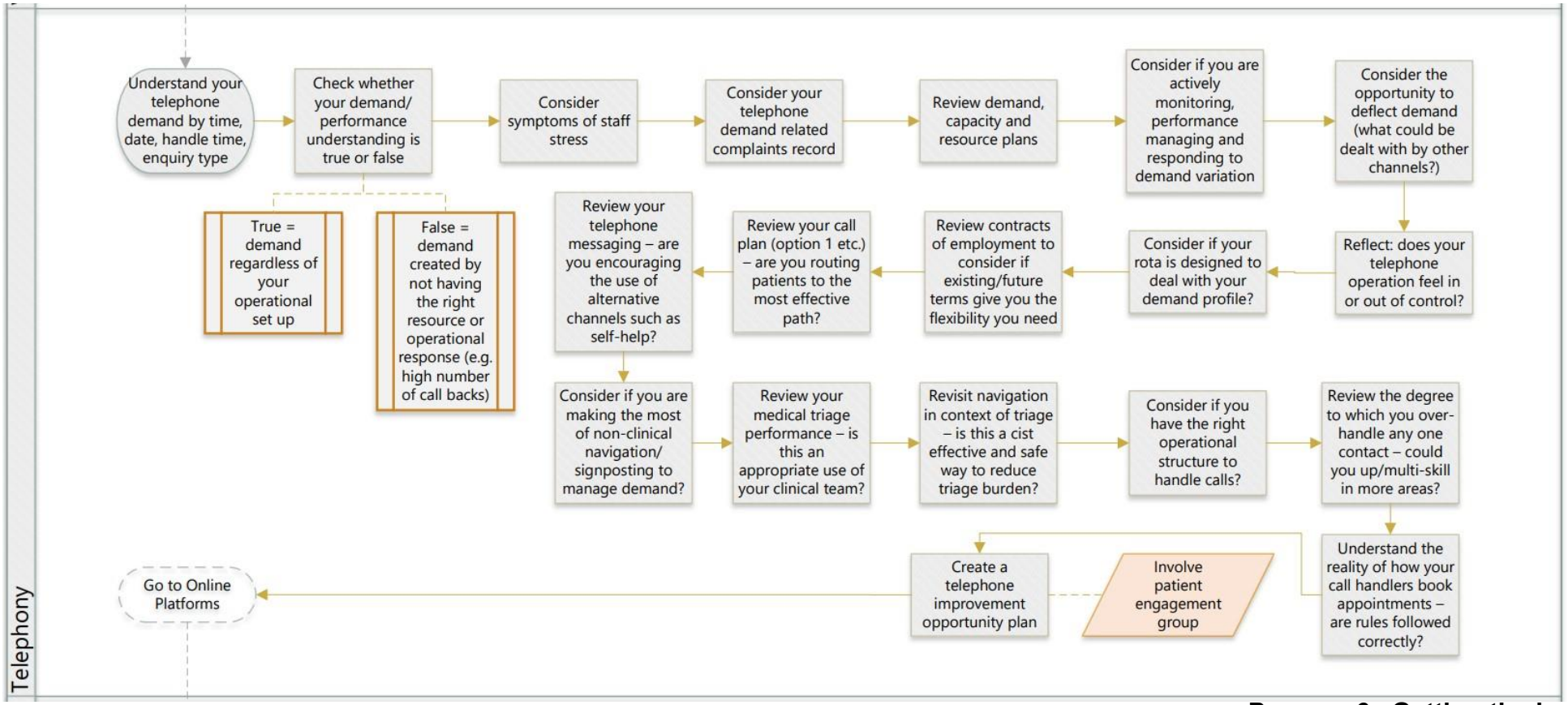
Telephony

Of the available communications channels, telephony is probably the one most people are comfortable with. However, not everyone has access to basic contact data. This means understanding of demand is determined by the calls presented, rather than the number of attempts, redials, hang ups and on hold experiences. In fact, demand understanding can now be achieved across most channels. The absence of such insight means operating without key information to hand and as such will make formulating the right response difficult.



Process 6. Getting the best from Telephony

Telephony

Quick Check: Is the telephony solution optimised?	Yes	No
Is telephone demand measured, reported, and reviewed?		
Does the operational respond to demand by using a forecasted staff response (e.g., designing a rota around busy periods)?		
Are staff asked to promote other points of access to discourage future unnecessary use of the ‘phone?		
Is the organisation using navigation, triage or sifting to optimise the patient response?		
Are call queue and on hold messages being used to promote the wider healthcare access offer?		
Answered no to any question? Consider making some changes		

Telephony: Symptoms that suggest it is time to intervene

- Too much demand
- At the wrong time
- Long wait times.
- Multiple re-dials by patients
- A variation in skill in dealing with the demand.
- A high proportion of unnecessary calls
- Frustrated patients (complaints)
- Frustrated and stressed staff and leaders

It is understandable then that operational leaders might try to control the telephony environment tightly, through call queues, retracted opening times and appointment booking rules. Most of practices will already have a prescriptions line such as a voice mail service, an example of demand deflection in action. Such strategies need to be handled positively so that the benefits are both understood, realised, and don’t create resentment amongst patients. Demanding everyone who rings a practice completes an online form before anyone considers speaking to them is perhaps an extreme example of this and does nothing to build patient relationships.

Telephony

Principles of good telephony management
✓ Understand demand priorities and how to protect them
✓ Understand which services can be automated, self-served, signposted or navigated to
✓ Agree which telephone-alternatives to promote (such as apps, online consultations, pharmacy)
✓ Understand seasonal, monthly, weekly and daily peaks and design the solution around them: ✓ Populate rotas by demand.
✓ Accept that not everyone will be able to or want to follow the chosen channel preferences so there will be people who ‘wont’ use anything other than the telephone
✓ Know that most people have multiple channel relationships and so even those who are IT literate will want the reassurance of a ‘phone call from time to time – That is okay
✓ Taking an approach of ‘those who can, should be encouraged to do so’ will create a far more positive patient to practice relationship
✓ Think about the training that staff will need so they can own, enable and position the changes with patients
✓ Specifically consider how staff will promote the opportunity for patients to use an alternative service ‘next time’
✓ Consider messaging on telephone queues – which are the most common healthcare needs that can be dealt with elsewhere?
✓ Agree which calls need to be answered first and set up a queue prioritisation system to enable this
✓ Consider what the changes mean to the patient – what will it feel like to ring up after the changes have been implemented

Telephony

Telephone calls can deflect demand for unnecessary face to face appointments

Consider:

- ✓ How many telephone appointments will be offered?
- ✓ Who can deliver them (ARRS roles, Practice Nurses, ANPs and Clinical Pharmacists can offer significant contributions beyond the traditional GP)?
- ✓ Can quicker appointments be offered elsewhere?
- ✓ Will the practices need to triage or sift in some way?
- ✓ Is non-medical navigation by the front of house team a tactical part of the offer (and what is needed to achieve this? e.g., Navigation tool, training)?
- ✓ Is it practical for all appointments to be medically screened before face-to-face appointments are offered?
- ✓ Is a hybrid model of telephony, SMS, and online consultation worthwhile?
- ✓ What sort of clinical support is required to keep our call offer safe and to deflect straightforward but medical questions?

Don't forget to think about:

- ✓ Which healthcare requests can be managed by non-telephony channels?

For organisations who operate cross-PCN, as a single practice PCN or as part of a corporate organisation, technology now allows the protection of the local look and feel of each practice (by identifying where the caller is from and answering the 'phone in a way that reflects this) whilst centralising teams, either virtually or physically, into a single resource. This enables economies of scale to be realised and whole-demand management.

The Nexer Review of Patient Access found:

"Almost all patients expressed anxiety when they were unable to schedule appointments or speak with a doctor when they needed to do so.

One of the top complaints were long waiting times on the phone that often ended with them being disconnected, having to deal with automated voice response systems and being redirected to online channels."

Source: Nexer Group Research commissioned by Health Innovation Manchester