RCGP
Royal College of General Practitioners

The future role of remote consultations & patient 'triage'

General practice COVID-19 recovery

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Contents

Executive summary

General practice sits at the heart of the NHS, carrying out the majority of patient contacts, and has continued to do so throughout the COVID-19 pandemic. Remote and digitally enabled patient care have been important elements of general practice for some time, but they were rapidly expanded at the outset of the pandemic to protect patients, their carers and healthcare staff from risks of infection. Alongside the widespread use of remote consultations, new models for 'triage' including digital platforms were rapidly rolled out to support screening patients for potential COVID-19 symptoms, to triage patients' needs, and to determine how, and by whom, these can best be met. These formed a key part of the 'total triage' model that was adopted across general practice, which also included telephone and other methods for screening and signposting patients.

Remote consultations will remain an important way of delivering general practice services in the future, both as we continue to manage COVID-19 and more generally, but as we look beyond the pandemic, we expect a rebalancing between face-to-face and remote consultations. Face-to-face appointments will always remain a major element of general practice, and remote consultations will continue to be delivered where appropriate and useful. The mode of consultation should be determined through shared decision-making between a patient and practice staff.

The Government has signalled plans to embed a 'total triage' model in general practice in England beyond the pandemic through new planning guidance for 21/22[1], and similar ambitions seem likely to emerge in other parts of the UK. However, while the capabilities and digital tools to support triage should indeed be retained and further built upon, we are not convinced that the 'total triage' model or digital-first triage platforms should be the automatic default for all practices once the need for social distancing has lifted. Evaluation is needed to establish what 'good' looks like for triage systems for both patients and staff, in order to capitalise on their potential. This must ensure that systems do not exacerbate health inequalities. Systems need to be co-designed with patients and clinicians to iron out the challenges associated with current approaches to triage. Practices will need to be able to make informed choices about the types of triage systems they can use to meet the needs of their local populations, and support to embed these effectively. Shared decision-making and patient-centred care principles, which sit at the heart of GP care, should be central to any future patient screening and signposting systems.

A key challenge for UK governments and health systems will be to build upon the potential benefits that have emerged from technology advances and new ways of working during the pandemic, while ensuring that relational care and health inequalities do not suffer in the longer-term. This will only be possible with further evaluation, action and government investment. This paper sets out the challenges which need to be addressed to ensure GPs and practice teams can continue to provide high-quality patient care as we look towards a 'new normal', following on from RCGP's report on 'General practice in the post -Covid world'.

Key terms

Some of the terms below do not have universally agreed definitions and may mean slightly different things to different people, but these definitions have been used as the basis of understanding for this paper.

- **Consultation:** An interaction between a clinician and a patient where a patient's clinical needs are reviewed and a course of action is agreed.

- **Remote consultation:** A type of consultation between a patient and staff member which does not involve being face-to-face in-person (conducted via telephone, video or online).

- **Triage:** Where a patient makes contact with a practice and they are screened according to their needs and signposted to a staff member for a consultation or other services for consultation (community pharmacy or A&E). The way this is done varies between practices. Sometimes this is carried out by reception staff but can often involve clinical staff.

- **Digital triage:** This is the use of a digital tool (website or app) to triage care. This is usually an online consultation form filled out by a patient prior to having an appointment booked, but this could also be utilising an online messaging service. This information is then either used by a staff member, or in some instances an automated service, to direct the patient to the relevant place (a consultation, service or information).

- **Telephone triage:** This is where a practice staff member, usually a GP or nurse, calls a patient to screen their needs and signpost them to the right place. In some cases where sufficient upfront information was not available through digital triage (for example via the online form filled out by a patient), a GP or clinician will still contact the patient through telephone triage to obtain further information. This contact would then become a 'consultation' if a course of action is agreed there and then, rather than re-directing the patient to another member of staff in the primary care team or to other services for a first consultation. It is not usually possible to know in advance whether a triage contact will become a consultation or not.

- **Total triage:** Patients are not able to book consultation appointments with a practice directly and instead practice staff or automated tools are involved in some way in directing the patient as to where, who, and when they should be consulted by a clinician, or whether they need other information or services.

- **Digital-first:** Where patients use an online tool (website or app) as a first point of access for a range of primary care services, such as receiving advice, booking and cancelling appointments, directly having a consultation with a healthcare professional online, receiving a referral or obtaining a prescription.

- **Digitally enabled care:** Anything that involves any form of digital tool to access or enable care. This could include use of patient home monitoring equipment for example.

The impact of COVID-19 on the delivery of care

During the COVID-19 outbreak, practices have had to strike a delicate balance between providing face-to-face patient care where clinically necessary and minimising the number of face-to-face patient contacts in line with national infection control protocols. In England, prior to the national lockdown in March 2020, just over 70% of GP appointments and almost 80% of appointments in general practice overall were delivered face-to-face. During the first national lockdown, these proportions changed dramatically, with data from the RCGP Research and Surveillance Centre showing that approximately 70% of GP appointments and over 65% of general practice appointments were being undertaken remotely by telephone or video.[2]

As of mid-March 2021, telephone and video appointments made up 54% of appointments

As practices have reconfigured their systems and processes to minimise risks of infection from face-to-face attendance, the mix of appointments has shifted to a more even split. By mid-March 2021 in England, telephone and video appointments accounted for 54% of total appointments, while face-to-face appointments made up 46%.[3] This shift has been driven by a 108% rise in face-to-face appointments between April 2020 and March 2021, compared to a 28% rise in remote appointments over the same period. Similarly, an RCGP survey of GPs in Wales in December 2020 found that pre-pandemic, face-to-face consultations made up almost 75% of consultations, dropping to 13% during the first pandemic peak, and returning to 28% by December last year.[4] While comparable data is not available in all areas of the UK, feedback to the RCGP from GPs in Northern Ireland and Scotland suggests similar trends across the country.

1 in 3 GPs who singlehandedly manage a practice are at high risk or very high risk of death from COVID-19

Some practices will have experienced barriers impacting their ability to offer face-to-face appointments over the course of the pandemic. Research from the Health Foundation found that one in three GPs who singlehandedly manage a practice are at high risk or very high risk of death from COVID-19, and that these GPs were more likely to be working in areas of high deprivation.[5] This has particularly affected minority ethnic staff, who we know are at greater risks from COVID-19. Government guidance was adapted during the pandemic to ensure local systems put measures in place so that all patients could access face-to-face care, even if this wasn't possible at their registered practice. In England, risk assessments for staff were encouraged and funding was provided by government from July 2020 for backfill of clinical time where cover is needed, though this funding has been somewhat limited.

As well as a shift towards remote consulting, the way that patients are 'triaged' – the process of screening and signposting a patient to the appropriate staff member for a consultation or to another service – went through a dramatic transformation. 'Total triage' models were put in place nationally, in accordance with government guidance, to aid screening for COVID-19 symptoms prior to any contact with a clinician, and to help to ensure face-to-face care is used only when clinically necessary. Although clear data isn't available, it is likely that a majority of triage has been carried out by GPs during the pandemic, or sometimes other clinical staff. In England, national guidance was produced to support practices to implement digital platforms to facilitate this process, which stated that 'all practices must have access to an online consultation system to support triage'.[6] Alternative triage routes, such as practice telephone lines for patients to call, should still be in place for patients who may struggle to use digital channels.

The future balance of remote vs face-to-face consultations

Remote consultations can offer a range of benefits to patients beyond helping to reduce infections during a pandemic, including convenience, flexibility and quick access, and can improve access for some hard to reach groups such as house-bound patients. Patients who struggle to take time off work to physically visit a practice may find remote consultations improve their ability to access the care they need. However, this is only the case where remote consultations are supported by effective technologies, and where they can meet a patients' needs – they do not work for all patients or in all situations. The clinical necessity for a face-to-face appointment varies according to an individual's needs, and the reason(s) they are accessing care at any particular time. The RCGP has published resources designed to help GPs in taking decisions about when to use remote and face-to-face care. Broadly, remote consultations are better suited for more straightforward conditions or queries, where a physical examination isn't clinically required, with those more complex, multifaceted or sensitive being likely to need a face-to-face assessment. In some cases,

60% GPs said remote consultations are **more effective for monitoring and following up with existing patients** than for new patients

non-verbal or 'soft' cues such as signs of anxiety, self-harm, or smelling alcohol on a patient's breath, may be more easily missed remotely, or there may be concerns about a patient's safeguarding, capacity or confidentiality which could be more difficult to identify remotely. 60% of GPs in an RCGP survey also said that remote consultations are more effective for monitoring and following up with existing patients rather than new patients,[7] and they can also be useful for following up once a patient has already been seen for a condition. Every patient is likely to sit somewhere along a spectrum between needing remote and face-to-face care, and this will change according to their needs at any particular time and as symptoms or circumstances change.

What are the concerns about continued widespread use of remote consultations post-COVID?

An RCGP survey of 622 GPs across the UK in September 2020 found concerns about remote consultations when it comes to efficiency and effectiveness – in particular through online (email/chat) and video consultations. For example, only 18% of GPs felt they could be efficient in delivering the best health outcomes for their patients 'always / most of the time' through online consultations, 46% via video, and 75% via telephone compared to 90% through face-to-face consultations. Similarly, only 16% said they felt able to deliver appointments without unnecessary follow-up through online consultations 'always or most of the time', 46% via video, and 61% by telephone, compared to 81% for face-to-face consultations.[8]

88% GPs say face-to-face consultations are important for **building trusting patient relationships**

RCGP's survey also found that 88% of GPs think face-to-face consultations are important for building and maintaining trusting patient relationships.[9] The therapeutic relationship between a clinician and patient, which we call 'relationship-based care', is at the core of general practice, and there is evidence that it has a range of benefits, including often being associated with better patient outcomes – for some patients or situations more than others.[10] It is also an element that many GPs have reported they find rewarding.

63% GPs say delivering all/mostly remote consultations **reduces job satisfaction**

61% GPs say remote consultations make the role **more transactional**

The long-term impact of greater utilisation of remote care on the general practice workforce is currently unknown. While remote consultations can support flexible working and better support those with caring responsibilities, there is a risk that general practice may become a less attractive career option for early career doctors if it is seen as a predominantly 'call-centre' speciality. GPs have reported that remote consultations can often be exhausting, leading to 'Zoom fatigue', with 63% of GPs saying that delivering all or mostly remote consultations reduces their job satisfaction and 61% said remote consultations are making the role more transactional.[11] In light of Government commitments to expand the GP and wider general practice workforce across the UK, it is essential that any potential impacts on recruitment and retention are evaluated and mitigated.

The extent to which patients really have a preference for remote care as the need for social distancing is lifted, is also unknown. Recent research by the Health Foundation found mixed views amongst the public on widespread technology-enabled access to care, with 42% of NHS users who had increased their use of technology saying these had been of worse quality compared to traditional models of care. However, the research also found that a majority of the public were positive about using technology-enabled care in the future.[12] Clearly action is needed to understand and resolve these issues looking forwards. Varying levels of digital literacy and digital access amongst the population also limits the ability of certain patients to benefit from remote consultations.

What are the opportunities to harness the benefits of remote consultations post-COVID?

Some of the issues that have emerged with remote consulting may be solvable to some degree, for example through improving training for clinicians in remote care and improving digital literacy and access amongst the population, but others will not be. Face-to-face care must remain a core element of general practice, and the benefits of remote consultations where they add value should be harnessed.

It is critical that all practices are equipped with effective tools, resources and support for them to provide both high-quality remote consultations (video, online and telephone) where they are appropriate, as well as face-to-face consultations, according to the varying needs and preferences of their patients. While there has been some investment during the COVID-19 pandemic in laptops and certain other IT support, there is still significant action needed to properly equip practices with the infrastructure for effective remote care overall and over the longer-term.

94% of GPs felt they needed **better digital technology** to get the most out of remote consultations

To get the most out of remote consultations, GPs surveyed said they needed better broadband (94%), better digital technology hardware (94%) better quality video consulting (92%) and improved usability of remote appointment software (90%).[13] Video consultations still remain at a low level of uptake, at approximately 2% of total consultations in England.[14]

Remote areas of the UK which may benefit in particular from greater uptake of digital consulting, need improved infrastructure to support it, including superfast broadband speed and network coverage. Patients also need to have access to the necessary technologies, internet access and broadband speed, particularly for video consultations to work effectively. The 'right' mix of consultation types will also likely vary according to the population demographics each practice serves, as younger tech-enabled communities may be better suited to a higher proportion of remote consultations than for those serving communities with a high proportion of older patients.

Over 70%
of GPs **feel more confident** delivering phone / video consultations since the start of the pandemic

81% of GPs want **more training**

80% want **more guidance** on remote consulting

GPs and some other clinicians have demonstrated that many are capable of delivering effective care remotely. Over 70% of GPs said they felt more confident in delivering telephone and video consultations since the beginning of the pandemic. However, 81% of GPs also said they need more training and 80% said they need more guidance in order to get the most out of remote consultations.[15]

This pandemic has also highlighted the opportunities of investing in and utilising emerging innovations for remote care, such as patient home-monitoring equipment and the implementation of 'virtual wards'. The roll-out of pulse oximetry, for example, has proven effective in detecting early deterioration of patients with COVID-19 at home, through primary and community care monitoring services. Although this topic is not covered in detail in this paper, we believe the roll-out of these types of equipment and systems need further attention and investment (see recommendations).
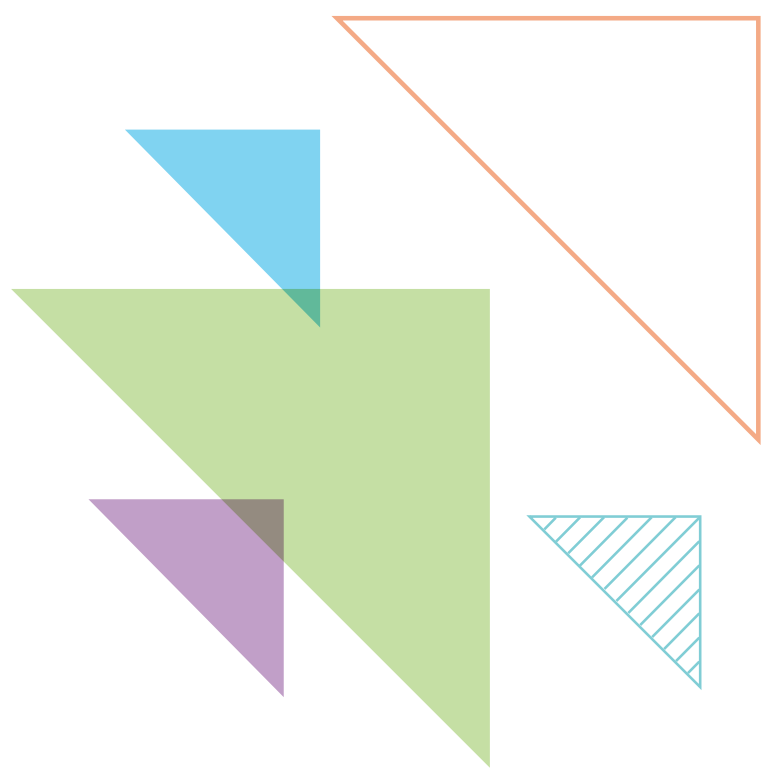
Patient 'total triage' and digital-first screening post-COVID

Prior to the pandemic, many practices were already using some form of patient triage, led by GPs and other members of the practice team (including reception staff), helping to ensure patients are seen by the right member of the team, at the right time – for example a GP, nurse, physio, or pharmacist. Triage can also help to play a role in ensuring patients receive continuity of care where and when they need it, enabling patients to book an appointment with the same clinician as appropriate or desired, as well as receiving the right duration of consultation. GPs reported a range of benefits of triage during the pandemic, including helping to keep footfall into practices down to essential visits and to easily screen for COVID-19 symptoms. However, there is a long way to go to evaluate best practice for the longer-term and to ensure effective implementation of the triage systems across the UK. Due to the rapid nature of the roll-out of new digital-first systems, there have understandably been some challenges in implementation, as well as persistent weaknesses in the platforms themselves, which need to be addressed as we look beyond COVID-19.

What are the concerns about the 'total triage' model and widespread use of digital-first platforms?

Only 52% of GPs in RCGP's survey agreed that 'patients always get where they need to' through total triage systems, while 58% said it helps to ensure patients' needs are better met. 42% disagreed that total triage saves clinicians time.[16] Research also suggests that digital-first triage approaches (including online, telephone and video) are likely to increase general practice workload,[17] and it is unclear how these approaches will affect patient demand post-pandemic if they are adopted across the board. There is a clear need for a comprehensive review of triage systems currently in use, to ensure that they are designed and embedded in a way that delivers the best possible outcomes for both patients and clinicians, including any impact on general practice workload.

42% GPs say total triage does not save clinicians' time

Particularly as we look towards COVID-19 recovery, digital triage systems and platforms need to be properly evaluated at a national level, and co-designed with GPs, other clinicians, patients and carers to ensure they meet their needs. For example, it may be acceptable to expect patients to provide some level of prior information to an appointment request, but not if this ends up presenting a barrier to care because an online form is overly complicated, or ends up diverting patients elsewhere such as A&E unnecessarily. There are also concerns that some systems do not have sufficient 'red-flag' systems in place, which would enable the appropriate flagging and recording of serious or urgent symptoms promptly, particularly to out of hours services.

Some patients, including those who don't have good IT access or digital literacy, will always need to be able get an appointment through traditional routes such as over the telephone or in person. If digital-first triaging platforms are retained post-COVID by a majority of practices across the UK, significant capacity for traditional routes of access will need to be retained and promoted to patients who may need these channels. This will be essential for preventing the further worsening of health inequalities.

What are the opportunities to harness the benefits of 'total triage' and digital-first platforms post-COVID?

While there are still evaluations and improvements to be made, there is potential for new triaging systems and supporting digital platforms to enhance general practice services. There may be potential for these new ways of working to facilitate personalised care, to lead to greater satisfaction for patients with their care, and even perhaps a more efficient system overall.[18] However, this requires evaluation and substantial improvements to the digital tools and systems for practices to use, and support for them to embed these new ways of working. For example, simple measures need to be put into place to enable patients to easily indicate options of time periods where they can be contacted. Currently, systems widely vary in terms of these capabilities. Not only will this better meet patient needs, it will also reduce time wasted for clinicians unable to get through to patients and having to call back. This will become even more important as more people return to usual life and working patterns post-pandemic. There also need to be systems in place to ensure every patient can still access care in a way that meets their needs, particularly those who may have low digital access or literacy. Further recommendations to harness the potential benefits of digital-first and total triage are outlined on the following pages.
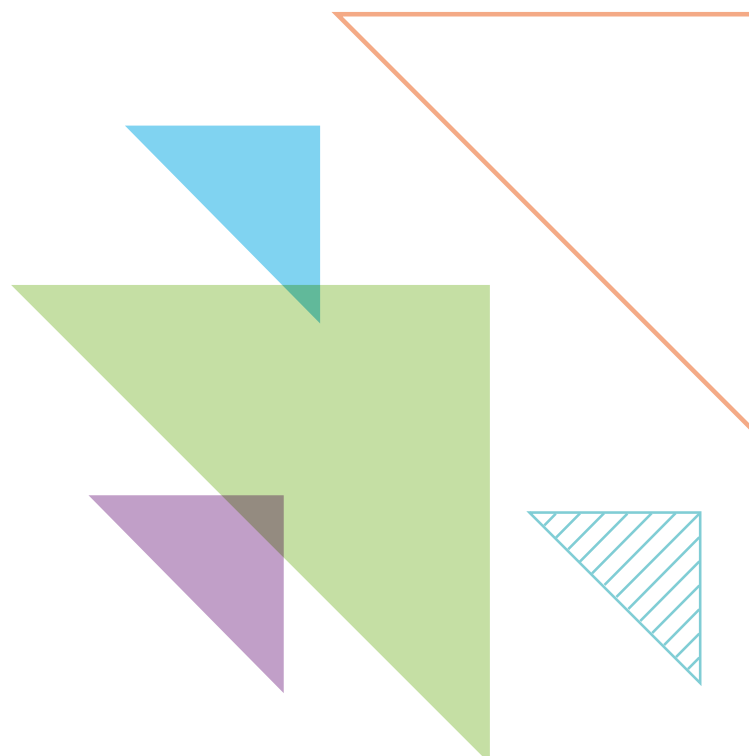
Recommendations

Actions for UK governments and health systems to support effective and safe use of remote consultations and different patient triage models in general practice beyond the COVID-19 pandemic:

1 Invest in digital infrastructure and capabilities for remote care

- As outlined in our submission to the 2020 HM Treasury Comprehensive Spending Review, we are calling for a £1 billion investment in infrastructure for general practice in England, to take us to 2024. This includes significant investment for ongoing upgrades to digital technology and supporting infrastructure. Equivalent levels of investment are needed across the UK.

- Our Digital Technology Roadmap published in 2019 set out a range of actions required to meet our vision for the future of general practice, many of which are not yet achieved and require further investment.

- Ongoing government investment is essential to ensure that all practices have superfast broadband connections, across all parts of the UK, high-quality video consulting software, and adequate telephony systems to meet capacity needs.

- Additional investment in digital innovations is required to support remote monitoring of patient conditions and patient self-management.

2 Review and improve digital patient triage platforms and processes, and produce guidance for patients and staff to support effective implementation

- A set of UK-wide principles for digital triage systems should be developed and agreed by NHS bodies, regulatory organisations, and professional bodies, to ensure they meet criteria for quality, effectiveness, safety, inclusion and useability – for both patients and clinicians. This should be integrated into the GP IT Futures Framework, and should consider the following key elements:

  ▶ Determining whether to conduct a face-to-face consultation should be a shared decision between clinician and patient, and this should be made as simple as possible through triage systems.

  ▶ Work should begin to agree common clinical 'red flags' and effective escalation procedures within triage systems. This would mean that concerning symptoms reported by a patient through screening would be recorded and picked up promptly, and signposted to enable a rapid response, including linking to out of hours services.

  ▶ Mechanisms for clinicians to easily and swiftly report any issues with digital triaging software should be developed. This should enable clinicians to flag issues in real-time to an independent clinician-led board, where there may be a patient safety concern. Learnings from safety issues should be shared across digital triage platform providers.

  ▶ Every patient triage system should be patient-centred. This should include options to enable patients to describe a set of symptoms or concerns more easily, rather than encouraging the patient to focus on whatever is felt to be most urgent.

  ▶ Options for patients to indicate when they can / cannot be contacted should be integrated into digital triaging systems. Systems should also help to ensure that patients are notified in advance of timing brackets for when they will be contacted.

  ▶ Triage systems overall and the supporting digital platforms should be adapted to facilitate relationship-based care, including enabling a patient to make an informed decision about seeing the same clinician where patients feel they would benefit, and to express their preference about this.

- This set of principles should form the basis for a wide review into digital triage platforms and processes, looking at how to ensure they work effectively for patients and staff, and importantly, how to embed them effectively. This must include representative patient and clinician views.

- A wide-reaching patient education campaign is needed to improve understanding about seeing different clinicians within the practice team, as well as explaining the reasons behind government guidance on the use of different methods of triage. This should guide patients on who may be most suitable for an appointment according to different needs and situations.

- As the need for social distances eases, national guidance relating to triage within general practice should be flexed to support greater choice on how practices triage patients and how appointments are booked. Patients should be supported to make informed choices about their care.

3 Ensure GPs and wider teams have access to the tools, training, guidance and support in routinely using digital tools in their practice

- Additional support should be provided to practices, including time and resources, to evaluate, refine and effectively embed new technologies for remote consulting and triage.

- Training programmes for GPs and other clinicians likely to work in general practice should include a stronger element of remote consulting, and on methods of triage including use of digital tools.

- Training tools, support and guidance on remote consultations and triage should be made more readily available for all current relevant staff working in general practice.

4 Implement targeted strategies to support equal patient access to care

- A streamlined process should be put into place at a local level to ensure that all patients can access care through traditional routes when they need to, as well as to support improving digital literacy and digital access where appropriate. To facilitate this, a streamlined process could be put in place to identify patients without good access to the digital technologies required or/ and lower levels of digital literacy. This needs to be easily recordable on the GP record.

5 Commission research into models of triage and remote consultations

- Commission further research to evaluate the effectiveness and efficiency of the different models of triage, and 'total triage', including patient and staff views. This should review the impact on general practice workload and the cost-benefits of implementation.

- Commission further research into the different modes of consultations and the impact on general practice care, including the impact on health inequalities.

- Research in these areas should also seek to identify any potential unintended consequences of use of different models over the longer-term, including impacts on 'relationship-based care' and on the career intentions for the general practice workforce.

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