

How do general practices manage requests from patients for 'same-day' appointments? A questionnaire survey

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SUMMARY

Same-day appointment requests are common and can be problematic for general practices that run appointment systems. In a questionnaire survey sent to 90 general practices in one health authority area (response rate 88%), a variety of management systems existed for dealing with same-day appointment requests. Managing the requests was found to be a significant cause of stress for many general practitioners. Registrars, locums, and practice nurses play only a small part in meeting patient demands and few practices operate telephone triage to help manage these requests.

Keywords: practice management; appointments; stress.

Introduction

REQUESTS by patients for same-day appointments are common and can be problematic for general practices that operate appointment systems.¹ Management of these 'extras' can be a source of tension for general practitioners (GPs), patients, and reception staff.¹

Previous studies have focused on the social and personal characteristics of patients who request same-day appointments.^{1,2} One study has shown that a flexible, mixed-appointment system is the best way to deal with the extras.³ In addition, the availability of appointments and the number of extras that arise depend on various practice characteristics;^{4,5} for example, list size and appointment availability. A recent study has shown that practice nurses can offer a clinically effective and acceptable service to patients with minor illnesses who request same-day appointments.⁶

We could find no previous attempts to investigate the management systems used by practices for same-day requests. The aim of this study was to survey all practices within North and East Devon Health Authority to explore the different types of management systems used.

Method

A questionnaire survey of all 90 general practices within North and East Devon Health Authority was conducted between February 1998 and March 1998. The questionnaire was designed and piloted on 10 general practices outside the study area. The questionnaire detailed a list of management options for dealing with same-day appointment requests and descriptive data about practices. It also included a simple rating scale to assess the perceived level of stress caused by these requests. The questionnaire and a brief covering letter were sent to the second most junior GP identified in the practice from the health authority database (or to the only doctor in single-handed practices). A stamped-addressed return envelope was provided. Comparisons were made using the chi-squared test with Yates' correction, or Fisher's exact test as appropriate. All data was entered using PARADOX and analysed using SPSS for Windows.

Results

A total of 79 (88%) completed questionnaires were returned and no reminders were sent. Practices use a wide variety of management systems to meet requests for same-day appointments (Table 1).

On a self-rating scale between 0 and 5, (where 0 = not at all stressful and 5 = extremely stressful), 40/78 (51%) of responding practitioners found managing same-day appointment requests stressful (scoring three or more).

Practices seeing fewer than seven extras per GP per day found managing the requests to be more stressful than those seeing seven or more (33/51 [65%] versus 6/21 [29%],

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Table 1. General practice management systems for same-day appointment requests.

Management system	Numbers of practices using management system (%)
Pre-booked appointments for part of the surgery and some emergency slots	48 (61%)
Appointment slots allocated and released on the day for extras	46 (58%)
Extras shared between all the GPs	45 (57%)
All extras given a specific time to be seen	38 (48%)
Practice nurses see a small number of the extras at one specific time	32 (41%)
All extras told to come at one specific time and wait their turn	23 (29%)
Some surgeries are open, with no booked appointments	21 (27%)
Each GP sees only his/her own registered extras	21 (27%)
Practice nurses see no extras	17 (22%)
A telephone triage system operates to assess whether they need to be seen as an emergency	15 (19%)
One GP sees all the extras each day	11 (14%)
All surgeries are open and there are no booked appointments	7 (9%)
Practice nurses see a large number of the extras	3 (4%)
An assistant/locum sees most of the extras	1 (1%)
A registrar sees most of the extras	1 (1%)

$P = 0.01$.

Practices with smaller average list sizes per full-time equivalent partner appear to find managing extras to be less stressful than those with larger list sizes but this finding did not reach statistical significance at the 5% level, possibly because the sample sizes were small. Additionally, no statistically significant associations were observed between practices that attracted deprivation payments, the training status and the location (rural, town, inner city) of the practice with the level of perceived stress associated with managing extras.

All seven practices that operated open surgeries (no booked appointments) were not affected by managing same-day appointment requests and consequently scored it as the least stressful $P = 0.01$. However, practices that operated a management system whereby all the extras were given a specific time to be seen 24/37 (65%) found it more stressful, ($P = 0.04$).

Discussion

This study has highlighted that practices operate a wide range of management systems to deal with same-day appointment requests. Most practices operate pre-booked surgeries with emergency slots and extras are given a specific time to be seen, rather than being told to 'come and wait'. Some practices allocate emergency appointment slots which are then released on the day and it is more common for the extras to be shared between all the doctors rather than each GP seeing only his/her own registered extras, or only one GP seeing all the extras each day. Registrars/locums and practice nurses do not play a significant part in meeting patient demands and few practices operate telephone triage.

The perceived level of stress for dealing with extras appears to be lower among those GPs who see more extras per day. This counter-intuitive finding might reflect the level of expectation of workload in these GPs in comparison with those whose expectation is to receive fewer requests for same-day appointments.

Same-day requests are difficult for doctors. Patients also find this difficult as they may be either too ill or unable to wait for the next appointment. More interestingly, 49% of GPs did not find this a stressful matter and this is not related to the number of extras seen each day. Further research should explore why this might be the case and whether some management systems are more effective and less stressful for

the practice team than others. The high response rate to this survey suggests that this is an important issue for GPs.

There are limitations to this survey. Most importantly, the scale used to measure the level of stress experienced by the GP was not a validated instrument and was only completed by one doctor in the practice who might not represent the views of the other partners. In addition, the size of the study prevented us from drawing conclusions about the relationship between some practice characteristics and the level of stress perceived by the GPs when dealing with same-day appointments. Practices considering the role of telephone triage in managing requests and the involvement of other team members should examine the overall cost-effectiveness of the additional training that may be required for nurses and the extra expense of using locums and operating a telephone triage service.

No definitive recommendations about the relative effectiveness of different management systems for same-day appointment requests can be drawn from this descriptive study. However, it is apparent that practices have chosen their system, either by design or by default, from a number of different options. The results of this survey could be used by practices to reflect on whether their system is the most effective way for them to achieve a balance between meeting patient requests and managing practice workload.

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HOW THIS FITS IN

What do we know?

Same-day appointment requests are common in general practices that operate appointment systems. Doctors as well as reception staff find managing these requests difficult and patients may be either too ill or unable to wait for the next available appointment.



What does this paper add?

There is a wide range of management systems being used by general practices to deal with same-day appointment requests. The perceived level of stress experienced by general practitioners to manage these requests has been explored, and also how stressful the management is in relation to practice characteristics. This study can offer practices an insight into what is being used and to investigate other options available to them for managing these requests.