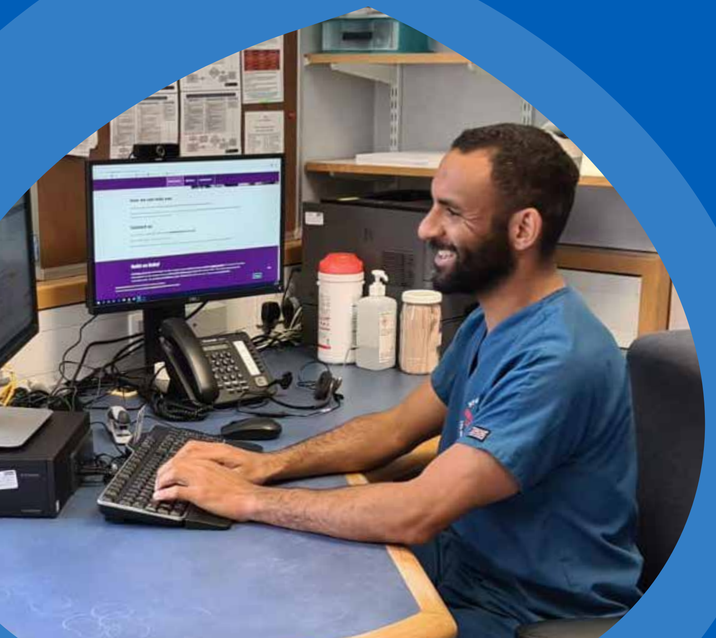

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Remote Clinical Triage Model

Improved Access and Flexible Working in Primary Care

Processes, challenges, solutions and benefits of adopting remote clinical triage - based on the experiences of one high online consultation (OC) utilising practice: Tollgate Medical Centre in North East London

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Background

Introduction, context and purpose of this resource

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Introduction

Increasing demand and workforce challenges in General Practice

We are supporting increasing levels of co-morbidities and long-term conditions in practice populations requiring appropriate primary care resources to meet those needs. Waiting times to consult with a GP are, at times, unacceptably long. Our practice population includes a young working population who feel they cannot access primary care due to work commitments, and at times rely on private platforms for care. Further, Primary Care clinicians often have unsustainable long working days and intense working patterns. Recruitment and retention continue to remain a challenge.

COVID-19 has seen the need for practices across the country to implement remote consultation technology at pace in their practices to ensure patients could be seen remotely. This was implemented, not least, to comply with government guidance to stay at home.

Developing an innovative and flexible way of working

These challenges have contributed to a push towards new ways of patient access. Moving towards remote consultations and patient triage. Making it so that the patients who do need face to face appointments get this in a timelier manner, thus ensuring the ethos of Primary Care is still strong.

Remote consultation has meant the introduction of an innovative and flexible way of working, which also facilitates progress towards achieving increased staff retention and recruitment in primary care.

Online consultation (OC) technology allows for remote management of patients, where appropriate. An OC system can be accessed via the practice website, the system provider platform, and various apps. For many OC suppliers, the offer is a patient questionnaire with either an automated algorithm-based system or a templated question system operating in the background. It is recommended that practice staff support the patient to complete the process, if necessary.

Tollgate Medical Centre's experience switching to remote total triage

Due to the nature of the rapid OC roll-out during COVID-19, it is understandable some practices may have had to skip implementation steps to enable the innovative technology. As such, some processes may not have fully embedded or may not yet have become routine, as GP practices across the country continue to develop their patient pathways to achieve the best fit.

This piece of work explores how one GP practice, Tollgate Medical Centre, based in Newham CCG, North East London, embedded the OC system into their business model before the pandemic, and found it fit for purpose for their patients ensuring they were getting the most appropriate care when needed. Only two years prior, Tollgate Medical Centre would have defined themselves as a traditional GP practice but, since making the successful switch, consider the technology potentially revolutionary, to support efforts to increase the sustainability of Primary Care whilst continually ensuring patients and staff needs come first.

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Purpose

This resource maps the journey Tollgate Medical Centre took ahead of making a complete switch from traditional patient access to Remote Clinical Triage. The narrative of Tollgate Medical Centre's journey leading up to the switch, flows into the process Tollgate developed to process a patient OC request as it enters their IT system.

The resource describes the four key enablers of change that supported the successful switch, and describes some of the key challenges Tollgate Medical Centre faced. It also references tips, tricks and resources from Tollgate, and signposts to further resources sourced from national or regional materials.

> *This triage model applies to all clinical queries and capacity for it comes from the model being 'instead of' rather than 'in addition to' traditional way of working*

Whilst this is Tollgate Medical Centre's process and experience, this resource has been developed to be as widely applicable as possible, ensuring it is useful for GP practices either starting their OC journey or wanting to implement remote clinical triage or remote total triage.

The process model expands on digital pathways you may have seen from your OC provider or other resources and draws out the steps required to implement Tollgate Medical Centre's remote clinical triage model.

We encourage you to use this resource alongside any other local resources and support that may be available through your CCG or STP/ICS.

Included in this resource:

- Tollgate Medical Centre's journey leading up to the switch to remote clinical triage
- The process developed to process OC requests
- The four key enablers of change that helped achieve success
- Key challenges experienced, and solutions to resolve these
- The outcomes and benefits achieved (for patients, the practice and staff)
- Resources including tips & tricks, and scripts for the implementation of remote clinical/total triage

For more information:

East London Health and Care Partnership
elhcp.digitalfirst@nhs.net

Tollgate Medical Centre
tollgate.operations@nhs.net

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Summary

How Tollgate Medical Centre made the switch from a traditional patient access model to remote clinical triage

Two stage model to processing OC forms

Stage 1: Front Desk

- **Receiving** online consultation form through online system
- **Supporting** vulnerable patient through online consultation system
- **Verifying** patient identity and adding patient to GP list

Stage 2: Clinical Team

- **Choice by GP to close the patient request** via text, video consultation, face to face or onward referral
- **Telephone and video consultation may lead to face to face** requiring appointment booking
- **In all other scenarios,** request closed without face to face and outcomes recorded

Implementation challenges

- Culture change
- Ensuring continuity of patient care
- Preparing for the switch
- Managing patient interactions
- Safeguarding vulnerable patients
- A system for all clinical staff
- Preserving working structure and capacity
- Increased clinical workload
- New workplace environment

Key enablers of change

Teamwork
Involve everyone and collaborate

Leadership
Ensure the change is led at all levels

Communication
Communicate early and openly

Training
Upskill and build confidence

BENEFITS → Improved patient experience → Practice savings → Improved staff morale → Increased flexibility

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- Making the switch to remote clinical triage
- Stage 1 – Entry of OC patient request into practice system
- Stage 2 – Patient OC request triage by GP practice team

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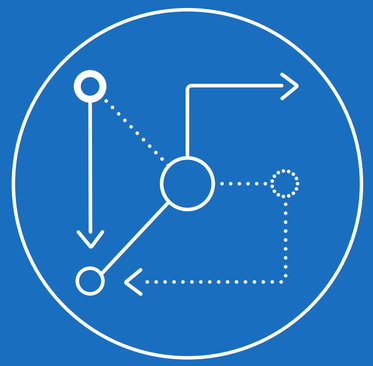

Workflow

Online consultations and remote clinical triage workflow

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Making the switch to remote clinical triage

In early 2020, many GP practices had to implement OC at pace due to the emergence of COVID-19. Tollgate Medical Centre had already started their OC journey 12 months prior. The below timeline depicts the key steps and phases that Tollgate Medical Centre underwent in the lead up to their OC go-live date. Given the pace at which OC was implemented in 2020, GP practices across the UK may have rushed, or altogether skipped certain steps, that Tollgate found to be essential to their successful switch from a traditional patient access model to one that is based on online consultation and remote triage.

This resource provides insight into Tollgate's journey. From the decision to change, to the go-live date, describing the main challenges and how they were successfully overcome through a set of key enablers. These four enablers were teamwork, leadership, communication, and training and they may vary in how they materialize for your practice. However, these enablers are likely to be fundamental for creating a robust and lasting change and, therefore, they should apply regardless of GP practice size, geography, and other variables.

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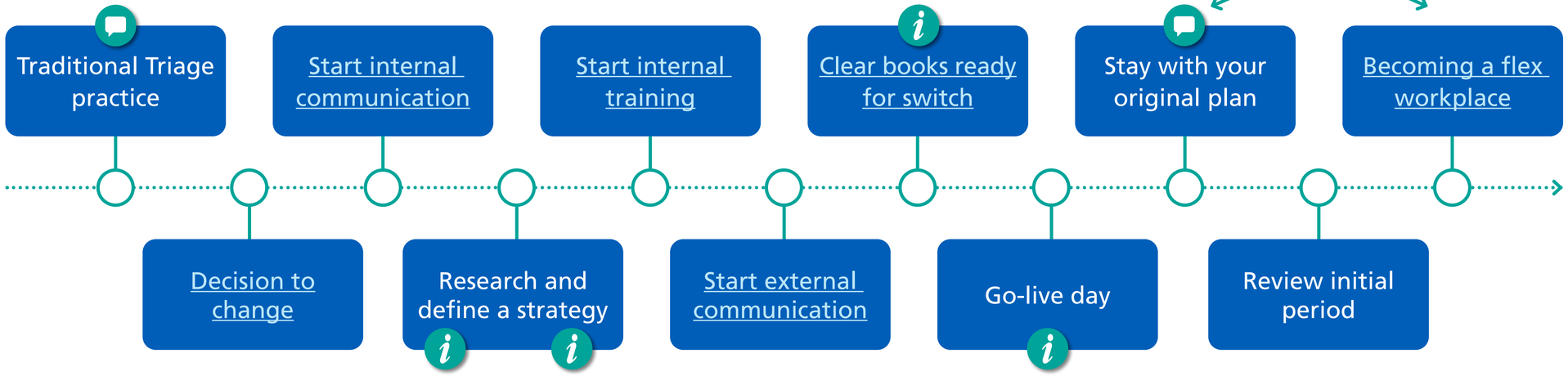

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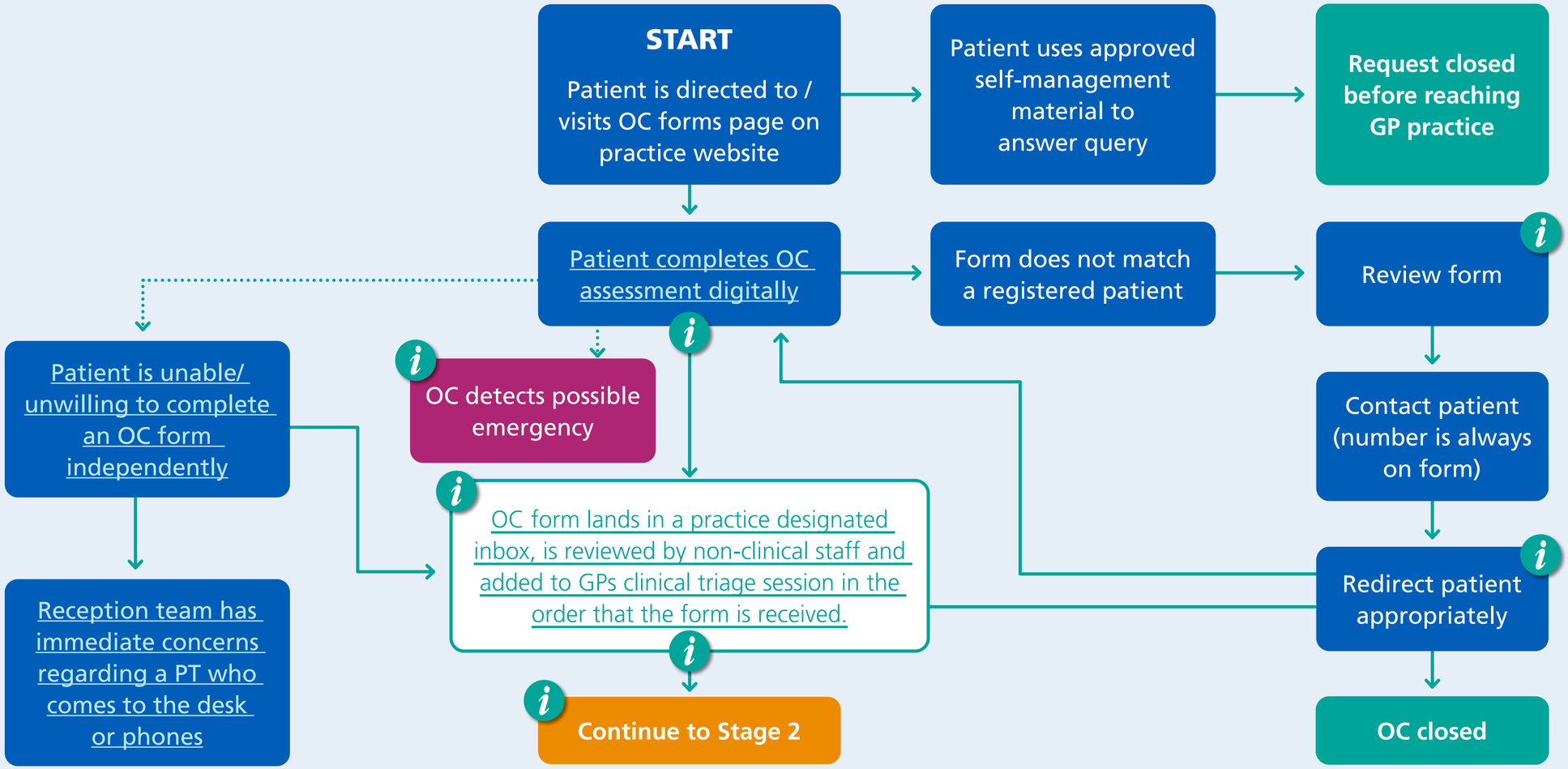
Stage 1

Entry of OC request into GP practice system – Front-desk team



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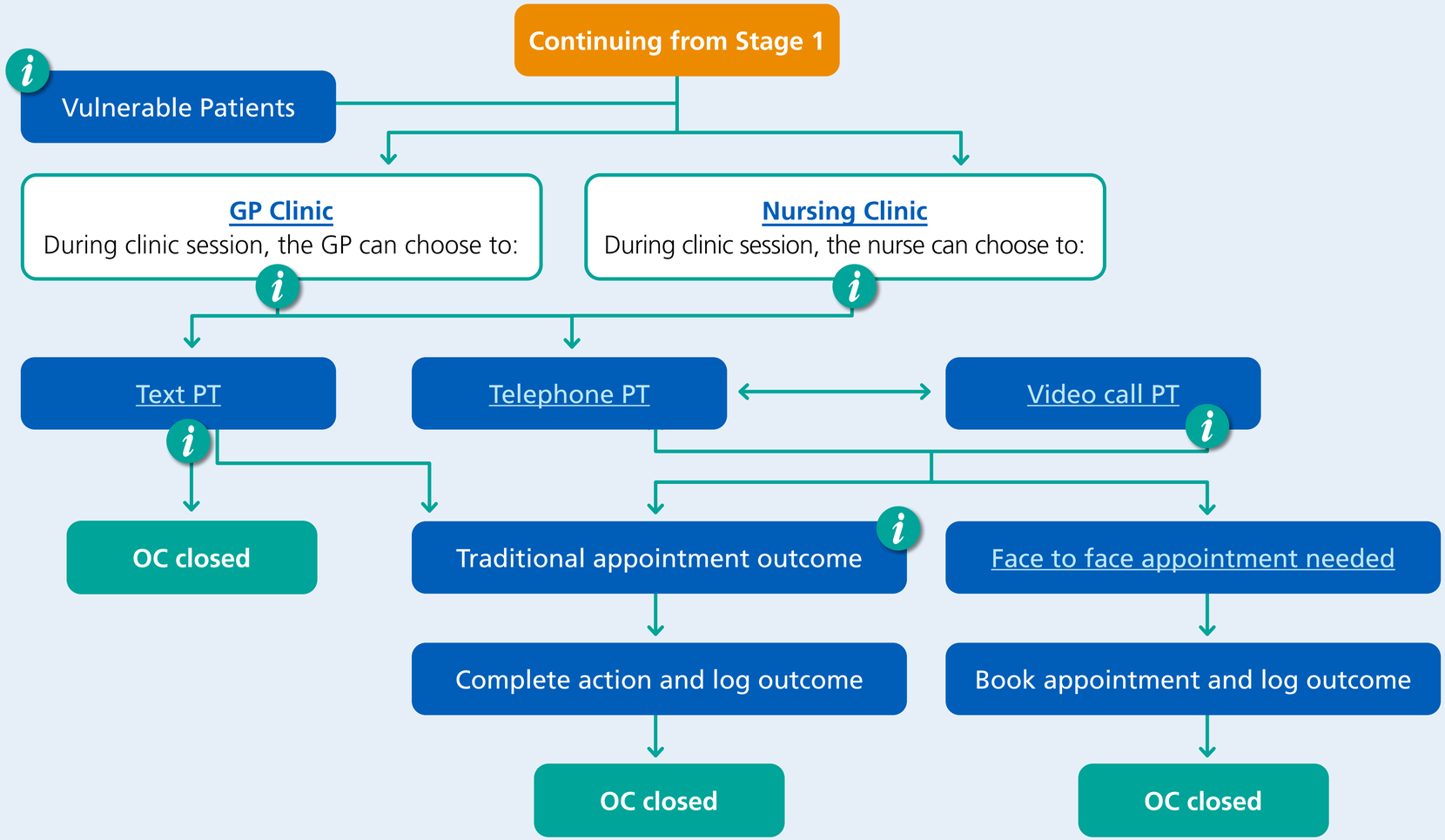
Stage 2

Triage of OC request by GP practice team – Clinical team



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Challenges, solutions and enablers to becoming a remote clinical triage GP practice

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Four key enablers

Tollgate Medical Centre's successful switch to OC and total triage was based on developing and leveraging four key enablers:

Teamwork

At Tollgate Medical Centre, all members of staff were involved from the start. This meant that staff were consulted and informed but also actively involved in working groups. Everyone affected by the change was enabled to participate to varying degrees in the change process.

Any ideas, issues and concerns were discussed openly, and solutions agreed collaboratively.

Leadership

The decision to make a change was fuelled by the feedback of disheartened and struggling staff.

Buy-in from the whole partnership followed in a similar way.

A working group (WG) made up of representatives from a variety of staff groups championed and drove the change. Management and the WG were available throughout the process to guide implementation, address concerns and support staff.

Communication

Throughout the lead up to and implementation of the switch, the partners, other staff and patients were consistently and continuously kept up to date as to progress towards the new patient access model.

Updates were delivered in a two-way fashion, enabling anyone to ask questions and raise concerns they may have, which was paramount to successful change.

Training

At Tollgate Medical Centre, all members of staff were involved from the start. This meant that staff were consulted and informed but also actively involved in working groups. Everyone affected by the change was enabled to participate to varying degrees in the change process.

Any ideas, issues and concerns were discussed openly, and solutions agreed collaboratively.

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Culture change

The potential challenges:

- Partnership and staff may be wary about the possibility that any change will require additional capacity that is not available
- Experienced staff and partners may underestimate the extent to which the new workflow may be easily implementable or may underestimate time required to embed the new workflow in routine practice
- There may be fears that introducing change may impact patient care
- It will be too big a task to promote the system to partners/leaders who have concerns

What Tollgate Medical Centre did to support culture change:

- Audited the AS-IS and recorded current staff morale and patient feedback
- Visited and engaged with a variety of practices to learn from their experiences
- Organised a Senior Management Team away day – as an opportunity to exchange and discuss ideas, develop a common understanding about the changes, work through concerns and show support to each other
- Nominated staff champions across the team to help improve understanding and appreciation for the reason to change to the wider team, and to alleviate any concerns
- Formed a Working Group (WG) that represented all staff groups to drive the change process
- Held workshops to air and address concerns and create a space for the team
- Provided relevant training to staff to explain the upcoming changes, demonstrate new ways of working, seek feedback, build confidence, and alleviate fears

Tollgate Medical Centre's enablers for a successful culture change:

- Involve all members of the team throughout the process
- Ensure management is approachable
- Understand current demand and capacity
- Listen to staff concerns and address these appropriately
- Ensure all staff feel able to communicate openly and honestly with each other

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Ensuring continuity of patient care

The potential challenges:

- Patients that would have previously seen, and may have been used to seeing, a GP face to face are now receiving care through text, phone, or video
- There may be fears that the relationship between the GP and the patient will be impacted by the rigidity of the new system

What Tollgate Medical Centre did:

- Routed any clinical request through their OC system. This way, GPs now had sight of a patient request much sooner than they would have under the previous, traditional patient access model, largely based on a face to face appointment system. As such, care for the patient could start much more quickly than before.
- Conducted an audit to monitor patient contacts before and after the launch
- Ensured a route for all patients to complete an OC form (online, over the phone, in surgery)
- Ensured all members of staff were familiar with safeguarding protocols
- Upskilled GPs ability to consult with patients via OC forms as well as phone and video consultations
- Gathered the clinical team to review mock forms and discuss how to complete remote triage
- Managed the clinical rota to ensure all sessions had a minimum of one GP running OC triage (dependent of list size)
- Create a system where if a patient wants to consult with a particular GP, or vice verse, given availability on that day, this can be facilitated and appropriate further follow up organised

Tollgate Medical Centre's enablers to successfully maintaining and improving standards of patient care:

- Allow all members of staff to voice any concerns regarding potential impact to patient care
- Listen to staff concerns and address appropriately
- Ensure management and working group are approachable before and after launch
- Train staff to increase capability in all aspects of managing remote triage

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Preparing for the switch

Tollgate Medical Centre agreed on an interim period of 2.5 weeks ahead of the go-live date, during which no appointments could be booked in any way, other than calling on the day. This approach suited them after careful planning. Similar planning should occur in all surgeries to decide a solution fitting for own objectives.

Potential challenges:

- A sudden switch of practice will cause confusion amongst staff and patients and lead to dissatisfaction
- Giving the GP practice the best chance of a seamless switch to total triage on the go-live day

Tollgate Medical Centre's approach in preparing for the switch:

- Decided there needed to be one clear and concise system leading up to the go-live date
- For the fortnight prior to the go-live, patients needing an appointment had to call on the day to book
- The system allowed for the books to be cleared in time for the go-live date

Tollgate Medical Centre's enablers:

- Give the working group time to research, devise and consider a variety of solutions
- Communicate in advance to all stakeholders how the switch would occur both on the day and in the build up
- Carefully select a go-live date and commit to it
- Ensure management is available to staff and patients alike in the early phase for support and to address concerns

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Managing patient interactions

Potential challenges:

› Patients may become antagonised by a new process and frustrated with the practice team

› Reception may find it challenging to guide patients through the website remotely

What Tollgate Medical Centre experienced:

› Managing OC requests can seem overwhelming but is not that different from the way receptionists in all practices currently manage front of house requests

› Spending the time on the phone or face to face with a patient, taking them through the steps of the online form is almost always met with real gratitude from the patient

› Patients tend to quickly realise the versatility of the system and become increasingly confident in using it independently the following time

› Patients tend to be more understanding than expected when told a new, better, system is being rolled out

Tollgate Medical Centre's enablers to successfully managing patient interaction:

› Before go-live date, contact patients well in advance to inform them of new system being rolled out - Involve PPGs as much as possible

› Clear and consistent messaging across multiple channels in preparation for transition

› The more familiar reception is with the system the better equipped they will be to explain the system to patients and answer questions

› Explaining the reasons for the change and emphasising the benefits to patients

› Develop and use scripts for staff, which include the reasons for change and benefits to all, helping reception to deal with frustrated callers

› Design and distribute practice branded material (leaflets) guiding patients through the process

› Consider using internet-enabled tablets (or similar) at reception to allow the team to go through the OC request form with a patient when they visit the practice as an alternative to over the phone

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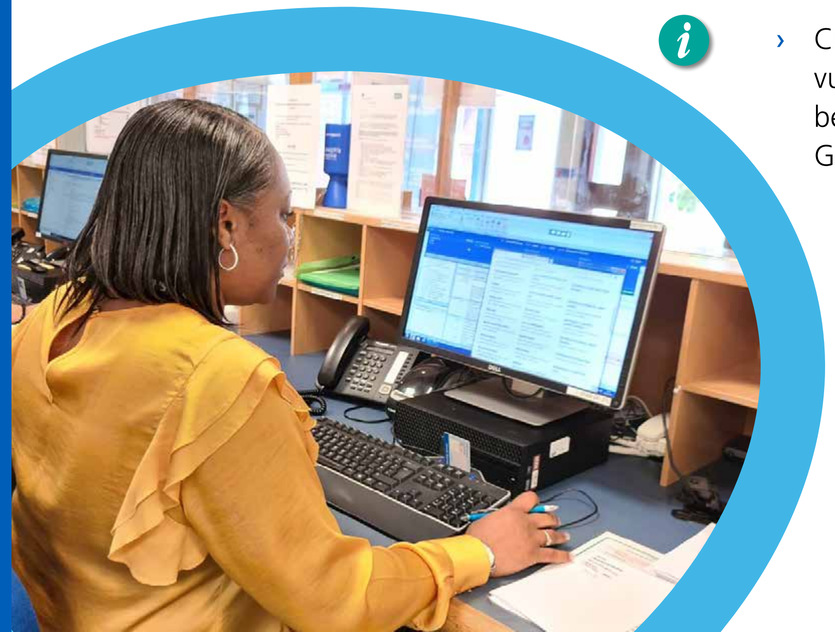
Safeguarding vulnerable patients

Potential challenges:

- Vulnerable patients may be disadvantaged by the OC process and miss out on appointment slots
- Patients may find the new system intimidating and forgo contacting the surgery
- Reception staff may feel burdened with a sense of increased responsibility placed on them to identify vulnerable patients



What Tollgate Medical Centre experienced:

- Patient safety has always been the responsibility of the entire practice team, this didn't change with the new system
- In the traditional way of working, a vulnerable patient who slipped the safety-net could have waited weeks for an appointment – but with OC, their case could be triaged by a GP in a matter of hours
- Credit to a system agreed upon by all staff, vulnerable patients have the possibility to be flagged by reception and receive earlier GP attention

Tollgate Medical Centre's solutions and enablers:

- As indicated in the workflow, close working with OC provider will allow suspected emergencies to be signposted to adequate services – this would be flagged to a receptionist who is speaking with a patient and completing form on their behalf
- Ensure the front-desk team are equipped with a script, reminding them of the protocol for vulnerable patients
- When presented with a non-emergency patient who requires earliest possible attention, front-desk staff can add the form to GP list with an agreed highlight, indicating priority attention required
- Frequent, regular and clear communications between the clinical and reception team supports the identification and safeguarding of vulnerable patients
- All practice attending relevant patient safeguarding training to help identify vulnerable and high-risk patients

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A system for all clinical staff

Potential challenges:

› A total clinical triage model suggests patients can access care beyond that offered by a GP

› Developing a system that champions all clinical staff, not just GPs

Tollgate Medical Centre's approach to expanding the model:

Created daily sessions for the nursing team to run digital triage of requests submitted specifically for nursing requests

› Added options for patients on the GP practice OC forms page to clearly request a non-emergency nursing service

Tollgate Medical Centre's enablers:

› Give ownership to the relevant clinical staff to scrutinise and if needed amend the forms to suit their triage needs

› Value all members of the clinical team and understand their needs for flexibility

› Provide the same training as was provided for GPs to increase confidence in the process

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Preserving working structure and capacity

Potential challenges:

› How to ensure clinicians days maintain structure through the development of rotas after such a radical change, whilst promoting flexibility in the working day

Tollgate Medical Centre's reality:

› Established a cut-off time for forms to be added to GP lists that day: 11am for morning clinic; 4pm for afternoon clinic

› Maximum of 16-18 forms to be triaged in any session. Face to face can be booked after triaged.

› Every GP has routine planned face to face clinics, clearly separate from their online triage form clinics. Twelve 15 minute appointments per session. The variety is appreciated by GPs.

› Much less need for cancellation of patient appointments if a clinician is unwell and unable to work

Tollgate Medical Centre's approach to preserving working structure:

› Listened to Administrative team who felt they could process the forms if they changed their working hours to come in earlier

› Audited times calls into the practice for booking appointments with clinicians. Plan capacity and workload around this and acknowledged busier periods.

› Recognition that remote consultations if done well and completed are not shorter and clinician does not get overworked.

› Planned for minimum number of triage GPs and face to face GPs on any given day, with leeway for emergencies

› Trust and respect key to enabling flexibility whilst maintaining output. Culture of solidarity fundamental.

› Openness to adapt as needed. All experiences and feedback welcome and analysed at every step

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Clinical workload

Potential challenge:

› Overwhelming number of patient requests lead to an increase in workload through the new system and the risk of unmet demand

What Tollgate Medical Centre experienced:

› Despite the availability of OC forms, internal audits showed that number of patient requests had not increased

› GPs found they had greater ownership of their time and could complete a considerable volume of their triage list when suitable to them, rather than during busy clinic hours

› Simpler online requests could be dealt with more rapidly, leaving more time for more complex requests

Tollgate Medical Centre's enablers to successfully managing workload:

› Collaborate with your OC provider to increase the amount of self-management material available to patients

› Consider your patient population and which forms are most appropriate for them to access

› Determine a manageable number of OC forms to be added to each GP list – and be prepared to revisit this and revise it on a rolling basis, based on demand and capacity

› Hold regular briefing/debriefing sessions to monitor the level of demand and impact on GP workload

› Allow GPs to view each others workload and support each other if necessary

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New workplace environment

Potential challenge:

› Concern that a new flexible working environment may potentially affect the business and standard of care

What Tollgate Medical Centre did:

› Motivate and encourage all colleagues

› Ensured each clinician, regardless of session start time, has equal number of forms to process

› Doing regular wellness checks on all colleagues including partners

› Engage with all colleagues regarding barriers they have at work/home

› Investing in a communication app which enables colleagues to use their mobile as an internal telephone

› Be open to varying outcomes, and have clear end goals for the business and staff

Tollgate Medical Centre's enablers to successfully creating a new workplace environment:

› Putting staff and colleagues at the forefront of decisions the practice makes as a business

› Defining trial periods to be able to demonstrate if a plan has worked

› A clear structure and direction for front-desk staff on how to fairly distribute forms per GPs in session

› Regular review of outcomes and openness to adapt approach, if required

› Nurture a culture of fairness across the organisation

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Benefits of remote clinical triage at Tollgate Medical Centre

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Better patient care

- Collaborative MDT style working allows for optimal management of more challenging forms
- Shorter wait for GP response and shorter wait times for appointments
- Specific protocols in place to support vulnerable patients
- Access to self-care with self-management options available
- Continuity of care with patients enabled to request named GP triage
- Patients most in need are prioritised
- Patients are never turned away and can submit a form anytime

Greater staff morale

- GPs and nurses are able to spend more time with individual patients which increases job satisfaction
- Increased team spirit due to collaborative nature of managing OC requests
- Greater ownership of daily activities leads to an increase in staff morale

Financial savings

- Practice rooms can be rented out and/or used for outreach facilities, when not in use
- Reduction in number of DNA appointments results in savings and more efficient sessions
- Increased staff satisfaction may lead to greater staff retention and reduced need to replace staff

Increased flexibility

- Faster and simpler to adjust workload to match demand
- Increased ownership over day and more time for other work activities and personal life
- Appointment choice for triage doctor; same day, “soon” or within 2 weeks
- Patients have more choices, including self-management and remote consultations

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Outcomes

Transition to total clinical triage

Number of submitted OC forms

19

17-23 February 2020

649

26 February-3 March 2020

705

4-10 March 2020

Outcomes

Analysis based on data collected during audit comparing

Reduction in face to face appointments

86% to **42%**

Reduction in DNA rates

8.4% to **2.1%**

Routine GP appointments always available

3-4 wks to **0 wks**

Self-assessment

In first full week going live, Tollgate was the **top performing practice** in the country for use of OC forms and page views for EMIS online

Based on NHSE's estimated £30 average costing of a GP appointment there was an **estimated saving of almost £3k** over a 2-week period by virtue of reduced DNAs

Reduced footfall and telephone calls allows for refocus of reception time

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- Culture change and training
- Communications strategy
- Remote consultations
- Aspects to consider in planning for incoming OC patient requests
- Patient contact audit
- Pre-introduction of new triage model
- Communications template
- Patient leaflets
- Receptionist crib sheet
- Further resources

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Resources utilised and developed by Tollgate Medical Centre to support implementation of a remote clinical triage model

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Culture change and training

Group learning

- Create groups made up of varied roles to work through possible options and arising issues
- Walk small groups through the system answering any questions
- Provide instruction about use of text messaging and how to create/use their own templates
- Sit together as a group and review 4-5 examples of prefilled forms to discuss how to action them

Staff champions

- Consider nominating a champion from each staff group to encourage and support others along the transition
- Ensure any problems and/or concerns are quickly addressed, resolved, and shared across working groups
- Hold a brief/debrief at the start/end of each day

Team upskilling

- Consider internal or external training sessions to improve the following skills:
- How to conduct an effective phone triage
- How to conduct an effective video consultation
- How to educate patients and their carers and walk through completing the form over the phone
- How to identify red flags and potentially vulnerable patients

Sign posting

- Source some training, external and/or internal, to refresh signposting capabilities of all staff members
- Provide access to forms and system early so that staff can familiarise themselves with them prior to launch
- Ensure Champions and managers are available for staff to signpost and voice concerns about the system

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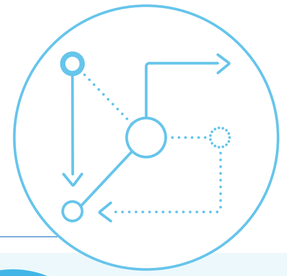
Communications strategy



Pre Launch

- Train staff to be able to tell, remind and repeat to patients about the new way of working
- Develop and distribute flyers for patients visiting the practice and send text messages. When you speak to patients on the phone:
- Be clear and concise
- Highlight the benefits
- Guide the patient through the steps (flyer)
- Link the patient to the OC forms page (SMS)

Internal

- Communicate with staff early
- Seek participation and feedback
- Nominate staff champions to represent their role
- Create a working group that represents all roles
- Have teams hold regular (as much as daily) briefing and debrief sessions to discuss what does and doesn't work and feedback
- Organise an away-day for partners and selected staff to 'unplug' and truly think about practice needs

Post Launch

- To further decrease the waiting times on the phone, consider a recorded message that directs callers to the new OC forms page
- Ensure the online triage system clearly headlines your website
- Display success stories (statistics on reduced waiting time, quicker response) on website and in surgery
- Be available for staff feedback
- Have a text template for reception to send with link to OC form page

External

- Attach info flyer to every prescription being collected in surgery
- Clearly announce on practice website switch to new triage model
- Share and engage with your PEG/PPG, ensure they are heard
- Be creative insert the message of the service in all external communications, including social media

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Remote consultations

Text message

- OC forms request a mobile number as standard
- Text messages can inform patients of results where appropriate, provide options, signpost accordingly, and safety net.
- Consider a texting software that allows you to contact patients as a practice and that automatically updates clinical file with the communication - check with your local procurement/STP lead to check whether there is procured software

Face to Face appointment

- Based on the outcome of the OC, GPs can book a patient directly into a same-day, next day, or later appointment, both at home or in surgery
- By reducing the number of face to face appointments these have now increased to 15min each
- The increased time spent with patients to really understand their concerns can likely improve both GP morale and PT satisfaction

Phone Consultation

- The patient provides a contact number on the OC form
- OC forms request suitable times for the patient to receive a call, minimising call-backs
- Training in completing phone triage can be very beneficial
- After two failed attempts to contact a patient, send a text or add to a colleagues' triage list
- Vulnerable/potentially vulnerable patients will be highlighted by reception for prioritisation
- A phone interpreting service can support with patients who struggle with English

Video Consultation

- Having OC form ahead of speaking with patient allows GP to prepare and even discuss case with colleagues - the VC becomes more focused than a traditional face to face
- A text template gives patient a link for transitioning from phone to video
- Start to finish a VC process can seem lengthy, but this improves with practice and is yet another option for GPs and patients alike to avoid a potentially avoidable visit to surgery

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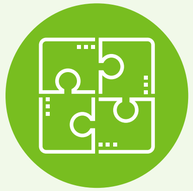
Aspects to consider in planning for incoming OC patient requests

Access

- Much like any shared practice inbox, think carefully about who you grant access to this.
- It is recommended to provide access to enough users to ensure it is constantly monitored, but to avoid any duplication of work by enabling too many users.
- Introduce a rota to clearly define who is responsible for the inbox at all times



Set-up

- Judge carefully if your current practice inbox is best suited to also receive OC requests
- If it already has heavy traffic, speak to your OC provider about directing requests to a designated new shared inbox.
- You are controlling what lands in this inbox by tailoring the forms to the needs of your GP practice (e.g. only clinical requests)

Handling requests

- Each form should arrive so to present as a headline with the patient details and reasons for the request.
- Decide who will handle the requests as they arrive: reception or admin team? This will become one of the fundamental roles in the process so you want to ensure the person(s) have:
  - capacity
  - training in safeguarding
  - awareness of patients
- Team member(s) who are monitoring the inbox should be able to review requests for severity and for specific request (e.g. named GP).
- Each session needs a designated clinical person for OC triage – add the requests to their list (or to named GP's next session if time allows for it).

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Patient contact audit

This simple audit can be used to reassure all staff and patients that the introduction of a new triage system isn't impacting patients' ability to receive help.

Select a two (whole) week period some time in advance of switching triage models and use this to monitor patient contact.

Once the date has been selected for the switch to the remote total triage system, consider discounting the first few days from any audit to accommodate abnormal behaviour and teething difficulties for all staff, and the repeat the audit for comparison purposes.

Two-week period pre-launch	Number
Total number of direct patient contacts	
Number of face to face appointments with GP	

Two-week period post-launch	Number	Difference
Total number of direct patient contacts		
Number of face to face appointments with GP		

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Pre-introduction of new triage model

A simple audit that can contribute to the justification of a new model system by monitoring the efficiency of the existing and new triage processes. Consider a survey of GP appointments, measuring:

- Total number of face to face appointments
- Face to face in clinic, what % of them were necessary face to face, and what % could have been completed differently (telephone, video, AHP, signposting)
- Total number of direct patient contacts with a GP (phone, face to face)

Ask GPs to complete a very simple questionnaire reviewing patients on a given day to determine whether they in fact needed a face to face appointment, or whether the appointment would have been capable and better suited to a telephone or video consultation. Further, whether the patient would have benefitted from an appointment with an allied health professional.

Clinical day/period	Number
Number of face to face appointments	
How many needed a face to face appointment	
How many could have been a telephone/video consultation	
How many could have been with allied health professional	

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Communications template

SMS texts to send to patients

"Did you now know you can contact your GP using online consultations [or video consultations], please visit our website [insert website address] and you will have a response within [insert response time]"

"Did you know you can now save yourself time waiting on the phone and consult with your GP online [or via video], please visit our website [insert website address]."

"By having an online consultation with your GP, you may be able to pick up your prescription directly from your local pharmacy without having to come into the practice. For more information visit [insert website address]"

Voice recordings for GP practice phone line

"This is Dr [insert name], if you are ringing to book an appointment or speak to a GP, we have a quick, convenient and easy way to get help to you. Go to our website and click [insert instruction]. This will allow you tell us about your problem or question. The information you give will be reviewed by our practice team, who will get back to you promptly, usually within [insert response time frame]. If you need to be seen, the doctor will arrange this. If you are unable to access our website a relative or friend can help you. Otherwise, please hold for reception, who will ask you the same questions as the online system."

"Thank you for calling [insert practice name]. If you are ringing to book an appointment or speak to a GP, you may wish to try our online consultation service [or video consultation service]; a quick, convenient and secure alternative to visiting the practice. You can access this via the practice website, where you will be asked to fill in an online form and we will get back to you by [insert response time] with the next steps."

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Patient leaflets

Tollgate Medical Centre

CHANGES TO APPOINTMENT SYSTEM FROM February 2020

****IMPORTANT****

From Monday 10th February 2020 there will be no pre-bookable appointments for a fixed period whilst we develop a new appointment system.

Instead **all appointments** will be bookable on the day. We are making these changes for the following reasons:-

- Due to increased pressures on our appointments.
- We will be introducing a new online triage appointment system from **Wednesday 26th February** 2020. We need to ensure our appointment systems is ready to accommodate the new system from this date, therefore we need to clear our appointment bookings to allow for the new system to be introduced.

If you need to be seen or you need to speak to a GP from the 10th February please phone or visit the reception to request an appointment.

Thank you for your patience and understanding during this time. These changes are being made to improve our access and to help our patients to gain the most appropriate advice and assistance.

TOLLGATE MEDICAL CENTRE

Important changes to our appointment system

From Wednesday 26th February 2020 the way you contact the practice is changing.

Instead of ringing us or coming to the practice, you will be able to go to our website. Here you can browse our website for lots of health information, or fill in a simple form online to obtain advice and treatment. Conveniently you can send your request in at any time of the day. Your enquiry will then be dealt with by the most appropriate member of staff who will contact you via phone or text.

To access the online form from 26th February 2020 please visit our website:

www.tollgatemedicalcentre.nhs.uk

Please see the reverse of this leaflet to see how the online consultation page will look.

If you are unable to use or access the online form then please contact the surgery in the usual way and we will complete the request for you.

The practice will respond within 48 hours. Forms will be reviewed throughout the day and if the doctor feels it is necessary to contact you as a priority we will be in touch sooner.

If you have submitted a form please be aware we will be contacting you. If we phone please do try to answer our call when as this will save our team needing to make repeated call backs and will help our system run more efficiently.

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Receptionist crib sheet

Process for patients navigating website

All (GP) contacts via OC Form Process:

› **1a.** Direct patient to practice website- send link in text via clinical system if needed.

› **1b**. If patient does not have internet access or device, complete form for them.

› **2.** Form comes in

› **3.** Front desk reviews form and adds to GP list

› **4.** GP assesses

› **5.** Contact made with patient and appointment booked if needed

Process for vulnerable patients

› Through patient information check to see if Alert is on system/check problems in clinical system

› Assess each patient on an individual basis

› Complete the form on their behalf where possible

› or add them to the online form lists and colour code so GP knows to call but no form was not able to be completed

- Mental health
- Learning Disability
- Frail/Elderly
- Deaf/Blind etc.

Script and process for challenging patients

Explain the benefits to completing an online form and also set expectations

› Set expectations by clarifying 48hr contact period

› Form can be filled at a convenient time (24/7)

› Case will be dealt with by most appropriate person

- Offer to send link to OC or specific form if feasible
- Encourage patient to complete independently
- If patient still refuses/unable to fill form, complete on their behalf

› If issue cannot be resolved managerial intervention may be needed

Repeat prescriptions

› Direct to OC, send link via clinical system or

› or use Patient Access

N.B.: same rules apply as above for vulnerable patients

Process for Urgent Script

› Add script request to GP's forms list

› Colour code (urgent prescription)

› Involve a doctor (On-call GP):

What to do in an Emergency

Refer to reception triage protocols displayed and take necessary actions

› Call 999

› Visit A&E

- If a call back is needed and you feel the patient should be called before the other patients on the list colour code as (urgent).
- GP will see this on their list and action ASAP.

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Further resources

1. Online Consultation

› An OC implementation toolkit for adopting online consultations

› Advice on how to implement total digital triage

2. Video Consultation

› Principles of safe video consulting during COVID-19

› Video consultation practical tools and information for GPs

3. Remote Working

› E-learning hub on establishing remote total triage model *

4. Promoting Digital Tools in Practice

Campaign Materials

› Public facing materials on how to access NHS services online

› Online consultation patient leaflet

› NHS Health at Home Toolkit and Assets

5. Additional Practice Resource

› Dr Minal Bakahi blog on the use of OC/VC during the COVID-19 pandemic

› Blog on how digital solutions have helped GP practices in south east London during COVID-19

› A guide for setting up and also allocating appointments

› A slide pack helping practice staff make the most of digital services

› Remote consultation flowchart

› Expert procurement advice and support

› Best practice in procurement

› How to develop local specifications

› An introduction and guide to the NHS App

› Guidance for GP practices on the NHS App

› Online library hosted by NHSE/I with further internal and external resources *

› Key principles for intimate clinical assessments undertaken remotely

** external link may require an online registration to a separate NHS resource*

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Acronyms and definitions

AHP: Allied Health Practitioner

DNA: Did Not Attend

NEL: North East London

OC: Online Consultation

PEG: Patient Engagement Group

PPG: Patient Participation Group

PT: Patient

VC: Video Consultation

WG: Working Group

Remote total triage: Remote total triage means that every patient contacting the practice can be reviewed, assessed and actioned from anywhere and at anytime before making an appointment

Remote clinical triage: As per 'remote total triage' except that it only applies to all clinical queries whereas other requests (e.g. administrative) can be dealt with through other channels (e.g. telephone, walk-ins)

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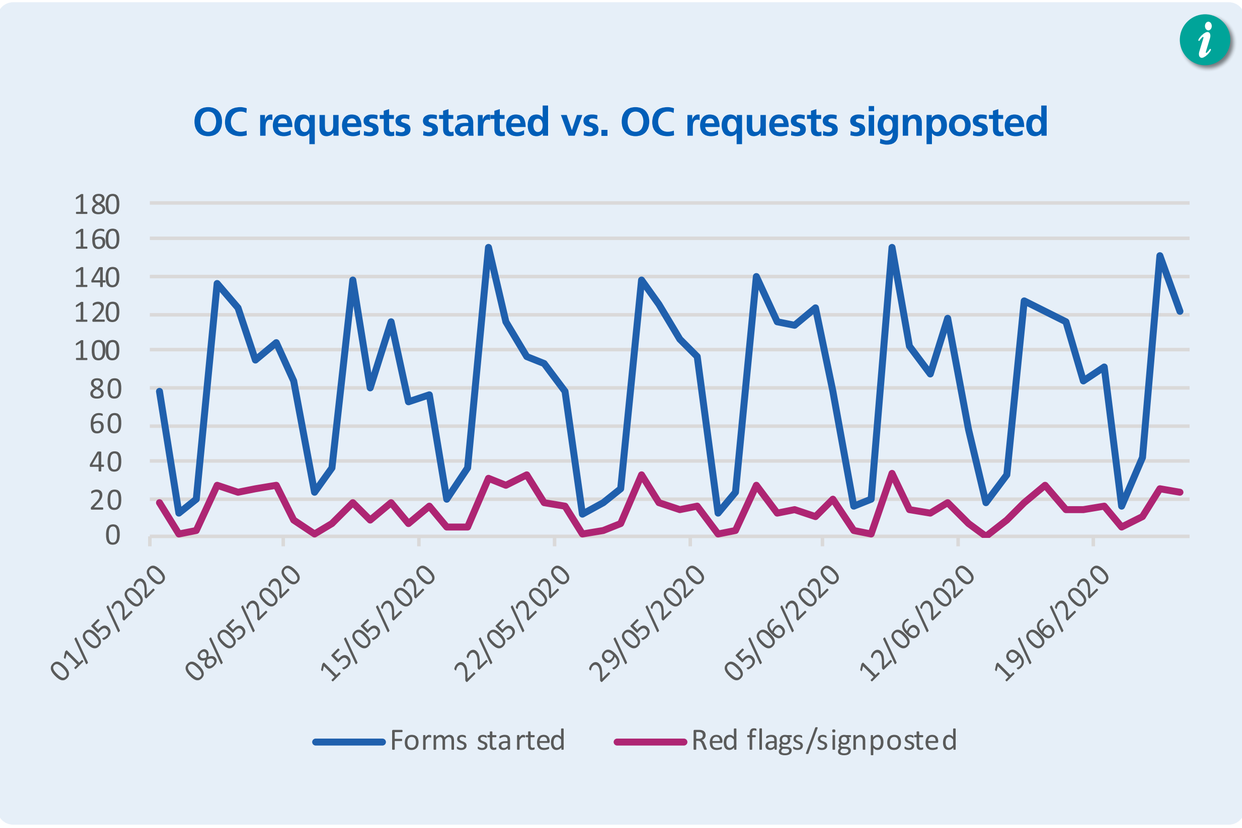
Safeguarding patients



A common concern with an OC model is patients at risk may not be flagged or redirected appropriately by the model.

Tollgate Medical Centre data shows that approximately a steady 20% of all OC requests started by patients result in a prompt to call the GP practice, NHS 111 if out of practice opening hours, or even 999 in case of a suspected emergency. This demonstrates how patients can be signposted in an appropriate and timely manner through the OC system, regardless of when they submit a request

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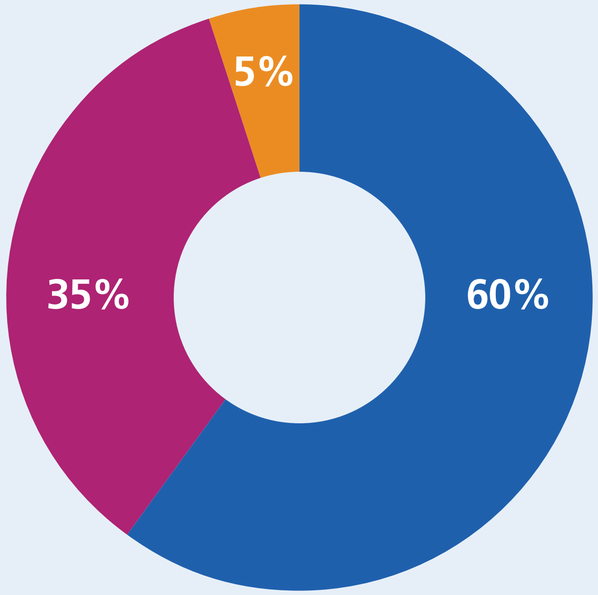
Is it really possible to reduce practice footfall?



60% of patients required a face to face appointment w/ a GP

35% of patients could have been managed w/ a phone/video consultation

5% of patients could have been seen by an allied health professional

During the planning stages of the switch, over the course of a day, Tollgate GPs were asked to monitor their clinics; simply recording for each appointment if the patient could have been handled remotely by phone and/or video, or if the patient would have benefited from seeing an AHP rather than a GP.

275 patients were recorded throughout the course of one day.

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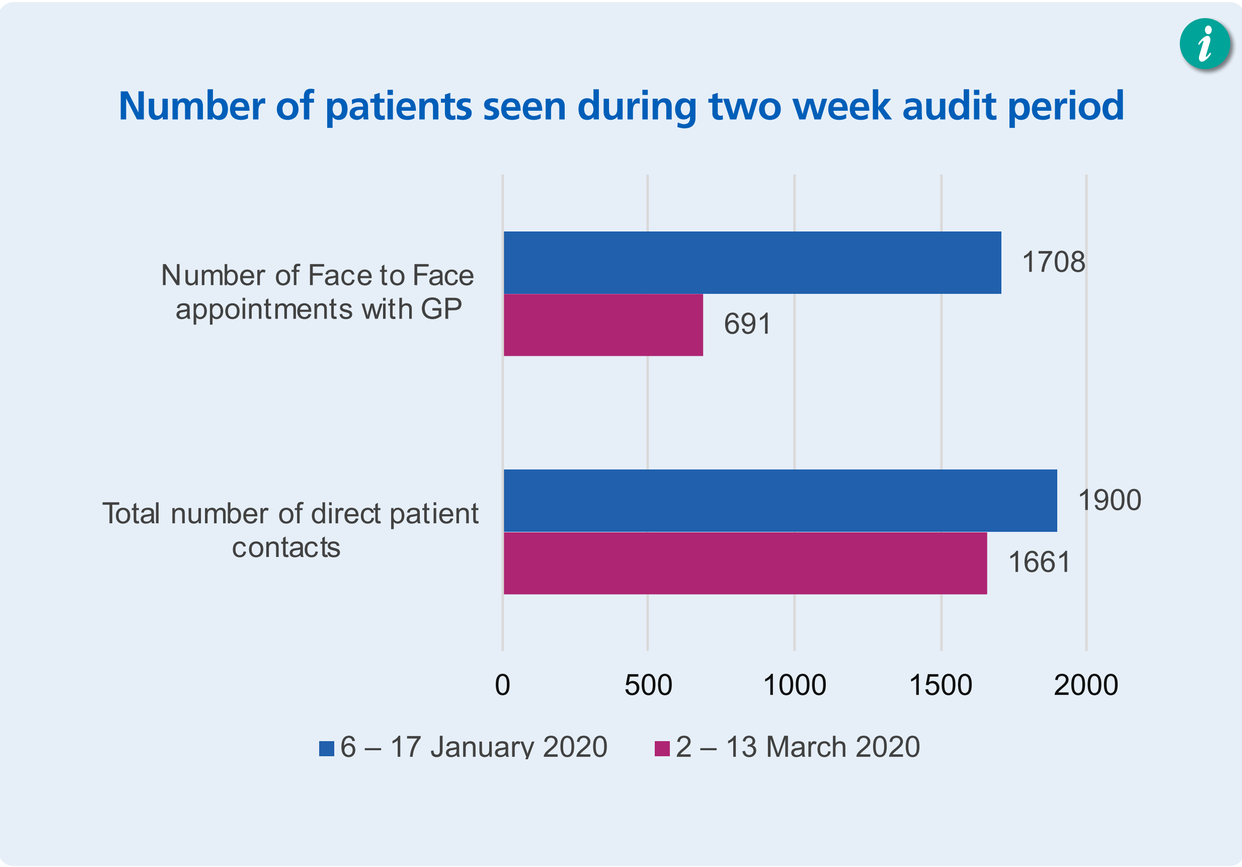
Will patients stop seeking care at the GP practice?



Tollgate experienced a 12.6% decrease in the total number of patient contacts and a 59.5% decrease in number of face to face GP appointments from January to March 2020 (N.B.: Patient contact decreased generally during COVID-19).

digital first
Connected Primary Care

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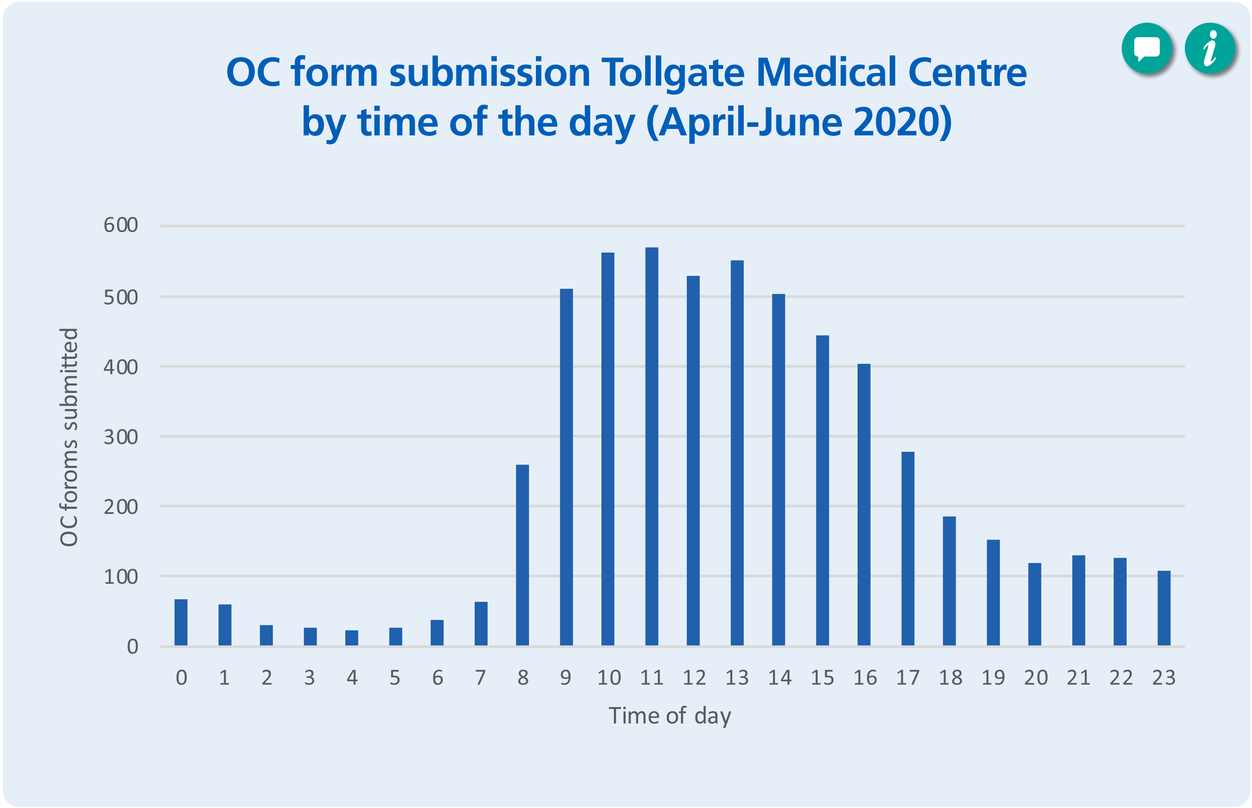
When are patients using OC?



As can be seen by the data over three months, patients opt to submit forms at all times of day.

The majority of requests are made, as expected, during the working hours, and these are requests that may have otherwise been made over the phone.

Furthermore patients are now able to submit requests 24/7, further reducing the potential congestion of the phone lines and surgery.

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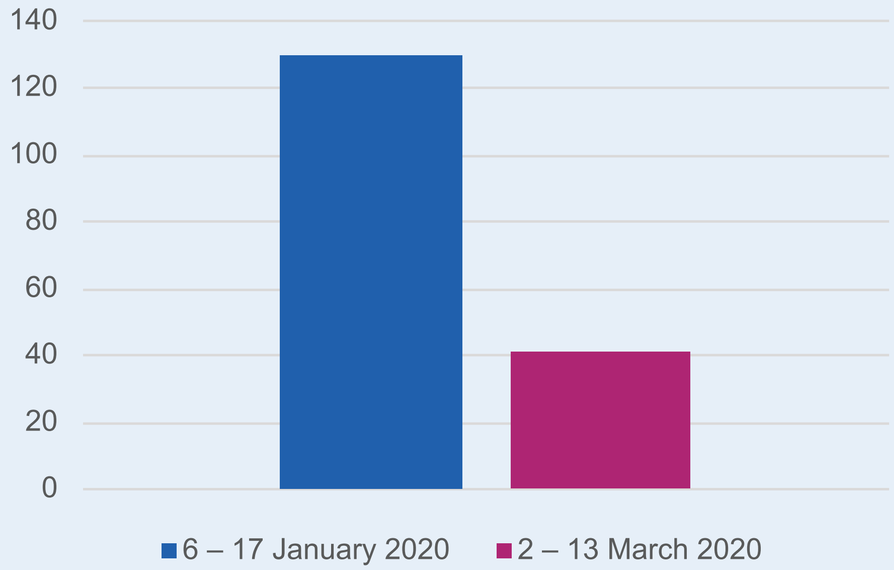
Maximising face to face clinics



When auditing two separate 11-day periods, before and after implementing the system, Tollgate Medical Centre recorded a 68.5% decrease (130 down to 41) in the number of DNAs

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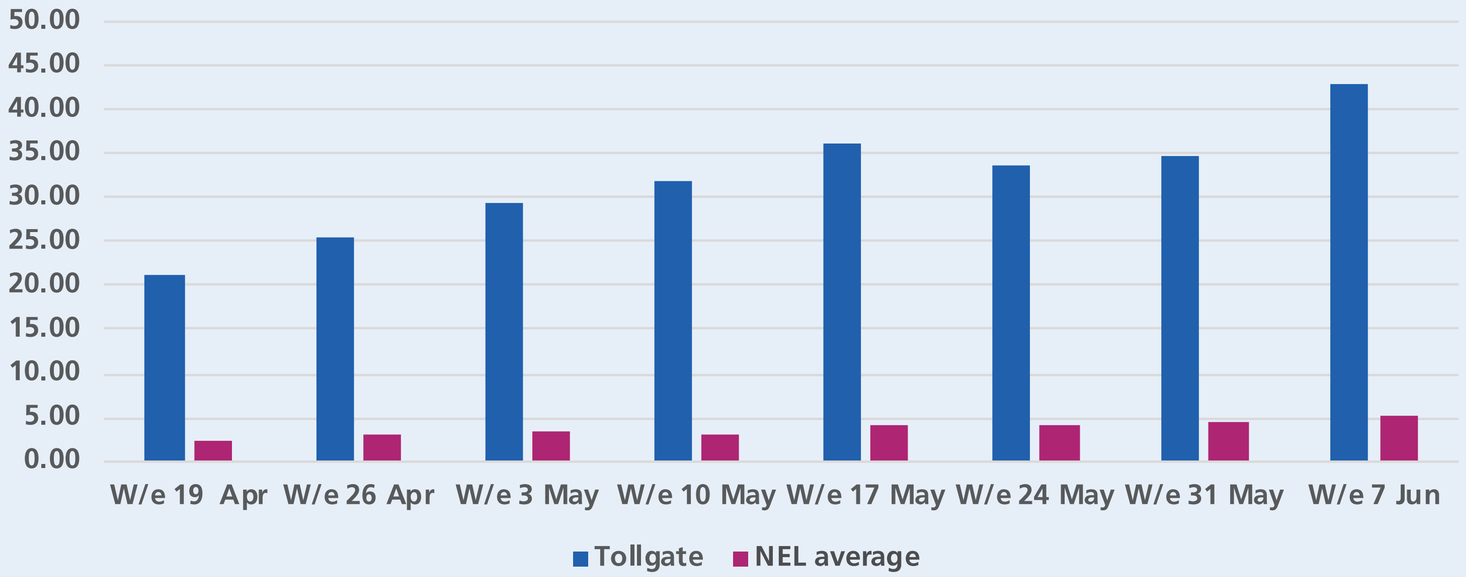
Are patients using it?

Tollgate Medical Centre has a list size of 17,875 patients. The table below shows a steady increase of weekly OC forms per 1,000 patients compared to NEL STP GP practice average, which is significantly lower.

The lower figures in April are in line with those experienced in other GP surgeries as a consequence of the COVID-19 lockdown and overall reduced demand in primary care.

Number of weekly OC forms per 1,000 patients at Tollgate Medical Centre vs. NEL STP average



Tollgate Medical Centre

digital first
Connected Primary Care

NHS

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