Stour Access System: a new way to manage GP appointments
Better for GPs, better for patients, better all-round

Take control of your time, improve the flow of patients, improve access and what’s more it’s fast and simple to implement.

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What is the Stour Access System?
Put simply, you get the most senior clinician available—the GP—to carry out your triage and make a decision about who the patient needs to see next. This is done over the phone. If an appointment is needed, the GP sorts that out there and then. Or the doctor may be able to provide care by phone, with no need for face-to-face contact. If a nurse appointment is needed, or a hospital appointment for tests, the GP also arranges this on the phone.

What are the benefits?
Benefits for patients:
• Speak to their GP sooner
• See their GP sooner when appropriate
• Get more time with their GP when they need it
• Save time by avoiding unnecessary appointments

Benefits for GPs:
• Manage case loads efficiently
• Improve utilisation of nurses and other Health Care Professionals
• Reduce DNAs to almost zero
• Free up time

This approach is called the Stour Access System. It has been tried and tested in practices across the UK. We recommend it to you, as it really does have the potential to transform the way your practice works, and the quality of care you provide.

A primary care physician familiar with a patient’s condition and history can make an accurate triage decision.

Dorlet R. UC Davis Health System
Give GPs more control

The Stour Access System was designed to improve patient access to healthcare and give GPs control over their own working day.

How it works
The system works by allowing the GPs themselves to triage all requests for care by phone:
- Patients can’t book a GP appointment without first speaking to the doctor by phone. The patient leaves a contact number with the receptionist and the GP calls them back.
- The GP discusses the complaint with the patient and triages them to the most appropriate person such as a nurse, or books a face-to-face appointment with themselves, or provides advice on the phone.
- Appointment times are arranged by the GP themselves – the patient isn’t referred back to the receptionist for this.
- Patients can book directly with the nurse or other non-GP members of the primary care team and can access a walk-in nurse clinic if the practice offers this.

Fewer appointments – better care
Imagine a patient contacts the surgery because they feel tired all the time. Using the Stour Access system, the GP can arrange pathology tests for those symptoms during the triage call. When the results come through, the GP can then review them with the patient, either on another phone call or at a face-to-face appointment. This cuts out a lot of unnecessary appointments.

Rethinking triage
In the NHS, it is often the most junior member of the team who performs triage. In fact, there is strong evidence to suggest it is best performed by the most senior clinician available.

Triage uses a set of principles that guide the sorting and assignment of treatment priorities. (Triage comes from the French word “trier,” meaning “to sort.”) Triage methods can be traced to the pioneering work of Baron Larrey, a surgeon in Napoleon’s army who developed a system to evaluate the wounded and to evacuate patients while the battle was still in progress.

“ My doctor will phone me at work and can sort out most things on the phone. If I need to see him I can agree a time convenient to me which is excellent given that I am in full-time employment.”

Gill Bishop
A breakthrough for GP practices

The telephone triage system can deliver impressive results. We know that because it was developed and tested at a working GP practice.

Stour Surgery is a four-partner teaching practice in Christchurch, Dorset, with around 8,800 patients. It is a forward-thinking practice and was one of the first in the country to become computerised and ‘paperless’. It receives consistently high scores in patient satisfaction surveys.

The GPs at Stour Surgery wanted to control their appointments themselves. In particular, they wanted to be able to identify who needed to be seen by a GP and who didn’t. So they decided to develop a new access system based on telephone triage – with GP call-backs to patients and phone consultations.

The new appointments system started in 2000. Stour operates a walk-in nurse clinic as well as a booked one. Other practices that have adopted this system just operate a booked-only nurse clinic. Either system works.

Proven in practice

Stour’s main aims with this were to improve access and convenience for patients, and to help GPs manage their time and caseloads more effectively. A schematic of the patient pathway can be found on page 12.

GP contact over 5 years

- 1/3 of patients needed to see the GP.
- 1/3 of patients needed to see a nurse.
- 1/3 of patients could be dealt with over the phone without seeing a member of the team.
The Stour Access System releases GP time, allows more effective working for other team members and patients receive services that suit them better.
The Stour Access System can deliver real benefits for practices and patients. It is important for any surgery considering the new system to review how and whether they might benefit.

The following considerations will vary between practices and should be viewed as a framework from which to develop the system to meet your own requirements and needs. How practices assess their suitability and needs for implementing the Stour Access system will depend on their own situation and ways of working.

Audit your consultations
The first step is to audit your current face-to-face GP consultations. Over a set period (even a single day will give you an idea), ask all the GPs in the practice to rate every face-to-face consultation as:
• Needed to see the GP
• Could have been seen by a nurse or other member of the team
• Could have been dealt with using telephone advice.

This will show the proportion of patients that could have been cared for more effectively using an alternative to a GP appointment.

Assess your skills
Are the GPs in your practice confident with telephone triage? Many have experience of it from out of hours working. Some already have dedicated telephone triage appointments in their working day. If there are concerns in this area, there are courses available to improve telephone consultation skills.

Consider language barriers
If you have many patients from diverse ethnic backgrounds or with hearing or speech problems, telephone consultations could be problematic. These are problems that can be overcome but you need to be aware of the issues in advance.

Do have the right telephone infrastructure?
For the Stour Access System to work, all the GPs need a dedicated outgoing telephone line. Some practices have used mobile phones successfully (number withheld) and you may be able to negotiate good deals with suppliers.

Do you have enough space and people?
If you’re going to triage 1/3 of patients to other health professionals in your practice, this will clearly have an impact on their workload. You may need to build up their skills or even recruit new team members. You will need to do this before going live with the Stour system. You will also need to ensure you have enough space at your surgery for the required number of health professionals.

Before you launch:
• Make sure your people are ready: ensure all your practice staff are involved and informed. Agree the cover arrangements for a GP being off or on holiday. Would a locum be able to work this system?
• Make sure your infrastructure is ready: including telephones and buildings.
• Make sure your system is ready: agree surgery call back times – for example, if a patient phones before 11am they’ll get a call back before noon, if they call between 11am and 5pm, they’ll get a call back the same day.

When you launch:
Set a launch date: ensure there are no bookings after the launch date – surgeries must be empty. This might cause some pre-launch capacity issues.
• Be bold – and stick to your launch date.
• Be ready for teething troubles, as everyone gets used to the new system.
• Deal with complaints about the system constructively – have a strategy for communicating the benefits to patients. Use your formal complaints policy when appropriate.
• Expect positive patient feedback.
The vast majority of patients like this system because they don’t have to come into the surgery unless they really need to, and they get to speak directly to their GP.

Dr Simon Coupe

The appointment system has been running successfully for several years now. During that time we have found the day to day stress of general practice greatly reduced. By managing demand rather than increasing capacity we have shown that we can be more accessible and flexible in offering appointments at a time that suits both patients and doctors, mostly the same or next day. Patients often want advice only and the telephone system makes this easier for them.

By empowering our nurse team we have been able to delegate more and this gives us more flexibility to ensure the most appropriate clinician sees the patient. Our reception team do not have to make judgements on the urgency of requests for appointments which makes their work easier too.
The patient pathway

This diagram represents the patient pathway that has been developed as a direct result of implementing the Stour Access System.
Positive action to improve care

If you decide you’d like to try the new system, you will need to discuss it with the leading members of your team – and eventually with everyone at your surgery.

Setting the new system up takes some initial time and effort – but it’s well worth it.

Once in place:
- You will be able to prioritise patient care more effectively
- You will eliminate the need for two-thirds of GP appointments, and
- You will have more control of your time.

Which means happier GPs, staff and patients – and ultimately a better-run practice.

The Stour Access System is one approach to managing primary care access. The Improvement Foundation has a range of other resources about primary care access that you and your practice might find helpful. They can be accessed at: www.improvementfoundation.org

Who are we?

We’re the NHS Institute for Innovation and Improvement. It’s our role to develop high impact solutions that address key NHS problems. Our aim is to change the way care is delivered, to provide a more community-based, responsive, adaptable, flexible service.

With this in mind, we have commissioned a series of ‘pilot’ schemes around the country with the aim of testing ways to promote improvements in care. We are now turning successful pilots into working systems that can be put into practice across the NHS.

As part of this process, we have developed this booklet to enable local implementation and adaptation of the Stour Surgery Access System.

Want to know more?
email: stour.access@institute.nhs.uk