

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

In response to the Covid-19 pandemic, NHS England and NHS Improvement (NHSE/I) 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 into 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, e.g. 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
- NHSE/I are working with local commissioners on implementation resources and capacity to help practices to deliver the changes required to deliver a successful total triage model

We will continue to iterate 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

Resources

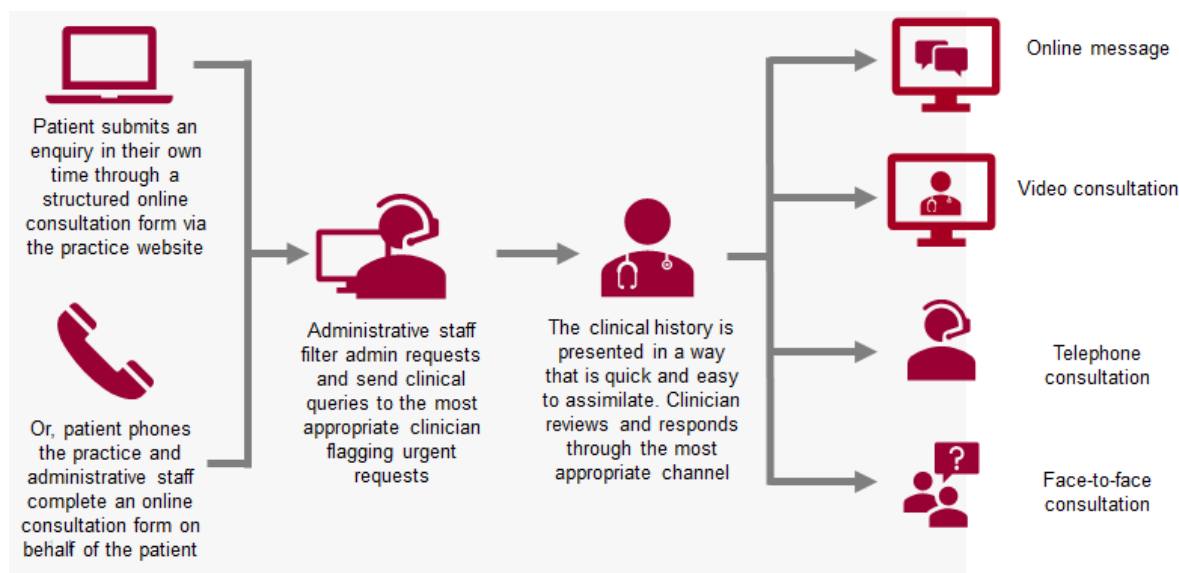
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| <ul style="list-style-type: none"> • FutureNHS digital community and resources • NHSE/I COVID-19 webpages • Video consultation guide for general practice, GPs and patients • Information governance guidance • Creating a fit note electronically on EMIS and SystemOne • Demand and capacity tool • Remote consulting a survival guide | <ul style="list-style-type: none"> • 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 recordings¹ |
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We recommend that practices move immediately to **total digital triage¹ followed by remote management wherever possible and appropriate based on clinical judgement**. Data shows approximately two thirds of demand can be managed remotely.² Early figures suggest that this proportion may increase to over 90% in response to COVID-19.⁴

Online consultation systems allow about a quarter of all requests to be closed with an electronic message.⁵ 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 (i.e. customised appointment lengths) and giving staff more control over managing their time and workloads (e.g. prioritising activities to free up capacity and working flexibly). Staff working remotely (e.g. 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 e.g. for a mental health, sensitive or embarrassing problem.^{6,7} Telephone functionality helps ensure equity of access for non-digital users.

Consideration of organisational culture and people are essential to any successful change. 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.



¹ 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

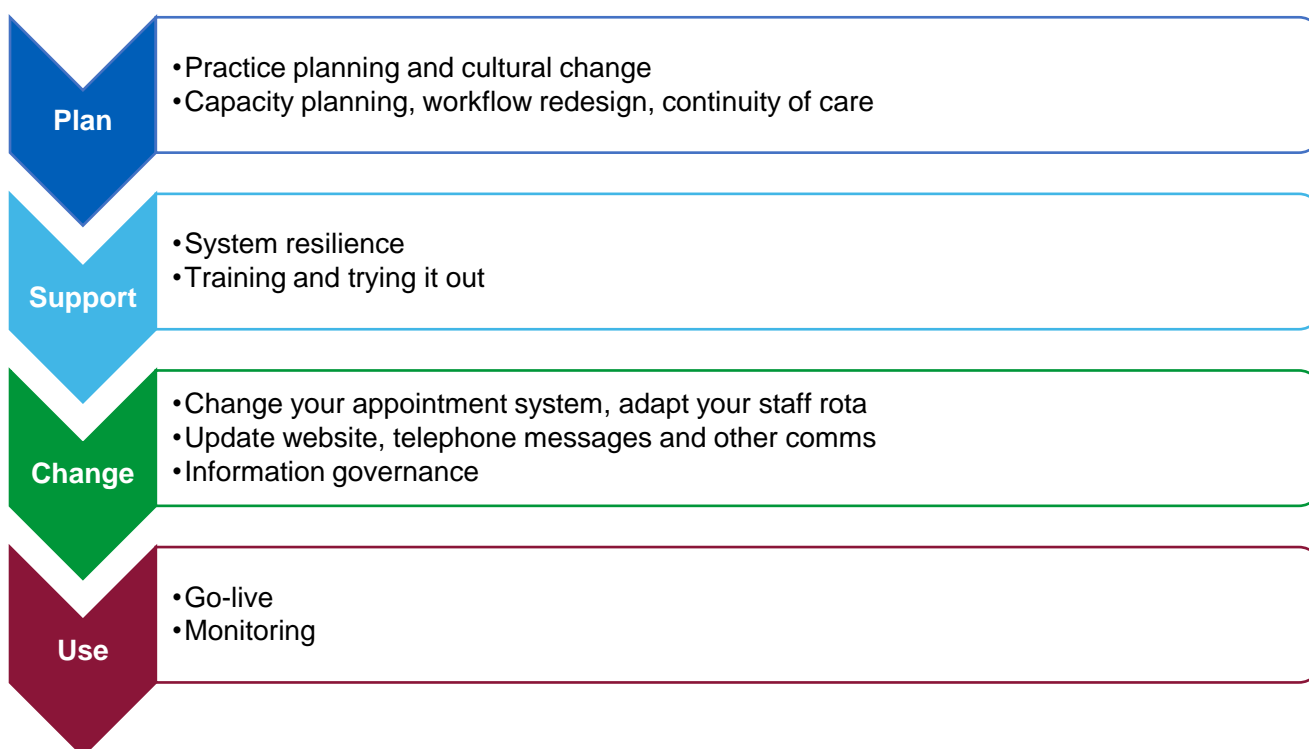
²askmyGP data March-August 2019 (n=44 practices, total list size 447,000, 61% of 423,161 online consultation requests were closed remotely)

⁴askmyGP data w/c 16th March 2020 (only 7% of 50,000 online consultation requests were closed with a face to face appointment)

⁵askmyGP data March-August 2019 (n=44 practices, total list size 447,000, 24% of 423,161 online consultation requests were closed with an online message).

⁶[Atherton et al.](#) (2018) Alternatives to the face-to-face consultation in general practice: focused ethnographic case study

⁷[Atherton et al.](#) (2018) The potential of alternatives to face-to-face consultations in general practice, and the impact on different patient groups



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

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

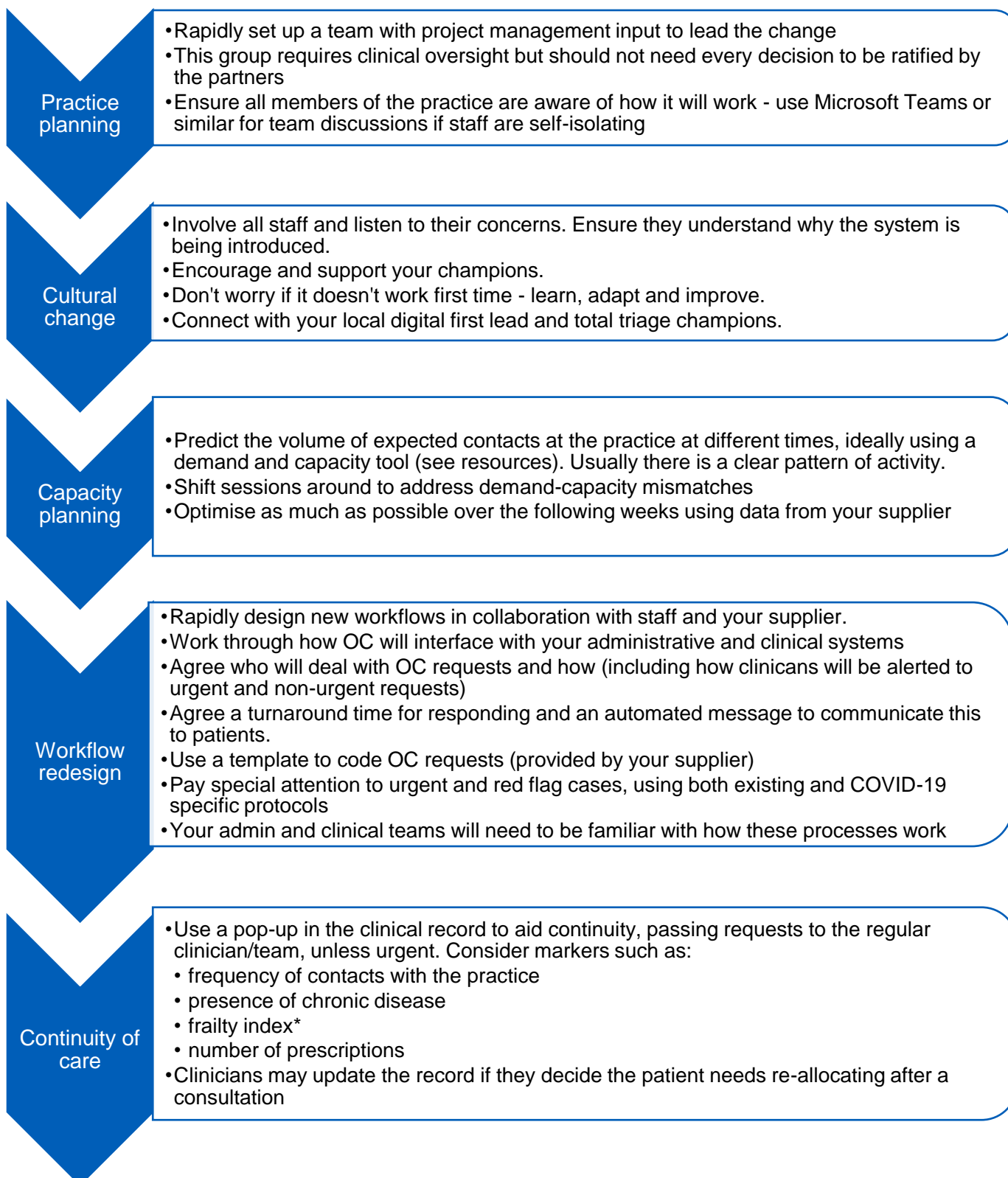
If there is no OC system in your practice, please urgently contact your commissioner for advice as to which product or products are commissioned in your area. If there is no contracted supplier³ at commissioner level, NHSE/I has supported a rapid procurement in response to COVID-19 which has identified a set of assured suppliers. Commissioners can immediately call off one of these assured products. Commissioners should contact their NHSE/I regional digital team, or contact the NHSE procurement hub at 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.

³ For clarity, the term 'supplier' in this guidance refers to your online consultation supplier

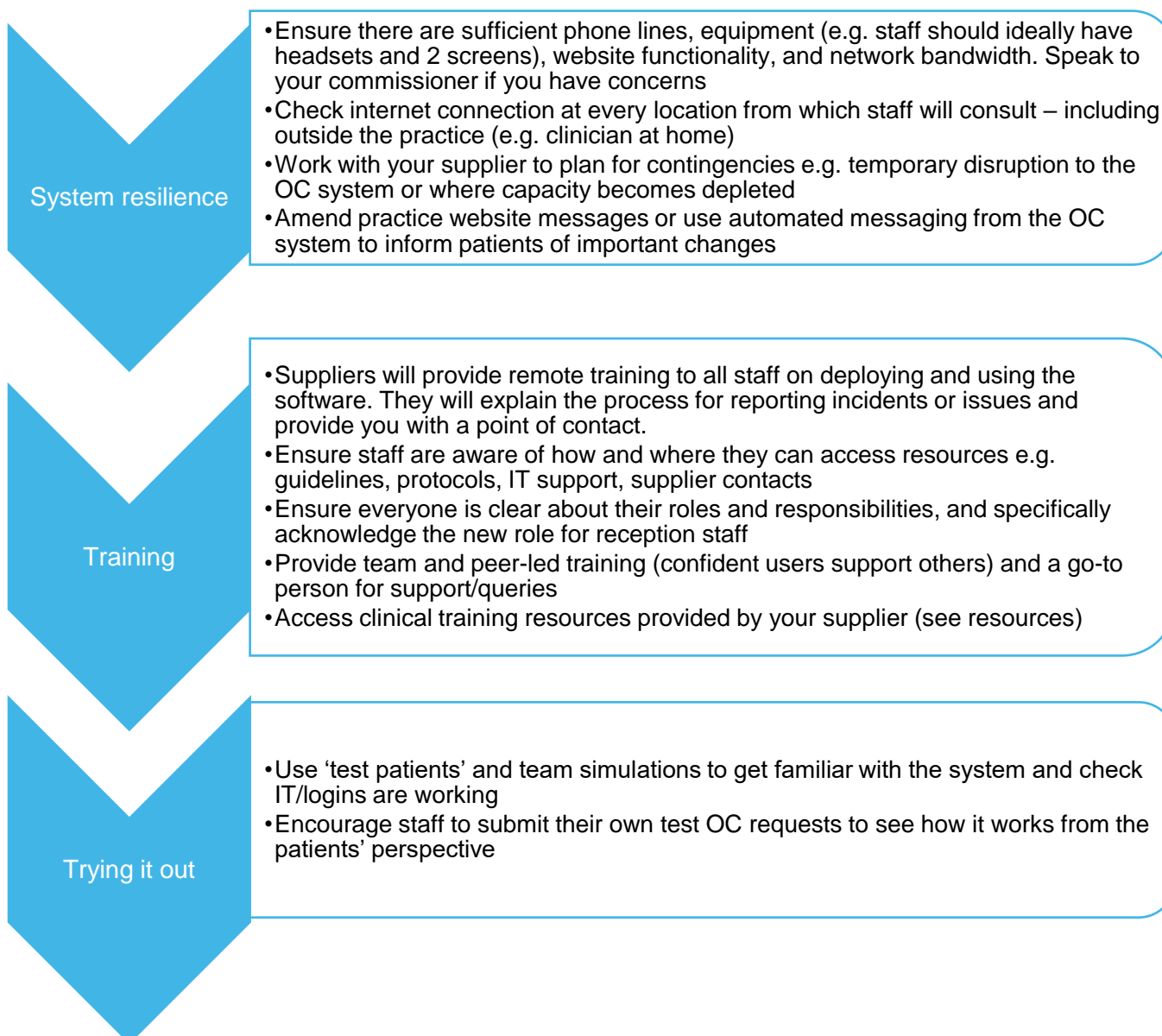
Dr Minal Bakhai, Deputy Director and Clinical Lead Digital First Primary Care NHS England and NHS Improvement, General Practitioner [March 2020]

START PLANNING

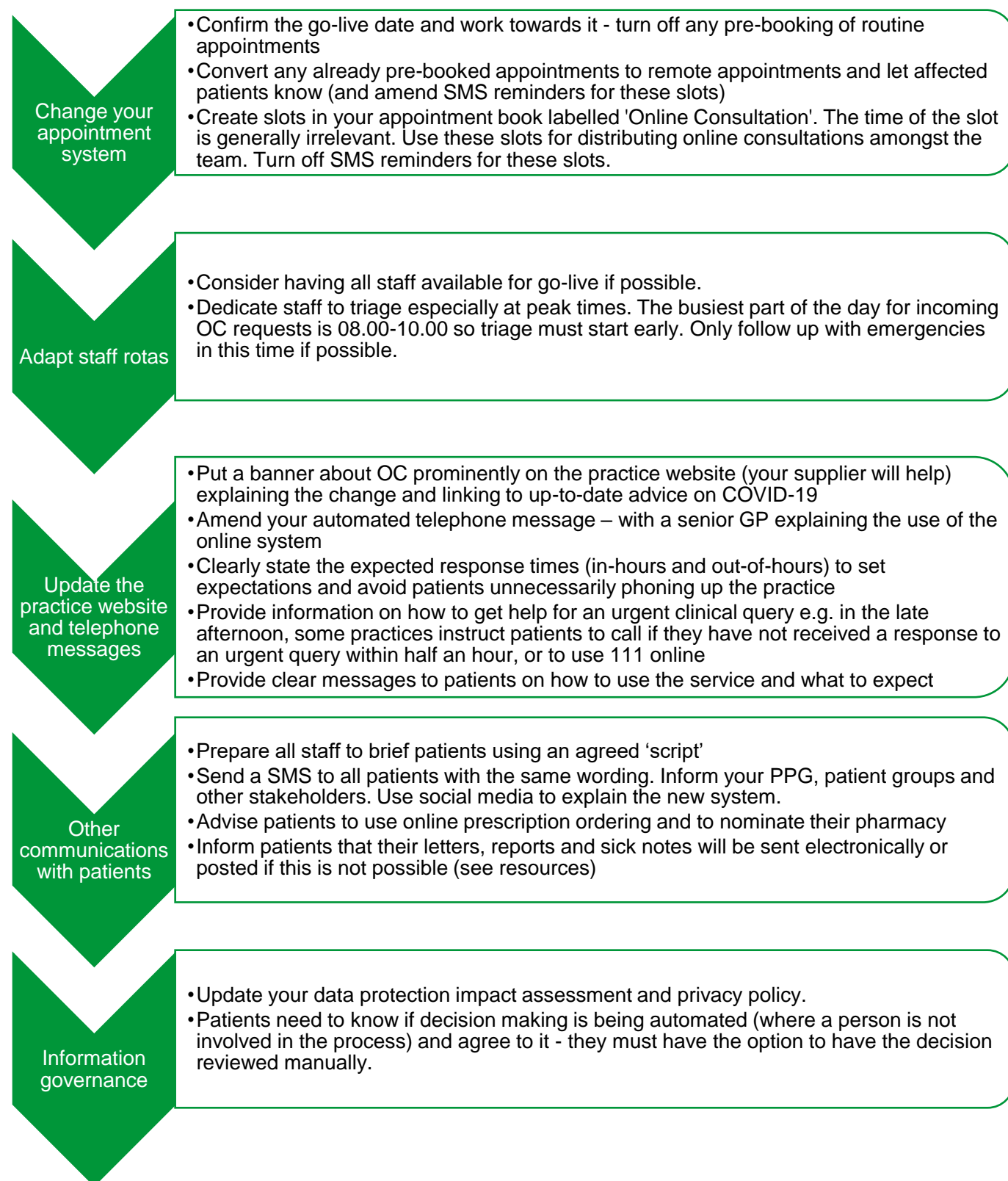


*[Electronic frailty index guidance](#)

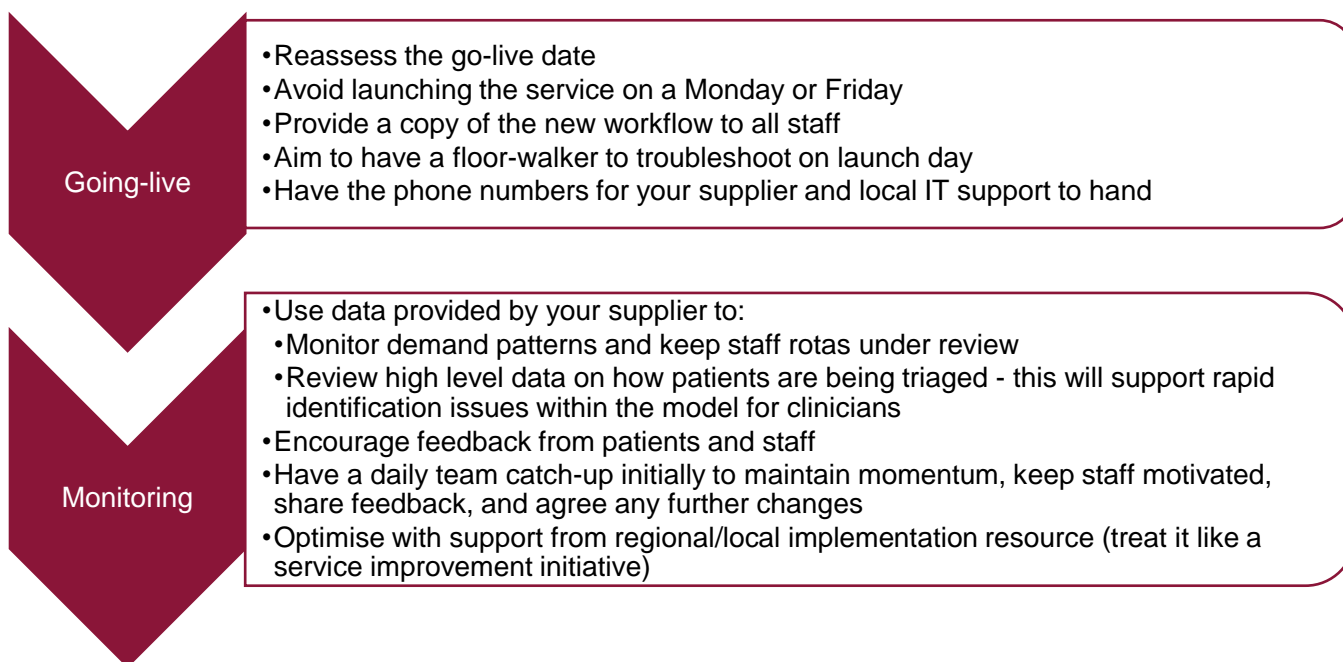
SUPPORT AND TRAINING



MAKE CHANGES



USING TOTAL TRIAGE



Implementing total triage across Primary Care Networks (PCNs)

Collaboration between practices, 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 this is not already in place.

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>When patients make contact</p> <ul style="list-style-type: none"> • When a patient telephones the practice, encourage them to use the online system instead (follow-up with a SMS link to the website). Research shows that encouragement from practice staff increases willingness to use • Encourage support from carers/relatives/proxies in using the digital system • For non-digital users, reception staff can fill out the online form on the patient's behalf • 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 • 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)
2.	<p>Doing the triage</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"> • Filtering – Identify admin queries and pass these to the correct member of staff. • Red flags – 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 • RAG rating - If a problem appears very urgent, the reception staff should flag it as urgent and ensure that 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 • Distribute workload – 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
3.	<p>Clinician determines best way to contact patient</p> <ul style="list-style-type: none"> • When booking an appointment send the patient an SMS or consider a quick call. Some people don't check their emails and then inadvertently DNA • For telephone or video appointments, consider giving the patient a time-frame 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 • Regularly check with the patient that you have the correct mobile number. Patients should be advised to use a private mobile phone <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>

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 duplication of 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 (e.g. 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 – e.g. 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 that patients are told how they can ask questions, query a decision or discuss something further
- Prior to sending clinical information by SMS, ask the patient if they're 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, e.g. 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

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

5. Quick wins

- Add links to advice on [NHS.uk](https://www.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

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](#)

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