

Impact of same-day appointments on patient satisfaction with general practice appointment systems

Fiona Sampson, Mark Pickin, Alicia O'Gathain, Stephen Goodall and Chris Salisbury

ABSTRACT

Following recent concerns about patients' inability to book appointments in advance, this study examined the relationship between the proportion of GP appointments reserved for same-day booking, and patient satisfaction with appointment systems. In a survey of 12 825 patients in 47 practices, it was found that a 10% increase in the proportion of same-day appointments was associated with an 8% reduction in the proportion of patients satisfied. Practices should be wary of increasing the level of same-day appointments to meet access targets.

Keywords

appointments and schedules; family practice; health services accessibility; patient satisfaction; primary health care.

INTRODUCTION

Recent policy initiatives related to government targets for primary care access in *The NHS Plan*,¹ such as *Advanced Access*,² have led to changes in the numbers of appointments that are reserved for patients booking on the day (same-day appointments).³ This has led to high-profile criticisms that patients are less able to book appointments in advance,^{4,5} a particular concern for certain groups, such as older patients,⁶ and those with chronic conditions.^{7,8} There is also uncertainty about whether the success of these initiatives is related to the level of deprivation of the practice population.⁹ A recent evaluation of *Advanced Access* showed no difference in patient satisfaction with the appointment system between *Advanced Access* and control practices.⁹ However, there was considerable overlap between initiatives used by *Advanced Access* and control practices.⁹ Since difficulties in booking appointments in advance have been a focus of concern,¹ this study has examined the relationship between the proportion of GP appointments reserved for the same day and patient satisfaction with appointment systems, regardless of practices' *Advance Access* status.

METHOD

Data from the recent evaluation of *Advanced Access* were used, described in detail elsewhere.⁹ The data were a comparison of 48 general practices selected from 12 primary care trusts (PCTs) in England. The study made use of two components of this evaluation: a survey of practices and a survey of patients. The survey of practices undertaken in 2004 involved 391 practices from 12 PCTs purposefully selected to be representative of England.⁹ This provided data on the numbers of GP appointments offered in each practice, both bookable in advance and same-day only. The patient survey involved 12 825 adult patients attending 47 of the practices, undertaken in 2005.⁹ This provided data on patient satisfaction with the practice appointment system.

Analysis

Responses to a question about 'overall satisfaction with the appointment system', which had been

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Appointment Systems In General Practice

Mari Robbins



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great majority of practicing doctors in England and Wales were general practitioners. They performed their own surgery and were accustomed to treating a wide variety of illnesses and symptoms. Specialists were few in number, tended to practice in large towns and were often associated with major hospitals. But rapidly changing medical institutions and services in the twentieth century have compelled specialization even among more modest doctors and hospitals. While medical specialization was not new for centuries, physicians were differentiated from surgeons. Twentieth century science and technology emphasized and accelerated this difference rapidly. Medical care began to shift from services rendered by the general practitioner to the employment of those doctors with a special interest, for example, pathology, neurology or cardiology.

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Medical Receptionists and Secretaries Handbook, Mari Robbins, 2017-11-22. This best selling classic has now been fully revised, expanded and updated. It has established itself over ten years and with three previous editions as the essential handbook for study and daily reference. *Medical Receptionists and Secretaries Handbook*, Fourth Edition, contains vital information for all staff, enabling them to work efficiently and effectively both within the NHS and private medical sectors. It encourages an understanding of the importance of administrative staff in providing high standards of patient care and promotes teamwork throughout the whole healthcare environment. No medical receptionist, secretary or healthcare administrator should be without it.

From General Practice to Primary Care, Steve Iliffe, 2008-02-14. This book helps doctors to improve their chances of getting the highly sought after specialty training post. It is a wide ranging accessible guide to the application process, covering every step from online application to the selection panel.

Patient and Staff Voices in Primary Care, Kenneth E. Collins, 2023-04-12. This unique work represents the recording and analysis of oral history interviews conducted by the pioneering general practitioner Dr Hetty Ockrim with over seventy patients as well as office staff and members of the nursing team between 1989 and 1992 in her former practice in the Ibrox/Govan areas of Glasgow, places of significant socio-economic deprivation. Her focus in undertaking this study was on personal and social

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Disentitlement? Timothy Stoltzfus Jost, 2003-04-10 No developed nation relies exclusively on the private sector to finance health care for citizens This book begins by exploring the deficiencies in private health insurance that account for this It then recounts the history and examines the legal character of America's public health care entitlements Medicare Medicaid and tax subsidies for employment related health benefits These programs are increasingly embattled attacked by those advocating privatization replacing public with private insurance individualization replacing group and community based insurance with approaches based on individual choice within markets and devolution devolving authority over entitlements to state governments and to private entities Jost critically analyzes this movement toward disenfranchisement He also examines the primary models for structuring health care entitlements in other countries general taxation funded national health insurance and social insurance and considers what we can learn from these models The book concludes by describing what an American entitlement based health care system could look like and in particular how the legal characteristics of our entitlement programs could be structured to support the long term sustainability of these vital programs

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