

**DECEMBER 2023**

**You said**

1. Why does it take so long for the phone to be answered?
2. Why do calls drop off while you are in the queue?
3. Why do I have to send a PATCHS?
4. Why am I directed to see someone else when I want to see the GP?
5. Why do I have to have a phone call first?
6. Why do I have to answer receptionist questions?
7. Why can’t we go back to how it was before?

**We did**

Previously patients have asked us to do something about the number of times they got the engaged signal. We were told that people would prefer to queue rather than keep trying. So instead of having 8 spaces in our queue for each site we increased that to 25 each site. We needed to buy a new phone system to be able to do that, which we did. Feedback is now that people have changed their mind (which is absolutely ok!) and don’t want the expense or the inconvenience of the long waits.

We have looked at the data for the number of calls we are receiving on a daily basis and what part of the day they are coming through and we have tried to communicate with everyone about the particularly busy times to avoid if your query or concern isn’t urgent. (I have looked at the numbers of incoming calls from external numbers for the first week of July, September and November this year and I will continue to review every second months on an ongoing basis. Currently we are receiving an average [per week] of 477 calls between 8am and 10am; 368 calls between 10am and 12pm; 422 calls between 12pm and 2pm; 280 calls between 2pm and 4pm and 163 calls between 4pm and 6pm. When we look at individual days of the week Moday we receive an average of 432 calls, Tuesday we will get an average of 293 calls, Wednesday it is an average of 378 calls, Thursday we will get an average of 353 calls and Friday is a little quieter with an average of 285 calls but it is fair to say I can see a significant level of variation, but I hope that gives you some information to help you plan your calls for anything that isn’t urgent).

We keep PATCHS (the online system) available 24 hours a day 7 days a week unlike some practices and so far we haven’t needed to limit numbers – however, there may come a time when that might need to happen and we will try and work with people to work out the best way to do that. The realistic position is we have a finite number of people to do the work so there can only be a finite amount of availability per week. Our team cannot just keep doing more work.

For the number of patients we have, our contract (and budget) is based on 700 “patient contacts” per week – for the last year we have averaged 1761 contacts having adopted, as required, a total triage model. This means that each request for an appointment is considered by one of our trained clinical triage team, both Advanced Nurse Practitioners, who will do their best to resolve the request if they can (data from the researchers considering many different practices suggest they should be able to resolve around 30% at that first contact), otherwise they may request other information (like a photograph) if needed and then allocate an appropriate member of the wider clincial team based on the nature of the request. (point 5)

This means (point 6) for people phoning their appointment request through to us we need to ask enough questions to understand the need of the patient ringing.

As we are now trying to deal with 47% more appointments than we were pre-pandemic, we have to make sure we are using the resources we have available to the best effect. So if a request can be dealt with by the pharmacy team, then that’s who should deal with it – if they need to refer something to the GP then we have processes in house for that to happen. But if we fill up the GPs with things that other people can do then we have no space for the patients that can only be dealt with effectively by a GP. Which would be a worry for us all.

We are not the only practice dealing with significanty increased patient need with the same (or reduced) staff availability. So there has been a national focus on how to solve this question. This has lead to a suggested model known as “Modern General Practice” – please see an excerpt of national guidance below :

*“Implementing Modern General Practice*

*Whilst a clear description of the model hasn’t ben articulated the steps to implementing the “Modern General Practice” model are highlighted in the diagram below and focus on ensuring all patient information is collated, filtered and processed consitently so patietns know on the day how their request will be handled, based on clincial need and continuing to respect their prefernce for a call, face-to-face appointment, or online message.*

*By moving to the model, practices will be better able to see and understand all expressed demand and all current capacity; to reduce avoidable appointments and allocate capacity equitably and according to need; and to make full use of the multi-professional team and improve the working environment for staff, as well as improvign experience for patients. “*



With regards point 7 – we are being clearly directed that the “first past the post” system we were using prior to the pandemic is not how we are expected to deliver patient care. Utilising a wider team of clinicians and using the extremely qualified triage team to direct patients to the right place has allowed us to address 47% more activity than we would have been able to before. Some of that is down to the team being able to ring patients rather than seeing everyone face to face, some of it is down to having different kinds of clinicians working at the practice, some of it is down to being able to safely communicate with patients via systems like Accurix and PATCHS and some of it has also been down to having longer initial appointments for those people who do need a longer appointment so we can get more sorted at that first appointment with the GP.

We have a new contract now (April 2023) which requires us to assess each patient at their first point of contact with the practice and either signpost them to the appropriate service, request more information if needed, or if we have no further capacity, we can refer them to an alternative service if we are concerned that we cannot safely meet that patients’ needs at that time. So once our capacity for the day is fully spoken for, the only alternatives we have available are to either request a PATCHS form so we have all the information to hand or refer to another part of the NHS. By using PATCHS in the way we are we believe that we are meeting the obligations placed on us by the new contract. It is not feasible for us to deliver a face to face GP appointment to every patient who contacts us at the exact point, in the 10 hours we are open each day, that they choose to ring or are able to get through.

With regards point 2 I have been in touch with our telephone provider who has (repeatedly) assured us that our system is working well and has had 100% availability over the entire course of our contract with them. I have attached a letter from them in confirmation. They have also suggested a number of reasons why there may be issues from the patient end of the connection – possibly a change in masts while driving has caused a blip in coverage which has dropped the call, or it may be a failsafe within the individuals phone contract to prevent expensive “pocket dialling” issues.



It has been suggested that we hire more receptionists in order to answer more calls, which would be lovely. However, in order to have more receptionists we would need to have less of something else, which would most likely be clinical workforce, reducing availability further.

We are looking at a focussed patient survey in the new year to provide guidance with regards the ongoing engaged tone or queue debate.

Lastly, I have had informal feedback from receptionists that patients are wondering if any of their feedback is reviewed, and in fact might be using the complaints process to ensure that they are heard.

I can promise that all feedback gets reviewed by me and fed back (in detail) to the full practice multidisciplinary meeting which we have weekly. All complaints are reviewed annually and compared with the feedback that the other practices within our Primary Care Network (5 Parks PCN) are receiving.

However, we have now set up a patient email address which we would strongly prefer our patients to use to feedback if there is any issue that they feel needs a specific response. This email is monitored at least weekly and again we hope will help reduce the phone traffic, at least a little. We can’t use this for appointment requests or any other clinical issue (that’s what PATCHS is for) but if you want to let us know about something that is going on that is causing problems then it is a really good place to start. (It is a secure email.)

[Parklands.Patients@nhs.net](mailto:Parklands.Patients@nhs.net)

Please take care as the winter weather lands,

Very kind regards,

Fiona Purdie

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Business Manager