

## FEATURE

## CHRISTMAS 2013: AGGRAVATIONS

# Phoning the patient's general practitioner

**Jessica Webb** and **David Ward** investigated how long it takes for hospital doctors to speak to patients' general practitioners by telephone

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The General Medical Council recognises the importance of effective communication and recommends that we should work collaboratively with colleagues to maintain or improve care of patients, as stated in *Good Medical Practice*.<sup>1</sup> Effective communication between primary and secondary care is pivotal to ensure the best outcome for patients, relieving their anxiety and confusion, and preventing prescribing errors. General practice has led the way in improving information technology facilities in the NHS and computerising practices,<sup>2</sup> although the telephone remains the main route of non-elective contact between hospital doctors and general practitioners (GPs). Communication by letter has delays and can cause confusion, with letters overlapping or getting lost. GPs ask their patients and the community for feedback on their experiences of calling the surgery and how long they had to wait.<sup>3</sup> To date, no studies have looked at how long hospital doctors wait to speak to a GP.

## Methods

The aim of this study was to establish how long it takes for doctors to speak to patients' GPs. One person phoned the GPs of 25 patients on our main cardiology ward over three consecutive days in early September between 1000 and 1230 and between 1400 and 1600. A stop clock was used to record the time taken for the phone to be answered and whether the receptionist was able to put the call directly through to the GP, a virtual appointment was made, or a message was left with a mobile phone number and if and when the call was returned. All the receptionists were given the same information: that the call was to update the GP on the patient's condition.

## Results

Two sets of patients had the same GP, so the surgeries were contacted only once. The table<sup>1</sup> shows the outcomes of the 23 phone calls, grouped from "best" to "worst." The mean time taken for our calls to be answered by a receptionist was 47 seconds. We spoke to 14 GPs: seven receptionists put our call straight through to the correct GP (in some cases this was in 25

seconds), and seven of eight GPs responded to our message by phoning the mobile number that was left with the receptionist. Three virtual appointments were made, and times were given that the GP would call; these were cancelled immediately. We did not manage to speak to five surgeries, despite phoning them twice, and one GP did not return our call (called on the first day of the study).

## Discussion

In total, we spoke to 14 GPs and were given three virtual appointments. We felt that these surgeries excelled; GPs obviously spend a considerable amount of time in clinic and out of the surgeries, so expecting a GP to be available immediately for a phone call from a hospital is unrealistic. We were unable to speak to six GPs over the three day study. Clearly, if the call had been crucially important we would have phoned again, and the GP who did not phone back may not have prioritised an "update" about a patient in hospital. We could not speak to five surgeries that had recorded messages with no opportunity to leave a message. Many reasons exist why surgeries may have recorded messages during the day, and more data collection is needed to understand the significance of this. One surgery had a number that was out of service, which was later found to be repaired.

On speaking to the GPs, we told them that this was an exercise to establish how easily hospital doctors can speak to GPs and not to update them on the patient's condition. They all felt that communication could be improved by introducing an email service, and some of them mentioned the other side to this equation—how difficult it can be for GPs to speak to hospital doctors.

## Conclusion

Despite limitations, these results are important as they show that most general practices offer excellent telephone communication but that some are more challenging. We believe that relying on phone calls is archaic and that these results

should stimulate a larger, more detailed study examining how much we rely on phone calls between primary and secondary care and how electronic communication with nominated email contacts could improve outcomes. We believe that more should be done to ensure safe and effective communication across the board to allow the best practice for all patients.

Competing interests: We have read and understood the BMJ Group policy on declaration of interests and declare the following interests: none.

Provenance: Not commissioned; externally peer reviewed.

- 1 General Medical Council. Good medical practice. 2013. [www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp).
- 2 Benson T. Why general practitioners use computers and hospital doctors do not—part 1: incentives. *BMJ* 2002;325:1086-9.
- 3 NHS England. The GP patient survey. [www.gp-patient.co.uk/](http://www.gp-patient.co.uk/).

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## Table

Table 1 | Outcomes of telephone calls to general practitioner (GP) surgeries

Patient	Outcome	Time taken for call to be answered by receptionist	Time of call
<b>Transferred to GP</b>			
9	Transferred in 25 sec	10 sec	1550
1	Transferred in 48 sec	1 min 24 sec	1025
22	Transferred in 55 sec	56 sec	
10	Transferred in 1 min	53 sec	1215
16	Transferred in 1 min 58 sec	10 sec	1006
20	Transferred in 5 min 5 sec	1 minute 57 sec	
12	Second call; transferred in 2 min 6 sec (first call; surgery closed at 1205)	20 sec	1440
<b>Message taken—GP called back</b>			
8	Called back in 1 hour	21 sec	1000
25	Called back in 2 hours	30 sec	
13	Called back in 2 hours	2 min 16 sec	
11	Called back in 3 hours	20 sec	1125
23	Called back in 24 hours	25 sec	
4	Second call; called back in 1 hour (first call; surgery closed at 1215)	10 sec	1100
17	Second call; called back in 2 hours (first call; surgery closed at 1415)	10 sec	1550
<b>Virtual appointments</b>			
3	Virtual appointment given	1 min	1440
21	Virtual appointment given	27 sec	
5	Second call; virtual appointment given (first call; surgery closed at 1500)	33 sec	1445
<b>Other outcomes</b>			
7	Spoke to receptionist and message taken; GP not phoned back	38 sec	1015
2	Recorded message; unable to leave message	10 sec	1530; 1130
14	Recorded message; unable to leave message	2 min 48 sec	1430; 1130
15	Surgery closed; unable to leave message	43 sec	1120; 1505
19	Phone number out of service despite checking on website	—	1105; 1400
24	Surgery closed; followed instructions to call mobile phone, but unable to leave message	45 sec	1455; 1125

Patients 6 and 18 had the same GPs as other patients.