NHS 24 In Hours GP Triage Project

The GP Triage project sits within NHS 24's Service Transformation Programme. It is supported by the Scottish Government as part of a commitment to Transforming Urgent Care. At this point, GP Triage is a proof of concept service development, which aims to contribute to improvement in the health and social care system as a whole and has objectives to:

- Increase overall capacity within GP practices, to address rising demand
- Reduce demand for face-to-face same day GP appointments.
- Improve overall patient experience/pathways.
- Support a model of redirection through digital first service provision
- Improve understanding of telephone triage for GPs
- Support integration of health and care services
- Engage stakeholders in service development and ensure our services match stakeholder needs.

Background

NHS 24 worked with NHS Lothian and NHS Lanarkshire to identify practices that would engage with and test the benefits of NHS 24 providing a telephone GP Triage service. The motivations for engagement were different.

NHS Lothian's Riverside Practice had plans to expand its catchment through a practice merger; it also intended to extend its offering to the local community through an innovative arrangement with East Lothian Health and Social Care Partnership, to provide same day access to a range of clinical specialisms (Advanced Nurse Practitioner, Nurse Practitioner, Allied Health Professional (Physio, MSK), Mental Health). It was agreed that the GP Triage model would be applied to this extended set of contact outcomes, when available from 29/1/18.

NHS Lanarkshire's Branchalwood was identified as a 'practice in difficulty' and the GP Triage model is being tested as means of mitigating local risks/challenges and relieving pressures on practice resources.

The service model commenced late November 2017, and so the service model is in its infancy having been operational for only 12 weeks.

Approach

In both cases, NHS 24 worked closely with partners to understand the type and level of demand for same day GP appointments. This led to agreement on the presenting needs[1] and pathways that would be managed within the scope of an initial Test of Change (ToC). It was also agreed that for practical reasons, the first phase of the project would delivered as an out-bound call operating model i.e. patients contact the practice as normal and requests for same day appointments are then subject to telephone triage by NHS 24. A Service Definition was agreed with each partner.

Data Sharing Agreements were signed with partners and technical arrangements made for NHS 24 to access to the GP IT system, to enable viewing of patient details and to record appointments where appropriate. (NB no systems integration specified or delivered at this point). Of note is that currently NHS 24 do not access GP patient records. There is access to basic demographic patient details (to enable verification of identification on creating a record in NHS 24) who are referred and an appointment 'booked' in the GP IT system. NHS 24 creates their own patient record to manage calls. Outputs from this are sent back to the practice. NHS 24 can see the Emergency Care Summary and, if they exist for individual patients Key Information Summary and electronic Palliative Care Summary

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[1] This excluded Calls from other health care professionals; Palliative care patients; Practice Nurse/Phlebotomy appointments; Recreational drug users and Mental Health.

To deliver the service, NHS 24 created a new team with a mix of call-handling and nursing skill sets, and a supervision model based at the Norseman centre, South Queensferry.Engagement channels were created at both a senior and operational level to support the development and implementation of the project. Engagement also included significant input to public information across a variety of routes including Patient Participation Groups. Evaluation and success criteria were co-designed at the outset of the project.

Timeline and results

Branchalwood practice went live with the new GP Triage service on 21/11/18 and Riverside on 28/11/18. The Riverside Practice merger and new primary care access service was implemented on 29/1/18. There is a commitment within the NHS 24 project plan to deliver an evaluation of the initial ToC by April 2018, with an understanding between partners that the test is expected to continue into a further phase, to March 2019. The average triage outputs   for the period to date are summarised below and presented graphically in the appendix.

End-point	Branchalwood 21/11 – 16/2	Riverside Pre 29/1	Riverside 29/1-16/2 (referral/triage linka to community hub established)
Same day GP Appointment	27%	42%	9%
Routine GP Appointment	16%	15%	17%
Self-care	15%	15%	16%
Pharmacy	10%	13%	11%
Speak to Dr/Practice	4%	4%	3%
No response	7%	7%	6%
Other	3%	4%	4%
ANP	18%		13%
NP			11%
CWIC[2] Paed/other			7%
APP			2%
Mental Health NP/OT			1%

Service Development

By necessity, there have been pragmatic decisions made in relation to NHS 24's operational model [process and technology] in order to move forward with an initial Test of Change. All partners recognise that the current delivery model is not scalable. Constraints on delivering technology support for a small-scale test within partners' timescales are part of the reason for this. Work is in progress to specify the process and technology improvement both internally and externally that are needed to allow more practices to engage with the new approach to accessing GP/primary care services - with the assurance of safe, effective and person-centred standards of care. A review of the potential to take an inbound model is also required with patient safety the paramount consideration.

In addition, it is recognised that the digital first redirection stream requires to be further strengthened and integral to the model of delivery.

Evaluation

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[2] Collaborative Working for Immediate Care

An evaluation exercise will test the hypotheses that an improved patient journey will be achieved if there is access to the right care and advice at the first point of contact; i.e. where the GP role as intermediary to another health professional, or other safe and effective outcome, is removed. There is a range of potential benefits in this, though it must be expected that not all can be explored in depth based on a relatively short initial test:

- improve flow of patients to be triaged, to support management of demand within a practice
- reduce the proportion of face to face appointments, same day and routine from 'on the day requests ' to see a doctor
- increase early intervention, preventive care and support
- improved multi-agency use of data for operational and strategic purposes
- enabling practical delivery of integrated health and care services
- enabling people to have more choice and control
- modified volumes presenting to Out-of-Hours Services

A range of data measures will be used within the evaluation exercise as well as sample call reviews; review of all 999 outcomes, contact with patients who have consented to provide feedback, and feedback from staff. In agreement with practice partners, one of the outputs will be an assessment of what type of consultations the GPs are undertaking since the introduction of the project. It's plausible to expect that the GPs will spend more time on more complex cases as increased numbers of patients are referred to other professionals via the CWIC. The complexity definitions are outlined below:

- Low complexity = suitable for self-care or community pharmacy input
- Medium complexity = can safely be dealt with by another professional however if unavailable are appropriate for GP
- High Complexity = patient need or presentation dictates only for GP at the time of the consultation.

The evaluation of this model is underway and will be completed April 2018.

As part of this evaluation consideration will be given to the following design elements which will be considered as part of our approach to growth:

1. ***NHS 24 as an integral part of local service transformation*** in supporting primary care demand management including triage and redirection [digital first] for long-term sustainability e.g supporting a practice/cluster who is actively engaged in the wider transformation agenda.

2. ***NHS 24's model of care which provides short-term/immediate support with a view to being integral to a specific service design approach***. Supporting local sustainability plans e.g service transformation has begun but there is a specific element which requires attention short-term in the local team.

3. ***NHS 24's offer of support to primary care where there are challenging circumstances in terms of local provision*** – immediate/short-term support e.g to support local exploration of an issue with a key output to improve service provision.