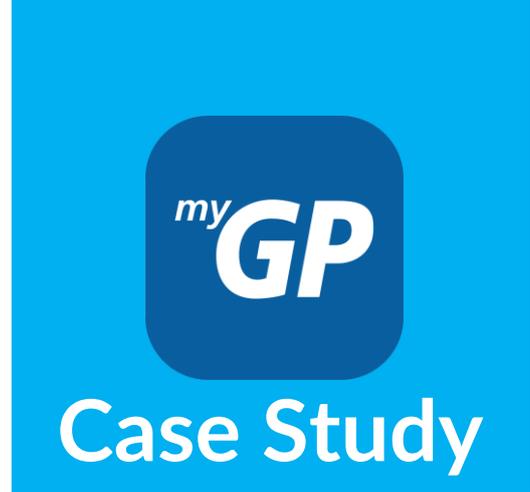


myGP[®] slot allocation: a GP practice in London



The Challenge

Practices are challenged to deliver to the NHS 'digital agenda' – including myGP - while continuing to provide good patient service. While launching myGP we have confirmed the broad patient demand of using smartphones to book and cancel appointments. Generally, practices welcome the idea of moving routine calls about appointments away from practice switchboard and onto digital platforms – as long as it works!

Where this concept hits its first challenge is when translating the functionality on the underlying GP principal systems into an intuitive digital user experience for the patient. Clearly, the GP principal system's appointment scheduling modules were not designed for direct patient access. Years of internal practice usage has often created incomprehensible (to the patient) content of remarkable complexity. As a baseline, a successful digital patient service must help match an array of appointment types and healthcare professionals with distinct patient needs and wants.

Initially, many myGP practices were tempted to pick the 'Default' option and make every single session holder and appointment type on the principal system available for mobile booking. This method has clear limitations as it was intended for trained receptionist to book appointments on behalf of patients. The sheer number of men who have booked a cervical smear has surprised us all over the last months, but it is the symptom of an unintuitive booking process.

Getting mobile booking right from the start is important as practices often switch off all slots as soon as the 'Default' option is hit by its first incorrect booking. This, in turn, angers the patient who have gone through the effort of registering to the service with the hope that it will provide better, faster and more convenient access to booking.

The Solution

Most appointments in General Practice are General GP appointments. Patients either want to book the next available GP appointment or book an appointment with their named/preferred GP over the next two weeks. myGP caters effectively for both these booking scenarios. From experience as well as empirical data, practices can easily identify slots that have the maximum demand. iPLATO worked with Tynemouth Medical Practice, a London based practice, to help get mobile booking right.

After consulting internally, they decided to opt for the '2 week GP' slot. This was heavily used and would address the needs of most patients who wanted to see a GP up to 2 weeks in advance. The appointment slot displayed 'Routine Doctor's Appointment' on the app to make it unambiguous and easy for the patient to establish that they should only pick this slot if they did not have a specific reason like flu jab or blood test to visit the practice. Internally however, the '2-week GP' label was retained on the system, so as not to confuse practice staff of the purpose of this slot.

In the September release of myGP – in time for seasonal flu immunisation – we will add features for inviting selected patients to specific appointments (via SMS or myGP messaging) and link it with mobile booking.

The Results

Implementing a streamlined approach to patients booking these standardised 'high volume' appointments result in few errors and takes away a huge number of calls to practice switchboard, allowing reception to focus on more complex patient needs. In its first month of operation, the trial practice received 311 appointment bookings via myGP (currently 754 registered users). This demonstrates the effectiveness of the practice picking appropriate and relevant slots that patients can book, rather than choosing the default slots offered by the GP principal system.

We estimate that it costs £7 to administer an appointment booked over the phone. The cost includes the cost of reception staff as well as tools and infrastructure to perform the task. Based on this estimate we conclude that myGP saved the trial practice £2,177 in switchboard costs the first month of myGP. This is a 'soft saving' for the practice as the likely result of the eliminated 311 calls was reduced waiting times for other patients calling switchboard. However, NHS data indicates that 1 in 10 patients who do not get timely access to primary care services go to urgent care. Patients and local healthcare commissioners are, therefore, the main beneficiaries from this productivity improvement.