

Practice Report for Blackwater Medical Centre

Managing access & urgent care in your practice

Introduction

This report is based on the information you have provided triangulated using information from the GP Patient Survey. Any suggestions should be treated as a guide to further work rather than a series of actions or firm recommendations. We can never know as much about the detail of your practice as you do - so you will need to interpret the findings and suggestions with your local understanding.

Sometimes apparently anomalous results can emerge, perhaps because the questions that we have asked were insufficiently clear and on occasion it may be necessary to revise your data (which will require us to reverse the sign-off) and rerun the report. Should you have suggestions that will help us to clarify or simplify the process and reduce the chance of this happening in the future we would be very grateful to receive them. To do this or to ask us please email survey@primarycarefoundation.co.uk

The report is structured so that this section describes your practice and how it compares with others, looking at a variety of aspects. Whilst we point you to the suggestions in the appendix, these are deliberately kept separate and presented in a way that leaves you to decide which is most appropriate in your circumstances to improve your systems and your response to patients' demands. You will also need to consider which changes will have higher priority and plan the order you might apply them. Certainly we would counsel against making too many changes at one time

Summary

Some of the key points from the analysis of one week in your practice show:

- The results for the 2011/12 General Practice Patient Survey suggest that your patients rate you less highly than those of other practices. You scored some way below the average on overall experience of the practice, the ease of getting through by phone, the experience of making an appointment and the helpfulness of receptionists
- Our analysis of the availability of appointments during a recent week highlights that the consultation rate in your practice, at 6.32, appears to be close to the national average. The national consultation rate weighted for the age and sex of your population is 5.9.
- The balance between same day and advanced appointments is well above the suggested split. The sample week chosen showed that you offer 54.1% same day appointments.
- In your practice, GPs seem to undertake 64.2% of the consultations, close to the average practice, where GPs carry out about two thirds, with other practitioners, usually nurses, carrying out the rest.
- The 'rough and ready' results for telephone access making the assumptions described below suggests that you may have insufficient staff to answer phones for most of the week, based on your average call length of 151 seconds.
- 11.1% of your consultations take place by phone and you report that you encourage patients to use telephone consultations if they feel it can be dealt with over the phone - and have organised things to get back to patients quickly.

- A number of your responses hint that you may be short of appointments - most particularly that saying 'When all GPs are in we tend to keep up but when staff are away we tend to struggle and when appointments run out we ask patients to ring again later.'
- You also report that:
 - Requests for home visits are reviewed at the end of the morning and shared among the doctors and that home visits are planned for specific times in the day (for example after morning surgery) so when a patient needs to be seen rapidly they have to wait till then.
 - You had more categories of appointments than simply same day/book ahead and that different types of appointment are released at different times.
 - You have some doctors who are much more popular than others with patients.
- The Reception Quiz was completed by 8 of your team.

We have made a series of suggestions in the Appendix, but you will need to look closely at the range of options and decide which changes are most suitable for you practice.

How your practice works

This section summarises how you described the way you work, in responses to a series of multiple choice questions. It covers your practice's operational processes around managing appointments and your overall approach to providing care. The responses are included verbatim. Since others may have different perceptions it may well be worth exploring these further in discussion about the report.

When all GPs are in we tend to keep up but when staff are away we tend to struggle and when appointments run out we ask patients to ring again later. We have developed our appointments system and we now have a number of different types of appointments that are released at different times. When appointments run out receptionists may ask some more questions to check that the patient needs to be seen but will generally fit them in as 'extras' or invite them to come and wait at the end of the surgery. We encourage patients to use telephone consultations if they feel it can be dealt with over the phone - and we have organised it so that we get back to patients quickly. All requests for home visits are reviewed at the end of the morning surgery and are shared between the doctors who are on duty. Home visits are planned for specific times in the day (for example after morning surgery) so when a patient needs to be seen rapidly they will wait to that time. Patients can book at least a month ahead. We estimate that in between 15 and 30% of cases we ask patients to ring again

We try to ensure that the same doctor sees those with complex conditions or receiving palliative care but others are generally fitted in with the doctor or nurse who has the next available appointment. We have looked carefully at the needs of our patients in the practice and the different expertise of our GPs and we have agreed to take on different roles. We have some doctors who are much more popular than others with patients. The practice avoids the use of locum doctors to fill gaps when GPs are away - we tend to accept that we will work with 1 or 2 doctors down for a few weeks a year. Receptionists book patients in for the appointment that seems appropriate but a doctor or nurse is available to speak to the patient to decide how quickly they need to be seen and by whom. Our nurses see a mix of minor illness same day and pre-booked appointments for patients with chronic diseases or long term conditions.

Practice background

Blackwater Medical Centre (F81099) serves 14437 patients in MID ESSEX PCT. There is a 5.5% turnover of patients on the practice list each year (measured as new registrations as % of list size). The practice has 6.75 GPs and 4 nurse/nurse practitioners and 5.5 members of the reception team (all are shown as whole time equivalents). The practice information system is provided by SystemOne. You reported that 21.69% of your population is over 65 and the NHS Information Centre figure for the index of multiple deprivation is 13.82 which places the practice in the third group out of 10 compared with practices in England (the first group is least deprived and the 10th the most deprived).

This report is based on information collected during the week commencing 12/11/2012. The earliest that the practice ran out of appointments during the week was 09:30 and the latest 16:00..

Patient Survey

The results for the 2011/12 General Practice Patient Survey suggest that your patients rate you less highly than those of other practices. You scored some way below the average on overall experience of the practice, the ease of getting through by phone, the experience of making an appointment and the helpfulness of receptionists

Table 1: Summary of patient perceptions from GPPS (unweighted results for 2011/12)

Practice number	F81099				
Practice name	Blackwater Medical Centre				
East of England SHA					
MID ESSEX PCT					
	Low?	Practice	PCT	SHA	National
Ease of getting through on the phone	↓	60%	80%	83%	82%
Helpfulness of reception staff	↓	83%	92%	92%	92%
Overall experience of making an appointment	↓	69%	84%	84%	83%
Able to get an appointment	↓	69%	80%	80%	79%
Impression of waiting time	↓	60%	68%	67%	66%
Satisfaction with opening hours	↓	79%	83%	84%	84%
Average rating of doctor	→	83%	86%	85%	85%
Average rating of nurse	↓	73%	82%	79%	81%
Overall experience of the GP surgery	↓	83%	91%	91%	90%
Recommend surgery to someone moving nearby	↓	78%	84%	84%	83%
Confidence in managing own health	→	91%	94%	94%	93%

Note: The arrow down (↓) indicates that the practice is at least 3% below PCT, SHA and England averages, the arrow up (↑) 3% above and the right arrow (→) that you are close to the norm

Summary of Results

The data was submitted by Lesley Beale for Blackwater Medical Centre (F81099) and Signed Off 04/01/2013.

Access by telephone

Our analysis of the telephone demand by hour of the day suggests that you may have insufficient staff (using the assumptions described below) to answer phones for most of the week, based on your average call length of 151 seconds.

This is a fairly long average call length and it may be worth checking whether there are particular reasons for this or whether it is extended by a prolonged 'negotiation' with those patients that are not offered an appointment when they might reasonably want it.

To reliably answer the telephone promptly (without the caller ringing off) staff need to be 'dedicated' to answering the phone. Whilst they can do a limited range of other things whilst remaining by the phone they need to be in a position to stop those tasks and answer a call as a priority (and within 15 seconds), so a receptionist speaking to patients face to face is not dedicated to answering the phone. Where you have reported that staff are available to answer the phone but are not 'dedicated' then we have assumed that they are equivalent to only half of a 'dedicated' staff member. The table below shows this calculation with the arrow indicating when you appear to have sufficient staff available:

Table 2; Showing the number of dedicated staff needed compared with the actual and effective number of staff available

Assumed service level	90% in 30 seconds				
Your average call length	151	seconds			
	Number of dedicated staff needed	Average number of dedicated staff you employ	Average number not dedicating all of the time to answering the phone	Equivalent to an average of this number of dedicated staff	Arrow indicates that you may have too few staff
Before 9	6.6	3.0	1.2	3.6	↓
9 to 10	3.7	2.2	0.2	2.3	↓
10 to 11	3.8	2.2	0.0	2.2	↓
11 to 12	3.3	2.2	0.0	2.2	↓
12 to 1	2.8	1.6	0.0	1.6	↓
1 to 2	2.6	1.2	0.0	1.2	↓
2 to 3	3.1	2.0	0.0	2.0	↓
3 to 4	3.2	2.0	0.0	2.0	↓
4 to 5	3.2	2.0	0.0	2.0	↓
5 to 6	2.1	1.4	0.0	1.4	↓
After 6	1.0	1.0	0.0	1.0	↔

Note: The arrow down (↓) indicates that you may have too few people answering the phone, the arrow up (↑) more than may be needed and the left arrow (↔) that the numbers are about right

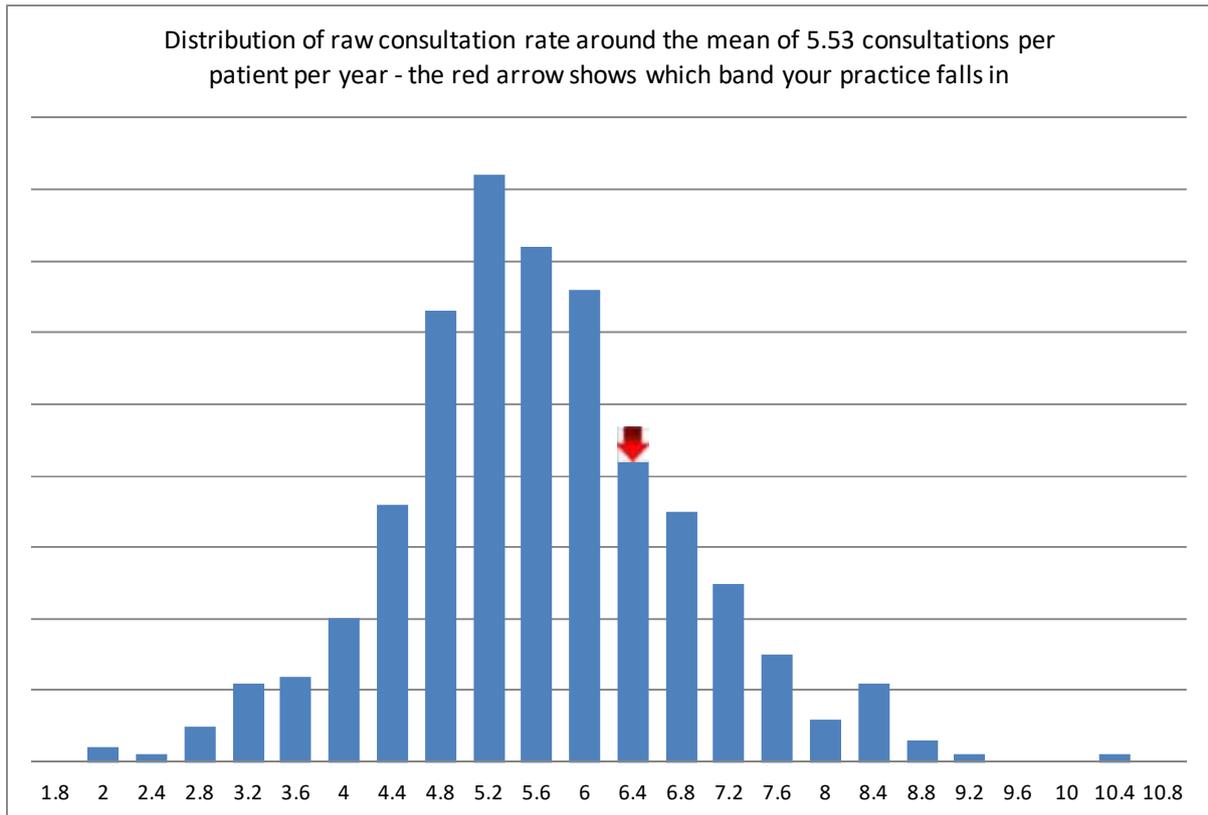
From the week of data that you supplied the peak requirement in the busiest hour indicated that you need 6.8 'dedicated' staff and should have at least 8 incoming lines (note that the figures above are the average over the week).

The practice scores well below the norm in the rating by patients of the ease with which they can get through on the phone. The exceptionally high level of demand before 9.00 and the level of walk-in patients might indicate that patients have been trained over a period to use their own ways to book appointments with the practice. You indicate that 15 to 30% of patients are told to ring again - not only does this increase the workload on the reception staff but it also risks increasing the chance that patients begin to 'game' the system. We note that you have a process for those with a touch-tone phone to book appointments too and it might be useful to consider how many use this, how soon the allocated slots are used up and how it impacts others.

Individual practices will want to make their own judgement about whether telephone access is a priority area based on the feedback from the GP Patient Survey, your own surveys, examination of data from the call-logging system and information from staff involved. The figures for the number of 'dedicated' staff required (and the table in the appendix) should provide a sound basis for the judgment on staff numbers - the difficulty is in assessing the availability of staff that also perform other duties. Further suggestions are included in the Appendix on pages 2 and 3.

Consultations

For the week you sent us data, the overall number of consultations available was 1863 (for a full analysis, see Table 3 below). We have converted this into a consultation rate, per patient, per year, so that we can compare your number of appointments available over the week with other practices across England. There is a wide variation across practices in this raw consultation rate - to show where you fit compared with other practices we have added a red arrow to the band within which you fit on the chart below (from Trends in consultation rates in general practice to 2008/9 published by QResearch)



To make a better comparison, we have also weighted this figure for the age and sex of your patient list, so if you have a higher proportion of very young or very old patients, we would expect you to offer more consultations. The national average consultation rate for all practices is 5.53 whilst the national consultation rate, weighted for the age and sex of your population would be 5.9. The rate for week we analysed, is 6.32 which is close to the average level of appointments that we might expect for your population.

As a 'rule of thumb' where there is little constraint on patients booking ahead General Practice workload splits into one third 'same day' and two thirds which can be planned ahead. There is wide variation in this depending on the patient list characteristics. Practices with younger lists and those with a high proportion of patients with less ordered lives often have more than one third and sometimes the difficulty of securing book ahead slots compared with same day drives the fraction well above a half. In your case the balance between same day and advanced appointments is well above the suggested split. The most recent week indicated that you offer 54.1% same day appointments. This may have been adopted as a way of coping with the pressure for appointments, but it may be that offering more pre-bookable capacity would ease the pressure for same day appointments. Our suspicion is that a considerable proportion of the same day slots are being filled by patients who could not, for a variety of reasons, book an appointment in advance.

Across England the proportion of respondents to the GP Patient Survey that say that they were seeking a same day appointment is less than 40%. It appears, however, that in practices where patients have found access to be easy that this proportion is typically lower than the average whilst in many practices where there appears to be a higher than average demand for same day appointments it seems that the practice system and process may have caused this. In your practice 39% of respondents indicated that they were looking for a same day appointment

Table 3 - Analysis of appointments during the sample week chosen

	Total for the week			Overall %
	Advance	Same	TOTAL	
All types of appointment				
GP consultations	545	651	1196	64.2%
Registrar consultations	0	0	0	.0%
Nurse practitioner	0	195	195	10.5%
Nurse	310	0	310	16.6%
Other Health professional	0	162	162	8.7%
Specialist clinic				
Included in above				
TOTAL	855	1008	1863	consultations a week
	45.9%	54.1%		
Number of consultations carried out by phone	18	188	206	11.1%

Table 4: Analysis of annual consultation rate (based on extrapolation from the sample week)

Number of consultations in the chosen week	1,863	
Estimated number of consultations a year	91,287	consultations per year
Average number of consultations a year per patient	6.32	
Your population	14,437	
Estimated average consultations per year for England		
Which, for your population is equivalent to	79837	consultations per year
or	1629	consultations per week
Weighting for age/sex of your population changes average to		
Which is equivalent to	85,233	consultations per year
or	1,739	consultations per week

A number of your responses hint that you may be short of appointments - most particularly that saying 'When all GPs are in we tend to keep up but when staff are away we tend to struggle and when appointments run out we ask patients to ring again later.' You estimate that patients are told to ring again later in between 15 and 30% of cases You also run out of same day appointments before 10.00 am on a number of days .

11.1% of your consultations take place by phone and you report that you encourage patients to use telephone consultations if they feel it can be dealt with over the phone - and have organised things to get back to patients quickly. You also report that patients looking for a routine appointment with a GP on a Monday morning can do so in 2 days.

Whilst the average provides a comparator that is of interest, it does not indicate what the 'right' level of consultations is for your practice. The picture of the number and nature of the consultations should be judged whilst also looking at the patient perception of the ease with which they can see a doctor. You scored some way below the average on the experience of making an appointment.

During the week chosen 44 appointments were identified as 'did not attend' (DNA) which is a rate of 2.4%.

On page 4 of the Appendix we provide some suggestions about what to consider if you appear to have too few appointments - but we also provide some cautions.

Operational processes and home visits

You reported that:

- You had more categories of appointments than simply same day/book ahead and that different types of appointment are released at different times. Although a number of practices adopted this approach in response to the 48 hour access target of the previous government and others use it for reserving some same day slots for those who ring in the afternoon we are not certain that this complexity provides benefit to the patient or the practice. In too many cases it results in extra work for the reception staff and frustration for the patient when they are told to ring at a later point when the practice will have opened up more appointments. The overhead in managing a complex system can be significant and it becomes difficult to ensure all the rules and policies for all the different kinds of appointments are applied equally by all staff. Not all systems are like this - but you may want to consider if some of these criticisms apply to yours. **We note that in your web instructions for touch tone phone users you describe how you release appointments in various waves. Interestingly the instructions and explanation do not seem to indicate how one would use the system to book an appointment with a nurse or nurse practitioner.**
- Patients can book at least a month ahead. You also indicate that routine appointments can be booked 6 weeks ahead. The 6 weeks is in line with the suggested minimum of six in our report on urgent care in general practice. Receptionists should use a script which steers people towards booking further ahead rather than offering an appointment as soon as possible.
- Your answer about how soon appointments are available indicates that patients can be offered a 'book ahead' appointment within the next three days.
- You have some doctors who are much more popular than others with patients. There can be a number of reasons for this including such things as the way the practice chooses to allocate patients between clinicians, the personality of the individuals etc. However in many instances we have found that such doctors tend to over review patients so that there are too many returns associated with some of the patients they see. We suggest that the practice reviews new to review rates by individual doctors and nurses to check this.
- Requests for home visits are reviewed at the end of the morning and shared among the doctors and home visits are planned for specific times in the day (for example after morning surgery) so when a patient needs to be seen rapidly they have to wait till then. We would encourage your practice to assess potential home visits earlier and establish arrangements to allow an early home visit when necessary. Further information about home visits is included in the Appendix on page 5.

These issues are addressed under the relevant headings in the appendix.

Staffing

In an average practice, GPs carry out about two thirds of the consultations, with other practitioners, mainly nurses, carrying out the rest. Based on the figures for the week provided, GPs seem to undertake 64.2%.

What some practices have found helpful as a 'sense check', but also because it often highlights an opportunity to deploy resources more productively, is to compare the number of consultations carried out by different staff groups. The table below compares the percentage of staffing for each clinical group against the percentage of activity.

Table 5: Comparison of staffing numbers (WTE) with the number of consultations in the week

	Number of whole time equivalents	% of clinical time available	Number of consultations in the week	% of clinical consultations *	Consultations per WTE
GPs and GP registrars	6.75	63%	1196	64%	177
Nurse practitioners	1.00	9%	195	10%	195
Nurse	3.00	28%	310	17%	103

* This column will not add up to 100% if some consultations take place with HCAs and others

There are, of course, significant differences in the skills, experience and case mix between the different groups of staff (as well as variation in how each is deployed within every practice). Often practices find that this leads to some groups undertaking relatively fewer consultations compared with others.

Nevertheless the figures above are worth comparing with others nationally for which the best information available comes from the last workload survey - please refer to the section on staffing in the Appendix on page 4.

The final column shows the number of consultations per WTE for each staff group but you should bear in mind that some staff groups spend more time on non-clinical matters than others (for example a practice partner will have many more administrative and non-clinical demands on their time than a salaried GP). **The rates for all staff look high. Certainly the indication is that your clinical staff are busy.**

Reception Survey

The Reception Quiz was completed by 8 of your team. The purpose of the reception quiz is to check on the overall consistency or variation in managing patient calls or queries. The first part looks at practice protocols and training, as well as exploring staff confidence in recognising potentially life threatening conditions. The second part presents 13 different scenarios where patients call describing a particular health problem and the receptionist has to decide how they would respond, from calling an ambulance, through to getting immediate help from a doctor, to booking the patient for an appointment. This is less about whether the response is right or

wrong (although with more serious conditions you will be looking for rapid intervention) but the level of consistency across the team.

Among those that responded

- 4 were not very confident in knowing what to do after they had identified an immediately life-threatening emergency
- 2 had been trained within the last year, 2 reported that they had been trained between 1 and 2 years earlier and 4 said that they had not been trained within the last two years.

We have provided as a separate attachment the details of all responses (names are not included where the practice manager chose to make the quiz anonymous). Where there is substantial variation across the team you may want to run a training session across the reception team, led by a clinician, to explore why there is variation, how much is acceptable, and how it can be reduced. You will also find more information in the Appendix and examples of how some practices developed training and scripts for reception staff to improve the consistency of their response in our report on Urgent Care in General Practice available at; <http://www.primarycarefoundation.co.uk/report.html>

Repeating this analysis

In general we recommend that practices look again at the analysis at least once, perhaps twice in each year but you should recognise that not only does it take time to make some changes but also that it takes time to change patient perceptions of the practice so it will take time for changes to be reflected in the GP Patient Survey results.