

Supplementary Box 1. Additional GP quotes.

Defining Complexity

'We tried to score complexity by saying well if they have more than say three problems that you're dealing with simultaneously then that is a complex consultation, but obviously if someone comes in and says they are suicidal then you know they'll be first to spend twenty minutes ... so complexity doesn't necessarily correlate with the number of things you are dealing with but very often it does'. (GP 1)

Targeting longer consultations

'... the initial trials that we did, the first trial allocated time that we could see people so we saw a person in consultation then said ah, well you've got a very, very complex story so come back at another time, but people weren't showing up for it and one was wasting a lot of money on resources because of this, and one was just twiddling one's thumbs'. (GP 1)

'... and even when we selected patients and offered specifics like "I'll make you a longer appointment for next time, again, the very patients that needed the appointments were the ones that quite often would default appointments so we would end up with a couple of appointments being wasted in surgeries'. (GP 3)

'The next phase where we tried to get patients to self-select as having complex problems proved a total disaster, people had no conception of their own complexity so we had a situation where people were turning up [for longer consultations] with fairly trivial problems and other times people with very, very complex problems saying, no, I didn't think it needed extra time. So self selection didn't work'. (GP1)

'... so we went round in circles trying various ways trying, then came to the system that we have at the moment where we have usually three appointments spread throughout the surgery and basically, the appointment with the patient takes as long as it needs and these allow us to catch up again so that other patients aren't kept waiting forty, fifty minutes past their appointment time'. (GP 3)

'...we have these extra time slots scattered through our surgeries and when we have a patient that comes in (with complex needs) we can suddenly, at a stroke generate an extra, double appointment ... given the kinds of consultations we have here this has proved a tremendous em, boon to us ... '. (GP2)

Benefits of longer consultations – anticipatory care and coordination of care

'PMS has allowed us to have these complex sort of slots which means that the opportunistic screening which an awful lot of it has to be done in that way. People are getting actually that done. Because the alcoholics you know don't keep appointments for their diabetic review and the only way to catch them is when you catch them in for something else and then having the ten minutes to say well since you're here, you know and I know you've defaulted the last five clinic appointments but since you're here now just sit there while I take your blood and your blood pressure etc, etc, and everything else. Very often patients will suddenly say, ok, if you do it now you know, its really allowed us to do this opportunistic screening which we knew was essential in this sort of deprived area which otherwise there's no way you can manage that'. (GP 3)

'.. I mean I had a diabetic lady in yesterday, she's been involved in a history of sexual abuse and domestic abuse , her two sons are involved with drugs and the police, she overdoses regularly, she doesn't fit in to the NICE criteria of you know, of well controlled this or that, she doesn't bother taking her insulin many days when she's not feeling like it, sometime she'll take her tablets, sometimes she wont ... but she still needs, you know the care ... so there's a lot of patients like that, that don't just fit in to GMS contract stuff. But PMS has allowed us to try and keep reaching those patients and I think its been a great success in that respect'. (GP2)

'Yesterday I think it was, I was realising that the patients I was dealing with, if I'd been working out in the leafy suburb I would have called each of the interviews nightmare interviews (laughs) in a sense because one was, I was calling up all kinds of people to make contact, surgeons and all kinds of, it wasn't just psychiatrists and alcohol counsellors and drug counsellors they were all kinds of people, we certainly do see a wide range of pathology here, beyond the extraordinary high numbers of drug abusers and alcohol related problems'. (GP1)

...continued

'Certainly I felt nearly all of our patients would benefit from fifteen or twenty minute appointments from the doctor's point of view because they, a lot of them are multi morbid and a lot of them need their health discussed'. (GP 2)

'... if patients need time and they make that obvious then I give them the time then I usually, most are depressive patients but if somebody suddenly comes out with sexual abuse and are frightened or whatever and these patients I don't panic as much as before anymore because I know I can spend twenty, sometimes even thirty minutes on it but it doesn't matter even if you are running late you can catch up. Um, the other group I target um, who need chronic disease management for new GMS or smears or whatever basically who need their medical side looked after but don't volunteer to come so they don't come to their invites for their asthma, COPD, ischaemic heart disease whatsoever, um and I target them for example to a woman "your smears due, have you thought about it" at the end of the consultation so I let them come with their agenda first but before I close the consultation I know that I want to approach one aspect of chronic disease management and um, that's quite helpful from my point of view, from the Drs point of view'. (GP 3)

'... a patient who comes in with one problem and then you say by the way, you've never actually come in for your review of your heart disease, so how about I just check your blood pressure and your weight and go through some of the other things and how is your angina all in the same consultation because they wont come in and have that done at other times'. (GP 2).

Benefits of longer consultations – GP stress

'... the point where we started from was a situation of desperation as it were, but realising that we were working in a very, very hard and rather unsatisfactory manner because the lack of time to deal with complex issues, and this had led to a situation where we were feeling we just couldn't continue ... I feel that if we hadn't had PMS we would have, we would have, I don't know, I think it would have led to situations where I might have resigned or whatever I was feeling that stressed ... we had all of this data proving that we were having to spend a lot of time with very, very complex problems and at the same time at the end of the day were feeling very unsatisfied because we were not being able to address patients problems and it seemed to be that the more one tried to do the more one unsatisfied one got'. (GP 1)

'I think the benefit (of the extended consultations) is that you don't feel totally stressed and being able to provide a reasonable service to other patients otherwise you had one or two people at the beginning of the surgery that you didn't want to let out the room because you knew that they wouldn't come back and you were rushing it because you knew other people were getting frustrated waiting out there and you know, you'd get to the eighth patient and they'd been waiting a long time, they were upset and you were rushed and stressed and I don't think the consultations were as effective whereas this way, hopefully the service we give to some of our routine patients is as good as we give to some of the complicated ones'. (GP 3)

'... I know I'm never that stressed because I know I've got my catch up slots um, so I can do what I feel is better medicine because I don't just listen to the patients and their worries, I can also approach and discuss with them how to improve their health and I still know I'm not running too late'. (GP 2)

'... so many times I felt, ah, that's wonderful I can actually relax and give this person the time that they're due because otherwise one must really pray that some of the patients wouldn't turn up and maybe have a spare slot in which to devote the time in and in the past, receptionists have seized a part of those people who have phoned up to say they're not coming up by sliding someone else in so this system is a very powerful system because it shows where the time is being spent you can account for it later and say yes, that was someone that really needed a lot of extra time'. (GP 1)

'... the more you get patients on board the more other issues you find em, the more time it takes ... '. (GP 3)