

Reference

Campbell JL, Fletcher E, Britten N, Green C, Holt TA, Lattimer V, Richards DA, Richards SH, Salisbury C, Calitri R, Bowyer V, Chaplin K, Kandiyali R, Murdoch J, Roscoe J, Varley A, Warren FC, Taylor RS. Telephone triage for management of same-day consultation requests in general practice (the ESTEEM trial): a cluster-randomised controlled trial and cost-consequence analysis. *Lancet*. 2014; **384**:1859-1868.

Summary

This is an excellent example of a cluster randomised controlled trial (RCT) meaning that general practices rather than individual patients were randomised to the intervention or control groups. In 13 of the practices, patients requesting same day appointments spoke to a GP to check whether they needed an appointment that day or whether another option was more suitable. In 15 practices a similar triage was carried out by a nurse who had extra training and the support of a computer decision aid. The control group consisted of 14 practices who did not use any kind of triage (usual care). With 42 practices and 22,261 patients, this was a large trial and involved teams based in 4 different universities around England in Exeter, Bristol, Warwick and Norwich.

As patients and clinicians knew which study arm they were in, the practice assignment was instead concealed from the trial statistician. The main outcome was total primary care workload, including any triage, GP and nurse appointments and A&E attendances in the 28 days after the first appointment request. It also looked at patient experience and the costs associated with triage.

This paper came at a time when triage in general practice was being considered as a solution to the problem of high GP workload. It showed that the total number of primary care contacts increased when triage was used, but that costs were similar. Patients were less satisfied with nurse triage than usual care but GP triage made no difference to patient satisfaction overall.

Key Researcher

Professor John Campbell of the University of Exeter Medical School led this study as Chief Investigator and is first author of the paper. As a professor of general practice he is a senior academic and also works as a sessional GP at a local surgery.

Weblinks

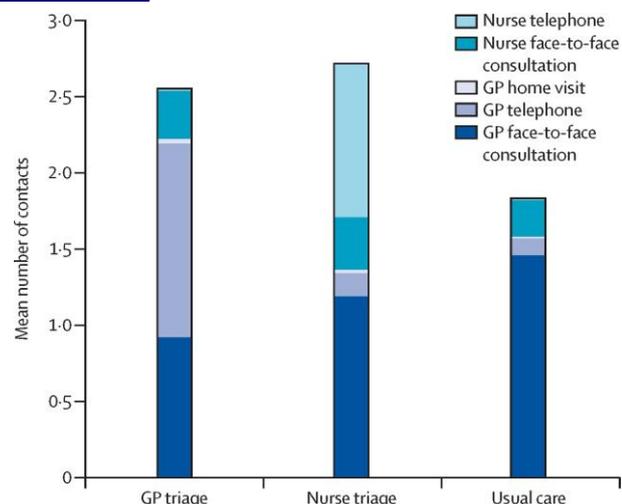
The paper can be found here: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61058-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61058-8/fulltext)

This study attracted widespread media attention including this article on the BBC website which includes a clip of an interview with Professor Campbell: <https://www.bbc.co.uk/news/health-28602156>

There is also an excellent explainer on NHS choices: <https://www.nhs.uk/news/medical-practice/phone-consultations-do-not-reduce-gp-workload/>

Images:

Figure 2 From the paper. Primary care workload in the 28 days after index consultation request (within-practice contacts) by type of contact. Excludes types of contact representing <0.1 per person over 28 days.



Impact

This paper had 57 citations by the end of 2018 and at the time, received widespread media interest. At the time, advocates of telephone triage, including companies marketing packages, were critical and claimed this trial was not representative of every-day practice due to the short timescale. However, subsequent independent studies, including an evaluation of data from practices using one of these packages (Newbould et al 2017), have since come to the same conclusion. **It is interesting to note that none of the GP surgeries taking part in ESTEEM continued with a triage system at the end of the study.** Some policy makers still see telephone triage as the solution to the problems of excessive GP workload and practices are still using and switching to this system. However, there does seem to be a shift away from this, in part due to the evidence from this study.