

Posterngate News

Posterngate Surgery

December 2008

Appointments at Posterngate Surgery

From 1st December, we have decided to abandon the whole scale GP Telephone Triage system we had been trialling for more than 2 months. We are returning to the previous system of Receptionists making appointments. However, there will be more capacity for booked telephone appointments, because we have proved that many problems can be dealt with adequately over the telephone.

Why are we abandoning this?

There are several reasons why we are abandoning the system:

- The GPs were inevitably doing a lot of the routine work which the Receptionists had done previously. For large parts of the work, this wasted GP time.
- Patients were often not available for call backs meaning repeated unanswered calls, thus wasting time.
- Patients were unable to accept calls such as times when they were at work.
- Patient complaints increased greatly. However we also had a lot of people saying that it was a fantastic system, and they were delighted to be able to speak to a GP so easily.
- Even our local MP contacted us as did Radio York.

In the face of all these problems, we have decided it is better to go back to our old system, despite the known faults with that, with some modifications.

Why did we try GP Triage?

- We recognised that there was a great deal of dissatisfaction with patients having to phone repeatedly to get appointments, with the lines being extremely busy at 8am, when many people are busy, and with some of the lack of continuity we were able to offer as a result.
- GP triage was promoted by the NHS Innovation Centre as an effective way of improving access to GPs.
- It seemed a good path for us to try and has been (and continues to be) very successful elsewhere.
- We were advised by the teams that started it not to advertise it in advance because it would cause great anxiety amongst patients.

Did the GP Triage system work?

- For the most part, yes it did.
- We proved that many patients do not need to be seen face-to-face to get aspects of medical care. This was more convenient to them and to us. We could avoid patients coming in for an initial consultation, or could arrange telephone follow-up when it was suitable for the patient and the GP.

- We gave patients fantastic ease of access to GPs, by phone.
- We got rid of the problem of patients having to phone repeatedly to get appointments, and the 8am rush, which is recognised as a problem nationally, was not as bad as previously. We felt these were massive benefits to patients.
- The GPs could be far more flexible with their time when making appointments, because they knew better than any of their staff what else they had to do on any particular day. Therefore we could arrange appointments outside the usual slots. This was felt to be a great advantage to patients, but will not be possible when the Receptionists are making appointments, because surgeries will be busier again.
- We were able to steer patients to other members of our team who could manage their problems as well if not better than the GPs.
- We could arrange initial investigations before patients were seen, thus meaning that when patients did see their GP, the consultation time was more effective.
- For certain conditions, we could make referrals directly without seeing the patient, because it was unnecessary.
- By reducing the numbers needing to be seen, we actually increased GP capacity to deal with more patients.
- We were able to get patients seen within 48 hours, and also to book ahead, due to the flexibility with their own schedules that the GPs had.
- We were able to set up some Internet access for Telephone Consultations, although there was some confusion as this was not obvious due to the way the Emis Access system worked. We hope it will be modified for the future.
- The GPs were working longer and more intensively than before to try to make the system work.
- It is important that you realise that your GPs at Posterngate do not leave the surgery at 6pm, as they do in many places. They are often here ensuring that the essential administration work that has to go on, such as dictating referral letters, reading hospital correspondence, looking at results, well after 7pm, because they are committed to providing high quality care for you and spend most of the time the surgery is open dealing with patients directly. Many of you know this when you have been phoned in the evening by one of the GPs even later than this.

What are we going to do now?

- We will return to Receptionists making appointments.
- We will have slots to book telephone appointments with GPs, on their normal working days, at least once a day.
- We will be far more assertive in arranging for patients to be seen by other members of our team. Our Practice Nurses, supported by the GPs, have spent a great deal of time and effort getting trained in long term conditions, such as Asthma, COPD, Diabetes, Ischaemic Heart Disease (Angina and Heart Attacks), Hypertension (High Blood Pressure) and Chronic Kidney Disease. We want to see their skills used well. Many of you will have seen Nurses in hospital clinics rather than Doctors, which is a change in the NHS, and is happening everywhere. It also has to happen in GP surgeries, if we are to manage the ever increasing demand, with more conditions that have to be managed well in Primary Care.
- We will not be able to offer the same level of telephone access, because we will return to spending more time on face-to-face consultations.
- There will be pre-bookable appointments, but these will not be released until after midday to ease the rush in the morning.

- We will restrict pre-bookable appointments on Mondays as this is the day with the highest demand for same day appointments, and also on days when we know we will have a relative shortage of appointments.
- Pre-bookable appointments will be limited, but there will be some available as much as 4 weeks in advance, some at 2 weeks and some for the next few days.
- We will return to having some appointments available over the Internet again.
- We will continue to review our systems to look at improving it where we can.

How can you help us help you?

- If you feel your problem can be dealt with over the phone, please ask for a phone consultation. We will try to be flexible over the times of these, but will not be able to offer the level of flexibility we have for the past 2 months, because we will be seeing more patients face-to-face.
- If you have a long term condition which our Nurses are trained to deal with, please make an appointment to see them. We work as a team, and they will let us know if they need our help.
- If you have a medication review due, consider whether you need to be seen at all. If you have had your Blood pressure checked recently, it may not need an additional consultation.
- If you are unsure what the best service for you is, please ask our receptionists for advice. They will often be able to direct you to the right person.
- If you have been asked by a hospital clinic to come to the surgery, please check that we have received the necessary information before making an appointment. It wastes everyone's time to find out when you see a Nurse or GP that they have not got the necessary hospital letter. It could be chased up before you come in.
- Most importantly, a home visit always takes far more GP time than a surgery appointment. If you or someone you care for, wants to be seen, please try to come in whenever possible. As GPs there is nothing more annoying than to have to undertake a visit for a long term condition, than to hear that the person goes out to the shops or the hair dresser regularly. We do not mind undertaking visits, but we do get upset when we are expected to visit, because a patient merely sees it as a right of theirs.

