Frequent Flyers

In a typical practice it is highly likely that there will be a minority of patients who will account for a disproportionate number of appointments or contacts with clinicians; the frequent flyers.

(An example of this is a 12,000 list size practice that found 18 patients were accounting for 1250 clinician contacts in the preceding year)

Purpose

The purpose of this toolkit is to present ways in which the demand on appointments by this cohort of patients can be reduced so it benefits patients and the practice.

- The patients benefit because it means they are healthier and they have their time back
- The practice benefits because this frees up appointment time for other patients

The steps below are only one suggested framework for managing frequent flyers. Each practice may have their only local variation but this toolkit can be used to initiate discussion and actions.

Step 1 – identify the frequent flyers and their demand

First decide what is an unacceptable number of contacts by a patient in a year, a starting point might be to use over 52 i.e. over one a week.

Then using the clinical system construct a search to find all patients who have hade more than 52 clinical contacts in the preceding 12 months. Make sure this includes all clinicians (GP, nurse, HCA etc) and all appointment types including triage, visits but not administrative entries e.g. checking test results. To help at the next stage, when considering each patient, it is a good idea to construct the search so the results show:

- The patient
- Age
- Named GP
- How many clinical contacts
- The date of their latest care plan if applicable
- How many non-elective admissions they have had, if any
- What long term conditions they have

Step 2 - Consider the available options to manage the frequent flyers

Through the search you should now have identified who are your frequent flyers and to what degree they are accounting for appointments or contacts with clinicians.

Assuming the results have identified an issue the practice wishes to address the next step is to consider what options are available. These are best discussed with at least the whole clinical team and the possibilities will vary from practice to practice. Appendix 1 shows a table of suggestions that are likely to be possible for all practices.

If the temptation is to feel nothing can be done it can helpful to think in smaller pieces e.g. how many appointments would we save if we could reduce the number used by frequent flyers by 10%?

Step 3 – Review by Named GP and decide on most appropriate action

Once the options to manage frequent flyers have been identified the next step would be for the Named GP to review each individual case. The intention should be to decide what would be the most appropriate and successful way of reducing the patient's use of appointments and clinical contacts.

Step 4 - Patient invited to discuss and agree a plan

Any changes should be made with the patient's agreement and success achieved will almost certainly be greater if this is the case.

The patient can be invited to discuss their use of appointments and clinical contacts, the impact on them and the practice, and the suggested way of improving this. The benefits to the patient should be emphasised.

Step 5 – Review effect of plan

An appropriate time, no sooner than 1 month and no longer than 3 months, after any changes with the patient have been implemented the effect should be reviewed. The number of appointments used by the frequent flyer group should be measured by using the search in the clinical system.

Named GP's may also wish to review the changes with individual patients to establish the impact on the patient.

Appendix 1.

Options to Manage Frequent Flyers *The aim of all of the following is to reduce the number of inappropriate appointments*	
Shared care	**Shared care with other Practice clinicians:** *Appointments and care is jointly managed by whole practice clinical team; GP Nurse Practitioners, Nurse, HCA etc. Appointment is with most appropriate person and not by default to GP.*
	Shared care with other Primary Care Professionals: *Appointments and care is jointly managed by whole primary care team; GP Nurse Practitioners, Nurse, HCA, Community Nursing, Community Mental Health etc. Appointment is with most appropriate person and not by default to GP.*
	Referral to other Healthcare or Social Care Professional: *Other external professionals are involved in the patient's care with the aim of resolving any inappropriate dependency on the GP*
Appointment plans	**GP and Patient agreed care plans:** *A joint agreement is made between the GP and patient on not just appointment schedules but all other details of care e.g. self care, patient education, support by other professionals etc.*
	GP and Patient agreed appointment schedules: *A joint agreement is made between the GP and patient on required and appropriate appointments. These may involve the whole practice clinical team*
	Contact restricted to assigned clinician(s): *Sole care to be provided by an assigned clinician(s) and appointments only with that clinician(s) unless an emergency*
	GP sets a number of permitted routine contacts: *The GP limits the patient to a set number of appointments over a specified time period.*
Education	**Education on Self care:** *Patient is given education on how to self care as an alternative to needing an appointment*
	Education on appropriate use of appointments: *Patient is given education on what is, and is not, an appropriate use of an appointment, the impact of inappropriate use and the other options available*
Different types of access	**Phone consultations:** *Contact will not be exclusively face to face but also by phone as an alternative to a face to face appointment*
	Patient self reports through website or email: *Contact will not be exclusively 'face to face' but my also involve the patient using self care and reporting their current health status e.g. through email or the practice website*
	5 minute appointments: *Appointment duration may be reduced to save overall appointment use*
	Group consultations: *Frequent flyers may be seen as part of a 'group consultation' to reduce overall appointment use*
Multiple strategies	**Multi strategy approach:** *Two or more of the above, or other strategies, may be employed to achieve the objective of reducing the number of inappropriate appointments*
Pre-emptive identification	**Identify rising attendees (but below unacceptable threshold):** *In conjunction with the above, a more proactive approach could be used to identify patients that potentially may be at likelihood of using appointments inappropriately.*