



Check for updates

Synopsis

Multiple Symptoms Study 3 – An extended-role general practitioner clinic for patients with persistent physical symptoms: a Randomised Controlled Trial

Christopher Burton,^{1*} Cara Mooney,² Laura Sutton,³ David White,² Jeremy Dawson,⁴ Kate Fryer,¹ Monica Greco,⁵ Michelle Horspool,⁶ Aileen Neilson,⁷ Gillian Rowlands,⁸ Tom Sanders,⁹ Ruth Thomas,¹⁰ Steve Thomas,⁶ Cindy Cooper,² Jonathan Woodward,² Emily Turton,² Waquas Waheed,¹¹ Pavi Kumar,^{2**} Katie Ridsdale,² Ellen Mallender¹² and Vincent Deary¹³

¹Division of Population Health, University of Sheffield, Sheffield, UK

²Clinical Trials Research Unit, Sheffield Centre for Health and Related Research, University of Sheffield, Sheffield, UK

³Sheffield Centre for Health and Related Research, University of Sheffield, Sheffield, UK

⁴Sheffield University Management School and Sheffield Centre for Health and Related Research, University of Sheffield, Sheffield, UK

⁵Department of Sociology, Goldsmiths, University of London, London, UK

⁶South Yorkshire Integrated Care Board, Sheffield, UK

⁷Edinburgh Clinical Trials Unit, Usher Institute, University of Edinburgh, Edinburgh, UK

⁸Public Health Sciences Institute, Newcastle University, Newcastle, UK

⁹Department of Social Work, Education and Community Wellbeing, Northumbria University, Newcastle, UK

¹⁰Centre for Healthcare Trials (CHaRT), Health Services Research Unit, University of Aberdeen, Aberdeen, UK

¹¹Division of Population Health, Health Services Research & Primary Care, University of Manchester, Manchester, UK

¹²Patient and public representative

¹³Department of Psychology, Northumbria University, Newcastle, UK

*Corresponding author chris.burton@sheffield.ac.uk

**Affiliation at the time the work was conducted

Published April 2025
DOI: 10.3310/KWGX2382

Plain language summary

Multiple Symptoms Study 3 – An extended-role general practitioner clinic for patients with persistent physical symptoms: a Randomised Controlled Trial

Health and Social Care Delivery Research 2025; Vol. 13: No. 15

DOI: 10.3310/KWGX2382

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain language summary

Why did we do this study?

One in fifty UK adults regularly has multiple symptoms which make life difficult for them. These persistent physical symptoms include pain, fatigue, dizziness, stomach problems and many others. Because medical tests don't show a cause for persistent physical symptoms, doctors often don't know how to help and patients can feel no-one believes them. We developed a way of using new scientific knowledge about symptoms to help people make sense of their own symptoms and to try new things to help. We tested this in a Symptoms Clinic. We wanted to know if patients found a difference 1 year later.

What did we do?

Three hundred and fifty-four people with multiple symptoms joined the study between December 2018 and December 2021. Half of them had up to four appointments with a specially trained GP at the Symptoms Clinic, while the others got their usual care. We asked people in both groups about their symptoms after 3, 6 and 12 months and compared the two groups. We also listened to what happened in the clinic and interviewed some people to find out what it was like.

What did we find?

People who attended the Symptoms Clinic found it gave them better ways to understand and manage their symptoms. A year after they joined the study, people who had attended the Symptoms Clinic had less symptoms bothering them than those who hadn't. They also had a better quality of life. This was even though their last Symptoms Clinic appointment was 9 months ago.

What does this mean for people with persistent physical symptoms?

Explaining physical symptoms in this way can make a real difference for patients. This research shows us how health professionals can do it well and the difference it can make.

Health and Social Care Delivery Research

ISSN 2755-0079 (Online)

A list of Journals Library editors can be found on the [NIHR Journals Library website](#)

Health and Social Care Delivery Research (HSDR) was launched in 2013 and is indexed by Europe PMC, DOAJ, INAHTA, Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA), NCBI Bookshelf, Scopus and MEDLINE.

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

The full HSDR archive is freely available to view online at www.journalslibrary.nihr.ac.uk/hsdr.

Criteria for inclusion in the *Health and Social Care Delivery Research* journal

Manuscripts are published in *Health and Social Care Delivery Research* (HSDR) if (1) they have resulted from work for the HSDR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

HSDR programme

The HSDR programme funds research to produce evidence to impact on the quality, accessibility and organisation of health and social care services. This includes evaluations of how the NHS and social care might improve delivery of services.

For more information about the HSDR programme please visit the website at <https://www.nihr.ac.uk/explore-nihr/funding-programmes/health-and-social-care-delivery-research.htm>

This article

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as award number NIHR135891. The contractual start date was in February 2018. The draft manuscript began editorial review in August 2023 and was accepted for publication in August 2024. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

This article presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care.

This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Copyright © 2025 Burton *et al.* This work was produced by Burton *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: <https://creativecommons.org/licenses/by/4.0/>. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).