

## **Kingswinford Medical Practice**

### **Report following Meeting with Primary Care Foundation**

Following our meeting with David Carson the practice partners and management team met to discuss the outcomes and to decide on a future plan.

It was imperative to involve the PPG in future decisions so the report was discussed on 5<sup>th</sup> June 2013 as an integral part of the meeting and ideas shared and some recommendations discussed.

#### **Dealing with patient access**

##### **Historical arrangements:**

Being unable to cope with increased patient demand was never a problem for KMP. Historically our patients rang in the morning and were almost always seen either the same day or no later than the following day. Although we had the availability for patients to book up to 4 weeks in advance this was very rarely used as our patients were used to ringing on the day and being seen.

When the option of forward booking was mentioned the response was usually 'how do I know I am going to be ill in 4 weeks. I need to see a doctor now'

The partners along with GP Registrars always managed to cope with the demand and our patients were all happy and seen within 24 hours.

##### **How things changed**

Increased patient demand, lack of patient responsibility and the growing practice list at High Oak which meant less GP time at KMP all began to effect the number of appointments we had available.

Patients were having to wait longer to see a GP and because this is something that was unusual they were very unhappy and unfortunately the reception

staff were very much caught in the middle. There were also a number of complaints made to me about the fact that they couldn't be seen as quickly as they would both like and expect.

The process we had in place at the time was to pre-book 50% of all GP appointments and then to offer the rest on a daily basis. Morning appointments were offered from 08:00 and afternoon from 15:00.

This created its own set of complaints because all our available on-the-day morning appointments went within a few minutes of the telephones going over from the night service. Patients were then being told to call at 15:00 for appointments in the evening to find again by the time they had got through the appointments had once again already gone.

We also encouraged as many patients as possible to book electronically through EMIS access. This also proved difficult as appointments had to be available for patients to book and we didn't have any.

Our problems were also hindered by the number of patient DNAs we had. Historically we had about 20 each month but this peaked at about 320 in one month alone. Again lack of patient responsibility played a major part in this.

### **What we did about it**

Following the audit we all did with David Carson we asked the PPG to help us come up with some different ways of working. Up to now this has helped our appointment availability but necessarily cut down on the number of DNAs.

This is what we did:

- Offered all available appointments for that day at 08:00. No more asking patients to call back in the afternoon. This has saved a lot of staff time in answering calls and stopped patient anger at having to call back and then still not getting an appointment.
- Unblocked a percentage of the book on the day appointments the evening before so that those wishing to book on-line out of hours would have some availability.

- Not necessarily assuming that patients need an appointment on that day so offering appointments later in the week instead as a first option. This has helped with our demand because we found that quite a high number of patients did not necessarily expect to be seen or need to be seen on that day and were prepared to wait a couple of days. By adopting this approach, if patients did feel that their appointment was urgent and that they couldn't wait we were in a position to have a few more appointments on the day for those that needed them urgently.
- Instead of booking 50% of appointments up-front we increased that to 60%. The downside to this was fewer book-on-the-day appointments to offer but it did seem to work quite well.
- We also tried on David's recommendation to put on sessions for up to six weeks in advance. This was ok but a bit awkward to do during holiday season as some of the GPs booked last minute annual leave and we found we had to move full clinics over to a locum. Some of the patients objected to this particularly if it was their favourite doctor they had initially booked with. The other downside to this was that our DNA rate seemed to get worse as patients forgot about their appointment although the surgery is littered with notices about this.
- We also changed our triage system. The on-call GP used to call patients back after morning surgery to give information or advice, ask patients to make appointments if deemed necessary and to accept any home visits which were shared out after morning surgery. This process now begins earlier at 10:00am. The duty doctor has two hours of surgery consultations and then has the message book and speaks to patients. Many of them are dealt with as a telephone consultation. Others are asked to come down to the surgery either for an urgent or non-urgent appointment and then some are genuine home visits. If a patient does need to be seen at home urgently then the duty doctor will go out and see them immediately. They will then see further patients in surgery from around 11:00 onwards.

We made these changes about one month ago and so far it has worked well. The GPs using telephone triage more effectively has given us further appointments to offer patients.

This is because:

- they only needed reassurance or advice and not an appointment
- they were asked to come down immediately if the GP thought they needed urgent attention
- urgent home visits were dealt with more quickly to save the doctor time later in the day

We are also encouraging more and more use of EMIS access to give patients more choice and responsibility.

### **Conclusion**

Although we do not have many more appointments to offer the fact that patients have now been educated into not always having or needing same day appointments has certainly helped. It has balanced out our workload more evenly across the week so that we no longer get excessively busy days and quieter days.

Patients only have to call once for an appointment on the same day and not once in the morning and again in the afternoon. This has resulted in more patient patients and less-stressed staff.

We find our workload is now more manageable and of course anyone urgent we still on the same day whether or not we have available appointments.

Sandra Jones

30/08/2013