

NEW WAYS TO WORK IN GENERAL PRACTICE

Productive work flows

Founded in 2011, GP Access has now helped over 100 General Practices support their patients in the best way. Bourne Galletly Medical Practice adopted a GP Access system in the summer of 2014 and is now able to see patients on the same day as they request an appointment. This has reduced DNAs to zero, made it easier to provide longer appointments for patients who need them and reduced stress within the practice.

Bourne Galletly is a traditional general practice of around 11,500 patients that serves the market town of Bourne, Lincolnshire as well as the surrounding villages and rural communities. The practice's GPs found their workloads increasingly difficult to manage. Waiting lists for appointments were as long as four weeks. Administrative staff were demoralised as they couldn't book appointments for the times that patients wanted. Continuity of care was suffering, as patients were

being seen by the wrong clinician too often. Lack of control over GPs' working days increased stress levels.

Ian Robinson, Business Partner at Bourne Galletly, says, "Patients that needed to be seen weren't. The waiting list was long, while some patients who had booked in weeks before weren't showing up for their appointments, either because they forgot or found help elsewhere. We were struggling with a significant number of DNAs."

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Moving towards a demand-led system

GP Access was brought in to help put the system in place. Drawing on the practice's clinical records, GP Access' data analysis showed where demand was highest in the week and allowed them to plan working schedules accordingly. The data

also showed that the practice wouldn't need to hire a new doctor to deal with demand, but that using telephone consultations would help solve the problem.

A launch day of 7th July 2014 was set, after which patients would no longer be able to book appointments in advance.

Patients would now call the practice and hear back from a GP within an hour. The GP would assess the problem on the phone, and provide advice or a prescription where appropriate, or book them in for an appointment that day if they couldn't resolve the problem.



A new '40:18' system was introduced in which GPs would have around 40 telephone consultations a day – which would take approximately five minutes each – and 18 face-to-face appointments of around 10 minutes. This works out as the equivalent of two clinical sessions a day.

Operating a telephone-based, demand-led consultation system better supports Bourne's population. Since rural areas and villages are poorly served by public transport and

infrastructure, it's easier for many patients to speak to their doctor over the phone than it is to be seen in person. This is also important for patients who work, and for many carers. Doctors are also able to arrange face-to-face appointments, if necessary, that fit with the public transport schedule – and patients don't need to wait in the practice for long. Moreover, with Bourne Galletly serving a population with a large commuter element, remote consultations work well.

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40
5 MINUTE TELEPHONE CONSULTATIONS A DAY

18 

10 MINUTE FACE-TO-FACE APPOINTMENTS

2 
CLINICAL SESSIONS A DAY

40:18 SYSTEM

How it works



1 A GP's diary will be empty in the morning.



2 Patients will call in, speak to a receptionist and explain what they want. They have the option of asking for which GP they would like to deal with their problem, improving continuity of care.



3 The patient will then be placed on a GP's list, aiming to call back within an hour.

For Bourne Galletly, the first half of the morning is largely dedicated to phone consultations, with the second half of the morning and the afternoon consisting primarily of face-to-face appointments.

Initially, the practice worried that being able to request a doctor would put strain on one or two popular GPs, while doctors less in demand would have a lighter workload. However, they found the number of people wanting a specific doctor and those who didn't have a preference balanced out.

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Making it work

“To work successfully, the system requires significant trust and teamwork among clinicians,” Ian notes. GPs need to trust receptionists to book patients in with the most appropriate clinician. To help with this, a duty doctor sits in reception and is able to both help triage the calls and to support patients on the spot.

The practice finds that 76-78% of consultations can be handled on the phone, with a time saving of 50% for every one of these.

“It works for us,” Ian explains, “because we’ve got a good team.” Bourne Galletly don’t have individual patient lists. Some of the success of the system is because they rarely need to hire

part-time doctors, who tend to resolve fewer problems over the phone.

The system has improved patient safety because patients with potentially serious problems are identified much quicker. GPs are also now able to give complex patients more face-to-face time since the majority of simpler consultations are handled in shorter phone appointments, and other clinicians are supporting those they can.

The practice surveys 20 patients every day, with a 98% patient satisfaction rate. Because of same-day appointments, DNAs fell to zero, meaning those who need care get care when they need it.



Adapting for different patients

The Bourne Galletly team found that the hard of hearing and the lonely elderly struggled.

People with hearing loss expressed unease when they heard about the system. The practice then decided to amend the system: they looked back through their records and made a note of patients with hearing loss. When those people called in, their name would be annotated on the call list for the GP to spot, and they would then be given a priority face-to-face appointment.

Bourne Galletly also found that some elderly patients were

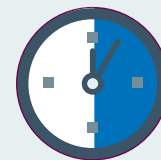
upset about the system, seeing face-to-face appointments as opportunities for social contact as opposed to be treated for any medical problem. “It’s something that can be resolved by social prescribing,” Ian commented.

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0
DNAS

98% ↑
PATIENT
SATISFACTION RATE