



## Tele-First: telephone triage in general practice

Speaking to a GP on the phone before arranging an appointment: study on the pros and cons of a new approach

# Patient Survey Results

## Stourport Health Centre Medical practice

Thursday 4<sup>th</sup> February 2016

This report presents findings from a patient survey conducted as part of a wider evaluation on the impact of telephone triage in primary care being conducted by researchers at RAND Europe and the University of Cambridge, with funding from the National Institute of Health Research.

The 'telephone triage' approach is a recent innovation in general practice which reports significant gains for participating GP practices, including reduced waiting times, improved continuity of care, and improved patient experience. The evaluation aims to explore the benefits and disadvantages of telephone triage from both the patient and staff perspective and in terms of costs, as well as its appropriateness for hard-to-reach groups. The findings are intended to inform practice decision-making around the use of telephone triage in the future.

The patient survey was undertaken to understand the patients' perspectives and experience of using the telephone triage system at their practice. The survey questions were designed to understand patients' experience of booking an appointment through the triage system and their satisfaction with the system.

The survey was distributed by post to all 86 patients who had spoken to a GP on 4<sup>th</sup> February 2016 at Stourport Health Centre Medical practice, Stourport-on-Severn. Children aged between 13 and 17 years

were excluded from the sample, in order to avoid compromising confidentiality, when approaching patients in the age group. . The survey was posted to patients (or the parents of patients under 13) with a letter from the practice inviting them to respond. Patients were encouraged to ask for assistance to complete the survey if required. A reminder was posted to non-responders two weeks after the original mail out.

Survey responses have been summarised using descriptive statistics. Some patients did not answer all of the survey questions; consequently, the total number of responses presented varies as for each question we present the results based on all those who answered it. In order to account for non-response bias the results have been weighted based on the age and gender of the 86 patients who were sent a survey. As such weighted results represent the views of the patients sampled, who spoke to a GP on 4<sup>th</sup> February.<sup>1</sup>

The findings of this survey will be included in a pooled analysis of the results from all participating practices. The pooled analysis will be presented in a final report that will be made available to the practice. If you have any questions about the findings presented here or the wider study please contact the study team: [telephonetriage@rand.org](mailto:telephonetriage@rand.org)

1. The weighted response might not be representative of patients registered at the practice, but this difference reflects the fact that certain types of patients are more likely to contact the practice than others.



# 1. Results

In total 42 responses were received; a response rate of 49% (42/86). The findings on experience of using the telephone triage system are presented first followed by an overview of patients' demographics.

## 1.1. Patient experience of using the telephone triage system

Of respondents, 90% (38/42; 81% weighted) were calling to discuss their own health (i.e. they were the patient), 5% (2/42; 18% weighted) were calling on behalf of their child and 5% (2/42; 3% weighted) for an adult for whom they care. Details of how the respondent first contacted the practice and whether they had been expecting to receive a telephone call back from the GP are provided in Table 1. For the one person who responded 'other' they reported that the 'surgery rang me [the patient]'.

Table 1. First mode of contact with practice

How first contacted	Expecting to receive a phone call back from GP (row %)						Total
	no		not sure		yes		
	Absolute	Weighted	Absolute	Weighted	Absolute	Weighted	
 Telephone	27% (10/37)	22%	5% (2/37)	3%	68% (25/37)	76%	37 (100%)
 In person	25% (1/4)	33%	0	0%	75% (3/4)	67%	4 (100%)
Other	100% (1/1)	100%	0	0%	0	0%	1 (100%)
<b>Total</b>	29% (12/42)	23%	5% (2/42)	2%	67% (28/42)	74%	42

The waiting time before receiving a call back and how the respondent rated this is presented in Table 2.

Table 2. Rating of call back waiting time

Waiting time for call back	Rating of waiting time (row %)										Total
	Very poor		Poor		Acceptable		Good		Excellent		
	Absolute	Weighted	Absolute	Weighted	Absolute	Weighted	Absolute	Weighted	Absolute	Weighted	
Less than 20 minutes	0	0%	0	0%	0	0%	20% (1/5)	33%	80% (4/5)	67%	5 (100%)
20 to 60 minutes	0	0%	0	0%	20% (3/15)	17%	13% (2/15)	13%	67% (10/15)	70%	15 (100%)
More than an hour	5% (1/19)	7%	5% (1/19)	3%	42% (8/19)	37%	21% (4/19)	26%	26% (5/19)	27%	19 (100%)
<b>Total</b>	3% (1/39)	3%	3% (1/39)	1%	28% (11/39)	23%	18% (7/39)	20%	49% (19/39)	53%	39

Overall 55% (23/42; 56% weighted) of calls resulted in the patient being called into the practice; 40% (17/42; 36% weighted) for a GP appointment and 14% (6/42; 20% weighted) for a nurse's appointment. The outcome of calls is listed in Table 3; note respondents could have had more than one outcome. 92% (33/36; 92% weighted) of respondents were satisfied with the outcome of their call, while 6% (2/36; 4% weighted) thought that they should have received a face-to-face appointment.

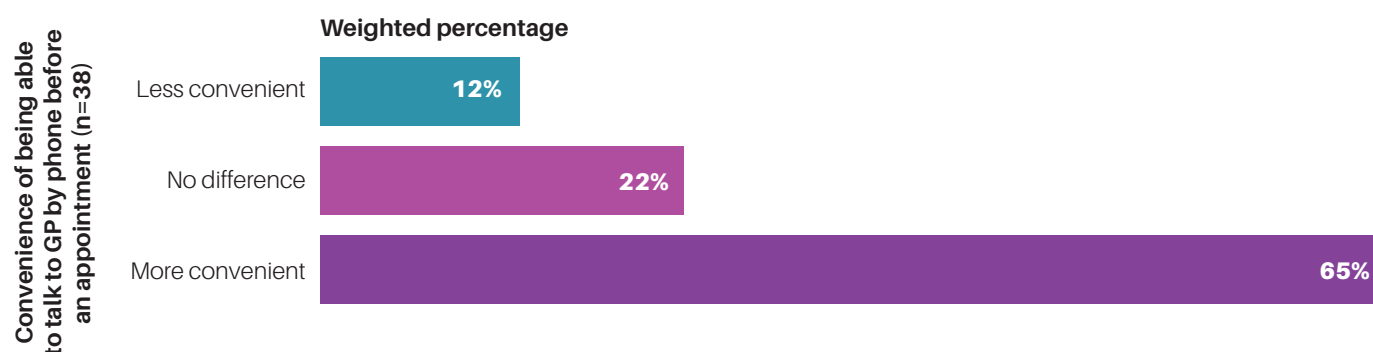
Table 3. Outcome of call

Outcome of call	Percentage
Advice only	17% (7/42; 12% weighted)
Prescription	19% (8/42; 23% weighted)
GP appointment	40% (17/42; 36% weighted)
Nurse appointment	14% (6/42; 20% weighted)
Follow up call with GP	5% (2/42; 5% weighted)
Follow up call with nurse	2% (1/42; 1% weighted)
Other	10% (4/42; 13% weighted)

NOTE: Respondents could select multiple outcomes of a call

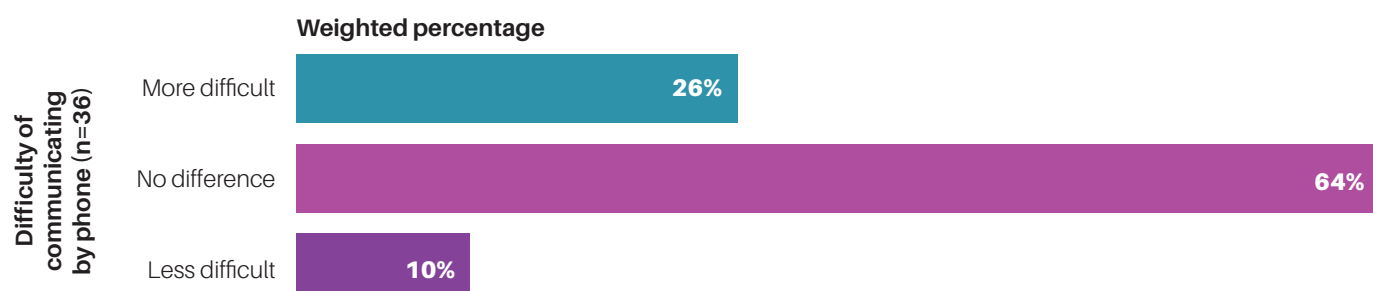
Respondents' rating of how convenient they considered talking to a doctor on the phone before making an appointment is highlighted in Figure 1.

Figure 1. Weighted rating of convenience of being able to talk to GP on the phone compared to attending a face-to-face appointment without being able to speak to the doctor on the phone first



Respondents' perception of their ability to communicate with the GP by phone is illustrated in Figure 2. For those that reported it was more difficult to communicate with the GP over the phone than face-to-face, reasons for their answer are provided in Table 4.

Figure 2. Weighted rating of difficulty of communicating with the GP by phone compared to in person



**Table 4. Reasons why respondents found it more difficult to communicate over the phone**

Reason	Percentage
English is not my first language	0%
Doctor could not see my health problem	20% (2/10; 16% weighted)
Telephone line was not clear	0%
Impaired hearing	10% (1/10; 11% weighted)
Difficult to explain the problem	40% (4/10; 36% weighted)
Other*	20% (2/10; 31% weighted)

NOTE: respondents could select multiple reasons.

\* Other reasons reported for finding it more difficult to communicate over the phone are specified in section 2

31% (13/42; 30% weighted) of respondents reported that they preferred the telephone triage system to the previous appointment system used by the practice, 31% (13/42; 28% weighted) would prefer to return to the old system, and 38% (16/42; 43% weighted) reported that they did not mind either way. Respondents' desire to return to the old system compared to how they rated the convenience of being able to talk to a GP by phone before an appointment is presented in Table 5.

**Table 5. Desire to return to the old system compared to how they rated the convenience of being able to talk to a GP on the phone before an appointment**

Want to return to old system	Convenience of being able to talk to doctor by phone before an appointment (row %)						Total
	Less convenient		No difference		More convenient		
	Absolute	Weighted	Absolute	Weighted	Absolute	Weighted	
<b>Don't mind</b>	7% (1/14)	7%	36% (5/14)	39%	57% (8/14)	54%	14 (100%)
<b>No</b>	0	0%	17% (2/12)	9%	83% (10/12)	91%	12 (100%)
<b>Yes</b>	42% (5/12)	35%	8% (1/12)	14%	50% (6/12)	52%	12 (100%)
<b>Total</b>	16% (6/38)	12%	21% (8/38)	22%	63% (24/38)	65%	38

## 1.2. Demographics

Overall 43% (18/42) of patients who responded to the survey were female and 57% (24/42) were male; 49% of individuals sampled were female. The age distribution of patients who responded is presented in Figure 3. Responders were on average older than non-responders (60.4 years compared to 34.1 years respectively). Respondents were asked to score their health (or the health of the patient they were responding on behalf of) on a scale from one to five, where one was poor and five was excellent: 28% (11/39) reported very good or excellent health and 13% (5/39) reported poor health, see Figure 4. Overall 54% (21/39; 49% weighted) of respondents stated that they (or the patient they were responding on behalf of) had a long-standing illness, disability or infirmity.<sup>2</sup>

2. Defined in the survey as 'anything that has troubled you over a period of time, or that is likely to affect you over a period of time'.

Figure 3. Age range of patients surveyed (years)

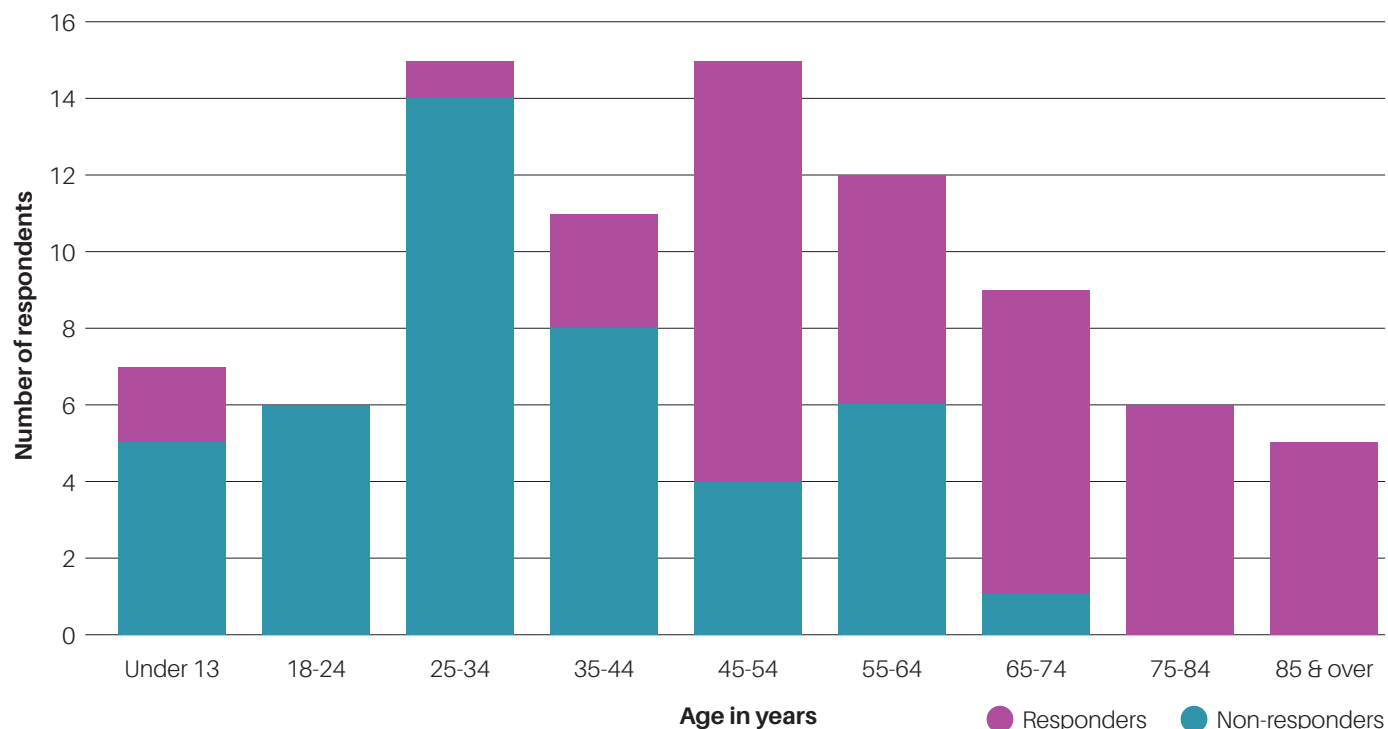
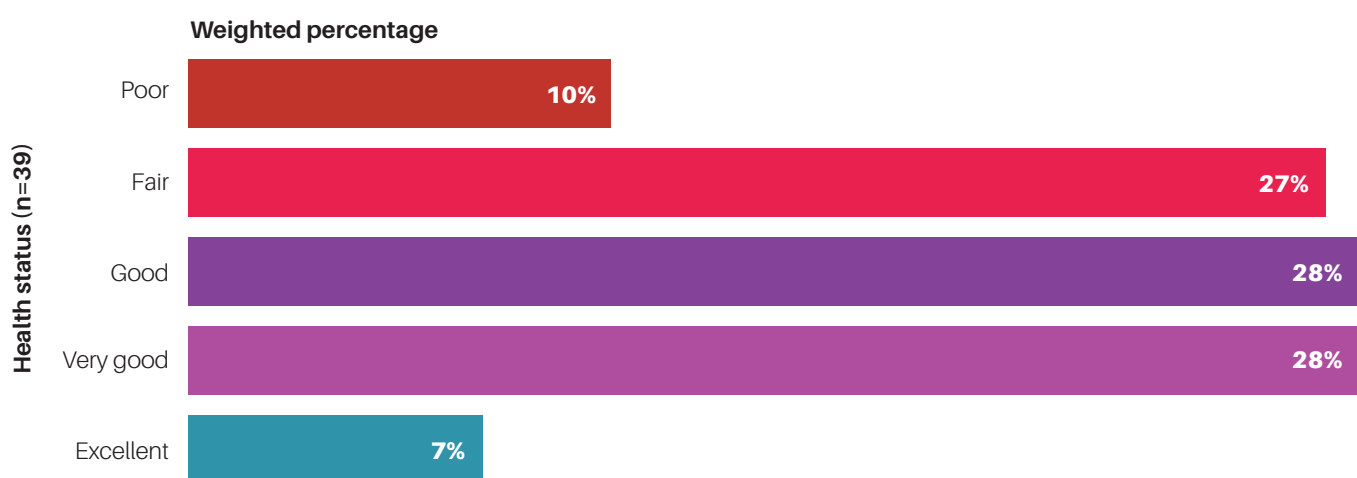


Figure 4. Weighted health status of patients surveyed



92% (35/38; 92% weighted) respondents identified themselves (or the patient they were responding on behalf of) as white British. 98% (39/40; 97% weighted) of patients (or the patient they were responding on behalf of) surveyed spoke English as their main language.

## 2. Free text responses provided by respondents

### Box 1. 'Other' reasons why respondents reported to find it more difficult to communicate by phone

*A very personal issue, to call time important*

*I don't like talking over a phone especially if very personal.*

*I prefer face to face, it's not easy to take in everything over phone and things may be missed.*

*I use speaker phone as I have impaired hearing*

### Box 2. Free text responses provided in request for additional comments

*The doctor was very helpful and she arranges for me to be seen within an hour. The doctor also checked my previous history and took this into account before and during my visit.*

*I am an old lady so I have to see doctor face to face*

*It is difficult to take phone calls at work for private conversations*

*The call system is a good point for triage and will enable more calls for the doctor. However there is an increased risk for misdiagnoses. GPs in general miss a lot, this only increases that risk factor. It takes away the personal touch for older people. However is a good tool for busy professionals.*

*Normally if I make an appointment for the GP to call back, they phones me back the same day or at a time to suit me, which is satisfactory. I would prefer to see a doctor face to face as I am hard of hearing and also it is easy to miss something they have said even other members of the family say the same. And GPs tend to talk quickly.*

*As this was for a less personal reason it was okay. But in the past I have felt very low in mood and had women problems and knowing my surgery has a system where you have to speak to someone over a phone has put me off getting help. I worry [...] for others who are in great need but are put off by the phone call. I feel there should be an option to see GP without doing telephone call and without being interrogated or made to feel you're a pest.*

*Overall I am happy with the telephone consultation. Personally I don't want to visit the surgery if I don't have to. I feel the GP gives great advice. Also I feel it's the patients responsibility to give all the facts regarding their illness enquiry so the GP can advise you on a course of treatment or ask you to visit the surgery if need. They can only diagnose when given the full facts.*

*I would prefer to speak to the doctor directly, rather than have to go via the receptionist each time I need some help. Plus having to explain my symptoms once again to the doctor, when they phones back. In one instance it took 1 3/4 hours I had to call again to ask if I had been forgotten? From my call to the surgery at around 11 am till I saw the nurse at around 3 pm and as I was suffering with my breathing at the time it seemed to be a long time to have to wait.*

*The system for us has worked well, but only because we have an excellent health centre and a team of doctors who are 'second to none'. We rely on the doctors that we have been familiar with over the years and always there is one of those we can speak to. We are not happy to speak to an unknown doctor on important health issues and are willing to wait and have a call from a doctor who is aware of our needs and has had time to know us a 'person' rather than a name on a register. When necessary the doctor is always willing to come to the house, especially for my husband.*

*The system works very well*

*Having recently moved to W. Midlands from [named area] the telephone usage system as practised at Stourport Health Centre is absolutely brilliant. Not only for myself but also for my wife who is of a similar age and receiving the best of care for ongoing problems from the health care centre.*

*For a physical health issue, I think face to face is better. For mental health, probably better over the phone*



The Cambridge Centre for Health Services Research (CCHSR) is a collaboration between two leading health care research groups at the Institute of Public Health at the University of Cambridge, and at RAND Europe. With over twenty researchers from a wide variety of backgrounds, CCHSR's objective is to inform policy through evidence-based research on health services.