



# GP appointments systems in Coventry

**Good practice examples**

**October 2010**

Your views on Your care

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## 1 Introduction

Coventry Local Involvement Network or LINK is one of 151 LINKs in England set up by the Government through the Local Government and Public Involvement in Health Act 2007. The role of a LINK is to enable local people to have greater influence on how local NHS and adult social care services are delivered and commissioned. Coventry LINK is an independent network of local people and local voluntary and community groups.

This report sets out examples of good practice in the management of appointment systems and identifies key points for effective appointment systems and patient satisfaction.

## 2 The issues

Through its community outreach programme between February and July 2009 Coventry LINK sought local people's views about health and social care services. The LINK picked up a significant number of comments about GP services especially about access to appointments and the different approaches that GP practices take. NHS Coventry the local Primary Care Trust had also picked up similar feedback and was beginning work on a transformation work stream around the quality of GP services.

In Coventry GP practices vary in size. The City has a high proportion of single handed GP practices. Work has also been undertaken recently by NHS Coventry to open 2 new health centres.

Coventry LINK added access to GP appointments and new patient registration to its work programme for October 2009 – June 2010.

## 3 Our method

A time limited working group was formed of volunteers from the LINK's membership. The group scoped a piece of work aiming to identify positive practice in GP appointment systems.

Firstly, the group undertook a survey of GP practices to gather information about how surgeries manage appointments and new patient registration. The findings from the returned questionnaires were analysed together with the local results from the national patient satisfaction survey which is carried out quarterly and asks for feedback on GP services. The findings are available in the report entitled *GP services in Coventry: Findings of Welcome in Practice Questionnaire about GP appointment systems and new patient registration* published by Coventry LINK in June 2010.

The working group used the findings of the survey to identify 5 GP practices for further follow up. Meetings were arranged between LINK volunteers and

the practice managers from these practices with the aim of finding out more about what these practices did and why.

We met with the practice managers from 4 GP practices that had returned our 'welcome in practice survey' and one practice which had not returned the survey. The meetings took place in May/June 2010. Volunteers used a guided questionnaire containing some common questions and also questions to specifically follow up information from practices gathered via the self completion survey.

During the course of this piece of work the Labour Government launched a consultation on the removal of GP practice boundaries/or catchment areas. The working group drafted a response from LINK based on the knowledge gathered from LINK's work.

## 4. Our findings conclusions

A summary of the information we gathered about how these practice operate their appointment systems can be found appended to this report along with information about the nature of the practice and the populations they serve.

From our visits and survey of GP practices we have identified a number of conclusions and points of good practice. Our conclusions are given below and good practice examples are highlighted in boxes.

- a) Patients want flexibility of access to appointments and of mechanisms used to book appointment therefore practices that can offer this are likely to increase patient satisfaction.

### Good Practice Example

Forrest Medical Centre has an automated booking system which patients can use when the surgery is closed to make appointments. The practice feels that this has a positive impact on satisfaction because a patient, relative, or carer can take action during the out of hours period. This system also reduces the need for patients to phone when the surgery opens. LINK thinks this is an innovative idea which brings benefits to patients and to the surgery.

- b) A positive 'patient centred' approach which prioritises patient's needs rather than systems is important.
- c) There is evidence that restricted times of contact for booking appointments or systems which require a patient to phone back again increase patient anxiety and reduce satisfaction.

### Good Practice Example:

Forrest Medical Centre adapted its appointment system to make it more user friendly. In the past patients were told to phone back the next day if they called after 11 am. The practice has found that booking for the day and the next day and in advance reduces patient stress and has reduced the 'do not attend' rate.

- d) Communication within practices is very important for the effective management of appointments and demand – examples of regular internal meetings for demand planning and review of services and use of internal emails were good practice examples.
- e) Consistency of information to patients about appointment systems is beneficial – for example one practice explained it has worked to ensure that all staff understand the systems so that consistent information can be passed on to patients by everyone.
- f) It is good practice to review demand on a daily basis and respond to demand, and we have found the practice managers have a key role in this.
- g) It also seems that having a dedicated plan for the appointment system, which is reviewed, is good practice.

### Good Practice Examples:

Allesley Park Medical Centre has an active patient panel which provides feedback from patient surveys

Sky Blue Medical Centre introduced Thursday afternoon surgeries and early morning and evening surgeries following feedback from patients to a survey it carried out.

- h) Practices need to keep some appointment slots free everyday for emergencies.
- i) Practices should have a method of directing patients to the correct staff member. However this can be a tricky area as the feedback we have received from patients is often that patients don't like being questioned by reception staff when making an appointment. This can be because of concerns about confidentiality (a waiting room full of patients being able to hear the conversation), cultural issues or because patients feel that reception staff are not trained for this role; or because of the approach and attitude of the staff.
  - i. Some practices have trialled or are using triage by nurse or GP to address this. However how successful this approach is from a

patient's perspective is not clear and this is an area where further investigation and evaluation would be beneficial.

**Practice example:**

Jubilee Healthcare has recently trialled triage by phone by Dr for appointments. They have decided not to carry on with this approach as they felt that patients were using it to talk to a Dr. on a range of matters, many of which were administrative or nursing issues, or to request prescriptions directly from the Doctor as we do not take repeat prescription requests over the telephone.

- ii. The idea of booked telephone conversations with a GP is also being trialled by some and it would be useful for this to be evaluated from both a staff and patient perspective. This kind of system seems to lend itself to more immediate matters rather than booking weeks ahead, for example to enable patients to receive the results of tests more quickly.

**Good Practice Example:**

- Forest Medical Centre offers pre-booked phone consultations with a GP
- Online repeat prescription request are becoming more common for example Allesley Park Medical Centre provides this.
- Jubilee Healthcare has 10% of their practice list registered to book online

- j) Access to specific GPs can be an issue. Feedback LINK has collected indicates the in an urgent situation patients do not necessarily mind which GP they see however for ongoing care patients prefer to see the same GP. Therefore this is a consideration for practices which have particular specialisms such as diabetes; COPD etc as these patients are likely to value continuity of care from seeing the same GP. Clear information about when each GP has their surgery might also help patients.
- k) Do not attend rates are frustrating for GP practices and a concern as appointment slots could be used by other people. Some practices have tried to address this through the way they operate their appointment systems.

### **Good Practice Examples**

Jubilee Healthcare had been working to address wasted appointments by asking more questions over the phone, using text message reminders to patients, and contacting those patients who have not attended more than 3 appointments in a three month period.

Sky Blue Medical Group also uses text message appointment reminders.

LINK believes that reminders and follow up are a good idea.

- l) Good IT systems are key for managing appointments effectively and for analysing what is happening to inform future planning, some practices do not have the best IT systems. Investment in IT is crucial. We were advised by one practice manager that there are currently 4 different IT packages being used in Coventry GP practices. IT systems are also key to allowing online booking and text message reminders, which have been adopted by some practices.

### **Good Practice**

LINK believes that enabling patients who can to make use of email and the internet in the way they interact with GP practices is very important to promote both patient satisfaction and enable practices to manage demand.

#### **For example**

Forrest Medical Centre operates an email queries system which has been publicised to its patients.

- m) A good, well designed easy to use practice website is also very important. Not surprisingly some practice websites are easier to use than others and some practices do not have websites at all. Websites should be easy to find by search engines
- n) Training in the use of IT systems is also very important –for practice staff and GPs to enable them to get the most from the packages and to work efficiently
- o) An effective phone system is very important – it needs to cope with the demand and be easy to use and operate. Forrest Medical Centre’s out of hours automated booking system for GP appointments is an effective idea and it would be good to see this adopted by other practices.

- p) Adaptations to service provisions such as mobile phone to enable texting for appointments; information designed for people with learning disabilities; website information in other languages should be adopted generally.

**Good practice examples:**

Forrest Medical Centre provides a mobile phone service to specific patients with a disability so that they can text in requests to the practice.

Allesley Park Medical Centre has developed a dedicated service with pre-booked appointments which includes the use of pictures for people with learning disabilities. Longer pre-bookable appointments of up to 1 hour are available too.

- q) Paper information is still very important and must be available in surgeries
- r) The role of the practice manager is very important to successful operation. It seems important that the practice managers are able to support communication and knowledge development across the practice staff so that should they not be present for any reason smooth running can be maintained.
- s) We have found evidence that multi-partner GP practices can cover a substantial and City wide geographical areas, which supports proposals to remove practice boundaries.

## **Constraints**

LINK is aware that there are a number of constraints on GP Practices. We also asked practices for feedback on the constraints on services. For some the volume of demand was an issue, others talked of the expectation patients had and how national government was raising these. One talked of a practice issue of the lack of public transport to get people to and from evening appointments. A feeling of pressure to provide extra services was also highlighted.

## Appendix: Details of practice appointment systems

### Forrest Medical Centre

#### Practice profile:

The practice has 8 GPs and a branch surgery and covers 10,100 people across a large geographical area. The makeup of the practice population was described to us as very diverse and includes lots of young people, including transient students.

#### Managing appointments:

The practice offers patients with an urgent need an appointment on the day if patients phone before 11 am, although this may not be with a GP of the patient's choice.

If a patient contacts the surgery between 8:30 am and 11:00 am wanting to see a Doctor then an appointment that day will be offered. Each Doctor consulting in the morning will have a certain number of 'book on the day' slots which will be given out on a 'first come first served' basis. When these slots have been used up then 'extra' slots will continue to be added to each Doctors appointments list until 11:00 am. These slots will be allocated equally between the Doctors in surgery.

If the surgery is contacted for an appointment after 11:00 m they cannot promise to see the patient the same day unless the problem is urgent. If this is the case then the request will be passed to the doctor on call. Any other calls received after 11:00 am will be either: offered the opportunity of booking up to four weeks ahead; coming down and waiting at the end of surgery that evening; or they will be offered an appointment the following morning there and then (using one of the 'book on the day' slots).

Booked telephone appointments with GPs are also offered.

Patients can book routine appointments up to 4 weeks in advance.

The practice operates an email queries system which has been publicised. There is also an online repeat prescription request service. We were advised that relatively few patients used the email options.

This practice has an automated booking system which patients can use when the surgery is closed to make appointments. The practice feels that this has a positive impact on satisfaction because a patient, relative, or carer can take action during the out of hours period. This system also reduces the need for patients to phone when the surgery opens.

The practice had adapted its appointment system to make it more user friendly. In the past patients were told to phone back the next day if they called after 11 am. The practice has found that booking for the day and the next day and in advance reduces patient stress and has reduced the 'do not attend' rate.

A mobile phone service is provided to specific patients with a disability so that they can text in requests to the practice.

Flexibility was identified as the key to the practice's approach by its ability to see patients that contact it before 11 am on the day. This includes GPs staying beyond the end of surgery times in order to see people as required. Flexibility will in some instances result in a variation in approach – for example individual GPs decide how many health issues patients can raise within an appointment slot.

The practice works to a positive patient centred approach making patients the priority rather than staff.

## **Jubilee Healthcare**

### **Practice profile;**

The practice has 6 part time GPs and 8,500 patients and operates over two sites.

### **Managing appointments:**

Patients can book appointments by phone, in person, by email and website. We were informed that 800 patients were registered to book on line: 10% of the practice list. The practice says it guarantees to see anyone who clinically needs an appointment on the same day. (This is established by asking more questions of anyone who says they need to be seen on the same day).

The practice reported that they had 560 appointment slots in a week but that this was not sufficient. Appointments are offered for telephone appointments, and for face to face consultations, 40 percent bookable in advance and 60% bookable on the day.

The practice has recently trialled triage by phone by Dr for appointments. They have decided not to carry on with this approach as they felt that patients were using it to talk to a Dr. on a range of matters, many of which were administrative or nursing issues, or to request prescriptions directly from the Doctor, as they do not take repeat prescription requests over the telephone. The practice has a number of telephone slots which can be booked.

The practice was trying to address wasted appointments by asking more questions over the phone, using text message reminders to patients, and contacting those patients who have not attended more than 3 appointments in a three month period.

A patient centred approach was identified as important. Drs were flexible and would stay if needed. The practice manager had an important role in managing relationships.

## **Allesley Park Medical Centre**

### **Practice profile:**

The practice has 5 Partners and 1 salaried GP and two sites each with 7,500 patients. One of the sites is the Health Centre at Warwick University. Therefore the

nature of patients at the two sites is different. The practice will be moving to newly built premises on their existing site in 2011 (Building work commences in August 2010) which aims to provide more consultation space and enable them to offer more services.

### **Managing appointments:**

Appointments can be made by phone or in person. The practice offers bookable, urgent and 'on the day' appointments for patients which are provided by GP's, Nurse Practitioners and Practice Nurses.

The practice does not provide the facility to book appointments over the internet although our website [www.allesleyparkmedicalcentre.co.uk](http://www.allesleyparkmedicalcentre.co.uk) contains up to date information for patients including a link to the practice leaflet and newsletter.

Patients are also able to order prescriptions over the internet without the need to book an appointment although all patients should have a consultation at least annually dependent upon condition.

Non urgent appointments can be booked up to 6 weeks in advance. The Practice said they had set up the same ways of working across the sites.

Within the 'Extended Hours Initiative' the surgery now offers morning/lunchtime/afternoon/evening surgeries between the hours of 8.30 am – 7.30 pm, in doing this the surgery is on target (as defined by the PCT) with the amount of appointments it needs to offer, each routine appointment is 10 minutes long.

The practice has developed a dedicated service with pre booked appointments which includes the use of pictures for people with learning disabilities. The practice has made some longer pre-bookable appointments available, up to 1 hour in length if necessary for learning disabled patients.

The practice has a patient panel which was described as 'active' and providing feedback from patient surveys and producing a quarterly newsletter to keep patients informed of practice news and developments.

The practice will be migrating to the new EMIS Web IT system which they believe will enable them to provide better use of appointment time. This will make it easier for the practice to monitor patient arrival, consulting and waiting times allowing them to review the services at key times of the day. This system will supersede the existing EMIS LV package.

## **Dr Dosanj Cheylesmore**

### **Practice profile:**

The practice has two GPs and a list of 2,800 patients. The practice is moving to a new health centre facility in the near future. The list includes a higher than average number of people over 60 and children.

**Managing appointments:**

Appointments can be made in person or by phone. Non urgent appointments can be made up to 3 months in advance. We were advised that nearly all patients who need to see a GP will do so within 48 hours.

The practice keeps some morning and afternoon slots free for emergencies and look ahead to predict demand and slots required. They also advised that providing the option to see someone other than the GP was very important.

The practice has introduced a new phone line so that admin calls are not taken on the appointment booking line.

When we visited 2 people were waiting after surgery had finished – they had been given appointments as they needed them.

The practice has a patient's panel and a comments box.

**Sky Blue Medical Group****Practice profile;**

The practice has 11 GPs and 16,279 patients across two sites. It operates City wide (including for home visits). The Harnall Lane site has a high proportion of Asian, refugee and asylum seeker patients. The practice is specialist in Chronic Obstructive Pulmonary Disease (COPD) and diabetes.

**Managing appointments:**

The practice said they guarantee to see anyone who needs to be seen on the same day. It operates a system of telephone triage to manage urgent requirements that can be dealt with over the phone and has an allocation of appointment slots after the session for urgent matters which can't be dealt with on the phone. There is a separate system of afternoon call back telephone consultations too.

Patients need to be aware of which times of day they should call to access the different services. Therefore it is likely that patients who use the surgery frequently will become aware of what to do but those who only make occasional use may not be aware of the processes. There is a detailed explanation on the practice website in the appointment section. The practice informed LINK that patients find the website useful and informative. The practice encourages the use of email/emis access and medical record on line access to alleviate the need for patients to have to call the surgery.

Each Dr. on duty spends time speaking to patients by phone. Patients are able to ask where required for specific GP to speak to on the phone.

The practice is able to meet demand but notes that patients will not necessarily be able to see their GP of choice because some of the GPs are part time and GPs spend half of their time at each practice site. The practice said they spend considerable time is spent ensuring that there is equity across both sites in relation

to male/female GP mix, availability of appointments for all the GP's as far as bookable appointments are concerned.

The practice carries out its own patient surveys and reported that as a result of feedback gathered they have introduced Thursday afternoon surgeries and early morning and evening surgeries.

The practice is been using a text message appointment reminder system for over a year.

**Coventry LINK is an independent network supported by the charity Voluntary Action Coventry, which acts as the Host organisation.**



**Coventry LINK is one of 151 LINKs in England.**



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