Extreme Business by The Campbell Academy

THE IMPLEMENTATION GAP / PRINT EDITION

The Perfect Short-Notice Cancellation System

Give reception a clear route from the first cancellation call to a suitable booking, and give the team 90 days to make it stick.

Your practice copy

Practice name

Day 1 date

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How to use this workbook

Print on A4 paper. Write in the boxes and tick the checks as you work through the 90 days. Print a spare copy of page 6 for reception. Use practice-level figures here and keep all patient details in your practice system.

01 / DIAGNOSE

What happens to the empty hour?

A patient rings at 9.10 am to cancel an hour at 11. Reception takes the message. At 10.45 the clinician asks, "Has anyone tried to fill it?" What happened in between?

The problem

One receptionist knows who can come early. Another keeps a list in a drawer. Neither knows who has already been called. The clock is running while everyone looks for a name.

The effect

A patient who wanted earlier care keeps waiting. The practice still pays the team and overheads for an idle hour. Rushing to fill it with the wrong appointment can mean another call and a disappointed patient.

Why a system helps

Reception needs one list, agreed booking rules and permission to act. A named lead can then tell you what was recovered, what remained empty and where the process broke down.

RIVERSIDE DENTAL / FICTIONAL WORKED EXAMPLE

Three measures tell the story

Riverside counted viable slots cancelled within 48 hours. Its front-of-house lead owned the queue and a clinician agreed which appointments would fit.

Measure	Starting point	Day 90 target
Qualifying surgery time left empty	**22 h / month**	**11 h or less**
Coded, listed and first contact within 10 min	**18%**	**90% or more**
Replacement bookings needing correction	**9%**	**5% or less**

The modelled finish was 10.4 unfilled hours in the final four weeks, 92% timely use and 3.2% corrected bookings. The team ran it for four weeks without the principal stepping in. Choose targets that fit your own starting point.

Think of your last gap. Where did the time go, and who had to step in?

01 / DIAGNOSE

Measure your starting point

Review the last four complete weeks in the diary, cancellation log and booking corrections. Compare periods of four complete weeks at each review.

Baseline dates, from and to

Clinicians, shifts or surgeries included

What counts as a qualifying gap? State notice window, viable slots and exclusions.

What to count

01 RESULT

Unfilled chair hours

For each qualifying gap, subtract minutes actually used for suitable replacement care from minutes released. Add the unused minutes and divide by 60.

02 USE

Timely recovery attempts

Count gaps coded and entered on the recovery list with a first permitted contact attempt inside your time limit. Divide by all qualifying gaps and multiply by 100. Start the clock when the cancellation is received.

03 QUALITY

Bookings needing correction

Count each replacement booking corrected for a suitability or process error once, against the week it was booked. Divide by all replacement bookings made in that period and multiply by 100.

Keep protected urgent slots outside the count if your local rule excludes them. A 60-minute gap with 40 minutes used leaves 20 minutes empty. Mark missing data "unknown" and a zero denominator "N/A".

Your measures	Start	Day 60 target	Day 90 target
Unfilled hours / four weeks			
Timely recovery attempts (%)			
Bookings corrected (%)			

Use the first-contact time limit on page 6. If the baseline is unknown, collect it during the pilot and record the dates before setting the final targets.

02 / DESIGN

Give reception authority to act

Choose one person to own the result. Give that person time to review the figures and the authority to solve routine problems without waiting for the principal.

Front-of-house lead

Owns the queue, assigns open gaps, decides within the agreed rules and chairs the weekly review.

Name or rota role

Duty receptionist

Codes the gap, contacts eligible patients in order, records attempts and leaves a named handover.

Name or rota role

Backup lead

Takes the queue on absence. The treatment coordinator or a trained deputy checks list readiness and contact preferences.

Name or rota role

Clinical lead

Approves slot categories, duration and readiness rules. Decides any clinical uncertainty or safeguarding concern through the practice route.

Name or rota role

Manager and sponsor

The manager coaches the lead and deals with exceptions. The principal sponsors the system and protects the lead's authority.

Manager **Sponsor**

Agree the handover with the practice owner

Which routine decisions can the lead take, and what protected time is booked?

Who takes a management exception, and at what threshold?

02 / DESIGN

Build one live short-notice list

Ask when the original appointment is booked. Give patients a genuine choice about earlier appointments and use the list they have agreed to join.

At the desk

"Would you like us to offer you an earlier appointment if one becomes available? Which days work for you, how much notice would you need, and how would you like us to contact you?"

What the list needs

Patient and permission	Practice record reference, current contact details, permission to contact, preferred channel, message preference and any communication or access needs.
Appointment fit	Clinician, approved appointment type and duration, readiness, existing booking, availability and minimum notice. Have a clinician settle any doubt about fit.
Current status	Last check, offer time, response, hold expiry, next action and named colleague. Update the entry on booking, withdrawal or changed availability.

Where is the shared list kept, and who checks that it is current?

How do we order suitable patients and resolve a tie?

Permitted contact sequence

Callback hold and expiry rule

One clinician-approved slot type, duration and readiness check. Where are the full rules?

Offering an earlier appointment

"We have an earlier appointment on (day) at (time). Would that suit you? You are welcome to keep the appointment you already have." If a hold is allowed, give an exact callback time and explain when the offer expires.

DESK COPY / PRINT THIS PAGE

When a cancellation comes in

The duty receptionist starts the sequence. Check the queue at opening, during the day and before close. Leave every live gap with a named colleague.

Qualifying notice window	First-contact time limit	Stop or escalate by

01 **Code the gap**

Enter the cancellation time and reason in the practice system. Record the clinician, start time and minutes released. Check that the slot qualifies.

02 **Classify the slot**

Use the clinician-approved rule for treatment, duration and readiness. Check room, nurse and equipment availability. Ask the authorised clinician if fit is unclear.

03 **Filter the live list**

Select eligible patients by clinical fit, availability, minimum notice, contact permission and access needs. Apply the agreed order.

04 **Contact in sequence**

Use the permitted channel. Log a decline or no answer and move on under the local rule. If a callback hold is agreed, name the expiry time. A voicemail leaves the slot open.

05 **Record each attempt**

Enter the time, channel, response, hold and next action as you go. Tell colleagues who is handling the offer so two patients are never promised the same slot.

06 **Confirm or hand over**

On acceptance, book and confirm the new time, then release the original slot, update the list and flag the new gap. If still open at cut-off, record the outcome and hand it to the lead or backup.

If anything is unclear

Pause for clinical, safeguarding or contact-permission queries. Use the practice escalation route. Close the entry once a booking is confirmed or the attempts and named handover are recorded.

Lead and backup on this shift	

03 / INSTALL • DAYS 1 TO 30

Design it. Then test one diary.

Bring reception, a clinician and the practice manager together. Walk through the last real cancellation from the phone call to the final diary entry.

01 **Days 1 to 3 Trace the last gap**

Mark where the team waited, repeated a call, lacked information or asked the owner to intervene. Use the diary and log to complete page 3. Agree what you want to change by Day 90.

02 **Days 4 to 7 Make the desk ready**

Agree decision rights, give every shift access to one list and get the clinical lead to approve slot types. Complete pages 4 to 6. Rehearse an uncertain fit and an unanswered callback. Book the test and review.

03 **Days 8 to 14 Test cycle 1 on one shift**

Use Plan, Do, Study, Act. Predict what will happen, try the route on one diary, compare the log with the prediction and agree one change. Have the backup practise the handover.

04 **Days 15 to 30 Check the pilot evidence**

Review the next qualifying gaps with the receptionist. Were suitable patients on the list? Did calls start in time? Where a step was missed, ask what got in the way. Choose the change for test 2.

Your first test

Clinician, shift and test lead

Test date and review date

What timely-use target will you test, and what evidence will you collect?

What happened? What will you adopt, adapt or abandon for test 2?

Day 30 decision / Prepare further, proceed or redesign

Review the agreed rules and pilot log. Riverside aimed for at least 80% timely use. Compare your results with the target you set for your pilot.

Decision, actual use and owner

03 / INSTALL • DAYS 31 TO 60

Find out where it breaks

Start the second test with the change you chose on page 7. Change one condition at a time so the team can see what helped.

01 **Days 31 to 37 Plan test cycle 2**

Choose a weakness from test 1. For example, if two colleagues phoned the same patient, test a visible "offer in progress" entry on the live list. Predict what will improve.

02 **Days 38 to 45 Test another shift**

Run the amended route with a second clinician or a different shift. Sample the gap records against the diary. A declined offer counts as an attempt. Record unused minutes and booking errors separately.

03 **Days 46 to 53 Try the absence cover**

Give the backup the queue while the lead is away. Observe a handover, a call with a time limit and a clinical query. Ask what staff lack in skill, time, access or authority.

04 **Days 54 to 60 Remove the old workaround**

When the shared list works across the pilot, reconcile outstanding offers, retire private lists and point the whole team to one version. Let the lead run the review without the principal.

Your second test

Change from test 1 and test lead

Test date and review date

What do you expect to see on this shift or during absence cover?

What did the evidence show? Record the change, owner and deadline.

Day 60 decision / Expand, adapt or pause

Compare four-week figures with page 3. Riverside looked for 85% use, no more than 14 unfilled hours and two weeks without owner rescue.

Decision and evidence

03 / INSTALL • DAYS 61 TO 90

Make it work when you're away

A full diary on the day the principal is watching tells you very little. Give the lead and backup a fair test on ordinary working days.

01 **Days 61 to 68 Publish the working version**

Write the one-page standard operating procedure (SOP) from the tested route. Put a date and owner on it. Match the fields in the list, the desk guide and the diary codes.

02 **Days 69 to 76 Observe every shift**

Have each colleague demonstrate the route, including a decline, an unclear fit and a handover. Give feedback there and then. Add the same exercise to induction.

03 **Days 77 to 84 Test a real absence**

Let the lead or backup make the routine decisions. Log every occasion the principal prompts, approves or rescues a routine gap. Record appropriate clinical escalations separately.

04 **Days 85 to 90 Review the evidence**

Total the last four complete weeks on page 10 and test the seven proofs on page 11. Agree the Day 90 decision and the next review date on page 12.

Transfer the work

Current SOP location and version

Who observes and signs off each shift?

Lead or sponsor absence dates, who covered and what happened

What still needs a prompt? Who will fix it, and by when?

Day 90 decision / Test all seven proofs

Bring the diary figures, a sample of the recovery log, training records and the cover test. Agree what the evidence supports.

04 / REVIEW

Keep the weekly score

The front-of-house lead records one row each week. Use totals from the practice system. Enter a zero when nothing happened and leave an explanatory note for missing figures.

Keep the counts consistent

A = qualifying gaps. B = gaps coded, listed and first contact started on time. C = unused minutes. D = replacement bookings. E = bookings corrected. F = routine interventions by the principal. Include partial gaps in C.

Week	A Eligible gaps	B On time	C Unused minutes	D Bookings made	E Bookings corrected	F Owner rescues
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						

Week 13 covers days 85 to 90. For like-for-like reviews, total the most recent four complete seven-day weeks. Exclude any part-week row. Count an empty week only if the practice was in scope.

At the weekly 20-minute review

Total the four weeks first. Unfilled hours = C ÷ 60. Timely use = B ÷ A × 100. Corrections = E ÷ D × 100. If A or D is zero, enter N/A. Note any movement in clinic hours or case mix.

Which gap should we look at this week, and who owns the next action?

04 / REVIEW

Can you prove it is installed?

Tick a proof when the lead and reviewer have seen the evidence. Add the figure, date or record location beside it. Leave any unproven item open for the Day 90 decision.

☐	**Result** Compare unfilled hours with the baseline and agreed target.	
☐	**Use** Show consistent timely use across the shifts in scope.	
☐	**Quality** Check the correction rate and a sample of records for fit, choice and contact permissions.	
☐	**Ownership** Ask the lead to explain a decision and run the weekly review.	
☐	**Capability** Observe staff and the backup handle both an ordinary gap and a difficult case.	
☐	**Standardisation** Check that the current SOP, live list, desk guidance, induction and review use the same rules.	
☐	**Independence** Evidence a run of weeks without routine prompts, approvals or diary rescue by the principal.	

Who makes the call?

The lead brings the evidence. The reviewer tests it with the team. Where a proof is missing, name what would settle it and agree the next review.

04 / REVIEW

Record the Day 90 decision

Use the last four complete weeks for the figures below. Compare them with page 3, then choose one decision together.

Unfilled chair hours

Timely use (%)

Bookings corrected (%)

Four-week period, from and to

Consecutive weeks without owner rescue

Our decision

- ◯ **Install** — All seven proofs are in place. Move to routine review.
- ◯ **Extend evidence** — Keep testing the agreed system. Name the missing proof and its due date.
- ◯ **Redesign** — Change the part that failed, then run a fresh test.
- ◯ **Stop** — End the pilot and name who will manage open gaps and offers.

Reason for the decision, next action, named owner and due date

Operational lead and reviewer names

Decision date and next review date

Keep it working

Daily Duty reception hands over open gaps and exceptions to a named colleague.

Weekly The lead spends 20 minutes with the figures, a real case and one improvement.

Monthly The manager reviews trends, cover, training needs and exceptions with the senior team.

Adapted from The Implementation Gap delegate workbook, the fictional Riverside Dental cancellation recovery system and workflow, and the workshop reception quick guide. Extreme Business by The Campbell Academy.