Active Signposting:

To connect patients directly with the most appropriate source and modality of help or advice.

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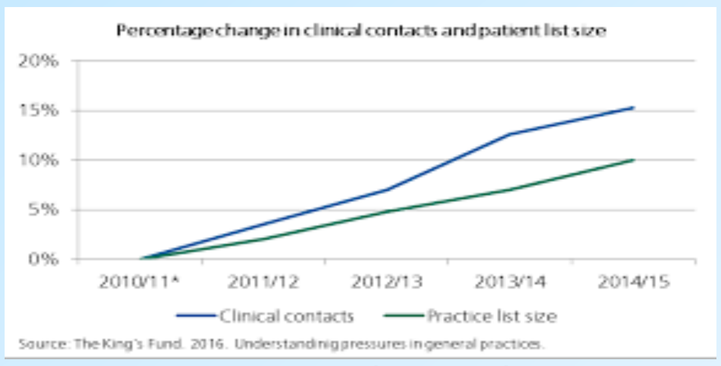
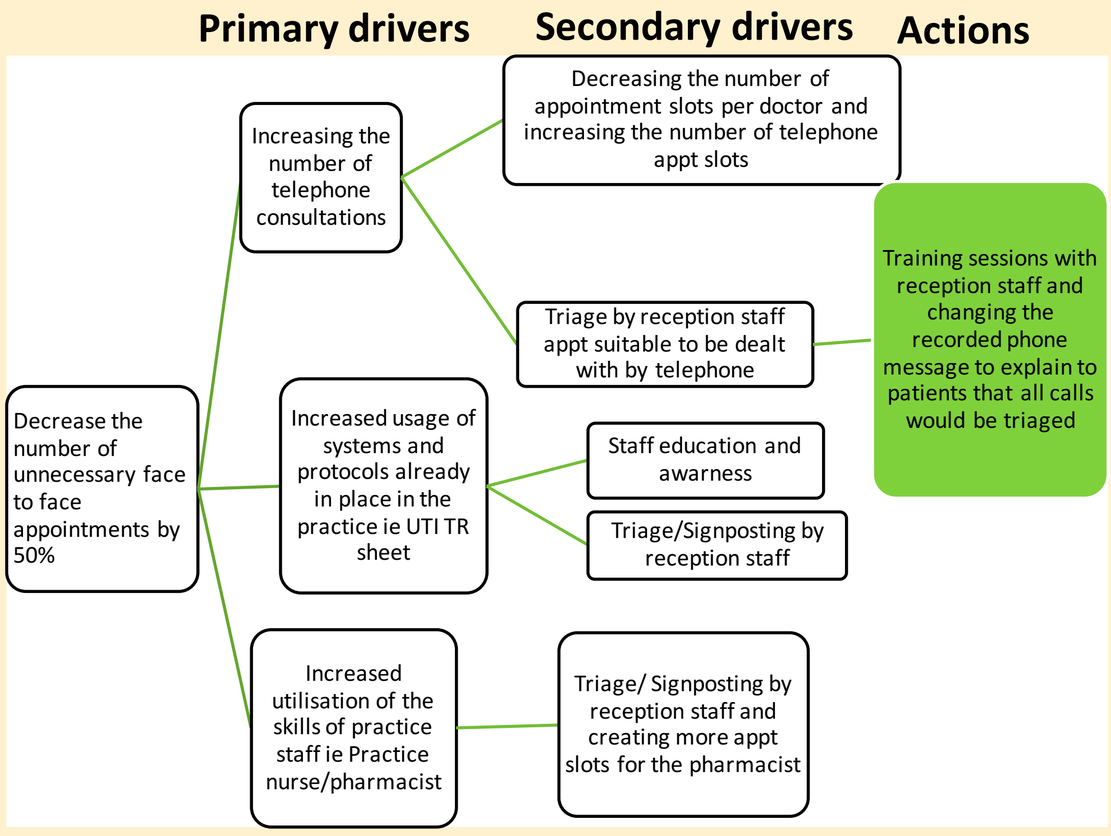
Background

Workload within general practice has increased substantially in recent years and has not been matched by growth in either funding or in workforce. Kingsfund released data in 2016:



Active signposting aims to change the assumption that GPs are the first point of care for all patients, and to increase the efficiency of the GP's working day.

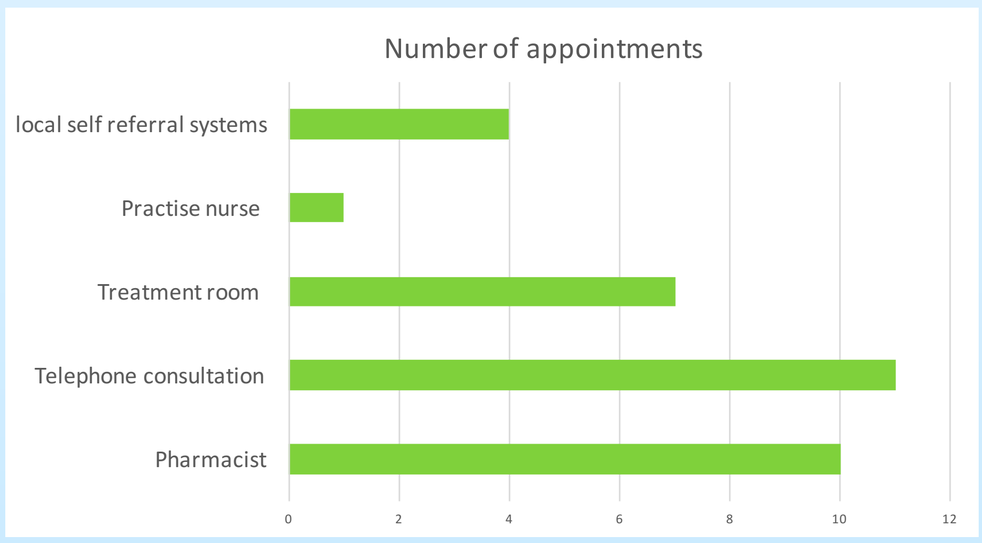


Aim

The aim formed from baseline data collection was to reduce the number of unnecessary face-to-face appointments by 50%

Improvement Methodology

- Retrospective audit was carried out over the course of 1 week which showed 40 appointments allocated to GPs which could have been dealt with by a different modality.
- This equates to 6.6 hours per week of practice GP time
- The graph below shows 5 key areas where an alternative to a face-to-face consultation is identified.



- The receptionist staff were given two short training sessions which supplemented previously given federation training.
- The telephone recorded message was also changed to include a short message from one of the GP Partners explaining the new triage system.
- Two cycles were carried out which took place 1 week apart.

Results

Cycle 1: focused on increasing telephone consultations and directing patients to the Treatment Room- this achieved a 60% reduction in unnecessary appointments

Cycle 2 : patients with medication queries were directed to the practice pharmacist. This achieved a further 66% reduction in unnecessary appointments.

Outcome

Benefits

- Surprisingly positive response from patients- only one refusal to engage with the triaging process
- Clear reduction in allocation of unnecessary appointments
- Initial fears about time management and holding up phone lines at peak time of day due to active signposting proved to be unfounded

Challenges

- Inability to triage at the front desk as privacy cannot be ensured
- Initially, some reluctance from reception staff to undertake signposting but after first cycle more positive approach was seen.

Next Steps

- To permanently change the recorded voice message on the phone to direct patient to the hospital booking centre
- To carry out further QI cycles to triage patient to local referral system such as the SPEARS eye care scheme and self-referral to antenatal clinic