

## Axbridge & Wedmore Medical Practice

Re-design of our appointment system: recognising the importance of a change method and how the team and patient engagement were critical



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### BACKGROUND

Over the past year we had seen a drop in our patient satisfaction in the GP Patient Survey data, particularly about how people could access the surgery.

Alongside this we also had had a reduction in the number of available GP clinical sessions by 6 sessions per week.

We were staying later, patients were becoming increasingly frustrated with our appointment system and we knew something had to change.

### OUTCOMES

We changed our appointment system based on patient feedback about what was important to them in addition to a comprehensive critical literature review about all the options available and the risks and benefits associated with them.

The new system is not rocket science

- 15 minute routine appointments
- Routine telephone appointments

- A same day clinical team
  - A new eConsult approach
  - 2 sit and wait clinics
  - Telephone call back
- 30 minute clinical huddle daily in addition to our 10 minute whole team huddle at the start of the day

Whilst none of the above is ground breaking; and we have tried most of it before, the process by which the change was implemented was new and with the help of Laura Ridout (Change Manager) we have undertaken a six month implementation programme.

HOW WE DID IT
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We refreshed our strategic plan and clarified our objectives:

- We wanted to improve the balance of work for the whole team
- We wanted to offer continuity of care balanced with timely access
- We wanted to communicate and engage differently with our community
- We wanted to be at the forefront of using digital technology in our practice
- We wanted the time to think innovatively for the future of our practice

Our aim was therefore to reduce unscheduled demand by 50% at 6 months with a corresponding increase in patient and staff satisfaction.

#### CHANGE IDEA ONE

##### A new appointments structure

- Critique received from patients and staff
- Telephone triage results in a higher re-presentation rate in the next 28 days, shifting work further down the line.

#### CHANGE IDEA TWO

##### A change in the language we used

- “Is it urgent for today?” was scrapped acknowledging the importance of equity of access for all
- If you want an appointment today, you can have an appointment for today either telephone or face to face:
  - Patient’s will self-select to either a pre-booked or on the day appointment

#### CHANGE IDEA THREE

##### Team Development

- We used Tuckman’s model of team development; forming, storming, norming and performing, to ensure true team working

- Several formal meetings, both during the day and evenings, facilitated by Laura to help us progress through these phases

CHANGE IDEA FOUR

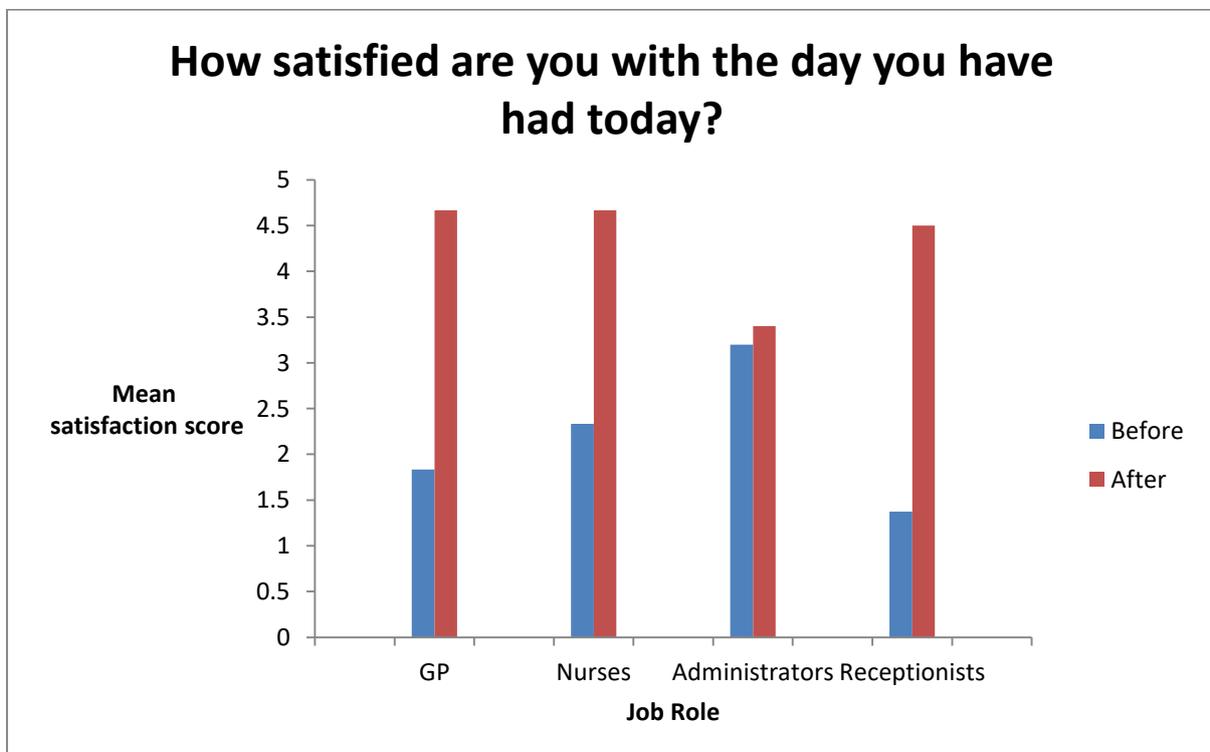
Our community as a resource

- If we knew you had a skill we invited you in; carers, parents, patients, business, art, religion, whatever
  - They are our eyes and ears. They give us their insights and their critical review of our promotional material and our communication plans
- Evening engagement events
  - An even wider network from all our parishes to communicate our changes and channel feedback through

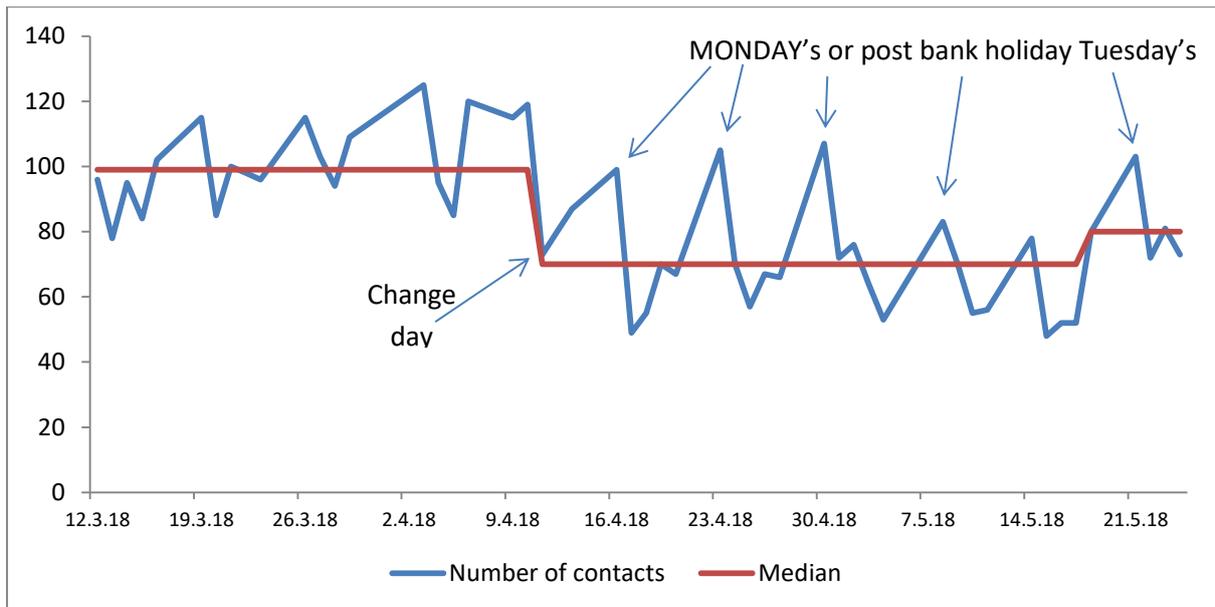
OUR RESULTS

Our patient satisfaction improved – previously 46% of patients were satisfied with our appointment system; now this has increased to 98%.

Our staff satisfaction improved



Our same day activity decreased:



What this graph does not show is that after change day the number of contacts was then being managed by 2 people rather than one lone duty GP.

We need to reduce the variability that we see across the week. We are waiting for our emergency care paramedic to start. We can then split the workload between three people and intend on having an extra GP assist with the sit and wait clinics on Mondays and post bank holiday Tuesdays to smooth the peaks.

#### WHAT WE LEARNT

- Successful change takes time
  - This must be created and invested in
- We needed external support
  - We needed the facilitation to enable our team development
- We needed to use an improvement methodology
  - Change needed to be planned
  - Change needed to be measured
  - Change needed not to be rushed
- Our community is our greatest asset.
- The process was enjoyable.

#### TAKE HOME MESSAGES

There is no ideal or best practice appointment system that can just be implemented.

It is through a facilitated change programme, which develops the team first and foremost, which produces the results.

Quality improvement and change is ongoing, continuing to make space for this is vital for the sustainability of primary care.

If you would like more details or information on how we implemented this new system, then please contact Dr Joey McHugh [joey.mchugh@nhs.net](mailto:joey.mchugh@nhs.net)

If you would like to know more about the role of the Change Manager and the support that she can provide then please contact Laura Ridout [laura.ridout@nhs.net](mailto:laura.ridout@nhs.net) or 07738565838