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PRIMARY COLOUR

Helen Salisbury: Hanging on the telephone

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The pandemic has changed the way we work. GPs see far fewer patients face to face than at the start of last year, coinciding with a move to e-consulting at many practices. In this system patients are encouraged to submit problems by filling in an online form, which can be answered quickly or directed to the most suitable respondent, and the patient may be offered a telephone or in-person appointment.

One reason for e-consulting is convenience: patients can do their bit at a time that suits them, rather than ringing the surgery during opening hours. In theory this should free up the telephone lines for emergency calls, as well as for patients who aren't comfortable using online communication. For some patients, this has worked well. They can get answers to simple queries, sort out repeat prescriptions, or submit blood pressure readings. For others, it's added to the feeling that their GP is remote and inaccessible. It may indeed have freed up telephone lines but, in some practices, getting through to a receptionist is not quick or easy.

I recently tried to speak to a GP in another part of the country and managed to talk to a receptionist after being on hold for 45 minutes. When I inquired on social media whether this was a common experience, I was taken aback by the howls of distress in the replies. Patients reported ringing daily as soon as the phone lines opened and either being 29th in the queue or repeatedly getting an engaged tone. When they did finally talk to someone the reply was often, "All appointments are taken—ring back tomorrow." Some reported needing to take time off work, not just to attend an appointment but also to book it. One patient had run up a £12 telephone bill just for the time she was on hold. Others simply stopped trying. Not everyone had the same experience, and some were very happy with the service they received, reporting prompt responses to emails and good telephone access.

But what is the norm? Is the system mostly working, with a few outlying practices drowning in unanswered calls, or are these becoming the rule? Clearly, at some practices receptionists are working flat out but still can't meet patients' needs, and we need to know how many. I understand that some of this may be temporary, attributable to staff sickness absences or to queries about covid-19 vaccination, but I worry about a more fundamental workforce problem. There's a mismatch between patient demand and the resources available, which has been worsening for years despite most GPs working longer hours.^{1,2}

While some of us debate balancing continuity of care with a single GP, against improving speed of access

to any clinician, some patients are clearly getting neither. We need to answer more basic questions about offering a safe service: if patients haven't managed to make contact, their needs are not just unmet—they're not even visible.

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- 1 Hobbs FDR, Bankhead C, Mukhtar T, et al. National Institute for Health Research School for Primary Care Research. Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007-14. *Lancet* 2016;387:2323-30. doi: 10.1016/S0140-6736(16)00620-6. <https://www.sciencedirect.com/science/article/pii/S0140673616006206>. PMID: 27059888
- 2 Bostock N. GP workload consistently higher than 2019 over past month, data show. *GP* 2020 Aug 18. <https://www.gponline.com/gp-workload-consistently-higher-2019-past-month-data-show/article/1692107>.