

## Reviewing an appointment system

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### Introduction

THIS survey was undertaken in a practice which has been using an appointment system for consultations since 1963. The present system seemed to have many of the ingredients of success, as listed in a Report of the Study Group of the Practice Organization Committee (Stevenson, 1975). That report indicated that "some mechanism should be established to allow patients to voice constructive criticism of the system without fear of upsetting any member of the team." This survey is an attempt to do this and, by reviewing the patients' satisfaction or dissatisfaction, assess the existing system.

### Method

The practice is totally urban, situated in Edinburgh in a high density housing area, and is comprised predominantly of the lower socio-economic groups. It operates from two surgeries and is manned by eight partners, two trainees, seven receptionists, six health visitors, seven attached nurses and a practice manager, and has just over 21,000 patients.

Patients visiting the surgeries during February 1976 were requested by the receptionists to complete a questionnaire. The questionnaire contained five ques-

tions requiring a yes or no answer, and on the remaining third of a foolscap page a space was left for patients' comments. The questions were:

1. Are you pleased that there is an appointment system?
2. Have you had trouble in getting an appointment to see the doctor of your choice within 24 hours?
3. Do you think that the reception service is good?
4. Have you had to wait half an hour or longer in the waiting room before being seen?
5. Did you know that there is a practice nurse available for advice and treatment?

### Discussion

Eight hundred and forty-nine completed questionnaires were received from patients, and 5,754 appointments were made during February.

It is reassuring that 92 per cent of those using the service were pleased that there was an appointment system and 97 per cent thought the reception service was good (Table 1): the vital role of secretarial and reception staff in the running of successful appointment systems is well established (Honeywood, 1973; Stevenson, 1966). These figures indicate the high approval of patients that has been found previously (Millar, 1972; Stevenson, 1966), and it may be that real and honest consumer reaction can be acquired only by a third party (Stevenson, 1975).

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**Table 1.** Results of current patient satisfaction survey compared with results of a similar survey carried out in a Teesside practice (Kaim-Caudle and Marsh, 1975).

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	Current (percentage)	Teesside (percentage)
Patients approving of appointment system	92	90
Patients experiencing trouble getting an appointment with doctor of choice within 24 hours	25	25
Patients pleased with reception service	97	96
Patients waiting $\frac{1}{2}$ hour or longer to be seen	43	25
Patients knowing practice sister available	81	—

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The fact that 25 per cent had had trouble in getting an appointment to see their doctor within 24 hours was about as expected. Table 2 shows the results obtained by medical students who acted as observers in the reception areas in the same practice in 1970 (Kuenssberg, 1971). In 1976 it appears that 75 per cent of patients felt that they could get an appointment to see the doctor of their choice within 24 hours; a similar figure was obtained in 1970.

Patients' dissatisfaction increases with waiting time (Worrall, 1974), and the finding that 43 per cent of patients thought that they had to wait half an hour or longer before being seen is higher than expected. This is the patients' impression of their waiting time which may be different from the actual time waited. Nevertheless, it is a considerably higher figure than those recorded in previous studies. Kaim-Caudle and Marsh (1975) reported that 25 per cent of patients had waited an unspecified time to see their doctor, and in Worrall's study (1974) 25 per cent considered they had waited more than ten minutes. It is probable that patients accept that they will have to wait despite having a fixed appointment time, knowing that their doctor will give them sufficient time during their consultation. This is reflected in the high approval by patients of the appointment system—Kaim-Caudle and Marsh reporting 90 per cent, and others noting that 85 per cent (Millar, 1972) and 88 per cent (Cartwright, 1967) of patients felt their doctor gave them sufficient time. This practice has a policy that each doctor will see an extra four patients per consulting session if the receptionist feels the demand is high for appointments, and a contributory factor in waiting time may be that the total demand is greater than the supply of time allocated for appointments in this practice.

An attached district nursing sister is directly accessible to patients at each surgery. The sister sees

patients who wish to have an immediate opinion, treatment, dressings etc. without an appointment. The ability of patients to see the nurse quickly is used to encourage patients to attend the surgery where possible, rather than be seen at home (Curran and Drury, 1975). It is encouraging that 81 per cent knew the nurse was available at each surgery, and the other 19 per cent know now.

Only 130 (15 per cent) patients used the second part of the questionnaire form to make comments or criticism. The small response may be attributable to this social group in Scotland, and different areas and practices might have greater feedback. Sixty-one per cent of the patients praised the staff, doctors and/or the system, and 39 per cent were critical. Just over half the criticism was directed at the appointment system, and one feature which stood out was the specific reference to the existing arrangement used by some of the doctors in the surgery to call their next patient, which enabled patients to queue jump and be taken out of turn. This had led to a feeling of bitterness and frustration which was apparent in three or four of the critical replies. The other criticisms were minor and could be classed as miscellaneous—hard seats, no magazines etc.

## Conclusion

The study was helpful in several ways:

1. It informed the practice that there was general approval of the existing appointment system with no gross deficiencies, and that there were two areas that should be improved, namely, the unduly long waiting time in the waiting room and the 'unfair' mechanism to call the patient, which operated in one surgery.
2. It gave patients an opportunity to voice their criticism and thereby transfer to them a sense of interest and responsibility in their health care.

## References

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**Table 2.** Medical students' observations of patients requesting to see doctor of choice within 24 hours.

	Percentage
Seen by doctor of choice at approximately the time requested	50.5
Seen by doctor of choice but conceding an adjustment of time on the same or next day	25
Not seen by doctor of choice but seen the same day by a partner	6.4
Spontaneously requesting or accepting to see sister or health visitor that day rather than an alternative doctor	12.1
Accepting appointment with doctor of choice 2 or 3 days later	6