

Quality Improvement Project

Patient Access to GP appointments



Introduction

It was recognised in partners meeting Friday 13th May that the practice had received some informal feedback via reception, as well as directly during consultations that GP access was felt to be unsatisfactory in that it was “too difficult” to see a doctor face to face. This is on a background of much media attention focusing on a “GPs still refusing to see patients face to face”.

As a practice striving to provide the best possible service to our patients the partners and practice manager were disappointed by this feedback and were motivated to respond by potentially changing the way we provided GP access.

For the past three years (ie prior to covid) the Pulteney practice has been running a ‘doctor first’ triage service in which any patient who phones on the day for an urgent appointment is directed by the reception staff to a duty clinician for a telephone call (this duty team currently is composed of a duty doctor, an advanced nurse practitioner and a paramedic). The majority of consultations are concluded on the telephone or via video, but for cases where the clinician feels a patient needs to be examined they are invited in that very same day. Similarly for routine appointments, an initial consultation takes place between doctor and patient via telephone, but if examination is required the patient is then invited in.

There are recognised advantages and disadvantages of the doctor first system:

Advantages	Disadvantages
Doctors enjoy maintaining control over their workload	Patients dislike their lack control over their wish to be seen
Capacity to manage all urgent patients who present on the day is maintained	Management of patients is via telephone rather than patients preferred F2F method
Capacity to bring in patients who do need examination is maintained	Some patients who do need examination will inevitably be missed
Number of GP contacts is maximised	Quality of GP contacts are decreased
Infection risk (particularly covid) minimised	Mental health consequences maximised
Quicker advice to the working population, and greater convenience.	Some patients find telephone communication difficult or even impossible. Insisting on initial telephone contact negatively impacts most those with disability, social deprivation thereby enhancing the inverse care law.

The partners reflected on the above, as well as a literature search (see references) that provided no up to date reviews of the telephone first method as used in primary care since the covid pandemic, which has changed the way GPs and patients interact considerably. Reviews were not able to include for example the regular use of video consultation that GPs often use to enhance the initial telephone consultation, or the common use of AccRx which allows photographs to be sent almost instantaneously to the doctor for review.

As a team we therefore decided to engage with our own patient group and elicit their views on whether a different system should be adopted.

Method

Survey monkey was used to set up an online questionnaire posing four questions.

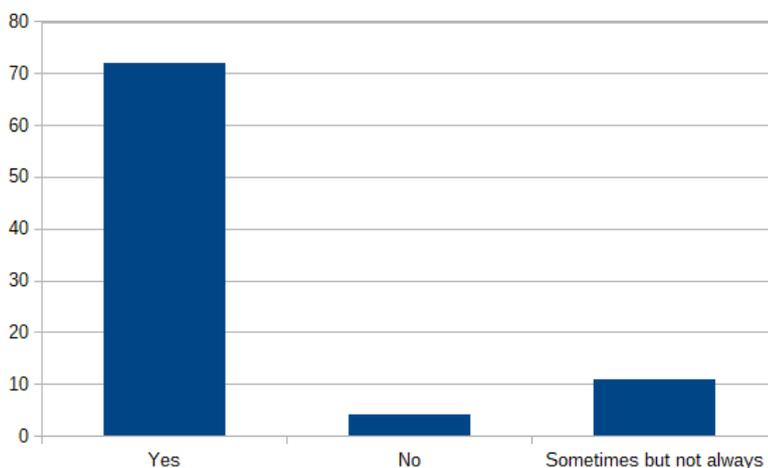
A patient leaflet was designed signposting patients to the questionnaire (see appendix). This leaflet was printed out and left at the reception desk for patients who were present in person making appointments. Large print was made available. A news notification was added to the practice website requesting patients fill in the questionnaire. Receptionists as well as clinicians were asked to verbally invite patients to complete the questionnaire.

Results

87 responses were collected between 16th May 2022 and 16th June 2022

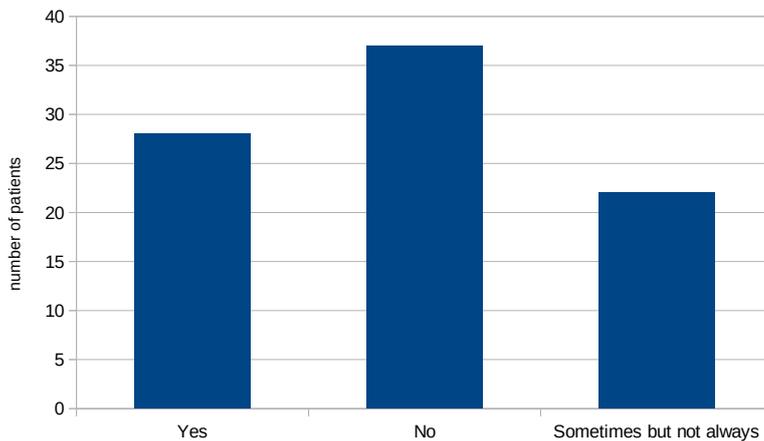
Q1) During the past 12 months, if you really needed to speak to a GP on the telephone were you able to?

Yes	72
No	4
Sometimes but not always	11



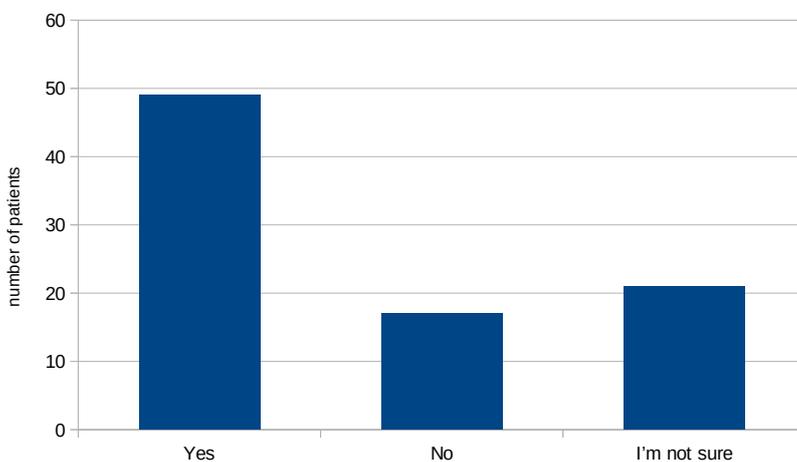
Q2) During the past 12 months, if you really needed to see a GP face to face were you able to?

Yes	28
No	37
Sometimes but not always	22



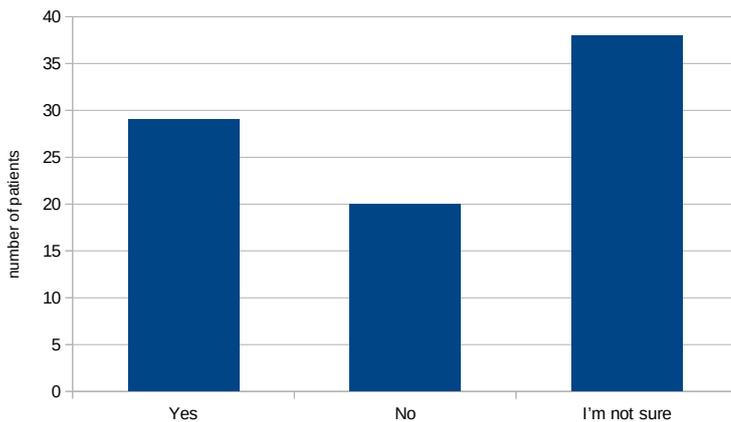
Q3) Over the past 12 months there has been an average of 2 weeks wait for a telephone consultation with a GP, which is then converted on the day to a face to face appointment if the GP feels that is required. There has been no ability for patients to book directly to see a GP. Telephone calls are completed in an average time of 7 minutes so this allows many patients to be treated, although briefly. Face to face appointments are completed in an average time of 16 minutes, which allows a fuller assessment. If we could change the appointment system so that there is ability for patients to book a face to face appointment directly with the GP without the need of a phonecall first, but that this would mean a much longer wait to be seen (possibly 4-6 weeks), would you want that change to be implemented?

Yes	49
No	17
Sometimes but not always	21



Over the past 12 months, in response to demand from patients for more appointments we have widened our urgent appointments team to now include paramedics, advanced nurse practitioners, clinical pharmacists, first contact physiotherapy, and social prescribers. This multi-disciplinary team acts to then free-up the duty doctor to focus on complex medical emergencies. Do you support this approach going forward as we aim to widen our health professional team further?

Yes	29
No	20
I'm not sure	38



Discussion

Study limitations were recognised as follows:

- Patient sample of 87 may not be representative
- Online questionnaire is not fully inclusive to our entire patient group
- Visibility of questionnaire was not maximised

Study strengths

- Month of May is pretty typical and can be extrapolated from
- 6 months of fairly consistent GP availability had preceded the survey
- Covid restrictions regarding access to GP face to face appointments had been relaxed and 'back to normal' for over 2 months

Conclusion

Patients of Pulteney Practice over the past 12 months have reported both via informal routes (for example grumbling to receptionists) and then formally via a survey that they've been able to talk to a GP on the telephone when they needed to, but were not able to see them face to face when they wanted to.

Having taken this feedback on board the partners reinstated direct face to face bookable appointments from 12th June for a 3 month trial period. The aim would be to launch a survey in October to see whether the new system is felt by patients to be an improvement or not, while asking the doctors whether the new system has worked for them.

References

Evaluation of telephone first approach to demand management in English general practice
<https://www.bmj.com/content/bmj/358/bmj.j4197.full.pdf>

Telephone first consultations in primary care
<https://www.bmj.com/content/bmj/358/bmj.j4345.full.pdf>

GP appointment systems: How much can 'Doctor First' help?
https://arc-swp.nihr.ac.uk/uploads/attachments/PenCHORD/Case_Studies/PenCHORD_CS_GP_Dr_First.pdf

Appendix



Quality Improvement Project: GP Appointments

Dear Patients,

We have recently been receiving quite a bit of informal feedback regarding our appointments system, including some complaints that it is too difficult these days to gain a face to face appointment with a GP. We are of course both saddened and disappointed by this, as we at Pulteney have always strived to provide the best possible access for our patients, maximising the resources we have under the constraints of the NHS as a whole.

We are therefore keen to work with you to come up with a pragmatic solution, that will enable you to access us quickly and easily when you need to while recognising the limitations of our workforce. Please do help us by taking two minutes to complete this online questionnaire to help design the appointment changes that you desire.

Following your feedback, we aim to implement changes from Monday 13th June, and assess how successful these changes have been three months later on Monday 12th September, so please expect a second questionnaire to come out in mid-August to canvas your views.

Please stick with us during this time of change. We are committed to serving you the best that we can, and your co-operation to be able to do so.

With appreciation of your time and effort on this quality improvement project,

Chris Clapp with the Pulteney Partners

<https://www.surveymonkey.co.uk/r/75KXR9H>