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Total Triage for GP Practices

MAY 2025

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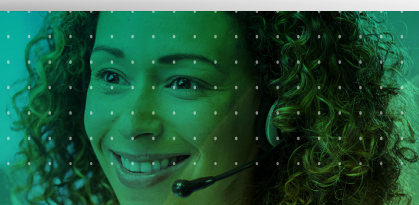
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01. What this Toolkit Does

This toolkit is a practical, step-by-step guide for general practices seeking to adopt or optimise a Total Triage model. The content draws from national guidance, real-world implementation case studies, and tested tools to help:

Create fairer, faster access to care by prioritising need over order of contact



Make better use of limited GP appointments and multidisciplinary team capacity



Support patients to access the right help at the right time, via phone, online or in person



Build staff confidence in delivering structured triage and managing demand safely



Embed digital tools into daily workflows while safeguarding inclusivity



Whether planning the first implementation or improving an existing approach, this resource is designed for day-to-day use by the whole practice team.



02. What is Total Triage?

Total Triage means every patient contact is assessed before any appointment is booked. This includes all entry routes—online forms, telephone calls, and walk-ins. The goal is to ensure that each patient is routed to the most appropriate person, service, or support, first time ensuring parity and patient care.

Why Total Triage Works:

Patients are prioritised by urgency, not speed of contact

Digitally able patients can engage at any time of day, helping reduce 8am bottlenecks

GPs focus on complex clinical work, while ARRS roles, nurses, or admin teams handle appropriate tasks

Better data supports smarter decision-making across staffing, appointments, and service design

Administrative bottlenecks are reduced by deflecting or resolving low-level demand

02. What is Total Triage

The Benefits of Total Triage

Patients	Practices
Improved access to care Ensures patients with urgent needs are seen promptly, reducing waiting times and allowing for timely care	More efficient healthcare Total triage streamlines patient flow, allowing the team to focus on the most critical cases. Empowering clinicians to work at the top of the peak of their competence with appropriate cases
Equitable access Patients are prioritised based on their need, rather than appointment availability “or fastest finger first” ensuring everyone received the care they need, regardless of the time of contact	Reduced call volumes Digital triage tools can reduce call volume, freeing up time for other tasks
Enhanced safety Identifying high risk patients early, helps prevent complications and reduces the potential for adverse events.	Cost savings Improving efficiency and resource allocation practices can save money
Patient Choice Patients can choose between remote or face-to-face care depending on their needs and preferences	Improved communication Facilitates better communication between patients and staff improving the experience for all
Convenience Total triage can eliminate unnecessary travel costs and time, particularly valuable to those with mobility issues, caring responsibilities or work commitments	Flexibility and scalability Easier adaption to fluctuating demand and staff availability
Reduced Infection Risk Fewer unnecessary in-person visits help protect vulnerable patients, particularly following COVID-19	Staff Satisfaction More predictable workdays with fewer interruptions and emergency situations



02. What is Total Triage (CONT.)

Examples of Triage Outcomes:

Same Day Care	Scheduled Care	Specialist Referral	Alternate Services	Minimal Intervention
• Same-day GP (or ANP) call or face-to-face consultation	• GP call or face-to-face consultation for routine appointments, within an appropriate routine timeframe, following clinical triage • Nurse or pharmacist clinic	• Social prescriber • Physiotherapy referral • Community provider • Mental health practitioner	• 999 • 111 (out of hours only) • Pharmacy	• Admin task • Self



03. Planning and Preparation



Form a Project Team:

Involve clinical, administrative, digital and patient voices. Include at least one triage champion and assign responsibility for coordinating workflows, staff training, and data monitoring.



Define Goals and Milestones:

Establish what success looks like and phase the rollout. Goals might include: reducing DNAs, reduced call volumes, shifting 40% of demand to digital, or improving FFT scores and reducing complaints.



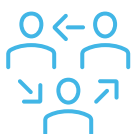
Choose the Right Tools:

Review available online consultation platforms (e.g. AccuRx, PATCHS, eConsult, Klinik, Footfall). Ensure the system chosen integrates with the clinical system, supports asynchronous communication, and provides meaningful analytics. If there is no OC in place contact the ICB in the first instance to understand what has been commissioned locally.



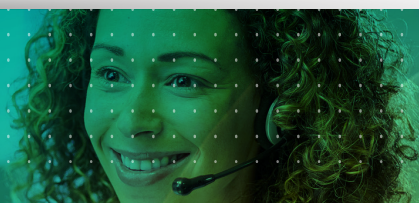
Design Patient Communication:

Create a pre-launch campaign with posters, social content, and scripts for receptionists, as well as updating telephony system messages. Reinforce that face-to-face care remains available. Provide examples and set expectations clearly.



Engage the PPG:

Use the patient group to test materials, challenge assumptions, and help advocate for the benefits of change.



04. Mapping and Redesigning Workflows

Set Internal Expectations and Templates

- Agree who is responsible for monitoring triage requests and at what intervals (e.g. hourly reviews by a named clinician).
- Define what constitutes a timely triage response (e.g. within 4 working hours or by close of business same day).
- Develop and maintain a bank of templated replies for common outcomes—such as fit notes, normal results, or medication queries. These should be embedded in the clinical system and aligned with triage pathways.

Effective triage relies on a clear, streamlined workflow that routes all types of patient requests including digital, telephone, and walk-in into a single assessment process. This section covers how to audit, redesign, and embed triage into daily operations.

Step 1: Map Current Workflows ('As-Is')

- Document every entry point into the practice: phone, online consultation system, walk-ins, apps and emails.
- Follow each request type from start to finish how is it received, logged, triaged, and actioned?
- Note delays, duplication, bottlenecks, or any gaps in escalation (e.g. missed results, vague admin tasks).



04. Mapping and Redesigning Workflows (CONT.)

Step 2: Design the Future Workflows ('To-Be')

- Define a single queue approach. All requests whether digital, phone, or walk-in should be triaged through one central system.
- Specify roles clearly:
 - Admin staff: record requests accurately, confirm contact details, direct urgent walk-ins to clinical triage.
 - Receptionists: ensure all incoming phone calls are consistently documented in the triage log.
 - Triage clinicians (GP/nurse): assess requests, assign outcomes, and add notes to patient records.
- Agree triage turnaround times (e.g. all requests reviewed by 1pm each day).
- For Steps 1 and 2, We have built a template to help with mapping these processes here: [Link](#)

Task	Telephone	Website	OC	NHS App	NHS App
Order Meds					
Sick Note					
Book Appt					
Cancel Appt					
Register					
Test Results					
Check Records					
Access to Health Info					
Request Medical Advice					
Ask about and Admin Task					
Book a planned appointment e.g. Smear					

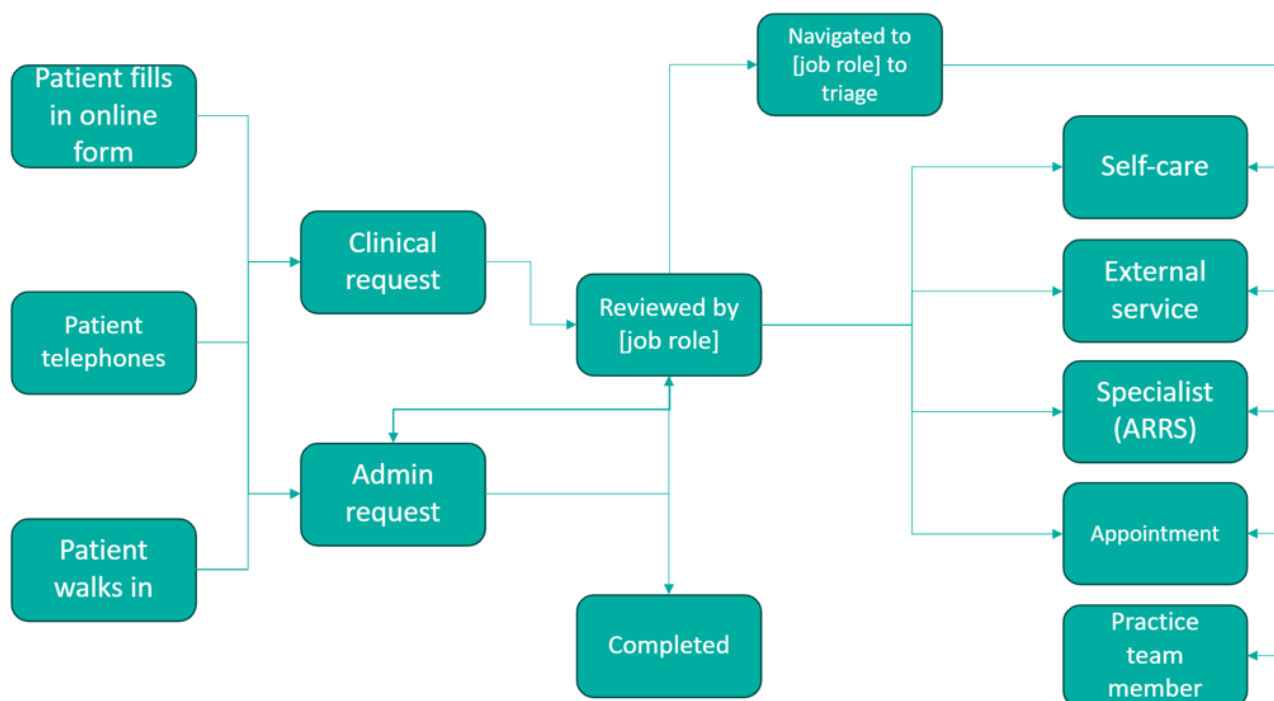


04. Mapping and Redesigning Workflows (CONT.)

Step 3: Build a Visual Map

- Develop a simple visual process map that shows the triage workflow. This should include:
 - Entry routes (phone, digital, walk-in)
 - Initial handling (admin logging)
 - Review stage (clinical triage)
 - Outcomes (F2F, call-back, self-care, ARRS, etc.)
- Display this internally and use in induction/training.
- Here is an example process map that can be used and adapted in powerpoint: [Link](#)

Process Map (Visual)



04. Mapping and Redesigning Workflows (CONT.)

Step 4: Align the Appointment Book with the Workflow

- Review appointment slot types. Consider:
 - Triage-only slots (for initial call-backs)
 - On-the-day urgent care (F2F or phone)
 - Routine follow-ups (2-week, 4-week windows)
 - Named GP continuity or ARRS clinic slots
- Create block-booked time for follow-up work triggered by triage (e.g. referrals, med checks).
- For more support on aligning and updating the appointment book, visit the Appointments Knowledge Base page in D&T Hub.

Step 5: Strengthen Care Navigation

- Develop scripts and policies to support reception staff in redirecting patients to pharmacy, ILL, or admin teams.
- Use Redmoor Health's Care Navigation Toolkit to help guide through this process: [Link](#)
- Conduct shadowing and coaching to build staff confidence in signposting.
- Ensure Care Navigation commences from the start of business and not when appointments / triage requests are full.

Step 6: Plan for Safety and Escalation

- Build in flags for escalation: urgent symptoms (Redmoor Health's Care Navigation Toolkit A-Z guide can assist with this), safeguarding, repeat contacts: [Link](#)
- Allocate responsibility for reviewing 'red flag' triage entries and ensure these are actioned.

Step 7: Review and Test

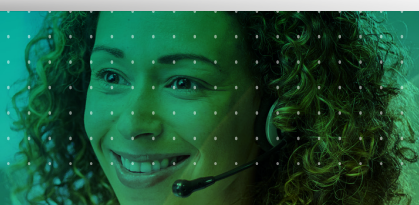
- Run tabletop simulations with the team using real scenarios.
- Time how long it takes for a request to move from contact to triage to booked appointment or outcome.
- Ask: where is friction? what's unclear?

04. Mapping and Redesigning Workflows (CONT.)

Quick Tips



- Use dummy patients to test new workflows before go-live.
- Set up weekly feedback huddles for the first month post-launch.
- Undertake staff surveys prior to Total Triage transition and 3 months post, this will gauge if workload has reduced and staff morale has increased and will also help understand if further amendments to the process need to be made.



05. Maximising Digital Tools

In Total Triage, digital tools refer to the core platforms that allow patients to submit structured requests and practices to review, respond, and manage demand effectively. These include the online consultation system, telephony setup, website setup and the NHS App.

Using the Online Consultation System Effectively:

- Most practices will already have a system like AccuRx, PATCHS, eConsult, Klinik, Footfall). The key is ensuring it's configured to meet the practice's triage needs and not just installed and switch on.
- Integrate it fully with the clinical system and make it easily accessible from the practice website and NHS App.
- Use request templates that distinguish between clinical and administrative queries. Ensure options for photo uploads, structured symptom entry, and redirection to self-care advice are active.
- Ensure there is information about urgent medical issues. Redirecting patients away from the Total Triage form completion, and towards A&E or 999.

Telephony and the NHS App:

- Digital and phone requests should funnel into the same triage workflow. Avoid parallel systems.
- Use cloud-based phone systems that offer features like custom call routing, queue analytics, voicemail-to-email, and real-time monitoring.
- The NHS App is a key enabler:
 - Encourage uptake during patient contact and via digital campaigns
 - Use it for sending push notifications (which are free vs. SMS)
 - Enable appointment booking, prescriptions, and messaging features via the App where available

Collaborate Where Possible: Standardise across the PCN where possible. Aligning templates, triage outcomes, and tools makes sharing resources easier and improves the patient experience.* Work with the PCN to standardise digital triage systems. Shared templates and aligned processes reduce confusion for patients and allow cross-practice learning.

06. Training and Staff Development

Develop a Practice-Wide Education Programme:

Cover administrative workflows, clinical decision-making, communication skills, and digital tools.

Key Topics to Include:



- Care navigation
- Risk identification and escalation pathways
- Patient communication and expectation setting
- Hands-on training with the online consultation tool

Use Resources Like:



- NHS Admin Triage Tools Course
- EGP Learning Triage Programme

Refresh Regularly:



Triage isn't static. Offer follow-up training, peer support, and include triage discussions in clinical huddles.

Empower Staff:



Make sure staff understand the value of triage, feel confident in their roles, and know when to escalate.



07. Embedding into Practice Workflow

Make Triage Core to Daily Work:

Avoid running triage as a parallel process. Build triage into the practice schedule, morning briefings, and clinical decision-making.



Standardise Protocols:

Develop a triage manual outlining response time, appointment types, documentation standards, and communication templates.



Centralise Communication:

Use shared triage inboxes or task lists to ensure transparency and prevent duplication.



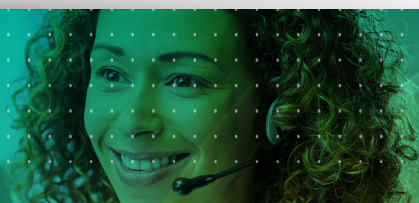
Adapt Based on Data:

Review usage and feedback weekly. Refine scripts, triage criteria, and pathways.



Use Your Website:

It should act as the central information hub. Keep it updated with access options, FAQs, and how to use the digital tools.



08. Patient Communication and Engagement

Engage Early and Often:

Introduce the concept with clarity – explain what triage is, what it isn’t, and how it benefits patients.

From 7th of October 2024



Total Triage -
New way of
working

From the 7th October 2024, we are changing the way patients contact the surgery, and how patient requests are processed.

Patients can access us via our website, by phone or in person at the surgery. All contacts will be converted to a contact form (available on our website).

All requests will be reviewed by our clinicians who are part of the triage team.

We’re improving our appointment system
Making sure that our patients are connected:



to the **right** person
at the **right** time
in the **right** place
for the **right** care
and do it **first** time

We **appreciate your support**
during this period of change

Before Launch:	During Rollout:	After Implementation:
• Social Media promotion • Posters in reception and clinical areas • Email newsletters and PPG sessions • Drop-in sessions for Q&As • Access to test (sandpit) environments for practice teams to trial triage tools, responses and process • Plan in sufficient time to train the team	• Weekly updates on progress • Reiterate that patients can still speak to someone if needed • Reinforce positive stories (e.g. “80% of requests responded to same day”)	• Collect patient feedback through surveys and FFT • Publish key metrics (e.g. “Reduced waiting time from 6 to 2 days”) • Run drop-ins to troubleshoot issues and build trust



09. Monitoring, Data, and Continuous Improvement

Why Data Matters:

Success relies on visibility of what's working, where delays exist, and what patients are experiencing.

Use the NHS Demand and Capacity Tool:

This allows the practice to model current appointment supply against incoming demand. Segment data by clinician type, appointment length, mode, and urgency.

Common Actions Based on Data:

- Reallocate appointments to different roles (e.g. ARRS)
- Increase triage capacity during peak days
- Adjust mix of on-day vs routine appointments

Run Reports in EMIS/SystemOne:

- Appointments by mode and staff type
- DNA rates pre- and post-triage
- ARRS utilisation levels
- Admin task volume and completion rates

Analyse and Compare

Use FFT responses and complaint figures around appointments and wait times to evaluate the impact that transitioning to Total Triage has had.

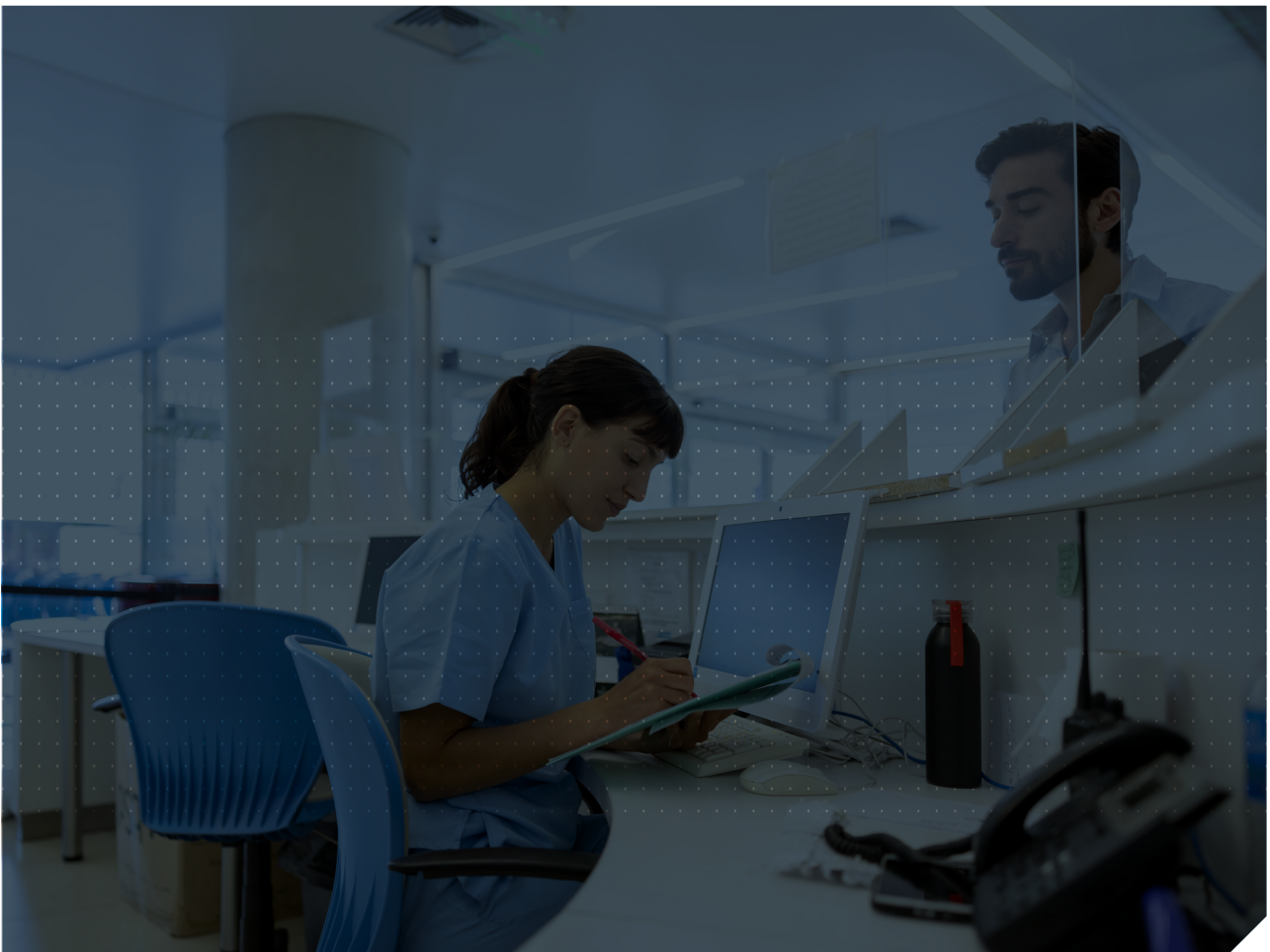
09. Monitoring, Data, and Continuous Improvement (CONT.)

Use OC Platform Dashboards (e.g. AccuRx):

- Average response time per staff group
- Number of messages handled without appointments
- Escalation rates

Create a Monthly Review Cycle:

Use this to celebrate wins, flag concerns, and agree next steps. Embed triage improvement into the practice's Quality Improvement (QI) calendar.



10. Deepening the Impact

- **Integrate LTC Management:** Use triage to trigger structured long-term condition reviews if required. Send digital forms ahead of reviews and allocate to the member of the team.
- **Promote Proactive Care:** Reinvest time saved through triage into proactive management of high-risk or vulnerable patients.
- **Involve ARRS Roles More:** Track utilisation and align triage outcomes to specialist skills (e.g. MSK > FCP, meds > pharmacist).
- **Expand Access to Self-Care and External Services:** Improve website guidance, update phone scripts, and ensure triage includes redirection where appropriate.

Example Metrics to Track Quarterly:



- % digital vs phone requests
- % resolved without GP input
- % signposted to pharmacy or self-care
- ARRS role appointment fill rate

Quick Tips:



- Develop a “triage dashboard” to review at each clinical meeting
- Nominate a triage lead for oversight
- Schedule quarterly mini-audits to identify gaps and opportunities

Final Thoughts

Triage is not a product to simply turn on or off – it's a mindset.

Practices that get the most from Total Triage treat it as a continual improvement journey. They use data smartly, invest in people, and focus on quality as much as access.

Stay patient-centred, keep listening to the team, and don't be afraid to refine and rescope. With every patient contact, the triage system has the potential to save time, reduce harm, and improve outcomes.

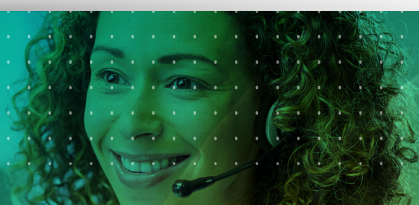
“Every request reviewed. Every patient guided. Every day more efficient.”

Need support?



Need support in setting up Total Triage? We've helped many PCNs manage the transition through our Digital & Transformation Managed Service (DTMS). Whether just starting out or refining the current approach, we can provide tailored support to help embed triage effectively and sustainably.

Email: hello@redmoorhealth.co.uk



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