

The number of patient requests for appointments seems never to have been higher in the 33 years I have been working as a GP – for 30 of them here in Dronfield.

At the same time we as GPs are being vilified in the media for not seeing patients Face-to-Face on demand.

In 2017 at our surgery we felt overwhelmed with appointment requests, at a time when we did offer Face to Face appointments at the patients request.

It became so busy, that a patient calling for an appointment would have to wait over two weeks to see the doctor.

This wasn't healthy, for the patient nor the doctor.

A decision was made, something had to change, and it was decided that we would change our appointment system in one simple way.

If a patient wanted a doctors appointment, we would simply ask *what it was for*.

An experienced doctor would then prioritise the request and customise the best way for us as a surgery to deal with it.

That way, for example, if the condition was not acute but likely to require a blood test or ECG, we would book the doctors appointment AFTER these had been done, so that one, not two appointments would be needed.

We declined to see patients who just wanted to know their test results, or needed some other administrative task completing. This did not need a face to face consultation.

Musculoskeletal conditions would be signposted towards the MSK service. (because usually we may only be able to help with pain relief, and the physio would be the better professional to see to expedite their recovery).

Self limiting mild conditions, where the Pharmacist would be the preferred first option, would also be directed across the car park to the Pharmacy.

Some physical / visual issues, such as moles and other skin lesions could be photographed and the doctor may be able to reassure the patient, usually the same day, that the mole in question was not sinister.

**It would be an experienced duty doctor, not a nurse, or receptionist, who would manage this triage.**

They would do it by communicating with the patient, usually by phone call.

The result was revolutionary.

Within a month we had cleared the backlog of patients waiting and had managed to get to a same day service, for those who needed to be seen, even for routine conditions.

Patient satisfaction was high, and the workload became almost manageable again.

Since then however, things have changed.

Demand *feels* to have gone through the roof.

Despite our best efforts with triage we are really struggling to provide a good, responsive service for those who need it because of the sheer number of requests for appointments.

Apart from the few weeks after the start of the first lockdown, when patients were actively scared away by the Government from seeking medical advice, (and demand briefly fell to almost zero), the level of request has soared.

Many surgeries now use triage as a post-lockdown way of working. It is new for them.

*Unusually*, we have good data dating back to 2017 of working consistently with this type of system and this is what we have analysed.

Our way of working has remained stable and consistent since then.

When a patient calls and requests an appointment with the doctor a 'Task' is created on the Clinical Computer System by the receptionist.

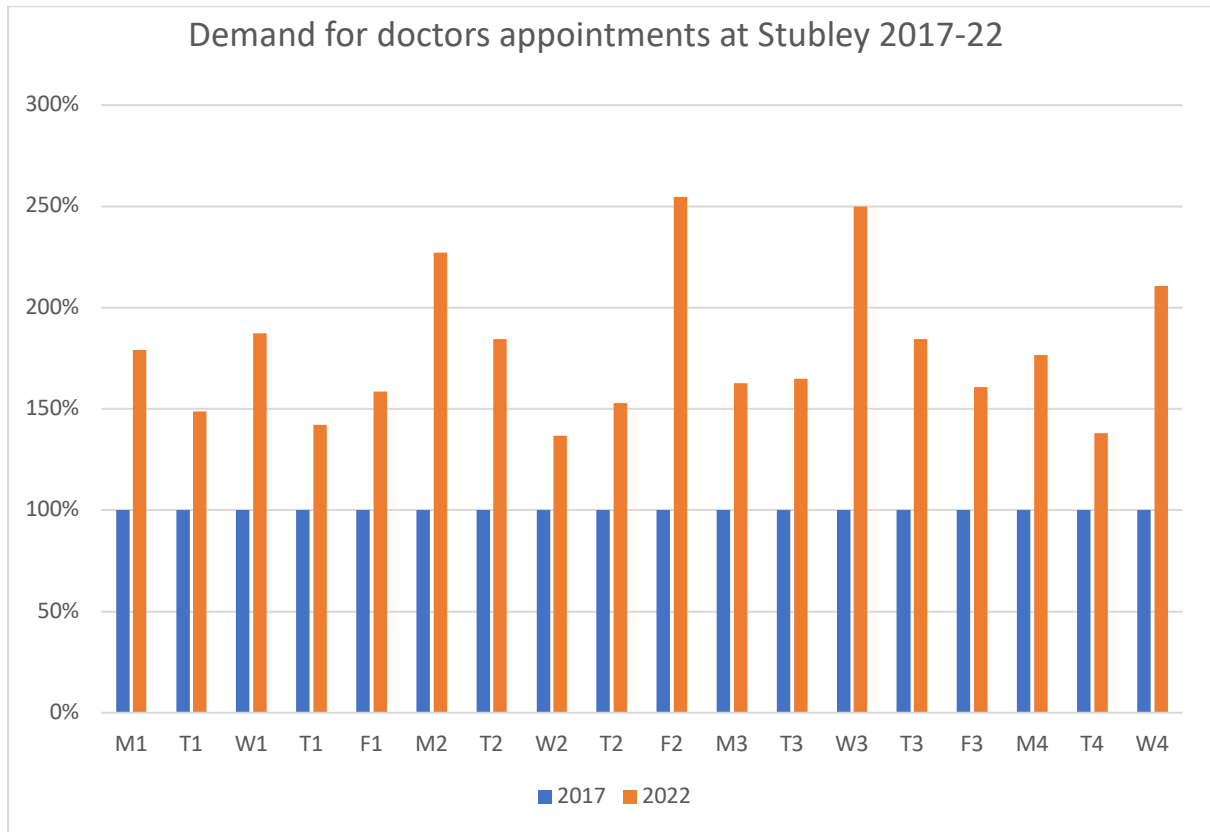
The receptionist is asked to take some details from the patient about their condition to help decide if it should be forwarded to the duty doctor as a 'Same Day' request or a 'Routine' request.

(The duty Dr will generally prioritise work on the 'Same Day' ones first and call them to decide how best to help them.)

This process has not changed in the past 5 years, and analysing the number of tasks should be a reasonable comparative indicator of patient appointment request demand.

Data were collected for November 2017 and 2022 and comparisons were made between, for example, the first Monday of the November 2017 versus the first Monday of November 2022, then the first Tuesday 2017 versus the first Tuesday 2022, etc

NB In the 5 years since 2017 the practice list has increased by 17% - so we would expect perhaps a 17% rise in demand.



The actual number of appointment requests is shown Here.

Eg:

On the first Monday in Nov 2017 there were 53 Doctors appt requests, versus 95 on the first Monday in November 2022.

On the 3<sup>rd</sup> Tuesday of the month, in 2017 there were 40 requested appointments compared to 66 in 2022.

|    | 2017 | 2022 |
|----|------|------|
| M1 | 53   | 95   |
| T1 | 43   | 64   |
| W1 | 24   | 45   |
| T1 | 45   | 64   |
| F1 | 29   | 46   |
|    |      |      |
|    |      |      |
| M2 | 44   | 100  |
| T2 | 32   | 59   |
| W2 | 38   | 52   |
| T2 | 34   | 52   |
| F2 | 22   | 56   |
|    |      |      |
|    |      |      |
| M3 | 51   | 83   |
| T3 | 40   | 66   |
| W3 | 22   | 55   |
| T3 | 32   | 59   |
| F3 | 28   | 45   |
|    |      |      |
|    |      |      |
| M4 | 43   | 76   |
| T4 | 29   | 40   |
| W4 | 28   | 59   |

What we have actually seen is an **AVERAGE rise of 79%** in the day to day requests for a doctors appointment.

The range was from a 37% increase to a 155% increase on what we had to deal with in 2017.

Over the same period, we have seen a real world decrease in funding from Government compared to costs.

This data demonstrates the pressure we are under as GP partners to manage a huge increase, for whatever reason, in demand.

It also demonstrates the absurdity of asking that we see patients face to face at their request – there is simply not capacity in the system.

It is probably the main reason, why there is such a high level of despair within Primary Care, which remains a service with no capacity limit, no agreed safe level of working.

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