

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

Fiona Sampson, Mark Pickin, Alicia O’Cathain, 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.⁶⁻⁸ There is also uncertainty about whether the success of these initiatives is related to the level of deprivation of the practice population.⁷ 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.³ Since difficulties in booking appointments in advance have been a focus of concern,⁴ 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.¹⁰ 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.³ 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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How this fits in

Recent policy initiatives related to government targets for primary care access have led to changes in the numbers of appointments that are reserved for patients booking on the day. There has been concern about difficulties with booking appointments in advance. This study found that increasing the proportion of same-day GP appointments was associated with a reduction in patient satisfaction with appointment systems, particularly in older patients. Practices should be wary of increasing the level of same-day appointments to meet access targets.

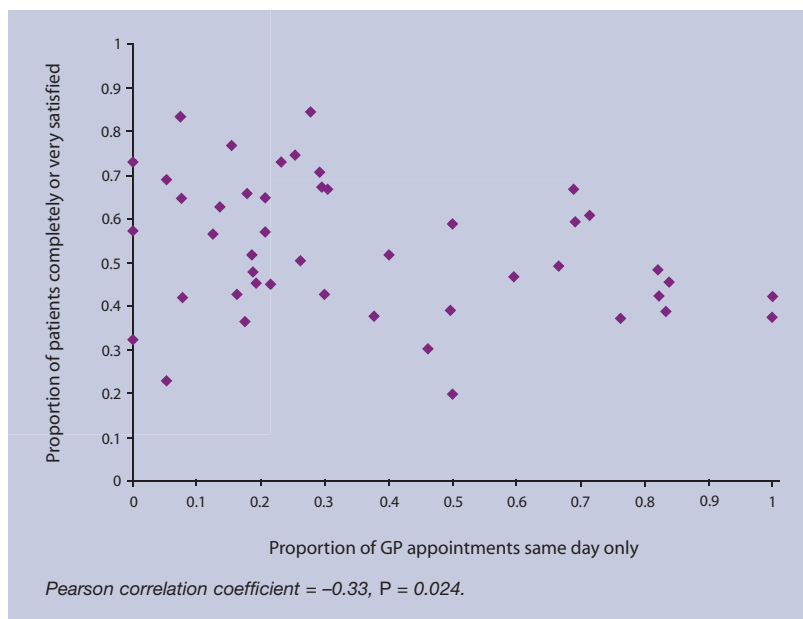


Figure 1. Relationship between patient satisfaction with GP appointment systems and proportion of same-day appointments by practice.

answered on a 7-point Likert scale, were dichotomised to ‘completely and very satisfied’ versus all other categories. This was the dependent variable in a multilevel logistic regression undertaken using the XTLOGIT command in STATA (version 9.2). The proportion of same-day appointments was grouped into units of 10 and treated as a continuous variable. The effect of the proportion of same-day GP appointments was tested, adjusted for potential confounding factors at the practice level (number of GP appointments offered in total by the practice per 1000 population, training practice or not, receiving deprivation payments or not, previously been

fundholders or not, and list size), and at the patient level (age, sex, chronic illness status, and ethnicity). Interaction terms between the proportion of same-day GP appointments and being older, having a chronic condition (defined as reported longstanding illness, disability, or infirmity) and practice in receipt of deprivation payments were tested to determine whether the acceptable balance of same-day and booked in advance appointments differed by type of patient or practice.

RESULTS

The overall response rate to the patient survey was 84% ($n = 10\,821$ received from 12 825 questionnaires sent out). The question about satisfaction with the practice appointment system was completed by 10 547 patients. Patient and practice characteristics are reported in detail elsewhere.¹⁰ Overall, 52% (5490/10 547, range 20–84%) of patients were completely or very satisfied with the appointment system at their practice. Among practices, the mean proportion of same-day appointments with a GP was 36% (range 0–100%). Practices mainly offered 30% or less of their appointments as same-day (28/47), with one-quarter offering over 50% of appointments as same-day (12/47). There was a negative correlation between the proportion of same-day appointments and patient satisfaction for the 47 practices (Figure 1). The mean proportion of patients completely or very satisfied with their appointment system was 58% for practices with less than 30% of same-day appointments, compared with 48% for practices with more than 50% of same-day appointments. Using multilevel modelling, there was an inverse relationship between the proportion of same-day appointments and the proportion of patients who were completely or very satisfied with their practice’s appointment system. For each 10% increase in same-day appointments, there was an 8% reduction in satisfaction, adjusted odds ratio = 0.92 (95% confidence interval = 0.90 to 0.94). This relationship was more marked for older people (aged ≥ 65 years), and in practices that were not in receipt of deprivation payments (Table 1).

Table 1. Relationship between proportion of same-day appointments and patient satisfaction with appointment systems.

Variable	UOR	AOR	95% CI	P-value
Proportion of same-day GP appointments	0.91	0.92	0.90 to 0.94	0.001
Interaction between proportion of same-day GP appointments and:				
older patients		0.93	0.90 to 0.96	0.001
chronic conditions		0.97	0.95 to 1.00	0.100
deprivation payments		1.18	1.12 to 1.24	0.001

AOR = adjusted odds ratio. UOR = unadjusted odds ratio.

DISCUSSION

Summary of main findings

It was found that increasing the proportion of same-day GP appointments leads to a reduction in patient satisfaction with appointment systems, particularly in older patients. It was also more pronounced in less-deprived practices, suggesting that the ability to book appointments in advance is particularly valued in practices serving more affluent populations. The findings support previous concerns that the benefits of increasing same-day GP appointments for some

groups of patients may be outweighed by the difficulties in booking appointments in advance experienced by other groups of patients.^{4,6-8}

Strengths and limitations of the study

This study is the first to examine the impact of same-day appointments on patient satisfaction with appointment systems from a national sample of practices. The data on satisfaction with appointment systems is based on a survey of over 12 000 patients with a high response rate, although the information was obtained from a single item only. A limitation is that the analysis was restricted to appointments that could be booked, whether on the day only or in advance. It excluded 'unscheduled' consultations, such as open surgeries where patients could attend without appointments, and 'extras' seen at the end of surgery. However these consultations without appointments represented less than 7% of all consultations in the study, and when they were included in the analysis the findings were not affected.

Comparison with existing literature

Previous research suggests that younger people,¹¹ and patients in deprived areas,^{12,13} are more likely to use same-day appointments, which is in line with the present findings. The relationship between the present findings and some other studies is less clear. Satisfaction has been found to be higher in practices with a high rate of appointments available at the start of the working day,¹⁴ and a recent study found that patients using same-day care were likely to be in work and have a higher educational status.¹¹ The study's findings are compatible with others that advocate a combined appointment system, allowing both pre-bookable and same-day appointments, noting that different patient groups have differing requirements.^{11,15}

Implications for clinical practice

This study is particularly pertinent as access to primary care returns to centre stage in government health policy.¹⁶ Attempts to improve access must be based on evidence if the Department of Health is to avoid criticism for rolling out initiatives prior to independent evaluation.^{17,18} In particular, practices should be wary of increasing the level of same-day appointments to meet access targets, and need to get the balance between pre-bookable and same-day appointments right for their particular patients, to optimise satisfaction. Although patients value speed of access, other factors, such as being able to book appointments in advance with a chosen doctor, must not be sacrificed for marginal gains in what are already fast access times in the UK in comparison with other countries.^{16,19}

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Ethical approval

Thames Valley Multicentre Research Ethics Committee (MREC 04/12/024)

Competing interests

The authors have stated that there are none

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