

# 10 High Impact Actions

1:  
**ACTIVE SIGNPOSTING**



2:  
**NEW CONSULTATION TYPES**



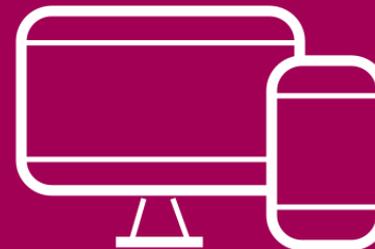
3:  
**REDUCE DNAs**



4:  
**DEVELOP...**

**2:**

## **NEW CONSULTATION TYPES**



- Telephone
- Text message
- E-consultations
- Group consultations

7:  
**PARTI...**

10:  
**DEVELOP QI EXPERTISE**



Innovations from around England that release time for GPs to do more of what only they can do.

[bit.ly/gpcapacityforum](http://bit.ly/gpcapacityforum)

#GPforwardview



## 2 New Consultation types

## Phone consultations

### The idea

- The phone is used to consult (not just triage).
- Patients can be offered an appointment with their usual GP or with any available GP.
- Many follow-ups can be done on the phone as well as new problems.

### Impact

- 60-70% of consultations can be handled entirely on the phone, in an average of 4-6 minutes.
- Where face-to-face consultation required, GP usually decides in first 2 minutes. Some face-to-face consultations are then much shorter (eg examine rash).
- Access improves, especially for carers & people in work.
- DNAs fall up to 80%.
- Interpreters usually don't need to be prebooked for telephone consultations.

### Implementation tips

- Measure actual demand and adjust supply of appointments as it varies during week (Monday often 40-60% busier) and year.
- Provide training in clinical skills to ensure safety and productiveness of phone consultations.
- When moving to a 'demand led' rather than 'supply led' approach, plan how to account for current unmet need.
- Use alongside 'active signposting' to reduce demand.



[bit.ly/GPcapacitynet2](https://bit.ly/GPcapacitynet2)

#GPforwardview



## 2 New Consultation types

## Online consultations

### The idea

- Patients make the practice website their first point of contact.
- Options:
  - find out more about symptoms, a particular condition or treatment
  - request a call back from 111 nurse
  - send details of problem / query to GP
- GP surgery includes “slots” for online consultations (three per typical face to face slot)

### Impact

- 91% patients ‘extremely satisfied’
- 90% users don’t contact practice:
  - 60% symptom checker / self help
  - 20% visit pharmacy
  - 10% request 111 nurse call back
- 10% users have ‘online consultation’
  - 40% completed by GP remotely - 2.9mins ave
  - 20% GP phoned patient - 5.5mins ave
  - 40% face to face appointment – 10mins ave

### Implementation tips

- Careful & persistent marketing. Personal recommendations from staff.
- Don’t expect it to suit every patient
- Design GPs’ sessions to provide a prompt response. Audit to spot any problems. Training & support helpful for some GPs
- Use released time to offer longer face to face appointments for patients with complex needs





### FAQs

- How do patients respond to being offered a 'remote' consultation (phone or online)? Does it work for everyone?
  - For some patients, phone and online consultations are immediately welcomed and they will need no further explanation or encouragement to use them as firstline in future.
  - For others, some encouragement or explanation is required, and it may not seem as natural to consult in a different way at first. However, the majority of people in England are already used to accessing a wide range of services online and by phone, and they rapidly get used to having some of their consultations this way. As with the introduction of new members of clinical staff, within a few weeks, patients are starting to expect the new approach and to regard it as normal.
  - Some patients may never particularly like remote consultations, even for the most simple or transactional queries. No solution works in every situation, and staff should be prepared for this.
- What about patients who do not speak or read English very well?
  - In the case of the phone, consultations are improved because it is possible to use an interpreting service without having to book ahead. This should allow 100% of consultations that require a professional interpreter to have one, improving patient safety, increasing the value of the consultation and reducing wasted appointments.
  - Encouraging more people to use the practice's website will allow more patients to access online information leaflets and videos in their own language. However, it is unlikely they will use online consultations.



### Questions for getting started...

- How much benefit could you get from using different consultation types?
  - What proportion of consultations is for a short physical examination?
  - How many consultations are for a largely clerical issue – eg checking on progress of a referral or investigation? How many are for brief clinical queries – eg should the treatment be continued given there are no side effects?
  - For conditions like diabetes and COPD, how much time is spent per patient each year repeating information or answering questions about the condition and correct management? (information could be given in a group consultation)
  - How many patients would you like to have a longer appointment, if only there was time?
- Do you want to have all your clinicians starting this at the same time, or could you pilot it first – iron out any issues before roll out?
- For what situations could you create standard patient information, for faster responses and better patient recall?
- How will you arrange training for clinicians? Are there already some who are experienced in the new way of working, who could support others?
- How will you measure the impact of the change? How will you engage the Patient Participation Group to help with evaluation and improvement?

