

Evaluation of a pharmacist-led telephone triage service in a GP Practice

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Focal Points

- The study aimed to assess the impact of a new pharmacist-led telephone triage service on GP and other health professionals' workloads
- Of the 1003 patients who accessed the service in the first 4 months who otherwise would have been given an appointment with a GP or other health professional, 47% were managed by the pharmacist.
- The findings suggest that a pharmacist-led telephone triage service can reduce GP and other health professionals' workload and so improve patients' access to services

Introduction

A pharmacist-led telephone triage (PTT) service was launched in 2016 at a GP surgery in the West Midlands to help manage patients' need for access to services^[1]. This involved reception staff offering patients who telephoned the surgery the opportunity to have a telephone consultation that day with a clinical pharmacist, rather than an appointment with a GP or other health professional, which may not have been the same day. Patients opting for this were clinically assessed by the pharmacist and managed by pharmacist intervention or referred to a GP or other health professional. This evaluation aimed to assess the impact of the service on the workloads of GPs and other health professionals.

Aim

The aim of the study was to assess the impact of the PTT service in terms of the number of patients managed by the clinical pharmacist who would otherwise have had an appointment with a GP or other health professional.

Methods

As an initial evaluation, the study used routinely collected data. For each 2-h PTT service session this included the number of PTT telephone calls received and the outcome of each in terms of pharmacist interventions made (i.e., telephone advice alone, telephone advice and medicines supply, or subsequent face-to-face consultation) and referrals to GPs or other

health professionals. Descriptive statistical analysis using Microsoft Excel was undertaken on 4 months' worth of anonymised PTT service data from April 2016 (when the service started) to August 2016.

Ethics Statement

Ethics committee approval was not required as this was a service evaluation.

Results

A total of 46 PTT sessions were recorded during the study period, in which 1003 telephone calls were received (mean = 21 calls per 2-h PTT session). Of these, 47% of patients ($n = 470$) were managed by pharmacist interventions, whilst 48% ($n = 480$) of patients were referred to a GP and 5% ($n = 53$) were referred to other health professionals at the surgery. Of those 470 patients who received pharmacist interventions, 62% ($n = 293$) had telephone advice and prescribed medicines, whilst 28% ($n = 131$) received telephone advice alone and 10% ($n = 460$) had a face-to-face consultation with the clinical pharmacist.

Discussion

The findings suggest that a PTT service can reduce GP and other health professionals' workload, which should improve patients' access to services^[1]. However, as this was a small study, a larger scale study is required to confirm the findings and assess the benefits and health outcomes for patients.

Keywords

Pharmacist, Triage, General Practice

References

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