

Telephone Access Survey Report 2014/15

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Summary:

By focusing on telephone access as an area for improvement, and working on this over a period of 2 to 3 years, we have delivered measurable improvements in service quality. We have tried to adopt innovative solutions to the problem, including the recruitment and training of apprentice receptionists, which has been very successful. There are still opportunities for further improvement, and actions have been identified for implementation during 2015.

Reporting:

This report will be reviewed with the Patient Reference Group; and the findings will be included in our annual report for the 2014/15 Patient Participation Enhanced Service. This will be submitted to NHS England and published on our practice website by the end of March 2015.

Background:

Improving telephone access has been a priority for the practice for several years. This cannot be done simply by increasing the size of the reception team. The cost of a single whole time equivalent receptionist is equivalent to between 1,300 and 1,400 GP appointments per year. To improve telephone access by reducing the availability of GP appointments is not acceptable. Instead, we need to become more efficient in our use of resources, to deliver improved telephone access without taking resources from direct patient care.

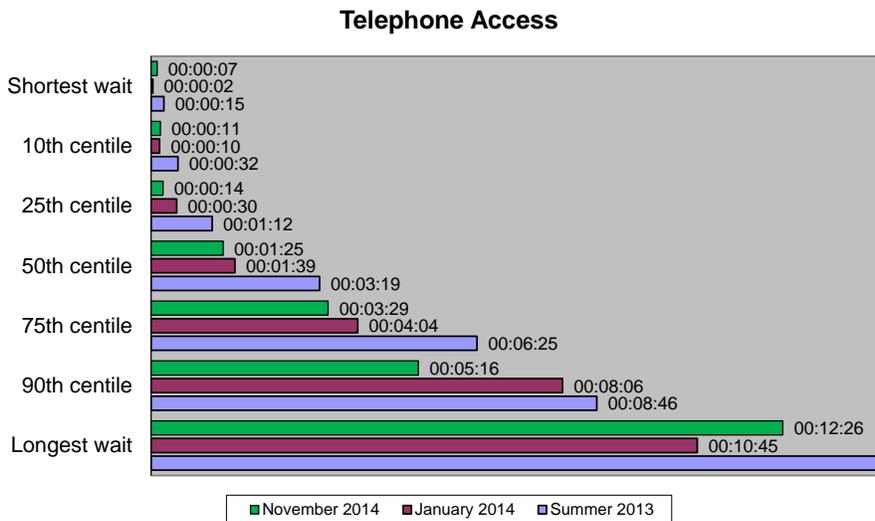
In 2014, we developed a call handling facility on the first floor of the surgery building. This allows us to deploy receptionists as dedicated call handlers whilst others handle the flow of patients at the front desk. We then recruited two apprentice receptionists, who could work in the call handling room supervised by an experienced member of the team. We also adjusted the pattern of reception shifts to give more flexible cover through the working day.

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Evaluation:

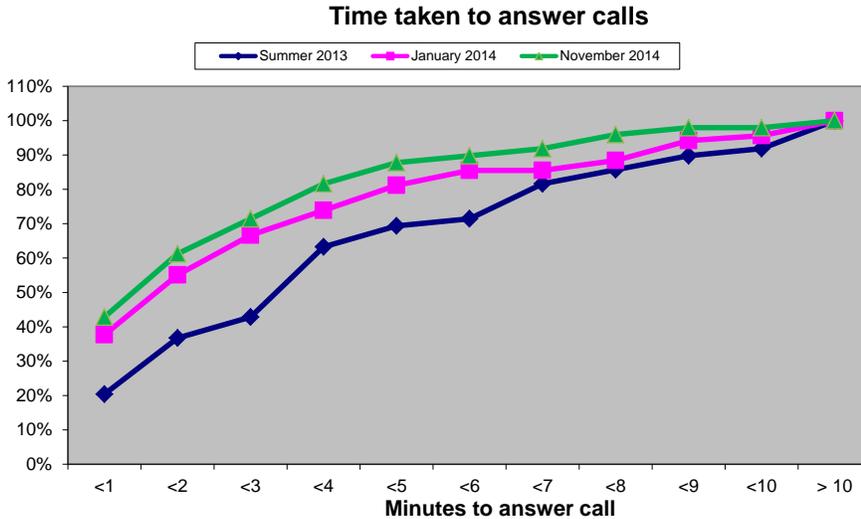
To evaluate the effectiveness of these changes, we made a series of test calls to the surgery at time selected randomly throughout the working week. We compared the data with results from a similar study conducted in 2013 and another in January 2014. Each set of data comprises > 50 test calls, so we can be reasonably sure the data is representative. Results are summarised in the chart below.



In the latest survey, we have reduced the average time (50th centile) for a call to be answered from 3 minutes 19 seconds in 2013 to 1 minute 39 seconds in January 2014 and again to 1 minute 25 seconds in November 2014. The time taken to answer 75% of calls has also been reduced from 6 minutes 25 seconds to 4 minutes 4 seconds and then further to 3 minutes and 29 seconds. The biggest improvement in the most recent survey is seen at the 90th centile. The time taken to answer 90% of calls has been reduced from 8 minutes 46 seconds in 2013 to 5 minutes 16 seconds in the most recent survey.

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An alternative analysis is shown in the chart below:



The number of calls answered within 1 minute has increased from 20% in 2013 to 38% in January 2014 and again to 43% in November 2014. The number of calls answered within 3 minutes has increased from 43% to 67% and then further to 71%. Each of these statistics represents an improvement in service for patients.

Despite this, still receive some negative comment from patients regarding telephone access. In some cases, expectations may not be realistic. 75% of calls are now answered within 3 ½ minutes, which we could argue is acceptable given the pressure on resources in the modern NHS. However, 10% of callers would still wait over 5 minutes unless they hang up and redial at another time. This still represents an opportunity for improvement.

More detailed evaluation of the data shows that our call handling performance is much better in the mornings than in the afternoons. We will review these data carefully, and re-evaluate our deployment of staff across the working day. We will also assess the various other tasks and priorities assigned to reception staff in order to deliver further improvements in telephone access during 2015.