On the line

Patient access in UK primary care

Campden Health

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Foreword

The recent call from the Royal College of General Practitioners (RCGP) for more GPs is gaining support from the Department of Health. Most notably, the Secretary of State for Health Jeremy Hunt has backed the assertion that about 16,000 more family doctors will be needed to meet the demands on the NHS within the next eight years.

But is this simple calculation, based on the growing financial black hole in the NHS, an unqualified requirement and evidence-based?

What should 21st century primary care delivery really look like, particularly in relation to the skill mix of carers needed to look after the needs within the registered list?

With general practice expected to take a more strategic outlook on population health management in the future, as well as treating people who become ill, the skill mix in each practice must evolve to ensure the patient receives the right care from the right professional.

This research report, *On the Line: Patients Access in UK Primary Care,* is impressive in both the speed and quantity in which responses were received and the spread of professionals surveyed.

It starts to address some of the questions about how general practice needs to develop to tackle the changing demands on this sector.

What is clear is that GP practices are using telephone triage of patients in increasing numbers and the impact of this is seen as positive by both practices and patients.

What is also noteworthy is that, unlike many attempts at importing triage techniques in the NHS, triage in general practice is, in the majority of cases, being rightly performed by experienced and appropriately qualified healthcare professionals.

It is also time-efficient with the modal time spent on calls being less that the average GP consultation of 10 minutes, with the issues addressed being largely resolved during the telephone call.

This confirms much of the audit data being produced by practices throughout the UK who are using either the 'Doctor First' or 'Patient Access' programmes that focus on improving productivity in general practice.

Telephone triage within the practice often completes the episode of care or directs care to the most appropriate service.

This is unlike walk-in centre consultations, for example, where national reviews have shown that up to 50% of all presentations are subsequently seen for the same condition by their registered general practice, within one working week. This duplication of service is hugely inefficient and wasteful.

Nearly three quarters of respondents report that telephone triage within the practice has made the service provided to patients more efficient without increasing demand, and improves the access to face-to-face contact within the surgery.

More than 90% report that a telephone triage system is successful on the parameters questioned, although it receives a mixed response from patients –which does need further exploration.

This report also highlights that a significant number of patients are perceived as seeing a GP when they have 'no medical need'. It found that minor ailments was a major cause of these appointments and perhaps a better skill mix within a GP practice could go someway to addressing this.

We do need to critically appraise how care is currently provided from practices, particularly by the general practitioner. This survey starts to explore this and clearly much more in-depth analysis is needed. Only then can we really assess how many more GPs we may need in the future.

Dr James P Kingsland OBE
President, National Association of Primary Care
August 2013

About this survey

Campden Health polled 1195 primary healthcare staff between July 10 and August 2, 2013. Practice managers, nurses and GPs were quizzed about patient access and telephone triage, via email questionnaire.

With questions targeted at understanding the attitudes of healthcare providers at the individual level as well as activity at the practice level, this survey provides an insight into the subjective experiences of healthcare providers as well as trends in access across general practice.

About Campden Health

Campden Health is a leading, pan-European healthcare publishing and research company. For over 20 years we have enjoyed a first-rate reputation for delivering top quality, timely content that supports healthcare professionals with their clinical decision-making and career development.

Our portfolio of journals and websites includes Nursing in Practice, Management in Practice, The Commissioning Review and Hospital Pharmacy Europe. We deliver 12 national conference exhibitions – including Commissioning Live – each year, as well as more than 100 smaller educational 'road show' events across the UK. And we produce numerous 'roundtable' discussion meetings, focusing on a single therapeutic area, across Europe.

For more information about this survey or, more broadly, about Campden Health, please contact:

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Executive summary

In the wake of the largest structural change since the NHS was established, which have resulted in new commissioning responsibilities for GPs as well as general practice facing new targets and additional workload responsibilities, there has been concern that patient services will be put at risk as clinical time is spent on non-clinical activities.

This survey by Campden Health shows that while a significant proportion of practices have seen an increase in workload, patient access does not seem to have been significantly compromised with a fair number of same-day slots available and up to 90% of patients given a face-to-face appointment within five days following a telephone triage if needed.

However, with the latest Royal College of General Practitioners (RCGP) survey revealing that more than 70% of GPs are forecasting longer waiting times for GP appointments within the next two years, it may only be a matter of time before access becomes significantly compromised.

In this era of mobile technology and efficiency savings, telephone triage was also found to be increasingly used as a means to access healthcare, with over half of practices (56%) using it in some form.

While our survey shows that the value of telephone triage in providing a convenient and efficient alternative to accessing healthcare is increasingly being recognised, the picture is not clear-cut, with a variation in the types of models used, the levels of training undertaken and consequently the extent to which problems are resolved.

Attention is also drawn to a category of patients who seek the counsel of medical practitioners despite there not seeming to be an obvious medical need. While healthcare practitioners are careful not to disregard the needs of such patients, with a median of 6-10 such patients a day, this no doubt takes a toll on NHS resources, pointing to perhaps a need for more suitable resources that these patients can turn to.

As healthcare providers seek to adjust to new responsibilities and telephone triaging becomes increasingly integrated in healthcare access, this survey paints a rough picture of how general practice is responding to changes and raises questions about the standardisation and management of risk in telephone triage.

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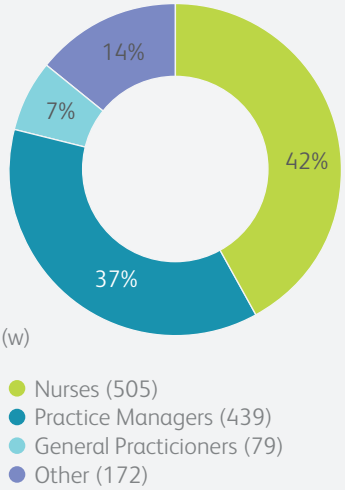
Chapter One / The Respondents

Campden Health polled 1195 primary healthcare staff by email between 10 July and 2 August 2013 regarding their attitudes towards patient access as well as practice activity. Among those polled, 37% were practice managers, 42% were nurses, 7% were GPs and 14% had other roles. The title 'nurse' covered a broad range of functions including mostly nurse practitioners and practice nurses.

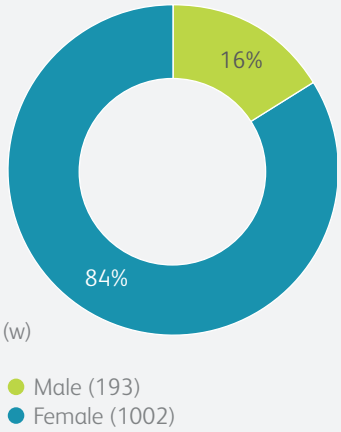
Where questions concerned the attitudes of respondents or phenomenon at the population level, the whole sample was used in the analysis. Where questions related to activity at the practice level, only the responses of practice managers were taken into account. The respondents included in the analysis of each questions is indicated by (w) for whole sample or (p) for practice managers only.

Figure 1. What is your occupation?



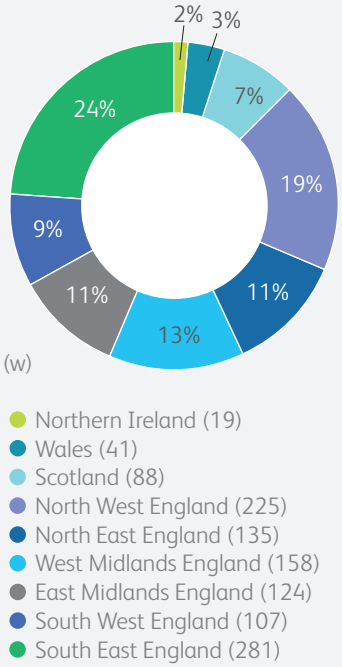
Consistent with the job profiles of those polled, 84% of respondents were female and 16 % male.

Figure 2. Are you male or female?



There was a fair representation of practices across England with 30% of respondents from the North West and North East region, 24% from the midlands and 33% from the southern region. A further 7% worked in Scotland, 3% worked in Wales and 2% worked in Northern Ireland.

Figure 3. In which of the following regions do you work?



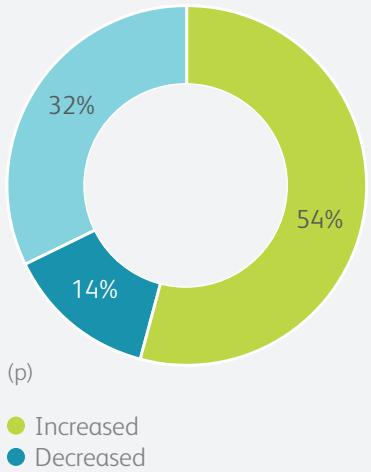
Chapter 2 / GP Time

GP Time

Since the Health and Social Care Act's implementation in April 2013, healthcare leaders' warnings over GP workload have grown in urgency and frequency. We asked our respondents if they had seen an increase in 'GP time'. GP time refers to the amount of hours worked by GPs in a practice (i.e. by opening for longer hours, a part-time doctor going full-time or a locum being hired).

Over half (54%) of practice managers reported an increase in GP time at the practice, with GP time remaining the same in 32% of practices and decreasing in 14%.

Figure 4. Since the GP contract changes in April has GP time at your practice...?

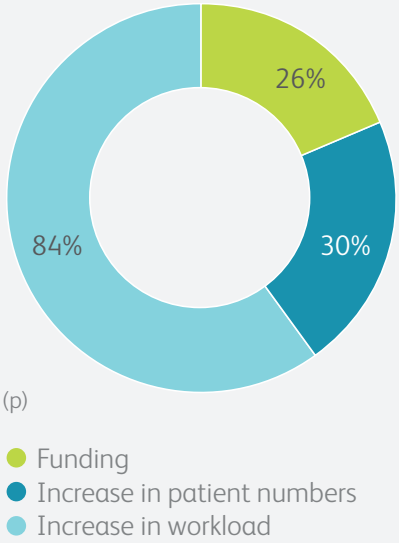


British Medical Association (BMA) GP Committee chair, Dr Chaand Nagpaul told Campden Health: "The increasing clinical demands and quality outcomes framework (QOF) changes means that the majority of doctors are overworked above and beyond their capacity, and this is a concern which should be addressed this year."

Commenting on why an increase in GP activity was not seen in all practices, Jayne Tabor, practice manager and partner of The Arnewood Practice said that the involvement of GPs varied across CCGs and that many surgeries may have already seen increases in GP time prior to April in preparation for involvement in CCGs.

The most common reason given for increased GP time was a heavier workload (84%), followed by more patients (30%) and finally issues with funding, which affected 26% of practices.

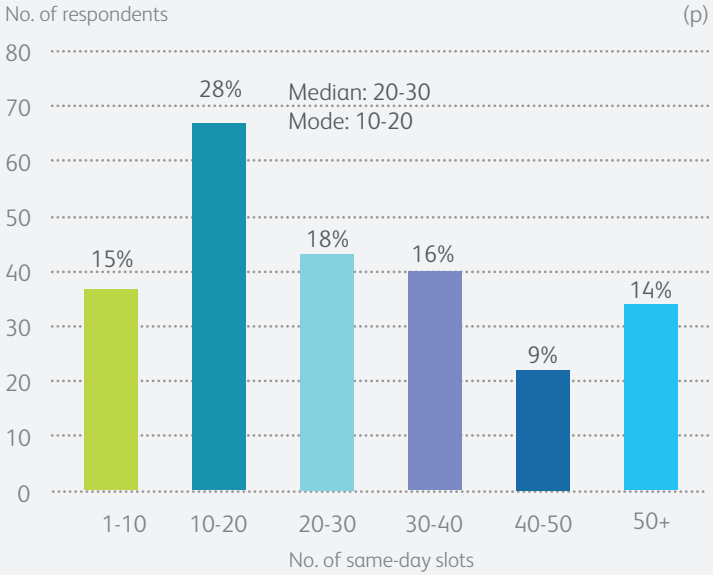
Figure 5. What are the reasons for the above?



Appointments

Looking at same-day slots, there did not seem to be a clear trend with similar proportions of practices providing a varying number of same-day slots. The largest proportion of practices (28%) had 10-20 same-day slots, followed by 18% that had 20-30 slots and 15% with 1-10 same-day slots.

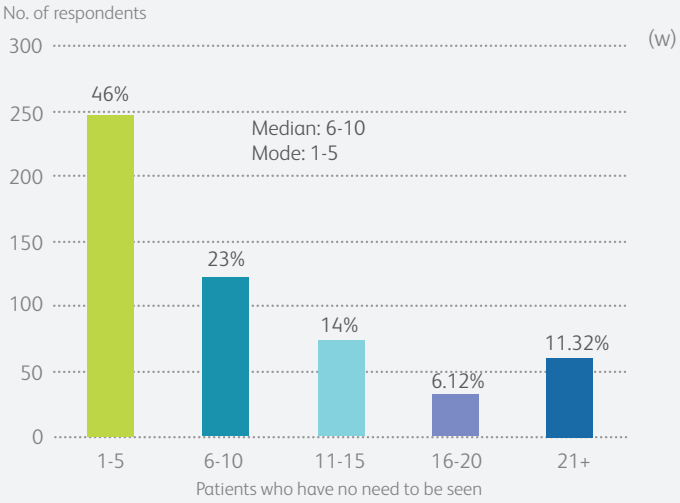
Figure 6. How many slots does your practice provide for same day appointments?



Further increasing the pressure on the health service are patients who make appointments with a GP or a nurse despite not requiring medical attention. While there are few official statistics currently available to assess how this affects NHS funds due to a difficulty in defining what may or may not be classed as 'requiring medical attention,' there is no doubt that this also takes its toll on waning resources.

Our poll shows that there was a median of 6-10 patients who had an appointment with a GP each day despite having no medical need. Although the largest proportion of respondents (46%) reported 1-5 such patients a day, cumulatively, over half of respondents (54%) reported 6 or above such patients a day. This includes 14% of practices that encountered 11-15 such patients per day and 11% that encountered above 20 of these patients per day.

Figure 7. On average how many patients are given an appointment with a GP per day who have no medical need to be seen?



Based on the lower end of locum doctors' hourly rate (£50 according to a joint survey by GPs and the National Association of Sessional GPS), this could amount to a cost of roughly £3.2 million per day and up to £836.5 million per year across the 63854 GPs in the UK.

Commenting on his experience of patients who seek GP advice despite having no obvious medical need, GP partner at Greystone House Medical Practice and chairman of the new East Surrey Clinical Commissioning Group, Joe McGilligan said: "We have a cradle to grave responsibility, so obviously people feel we are the point of call for all their woes even if it is not what we are trained for nor adequately resourced in expertise or knowledge. The questions I get asked are similar to what my father-in-law, a retired vicar, used to get asked. I have always said we have taken over partially where the church should have helped. Saying that, I never see patients as wasting my time, just misdirected in what I can offer. Having social workers in the practice as well as health visitors could go a long way to improving everyone's perception of a good job done."

He highlights the burden which GPs shoulder in playing not just the role of medical aid, but also that of general advisor and emotional bulwark, which carries important implications for directing people to right care.

To explore the reasons for such visits, we examined trends at the population level rather than activity at the practice level, taking into account the responses of our whole respondent sample.

The most common reason given for such visits was for minor ailments, which occurred in a median of 20-30% of cases. This was followed by inappropriate requests for antibiotics, requests for repeat prescriptions and for reassurance, which occurred in a median of 10-20% of cases.

Table 1. What percentage of patients who do not need to be seen come for...

	Median	Mode
Minor ailments	20-30%	10-20%
Inappropriate requests for antibiotics	10-20%	1-10%
Request for repeat prescriptions	10-20%	1-10%
Reassurance	10-20%	1-10%
Paying a social visit	1-10%	1-10%
Inappropriate requests for specific drugs	1-10%	1-10%
No discernible reason	1-10%	1-10%

Refer to appendices for full data set

(w)

At the practice level, in dealing with these patients, the most common approach used to try and prevent them taking up appointment time was to arrange a phone call with a GP or a nurse (median of 30-40% of cases) (table 2), with over a quarter of practices (31%) doing so in most cases (over 60%) (see fig 8). While practices referred patients to a community service in a small number of cases (median 1-10%), they did not generally deny patients an appointment, refer patients to a local hospital, NHS 111 or an online resource (table 2).

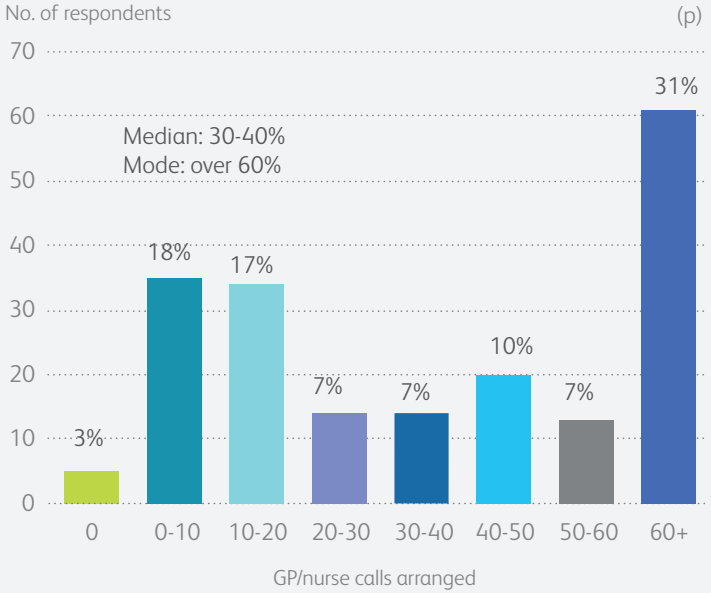
Table 2. What does your practice do to try and prevent such patients taking up appointment time needlessly?

	Median	Mode
Arrange a phone call with a GP/Nurse	30-40%	0ver 60%
Direct them to a community service	1-10%	0%
Direct them to NHS 111	0%	0%
Direct them online	0%	0%
Direct them to a local hospital	0%	0%
Deny them an appointment	0%	0%
Direct them to a community hospital	0%	0%

Refer to appendices for full data set

(p)

Figure 8. Prevent patients from taking up appointments needlessly by arranging a call with a GP/ nurse...

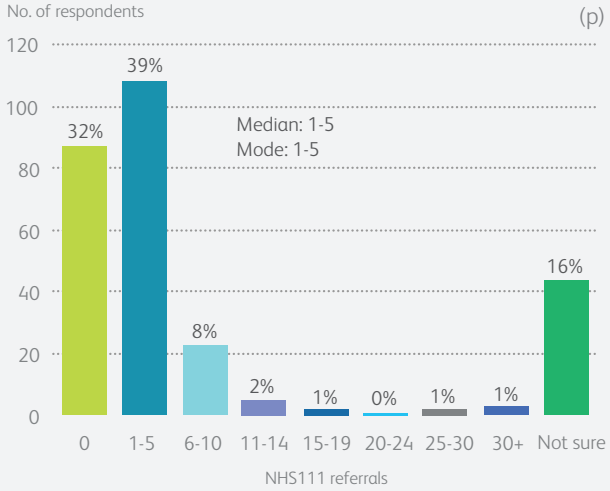


Caroline Kerby, NHS Alliance Practice Manager Network Co-Lead said: "In my experience, if these patients are denied an appointment to see a GP or a nurse, they will turn up in other areas of urgent care such as community services, so it makes sense to see them in the first instance where possible."

NHS 111

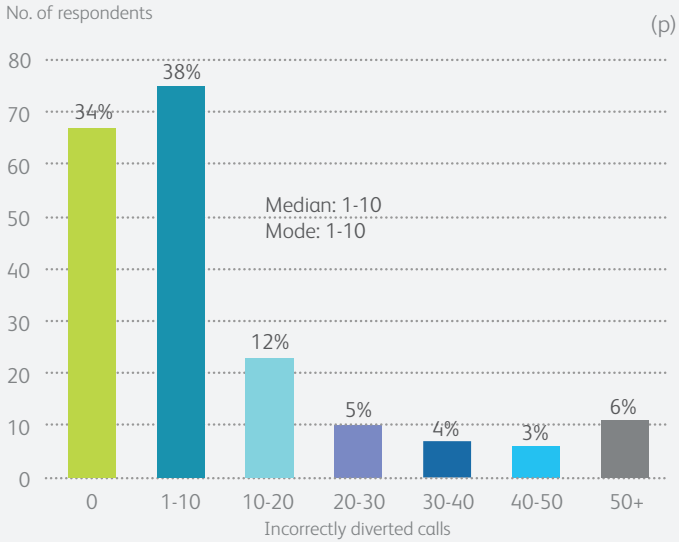
Another access point for surgery appointments is through non-emergency helpline NHS 111, which referred a median of 1-5 calls to practices each day. However, the accuracy of these figures could be affected by a significant group of practices (16%) who were unsure about the frequency of NHS 111 referrals.

Figure 9. On average how many NHS111 referals does your practice get each day?



The positive skew in the data shows that overall, the calls were correctly diverted with a median of 1-10% of calls that should not have been referred to their practice.

Figure 10. What percentage of these calls should not have been directed to your practice?



According to our poll, the most common way of dealing with these referrals was booking a same-day GP appointment, which occurred in a median of 30-40% of cases. Looking at the distribution more closely, practices seemed split in their decision to book same-day appointments with equal proportions of practices (31%) doing so in up to 10% of cases and in over 60% of cases (see fig 11).

The next best option after a same-day appointment with a GP included booking an appointment with a GP in the next five days, booking an appointment with a nurse in the next five days and booking an appointment with a nurse sometime in the future, which occurred in a median of 10-20% of cases.

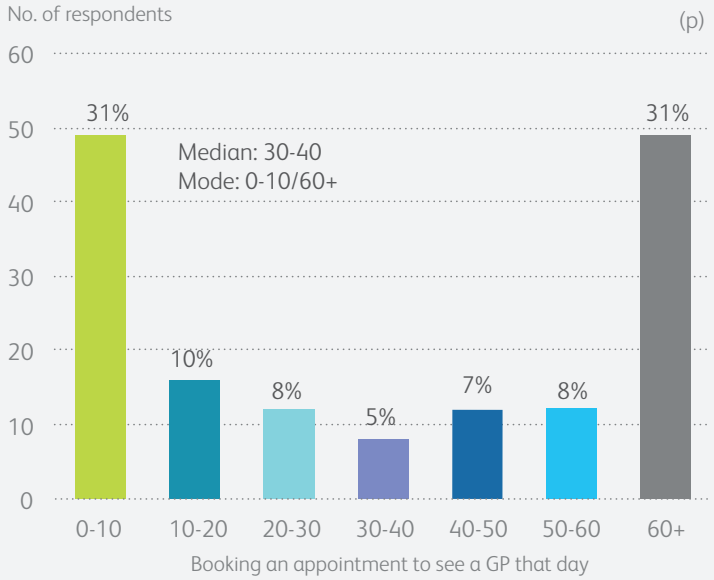
Telephone appointments, unresolved issues and referrals to a community service, A&E, a pharmacy/Walk-in clinic or an online service were very uncommon.

Table 3. Please express the following ways NHS111 calls were handled as a percentage...

	Median	Mode
Booked an appointment to see a GP that day	30-40%	0-10%/over 60%
Booked an appointment to see a GP in the next five days	10-20%	0-10%
Booked an appointment to see a nurse in the next five days	10-20%	0-10%
Booked an appointment to see a nurse sometime in the future	10-20%	0-10%
Booked an appointment to see a GP sometime in the future	0-10%	0-10%
Booked an appointment to see a nurse that day	0-10%	0-10%
Given a telephone appointment	0-10%	0-10%
Referred to a community service	0-10%	0-10%
Pharmacy/Walk-in clinic	0-10%	0-10%
Referred to A&E	0-10%	0-10%
Referred to online service	0-10%	0-10%
Did not resolve	0-10%	0-10%

Refer to appendices for full data set (p)

Figure 11. Proportion of calls handled by booking an appointment to see a GP that day...



Chapter Three / Telephone Triage

Popularity and perceived efficiency

Part of the campaign to improve patient access comes in the form of telephone triage and consultation. Believed to increase efficiency by signposting patients to appropriate care and treatment resources while reducing unnecessary face-to-face contact, telephone triage has seen a steady increase in recent years as demand outstrips supply and government incentivised directives have driven changes in consultation practice.

Our poll showed that a majority of 54% of respondents worked in a practice that had telephone triage (Fig 12a). At the practice level, this amounted to 56% of practices that now have some form of telephone triage (Fig 12b).

Figure 12a. Does your practice have telephone triage?

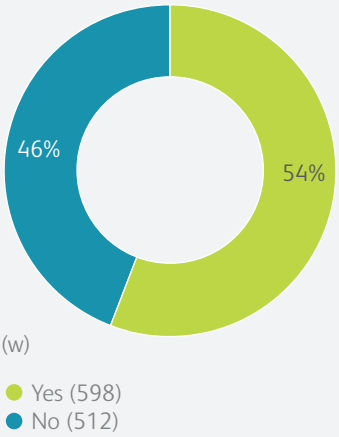
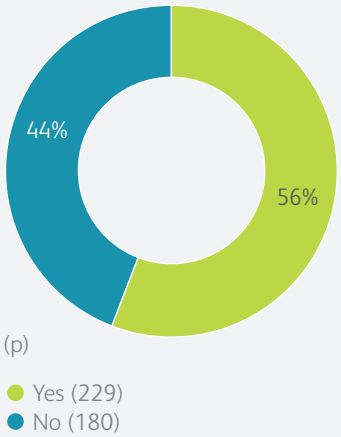
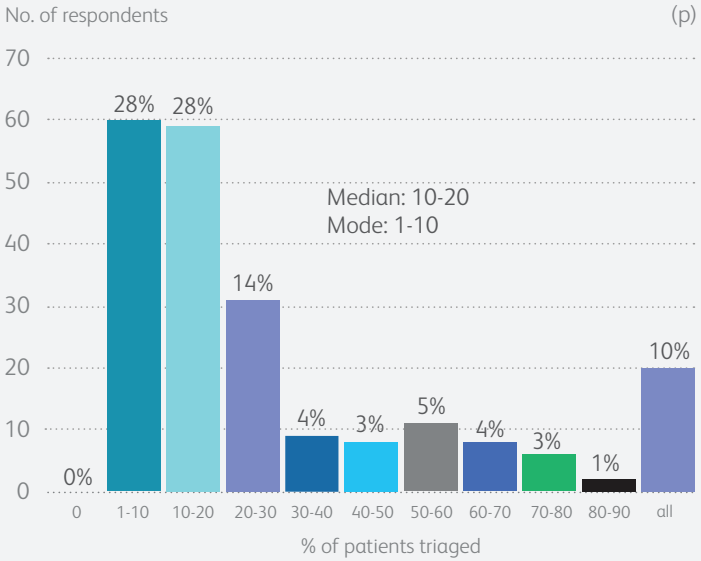


Figure 12b. Does your practice have telephone triage?



Furthermore, while there was a median of 10-20% of patients being triaged, and the largest proportion of practices (28%) triaged up to 10% of patients, close to 10% of practices triaged all their patients.

Figure 13. On average what percentage of patients are put through the triage process?



The BMA's Nagpaul said that while an increase in workload may be one of the reasons for its widespread use, this was also a reflection of how modern technology, as with other areas of our lives, is now affecting how healthcare is provided.

He said: "Most people these days have mobile phones, and telephone triaging is very convenient for adults who have a busy lifestyle and provides an alternative way to access healthcare for those who travel a lot."

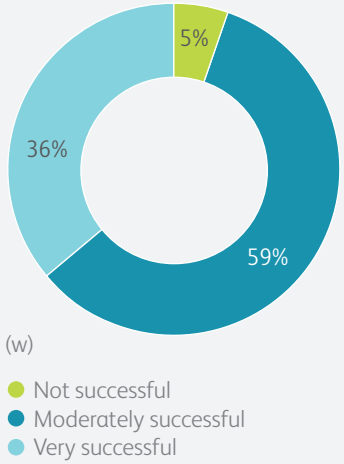
He emphasised though that the quality of triaging is very important and should never be used as a substitute for face-to-face contact or seen as a barrier to a face-to-face appointment.

Tabor of The Arnewood Practice said that the widespread use of telephone triage is partly a response to a rising number of patients who are requesting for more information about a range of health conditions.

"More and more patients are asking for information about their health for which face-to-face contact isn't required. This is due to a mixture of the increase in long-term chronic conditions coupled with an increasing demand from patients," she said.

A ringing endorsement of telephone triage was given by healthcare providers, with our poll showing an overwhelming 95% who rated it as being either moderately successful or extremely successful (fig 14).

Figure 14. How would you rate the success of the telephone triaging system?



This was further substantiated by figures showing that 74% felt that it has made things run more efficiently (fig 15) and over half (55%) who gave it a rating of 4 or 5 (out of 5) for how useful they found it (fig 16). Just 16% gave a rating of below 3.

Figure 15. How has telephone triaging affected the service provided?

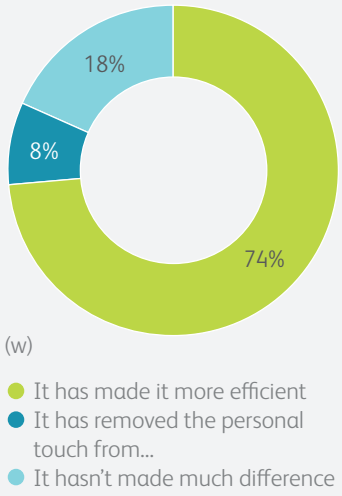
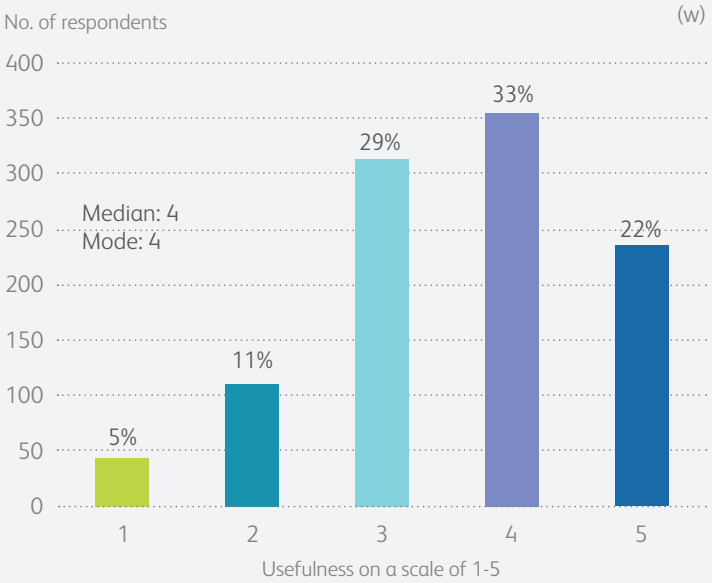
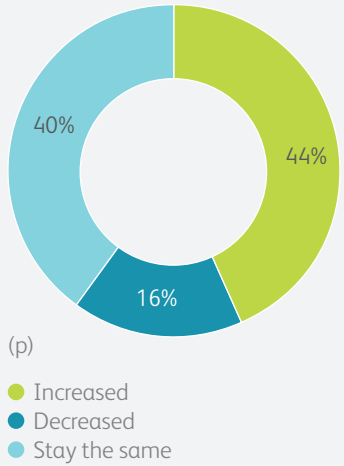


Figure 16. On a scale of 1-5 how useful do you think a telephone triage service is?



Evidence of the increased efficiency at the practice level was found, with our poll showing that since undertaking telephone triage, 44% of practices reported an ability to see more patients.

Figure 17. Since telephone triaging has the number of patients you've been able to see...?



Nagpaul said: "I have heard many GPs say that it has helped them to manage their workload better, for example, in being able divert calls that can suitably be dealt with by other members of their team."

Explaining why not all practices which had telephone triage reported being able to see more patients, Nagpaul said that sometimes after a telephone consultation, patients were required to come in for a face-to-face appointment, increasing the overall consultation time.

Indeed, in our research, we talked to various practices who stopped doing telephone triaging due to the number of patients that they were having to call back for face-to-face appointments, thereby increasing overall consultation time. However, the issue of efficiency could also be linked to training which will be further discussed in the next section.

Royal College of Nursing primary and community healthcare advisor, Rebecca Cheatle said that while phone consultations in general are quicker, it didn't necessarily mean that more patients were calling for appointments at a given time. Furthermore, she said that with telephone triaging, sometimes it was just a case of correctly signposting patients for their clinical condition without it necessarily resulting in a clinical consultation and would not hence count as an appointment.

As well as providers rating telephone triaging positively, on the receiving end of the service, patients also seemed to be quite enthusiastic about it.

Table 4. What have patients' response to telephone triaging been?

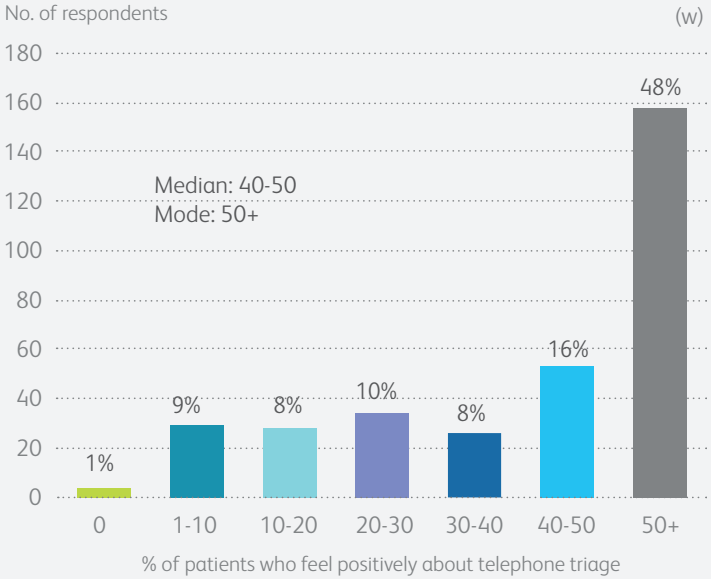
	Median	Mode
Quite negative	1-10%	1-10%
Neutral	20-30%	20-30%
Quite positive	40-50 %	over 50%

Refer to appendices for full data set (w)

Looking at how the respondents estimated patient satisfaction, our survey found that a median of 40-50% of patients rated it quite positively (table 4), with close to half of respondents (48%) saying that over 50% of their patients felt positively about it (fig 18). Providers estimated that only a median of 10-20% of patients rated it negatively.

Cheatle said: "Patients like different mediums of interacting with providers, and telephone triaging offers yet another alternative which can only be seen as an improvement."

Figure 18. Proportion of patients whose response to telephone triaging has been quite positive...

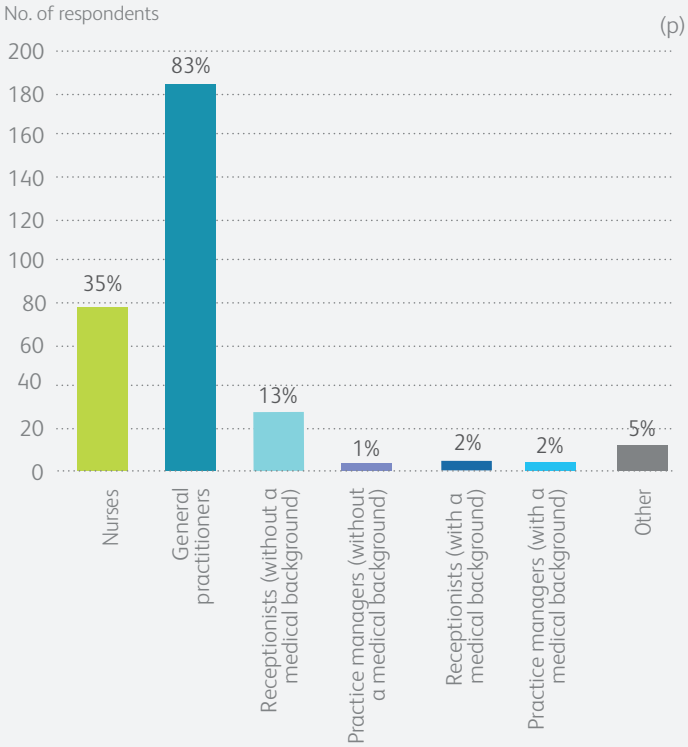


Telephone triage training and quality

Although the advantages of telephone triage are evident and clearly have an impact on perceived efficiency, it remains a contentious issue when it comes to non-medical professionals undertaking the triaging as shown by the recent debacle concerning the NHS 111 out-of-hours helpline, which is primarily manned by non-clinical call handlers backed up by a team of medics.

Our poll showed that GPs and nurses appeared to carry out the bulk of telephone triage with GPs found to be involved in telephone triaging across 83% of practices and nurses involved across 35% of practices. A noticeable proportion of practices (13%) however also recorded receptionists without a medical background being involved in telephone triage. Among this group, included a handful who did so without the help of either nurses or GPs.

Figure 19. Who is responsible for triaging patients over the telephone at your surgery?

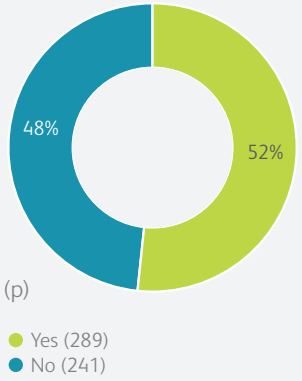


BMA GP Committee chair Nagpaul said that while it was acceptable for receptionists without a medical background to be involved in purely administrative functions such as handling repeat prescriptions or forwarding a list of patients requesting emergency appointments to the GP, they shouldn't be involved in aspects of triaging which required clinical judgement.

Fiona Dalziel, co-lead at General Practice Foundation at the Royal College of General Practitioners said: "Anecdotally, receptionists are quite good at differentiating urgent from non-urgent situations. However, they have had no medical training and are frequently not working to a decision-making protocol and so that leads to increased patient risk."

Close to half of practices which had telephone triage didn't undertake training(48%), calling into question the quality of triage being provided.

Figure 20. Is training provided for telephone triaging?



Although Nagpaul said GPs' medical training covers how to triage, trainer and consultant of Telephone Consultation Services, Sally-Anne Pygall, who trains on behalf of the RGCP, said that a lot of information usually provided by visual cues is lost over the telephone, which is something that typical triage training doesn't cover.

"The lack of visual cues often opens up areas of vulnerabilities in both patients and doctors. For example, during a telephone triage, there are often assumptions that things have been understood on the part of both patients and clinicians when this may not be the case. Telephone triage training focuses on telephone communication skills, which is key to engaging patients and gaining clarification in the absence of visual cues. As a GP, they may receive telephone triage training for out-of-hours placements, but this is often done by other GPs who have not themselves been specifically trained in telephone triaging."

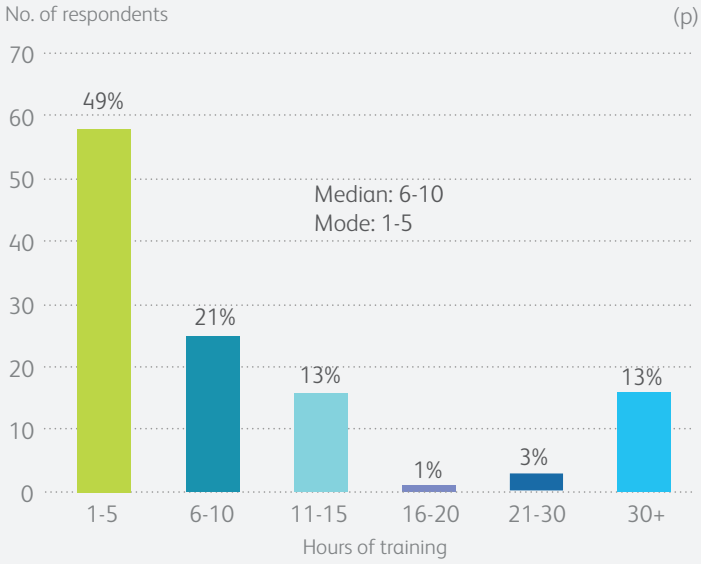
Pygall added that research has shown that up to 84% of verbal communication is down to tonality, which in turn has a strong impact on how likely patients are willing to accept the advice of GPs, highlighting the importance of being trained in the subtle elements of verbal communication in light of missing visual cues. References to the importance of tone can be commonly found across telephone consultation research.

Furthermore, Pygall said that the training was likely to affect how efficiently telephone triage was carried out and its overall success by increasing GP confidence in their judgement over the phone which in turn leads to fewer incidences of booking face-to-face appointments for those that don't need to be seen.

RCN's Cheatle also recommended training for nurses involved in telephone triaging. She said: "We would expect nurses using any model of telephone triage to undergo training in following the associated protocols."

According to Pygall, a comprehensive training course should last about 6-7 hours whereas our poll showed that the largest proportion of practices (49%) undertook 1-5 hours of training.

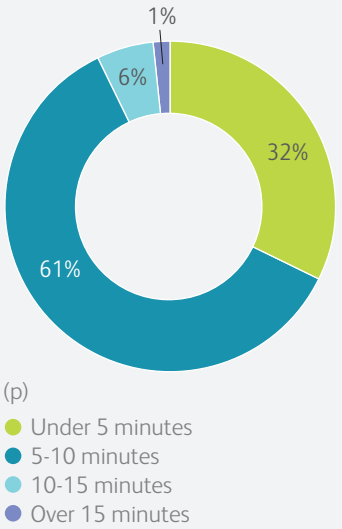
Figure 21. How many hours of training was provided?



Also affecting the quality of telephone triage is call length. The 2011 report on the Unit Cost for Health and Social Care states that call lengths are generally shorter than face-to-face appointments, averaging 7.1 minutes compared to 11.7 minutes respectively.

This was supported by our poll which showed that the median length of a call was 5-10 minutes with a significant proportion of practices (61%) taking between 5-10 minutes to triage.

Figure 22. On average how long is spent on each call?



According to Pygall, despite there being a tendency for shorter calls to be associated with efficiency, there were associated risks with triaging too quickly as one could easily miss something when there weren't visual cues available to provide confirmation.

"Call lengths will vary according to prior knowledge of the patient, the time of day and what appointments are available. For me personally, a healthy call length should be 5 minutes for triaging an acute case, for example where there are new symptoms, but up to 8 minutes if providing self care."

Without knowing the types of problems patients are being triaged for, it's difficult to draw any conclusions about the distribution of call lengths found in our poll. However, with the majority of practices taking at least 5 minutes to triage, it would appear that on the whole, the risks associated with triaging too quickly are minimised.

Telephone triage outcomes

Bearing in mind the range of healthcare professionals involved in telephone triaging, we took into account the responses of our whole respondent sample in the analysis of outcomes, examining trends at the population level rather than activity at the practice level.

Our poll showed that following a telephone triage, there was a median of 30-40% of problems being resolved, medicines being prescribed in 10-20% of cases, GP appointments booked in 20-30% of cases, nurse appointments booked in 10-20% of cases, with referrals to community services or hospitals made in 1-10% of cases.

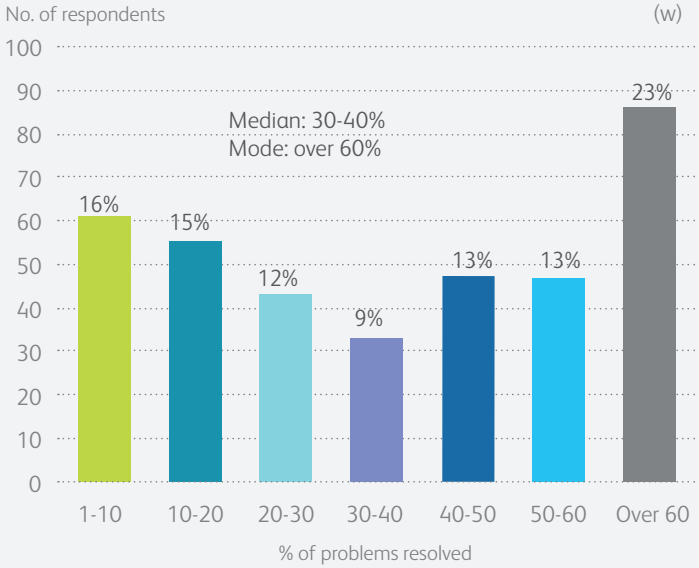
Table 5. following a telephone triage, please express the following ourcome as a percentage...

	Median	Mode
Problems are resolved	30-40%	over 60%
Medicines prescribed	10-20%	10-20%
GP appointments booked	20-30%	1-10%
Nurse appointments booked	10-20%	1-10%
Further phone appointments booked	1-10%	1-10%
Referrals to community services made	1-10%	1-10%
Referrals to hospitals made	1-10%	1-10%
Referrals to online advice	1-10%	1-10%

Refer to appendices for full data set (w)

Looking more closely at the distribution, we can see that there is quite a wide variation between the extent to which problems are resolved which could reflect the different models of triage used. While the highest proportion of practices (23%) resolved above 60% of problems, on the other end of the spectrum, 17% of practices resolved just up to a tenth of problems.

Figure 23. Proportion of problems resolved...



Where clinical practitioners made the decision that patients needed to be seen following a telephone triage, our poll showed that appointments were offered sooner rather than later with a median of 50-60% of patients being offered an appointment on the same day, 20-30% offered an appointment in the next five days and 1-10% offered an appointment sometime in the future.

It is uncertain however, for how much longer waiting times can be kept to a minimum with the latest findings from an RCGP survey released last week revealing that over 70% of GPs are forecasting longer waiting times for GP appointments within the next two years.

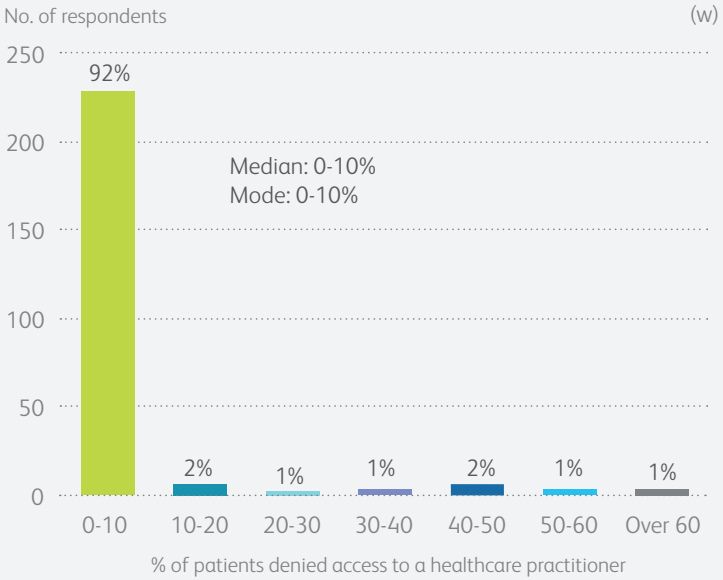
Table 6. Waiting time for face-to-face appointment following telephone triage...

	Median	Mode
Given an appointment for the same day	50-60%	over 60%
Given an appointment in the next five days	20-30%	1-10%
Given an appointment in the future	1-10%	1-10%

Refer to appendices for full data set (w)

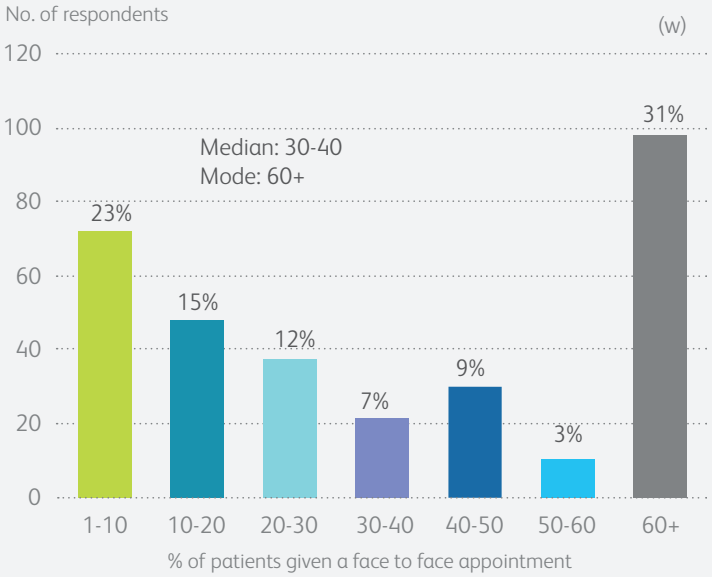
Where patients insisted on seeing a practitioner despite being informed that no further medical attention was needed, patients were on the whole given further access to a healthcare practitioner with a median of 0-10% of patients denied access.

Figure 24. What percentage of patients are denied access to a healthcare practicioner?



However, according to our poll, this does not seem to necessarily translate to everyone being offered a face-to-face appointment. While the largest proportion of practices (31%) gave over 60% of patients an appointment, close to a quarter of practices (23%) gave only up to a tenth of these patients an appointment.

Figure 25. Proportion of patients given a face-to-face appointment sometime in the future upon insisting they need one despite being told otherwise



Another course of action was to refer these patients to a medical practitioner over the phone, which occurred in a median of 10-20% of cases (table 7).

Table 7. Patients who insist on being seen despite being told otherwise are...

	Median	Mode
Denied access to a healthcare practitioner	0-10%	0-10%
Given an appointment sometime in the future	30-40%	over 60%
Referred onto a medical practitioner via the phone	10-20%	10-20%
Referred onto the practice manager via the phone	0-10%	0-10%

Refer to appendices for full data set (w)

The findings of our survey paint a mixed picture about telephone triage practice across the country. While the value of telephone triage in providing a convenient and efficient alternative to accessing healthcare is increasingly recognised, there seems to be a wide variation in the types of models used, the levels of training undertaken and consequently the extent to which problems are resolved.

The issue of efficiency however needs to be balanced with that of risk, with telephone triage training experts united in their view that telephone triaging is never risk free. This further highlights the importance of dealing appropriately with patients who may insist on an appointment despite being told the contrary.

As telephone triaging becomes increasingly integrated in healthcare access, reflecting our era of mobile technology, given the number of factors that can influence its effectiveness, it is important that every effort is made to ensure its standardisation and the management of risk.

Glossary

Frequency Distribution: This shows the frequency with which respondents' answers fall across a range of intervals/categories.

Skew: This gives information about the shape of a distribution. If a distribution is asymmetric, it is either positively or negatively skewed, meaning that there is a cluster of responses towards one end of the scale. The distribution is said to be positively skewed if the scores tend to cluster toward the lower end of the scale (that is, the smaller numbers) with increasingly fewer scores at the upper end of the scale (that is, the larger numbers). A negatively skewed distribution is exactly the opposite. With a negatively skewed distribution, most of the scores tend to occur toward the upper end of the scale while increasingly fewer scores occur toward the lower end.

Median: The median is the numerical value separating the upper half of a data sample or a population from the lower half, giving you an idea of where the view/opinions of 50% of the population lie. The median value is the number in the middle. For example, in the set of numbers {4,6,25}, the median is 6.

Mode: The mode of a set of data is the one that occurs most often or the one that respondents choose the most. So, in the set {1,5,7,5,9}, the mode is 5 because there are 2 fives and only one of each of the others.

Appendix

Table 1. What percentage of patients who do not need to be seen come for...

	0	1-10	10-20	20-30	30-40	40-50	50-60	Over 60	Response Count
Reassurance	9	152	127	76	46	38	21	32	501
Social visit	66	226	74	23	12	12	5	5	423
Inappropriate request for antibiotics	13	184	116	55	42	28	12	15	465
Inappropriate request for specific drugs	29	212	96	36	22	8	6	9	418
No discernible reason	82	202	61	23	10	5	4	4	391
Repeat prescriptions	24	163	98	67	35	29	12	5	433
Minor ailments	8	96	97	83	56	82	29	47	498

Table 2. What does your practice do to try and prevent such patients taking up appointment time needlessly?

	0	1-10	10-20	20-30	30-40	40-50	50-60	Over 60	Response Count
Deny them an appointment	90	22	4	1	0	1	1	1	120
Arrange a phone call with a GP/ Nurse	5	35	34	14	14	20	13	61	196
Direct them to NHS 111	88	17	5	1	0	1	1	1	114
Direct them online	79	24	5	4	2	0	1	1	116
Direct them to a local hospital	83	25	4	0	0	0	1	1	114
Direct them to a community hospital	89	15	3	1	0	1	1	0	110
Direct them to a community service	50	48	13	5	3	0	7	5	131

Table 3. Please express the following ways NHS111 calls were handled as a percentage...

	0-10	10-20	20-30	30-40	40-50	50-60	Over 60	Response Count
Booked an appointment to see a GP that day	49	16	12	8	12	12	49	158
an appointment to see a GP in the next five days	46	29	20	11	5	8	9	128
Booked an appointment to see a GP sometime in the future	53	23	11	7	2	2	7	105
Booked an appointment to see a nurse that day	62	18	14	10	3	1	5	113
Booked an appointment to see a nurse in the next five days	47	20	10	4	6	1	7	95
Booked an appointment to see a nurse in the next five days	43	13	7	10	6	3	9	91
Given a telephone appointment	53	17	10	4	7	4	7	102
Referred to a community service	64	6	5	2	0	2	1	80
Pharmacy/Walk-in clinic	66	9	3	0	2	0	1	81
Referred to A&E	66	10	3	3	2	2	2	88
Referred to online service	64	2	1	0	0	1	0	68
Did not resolve	60	3	0	0	1	0	1	65

Table 4. What have patients' response to telephone triaging been?

	0	1-10	10-20	20-30	30-40	40-50	Over 50	Response Count
Quite negative	36	110	52	22	12	13	18	263
Neutral	8	38	49	73	41	41	45	295
Quite positive	4	29	26	34	27	53	159	332

Table 5. following a telephone triage, please express the following outcome as a percentage...

	0-10	10-20	20-30	30-40	40-50	50-60	Over 60	Response Count
Problems are resolved	61	55	43	33	48	47	86	373
Medicines prescribed	108	84	46	41	46	17	18	360
Further phone appointments booked	201	38	22	12	13	12	8	306
Booked an appointment to see a nurse that day	91	84	71	40	43	20	21	370
Nurse appointments booked	148	79	44	32	25	7	12	347
Referrals to community services made	229	39	12	7	5	1	4	297
Referrals to hospitals made	223	14	7	5	4	3	3	259
Referrals to online advice	190	17	8	7	2	2	1	227

Table 6. Waiting time for face-to-face appointment following telephone triage...

	0-10	10-20	20-30	30-40	40-50	50-60	Over 60	Response Count
Given an appointment for the same day	53	24	31	19	29	32	196	384
Given an appointment in the next five days	88	74	49	53	16	22	40	342
Given an appointment in the future	158	61	20	14	9	7	16	285
Referred to a community service	196	27	12	6	4	2	2	249

Table 7. Patients who insist on being seen despite being told otherwise are...

	0-10	10-20	20-30	30-40	40-50	50-60	Over 60	Response Count
Denied access to a healthcare practitioner	228	6	2	3	6	2	2	249
Given an appointment sometime in the future	72	48	37	21	30	11	98	317
Referred onto a medical practitioner via the phonea	98	44	19	28	13	14	61	277
Referred onto the practice manager via the phone	172	18	11	3	6	1	6	217