

NEW WAYS TO WORK IN GENERAL PRACTICE

Productive work flows

Stowhealth Practice, an innovative practice in Suffolk, has been on a journey of self-improvement to deliver the very best in patient care and access, and a better working environment. Introducing telephone consultations has enabled them to improve access, continuity of care and satisfaction for patients and staff.



Diagnosing the problem

Before changing to a demand-led, primarily telephone consultation system, Stowhealth would regularly try to improve how they offered the best service to their patients. Their system was mixed: as well as offering same day telephone consultation, they offered a limited number of pre-bookable appointments. Patients faced 2-3 week waits to have a face-to-face appointment with the GP of their choice. They could be given same-day appointments with a duty doctor on a rota system, but this meant continuity of care suffered.

DNAs grew, and the list was felt to be “excessively long” according to Paul Brown, Business Manager of Stowhealth. He explained that the doctors felt that the poor continuity and lengthy waiting time meant that the system wasn’t as safe as it could be, while patients were dissatisfied at being unable to access the GP of their choice.

Stowhealth considered their options, and concluded that a telephone consulting system would suit the practice most. With their experience of change

management, they set up a working group and began the process of implementing the system.



Setting up the system

Stowhealth then needed to analyse what their patients needed so that they could provide resources to match it. “By opening up a telephone consultation system with no upper limit of calls, you need to know how many calls to expect,” Paul explains. “Once you do that, you need to match the number of doctors to the number of calls you can predict.”

The example provided was if you predicted 1000 calls and only had 10 GPs working, each would be expected to make 100 calls. In a good system of telephone consultation, a GP would be expected to make 40-50 telephone calls a day. “It can be incredibly daunting for some GPs, so it’s not for everyone,” Paul notes.

Stowhealth were able to analyse their own demand through a series of audits. They then experimented with a two week trial of telephone consulting before settling on it as a successful way of meeting demand better.



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Analysing the demand

“We know that Mondays and Fridays are the busiest days for General Practice, so we needed to shape our rota accordingly,” explains Paul. Analysis of demand showed that Mondays had 50% more work – and so more doctors work on a Monday. Likewise, afternoons contained 40% less work than the morning: Dr Neil Macey, Partner at Stowhealth, notes that three quarters of phone demand is received by 1pm.



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How to set up a telephone consultation system

Once a practice has decided to replace a pre-bookable appointments system with one where patients consult first by phone and, if necessary, given a face-to-face consultation, they need to set a launch date. "Pre-condition for this is a systematic approach to delivering LTC care. This creates the clinical freedom to manage daily demand differently," notes Dr Simon Rudland, GP at Stowhealth.

After that, appointments can no longer be booked. To achieve this, GPs need to clear the backlog in the lead-up to the day. "Doctors have to work extra hard," Paul

says. "But it needs to be done."

It's important to engage with patients to let them know what you're doing and why you're doing it. "Patients are generally sympathetic since they understand things need to change." To do this, Stowhealth used Patient Reference Groups to consult patients. Surveys were carried out before and after implementation, and repeated every couple of months to ensure patients and staff were still involved and satisfied.

In addition, the practice produced leaflets explaining why the change was happening, and included an article in the local paper so that all their patients would understand what was going on.

Stowhealth also introduced a weekly

issues meeting, which became less frequent but is still held regularly. It was important, Paul says, because the entire team needs to work well together. At Stowhealth, which aims to have a flat working culture, the meeting was regularly held in which staff would write issues on a whiteboard and problems would be resolved.

People with a preferred GP who usually get to see or speak to that GP

47% 2014 **72%** 2016

STOWHEALTH

How it works

If a patient calls in to the practice to book an appointment, the receptionist will answer the phone and ask them to give details of the problem. There are then three potential outcomes:



PATIENT



MINOR ILLNESS NURSE

OR



PHARMACIST TELEPHONE LIST

OR



GP OF THEIR CHOICE

1 The patient will be booked in to speak with a nurse in Stowhealth's Minor Illness Clinic.

2 The patient will be put onto a pharmacist's telephone list, who will later call them back.

3 The patient will be asked which GP they would like to speak to. Most patients do not have a preference on who treats them, meaning the workload is spread evenly

In the case of a GP consultation, the GP will call the patient back that day. Depending on the needs of the patient, the GP will give advice or a prescription, or they may book a face to face appointment. The GP is able to choose from appointments with themselves, another GP, a mental health physician, a physiotherapist or their nurse-led minor illness clinic.

RESULTS


Since implementing phone consultations, Stowhealth operates with a much larger emphasis on meeting demand and has noticed that their service has improved considerably. They offer better continuity, 54% of staff feel more in control of their working day and four in five say their working experience has improved. Staff have fewer later finishes and demand is dealt with by the end of the day.

DNAs have been reduced from around 25 a week to virtually zero, since they can be seen when they want to be seen and won't have to wait.

PRODUCING QUALITY CARE

As well as better management of demand, Stowhealth have sought to reduce demand on GPs. People with long-term chronic conditions can continue to book appointments directly with a practice nurse. This takes a lot of the systematic care out of the telephone consultation system when GPs don't need to be involved.

When setting up the telephone consultation system, Stowhealth simultaneously boosted capacity in the minor illness clinic by hiring an extra nurse and training Healthcare Assistants to take on some nursing work. This further freed up a daily clinic, allowing the doctor to offload cases that could be seen by a nurse. An extra session from a nurse plus two extra sessions from Healthcare Assistants freed up a further three nurse sessions – and that led to an extra one or two GP sessions a day. This allows the GPs to spend more of their time doing things that only they can do.

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54%

of staff feel more in control of their working day



4

IN 5 STAFF SAY THERE WORKING EXPERIENCE HAS IMPROVED



25 > 0

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