**Appointment Review October 2022**

**Summary of proposal**

This initiative was a holistic review and aimed to identify area’s where we could improve access and the patient journey. We also wanted to improve staff welfare as we identified that moral was suffering and there was an increase in staff turnover.

The main access into the surgery is either via the telephones or via the physical front desk. Feedback from patients highlighted that they were unhappy with the length of time they had to wait to speak to a member of staff on the phones. There was also feedback that the queues at the front desk were problematic and patients had been found to miss their appointment as they had been unable to check in. Patient frustration with the current system led to an increase in complaints and anti-social behaviour towards staff.

**Actions**

Considerable time was spent reviewing how we were managing demand & processing the calls that were coming in. As a result of this, we identified a number of areas where we could implement change which would have a direct impact in reducing call lengths.

We also observed what types of support patients were requesting via the front desk and how we could find ways to reduce the amount of time patients were waiting to be helped within the resources that we have.

We carried out internal training to upskill staff and give them the tools to be more effective in the delivery of this improvement plan.

**Data**

This review began in January 2022 and has been a work in progress. One strand has involved us reviewing data from our telephone system. The data below demonstrates the impact of this change.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Jan-22 |  |  |  | Oct-22 |
|  |  |  |  |  |  |  |  |
| AM | Calls waiting | Longest wait in mins |  |  | AM | Calls waiting | Longest wait in mins |
| 8.15 | 13 | 14 |  |  | 8.15 | 32 | 15 |
| 8.30 | 22 | 29 |  |  | 8.30 | 26 | 28 |
| 8.45 | 23 | 41 |  |  | 8.45 | 16 | 27 |
| 9.00 | 21 | 46 |  |  | 9.00 | 8 | 26 |
| 9.15 | 15 | 35 |  |  | 9.15 | 3 |   |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| PM | Calls waiting | Longest wait in mins |  |  | PM | Calls waiting | Longest wait in mins |
| 2.15 | 34 | 0 |  |  | 2.15 | 33.2 | 15 |
| 2.30 | 34 | 17 |  |  | 2.30 | 25 | 29 |
| 2.45 | 31 | 30 |  |  | 2.45 | 16 | 46 |
| 3.00 | 27 | 43 |  |  | 3.00 | 8 |   |

The changes that we have made, will not change the demand. What we have been seeking to do is manage it more effectively.

This data shows that the number of patients queuing in the system reduces over the first hour rather than remaining static. As a direct comparison, we can see that in January 2022 at 8.30am there were on average 21 calls waiting to be answered. In October 2022 we can see that this had reduced to 8. This also means that there will be less patients who after queuing, are advised that we have reached capacity.

Data from January 2022 shows that on average, patients were likely to have been queuing in the phone system for as long as we had been open. e.g. at 8.30 they would have been queuing for 30 minutes, and by 8.45 this would have increased to 45 minutes.

In October 2022 we can see that in the morning, the length of time that patients are queuing to be answered does not continue to rise and does not exceed 30 minutes. The data for the afternoon both in January 2022 and in October 2022 shows a downward trend, however data from October 2022 demonstrates a significantly sharper reduction in waiting times.

Part of our data gathering exercise identified that at 8.00am, it was not uncommon for there to be in excess of 15 patients waiting at the front desk. We attempted to address this by increasing the usage of the self-check in, by splitting the queue into those who already had an appointment booked, those who were seeking to book an appointment and those who had a general query. Although the usage of the self-check increased there are still a number of patients who prefer to speak to a member of staff to check in.

Due to the changes we have implemented in the improvement plan, we have seen a significant reduction in the length of time patients are waiting at the front desk. Not only has this improved the patient experience, but it has had a noticeable effect on staff morale. In house training and team build exercises highlighted that staff experience an increase in job satisfaction when they can help patients efficiently and effectively.

**Summary**

It is important to understand that we cannot directly affect demand.

What we are seeking to do is improve the way we handle and process this demand so that we optimise patient experience. It is also important to ensure that staff feel effective in their roles within the practice.

The changes that have been implemented have already demonstrated an improvement in these areas and we will continue to monitor and review our processes.