**How to Solve the Unsolvable…?**

So this is the week! This is the week when the senior management team (SMT) have cleared their diaries to sit in reception to observe the peaks and pitfalls of the calls into the surgery. Aiming to answer the unanswerable question. Trying to solve the unsolvable.

Access to GP surgeries is a hot topic and is a something that affects everyone.

So they settle down with pens, highlighters, laptops, and log into various platforms, portals, systems and have their timers ready. The reception team grin.

As soon as the phones switch on at 8am the number of incoming calls climbs steadily. The receptionists run through the algorithms designed by the Partners to ensure the relevant information is taken before the request is presented to the doctor on call.

The reception team is down by one today as a member of staff is off sick meaning that it takes us longer to work through the calls.

As it is 8am, all of the reception team at logged into option 2 on the phone system which is referenced in the phone system as the option to choose if you *have an urgent issue that you need advice on today, or would like to speak to a doctor routinely.*

The plan…? That the team can work through these calls promptly and move onto the next patient keeping the call times to a minimum. However… best laid plans…

Robyn who has just completed her probation gets tied up trying to assist a patient regarding a form. Mr Jones is adamant that he was advised by one of her colleagues that we would complete Form A. Robyn calmly explains that Form A is not something that we deal with. Mr Jones is certain we do as it relates to his health. Robyn explains that although it is to do with health, it’s not NHS work and therefore is something GP’s can chose to complete and charge a fee for. Our GP’s do not offer this service. Mr Jones insists that he was told that we would. Robyn contacts the admin team as the original request came in via email. Admin cannot see anything to confirm the patient’s story. So now what does Robyn do? She doesn’t want to accuse Mr Jones of lying but cannot really help him further? What would you do?

Robyn manages to close up the call, but has been unable to take any other calls for 12 minutes. At 8.10 in the morning this has a real impact on call flow. Should we have refused to help Mr Jones at that point to prioritise other calls? What if you were Mr Jones?

The SMT scribble these notes and frown at each other as they try to work out how who should have been prioritised in that situation.

It’s now 8.20, and although the team are working through the calls, the numbers in the queue continue to rise.

Rosie, a long standing member of the team now has a queue of 8 patients at the front desk who all advise her that they have come to the surgery as they have not been able to book a telephone consultation via the phones as it has been so busy. Concerned by the length of the queue and the dissatisfaction of those waiting in it, she calls Angie to come and assist her on the front desk. There is a murmur of approval from the patients waiting in the queue as they had begun to shuffle from foot to foot in frustration at the fact that there was “only 1 person on the desk at this time of day”.

However, this had reduced the number of receptionists now working through the number of patients waiting in the phone queue.

As a result the number of patients waiting to be answered starts to climb.

The SMT scribble again… who should be prioritised in this circumstance? Is it the queue at the desk? They are a physical presence and it can be intimidating for the receptionist to be faced with a sea of frustrated faces? But what about the people who have been waiting in the phone system for longer than those in the queue? We can’t see them? What if their concern is more urgent? What would you do?

The receptionists continue to take call after call, repeatedly asking “have you been in contact with anyone who has tested positive?” “Are you currently isolating?” “Do you have a loss of taste or smell?”

The calls cover a real range of new issues and long standing issues, but every request is presented to the on call doctor who is sat with the reception team and advises them where to book the patient or offer an alternative if there is something else that can help. Today’s calls cover a massive range of issues. Ongoing D&V, long standing hip problems where the patient cannot take the pain any more, medication side effects, long Covid issues, general viral concerns, depression, parents concerned about their young children, children concerned for their elderly parents.

The SMT set and re-set their timers recording call lengths, queue lengths, average call times, tracking where call queues increase and where they decrease,

Nina, a very measured receptionist, is on a call with Mrs Bloggs. It’s going round and round in circles. Mrs Bloggs wants to **SEE** a **DOCTOR**. Nina explains that she can’t book a face to face appointment herself, but she will book a telephone call and if the clinician thinks a face to face appointment will help with the care Mrs Bloggs needs, they will organise it themselves. But Mrs Bloggs repeats again that she doesn’t want a phone call, she wants to **SEE** someone. Again Nina explains why she can’t book a face to face appointment but also explain what she can do instead. 4 minutes later Mrs Bloggs agrees she will “**HAVE** to have a phone call in that case”. Nina takes all of the required information and asks the on call doctor where to book Mrs Bloggs. Based on the information that Mrs Bloggs has given, the doctor suggests booking her with the First Contact Physio (FCP) who is a specialist in the issues Mrs Bloggs has described. However, Mrs Bloggs does not feel the doctor has fully understood. Especially as she specially requested that she wanted a doctor. Nina explains that the FCP is part of the increasingly diverse practice team incorporating lots of different skills and specialties as there are simply not enough doctors available anywhere in the country. Mrs Bloggs asks about the extra money that the government has given to Primary Care. If the surgery has had “all of this money” what have they done with it and where are the doctors? Nina explains that that is really not something she is involved with and just wants to help organise an appointment for Mrs Bloggs. The conversation continues to circle. Nina speaks to the doctor again to explain that Mrs Bloggs is not happy with what she has been offered. What would you do here? Mrs Bloggs wants a doctor. But a doctor has already reviewed what she has described and triaged the call to who they consider to be the best person to help her. It may be what Mrs Bloggs **needs**, but it’s not what she **wants**? Who’s right?

Just as the team are starting to make clear progressing into the call queue a member of the clinical team calls in sick with one of the viruses that are circulating.

Anna, who is responsible for rearrange appointments in these circumstance, is now faced with a dilemma. Should she continue to deal with the call queue, or should she log out of the call group and contact the patients to give them as much notice as possible that their appointment will need to be rescheduled? What would you prioritise? What if you had arranged your diary for the day around the appointment that was about to be cancelled?

Anna decides to use technology that we have which allows us to message everyone on the appointment list to advise the appointment has had to be cancelled but we will contact them later to re-book so that it doesn’t impact on her availability to help with the current call queue. However there are a number of patients who do not have mobile numbers who need to be contacted by phone. Another delay on working through the call queue.

The SMT add this to the list of questions about things that impact on the call queues and flick between the call portals to see what impact this has.

And then we reach capacity.

All of the receptionists are advised by the on call doctor to log out of that part of the phone system so that patients do not queue in the system for appointments that are not there.

There is an audible exhale from all of the team collectively as the onslaught of calls pauses briefly.

Liam nips for a quick loo break and Zoe gathers up everyone’s cups to make a round of tea thanking everyone for their work that morning.

Tania arrives for the beginning of her shift and asks if anyone else has seen the comments that have been posted on social media overnight? Apparently, the doctors are refusing to see patients, the reception team are rude and intrusive with their questions, why can’t surgeries have set times for people who work in schools, care environments, jobs where they are not allowed their phones on them?

The SMT’s hearts sink as they watch the energy leave the team and a feeling of deflation seeps across the room, knowing that the comments made will have a profound effect on morale for the rest of the day. There seems to be a cohort of people who forget or don’t care that the reception team are people, with feelings and their own lives. Having watched the team remain polite, attentive, helpful and hardworking across the morning it’s gutting to see the morning snowball into despondency. Demand always outstrips supply. How would you handle it if every day you were told what you did wasn’t good enough? What if it was out of your control? What if you were doing everything you could to help but it was never enough? How long would you stay in that job?

But it’s not all bad…Mr Roberts has turned up at the front desk. He wants to thank the team for everything they did for his late wife. Sadly, Mrs Roberts passed away last week, but in her final weeks, members of the reception team went above and beyond to ensure Mrs Roberts & her family had everything they needed from the surgery. It may only be a small box of chocolates but knowing that their work has been valued re-energises the team.

The SMT log out of the various portals, platforms and systems, gather up their notes and head off to consider what they have seen. “Same time tomorrow?” chorus the team as they leave reception.

So… what have we identified on day one?

What would you have done in the situations that came up?

Do you enjoy problem solving?

Do you have ideas you think would help?

Would you like to be involved in pilots we set up?

We are looking to set up a group of patients who are happy for us to contact them to ask their opinion on services, systems and set up within the surgery.

If you would be happy to be involved in this, please email us including your name, DOB and mobile number to [nccg.contact.stlukesduston@nhs.net](mailto:nccg.contact.stlukesduston@nhs.net)