

Supplemental Material 2- Researcher training agenda and suggestions for receptionists/ administrative staff

Researcher follow-up meeting for 3D Intervention practices with Practice Manager, lead receptionist / person responsible for appointment rotas, GP Champion.

Researchers to have a meeting, post training, with small working group at each practice to come up with ideas for improving continuity with their practice and discuss the organisational aspects of 3D

- Practices need to cancel all existing review call backs for consented patients and set up 3D review recalls instead (we have SSCs to cover an admin person doing this)
- Discuss how they are going to review patients who are housebound / in nursing homes
- Confirm who within the practice is going to be the practice champion / who is going to be the admin lead
- Make sure link to pharmacist is set-up, how is the practice going to notify them which patients need doing when
- Pass on the details for the geriatrician
- Emphasise that we need to know who the named GP is going to be for all consented patients for the 3D cards (can also add named nurse or leave blank). Give practices a list of consented patients, usual GP and patient's preferred GP (from consent form). If necessary ask practice to update usual GP on Emis so that it matches the 3D named GP.
- Discuss what they are going to do re offering longer appointments when appropriate
- Researchers will have installed continuity search at each intervention practice at the start of set up. Data from this search is used to create continuity index. Install the remaining monthly searches if this hasn't already been done and find out who is going to run the monthly searches. Explain what needs to be sent and who to.
- Discuss and agree how they are going to encourage continuity of care. Use RCGP tool kit (<http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/Continuity%20of%20Care%20Toolkit.ashx>). See next page.

Possible strategies to help improve continuity at a practice level:

Make sure that the correct usual GP is recorded in Emis (i.e. 3D named GP)

Try to ensure that as much as possible GPs have sessions spread across the week at different times of day

Help receptionists by backing new policies. Listen in sometimes on how receptionists speak to patients when offering appointments and give them feedback on how well they are trying to provide continuity and offer suggestions of other ways they could say things to promote continuity

Discuss continuity with patients – if they have to see a different doctor who says they need to return for a follow up emphasise that it is OK for them to go back to their usual GP for the follow-up appointment

Publicise the policy that you'd like patients with on-going problems to see their usual GP whenever possible – highlight on noticeboards, on the practice website, in any patient information or newsletters

Avoid confusing patients - do not ask them to return at a time when the appropriate clinician is not available.

Consider introducing repeat appointment slips allowing the clinician to specify an appropriate and flexible interval before a new appointment, and which encourages continuity e.g. 'Please see me again in 3-4 weeks'. This gives receptionists more flexibility to achieve continuity. Alternatively clinicians can book follow up appointments themselves in negotiation with patients.

Encourage accessibility by telephone with the usual GP if the problem is too urgent to wait to see them in person, rather than making a face to face appointment with a different GP.

Housebound patients should normally be visited by their usual doctor

Possible strategies to offer longer appointments as necessary:

If a patient has lots of on-going problems it's probably better to plan for the fact that they take longer, rather than them always making the rest of the surgery run late

You could try:

Putting complicated patients towards the end of sessions so that the GP can spend longer with them with minimal impact for other patients.

If GP knows a particular patient is complicated / takes longer than 10 minutes then give patients and receptionists permission to book a double appointment or book them in at the end of surgery. You could put a flag on these patients records to alert the receptionists, or ask these patients to ask for a double appointment when they think they need one.

Use repeat appointment cards to encourage patients to book appointments in advance where possible

Have one longer '3D' appointment slot in each surgery, which is reserved for 3D patients, but can be used for any patient on the same day if it hasn't already been booked.

Booking appointments for 3D patients

What are the first few steps of answering a patient appointment call here?

Discuss with receptionists how much continuity of care do they think patients get now? Why is continuity important? (prompt for receptionists views first, but things you might pick up on include:)

- Don't have to repeat all the information
- Saves time for them and the GP
- Usual GP is much more likely to have a good grasp of the situation, including their past history
- If it's complicated, a different GP who doesn't know them is quite likely to ask them to come back to see their own GP later, which uses up two appointments instead of one and takes longer to get the problem solved for the patient.
- Helps the patient build a trusting relationship with a GP. People who trust their GP are more likely to follow advice, have fewer A&E attendances, are more satisfied with care. Particularly important for complex, frail and/or vulnerable people.

What could they / the practice do to improve continuity (in general / for a subset of patients)

Actions

When **ANY** patient phones up after hearing initial request & **before** starting any conversation related to booking an appointment ask for their **name**

Once you have a patient's name you can **pull up patient details** & you will see if they are flagged as being in the 3D study.

Respond to each non urgent appointment request with "who is your usual GP?" (If they need an urgent emergency appointment then follow your usual protocol)

Steer the conversation around to the patient seeing their named GP:

Explain that it would be beneficial if the patient waited for an appointment with their usual GP as this will save them having to repeat information to a different GP.

Also say things such as: I know that Dr X would like to see you to review / discuss / follow-up on your previous appointment.

Don't just say nothing available today / this week but offer them the next available appointment with their GP. If agreed then see whether you could offer the patient a phone call with their usual GP if they don't have an available appointment with the usual GP which is soon enough.

Do the receptionists have any other ideas from their own experience of good ways of encouraging patients to see their usual GP, good phrases that they have found are helpful?

Prioritise supporting patients seeing their usual doctor over ensuring quick access, unless there is a good reason why the patient needs to be seen quickly.