Improving telephone access to general practice reduces time to diagnose cancer

There has been much speculation about the use of telephone consultations over recent months and their effectiveness compared with face-to-face consultations.1 There has also been public criticism of alleged delays within primary care related to the recognition and diagnosis of malignancy.2

Our practice, in north Worcestershire, has an average consultation rate of 10 per patient each year, a high proportion of elderly patients and a higher than national average disease prevalence. Three years ago we found a large proportion of our patients were choosing to wait several weeks to see a doctor of their choice rather than accessing another doctor within 48 hours. We therefore changed our appointment system to one where all patients requiring a consultation from a doctor have an initial telephone consultation as a first contact. On average three out of four patients are effectively managed on the telephone and are satisfied with outcomes.

As expected, we experienced a reduction in our practice’s A&E attendances, but in addition we decided to measure a marker of quality: the time between first patient contact with the surgery to referral into secondary care and time to a definite diagnosis of a malignancy.

Our data indicate that the average time of first contact in primary care to diagnosis was previously 53 days. This was reduced to 43 days in the first year and reduced further to 37 days in the second year, this being due a reduction in time between first contact with the surgery and a referral being made. This has fallen from 26 days to 10 days with 14 out of 17 patients within the past year being referred within the first week of their first contact. The average time from date of referral to a diagnosis being made in secondary care has remained the same.

We believe this supports the fact that GPs are skilled at recognising malignancy and how prompt access to GPs enables us to facilitate speedier diagnosis of malignancy in our communities. If the traditional systems of patients booking face-to-face appointments via reception or the internet are to be continued, this must be alongside securing adequate resources to allow GPs to provide both prompt access and quality of clinical care. If resources are not forthcoming, both the general population and healthcare providers need to be open minded about adapting to different models of healthcare delivery.

Pamela Smith,
Davenal House Surgery, Bromsgrove.

Jonathan Leach,
Davenal House Surgery, Bromsgrove.
E-mail: jonathanleach@jonathanleach.net

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