The impact of the introduction of telephone triage in primary care (pre- and during COVID-19) on inequalities experienced by people with multiple morbidities

Katie Saunders, Akis Gkousis

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Outline

- Context
- Methods
- Results
- Discussion
- Reflections

Context (1) – telephone triage

- Call your GP
- Speak to them straight away or wait for a call back
- Then the issue is
  - Dealt with on the phone
  - You are invited into the surgery for an appointment

Context (2) – telephone triage pre-2020

- Telephone triage was designed within the context of increasing primary care workload as a tool for demand management
- Early evaluations found evidence of changes in process measures – patients saw or spoke to a GP more quickly & more contacts
- Evaluations also found no reduction in workload or cost savings
- Heterogeneity between practices

Context (3) – telephone triage post COVID19

- Sudden shift from mainly in-person to mainly remote consultations
- Not motivated by demand management, but by health protection
- Also a bit messy – lots of different models
- Lots of other changes at the same time

Context (4) – it's really political!

- NHS England and BMA discussing in the press about the return to face-to-face consulting

Context (5) - multimorbidity

- A policy priority for NHS England
- How providing effective and efficient care might differ for a person with multiple conditions
- SELFIE (Sustainable intEgrated chronic care modeLs for multimorbidity: delivery, FInancing, and performancE) framework
- The patient and their environment are at the core of the framework
  - Care described at the micro, meso and macro levels
- Multimorbidity also important for COVID-19 outcomes

Context (6) – evaluating inequalities impact

- The intervention needs to have worked in the first place
- The sample size needs to be large enough
- The data need to be available
- Measures of the characteristics of interest
- Recent systematic review highlighted need for evidence on inequalities impact for telephone triage and remote consulting

Understanding the impact of introducing telephone triage for people with multimorbidity

- Possible to address these methodological challenges
  - Time take to see or speak to a GP or another appropriate professional
  - GPPS – large sample size, data available, multimorbidity measures
  - Understanding Society – data on multimorbidity and primary care utilisation during the pandemic
- Does introducing telephone triage mean people with multimorbidity see or speak to a GP sooner?

Methods

- For the analysis of GPPS exploring data from 150 practices which had switched over to telephone triage from 2011-2017
- Understanding Society – longitudinal household study, started in 2009, ask about healthcare utilisation – plus monthly surveys in 2020
- Both have information on long term health conditions
- Weighted estimates
- Adjusted analyses, adjusting for age, sex, ethnicity, deprivation (GPPS)/Household income(USoc) and survey wave, plus GP Practice for GPPS
- PPI

Measuring multimorbidity in both Understanding Society and GPPS

- Survey question
- List of 15 long-term conditions (GPPS) and 26 (Understanding Society)
- Ordinal measure – 0, 1, 2, 3, or 4+

Understanding Society

Thinking about your situation now, have you been able to access the NHS services [GP or primary care practice staff] you need to help manage your condition(s) over the last 4 weeks?

- Yes, in person
- Yes, online or by phone only
- No, not able to access
- No, decided not to seek help at this time
- Not required

Only asked to people with long-term health conditions/ongoing treatment April-September; November asked to everyone

Recoded responses

- whether someone had needed to access their GP
- whether they had tried to contact their GP if they needed to
- whether they were able to access their GP
- whether this access was online/by telephone or face to face

Results – analysis of GPPS pre-Covid-19

- Overall, small differences in the time until being seen or spoken to by a GP among people with and without multimorbidity

- People with zero or 4 or more conditions have slightly better experiences (about 1 to 2 percentage points better).

- Among everyone, with and without multimorbidity, there was a large, 20.8 percentage point improvement after a practice changed over to a telephone triage approach

- No differential impact for people with multimorbidity ($p=0.26$)

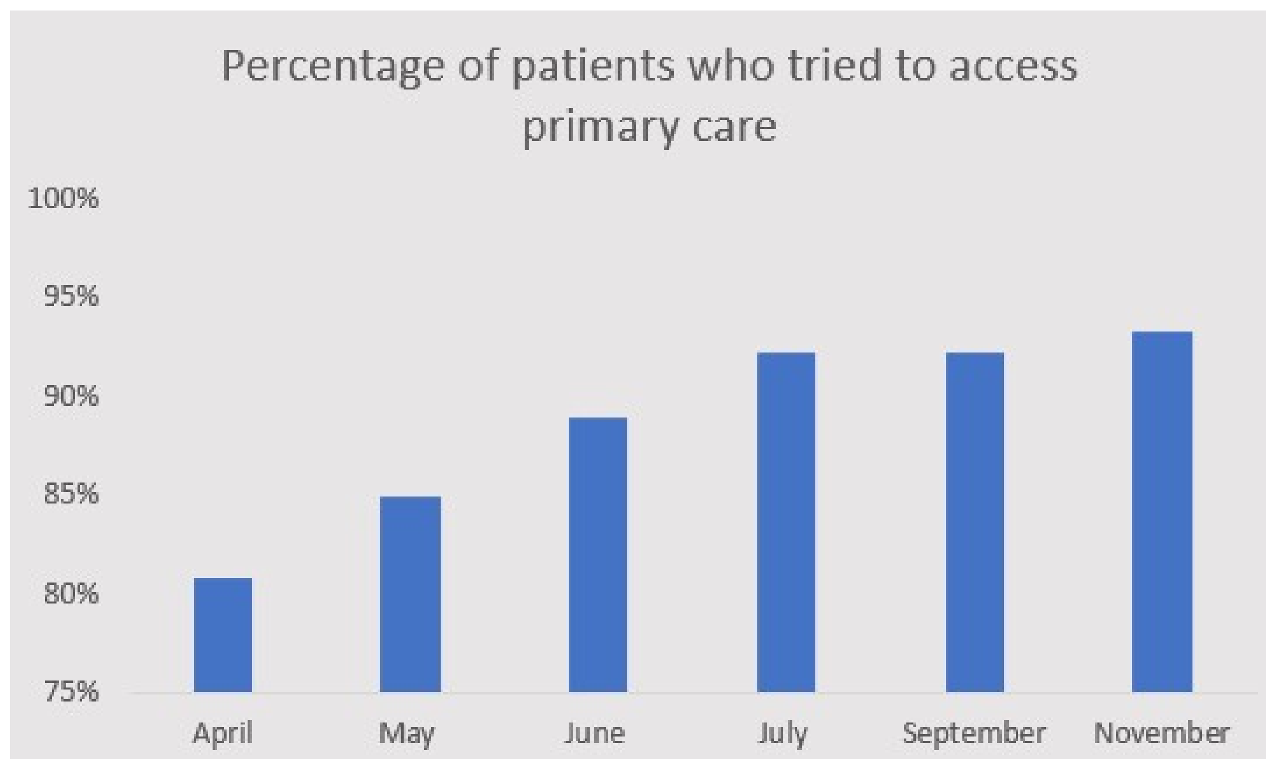
Results – Understanding Society 2020

- Interesting data about the pandemic
  - Anecdotally GPs weren’t very busy in April 2020
  - Changes over time

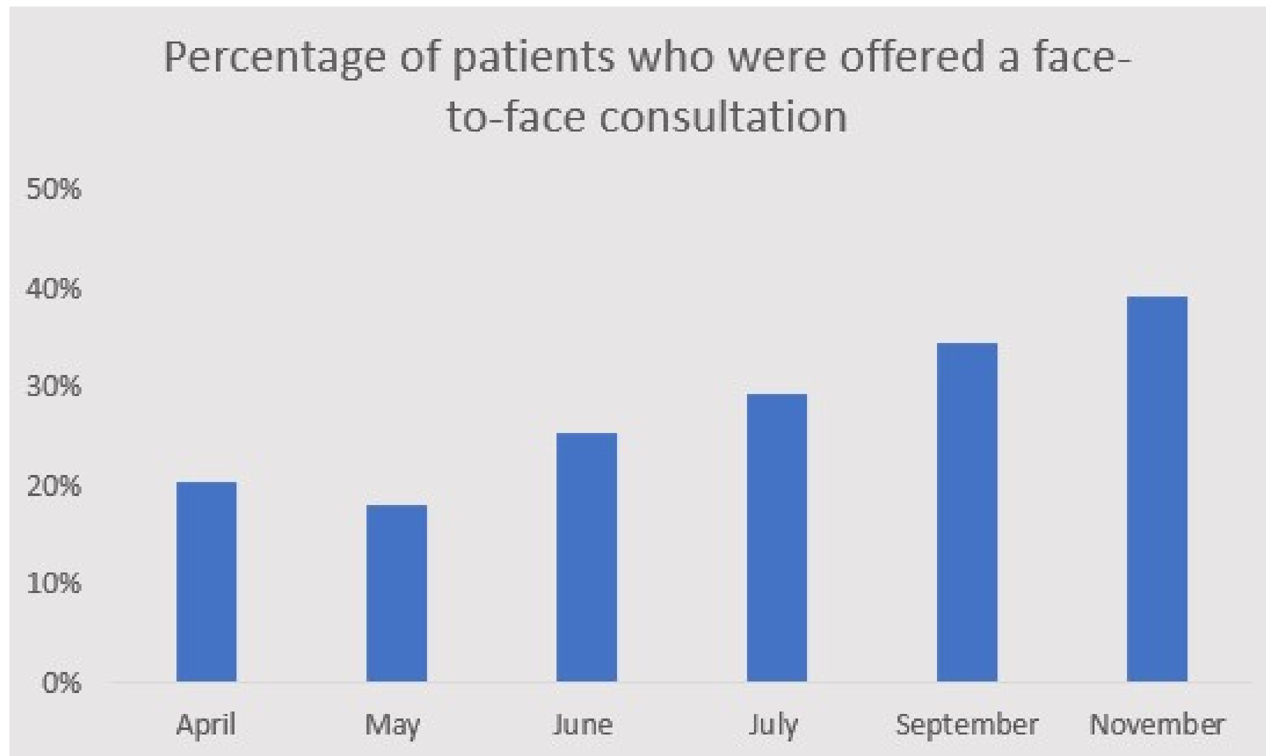
- Each month about 50% of people reported a problem for which they needed to see their GP during COVID-19, and over 90% of people who did try to make an appointment with their GP were able to do so

- Only 20% of people saw a GP face to face in April 2020, and this had risen to about 40% by November

Results – Understanding Society 2020



Results – Understanding Society 2020



Impact for people living with multimorbidity April-November 2020

- People with multimorbidity were more likely to have a problem that meant that they needed to access primary care ($p<0.05$)
  - 2 conditions OR 1.44
  - 3 conditions OR 1.88
  - 4+ conditions OR 3.80

- No evidence that there was any difference for people with multimorbidity:
  - Tried to access a GP if they did have a problem ($p=0.6$)
  - Whether they were able to access a GP ($p=0.06$)
  - Whether the appointment was face-to-face or by telephone or online ($p=0.76$)

NHS111 and Prescription medication

- Similar patterns, people with multiple long-term health conditions are more likely to need to access care

- No evidence of impact on ability to access care (and more likely to be able to access prescription medication)

Discussion

- Telephone triage is an intervention usually introduced at a practice wide level (or during COVID-19 introduced nationally)
- It has a big impact on some measures of access when it starts
- It can have a very heterogeneous impact between different practices

- People with multimorbidity are more likely to need to see to see the GP
- We found no evidence pre-2020 or post-COVID-19 that the impact of switching over to telephone triage has differential impact on primary care access for people with multimorbidity – despite this differential level of need

Reflections

- Not hugely surprising
- Intervention at the practice level - it doesn’t change existing inequalities but it doesn’t introduce new ones (SELFIE)
- Impact of the change to telephone triage large compared with existing inequalities

Discussion

- The importance of Understanding Society in understanding primary care access during the pandemic
- Differences with routine healthcare data
- Recording or the changing nature of primary care consultations?
- Encourage people to access healthcare during future pandemics

Other related analyses

Maddock, J., et al., Inequalities in healthcare disruptions during the Covid-19 pandemic: Evidence from 12 UK population-based longitudinal studies. medRxiv, 2021: p. 2021.06.08.21258546.

Topriceanu, C.C., et al., Evaluating access to health and care services during lockdown by the COVID-19 survey in five UK national longitudinal studies. BMJ Open, 2021. 11(3): p. e045813.

Davillas, A. and A.M. Jones, Unmet health care need and income-Related horizontal equity in use of health care during the COVID-19 pandemic. Health Econ, 2021. 30(7): p. 1711-1716.