



2 New Consultation types

Phone consultations

Using phone consultations

Use of the telephone for consulting with patients has been growing for several years. Used appropriately it appears safe and popular with patients. It also offers the potential to release GP time, providing the practice considers all the changes required.

Practice-initiated calls

Practices have been initiating phone contacts with patients in many practices for a long time, to discuss test results, reports or appointments. Many contacts are handled entirely by the clerical team, but clinicians too have become used to calling patients, particularly about follow-up issues. Many issues do not require either a face-to-face conversation or the full 10 minutes of a traditional appointment slot. Speaking to the patient on the day reduces delays in investigation or treatment that would be introduced by writing or requiring them to book an appointment.

Tips:

- Ensure all staff follow best practice in protecting confidentiality when contacting patients by phone. In particular, it is important to confirm the identity of the person answering the phone and to ascertain the patient's preference regarding leaving messages.

Telephone triage

The use of the phone for patient-initiated contact has been commonplace in out of hours care for a number of years. Clerical staff, nurses and GPs working in out of hours services have all become used to assessing patient presentations on the phone, and making decisions regarding the most appropriate service and time for them. It is common for out of hours providers to offer or insist on training for staff in communication skills for phone consulting.

Tips:

- Ensure all staff undertaking telephone triage have received appropriate training. Research indicates that many staff have not received any specific training, and that this may increase risk, particularly reducing the detection of serious illness.
- Where reception staff are involved in taking details about patients' queries, it is good practice to provide standard checklists or protocols to ensure a safe approach, especially in handling potentially serious urgent presentations.
- Consider how receptionists could help more patients directly, for example by signposting them to services in the community (see 'active signposting' and 'social prescribing').

Telephone consultations

Growing numbers of practices are going beyond triage on the phone, and using the phone to conduct full consultations. For many, this has been a gradual progression from triage, responding to clinicians' observation that up to two-thirds of calls can be fully resolved on the phone, and that these consultations are shorter on average (4-6 minutes) than a traditional face-to-face appointment.

For other practices, phone consulting is one part of a more comprehensive shift towards a so-called 'demand led system' of providing care for their patients. This seeks to match services to patients' needs in a deliberate way. Starting with measuring actual demand, its different types and the variation through the week, the practice asks how it can design services to meet patient needs in the most effective and efficient ways. One common change is to use the phone as the default option for GP consultations, on the basis that they are more convenient for many patients and free up GP time. The added convenience is particularly important for patients who cannot easily attend face-to-face appointments during normal surgery hours, such as carers, the housebound, people in work and those who work away from home.

Where practices have significant numbers of patients needing interpreting services, phone consulting may also provide safety benefits. There is often a wait of two to three working days to book a face-to-face interpreter. This can leave clinicians with a difficult decision about whether to impose a delay before the consultation or to conduct a same day consultation without professional interpretation. Telephone based interpreting services are generally able to provide an interpreter within a few minutes, making it straightforward to incorporate these in telephone consultations.

Tips:

- Training for consulting over the phone is important for providing assurance of patient safety, but may also be helpful in addressing queries or concerns for staff who are new to using the phone in this way.
- Begin by measuring actual patient demand at different times of the week before deciding how best to meet it. Most practices find that 60-70% of demand is for same day care and that more appointments are needed at the beginning of the week. Seek to understand the different types of demand, too, to identify ways of releasing GP time. The 'Making Time' study showed that 18% of GP appointments could have been avoided with greater use of active signposting and improved continuity.
- In the early weeks, measure factors such as call length and the proportion of calls resolved without further consultation. In a supportive environment, these will help clinicians to discuss differences and improve together. Experienced GPs resolve approximately 60-70% of calls on the phone alone, with calls lasting 4-6 minutes on average.

Conduct a snapshot every few months, in which GPs record the number of consultations which could have been handled differently. Use this to refine the way the practice handles first contacts by patients, to address more of their needs directly without needing a GP appointment.

Link(s)

Clinical skills training for phone consulting is available from a large number of training providers. It is suggested that practices seek recommendations from other local practices, as well as considering undertaking training in partnership with others.

Support is available from a number of sources for the process of redesigning services and introducing phone consultations. The best known are:

Doctor First. www.productiveprimarycare.co.uk/doctor-first.aspx

GP Access. gpaccess.uk

The Productive General Practice (NHS-run programme supporting comprehensive change, not just in appointments). www.nhs.uk/capacity-capability/productive-general-practice.aspx