

The development of a nationwide central booking service for abortion

Sam Rowlands MD MRCGP MFFP Clinical Director, bpas, UK. sam.rowlands@bpas.org

Introduction

bpas is a national abortion charity in the UK that provides around 48,000 procedures each year to UK residents and women from other countries on a not for profit basis. Easy access to the service has always been of key importance for the organisation.

Access can be separated into two components:

- Access for an initial consultation
- Access for a procedure appointment for those seen and worked up

The organisation's quality standard for access time is to see the woman for a first consultation within five days of initial contact and to perform the abortion, if decided upon, within another seven days. These are standards based on Birth Control

Trust recommendations¹; they have been endorsed by a consensus survey of Scottish gynaecologists². They are the ideal standards proposed by the Royal College of Obstetricians & Gynaecologists³. Researchers in Edinburgh showed more than ten years ago that a telephone referral service and the provision of dedicated hospital outpatient appointment time results in earlier abortion⁴. Work by bpas shows that such a service can be used on a much larger scale.

A centralised service

A pilot central booking service for two regions resulted in a large increase in the volume of telephone calls received. It was clear that those making referrals to the service preferred the central booking system to the long-standing National Health system of making contact with individual gynaecologists. A nationwide central booking service was therefore introduced in 1993 to promote ease of access for clients. Some local telephone numbers that users had grown accustomed to were left unchanged and call diverts to the new central number put in place.

The service is based in a call centre staffed by specialist appointment advisers. The service now has four team leaders who each lead a team of advisers. Via a widely publicised lo-cost telephone number, up to 30 lines can be open for client use at any one time. The telephone number is included in the Yellow Pages Directory for all areas of the UK under headings such as "Pregnancy Test Services". Clients, and referring agencies such as general practices and family planning services, can all phone direct to book appointments. Bookings for procedures are available on-line to those in the organisation. Some clinicians working to our clinical guidelines outside the organisation in collaboration with bpas can refer clients in directly for procedures. It is often possible to offer those clients identified by the adviser as having to travel a long distance a consultation appointment with provisional same day clinic appointment, so saving the woman a second journey. Originally a manual booking system was used but this proved cumbersome as appointments were held separately for over 30 consultation centres.

Computerisation

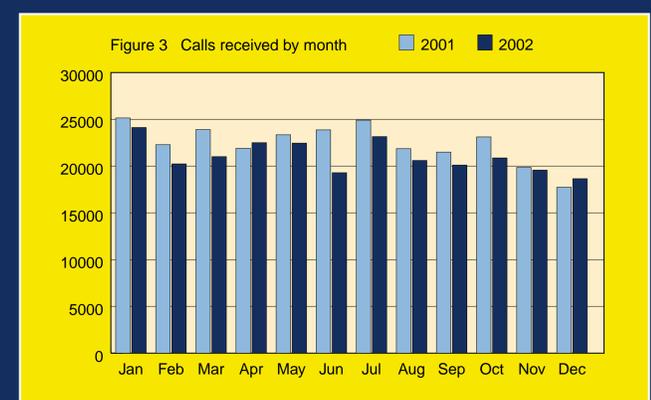
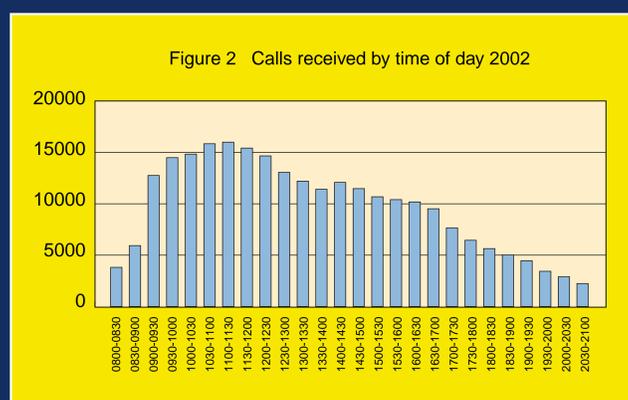
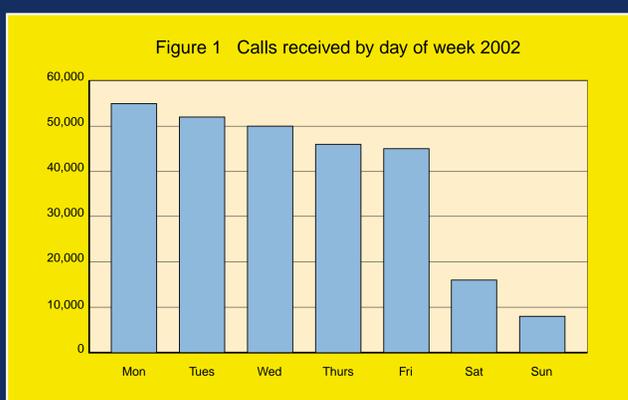
In 1996 the appointment system was computerised. A computer program was specially written to meet the organisation's needs. Calls are scripted and this standardisation results in greater consistency and decreased average call length. A computerised system is more efficient and enables a higher number of calls to be handled by the same number of staff. At the first point of contact the advisers are able to confirm if clients are eligible for National Health Service funded treatment under agreements bpas has with local primary care organisations in England, Wales and Scotland. To ensure client choice the earliest appointments available are offered at a selection of centres closest to their home or place they will be staying.

Data from the system

The call centre receives just over ¼ million calls each year. This large call volume makes seven-days a week opening financially viable. There are 28 advisers who work various shift patterns in order to meet call demand. The highest demand is on Mondays (Figure 1) with the highest daily volume between 1100 hrs and 1130 hrs (Figure 2). Calls by month are maximal in January, closely followed by July (Figure 3). There was a 36% increase in calls between December and January in both 2001/2 and 2002/3.

The following figures show activity in 2002. An average of 4,857 calls were received during the 79 hours the call centre was open each week. An average of 88.7% of calls were answered. The average speed of answer per call was within 37 seconds.

The data recorded in the system can be used as a management tool. The waiting time for the next initial appointment is monitored regularly and, if it goes beyond five days at any centre, extra appointments can be added in. This makes for a more flexible client-responsive service.



Conclusions

The central booking service has transformed the organisation, making it more efficient and improving access to initial consultations and to procedures. Staff shift patterns are tailored to predictable fluctuations in call demand according to hour of

day and day of week. Monthly call peaks reflect the increase in sexual activity at Christmas time⁵. Waiting times can be actively managed using data from the system.

References:

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bpas, Austy Manor, Stratford Road, Wootton Waven, Henley-in-Arden, B95 6BX, England.

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