



## Telephone Triage

Seminar handout



*Triage – from the French ‘trier’, meaning ‘to sort, sift or select’.*

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### Demands on general practice

GP practices saw 40 million more patients in 2013/14 than in 2008/09, and predictions from the RCGP suggest that on 60m occasions over the next year, patients will have to wait a week or longer to see their GP or practice nurse<sup>1</sup>. It is estimated that one in five GP consultations involved minor ailments that patients could have treated themselves, usually self-limiting illnesses. At the same time, practices are managing increasingly complex co-morbid patients and an aging population.

Accommodating such an increase in demand is a challenge facing many practices, and their response has been to introduce telephone triage into their appointments system.

Healthcare professionals and patients will be familiar with telephone triage in primary care out-of-hours services, where it is widely used by GP co-operatives and the NHS 111 service. And while some GP practices who have implemented telephone triage may have had mixed results in terms of impact on workload, it may benefit both the practice and patients, if introduced and managed in a considered way.

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### A complex process

Telephone triage is a complex process, and not necessarily a quick answer to all a practice's access issues.

It requires a team approach, and the roles of all team members must be clearly defined. Among those who may be involved – and this will vary from practice to practice – will be:

- reception or administration staff
- nurses or nurse practitioners
- GPs.

GMC guidance regarding delegation and referral requires that work must only be delegated if the person delegating is satisfied that the person carrying out the role has sufficient knowledge, training and skills.

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### Staff training

Training is essential, particularly for staff not usually involved in the clinical aspects of the practice. Frontline staff should be fully competent to:

- gather relevant information for the clinician
- recognise red flags symptoms
- know when and who to pass the patient to.

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### Written protocols

These are essential in ensuring procedures for dealing with patients are clear to everyone, and followed in every case.

It is particularly important to have established protocols to identify red flag symptoms; which may include symptoms such as chest pain, bleeding, shortness of breath, symptoms of a stroke, persistent cough or headache, or unexplained weight loss.

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### Practicalities of triage

#### Phone lines

Patients should be able to call the practice at the standard local rate. Guidelines introduced in 2010 advise practices against using premium rate numbers, which can be very costly for patients.

Phone line capacity may make the difference between a good triage service and a poor one. Consider how many incoming lines the practice will need to accommodate call volumes, and avoid long waiting times (which could lead to complaints).

#### Automated answering system

Your answering system should, ideally, be as simple as possible. A convoluted automated system could increase anxiety in patients who are ill or worried. Or patients may be put off making or completing a call in a time of real need.

## Handling demand

To avoid long wait times, it will be helpful to ensure that there are sufficient numbers of lines open and receptionists available to take the calls, particularly at peak times. When patients get through quickly, they will be less likely to be irritated. Receptionists know that an irritated caller often takes up more of their time on the phone.

## Telephone technique

Handling a lot of callers, each with different needs, requires patience, tact and skill. Receptionists and other frontline staff should be trained in handling all calls politely and appropriately, particularly with difficult patients and those who have communication difficulties or language differences.

It is important not to penalise patients who only want to discuss their concerns with a doctor.

## Confidentiality

Calls should be answered in an environment where they can't be overheard or confidentiality may be breached. Similarly, the caller's identity must be verified before any confidential information is disclosed. Their phone number/s should be recorded accurately and double-checked if they need a call-back.

Patients must be advised if calls are being recorded.

## The telephone consultation

There are inherent drawbacks to a telephone consultation compared to a face-to-face consultation as there is no examination to support the history you take. Your history and notes therefore become even more important, particularly if there is a complaint or claim later.

You may find it helpful to agree within the practice minimum standards for documentation of calls.

Our advice is to:

- ensure you have access to the clinical records when speaking to the patient
- include as much detail as possible in the history and notes
- include relevant negative as well as positive responses.

You must follow GMC guidance in Good Medical Practice (2013), in particular:

- recognise and work within the limits of your competence
- provide a good standard of practice and care
- complete the records accurately and legibly as soon as possible after the conversation
- prescribe drugs and treatment only when you have adequate knowledge of the patient's health.

Nurses and nurse practitioners must follow the NMC's Code: Standards of conduct, performance and ethics for nurses and midwives (2008).

## Safety-netting and prescribing

Safety-netting is important in any consultation and arguably more so in telephone triage or consultations. Take care to ensure the patient/caller knows if or when to seek further medical help.

Prescribing must only be undertaken by a qualified person. When prescribing over the phone, you should ensure that you have identified in your practice policy which medications can and cannot be prescribed. For example - should antibiotics be prescribed without an examination for a laboratory result that confirms infection?

## Review

Regular review of the telephone triage system, including learning from errors and complaints, will help you develop your service to meet patient expectations to the best of your ability.

Your review might include:

- audit
- patient surveys
- staff views
- near miss/significant event review.

## Reference

<sup>1</sup> Waiting Times to see a GP now a "national crisis" RCGP publication date 26 September 2014

## For medico-legal queries

24-hour medico-legal helpline

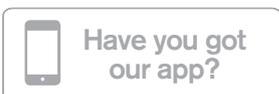
Call **freephone 0800 716 646**

Email **advisory@themdu.com**

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This information is intended as a guide. For the latest medico-legal advice relating to your own individual circumstances, please contact us directly.

Our medico-legal team are available between 8am-6pm Monday to Friday and provide an on-call service for medico-legal emergencies or urgent queries 24 hours a day, 365 days a year.



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