

## APPOINTMENT SYSTEM UPDATE

On 11<sup>th</sup> March 2013 the practice radically changed the appointment system following a Doctor First philosophy. This was not an easy decision and the practice undertook weeks of analysis before changing the appointment system. There is a perception from some patients that it makes things easier for the GP. This is not the case. The GP is working much harder with the Doctor First system but it vastly improves patient safety and access to a GP. It allows us to work smarter rather than reactively. We would like to provide some information on how this is achieved which I hope you will take the time to read and consider.

At the end of this update you will find figures detailing the number of calls and face to face appointments undertaken on a daily basis for one week.

### WHY CHANGE ?

- ***Fastest Finger First / Appointment Lottery*** - Patients were calling from 8am each day to request an appointment. Once all the routine appointments were taken the receptionist were having lengthy conversations of options and urgency or need, this created a bottleneck of calls for those trying to get through. This meant that for some the number of re-dials and time it took to get through could be lengthy. Patients felt that more receptionist and lines would stop this problem.

Increasing the staff and incoming lines would be very costly to the practice. We still would have the same number of appointments available so this solution would not help with the appointment issue. Patient would get through more quickly but the outcome would be the same from the patient perspective if the appointments were all taken.

- **Patient Safety (Advice and Access)** – GP's and staff were concerned that those patient most in need were not always the patients getting through first and being allocated an appointment. Advice should be given by the clinician after a discussion with the patient rather than via a message relayed from a receptionist. Messages can mount up whilst a GP is in clinic and would they have time to deal with all those received that day?

The GP's audited their clinics and noted that a number of face to face appointments did not actually require a face to face discussion. Many patients could have been offered advice or signposted to an alternative service (Pharmacy/ Nurse), in some case a referral could have been offered via a self-referral route to certain services.

However, when the GP is committed to surgeries of 15 or 18, 10 minute appointments from 8.00am until 11.00am and 3pm to 5.30pm and fitting in the home visits which take approximately 30min+ each depending on location, paper-work, such as reviewing records before dictating referrals, reviewing medication, generating and signing prescriptions, checking test results (x-ray/scans, blood, urine), reading and actioning all incoming correspondence from hospital and community service, discharge letters form filling, sick notes. This leaves little time in the day to field telephone calls to offer advice.

- **Reception staff abuse** – Our reception team were coming under increasing pressure and abuse from patients when the appointments became fully booked each day. Some patients perceived that the receptionist was the barrier to getting an appointment when there were no appointments left to book. Some patients felt that the decision of who got an appointment was being made by the receptionist. This led to increasing requests from patients that they had an urgent need.

We needed to use the GPs time more effectively and ensure that appointments were used for those that really needed to be seen. If all patients spoke to a GP first, those that could be helped with advice, prescription or signposting to alternative services could be given that support. Those that needed to be seen could be booked an appointment. This would remove pressure on our reception team, relieve them of the need to field calls about a clinical need and ensure the most appropriate person (the clinicians) were undertaking this. Stop the abuse of staff on a daily basis.

- **Improve efficiency and workflow** – Due to the time and volume of calls reception were undertaking for appointment booking discussion due to the failing system. It did not allow for an undertaking of process flows for administrative tasks and other areas that could potentially relieve the GPs of additional workload burden. If we could utilise receptionists time in assisting with the administrative burden it would provide greater capacity for GP's to engage in direct patient contact.

The Doctor First Team reported that with this appointment system receptionist time fielding calls was reduced and therefore this meant we could design protocol and process so they were able to assist GP in completing routine areas of their workload. This in turn would give the GP greater time for direct patient contact and dealing with matters that required clinical intervention. This would mean the whole practice team's time was utilised more appropriately, effectively adding value to our patient services.

## **DOCTOR FIRST SOLUTION**

To address the rising capacity and lack of flexibility in the conventional appointment system the practice felt that the Doctor First solution offered an answer to the problems that were impacting on our patient and the staff and GPs at The Discovery Practice.

### **SYSTEM**

1. Phone on the day you want to see the GP.
2. The receptionist will log your request and the GP will call you back.
3. GP will discuss your health concern and
  - a) Offer a face to face appointment (tailored to your needs time/length)
  - b) Offer advice and follow/up if necessary
  - c) Need to see the Nurse for Test/Review etc.
  - d) Provide a prescription
  - e) Signpost to alternative service e.g. physio / pharmacy / MIND
  - f) Referral without being seen based on previous consultation

*\*Through analysis of our calls back timings of patients calling on a morning wanting an appointment that day, on average 80% are called back within 1 hour, and 30 – 40% of these are usually within 10mins. Those call backs taken after 10am may take a little longer as the GP will have started seeing those patients that have been given a face to face appointment from an early call back that morning. There can be exceptions to this particularly when we require the use of a locum GPs.*

### **HOW IT ADDRESSED THE PROBLEMS**

The phone line que is vastly reduced at peak times. Patient appointment lottery / fastest finger first removed as patients are provided an appointment based on clinical need and mutual agreement with a GP (not a receptionist). Every patient requesting to see a Doctor will be provided with the opportunity to speak and/or see to a doctor the same day. The receptionists are no longer tied up in conversations about lack of appointment capacity so lines are cleared more quickly. Patients are asked to phone between 8am and 10am and the need to ring and re-dial from 8am is removed.

If pre-booking online was a facility previously enjoyed this is still available. A call back can be pre-booked. However, there is less need for this as you get the same level of access each day so are able to just call on the day you want to be seen.

When a GP pre-consults on the telephone it improves the face to face consult. Knowing why the patient is coming provides opportunity to review your record before your visit. They will be able to source additional services if needed and have the information more readily available. If you are likely to require a longer than 10minute appointment this can be factored into your appointment so that the GP does not run over and the patient does not feel rushed. This is particularly helpful with patients who have complex or multiple conditions or communication impairment.

Improved flexibility – appointments tailored to the individual and booked at times that are flexible for carers, school times or work, providing they are still in core hours of 8am to 6pm.

Receptionist abuse for appointments is removed, they no longer field calls about urgent need. Incoming calls are dealt with quicker than the old system which provides more time to undertake duties that speeds up other services, more effective use of reception time has enabled them to support the practice team.

It is hard work for the GP but, ensures that everyone has their health concern / problem addressed that day, patient safety and staff morale is improved, the GP and patients are making the clinical decisions about need to be seen and it is done on the same day.

## PATIENT CONCERN'S - FEEDBACK

The **decision of a face to face appointment or not is a MUTUAL agreement made between the GP and the patient.** The GP fall-back position is to see the patient if they have any concerns and the patient can state that they wish to be seen even after advice has been offered.

There is some **exclusion** such as patients with **hearing difficulty or those that require sign-language or interpreter.** These difficulties can be recorded on the patient record so that this is taken into consideration. Please inform our receptionist if you have difficulty and why.

Patients that state they **need a call back at a specific time** as they are **at work, taking children to school or have carer commitments,** if the receptionist is informed they will arrange for the GP to call at the convenient time to you, providing this is in the surgery core opening hours and of course not too late on an afternoon in case the GP does need to see you.

**“What if I am driving when the GP calls me back”?** The GP will always call more than once so if a call is missed/failed they will try again later (usually within the hour).

There is **no cost to the patient** as the GP calls the patient back.

**Employer does not allow calls** when at work. We have found that in most cases an employer would rather a staff member take a call than have to cover them for a few hours whilst travelling to and from an appointment. However, we recognise that it is not appropriate in some environments. If you have a break or lunch then it can be arranged for the GP to call at this time.

**“I don't like having to tell the receptionist my symptoms”.** We respect that for some patient this may pose a problem. Our reception staffs are bound by confidentiality law and agreements and have great experience in lots of different health problems. By providing a BRIEF detail of the problem merely enables the GPs to assess clinical urgency when calling back patients rather than phoning in order or those that ring first it enables the GP to contact those that may have a more urgent need first.

### **Bonus of the system**

The system provides excellent contingency planning in case of bad weather or the need to relocate buildings. GPs have the ability to work from home if they are unable to get into the surgery e.g. bad weather. They can start calling patients back at home, book those patients that need to be seen later in the day when the roads are cleared. In the past patients would be sat waiting if the Doctor had difficulty getting in, then the whole days appointment would run late. Patients would be driving to the practice in treacherous weather.

# FIGURES

## Doctor Appointments and Call Backs

### Monday 22<sup>nd</sup> February 2016

Total Call backs = 134  
Total Face to Face appointments = 55  
Did Not Attend = 1  
Home Visit = 1

41.04% conversion of telephone to face to face.

### Tuesday 23<sup>rd</sup> February 2016

Total call backs = 84  
Total Face to Face appointments = 41  
Did not attend = 2  
Home Visits = 3

48.8% conversion from telephone to face to face

### Wednesday 24<sup>th</sup> February 2016

Total Call backs = 82  
Total Face to Face = 38  
Did not attend = 0  
Home Visits = 1

46.35% conversion of calls to face to face

### Thursday 25<sup>th</sup> February 2016

Total Call Backs = 76  
Total Face to face = 25  
Did Not attend = 1  
Home Visits = 0

32.90% conversion from calls to face to face

### Friday 26<sup>th</sup> February 2016 (includes a nurse practitioner half day)

Total Call Backs = 85  
Total Face to face = 31  
Did Not attend = 0  
Home Visits = 3

36.48% conversion from calls to face to face

In one week total patient contacts were = 469  
Conversion to Face to Face consultations = 43%  
Therefore Face to Face consultation = 198