

Can patients predict which consultations can be dealt with by telephone?

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SUMMARY

The use of telephone consultations to reduce the workload of general practitioners is well established both in this country and abroad. The principal aim of this study was to discover the proportion of consultations currently carried out in the surgery that would be suitable, for both doctor and patient, to be managed over the telephone. The second aim was to establish what proportion of such consultations could be predicted.

Keywords: telephone consultations; out-of-hours; patients; questionnaires.

Introduction

THE use of the telephone to reduce the number of out-of-hours calls is well established in this country,¹ but the question of whether the telephone consultation could or should replace some of the primary care daytime consultations is still uncertain.²

Claims have been made that telephone consultations are liked by patients and reduce the pressure for appointments or home visits,³ but general practitioners (GPs) appear to be more cautious. Wesson *et al*⁴ showed that their patients (based in an American veterans' care facility with a high incidence of chronic illness), when randomized to increased telephone care, had fewer appointments, fewer hospital admissions, and used fewer medications. There is also a high use of nurse-based telephone triage for primary care in Sweden, with an average of three telephone consultations per patient per year.⁵

The principal aim of this study was to find out what proportion of consultations currently conducted in the surgery would both doctor and patient subsequently agree were suitable for telephone management. The second aim was to find out what proportion of these consultations could be predicted beforehand.

Method

Self-administered questionnaires were completed by patients before consultation, and patients and doctors after consultation, in six Cumbrian practices: over 1067 consultations by 10 doctors. The practices were two rural and four urban practices, and the doctors comprised six female and four male. All had an interest in the Cumbrian Practice Research Group or were active researchers. Patients were asked before the consultation whether they felt that the coming consultation could be dealt with by tele-

phone, whether they had initiated the consultation or were asked to return by the doctor, to give a brief description of the reason for attendance (illness, certificate, etc.), and whether they had a telephone at home. After the consultation, the patients were asked if they then felt that the matter discussed could have been dealt with by telephone. GPs were asked after the consultation whether any procedure such as blood test or certification had been carried out, and whether they felt that the consultation could have been dealt with by telephone.

Results

There were a total of 1067 consultations recorded. In 417 (13.8%) of the consultations, the patient believed beforehand that the consultation was suitable to be carried out by telephone. In 122 (11.4%) of the consultations, the patients felt so afterwards. After 148 of the consultations, the doctor felt it could have been conducted by telephone. Doctor and patient agreed afterwards in only 59 consultations (5.5%). The range of percentages of agreement between doctor and patient after consultation for each GP is shown in Table 1. Of all the factors known before the consultation, the patient's own belief about its suitability for being carried out over the telephone was the best predictor of these 59 consultations. This would have correctly predicted 41 suitable

Table 1. Percentages of consultations by GP where GP and patient agreed after the consultation that it could have been dealt with over the telephone.

GP	Percentage
A	1.2
B	4.9
C	7.5
D	1.9
E	5.8
F	5.7
G	13.7
H	4.8
I	2.0
J	5.4

consultations, at the expense of falsely predicting 106 unsuitable ones: a predictive value of 28%.

Discussion

There is considerable interest in trying to make the consultation between doctor and patient easier and more flexible for both parties, and the possibility of using the telephone seems attractive. However, this study suggests that in only 1 in 20 consultations do doctor and patient agree afterwards that it could have been dealt with by telephone. No good predictors of these consultations were found. These findings apply to daytime consultations only. More information could be obtained by comparison between telephone consultations and face-to-face consultations. It will be interesting to see what impact the proposed 24-hour patient advice line will make to consultation rates in the future.

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