

Evaluation of a direct doctor–patient telephone advice line in general practice

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SUMMARY

A general practitioner-staffed direct access telephone advice line was made available for 30 minutes every morning at an inner-London practice to advise patients with urgent problems. Users valued the service, but the impact on surgery consultations was too small for this to be advocated as an alternative to emergency consultations.

Keywords: direct access telephone advice; inner-London; emergency; consultation.

Introduction

GENERAL practitioners in the United Kingdom have, on average, four telephone contacts a day with patients, compared with more than 20 in the United States of America.¹ There is a demand for increased access to doctors by telephone and a high level of satisfaction with established telephone advice lines.^{2,3} We provided a direct doctor–patient telephone advice line, open for 30 minutes each morning, to deal with patients' urgent problems, and evaluated the service.

Method

The advice line was offered during August to October 1996 in an inner-city teaching practice with a list size of 6400 patients. Most households had telephones. The practice operated a system of booked appointments followed by an open-access emergency surgery held by the duty doctor each morning. The telephone advice line was advertised by a flyer sent to each household and by posters in the waiting room.

Clinical and demographic details were documented at the time of the telephone consultation. Users were sent a follow-up questionnaire, requesting information on satisfaction with the service and whether the service was used as an alternative to a surgery consultation. Non-responders were sent a further questionnaire after seven days. Information on actual consultations in the two weeks following the use of the telephone service was retrieved from computer records.

Results

Characteristics of callers

There were 134 calls during the study period, which averaged one call every 13.4 minutes. About one-fifth of all calls were

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from elderly patients and one-sixth were enquiries on behalf of children. There were twice as many female callers as male callers. A total of 18 individuals used the service more than once. The most common consultations were for digestive problems, genitourinary problems, dermatological, respiratory, and ear nose and throat problems. Seventy-four callers returned their questionnaires. There were no significant differences in demographic or clinical characteristics between questionnaire responders and questionnaire non-responders

Satisfaction with telephone advice line

A total of 94% of questionnaire responders said that they were satisfied with the advice line, and 96% said they would use the service again. Patients found that the service helped provide guidance as to whether it was appropriate to see a doctor:

'You don't need to agonise any more whether you will be wasting the doctor's time or not.'

The service was also seen as providing a mechanism enabling the patients to bypass the receptionist:

'It is very reassuring to be able to talk directly to a doctor rather than being questioned by a receptionist.'

Some patients feared that telephone advice would substitute established services:

'I hope that it won't mean a reduction in the provision of short term appointments.'

Others hoped for further innovations:

'...would have preferred to E-mail my symptoms to the surgery instead!'

Impact on surgery consultations

A total of 70 out of 74 questionnaire responders said that they had used the telephone advice line as an alternative to a consultation or home visit. When we reviewed their computer records, we found that modification from anticipated service use actually occurred in 59 out of the 74 responders. This group included 25 callers who had anticipated attending open-access surgery, and nine callers who had anticipated making booked appointments but were managed successfully by telephone advice. In addition, 19 callers who had intended to use open-access surgery were seen instead at routine appointments (Table 1).

The total number of consultations during the study period was 2417, of which 673 were at open-access surgeries and 1744 were booked appointments. The estimated impact of the telephone advice line on surgery consultations during the study period was a reduction in emergency surgery consultations by 10% (78 patients), with an increase in the number of patients with booked consultations of less than 1% (14 patients). Thirty hours of the doctor's time was required to manage the advice line during the three-month period, amounting to 28 minutes of the doctor's time for every surgery consultation saved.

Limitations

The main limitation of this study was the low response rate to the questionnaire follow-up. However, even if all non-responders

Table 1. Modification of consultation behaviour.

Actual service use (callers)	Anticipated service use (callers)				
	None	Emergency consultation	Routine consultation	Home visit	Total
None	3	25	9	1	38
Emergency consultation	1	7	2	0	10
Routine consultation	0	19	4	0	23
Home visit	0	2	0	1	3
Total	4	53	15	2	74

were patients who were spared consultations, 20 minutes of the doctor's time would still be required for every surgery consultation saved.

Conclusions

Our work, like that of others, provides evidence that patients value direct access to medical advice by telephone.^{2,3} Nevertheless, 20 to 30 minutes of the doctor's time was required for every surgery consultation spared. A direct doctor-patient telephone advice line is likely to be valued by patients but cannot be advocated as a substitute for emergency consultations on efficiency grounds.⁴

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