

## ESTEEM TRIAL PRACTICE PROFILE QUESTIONNAIRE

*The following information will be used to help the research team check whether you are eligible to participate in the ESTEEM trial. The information will only be used by the research team for the purpose of the trial. Please complete all the questions as accurately as possible*

### 1. PRACTICE CONTACT DETAILS

**Practice name:**

**Practice Manager's name:**

**Practice ID:**

**Address:**

**Telephone:**

**Post code:**

**Email:**

**PCT :**

**Alternative contact name:**

**Fax:**

**Telephone:**

**Email:**

### 2. LIST SIZE AND STAFFING

**Q1. What is your current practice list size?**

**Q2. Please fill in the numbers of staff currently employed within the practice:**

*(include all health professionals working mainly in the practice, whether employed by the practice or PCT)*

	Full time	Part time		Full time	Part time
GPs (principals or salaried)	<input type="text"/>	<input type="text"/>	District nurses	<input type="text"/>	<input type="text"/>
Practice nurses	<input type="text"/>	<input type="text"/>	Midwives	<input type="text"/>	<input type="text"/>
Nurse practitioners	<input type="text"/>	<input type="text"/>	Other .....	<input type="text"/>	<input type="text"/>
Healthcare assistants	<input type="text"/>	<input type="text"/>	Other .....	<input type="text"/>	<input type="text"/>
Physiotherapists	<input type="text"/>	<input type="text"/>			

### 3. PRACTICE CHARACTERISTICS

Please put a cross to indicate your answers ☒

**Q3. Would you classify your practice as:**

- Rural
- Urban
- (Inner) city

**Q4. What computer system is used for patient records?**

- EMIS LV
- EMIS PCS
- Microtest
- Vision
- Synergy
- SystemOne
- Other .....

**Q5. Please indicate whether your practice offers any of the following services aimed at improving access to primary care:**

- Nurse-led walk-in clinic
- Minor injuries clinics
- Other service (please specify)
- Other service (please specify)

**Q6. Please describe the number of sessions that the practice regards as a 'Whole Time Equivalent (WTE)' doctor:**

*1 session = 4 hours of clinical activity*

- Less than 7
- Seven
- Eight
- Nine
- Ten
- More than ten

## 4. TRIAGE

*For the purpose of this study, we are defining telephone triage as occurring ‘when doctors or nurses make a decision about the healthcare needs of a patient after/while talking to them on the telephone.’*

**Q7. Please could you answer the following question by circling ‘yes’ or ‘no’ AND describing the typical management of same-day consultation requests at your practice for A) and B):**

**Does the practice routinely triage on the telephone ALL patients making a same day consultation request— even when you have un-booked consultation slots available?**

**YES**                      **NO**

**NOT eligible**                      **Probably eligible**

Please describe how you would manage a same day consultation request:

A) When you have available consultation slots

B) When you do not have available consultation slots

Please put a cross to indicate your answers ☒

**Q8. Does the practice allocate time in the diary for doctors or nurses to carry out telephone triage?**

Yes

No (if no, please go to Q12)

**Q9. How many doctors or nurses currently carry out telephone triage at the practice?**

Doctors

Nurses

**Q10. Which one of the following best describes how telephone triage is used by doctors/nurses at your practice:**

All patients seeking a consultation are triaged on the telephone

All patients seeking a same-day consultation are triaged on the telephone

Patients seeking a same-day consultation are triaged on the telephone only if all the appointment slots are taken

Telephone triage is not used across the whole practice but at least one doctor triages his/her own patients

**Q11. What proportion of patients seeking a same-day consultation are triaged on the telephone (please estimate)?**

< 25%

26-50%

51-75%

76-100%

Cannot estimate

**Q12. Please describe below the prescribing responsibilities and other activities that nurses at the practice are currently involved in:**

## 5. CONSULTATIONS/ APPOINTMENTS

Please put a cross to indicate your answers ☒

**Q13. How would you describe your consultation management / appointment system?**

- Strictly personal list (patients may only see their named doctor)
- Patients are encouraged to see their named doctor but may see other doctors if they wish
- Patients may see any available doctor
- Other arrangement – please describe below

## 6. TYPE OF APPOINTMENT SYSTEM

**Q14. Please estimate what proportion of patients is seen with the following arrangements:**

	%
Turn up and wait to be seen	
Pre-booked appointment (booked at least one day in advance)	
Appointments booked on the day	
Other (specify)	
Other (specify)	
TOTAL	100 %

**Thank you for your time**

**Please return this questionnaire to the Peninsula Medical School in the  
reply paid envelope provided.**

**OR**

***Fax to: 01392 432223***

THE UNIVERSITY OF  
**WARWICK**

UNIVERSITY OF  
**EXETER**



**PENINSULA**  
COLLEGE OF MEDICINE & DENTISTRY  
UNIVERSITIES OF EXETER & PLYMOUTH

 University of  
**BRISTOL**

**UEA**  
University of East Anglia