

12/02/2022

Dear Extended Access Doctors,

Direct F2F bookings and ring fenced F2F slots

At the start of the pandemic, like the rest of general practice, we moved to remote first working and ring fenced F2F appointments. This essentially dropped capacity by around 25% and it was always our aim that this would be a temporary change with return to normal, or a new normal, as soon as possible.

Last year we introduced direct F2F bookings for patients requesting them & who passed Covid screening questions in the weekend clinics. This has been very successful but we delayed rolling it out to the evening clinics in view of the number of practices booking patients in and the difficulty ensuring the screening would be universally applied.

From 21st February we will start allowing patients to attend evening extended access appointments for F2F directly. This will be done by:

- Practices booking into local site
- Practices will continue to book telephone appointments
- Triage will be done by extended access admin team and slot type changed to F2F where appropriate

The aim of this is to improve patient choice, and improve efficiency by offering those patients who feel an examination is needed a face to face appointment directly. We also expect that this will significantly reduce the number of telephone to F2F conversions needed and will be removing these ring fenced appointments.

We are of course aware that the some patients will still need to be seen after a telephone call and that these will need to be squeezed into the surgery but audit of current clinic times has shown an average duration of clinics of just over 2 hours 15 minutes and so feel that there is capacity in the system to allow these changes to be made.

Clinic times

Please ensure that you stay on site until the end of the booked shift. We are commissioned to provide extended access care until 8pm, our phone lines are on until that time and we expect that patients who need to be seen are seen if time allows (even if all appointments are booked – reception will squeeze pts in if needed).

Natalie and myself are very happy to take any questions about these changes, please bear with us while they bed in and we can audit the effect of them.

Regards,

Richard Hughes, Clinical Lead

Natalie Cosgrove, Service Lead