VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: The 10 minute appointment

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GP appointments in the UK last on average 9.2 minutes, a considerably shorter time than in other rich nations, and there's no evidence that this is because our patients are healthier or have fewer questions. A recent report by the Royal College of General Practitioners suggested that all appointments should be at least 15 minutes long.¹

Very few GPs feel as though they can comfortably do a good job and provide holistic care in a 10 minute appointment. For some of my patients it takes more than a minute to walk the few yards from the waiting room and another minute to find the list of things they want to ask me. By the time we've negotiated the priorities for today and the patient has taken two more minutes to undress enough for me to listen to her chest, I'm pushing up against the allotted time. That's before I've tackled any of the agenda from the Quality and Outcomes Framework nag-box in the corner of my screen: checking blood pressure and organising tests, reviewing medication, or referring to diabetes prevention services.

I technically run 10 minute appointments, which work out at a bit over 13 minutes if you include my catch-up slots; in reality, my average time per consultation is about 16 minutes, which means that I usually run late. What's counted is the time the notes are open on my screen, so this includes a quick catch-up on the last consultation or hospital letter before I see the patient and then documenting the consultation at the end. Referrals have to wait until later.

It's probably time to quit the pretence that we can do a good job in a very short time, especially considering that the average

number of problems discussed in each GP consultation is 2.5.² If we timetable 10 minute appointments we can fit lots of them in, at least on the screen—but it means that patients are kept waiting, and stressed doctors work through their lunch break.

If we are realistic and recognise that good consultations usually take at least 15 minutes we will reduce the number of our appointment slots by a third. Many surgeries have done this. The price paid is patients waiting longer for an appointment, and problems that might previously have waited a few days can transform into urgent demands for the duty doctor in the face of a three week delay.

In a brave new world of multidisciplinary teams some patients will consult nurses and physician associates instead, but in our experience these staff are even harder to find than GPs. Rearranging appointment lengths may reduce on-the-day delays and pressure on GPs—but it clearly won't solve the understaffing crisis in general practice.

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- 1 Royal College of General Practitioners. Fit for the future: a vision for general practice. May 2019. <https://www.rcgp.org.uk/-/media/Files/News/2019/RCGP-fit-for-the-future-report-may-2019.ashx?la=en>.
- 2 Salisbury C, Procter S, Stewart K, et al. The content of general practice consultations: cross-sectional study based on video recordings. *Br J Gen Pract* 2013;63:e751-9. 10.3399/bjgp13X674431 24267858

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