

# Where to target 'making every contact count'

It is widely accepted that the NHS has a vital role in promoting good physical and mental health in the population that it serves (NHS Future Forum, 2012). Furthermore, it is recognized that millions of citizens come into contact with health-care services on a daily basis and that every contact represents an opportunity to help people to improve their health and wellbeing, for example through the provision of smoking cessation advice; this is termed 'making every contact count'.

These contacts occur in a variety of health-care settings across the UK. Some of these services are universal such as general practice, GP out-of-hours, minor injury units, accident and emergency, dental services, eyecare services, community pharmacies, hospital outpatient appointments, and hospital daycase and inpatient admissions. Others are only available in some of the home nations, such as walk-in centres (England only).

In order to prioritize the settings in which making every contact count should be applied, it is important to know the number and distribution of these contacts across the health-care system. For this reason, an analysis of patient contact data was performed using information from England for 2013–14. This has focussed on locations where NHS care is delivered, concentrating on face-to-face contacts that would allow a two-way conversation about health promotion messages. For this reason, contacts with NHS websites and telephone helplines have been excluded from the analysis.

## Counting contacts

In England in 2013–14, there were a total of almost 975 million face-to-face patient contacts with the health-care system. These consisted of the following:

- 340 million GP consultations, representing 35% of total (NHS England, 2014a)

- 3.3 million GP out-of-hours face-to-face consultations (0.3%) (National Audit Office, 2014)
- 39.8 million courses of dental treatment delivered (4%) (Health and Social Care Information Centre, 2014a)
- 12.8 million NHS sight tests (1%) (Health and Social Care Information Centre, 2014b)
- 438 million visits to community pharmacies for health-related reasons (45%) (NHS England, 2014b)
- 18.5 million accident and emergency attendances recorded at major accident and emergency departments, single specialty accident and emergency departments, walk-in centres and minor injury units (2%) (Health and Social Care Information Centre, 2015a)
- 101.8 million hospital outpatient appointments (10%) (Health and Social Care Information Centre, 2015b)
- 18.2 million finished consultant episodes recorded in terms of day case and inpatient admissions (2%) (Health and Social Care Information Centre, 2015c)
- 2.3 million contacts with ambulance services where patients were either discharged after treatment at the scene or were referred on to an alternative care pathway or a patient journey to a destination other than a type 1 or 2 accident and emergency (0.2%) (Health and Social Care Information Centre, 2014c).

It should be noted that the contacts for general practice and community pharmacy visits are estimated. Furthermore, this analysis is based on the number of contacts (not total contact time) which limits its findings, as the contact time per patient will differ between services.

## Discussion

Traditionally, one of the primary settings that making every contact count has targeted has been general practice. It is some-

times stated that general practice undertakes 90% of NHS activity (NHS England, 2013). This analysis suggests that this is not the case – if contacts are taken as the measure of activity and a broad definition of the NHS is used to include all settings where NHS care is given, then general practice represents just over one third of all NHS activity.

It is more accurate to say that primary care services (including general practice, dental practices, community pharmacies and high street optometrists) represent about 90% of patient interaction with the NHS (Health and Social Care Information Centre, 2015d); this statement is, in fact, borne out by this analysis where these combined services constitute some 86% of patient contacts. Although general practice should remain an important setting for making every contact count, there is more activity within community pharmacies (representing 45% of total patient contacts) which could potentially be used for health promotion purposes, for example through the extension of the healthy living pharmacy scheme.

The data presented in this analysis also show that a vital, but often overlooked setting to apply making every contact count is hospital outpatients, representing 10% of total patient face-to-face contacts. It is also important to remember that although hospital admissions represent only 2% of patient contacts, they still provide an essential location for making every contact count because of the length of time that patients can spend in hospital.

## Conclusions

The NHS needs to use the almost one billion face-to-face patient contacts per annum with the English health-care system (as well as those in the other home nations) in order to implement making every contact count effectively. Although general practice and the hospital inpatient environment should remain vital settings

for health promotion activity, more focus should be placed on community pharmacies and hospital outpatients. **BJHM**

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Health and Social Care Information Centre (2014a) NHS Dental Statistics. England, 2013/14. [www.hscic.gov.uk/catalogue/PUB14738/nhs-dent-stat-eng-13-14-rep.pdf](http://www.hscic.gov.uk/catalogue/PUB14738/nhs-dent-stat-eng-13-14-rep.pdf) (accessed 6 August 2015)

Health and Social Care Information Centre (2014b) General Ophthalmic Services, Activity Statistics. England, 2013/14. [www.hscic.gov.uk/catalogue/PUB14494/gene-ophth-serv-acti-13-14-report-v2.pdf](http://www.hscic.gov.uk/catalogue/PUB14494/gene-ophth-serv-acti-13-14-report-v2.pdf) (accessed 6 August 2015)

Health and Social Care Information Centre (2014c) Ambulance Services. England 2013-14. [www.hscic.gov.uk/catalogue/PUB14601/ambu-serv-eng-2013-2014-rep.pdf](http://www.hscic.gov.uk/catalogue/PUB14601/ambu-serv-eng-2013-2014-rep.pdf) (accessed 6 August 2015)

Health and Social Care Information Centre (2015a) Hospital Episode Statistics. Accident and Emergency Attendances in England – 2013-14. [www.hscic.gov.uk/catalogue/PUB16728/acc-emer-atte-eng-2013-14-rep.pdf](http://www.hscic.gov.uk/catalogue/PUB16728/acc-emer-atte-eng-2013-14-rep.pdf) (accessed 6 August 2015)

Health and Social Care Information Centre (2015b) Hospital Episode Statistics. Hospital Outpatient Activity 2013-14. [www.hscic.gov.uk/catalogue/PUB16722/hosp-outp-acti-2013-14-summ-rep-rep.pdf](http://www.hscic.gov.uk/catalogue/PUB16722/hosp-outp-acti-2013-14-summ-rep-rep.pdf) (accessed 6 August 2015)

Health and Social Care Information Centre (2015c) Hospital Episode Statistics. Admitted Patient Care, England – 2013-14. [www.hscic.gov.uk/catalogue/PUB16719/hosp-epis-stat-admi-summ-rep-2013-14-rep.pdf](http://www.hscic.gov.uk/catalogue/PUB16719/hosp-epis-stat-admi-summ-rep-2013-14-rep.pdf) (accessed 6 August 2015)

Health and Social Care Information Centre (2015d) Primary Care. [www.hscic.gov.uk/primary-care](http://www.hscic.gov.uk/primary-care) (accessed 6 August 2015)

National Audit Office (2014) Out-of-Hours GP services in England. [www.nao.org.uk/wp-content/uploads/2014/09/Out-of-hours-GP-services-in-England-summary.pdf](http://www.nao.org.uk/wp-content/uploads/2014/09/Out-of-hours-GP-services-in-England-summary.pdf) (accessed 6 August 2015)

NHS England (2013) Transforming primary care in

London. [www.england.nhs.uk/london/wp-content/uploads/sites/8/2013/11/Call-Action-ACCESSIBLE.pdf](http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2013/11/Call-Action-ACCESSIBLE.pdf) (accessed 6 August 2015)

NHS England (2014a) Improving General Practice, a call to action: Evidence Pack 2013/14. [www.england.nhs.uk/wp-content/uploads/2013/09/igpcta-evid.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/09/igpcta-evid.pdf) (accessed 6 August 2015)

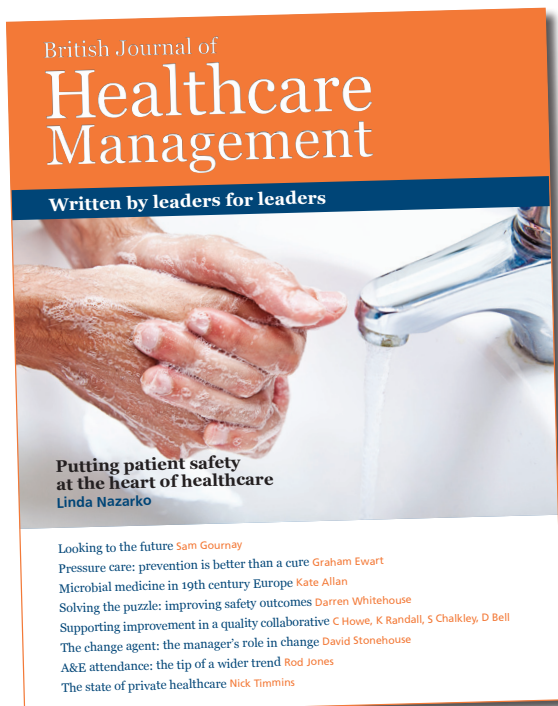
NHS England (2014b) Community Pharmacy – helping to provide better quality and resilient urgent healthcare. [www.england.nhs.uk/wp-content/uploads/2014/11/comm-pharm-better-quality-resilient-urgent-care.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/11/comm-pharm-better-quality-resilient-urgent-care.pdf) (accessed 6 August 2015)

NHS Future Forum (2012) The NHS's role in the public's health. A report from the NHS Future Forum. 2012. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216423/dh\\_132114.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216423/dh_132114.pdf) (accessed 6 August 2015)

**KEY POINTS**

- Millions of UK citizens come into contact with health-care services on a daily basis.
- Every contact is an opportunity to help people to improve their health, called 'making every contact count'.
- In order to prioritize the setting for making every contact count, it is important to know the number and distribution of contacts.
- A total of 975 million face-to-face contacts were counted in 2013–14, across a range of health-care services in England.
- The NHS needs to use these contacts more effectively to target health promotion activity, especially in community pharmacies and hospital outpatients.

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