

MAPPERLEY PARK MEDICAL CENTRE

Patient Representative Group Meeting 13th March 2012

Analysis of questionnaire

The group considered the results of the questionnaire and the points made in the analysis.

The first impression was that telephone consultations which typically amounted to two or three phone calls to return to patients each working day was not a large part of the way in which patients seek help from this practice. They understood the difficulty in giving definitive advice without the bodily presence of the patient. Trying to describe exactly what to look for in tonsillitis for example, and distinguishing this from quinsy, which is quite important when deciding on how to best advise people with a sore throat, is quite difficult over the phone, and would be particularly difficult if the person's first language was not English. That particular situation would be much more easily dealt with in person. This was demonstrated by one recent case a patient had already consulted an out of hours doctor with a sore throat, consulted me who suggested penicillin, and then went on for further phone advice which was resolved by the suggestion that she should visit A&E because of ongoing problems. In essence, it was impossible to give her definitive advice about her sore throat without visiting a doctor physically.

I noticed that two out of 15 people who had telephoned the practice for advice from the doctor between one and three times in the previous two months had found it difficult to some extent to get help. The other four who had found it difficult were among the 133 patients who had not made a call to the doctor in the previous two months.

We discussed whether the service that the Practice offers patients would be improved by offering patients a specific time when they could ring the Practice, and when the doctor would be available to take their calls. For example, we could set aside half an hour each day before the evening surgery when patients could ring during one of three 10 minute slots. This would formalize a process for patients to access the doctor, but might be difficult to accomplish all that needed to be accomplished safely in 10 minutes, particularly if a second language was involved.

An alternative was proposed, whereby we kept our current informal system of ringing back, but encouraging the patients to keep their mobile phone switched on in order to accept an incoming call. Staff could also suggest that the patients rang us back after a certain period if we had not succeeded in calling them. Our experience is that patients needing prompt medical attention will give the receptionists an accurate idea of their medical condition, and when this happens calls are put through to me straight away. This is usually when people are having chest pain or signs of a stroke, and the most effective course of action is for them to call an

ambulance. I can instruct them to do this after a brief telephone call, and there are circumstances where I would also visit the patient immediately. There are other telephone requests for an opinion with requests for help from a doctor which need to be attended to immediately after a surgery has finished, and further requests for help that would be most appropriately dealt with after home visits.

The inclination of everybody present was to continue to focus the service on giving medical advice to people in person, which was clearly the preference of people answering the questionnaire. It was mentioned that the concerns they heard from people about GP services was the difficulty in obtaining an appointment, and seeing another doctor instead of their usual doctor.

The comment of one of the patients that we had no need to offer a telephone consultation service in competition with NHS Direct was quite interesting.

Result

It was not thought by those present that offering a telephone consultation on a more formal basis to patients would be a particularly good enhancement to what is currently offered patients here.

I discussed with them the current developments in telemedicine, such as when a consultant neurologist will study someone's MRI brain scans after a stroke and issue instructions to nurses on which arteries to thrombolyse, but this depended on video technology. It is possible when video technology is more widespread that telemedicine will become a more useful option, as so much communication between doctors and patients is non-verbal.

Conclusion

Although the Practice did not score as highly on telephone consultations as in some other areas on the GPAQ, it was felt by the patient group that it would not particularly enhance the services we already offer to have a more formalized telephone consultation service. This decision could be reviewed in the light of progress in telecommunications.

We will encourage people to keep their mobiles on in order to receive our calls, and to call us back at 6pm if the doctor has not called them back by then.

Dr Mark A J Stevens