Primary Care GP Appointment System
To Support Response To Coronavirus Pandemic

Introduction and Context

Having been in the fortunate position to be a clinical lead discussing IT infrastructure and systems with various GP practices across different CCGs and also discussing with clinical staff of various disciplines (GPs, Nurses, Aps, pharmacists, paramedics) and grades (trainees, locums, salaried staff, partners); I have had the opportunity to formulate an appointment system that would aim to manage the workload and expectations that GP Primary Care is facing in the current climate.

The main issues considered and discussed have been:
- To minimise footfall into GP practices
- Reducing the number of face to face appointments to those that were clinically required
- Allowing triage to occur by clinical staff
- Reducing the triage burden by enabling remote (online) consultations
- Planning for staff shortages, often acutely
- Building capacity with remote working
- Keeping morale amongst workforce optimal

To achieve all these objectives is challenging, but I believe that implementing the following system for GP appointments will go some way to achieving and delivering a solution.

Minimising Footfall

To minimise footfall into the practice and inappropriate face to face appointments some publicity is required to ask patients to be diverted appropriately for appointments. Sending out SMS messages to all the adult (>18 years old) patients on the practice list is a good way to advertise this and to also promote any alternatives that the practice may have. This would also have the advantage of promoting remote consultations to be utilised which will allow patients to be appropriately signposted for more appropriate care eg selfcare, 111 online, pharmacy, A&E. The telephone system of the practice could also be promoted in this way.

All practices have access to remote (online) consultations. If you are unaware of what is available, contact your CCG / STP who will be able to advise you on local preferred providers or enquire within your PCN for support.

A suggested bulk SMS campaign could be worded: “Due to the Coronavirus outbreak, we are suspending all face to face appointments. The quickest way to contact the practice would be through our remote consultation (INSERT WEBSITE ADDRESS). Alternatively you could phone us first on (INSERT TEL No.). To order repeat prescriptions, please download the NHS App (https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/)

The advantage of using the NHS App over other apps is that currently patients can register on the NHS App and create an NHS ID without attending the practice and they will then have access to ordering any repeat medications they require.

Online appointments that are currently face to face should also be removed and the recommendation is that these should be replaced with triage appointments via telephone or video appointments depending on your practice facilities.
The best way to check that this is correctly configured and working for your patients would be to log in as a dummy patient onto your own online services to see what patients will be able to view online. It is also encouraged that all NHS staff download the NHS App so that they can experience the way that this works.

**Workforce**

One of the key issues is around workforce capacity and potentially not knowing who is going to work. So, an appointment system should be designed and configured with this in mind. This includes clinical and non-clinical staff.

If there is going to be a reduction in footfall to the practice, then reception and administrative staff can be managing any incoming telephone calls that come into the practice. Reception staff can also appropriately divert any concerns around Coronavirus to NHS 111 and they can also advise patients to consult online to get the most appropriate advice. An SMS template can be set up to send to patients that could mirror the suggested bulk SMS message as detailed above. For those patients unable to consult remotely or those who the practice have a concern about whether it be the very young, the elderly, the frail or those requiring complex care etc, a direct telephone call back can be arranged.

It is important that reception staff regularly review the incoming remote consultations and place them on an appointment list for the clinical staff and mark the appointment slot with a reason for the patient's contact. The same should be done with telephone contacts who are not able to do a remote consultation. The advantage of having this initial screen with reception / admin staff is that a few of the incoming requests could be redirected to other staff eg admin staff for them to deal with separately eg admin queries around appointments, notes, record access etc.

For clinical staff, it is even more critical that appointment systems are designed and managed appropriately. If there is concern that there may be staff calling in sick or self-isolating at short notice it is prudent we look for a pragmatic solution.

**Appointment Setup**

My suggested solution is that there is one appointment list that all clinical staff work from. This can be created as an untimed list that reception staff could add to in order of the patient contacts that come in. This will allow the workload to be visible to all and allow patients to be reviewed by the most appropriate person. As reception staff place the patient details with the reason on the appointment list, clinical staff can see what may be most appropriate for different clinical skills eg medication queries to the pharmacist, questions on immunisations to the practice nurse. Having a system running this way allows all staff to see the workload and will also allow staff to support each other. Some practices have a set up where all staff can work from one ‘triage’ room which also adds to the support within a practice.

An appointment list then may look something like this:

<table>
<thead>
<tr>
<th>Patient 1</th>
<th>Cut to toe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient 2</td>
<td>Medication change by hospital</td>
</tr>
<tr>
<td>Patient 3</td>
<td>Anxious about results – would like to speak to Dr X</td>
</tr>
<tr>
<td>Patient 4</td>
<td>Back pain</td>
</tr>
<tr>
<td>Patient 5</td>
<td>Ongoing headache</td>
</tr>
<tr>
<td>Patient 6</td>
<td>Requests extension to fit note</td>
</tr>
<tr>
<td>Patient 7</td>
<td>Would like NHS Health check</td>
</tr>
</tbody>
</table>
For some practices with limited staff there could be a limitation on the numbers of patients available for each session. For most, it may be that a session list can be uncapped so that the workload can be managed for that day without any spillover. On reviewing different appointment systems, I would suggest that allowing 15-20 slots per clinical staff member on that session seems to be a manageable amount for most practices.

Not all patients would require a telephone call back. Some queries could be actioned without calling the patient and a SMS, I would suggest, should always be sent to a patient if a telephone call is not made acknowledging their request and outlining the management of their contact eg SMS to the patient informing them that a prescription is ready to collect at their nominated pharmacy or that their fit note is ready to collect (or could be signed, scanned and emailed back to them). A useful tool being used in quite a lot of EMIS and SystmOne practices is AccuRx which allows direct SMS to patients (https://www.accurx.com/)

Running a session with a different skill set of staff can also result in face to face appointments being appropriately booked with the right clinician. For this system to work optimally, the recommendation is that patients needing to be seen should be seen by the clinician who has triaged their contact either by video call (simple tool also provided by AccuRx) or invited in for a face to face appointment. This will enable the patient to be seen by the clinician who has triaged them and who would have formulated a suggested management plan. Patients who are seen by other clinicians should be done by agreement to allow the flow of patients to be managed appropriately or for training purposes eg a GP may book a specific patient on for a trainee GP. Alternatively, it may be more appropriate for another staff member to call the patient back to see if a face to face would be appropriate eg the GP passing a call back to the nurse for immunisation advice.

**Enabling Remote Consultations**

Increasingly remote consultations are becoming accessible with mobile devices and laptops that allow clinical system access. These are provided with N3 access via software or hardware dongles. This will enable staff to potentially work from home managing appointment workload with remote telephone and remote consultation support. They could also support other staff with prescriptions and documents. For this to work efficiently, the remote clinician should look to contact patients who would not require a face to face appointment. If it turns out the patient does need a face to face review, then either the patient can be re-triaged and contacted by an onsite clinician or with agreement be booked in to see an in-house clinician.

**Other useful tips**

- Get headsets! – it will make a massive difference to work handsfree and be able to type and talk
- Utilise remote working staff to review admin queries for both clinical and non clinical work
- Maximise use of electronic prescribing
- Publicise your appointment system on your website and social media
- Encourage all staff to be aware of everyone’s roles in the new system
- Have some daily all practice debrief time to discuss progress as a practice
- Work as a team and support each other – a kind work of support goes a long way

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