

# Advice on how to establish a remote 'total triage' model in general practice using online consultations

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# Contents

Introduction .....	2
How to implement total digital triage .....	4
Implementing total triage across primary care networks .....	11
Appendix 1: Practical guidance for reception staff in managing workflow .....	12
Appendix 2: Top tips on online consulting.....	14

# Introduction

**In response to the COVID-19 pandemic, NHS England and NHS Improvement have produced this guide to support all GP practices in England with the rapid implementation of a ‘total triage’ model using telephone and online consultation tools.**

Total triage means that every patient contacting the practice is first triaged before making an appointment. It is possible to do this entirely by telephone, but this is likely to be less efficient.

Total triage is important to reduce avoidable footfall in practices and protect patients and staff from the risks of infection. This information accompanies a [walkthrough webinar recording](#).

## Key messages

- All practices should move to a total triage model as rapidly as possible to protect patients and staff from avoidable risks of infection.
- Practices should manage patients remotely (online, phone, video) and any pre-booked appointments should be converted to remote appointments unless face-to-face contact is absolutely clinically necessary.
- Turn off online pre-bookable appointments and, instead, triage all demand.
- Encourage use of other online patient-facing services, eg repeat prescription ordering and patient access to medical records.
- Appointments made available to NHS 111 for direct booking should be set up as remote appointments.
- NHS England and NHS Improvement are working with local commissioners on implementation resources and capacity to help practices deliver the changes required for a successful total triage model.

We will continue to update this guide; we are keen to hear your additions and critical feedback via the FutureNHS [Digital Primary Care](#) workspace or via [england.digitalfirstprimarycare@nhs.net](mailto:england.digitalfirstprimarycare@nhs.net)

## Resources

- [FutureNHS digital community and resources](#)
- NHS England and NHS Improvement COVID-19 [webpages](#)
- [Video consultation guide for general practice, GPs and patients](#)
- [Information governance guidance](#)
- [Creating a fit note electronically](#) on [EMIS](#) and [SystemOne](#)
- [Demand and capacity tool](#)
- [Remote consulting a survival guide](#)
- [Online consultations implementation toolkit](#)
- [Digital Devon Accelerator pack](#) (includes comms examples)
- Training video: [good](#) and [bad](#) consultation
- COVID-19 isolation note service via [NHS 111](#), [NHS.UK](#) and the NHS App
- [Remote assessment](#) of COVID-19
- [Webinar recordings](#)

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# How to implement total digital triage

We recommend that practices move immediately to **total digital triage<sup>1</sup> followed by remote management wherever possible and appropriate, based on clinical judgement.** Data shows approximately two-thirds of demand can be managed remotely.<sup>2</sup> Early figures suggest that this proportion may increase to over 90% in response to COVID-19.<sup>3</sup>

Online consultation systems allow about a quarter of all requests to be closed with an electronic message.<sup>4</sup> They can capture the patient's history and symptoms asynchronously automatically, allow patients to send pictures and offer signposting to self-help or local services. They increase resilience by enabling more adaptable working patterns (ie customised appointment lengths) and giving staff more control over managing their time and workloads (eg prioritising activities to free capacity and working flexibly). Staff working remotely (eg if they are self-isolating) can use digital triage systems from home. Research shows they also improve access for people with specific information and communication needs, including those with a disability or hearing loss, carers and people who feel apprehensive about accessing health services – eg for a mental health, sensitive or embarrassing problem.<sup>5,6</sup> Telephone functionality helps ensure equity of access for non-digital users.

<sup>1</sup> Total digital triage uses an online consultation system to triage all patient contacts. Non-digital users are taken through the same process by administrative staff over the telephone or in person.

<sup>2</sup> askmyGP data March to August 2019 (n=44 practices, total list size 447,000; 61% of 423,161 online consultation requests were closed remotely).

<sup>3</sup> askmyGP data week beginning 16 March 2020 (only 7% of 50,000 online consultation requests were closed with a face-to-face appointment).

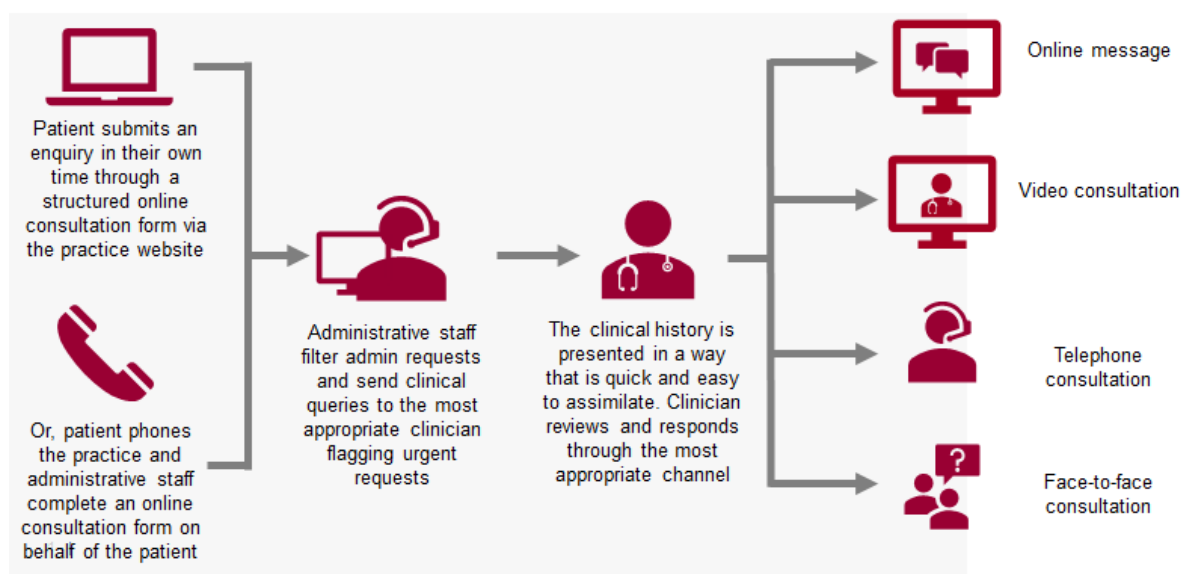
<sup>4</sup> askmyGP data March to August 2019 (n=44 practices, total list size 447,000; 24% of 423,161 online consultation requests were closed with an online message).

<sup>5</sup> [Atherton et al](#) (2018) Alternatives to the face-to-face consultation in general practice: focused ethnographic case study.

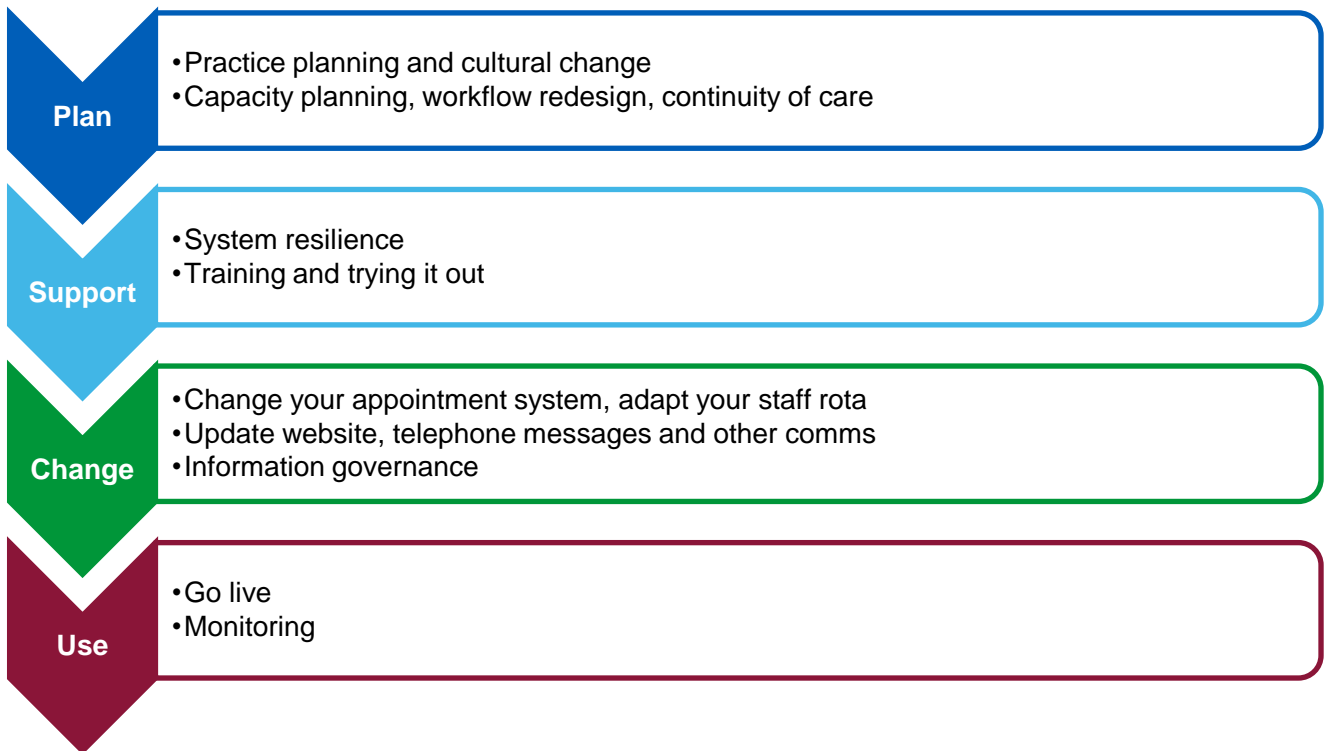
<sup>6</sup> [Atherton et al](#) (2018) The potential of alternatives to face-to-face consultations in general practice, and the impact on different patient groups.

In any successful change, it is essential to consider organisational culture and people. Resilience resides in teams, particularly in these complex and ambiguous times. It is important to remain flexible and supportive of one another.

**This is the recommended model for practices to move to enabling requests to enter through a single workflow. Practices should urgently move to this model.**



## Summary



All practices must have access to online consultations (OC).

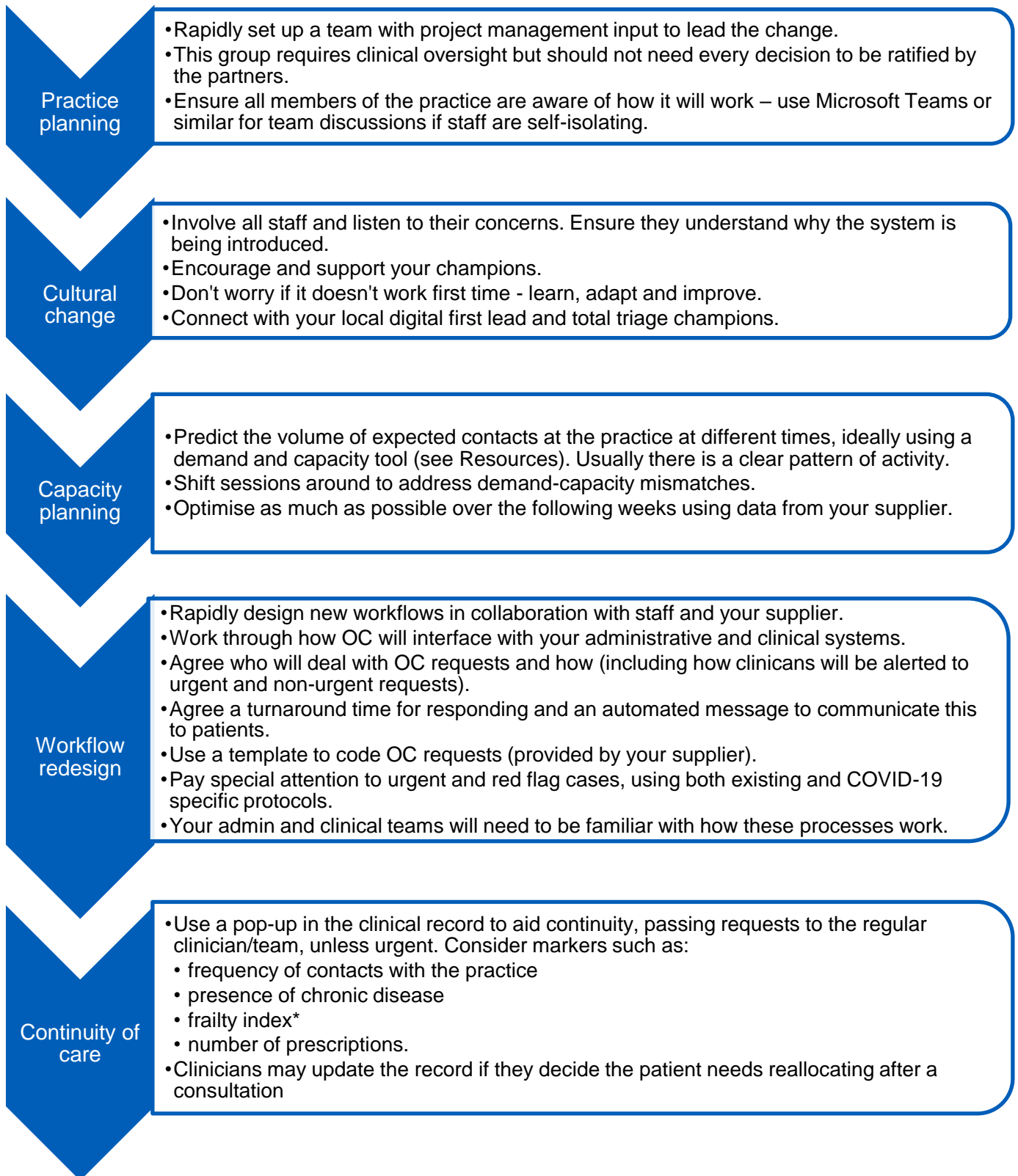
Many practices already have OC systems but may have used them only for a small proportion of patient contacts. This guide will help you to use your OC system to manage your entire workflow.

If there is no OC system in your practice, please urgently contact your commissioner for advice about which product or products are commissioned in your area. If there is no contracted supplier<sup>7</sup> at commissioner level, NHS England and NHS Improvement have supported a rapid procurement in response to COVID-19, which has identified a set of assured suppliers. Email our procurement hub for details. Commissioners can immediately call off one of these assured products. Commissioners should contact their NHS England and NHS Improvement regional digital team, or contact the NHS England procurement hub at [commercial.procurementhub@nhs.net](mailto:commercial.procurementhub@nhs.net) to be provided with a product.

For more information on the different types of online consultation system, see the [summary implementation toolkit](#) section on getting started.

<sup>7</sup> For clarity, the term 'supplier' in this guidance refers to your online consultation supplier.

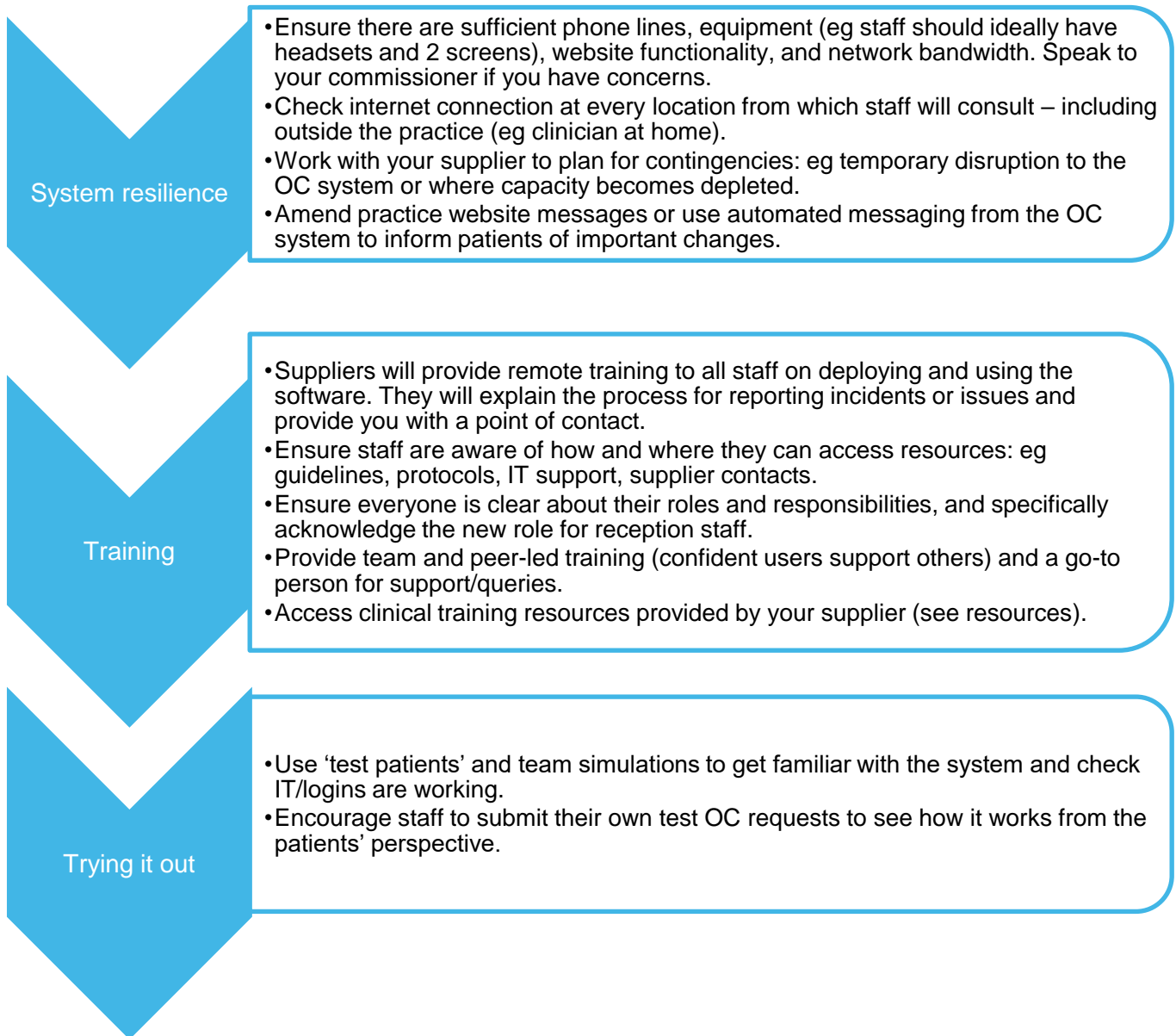
## Start planning



\*[Electronic frailty index guidance](#)



## Support and training



## Make changes

### Change your appointment system

- Confirm the go-live date and work towards it – turn off any pre-booking of routine appointments.
- Convert any already pre-booked appointments to remote appointments and let affected patients know (and amend SMS reminders for these slots).
- Create slots in your appointment book labelled 'online consultation'. The time of the slot is generally irrelevant. Use these slots for distributing online consultations among the team. Turn off SMS reminders for these slots.

### Adapt staff rotas

- Consider having all staff available for go-live if possible.
- Dedicate staff to triage especially at peak times. The busiest part of the day for incoming OC requests is 8am to 10am, so triage must start early. Only follow up with emergencies in this time if possible.

### Update the practice website and telephone messages

- Put a banner about OC prominently on the practice website (your supplier will help), explaining the change and linking to up-to-date advice on COVID-19.
- Amend your automated telephone message – with a senior GP explaining the use of the online system.
- Clearly state the expected response times (in-hours and out-of-hours) to set expectations and avoid patients unnecessarily phoning up the practice.
- Provide information on how to get help for an urgent clinical query: eg in the late afternoon, some practices instruct patients to call if they have not received a response to an urgent query within half an hour, or to use 111 online.
- Provide clear messages to patients on how to use the service and what to expect.

### Other communications with patients

- Prepare all staff to brief patients using an agreed 'script'.
- Send an SMS to all patients with the same wording. Inform your PPG, patient groups and other stakeholders. Use social media to explain the new system.
- Advise patients to use online prescription ordering and to nominate their pharmacy.
- Inform patients that their letters, reports and sick notes will be sent electronically or posted if this is not possible (see resources).

### Information governance

- Update your data protection impact assessment and privacy policy.
- Patients need to know if decision-making is being automated (where a person is not involved in the process) and agree to it – they must have the option to have the decision reviewed manually.

## Using total triage

### Going-live

- Reassess the go-live date.
- Avoid launching the service on a Monday or Friday.
- Provide a copy of the new workflow to all staff.
- Aim to have a floor-walker to troubleshoot on launch day.
- Have the phone numbers for your supplier and local IT support to hand.

### Monitoring

- Use data provided by your supplier to:
  - monitor demand patterns and keep staff rotas under review
  - review high level data on how patients are being triaged – this will support rapid identification issues within the model for clinicians.
- Encourage feedback from patients and staff.
- Have a daily team catch-up initially to maintain momentum, keep staff motivated, share feedback and agree any further changes.
- Optimise with support from regional/local implementation resource (treat it like a service improvement initiative).

# Implementing total triage across primary care networks

Collaboration between practices, primary care networks (PCNs) and community services will be needed as pressure on the health system escalates. Setting up a virtual hub for triage offers practices the opportunity to share staff and workload (both administrative and clinical) within their PCNs and wider. Online consultations could be managed centrally by a group of clinicians working on behalf of the PCNs, provided there is appropriate technical infrastructure. Clinicians need to be able to triage and consult as if they were physically present in a GP practice. Record-sharing and smart card access should be enabled across PCNs/sites if it is not already.

For resources on virtual hubs see the [online consultations implementation toolkit](#) section on the eHub under practice implementation (page 52).

# Appendix 1: Practical guidance for reception staff in managing workflow

1.	<p><b>When patients make contact</b></p> <ul style="list-style-type: none"> <li>• When a patient telephones the practice, encourage them to use the online system instead (follow-up with an SMS link to the website). Research shows that encouragement from practice staff increases willingness to use.</li> <li>• Encourage support from carers/relatives/proxies in using the digital system.</li> <li>• For non-digital users, reception staff can fill in the online form on the patient's behalf.</li> <li>• Avoid directly booking patients who telephone the practice into an appointment (although there may be some agreed exceptions). This prevents disincentivising use of the online system. It is more complex to manage contacts if they come into the practice through multiple routes.</li> <li>• Discourage patients from attending the practice to book appointments. If they do attend in person, demonstrate the process using a smartphone or kiosk (after following COVID-19 protocols).</li> </ul>
2.	<p><b>Doing the triage</b></p> <p>Admin staff go through incoming online requests, validate the patient's details against the clinical record and take the following steps:</p> <ul style="list-style-type: none"> <li>• <b>Filtering</b> – identify admin queries and pass these to the correct member of staff.</li> <li>• <b>Red flags</b> – identify obvious red flags that indicate the need for an emergency response using existing protocols and escalation policies. Approved OC platforms advise patients not to use online requests in an emergency and some automatically redirect 'red flags' to urgent and emergency services.</li> <li>• <b>RAG rating</b> – if a problem appears very urgent, the reception staff should flag it as urgent and ensure it is seen by a clinician within minutes. Some OC platforms will flag these automatically for the admin staff and/or direct to NHS111 out-of-hours.</li> <li>• <b>Distribute workload</b> – send the request to the appropriate member of the team. Ensure everyone knows which work goes where, including nurse, pharmacist, administrative (urgent and non-urgent) and GP staff, to make best use of expertise.</li> </ul>
3.	<p><b>Clinician determines best way to contact patient</b></p> <ul style="list-style-type: none"> <li>• When booking an appointment, send the patient an SMS or consider a quick call. Some people don't check their emails and then inadvertently do not attend.</li> <li>• For telephone or video appointments, consider giving the patient a timeframe during which the clinician will call, rather than an exact appointment time. The message should tell the patient to call the practice if they think they need more urgent attention.</li> </ul>

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| <ul style="list-style-type: none"><li>• Regularly check with the patient that you have the correct mobile number. Patients should be advised to use a private mobile phone.</li></ul> <p>Due to the risks of COVID-19, the current recommendation [March 2020] is that all requests are triaged by a member of the practice team first to manage any infection risk before a face-to-face appointment is offered.</p> |
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# Appendix 2: Top tips on online consulting

## 1. Aim to respond promptly

Experience shows that a prompt initial response to clinical requests, ideally within two hours (as opposed to an 'end of next working day' response), even if it is simply letting the patient know their consultation is being reviewed, leads to greater patient satisfaction, safer identification of urgent problems and avoids duplicating work (such as the patient calling the practice, thinking they have been ignored, or trying to bypass the system). Some forms allow practices to communicate bespoke response times for different types of queries. Set expectations that are feasible and according to safe clinical thresholds.

## 2. Don't be daunted if you see a lot of requests

A list of OC requests can usually be done very quickly. Use messaging where possible. If arranging a face-to-face review, consider whether it will change the intervention – discuss dilemmas with colleagues and make decisions collectively. If phoning patients or using video, make use of all the information available. We have learnt that you can save a lot of time by:

- trying to avoid repeating data collection and instead summarising the information you have and just checking if anything has changed or clarifying specifics
- arranging next steps remotely (eg requesting 2-week wait referrals where indicated)
- asking patients to use online/remote consultations for follow-up (consider scheduling a diary entry as a safety net)
- keeping calls short if it becomes clear that a face-to-face review will be needed
- following up with a short summary or link to key points via an electronic message.

## 3. When communicating with a patient online

- Be clear about who is responding – eg give your name and role in the practice and be clear if admin staff are responding on behalf of a clinician.
- Check the patient's understanding of management plans and provide appropriate safety netting with specific instructions that the patient can refer back to.
- Make sure patients are told how they can ask questions, query a decision or discuss something further.
- Before sending clinical information by SMS, ask the patient if they are happy with this mode of communication (but avoid using this route for sensitive or urgent issues).
- Consider the wording of messages and how this may be received by the patient – think 'how would I feel if I got this response?'

- Be alert to written cues: eg you might be able to identify a patient's concern through the language they use.
- [Avoid jargon](#) and acronyms, use large text, keep sentences short.

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#### **4. Pass the online consultation to the patient's regular clinician**

- If the request is non-urgent, pass it to the patient's usual clinician.
- If a patient later requires a further consultation, pass this to the clinician who originally dealt with the online consultation.

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#### **5. Quick wins**

- Add links to advice on [NHS.uk](#), send attachments or digital leaflets to your messages.
- Use pre-set messages or questions that you can customise.
- Code using templates provided by suppliers.
- Update any outstanding QOF items.

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#### **6. Try to do today's work today**

- If a patient needs to be contacted, book this for the current session rather than a future date wherever possible (also consider continuity). This is more sustainable than having a surge of appointments later.

**For top tips on using video consultations please see [here](#).**

**For advice on assessing breathlessness remotely please see [here](#)**



