

# Brief Insights

Brads Medical Practice worked with Healthcare Improvement Scotland over seven weeks using quality improvement methods to improve access to general practice.

## The challenge

The team noticed that many telephone appointments would have been better served by, or ended up resulting in, a face to face appointment. As a result, many patient requests were handled twice, adding to both clinical and administrative workloads, and some patients had to attend two appointments when they could have had just one.

At a time of high demand and limited capacity, the practice wanted to manage patients more efficiently and ensure that everyone received the right appointment type the first time.

## Understanding

To find out how many phone appointments led to a face to face or would have been better face to face to begin with, a GP retrospectively reviewed five days of telephone appointments and sorted them into four categories:

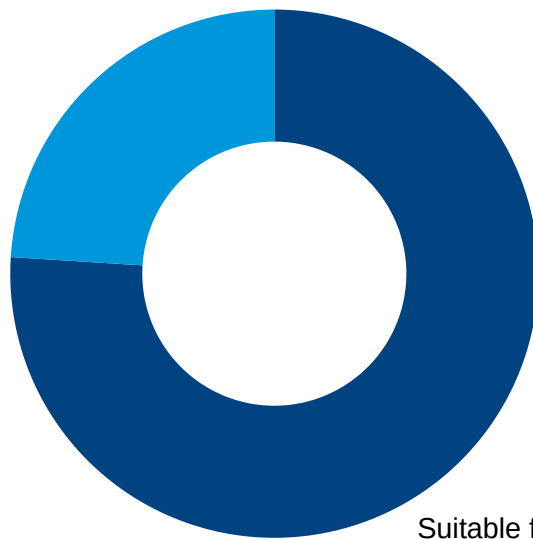
1. Suitable for telephone appointment
2. Problem addressed over the phone but face to face would have been preferable
3. Resulted in face to face appointment within 24-48 hours
4. Resulted in face to face appointment within two weeks

# What they found

Around 1 in 4 (24%) of booked telephone appointments would have been better served by, or resulted in, a face to face appointment. The rest (76%) were suitable to be phone appointments.

## Telephone appointment analysis

Face to face preferable, or resulted in face to face  
24%



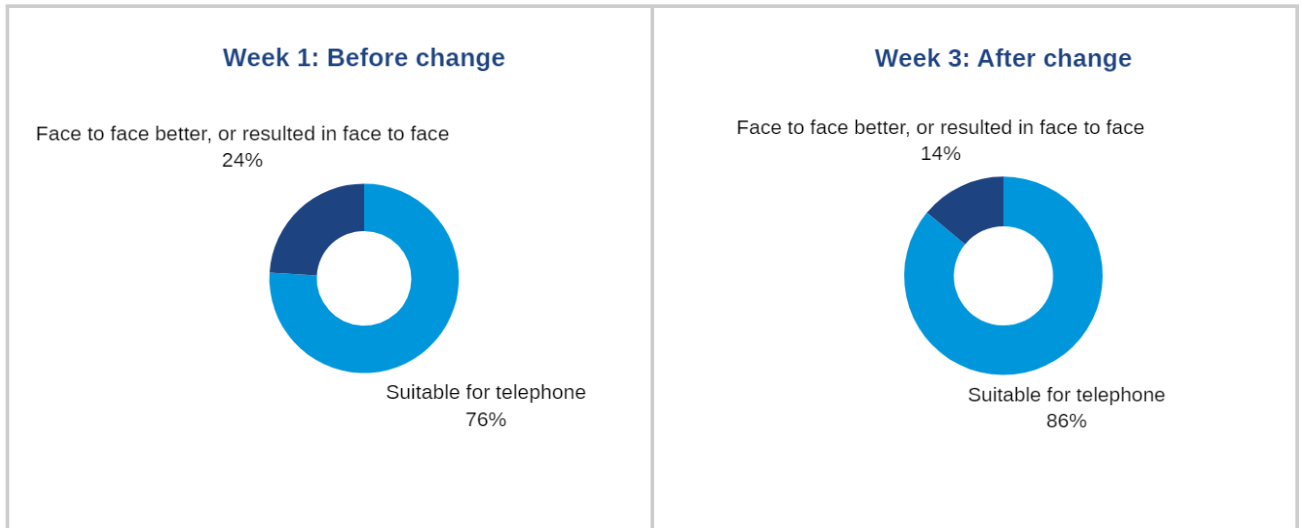
Suitable for phone  
76%

## Making a change

The practice felt they needed to add more face to face slots to better meet patient need. They decided to initially adjust the ratio of face to face to phone appointments from 40/60 to 60/40 and increase the availability of advanced bookable face to face appointments at the same time.

# Impact

Over 3 weeks of testing the new appointment ratio:



This indicated that more patients were receiving the most suitable appointment type for their request. The change **increased the practice's capacity** because fewer patient requests were being handled twice.

## What people said

"The staff were really happy that we made the change. Even if we didn't have [face to face] availability on the day, they were frequently able to offer it within 48 hours and that made a massive difference to the stress that they felt."

GP

# Next steps

- The practice continue to collect and monitor weekly telephone appointment data
- They will change the appointment balance again if the data indicates that more face to face appointments are needed

To start your own access improvement journey, you can join our [Primary Care Access Programme](#), download our [GP access tools](#), or email us for more information at [his.pcpteam@nhs.scot](mailto:his.pcpteam@nhs.scot).

*Thanks to Braids Medical Practice for working with us to share this learning.*

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