

The clinical effectiveness and cost-effectiveness of telephone triage for managing same-day consultation requests in general practice: a cluster randomised controlled trial comparing general practitioner-led and nurse-led management systems with usual care (the ESTEEM trial)

John L Campbell,^{1*} Emily Fletcher,¹ Nicky Britten,² Colin Green,² Tim Holt,³ Valerie Lattimer,⁴ David A Richards,² Suzanne H Richards,¹ Chris Salisbury,⁵ Rod S Taylor,¹ Raff Calitri,¹ Vicky Bowyer,⁶ Katherine Chaplin,² Rebecca Kandiyali,¹ Jamie Murdoch,⁴ Linnie Price,¹ Julia Roscoe,⁶ Anna Varley⁴ and Fiona C Warren¹

¹Primary Care Research Group, University of Exeter Medical School, Exeter, UK

²Institute of Health Service Research, University of Exeter Medical School, Exeter, UK

³Department of Primary Care Health Sciences, University of Oxford, Oxford, UK

⁴School of Nursing Sciences, Faculty of Medicine and Health Sciences, University of East Anglia, Norwich, UK

⁵Centre for Academic Primary Care, School of Social and Community Medicine, University of Bristol, Bristol, UK

⁶Department of Health Sciences, Warwick Medical School, University of Warwick, Coventry, UK

*Corresponding author

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Plain English summary

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Plain English summary

Demand for primary care has increased in recent years. 'Telephone triage' involves clinicians assessing patients' needs over the telephone, giving advice or arranging an appointment. We compared general practitioner- and nurse-led triage (GPT and NT, respectively) with 'usual care (UC)' for patients seeking same-day GP appointments, examining patterns of patients' service use, safety and experience of care, and UK NHS costs.

Forty-two practices participated: 15 (7012 patients) were randomly allocated to NT with computer decision-supported software, 13 (6695 patients) to GPT and 14 (7283 patients) to continue 'UC'. We included all patients who were telephoning and seeking a same-day GP appointment. Patients were asked about their opinion of the system via a postal questionnaire 4 weeks later. We interviewed some patients and staff. Information was collected from the records of patients who gave permission; we documented how often patients were seen over the 28 days following their same-day request.

Sufficient practices and patients took part to give us confidence in our results. Both types of triage increased primary care contacts in the 28-day follow-up, but, overall, triage cost almost the same as UC over the 28 days. Across a range of measures, triage appeared to be safe when compared with UC; there were no significant differences between trial arms in the number of deaths, the number of emergency hospital admissions or the number of accident and emergency department attendances. Patients were slightly less happy with NT than with GPT or UC. Interviews identified that the 'success' of triage depended on individual practice 'culture', and highlighted the complexity of introducing a major appointment system change.

We found that GPT or NT for patients seeking same-day GP consultations is potentially a useful approach to support the effective delivery of NHS primary care.

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Editorial contact: nihredit@southampton.ac.uk

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