



GP phone messages review

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Report summary

This report is an observational assessment of the automated phone messages of GP surgeries in Wiltshire.

Our review was designed to evaluate the messages for all 49 GP practices in the county, following on from our review of their websites.

The aim of this piece of work was to listen to the messages and assess their content, tone and length and identify examples of best practice.

The findings have been summarised along with recommendations for improvement and examples of best practice. This was largely a benchmarking exercise, and the recommendations can be used as a form of checklist.

The telephone numbers were easy to find online in most cases. However, the survey revealed a wide variation in the information provided in the recorded messages, and the way the messages were delivered.

GP practices are to be advised to consider the possibility of standardising their messages to ensure consistency.

This report will be shared with service providers.

Introduction

Healthwatch is your local health and social care champion. We're here to listen to the issues that really matter to people and to hear about your experiences of using local health and social care services.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

Healthwatch Wiltshire has worked with volunteers, commissioners and GP practices to create a checklist of best practice elements to be included on surgery websites and in automated messages, from a patient perspective.

For the first part of this project, [our team of volunteers looked at GP websites](#) and assessed them across a range of criteria, to look at how useful, accessible and informative they were.

For the phone messages, our volunteer researchers conducted a 'mystery shopping' survey to assess the automated phone messages of 49 Wiltshire GP practices during the period December 2021 to March 2022.

What we did

Our team of volunteer researchers carried out a mystery shop of phone messages at 49 GP practices between December 2021 and March 2022.

Two researchers telephoned each surgery at different times and reviewed the automated messages. The information that was deemed to be most useful for patients calling their GP was decided by our project team, who drew up a checklist of questions that the researchers could refer to when recording their feedback (see Appendix).

Overall, 108 assessments were made. Some of the responses were simple yes/no answers others were the opinions of the researchers. Most of the comments were categorised.

While the GP practices were aware we were carrying out this project, the researchers did not interact with anyone who answered the phone; if anyone did answer the phone the researchers ended the call politely, having explained they were Healthwatch Wiltshire volunteers conducting a listening exercise.

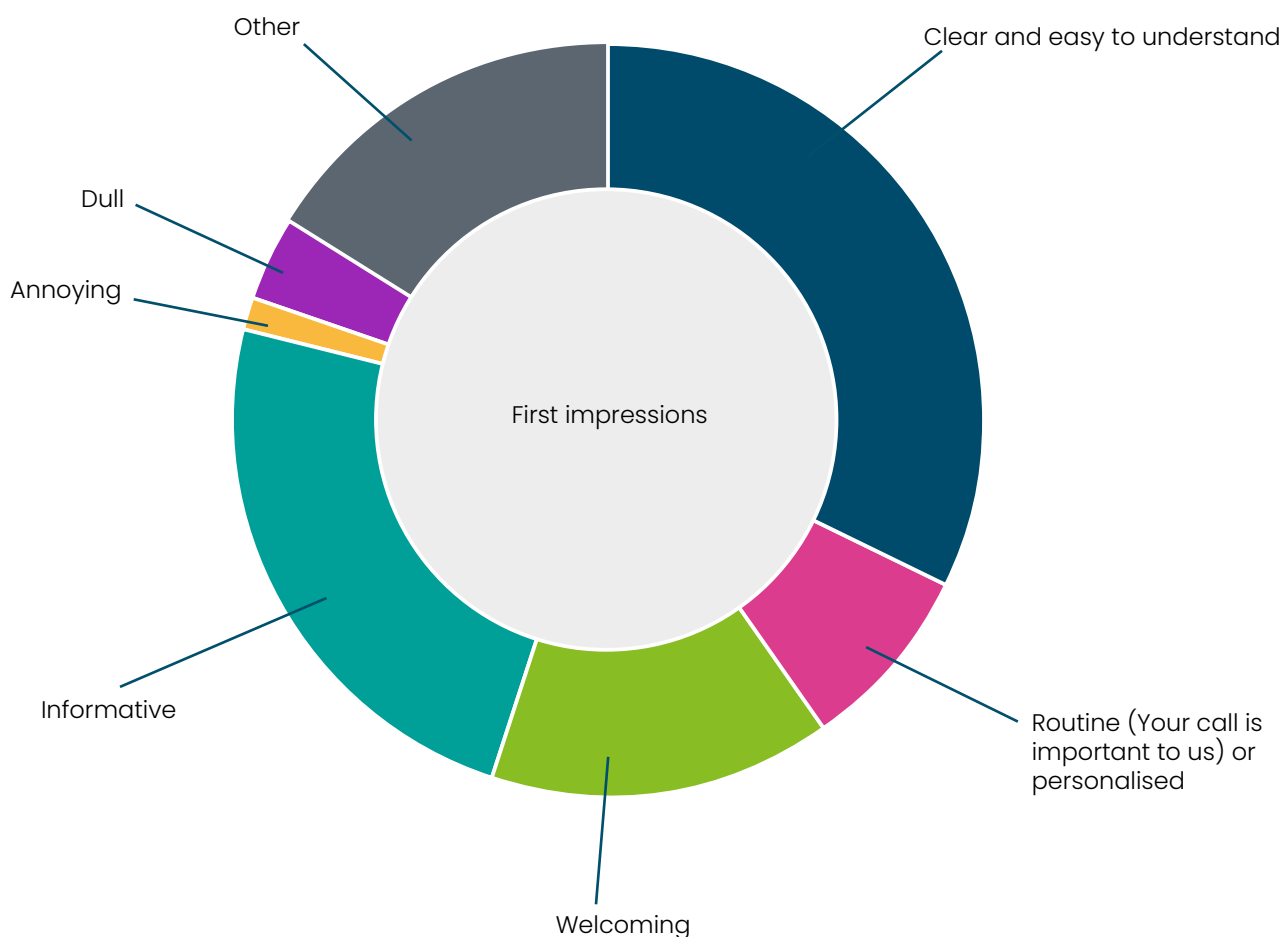
What we found

First impressions

The majority (87%) of reviewers found the messages easy to understand, 64% deemed them informative (64%), and welcoming (40%).

The majority (93%) of calls were answered immediately (no caller had to wait longer than 60 seconds) with a recorded message. 6% were answered by a person and 1% went unanswered. None of the initial calls were sent straight to music.

The chart below shows the callers' first impressions of the recorded message they heard.



Common message themes

A total of 13 common themes were selected by our project team to see if they were used in the messages. These are detailed in the pie chart below.

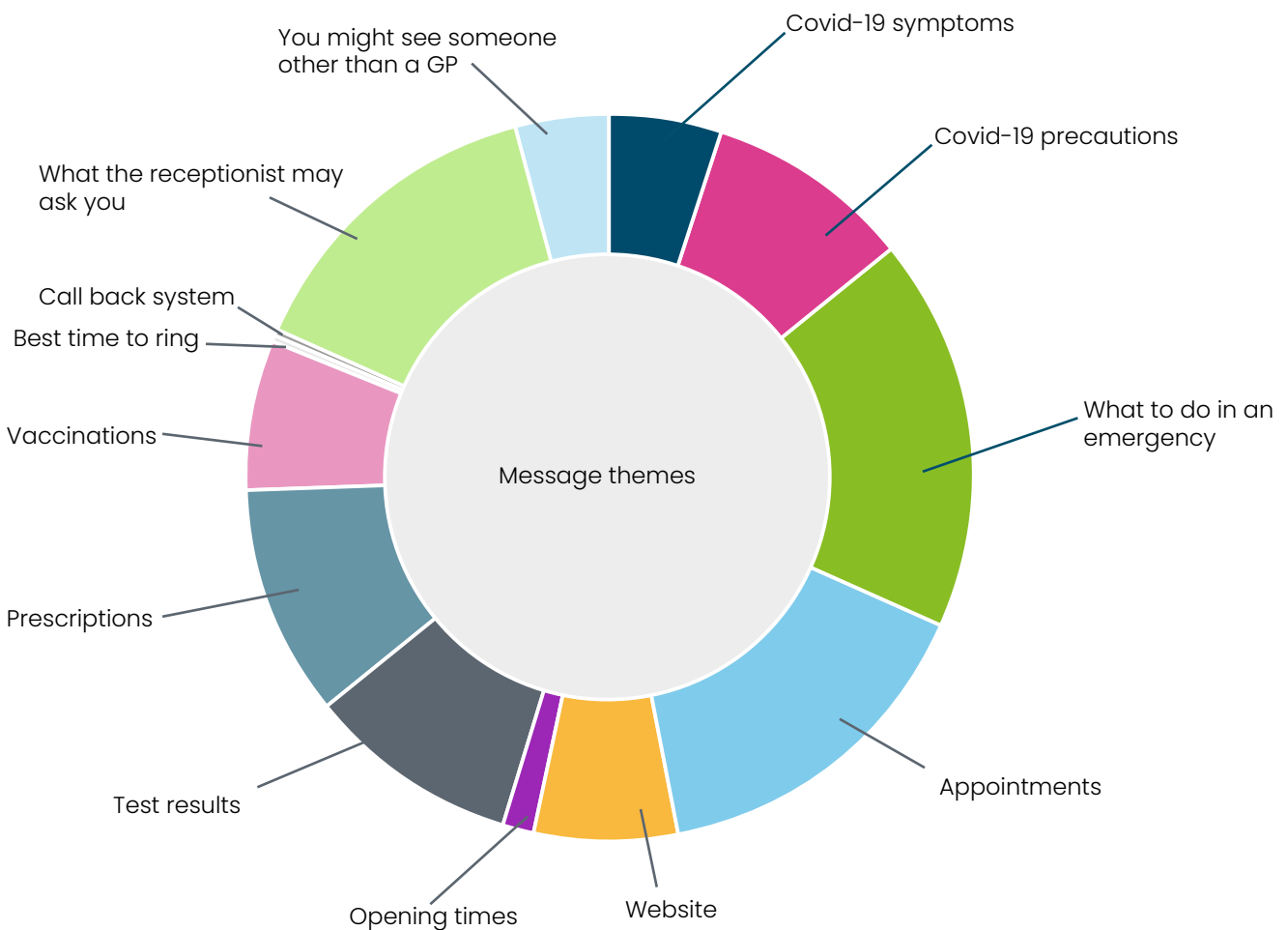
The most common themes were:

- What to do in an emergency (61%)
- Appointments (53%)
- What the receptionist may ask you (48%).

Covid-19 precautions were mentioned in 31% of the messages.

Least mentioned were :

- Opening times (5%)
- The best time to ring (1%)
- If there was a call back system (1%).



Other themes

- 13 requests for patients to be kind, not rude or aggressive, be aware of high volume of calls.
- 8 instructions such 'do not attend without an appointment' 'please call back if not urgent.'
- 5 GP practices provided information on flu jabs.
- 1 GP practice referred to hospital referrals or home visits.

Tone of message

Our researchers found most of the messages to be informative, clear and easy to understand.

Positive features mentioned included:

- Use of a named GP voice introducing the message.
- Being welcoming and reassuring.
- Use of “thank you”.
- Being informative without giving too much information.
- Quick transfer to a live human voice.

Negative features were in a minority, but those mentioned included:

- Use of unfriendly, “robotic” sounding voices.
- Spliced messages where two or more different sources of information were joined together.
- Messages cutting off.
- Introduction of options or queuing systems without an explanation, such as what happens if you don’t choose an option or information on how the queuing system worked.

Our researchers noted their experiences of these messages.

There was no message but a live receptionist saying, ‘good afternoon’ and the name of the surgery. She sounded pleasant and welcoming.

Male GP – introduced himself and sounded very friendly. Felt personalised. Good volume.

The message was in a different style to others in the survey – it included a very human plea for patients to understand the current pressures, acknowledging their frustration, and that “we’re all in this together” and thanking them for kindness shown to staff. Good to hear this as it engages the listener’s empathy and understanding more effectively [rather] than lecturing about zero tolerance.

Opening statement focused on high demand, need to be patient and a request to be kind to staff “we really need them to come back tomorrow”. Sounded defensive.

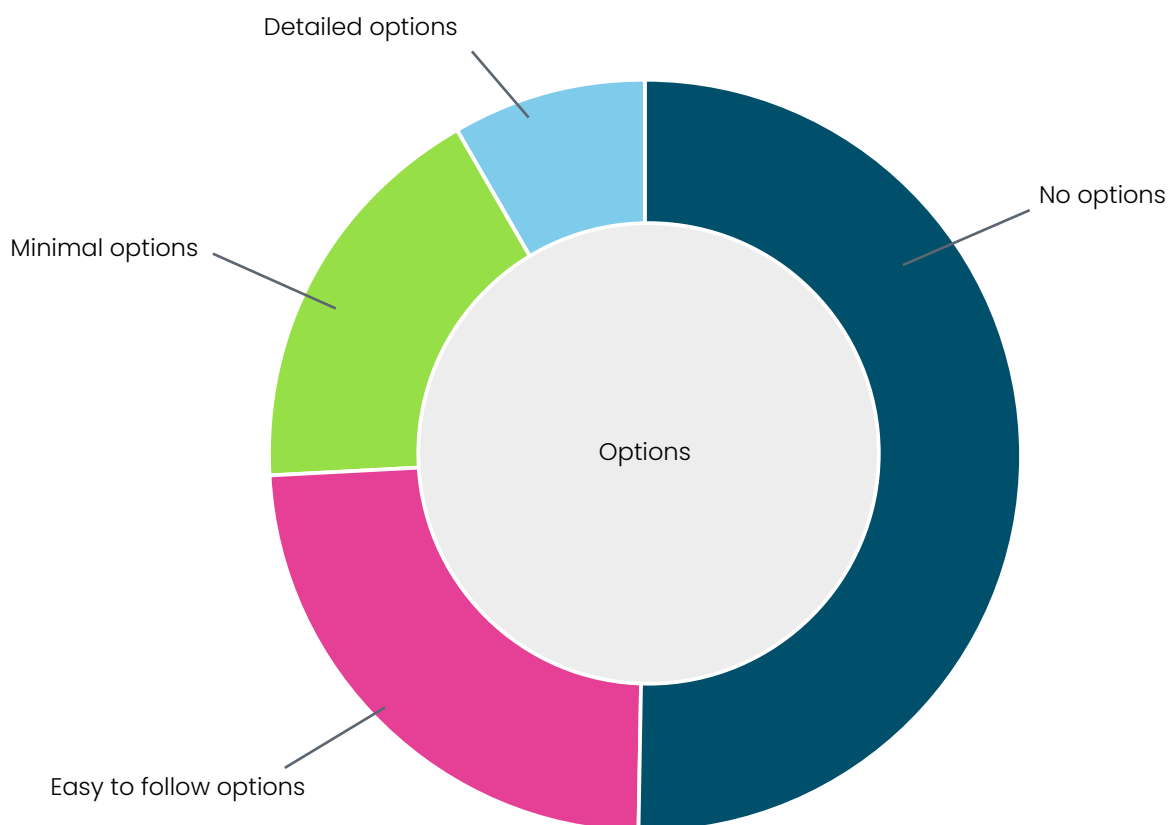
Message was initially from a named GP (good idea to name the speaker – as shows seriousness if a senior person’s named). But message moved from the straightforward to complex instructions about eg Prescriptions: please contact the pod on another line (number given); a new system for contacting a doctor by eConsult via the practice website (address not given); using telephone if you require same day service; no longer booking appointments in advance. Info given quickly. I had to call back to get the full gist. Not at all welcoming. Tried to be practical but failed to reassure.

Call options

The number of options offered ranged from 2 to 6, and there was a wide variety including:

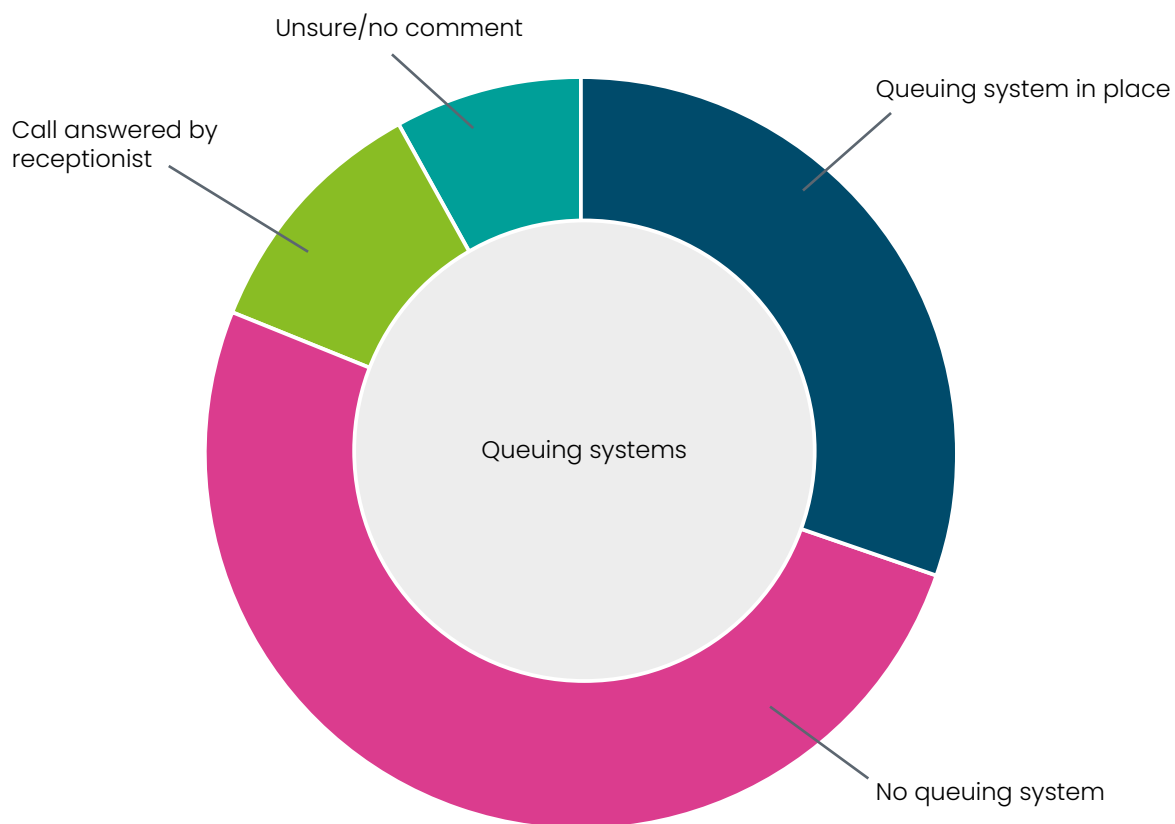
- Appointments
- Cancel appointments
- Dispensing/prescriptions – including referral to POD (Prescription Ordering Direct)
- Results
- Hold for reception
- Home visits
- Hospital and other referrals
- General enquiries
- Secretaries or medical records
- Urgent issue needing advice today
- To speak to living well team
- Vaccinations
- Social care
- Flu jabs
- Healthcare professionals
- For anything else

Our research team also noted if a list of options was given at the start of the call.



Queuing systems

Just under a third of the practices we called (30%) had a queuing system, while over half (51%) did not. It was not always clear to our researchers if a system was in place.



Of the 31 surgeries that had a queuing system, only 19 (61%) provided the caller with an update on their queue position.

6 If the call had been longer, I would have liked to know how many callers were in front of me.

A small number of systems had music or messages in the breaks between queue updates.

Out of 99 responses, 5 researchers were cut off within 5 minutes. Although this is a low number, this would be frustrating for patients.

Length of message

The majority of messages were under 3 minutes, with the longest at six minutes.

- 42% were less than a 1 minute with half the researchers stating this was about the right length and half stating this was too short.
- 40% were 1-2 minutes with 72% of researchers stating this was about the right length and 18% stating this was too short.
- 75% of the calls did not have any music at the beginning or during the message. 25% of calls did have some music, which researchers described as either 'calming' (12%) or 'annoying' (6%).

Was anything missing?

Around half of our researchers noted items that they thought were missing from some of the messages.

- Best time to ring.
- Lack of referral to the website.
- Lack of explanation of what would happen when a call would be answered.
- Opening times.
- If any call back or queuing system existed and whether the queuing system would update the caller.

A small number also thought there was too much information or that the information seemed irrelevant.

Sources of irritation

The main sources of irritation were noted as:

- An unfriendly, unwelcoming or un reassuring tone
- Talking too fast
- Referral to website but not another source of information for people not online
- Referral to another phone line – with delay and cost implications
- Messages being out of date – some surgeries had pre-Christmas information in January

What does good sound like?

The following are what our volunteer researchers felt were the best features of the phone messages:

- Good idea to name the speaker as shows seriousness.
- Call answered by a doctor who gave their name and this added a sense of reliability and reassurance that you as a caller mattered.
- Short. No complicated list of numbers. Attempt at personalising. Communicated the essential information quickly.
- Simple message which satisfactorily delivered the necessary information.
- A few rings then answered in person.
- Friendly, kind sounding female voice. Good volume.
- Well spoken, clear and easy to understand, given times to call for different things.

What doesn't sound good?

Here are some of our researchers' comments on what didn't appeal to them about the messages they heard.

- 6 The recording sounded hollow and quite distant.
- 6 Unstructured and too much missing that would have been useful.
- 6 It went on too long on a call tone without any holding info.
- 6 I was cut off before able to choose an option.
- 6 No way of knowing how busy the practice was, or alternative contact methods provided (eg no mention of online appointments).
- 6 Messages about being kind to staff/not to be rude/to be patient/to recognise pressure/ "we want them to come back tomorrow" etc were understood by reviewers but some were regarded as defensive rather than being empathetic.

Two of the researchers made the following observations and recommendations regarding the inconsistency of messages:

- 6 There was an enormous variety of messages delivered in a variety of tones and giving a variety of information in a variety of orders. Messages were long, short, or occasionally, there were none.
- 6 All surgeries should agree or be asked to have the same standard basic information provided. They can then individualise them in terms of information such as opening times and personalise it with things such as person speaking the message, tone, etc.

Conclusions

Our survey revealed a wide variation in the information provided in recorded phone messages of GP practices, and the way the messages were delivered.

The majority (87%) of reviewers found the messages easy to understand, 64% deemed them informative (64%), and welcoming (40%).

The majority (93%) of calls were answered immediately with a recorded message.

While What to do in an emergency, Appointments, What the receptionist may ask you and Covid-19 precautions were commonly mentioned, opening times, the best time to call and details of whether there was a call back system were mentioned much less often.

Our researchers found most of the messages to be informative, clear and easy to understand, with positive comments on welcoming, reassuring tones and being informative but not giving too much detail.

A GP delivering the message was seen as particularly welcoming and reassuring. However, some thought that messages that focused on the requirements and expectations of the GP practice were off-putting and could be seen as unwelcoming.

The number of phone options varied considerably, and only half of the practices seemed to have a queuing system on the phone lines – although our researchers couldn't always be sure of this.

Our researchers identified that good messages are easy to understand, are as short as possible and have a friendly, reassuring tone. Calls that cut off, long, rambling messages and a defensive tone are confusing, and may make the patient feel they are a nuisance.

To address the lack of consistency in messaging, one of the volunteer researchers drafted a template for an introductory message that could be adopted by practices, adapted to reflect local detail (opening times etc), and recorded in a measured and friendly tone (see Appendix 2).

Recommendations

We make the following recommendations to GP practices based on the conclusions of our review and our observations. These can be used in the form of a checklist.

- Consider looking at your message from the patient's point of view. What do they need to know? Is it clear and easy to understand? How will they feel when they hear the message?
- Use a friendly, welcoming and reassuring tone.
- Record messaging with good sound quality and volume.
- Make sure all messages are clear and easy to follow.
- Consider the order in which information is given. Putting 'Cancel an appointment' first could be off-putting.
- Keep the number of options low and give them at an early stage of the message.
- Ensure what to do in an emergency information is included.
- If the caller is advised to call a different number, such as a pharmacy, repeat it for clarity.
- Highlight busier periods when it may take longer for a caller to get through.
- Explain how appointments can be booked online and how this reduces phone demand.
- Consider introducing a phone queuing system that tells callers where they are in the queue.
- Consider using a sample message to create a consistent approach across Wiltshire practices or within a Primary Care Network. See Appendix 2 for a sample message.

Thank you!

A huge thank you to our research team of volunteers who led this project with such dedication and commitment.

Response

Dr Andy Purbrick

Joint Chief Executive, Wessex Local Medical Committees Ltd

6 Many thanks for sharing this useful piece of research with us.

It is always difficult to find the perfect balance of content and duration of phone messages whilst also not leaving the caller frustrated trying to get through to the practice.

It is good to see that a significant majority of reviewers found the messages easy to understand and informative [but] it would appear that practices could focus more on making their messaging more welcoming and personal.

Your list of positive features provides a good aspirational template on which practices can base their phone messaging.



Appendix 1



GP Phone Message Review

1. Background and Methodology

Healthwatch Wiltshire carried out an evaluation of the Improved Access Service in Wiltshire during late 2019. As part of this evaluation, we did a mystery shopping exercise and the volunteers who undertook the calls to GP surgeries noticed a wide variation in the recorded messages that people heard before getting through to a receptionist. This message is important as it is often the first point of contact with the surgery and its tone and content can affect how people perceive the service.

Two years on and with substantial changes to the way GP surgeries are operating due to Covid-19, we felt a review of the telephone messages from a patient perspective would be beneficial to identify good practice that can be shared between surgeries. The surgeries are aware that we are carrying out this piece of work and some practice managers have seen this list to have their input.

Methodology

Two researchers will telephone each surgery at different times and record answers to the questions in this survey. Jo will send the names of the surgeries you will be calling with this survey.

The researchers should not have to interact with anyone who answers the phone; if they get to the options after they have heard what they are they can hang up. If they find that they do have to speak to someone, explain they are from Healthwatch Wiltshire conducting a listening exercise on introductory recorded messages and end the call politely.

When doing their review, the researchers will use the checklist below to record their feedback.

Please remember to block the caller ID on your mobile or dial 141 before making the call.

Please complete the Smart Survey form and shred any paper copies that you have. If you have any problems using the smart survey form please let Jo know and send in your paper copy.

1. Name of surgery you are calling

2. Date and time of call

3. Please look up the surgery eg. online - was it easy to find a single number to ring?

Yes

No

Method used:

4. Was the first contact:

Music

A recorded message

A person

Other (please comment):

5. Music: how would you describe any music you heard at the beginning or during the message?

Calming

Annoying (too fast, excitable, loud, poor quality etc)

Not noticed

No music

Other (please comment):

6. How long did it take to get to the first voice message? Was it immediate, after music or a wait tone?

- Immediate
- 10 - 20 seconds
- 30 - 60 second
- 1 minute +
- Other (please comment):

7. Was the first voice message:

- Clear and easy to understand
- Routine (eg "your call is important to us") or more personalised
- Welcoming
- Informative
- Annoying
- Dull
- Other (please comment):

8. Was information about the following covered in the message and how satisfactory was it? (Please tick all that apply and add your comment about how satisfactory it was in the comment box)

- Covid 19 symptoms
- Covid 19 precautions

- What to do in an emergency (Call 999/111)
- Appointments
- Website
- Opening Times
- Test results - particular time to call
- Prescription enquiries
- Vaccinations
- Best time to ring
- Call back system
- What the receptionist might ask you
- That you might not be referred to see a GP but referred to another health professional
- Any other information provided:

How satisfactory was message?

**9. Were you given a list of options and what were they (ie press 1 for Appointments)?
Please list below:**

10. Was there an automated queuing system and were you updated on your position in the queue?

- Reassuring
- Informative
- Dull
- Routine
- Clear
- Easy to understand

What were the best features?

15. Was there anything about the message that particularly irritated you or you felt was missing?

16. How did hearing this message make you feel?

- Pleased to have made an appointment
- Adequately catered for
- Frustrated
- That it was a good introduction to/representation of the GP surgery
- Other (please comment on how you feel):

17. Do you have any suggestions for improvement?

Appendix 2

Template message

Thank you for calling Surgery. I am Dr.... a partner in the practice. This message was last updated on [date] and all our calls may be recorded.

If your call is an emergency, please call 999 as soon as you can [include any specific pandemic or public health information required, eg by NHS or the Integrated Care Board]

The best time to call us is between...[if there is a known best time]

Our surgery is open between...

You will normally only need to come to the surgery if you have a face-to-face appointment, but you can always call in to see a receptionist when they are free. Please do continue to wear a face covering in the surgery.

Many of our appointments are now held by a phone or video call. This is much quicker for all of us. If this won't work for you, please say so when you speak to us.

In a moment you will be offered a series of options. Please select the option that applies to you. This will get you to the right place for your query as soon as we can.

If you aren't sure just hold on and a receptionist will answer you, but this may take a little longer.

The partners/I have asked our receptionists to obtain some information from you so we can refer you to the person best able to help you. This may be a GP or Practice nurse or other professional. The receptionists may ask you about your symptoms or any changes in them and how you are feeling.

When you have selected an option, we have an automatic queueing system so we can answer your call in person in a fair way.

You will be told where in the queue you are, and this will be updated when your position changes.

So, the options for you to select from are:

- Appointments: To make or cancel an appointment please select...
- Prescriptions and medication: To order or discuss a prescription please select...
- Test Results: To obtain test results (available after xxam/pm) please select...
- Please select... to hear these options again.

You may also be able to find the information you are looking for on the practice website at

Now I would like to tell you about... [give other practice specific information etc].

Thank you for listening.



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