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### SURGERY RULES THAT DO 'HURT' PATIENTS

At some local surgeries doctors ask their patients to book another appointment if they take up more than 15 minutes time in the belief that this provides a better service for patients. No account is taken of patient circumstance and that a number of different ailments may be related.

For instance, on any particular visit to the doctor the patient may want to mention a low level issue (to them) e.g. skin discoloration, which if prevented may stop a more serious problem developing. With the '15 minute rule', if they run out of time the patient may well decide not to book another appointment for an issue he or she perceives as low level. The 'common sense' reason for the policy is that it is supposed to reduce surgery waiting times and make the surgery 'efficient'. However is this patient centric? The surgery has not considered demand, capability and variability in its policy.

The surgery first needs to understand the form of Demand from patients which could be in three forms (Real Demand (e.g. acute pain in the back) or Latent Demand (a minor symptom, but potential medical problem), or superficial Demand (a problem that has no medical consequence but the patient needs reassurance). Interestingly if the latent demand is not resolved it may create further larger burden along the healthcare supply chain later on, and further demands on the surgery and/or society!

What should this surgery do to ensure it is patient centric but avoid long queues? It should carry out a simple analysis of how many appointments can be seen allowing for full "patient disclosure" as described above in a typical day and understand the variation during the day and also during a typical week (e.g. Monday may have lots of 'emergency' appointments). Some will be more, and some will be less than 15 minutes. Once it has done this it can build in some contingency in the appointments it can schedule which take account variation in actual patient appointment length on a day of the week basis.

This would mean that patients do not need to book twice, get time off work twice, travel twice and wait twice. It would provide better clinical quality with more control for the surgery over future demand, as well as ensuring the doctor does not have to 'start again' with the patient. We are solving whole patient issues rather than specific symptoms (which may be related). Each individual may have to wait a few extra minutes if a prior patient appointment took longer, but as overall demand and capacity is matched, the wait should be short.

So like the government 48 Target which Dr Hamish Meldrum, chairman of the BMA's GP Committee said, 'it does not allow doctors to prioritise their patients on the basis of need, particularly at busy times', the 15 minute rule further burdens this situation.

In summary, surgeries need to better understand their demand, variability and capability, and then deliver a service which optimises patients waiting times, and which solves all patient issues in one 'hit', causing least waste to the surgery in particular and to society as a whole.