

Case Study

Dropped telephone calls reduce to just 1% a day and Community Pharmacist Consultation Service referrals increase by 89%

Saffron Health in Leicester wanted to manage patient telephone calls better and make more referrals to the Community Pharmacist Consultation Service (CPCS). By participating in the Accelerate Programme it has reduced the number of patient calls dropped to just 1% per day and increased CPCS referrals by 89%.



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Impact

“There’s always a risk saying we’re too busy to work differently, but the Accelerate Programme has been brilliant. Over 6 weeks we did short sharp bursts of work and managed to reduce the number of dropped calls and increase our CPCS referrals. Without the data and the facilitator’s support, we’d still be working the way we were last year.”

Phillipa Guy, Business Manager, Saffron Health

Impact

- The number of patient dropped telephone calls has reduced from an average of 7% to less than 1% per day.

- A more consistent approach to making CPCS referrals across the reception team has increased referrals to the service from an average of just 18 per month to 178 a month; an increase of 89%.
- Patients are complaining less as their telephone calls are being answered. Staff are also happier as fewer patient calls are being lost.
- Less paramedic and GP appointments are now given away for minor illnesses as the CPCS is being utilised more effectively. Patients referred to the CPCS are highly receptive to the service. This has made it easier for patients who do need to see a paramedic or GP to get an appointment.
- 5 hours per week of admin time have been freed up which is being used by the reception team to answer more calls.
- 5 hours of clinical time per week have been freed up which allows paramedics and GPs to see more complex patients who need their care.
- The practice has created a quarterly practice quality improvement schedule, to maintain the momentum gained from the Accelerate Programme and ensure areas for improvement across the practice can be identified.

Too many dropped calls and low CPCS referrals

There were two areas the practice was struggling with which was causing issues for staff and patients.

- Telephone calls - reception was finding it difficult to manage the high volume of patient telephone calls and as a result between 40 to 65 calls were being dropped by patients when they were having to wait too long for an answer.
- CPCS referrals – where referrals to the service had once been good, they had fallen compared to the same time last year. Paramedics and GPs were seeing patients with minor illnesses that should have been seen by the CPCS, meaning they were spending less time with patients who needed their care.

Using data to identify the issues

The practice looked at its data to help it understand where the issues were.

- Telephone calls - unsure of whether there were specific times when calls were

being lost, the team took the total number of monthly calls and looked at them on a day to day and hour by hour basis. They found that large numbers of calls were being dropped:

- 50am to 9.10am - when there was a staff handover and staff were moving desks to log-in to a different computer
- 00pm – all reception staff would have a one-hour lunch break which was staggered over

half hour slots

- 00pm - some reception staff who started at 8.00am would go home for the day and others would move on to other duties.
- CPCS referrals - over three months the number of referrals made to the service dropped from 30 – 40 per week to just 2:
 - instead of referring to the CPCS, minor illness appointments were being booked in with the practice's paramedics or GPs
 - staff had simply forgotten about the CPCS and were using paramedic and GP appointments because they were available.

The reception supervisor met with reception staff in small groups and shared the data with them, this made it very easy to get the staff on board with any changes that needed to be made.

Making quick and simple changes

Understanding where the issues were, the team was able to make some quick and simple changes.

Telephone calls

- Staff handover now takes place at 10.30am when the phone lines have quietened. All reception staff now log-in to the computer they will use for the day, rather than having to move desks and log-in again.
- Lunch breaks are now staggered over two hours instead of one from 12.00pm to 2.00pm so there is more cover for the phones.
- All reception staff who are still working at 4.00pm now stop other duties and help manage the phone lines.

CPCS referrals

Refresher training on CPCS referrals was given to all reception staff and a signposting spreadsheet developed, which gives reception a first, second and third choice only for booking appointments: for example, (1) CPCS, (2) paramedic and (3) GP, along with the criteria for each.

- The phone script has been tweaked and any minor illnesses such as a common cold or sore throat less than three days is referred to the CPCS.
- Where the problem has been ongoing for more than three days it is referred to the paramedic or a GP.

The practice continues to monitor lost calls and CPCS referrals by measuring them weekly and sharing the data with the whole practice team. Where data is slipping the team will look into

why and work to get back on track.

Background

Saffron Health is made up of 8.5 whole time equivalent GPs and has a patient population of 17.1k. The practice participated in the Accelerate Programme delivered by the Primary Care Transformation team at NHS England and NHS Improvement.



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