

PRACTICE NEWSLETTER April 2019

APPOINTMENT SYSTEM

The Patient Survey 2019 and other sources of feedback from patients, has highlighted the need to get better information out to patients about the “new” appointment system, which was introduced in June 2017. Whilst most of our patients have welcomed the improved access to their GP, there are many others who have expressed strong concerns about aspects of the system.

Why change the system?

The old appointment system provided bookable appointments and urgent (same day) access on a limited basis. The bookable appointments were set up for weeks ahead and were for routine or ongoing concerns that did not require immediate attention. However, these appointments were always booked up very quickly, closing access and leading to lengthy waiting times (often several weeks). This was not only frustrating for patients, but also presented a concern that delayed access would delay treatment. It was also the case that many of these booked appointments were unnecessary and could have been addressed by direct contact with the GP (by telephone consultation).

The urgent (same day) access was also unsatisfactory, because it had to be limited to emergencies-only. A “duty-Dr” covered each day and contacted patients by telephone to assess and determine the best course of action. The contact was not made by the patient’s usual GP but by whoever was on duty for that day.

The system introduced by the practice in June 2017 addressed many of these issues and was already in widespread use across the UK. It was seen to provide **QUICKER ACCESS, MORE FLEXIBILITY AND CONTINUITY OF CARE**, whilst making the best use of the limited time and resources.

There is a shortage of GPs in Northern Ireland leading to practice closures and mergers. Lack of investment means services are changing.

How the system works?

Patients call the practice if they have a medical problem, whether it is routine or urgent. Reception staff take the call and ask the patient a reason for the request so that they can inform the GP, who use the information to prioritise (this was also a feature of the old system). **Reception staff do not take detailed medical information and are not making medical assessments.**

The patient request is put onto a doctors call list, which will normally be the doctor the patient has had previous contact with. The doctor will then call the patient back as quickly as they can to discuss the medical matter and agree the best course of action with their patient. This may result in the booking of an appointment at an agreed time that day, or an alternative outcome – advice,

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blood/urine test, prescription, etc. By undertaking this initial telephone consultation the doctor ensures that the limited appointment slots are used appropriately and that patients who do not need to be seen are helped in other ways. This makes the best use of medical time, avoids unnecessary visits for patients and ensures that patients' needs are addressed quickly.

Continuity of care

We believe it is important that patients maintain contact with a doctor who they have got to know and trust and who knows the detail of their medical history. Patients also value this continuity of care. Under the old system this was made more difficult because of the waiting times – forcing patients to the first available doctor – and the “duty-Dr” system for urgent/same day appointments.

A principle of the new system is that patients are, where possible, put onto their “usual” doctor’s call list. The only exception to this is when the doctor is on leave or when their call list is full for that day; in this instance the patient may consult with another doctor that day or call on another day.

But what about patients who work?

Many patients who work have expressed concerns about the new system, particularly in relation to receiving call backs from their GP at work and the difficulty leaving work to attend appointments on the day. We appreciate that there are difficulties for some people, but we want to assure patients that we will do all that we can to be flexible in working round these difficulties.

If, for instance, a patient can only receive a call back between certain times, if they explain this to the receptionist they will inform the GP and they will try to accommodate this. If following the call back it is decided that a face-face appointment is needed, then the doctor will work with the patient to find a day and time that suits. The doctors wish to facilitate and to meet the needs of their patients, where they can.

It is also the case that the new system means that patients may not need to take unnecessary time away from their work, as was the case with routine/bookable appointment system.

But it is difficult to get through by telephone!

We apologise for the inconvenience caused by blockages on the telephone system at certain peak times. Monday morning is the busiest period of the week and between 9 and 10am on a Tuesday and Friday can also be particularly busy. We allocate as many staff and telephone lines that we can to target these times, but the surge in demand can often lead to delays.

It would greatly assist the practice and patients if contact is made outside of these peak times.

There are thousands of calls made into the practice each week. There are over 900 telephone consultations and over 350 face-to-face consultations.

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