



New day, New problems....
Same day? No problem!

Dr Cathy Foley

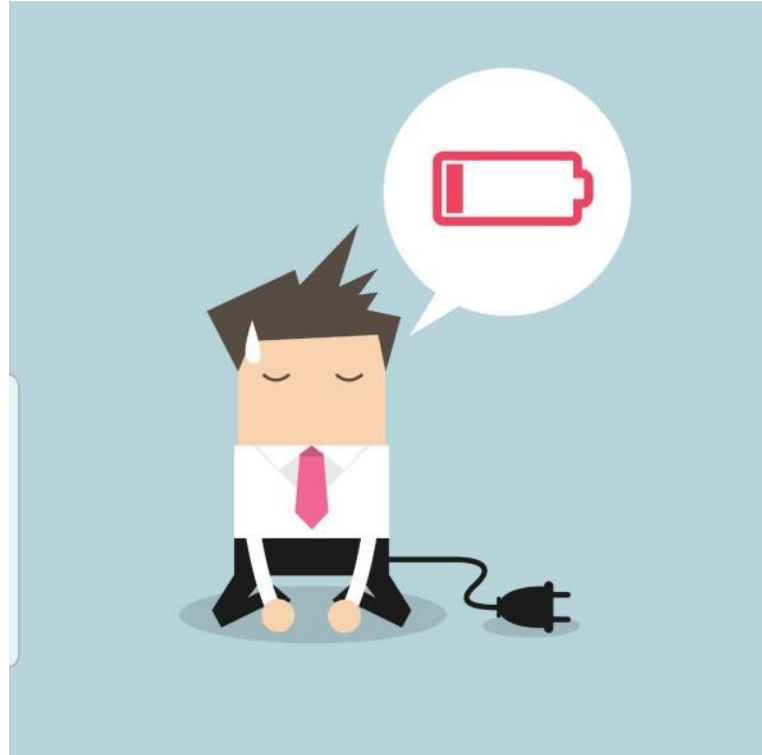
Analysing and utilising appointment capacity for the
benefit of patients and GPs.

Convent St. Clinic Listowel Co. Kerry

- 4 full time GPs
- 2 part time GPs
- 2 nurses on Monday to Thursday, 1 nurse on a Friday
- 4 Secretaries

**If 0.01% of practice population was seen daily ,
appointments were full.**

My inspiration.....





We strive to ensure acute care is given promptly and safely, but

- Patients needed **same day** access
- GPs with booked sessions then having additional appointments slotted in were stressed
- Secretaries stressed as gatekeepers
- Nurses were under pressure
- Our sessional GP felt the current work practice would discourage him from a long term commitment.

The key stressor: Same day access

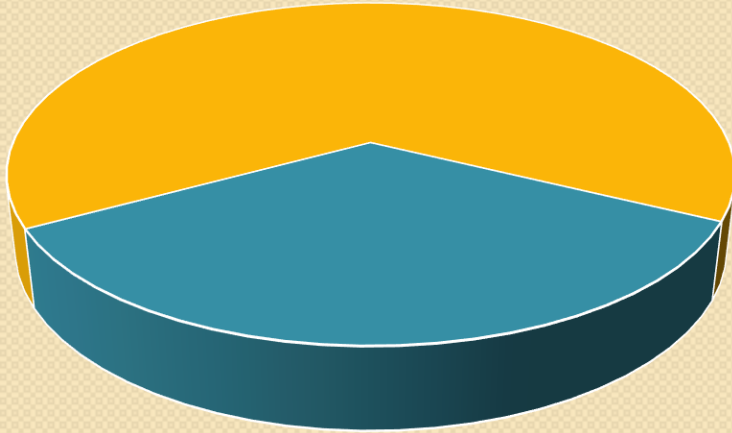


How?

- We use Health One
- We printed a screenshot of appointments for a week in July 2018 and January 2019
- We assessed the number of appointments seen , how long each person had waited for their appointments using appointment attributes.

Aspiration

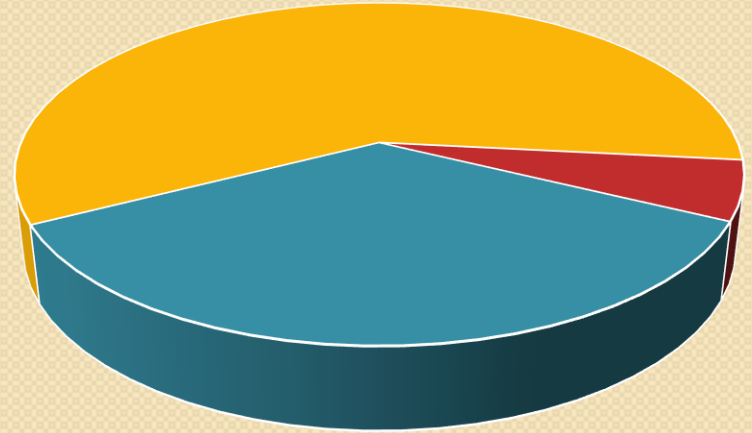
Appointments



■ Same Day Available ■ Booked

Reality

Appointments



■ Same day available ■ Booked

January 2019

Negatives and Positives

- **89% of sessions did not finish on time.**

But

- 82% of patients seen within a week.
- Of the 18% who waited more than a week, most were reviews which were planned for.

Quality Workload Management

So with the **same capacity**, we changed **how we facilitated** appointments.

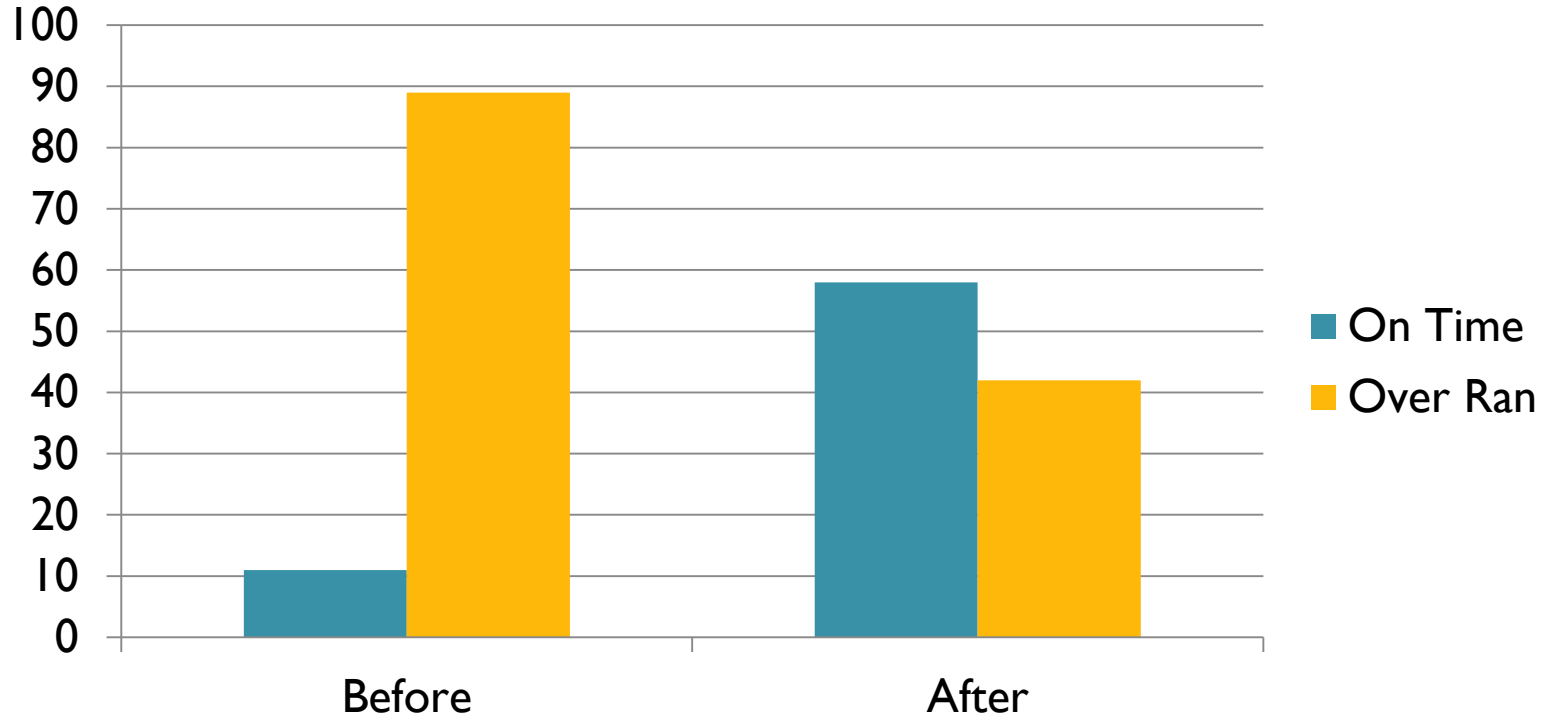
- We increased the percentage of same day availability to 46 %
- Doctors and nurses could remove a same day slot prior to the day in question as it had been triaged.

Quality Workload Management

- When an appointment was booked, it was given the notation AD vs PD.
AD: any doctor. PD: particular doctor.
- If a patient declined an appointment same was noted in their chart and an alternative follow up appointment arranged.

The results were dramatic

Sessions ran on time!!!



More Benefits

- **An increase from 11% to to 58% in sessions that ran on time.**
- Sick patients had same day access to GPs : decreases the risk of adverse outcomes due to a delay in review.
- GPs sessions ran on time 58% of the time. Less time pressure, better quality of life overall.
- Secretaries had decreased burden of triage, due to more same day availability

And More Benefits

- Nurses benefited. Doctors had more availability for review if needed.
- If an appointment was a DNA or free then there was time for phone calls, bloods, coffee etc.
- Morale of all staff improved.

Doctor Questionnaire

- “working day is more productive, less perception of time pressure , time between to catch up on admin tasks”
- “I feel more in control of my working day”
- “Stress levels are definitely down”

Staff Questionnaire

- **NURSE** “so helpful to get genuinely sick people seen, has improved the situation for nurses too”
- **SECRETARY** “new appointment system is working a lot better, a huge improvement”
- **PATIENT** “I am delighted I get to see you today”

Why is this so important?

- 93% of GPs in the UK say their heavy workload had negatively affected the care they provide. **(a)**
- 37% say its unmanageable. **(a)**

BMA 2016

- 34% of partners are exploring alternative working options
- 75% sessional GPs are put off partnerships due to the onerous workload. **(d)**

Is this your future?


- Most GPs worked beyond safe limit in 2018:
BMA GP Online Survey Jan 2019 (e)
 - Two in five GPs cut sessions to improve work life balance:
GP Online Poll February 2019 (e)
 - Nine put of ten GPs face ‘high risk’ of burn out :
BMA survey reveals: April 2019 (e)
 - A University of Warwick study in February 2019 revealed more than 40% of GPs plan to quit in the next 5 years. (e)
- We know data from the UK is similar to Ireland. (b,c)**

Quality and Safety in practice

Quality and safety of care can be affected:

- When GPs are tired, stressed and managing an increasingly onerous workload,
- When patients are waiting long periods of time or rushed in an appointment.

Medical defence organisation state that we must ensure that **we work safely within our limits.** The onus is on us GPs to manage our time accordingly.



Think quality workload
versus
quantity workload.

We must look at **how** we work and make it work for us and
our patients.

REFERENCES

- a) www.brother.co.uk GP Workload and efficiency infographic
- b) NAGP prebudget submission 2017
- c) An audit to compare Irish and GP consultation rates, Dr William Behan 2011
- d) British Medical Association Workload in General Practice 2018
- e) GP Online .Articles from January to April 2019

Thank You

