

Are GPs Open for Business?

A Barnet-Wide Survey of Daytime Telephone Messages

CommUNITY Barnet Primary Care Group

Introduction

The Community Barnet Primary Care Group (CBPCG) volunteers assess patient services across the borough with the aim of making low or no-cost recommendations to improve both access to, and use of, Primary Care NHS facilities. In pre-Covid times, face-to-face appointments with a GP was the normal way to access Primary Care. This all changed in March 2020 with the first lockdown, when GPs closed their front doors and patients no longer had the open access they were used to. Everyone had to adapt quickly to new arrangements.

This led to the patient perception that General Practice was closed for business, as GPs appeared too busy dealing with Covid-19, and patients felt that they should therefore not trouble their doctor. They were also initially worried that they might contract the virus at the surgery.

In place of the familiar telephone call with a receptionist, patients found themselves listening to urgent Covid-19 instructions and messages saying they could not attend the surgery. The unfamiliar digital e-Consult system was, in many cases, the only way of accessing the surgery and was initially seen by patients to be a barrier to their healthcare. In reality this was partly because it was imposed on patients so quickly, and patients mostly preferred face-to-face communication on something as important as their healthcare. This was despite a general understanding that GPs, their staff and the patients needed to socially distance in order to stay safe. However, it is a real barrier to those unfamiliar with digital communication and those without smart-phones or computers.

Now, in December 2020, NHS England keeps reiterating its message that “the NHS is open for business”. Is it? The CBPCG assessed the situation by undertaking a Barnet-wide survey of daytime telephone messages at all 52 practices in the borough.

Methodology

A list of all the practices was compiled, together with their website addresses and telephone numbers. The practices were distributed among the CBPCG volunteers. We were pleased to also include one volunteer from the Barnet Patient Participation Network in our investigative team. The questionnaire (Appendix 1) was drawn up after listening to practice messages and identifying the key information that would assist patients to contact their doctor. As well as the information provided by the messages, the tone and clarity were assessed. We were trying to find out if the message itself had inadvertently become part of the perceived barrier to seeing a doctor.

The researchers also recorded the approximate time it took to listen to the information message before either being put in a queue or being asked to hold the line prior to speaking to a receptionist.

The participants all used the same list of questions to be answered with a Yes or No. They completed the questionnaires as if they were patients, phoning the practices and listening to the messages. In order not to interfere with the busiest times for the surgeries, our team was asked to telephone on weekdays between 10am and noon. The investigation took place during the week of Monday 30 November to Friday 4 December 2020, during which the second Covid lockdown

ended. The responses were all entered on a spreadsheet and then collated. Comments were noted and they are included in the findings.

Findings

Out of the 52 practices, **9 (17%)** had no message and went straight through to a ringing tone at reception, taking some of the team by surprise when their call was answered immediately. This level of service would be the ultimate in good practice, but it could highlight the fact that fewer patients are phoning their surgery because of their perception of the GP's availability. Or, more positively, that patients have become used to using e-Consult and found it a more convenient way of contacting their doctor, taking the strain off the telephone systems and receptionists. However, in three instances the call was not answered at all (see below).

If too many patients were trying to get through to the practice at the same time, the line came up as engaged and the caller had to try to connect multiple times. It is not clear whether patients would prefer to be put in a queueing system and hang on for minutes while they move up the queue, or to keep trying to ring in with a quicker response once connected. During our investigation, the phones of three practices were continually engaged and not answered within a reasonable time, with one cutting off the caller.

Considering the 43 practices that had messages

When telephoning these 43 practices, the volunteers found that it took, on average, one minute from the information message starting to when they had to hold and wait to speak to a receptionist, either in a numbered queue or just listening to a ringing tone. No-one thought this was excessive.

Volunteers found that **21 practices (49%)** have a telephone system that tells patients that they are X in a queue, whereas **27 practices (63%)** say please stay on the line and your call will be answered. It is not known which system is preferred by patients. Five practices asked the caller to stay on the line *and* then put them in a queue.

A number of practices have an option for medical practitioners to by-pass the receptionists' queue, which is a useful facility.

Details about practice opening times are not generally available when following the options to get through to a receptionist, which would account for the low score of 14%.

The quality of the messages was also assessed, with **42 practices (98%)** having both distinct speech and simple, unambiguous language. Encouragingly, **41 practices (95%)** have the message at what was considered the right speed, but only **37 (86%)** were considered to sound friendly. From their messages, **38 practices (88%)** came over as being open for business and there to help. In addition to this are the three practices without a message, where the patient was immediately put through to a receptionist.

Three practices included in their message zero-tolerance warnings against bad behaviour by patients towards staff and doctors. It is not clear whether this is advisory or a result of one or more incidents of rudeness from patients.

Of those that had messages, an unexpectedly low number of practices had information about Covid, with **24** providing information about telephoning NHS 111, and **25** saying where to find Covid advice online. Unfortunately, in several instances, the whole web address of NHS 111,

starting with “https://”, is dictated, and at too fast a speed to write down, which is not a useful way of promoting this facility.

Unexpectedly, e-Consult was mentioned by only 16 practices, with only 10 of those giving more detailed information.

The messages from **25 practices (58%)** tell patients that they can come to the practice safely by arrangement, but without a further reassuring message that they would be seen for diagnostic purposes when necessary.

In a few practices the messages begin by one of the GPs introducing himself and then giving out the information, which gave a more personal and reassuring touch.

Conclusions:

- Our opinion was that most practices that had a message achieved a good standard and tried to give patients the information that they need.
- Most of the practice messages, 98%, had a high standard when distinct speech and simple and unambiguous language was assessed.
- As well as giving the relevant information to patients, the messages were around the right length.
- e-Consult was omitted as an option on many of the messages. This may have been because of it being perceived as a barrier to face-to-face consultations.
- We were pleased that NHS 111 online or NHS 111 free telephone advice were promoted early in all the messages when advising about Covid symptoms. In several cases the website addresses for NHS 111 are spelt out. This is not helpful to patients, as it is spoken too quickly to write down.
- It would be helpful to all patients to feel reassured that they will be seen personally in a safe environment if their medical condition merits a physical examination. The score of 58% leaves room for improvement.
- The NHS was perceived by patients during the first lockdown as not being open for business. However, 88% of practices with messages did sound open and there to help.

The situation may need to be reassessed with the new lockdown in January 2021

Recommendations:

1. No practice should have a phone system that just cuts off after X rings. It should invite patients to try again later.
2. All surgery messages should be clear and spoken in plain English, give useful and relevant information, and sound friendly and helpful.
3. Patients should feel reassured that contacting their GP for their medical needs is the right action and that practices are a safe environment and open for business, and that all patients can be seen face to face when clinically necessary.
4. It is suggested that e-Consult is mentioned, as it is an easy way to send a non-urgent message to the surgery for those that use technology and may be the preferred option for some patients. This also raises awareness of the facility for those rarely accessing the practice.

5. We recommend that surgery opening times are easily available as an option when telephoning for an appointment; it would be useful to mention that more information about services is available on the practice websites.
6. Mention of NHS 111 should be as an option only by name, eg “NHS 111 online” or “NHS 111 free telephone advice”, and that web addresses should not be spelt out in a verbal message.
7. It would be useful to perform a survey to ascertain whether patients prefer direct dialling into a receptionist and possibly hearing an engaged tone or hearing a message and then being asked either to hold or go in a queue.

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Appendix

Name of Practice

Date and time of call (calls should be between 10am and 12 noon, Mon – Fri)

Does the message include the following information:	Yes/No
Was there a message?	
Surgery opening times	
If emergency (in particular Covid) dial 111 or 999 if life-threatening	
Where to find Covid advice online	
Times to phone for test results and other things	
You can come to the surgery safely, but only by arrangement	
You may be offered a telephone or video consultation	
Explanation of eConsult	
How to contact the surgery via eConsult	
Please stay on the line and your call will be answered	
You are number x in the queue	
Whether you can listen to the message again	
Is it clear what the caller should do next	
Does the message include all the required information	
Quality of message:	Yes/No
Is the quality of the message clear with distinct speech	
Is the language simple and unambiguous with no jargon	
Does each sentence cover one issue	
Is the message at the right speed	
Is the message friendly	
Does the message sound as if the surgery is open for business and there to help	
Total length of time until you are asked to hold/wait in a queue	mins

Any comments: