.

When practices only change their phone system or introduce an online form without redesigning workflows and roles, queues and dissatisfaction typically continue despite the new technology.

Invest in care navigation and reception

A clear success criteria is the need to train and reposition reception and admin teams as effective care navigators, guided by clear protocols and strong clinical support. Practices that do this (national examples include Lime Tree Surgery in the South of England and Hawkley Brook in Wigan) report large reductions in access complaints, better use of ARRS roles and Pharmacy First, and improved staff morale.

Data-driven demand and capacity

MGPA implementation shows that practices must use real-time data from phones, online consultations, and appointment books to understand and manage demand.

Evidence from Greater Manchester, Lincolnshire, and national MGPA resources shows that diagnostic spreadsheets, dashboards, and the NHS's new assessment tool are critical for matching rotas, session types, and multi-professional capacity to real demand instead of relying on legacy timetables.

Equity and usability by design

Another strong learning is that digital improvements must be designed for accessibility and equity of access, or they risk widening gaps. High-performing areas invest in WCAG-compliant websites, support for those who are digitally excluded, and consistent processes across phone, online and walk-in routes so that priority is always based on need, not the route used or ability to navigate systems.

Continuous improvement, not one-off change

Finally, MGPA is proving to be an ongoing improvement journey rather than a single project. Sites that succeed use Plan, Do, Say, Act (PDSA) -style testing, patient feedback (including PPGs), and the national assessment tool to refine triage questions, telephony journeys, and workflows over time. Visible leadership and protected time for change work is essential.

✉️ CONTACT DETAILS AND MORE INFORMATION

For more information about the approach taken by Kings Medical Practice, contact Michael Land.

Mark Donaldson and Luke Swinden are the people you can contact at Ossett Surgery.

NHS England – Modern general practice model https://www.england.nhs.uk/gp/national-general-practice-improvement-programme/modern-general-practice-model/

NHS England – Improving access and workforce wellbeing through a modern general practice model https://www.england.nhs.uk/long-read/improving-access-and-workforce-wellbeing-through-a-modern-general-practice-model/

Institute for Government – Performance Tracker 2025: General practice https://www.instituteforgovernment.org.uk/publication/performance-tracker-2025/nhs/general-practice