Report on Signposting / Triage / Telephone First Survey

1. Introduction

In the spring of 2018, the Primary Care Hub was requested by the Transforming Primary Care Group (TPCG) to conduct a scoping exercise into signposting and triage systems operating within GMS practices and Primary Care Clusters across Wales.

A survey was designed to better understand:

- The systems and processes currently in use to direct the flow of service users to information, advice, assessment and treatment within GMS practices and clusters.
- The guidance and resources currently available to primary care staff on the design, implementation and use of signposting, triage and Telephone First systems and processes.
- The perceptions and experiences of primary care staff in the use of these systems in GMS practices and clusters including the potential benefits, problems or risks for service users and/or staff.
- Support and/or resources needed by primary care teams to ensure their systems are safe and effective for signposting, triage and Telephone First services.

The responses to the survey will inform national guidance on call-handling, signposting and clinical triage systems and processes within GMS practices and primary care clusters across Wales.

2. Background

In the response by Welsh Government to the Health, Social Care and Sport Committee report entitled *Inquiry into Primary Care: Clusters* (October 2017), reference was made to the testing of new and innovative ways of organising and delivering primary care, including the model of clinically-led triage and multi-professional primary care, planned and delivered through clusters. The importance of identifying and evaluating good practice prior to scaling up across Wales was highlighted within the Ministerial response.

The recommendations of the Parliamentary Review into Health and Social Care: *A Revolution from Within,* (January 2018), call for reliable help for people to navigate the health and social care systems and to access welfare, housing, employment and voluntary services to deal with any issue that inhibits maintaining their wellbeing. They also recommend a wide range of professionals working in a multidisciplinary way to support people through safe physical and psychological therapeutic interventions in the community.

The recently published Plan for Health and Social Care, *A Healthier Wales* (June 2018), subsequently highlighted the need for a wider range of professionally-led services and support within primary care and the community as part of the Transformation Programme across health and care sectors.

Practice and cluster teams across Wales are already recruiting a wider range of multidisciplinary and multiagency professionals to increase capacity for addressing the everyday needs of their registered population. In addition, many GMS practices and some clusters have implemented signposting, triage and/or Telephone First systems to improve access for their service users to appropriate information, advice, assessment and treatment, in addition to managing their patient demand.

It would be beneficial to know more about the different designs and models in operation, the extent of their use and the views of primary care teams on the benefits or otherwise of their systems in order to support them in the delivery of high quality services for their local communities.

3. Methodology

An online survey (see Appendix 2) was designed by the Primary Care Hub and underwent an initial test pilot with a small number of GMS practices, Cluster Leads, members of GPC Wales and Assistant Medical Directors for Primary Care. Their feedback informed the content and style of the questionnaire.

The online questionnaire was designed to explore in some detail the following services currently in use within GMS practice and Primary Care Clusters: (1) Signposting, (2) Triage, (3) Telephone First[1] Respondents are asked about the different models and systems in place, the extent of their use, the degree of multi-disciplinary working in their practice and cluster, and the views of Primary Care teams on the benefits or otherwise of their systems. The questionnaire was made accessible through the PCOne website of Public Health Wales in March 2018.

An email was circulated to Practice Managers of all GMS practices across Wales (see Appendix 1) requesting them to arrange for completion of the online survey for their individual practices and also, if appropriate, to reflect any cluster systems in operation. To maximise the response rate, the online questionnaire remained live for an extended period of time.

The completed responses have been analysed, a summary of results compiled and the key messages from responding practices drawn out to inform a set of recommendations. A more detailed analysis, including insightful citations from respondents, can be found at Appendix 3.

4. Summary of Results (as on 9th July)

Total number of GMS practices across Wales = 422

Total number of completed questionnaires = 199 (47% total practices)

4.1 Section 1 – General Introduction

4.1.1 Response rates by Health Board area ranged from 33% to 81% of their GMS practices.

Of the 199 responding GMS practices:

- 70% currently operate Signposting Services (48% with no Signposting plan to implement)
- 62% operate Triage Services (33% with no Triage service plan to implement)
- 19% operate Telephone Call-back Services (7% with no Telephone First plan to implement)

4.1.2 Practices have regular access to the following professionals within their multidisciplinary teams:

- Pharmacist - 66% respondents
- Mental Health Counsellor - 49%
- Advanced Nurse Practitioner (ANP) > 22% (derived from another question)
- Physiotherapist - 26%
- Social worker - 13%
- Occupational Therapist - 11%
- Paramedic - 6%
- Care Navigator / Community Connectors / Social Prescriber / Wellbeing co-ordinator - 9%
- Other roles or services (<4 respondents): Frailty Nurse, Dietician, Audiologist, Chronic Disease Nurse, Dermatology GP with Special Interest (GPwSI), Hypnotics Counsellor, PCNOP, Red Cross, Powys Voluntary organisation (PAVO)

[1] Definitions given:
'**Signposting':** *Offering information on available services and other resources.*
'Triage': *The patient is directed to right service for the right care.*
'Telephone First': *Patients are asked to speak to a clinician on the phone first.*

4.1.3 There is regular access to the following professionals on a cluster basis:

- Pharmacist - 54% respondents
- Mental Health Counsellor - 40%
- Physiotherapist - 22%
- Social worker - 7%
- Occupational Therapist - 4%
- Paramedic - 5%
- Care Navigator / Social Prescriber / Wellbeing co-ordinator - 2%
- Other (<5 respondents): MEC service, Frailty Nurse, Specialist nurse, Dietician, Audiologist, Carers service

4.1.4 The main barrier to developing these systems is the constraint of time within practices for planning, implementing and training staff for new services.

4.1.5 Resources required to establish / develop Signposting / Triage / Telephone First services include:

- Accessible training courses for staff
- Backfill for staff operating the services
- Telecom upgrades – GP systems software, sufficient telephone lines
- Guidelines for operating safe systems in the form of protocols, scripts and algorithms
- Suitable premises for staff running these services and for the multidisciplinary team
- Up-to-date Directory for local community services
- Waiting room technologies to widen scope of signposting
- Support for website development

4.1.6 Public understanding, education and behaviour change are key to success in new ways of working.

4.1.7 Clinical leadership is essential to engage primary care staff in new models, including cluster team working.

4.2 Section 2 - Signposting

For the purposes of this survey, the definition of the term 'Signposting' given was: ***Offering information on available services and other resources.***

4.2.1 The questionnaire responses highlight differences in interpretation and understanding of the term 'Signposting', often used interchangeably with the term 'Triage'.

4.2.2 Of 199 responding GMS practices:

- 70% indicate they currently operate Signposting services
- 53% of practices with no Signposting service are planning to implement one
- 6 practices operate an external commercial Signposting service
- 76% practices with Signposting services operate them 5-7 days/week (with website information)
- 60% Signposting services have been in operation for less than 3 years

4.2.3 Reasons for establishing Signposting Services include:

- Managing demand on GP surgeries, both routine and urgent
- Improving access and experience for patients
- Enhanced patient outcomes and quality of life
- Promoting prudent healthcare

4.2.4 Staffing groups providing Signposting services include reception/admin staff on the telephone and at the front desk, and all professional groups within their consultations.

4.2.5 Care Navigators, Care Co-ordinators and Social Prescribers have particular expertise in supporting and signposting service users to appropriate community services.

4.2.6 Professional roles and local services that service users are directed to through practice signposting systems include:

- In-house Advanced Nurse Practitioner (ANP)
- In-house pharmacist, e.g. medication reviews
- In- house dietician
- Physio Direct
- Choose Pharmacy / Common Ailment Scheme (CAS) - 83% respondents involved in CAS
- Emergency dental services
- Welsh Eye Care Scheme
- Primary Care Audiology service
- Community Resource Team
- In-house Phlebotomy services
- 111 / A+E / Minor Injuries Unit / NHS Direct
- Social Services
- Third Sector Services
- Appropriate admin staff for investigation results, hospital letters, repeat prescriptions, Med 3
- Exercise referral schemes
- Mental Health counsellor / services, including Advice and Referral Centre, Drug Alcohol Family Support, CAIS Drug & Alcohol Counselling , Alcohol problem services
- Information for carers; Carer and Dementia Champion

4.2.7 Service users are directed to the following by cluster signposting services:

- Choose Pharmacy / Common Ailment Scheme
- MSK / physiotherapy clinic
- Primary Care Audiology service
- Third Sector Service (+/- cluster Single Point of Access / Local Area Co-ordinator)
- Community Mental Health Support Worker
- Alcohol support, CAIS services
- Stop Smoking Wales

4.2.8 17% of practices / clusters that operate Signposting services have applied formal standards to their systems and processes.

4.2.9 A range of methodologies are used by practices and clusters to direct patients to appropriate information, advice and services, including: offering verbal information at the front desk, printed information, practice signage and screens, online services and pre-recorded telephone messages.

There are reduced opportunities to signpost service users when surgeries run on an open access basis

4.2.10 Resources that would support the implementation of Signposting services include:

- High quality, accessible training courses for reception / admin staff and care navigators
- Practice software and technologies to assist all call handlers, especially reception and admin staff
- Sufficient telephone lines to manage demand
- Call handling / Signposting guidelines in the form of scripts, protocols and algorithms
- Directory of Services for comprehensive, up-to-date list of local services
- Online services providing up to date information

4.2.11 National and local campaigns are needed to inform and educate the public on accessing local community services.

4.2.12 Ideas for developing Signposting services include: staff training, increased team skill mix, new practice software systems, developing online services, widening scope of services to signpost to.

4.3 Section 3 - Triage

For the purposes of this survey, the definition of the term 'Triage' given was: ***The patient is directed to right service for the right care.***

4.3.1 Questionnaire responses indicate that the terms 'Triage' and 'Signposting' are often used interchangeably and there is a lack of clarity on their formal definitions.

4.3.2 Of 199 responding GMS practices:

- 62% indicate they currently operate Triage Services in their practice or cluster
- 21% practices without a Triage service are planning to implement one
- 2 practices operate an external Triage service
- 86% of practices operating a Triage service do so for 5-7 days/week (with website information)
- 11 practices operate triage systems on a few days per week only or mornings only
- 34% Triage services have been in operation for less than 2 years, 34% for 2-5 years
- 9 practices ran a Triage service but closed it down as it failed to improve demand management
- There seems little correlation between practices operating a triage system and having access to an extended MDT

4.3.3 Professionals involved in running practice /cluster Triage systems:

- 76% practice/cluster triage systems are GP - led
- 14% practice / cluster triage systems are ANP / Paramedic - led
- In 7 practices the Practice Nurse undertakes triage
- 9 practices indicate that their receptionist / admin staff / navigator undertake triage

4.3.4 Reasons practices felt it beneficial to develop a Triage service include:

- Managing demand and patient flow
- To provide high quality care, access and experience by directing service users to the appropriate professional / service
- To increase patient safety through prioritisation of urgent cases and freeing up same day appointments
- To apply prudent healthcare principles, increasing patient safety and reducing wasted time and resources

4.3.5 Of practices operating a Triage system, 23% have applied formal standards to their service.

4.3.6 A range of methodologies and levels of triage are operated by practices and clusters to direct service
users to the appropriate professional and service:

- In most practices operating a triage system, the receptionist asks service users the reason for needing professional advice or consultation prior to any appointment being made

- If appropriate, the service user can be directed to an external professional or service in line with 'Choose Well', e.g. pharmacist (including CAS), dentist, optometrist, MIU, Physio Direct

- Clinical staff operating triage services assess the service user's need and allocate appointments to most appropriate in-house professional including GP, PN, ANP, Physio, Pharmacist, MH counsellor, etc.

- In some practices, the receptionist puts all requests for GP advice or appointment on computer screen lists for GP / ANP / Triage Nurse to triage +/- telephone call back

- Other systems in operation:
  - All urgent or complex calls are triaged by clinician
  - Clinicians triage all urgent calls once the same day appointments are full
  - Patients requesting same day appointments are directed to face-to-face triage by Triage Nurse
  - Triage operates only at very busy periods or at times of staff shortages
  - Telephone consultation services may operate only at certain times of the working day

4.3.7 Resources that would support the implementation of Triage services include:
- High quality, accessible training courses for reception, admin and professional staff
- Practice software and technologies to assist call handlers and reception / admin staff
- Sufficient telephone lines to manage demand
- Guidance in the form of triage proforma, protocols, algorithms, 'who to see ' list', minimum datasets

4.3.8 Ideas for developing Triage Services include: staff training, patient education, new staff members with extended professional skills, new software systems in practice / cluster

4.3.9 A few practices expressed reluctance to develop Triage services due to lack of staff, patients being unwilling to see staff other than GP, concerns that it increases workload and perception it reduces appointment slots.

4.4 Section 4 - Telephone First

The definition of Telephone First given to respondents: ***Patients are asked to speak to a clinician on the phone first.***

4.4.1 The questionnaire responses reflect differences in interpretation and understanding by respondents of the term 'Telephone First'. Analysis of responses took into account these different interpretations, which include telephone call-back in a more general sense than the formal definition of 'Telephone First' consultation services.

4.4.2 Of 199 responding GMS practices:
- 19% respondents indicate they currently operate practice-based Telephone First Services
- 6 practices without a Telephone First service are planning to implement one
- 3 practices operate an external commercial Telephone First service
- 78% practices operating Telephone First services operate it 5 days/week
- 19% Telephone First services have been in operation for less than 1 year; 51% for 1-5 years

4.4.3 Professionals involved in running practice Telephone First systems:
- 84% Telephone First services are GP or Advanced Nurse Practitioner (ANP) led
- 1 Telephone First system is operated by Practice Nurse
- 5 practices indicate their receptionist is involved in a telephone call-back service
- 6 practices indicate their pharmacist is involved in their Telephone First Service

4.4.4 Reasons practices felt it beneficial to develop a Telephone First Service include:
- Offers more direct, timely and appropriate service to patients
- Urgent cases can be identified and prioritised

- To manage large numbers of patients requesting emergency / same day appointments, increasing access to GP when necessary
- Reduces demand on GP acute / routine appointments and saves time for GPs and patients
- Educates patients about appropriate use of services, including frequent attenders
- Provides service to housebound / service users who find it difficult to attend surgery
- Supports staff at the front desk

4.4.5 Of practices operating a Telephone First Service, 4 out of 37 indicate they have applied formal standards. However, 80% practices have an agreed period of time within which service users should be contacted for a phone consultation.

4.4.6 Telephone First / telephone call-back methodologies used by practices tend to fall into 2 groups: those with a full service, with call-back to every patient, and those who operate a partial call-back service for specific circumstances:

- Operating a call-back service by a clinician in response to **any** patient request for advice and/or appointment. Calls are initially filtered through triage/signposting to other services by reception / admin staff.

- Operating a call-back service by a clinician only in response to request for an **urgent / same day** appointment, in particular when the same day slots are full.

- Operating a call-back services by a clinician to **clarify the needs** of the patient

- Service users can be advised to call for telephone advice or to request a house call at specific times e.g. before 10.30 am.

4.4.7 Clinical staff who operate the call-back service – GP and/or ANP/Triage Nurse

4.4.8 Outcomes of Telephone Consultations include:

- Advice on self-management
- Signposting to in-house professional within MDT
- Signposting to service external to practice, e.g. dental, optician, pharmacy, Physio Direct, Third Sector
- Prescription arranged
- Routine GP/ANP appointment booked
- Urgent GP/ANP appointment booked

4.4.9 Reluctance to implement about Telephone First Systems relate to concerns about the skill level of staff to support the service, not being the best use of GP time and it only being applicable to practices with sustainability issues.

5. Key Messages

5.1 There is a **need for greater clarity, understanding and consistency in the definitions of Signposting, Triage and Telephone First services**. There is variation in the interpretation of these terms, which are often used interchangeably - in particular Signposting vs Triage, Telephone Triage vs Telephone First.

5.2 A significant number of responding practices already operate Signposting services (70%) and Triage services (62%), with many others planning to implement. By contrast, only 19% responding practices state they operate a Telephone First service and few (7%) plan to implement one.

5.3 Relatively few practices state that they have applied **formal standards** to their Signposting (17%) or Triage (23%) services. Although only 11% respondents said they applied formal standards to their Telephone First services, 80% do have an agreed time period for a clinician to call back patients.

5.4 The **benefits** resulting from implementing Signposting, Triage and Telephone Call-back services are evident from responses (quotations in Appendix 3). The great majority of respondents gave compelling reasons for developing their systems and recounted their experiences of improving services and outcomes as a result. Managing the demands on their services; offering timely telephone consultations which often did not require face-to-face management; being able to prioritise urgent cases; directing service users immediately to professionals with the right skills were all seen to be significant advantages. In addition, respondents felt that patients were educated and supported to use services more appropriately and informed of their local community services.

5.5 **Signposting services**, as defined as '*offering information on available services and other resources'***, are mainly run by receptionists and administrative staff**, with Care Navigators and Social Prescribers bringing additional expertise to support and direct service users. All professionals have the opportunity to signpost within their consultations. However it is important to note that responses within the Signposting section indicate that many reception and administrative staff are also directing people to specific clinical professionals and services, both in-house and external to the practice - I.e. are operating Triage services in addition to Signposting. 60% Signposting services have been developed within the last 3 years, most in response to rising demand.

5.6 Responses state that **Telephone First / telephone call-back services are almost all operated by clinicians**, with the great majority led by GPs and ANPs. A few practices do, however, indicate they involve their receptionists in operating these services.

5.7 Access to professionals within an extended MDT is variable:

- Professionals most accessible to responding practices are Pharmacists (66%), Mental Health Counsellors (49%), Physiotherapists (26%) and ANPs (>22%)
- Professionals most accessible on a cluster basis are Pharmacists (54%), Mental Health Counsellors (40%) and Physiotherapists (22%)
- Other professional roles in the wider extended MDT are considerably less accessible to practice and cluster teams

5.8 Practices operating **Signposting services** use a wide range of methodologies and technologies to inform and direct service users. Several **use their own guidelines and resources** to support decision making – these could be usefully shared across Wales.

5.9 **Practice and cluster Triage systems also operate variable systems and levels of triage**, ranging from full triage to using only if the practice is under significant pressure. There is a call for **greater consistency across systems, with similar training standards being applied.**

5.10 By far the greatest **constraint** (67% respondents) on the development of Signposting, Triage and Telephone First services is **lack of time.** Time is essential to organise and undertake staff training, to change cultures and ways of working, and to engage both the public and professionals in designing new services. **Primary care teams need protected time for innovation and to plan / implement their ideas.**

5.11 Another significant **barrier** to developing these services is the **lack of accessible education and training courses for staff in call handling, signposting and triage**. Difficulties and costs in arranging backfill arrangements to enable staff to attend the training sessions compound the problems.

5.12 **Other resources** that would assist practices and clusters to develop these services are **guidelines for operating safe systems, up-to-date directories for local services, new technologies to widen the scope of signposting and triage, and support for website development.** Telecom technologies and software that are fit for purpose are essential to ensure practices and clusters can meet the demands on their services and to deliver high quality services.

5.13 **National and local campaigns** are needed to **raise awareness and understanding amongst the public of the range of services within the community**. Services must be well advertised to inform and educate the public, with clear messages on how they can be accessed. Education and behaviour change are key to success in new ways of working, particularly in self-referral and accepting assessment / treatment from the wider MDT.

5.14 **Clinical leadership** is essential to engage primary care staff in new service models, including cluster team working. Reluctance by some staff members to engage can be assisted by the use of robust evidence to demonstrate the benefits to both service users and professionals. **Systems that are designed to reduce risk, with staff well trained and supported by high quality resources, will also help to reassure those who are concerned from a safety perspective.**

5.15 Although respondents shared a range of services that they signpost service users to, these tend to be the more traditional, medically led primary care services rather than non-medical community assets that can support people with their well-being. Information on these services may be accessible via online resources and the newer technologies within practice waiting rooms.

July 2018

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Appendix 1

Email sent to all Practice Managers in Wales

Survey of triage/telephone first/signposting systems in GP Practices and Clusters

The Primary Care Hub of Public Health Wales has a role in supporting health boards and clusters in implementing the Primary Care Plan for Wales. In order to provide effective support, it would be helpful to have a good understanding of current systems in place within practices and clusters across Wales.

The Hub Team has recently been commissioned by the Directors of Primary and Community Care to design a survey that gives a better understanding of triage/telephone first/signposting systems in operation within GP practices and clusters across Wales. We understand that many practices use these systems to help manage patient demand and it would be very helpful to know more about the different models in place, the extent of their use and the views of Primary Care teams on the benefits or otherwise of their systems.

Below is the link to an online survey about triage / telephone first / signposting services which has been designed in collaboration with GPs, Cluster Leads, Primary Care teams and GPC Wales. The questionnaire and process of collection have been agreed by the Directors of Primary Care in all health boards.

We would be most grateful if you could **complete the survey in the link below by 30th April 2018:**

Link; http://www.primarycareone.wales.nhs.uk/questionnaire/1262

Once we have your responses, the Hub Team will collate them and write a report for the Directors of Primary Care, to be circulated to all cluster teams in due course. These findings will be useful in gaining a better understanding of the support and resources needed by practices and clusters to provide safe and effective triage / telephone first / signposting services.

If you have any queries about the survey in general, or about any specific questions, please contact Russell Dyer by phone or email:

Russell.dyer@wales.nhs.uk Tel 02920 104685

Thank you very much for your help with this survey.

Appendix 2

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Questionnaire: SIGNPOSTING / TRIAGE / TELEPHONE-FIRST

A SCOPING EXERCISE WITHIN PRIMARY CARE IN WALES

Section 1: INTRODUCTION

A SCOPING EXERCISE WITHIN PRIMARY CARE IN WALES

1 Health Board area

Tick all that apply

- ☐ W number of your GP practice
- ☐ Cluster Name
- ☐ Your practice operates an EMIS Computer System
- ☐ Your practice operates an IPS Vision Computer System
- ☐ Other practices in your Cluster operate an EMIS Computer System
- ☐ Other practices in your Cluster operate an IPS Vision Computer system
- ☐ List size of your practice
- ☐ List size of your cluster

2; Contact name / email within practice / cluster who could provide further information if necessary.

Maximum 3000 characters, 3000 remaining

3; Do you operate any of these services listed in your Practice or Cluster?

Tick all that apply

- ☐ Signposting - offering information on available services and other resources
- ☐ Triage - where the patient is directed to right service for the right information / care
- ☐ Telephone First Service - patients are asked to speak to a clinician on the phone first
- ☐ Another practice or cluster system in operation to direct people to information or services. Please describe
- ☐ No service

4; If not yet in operation, do you have plans to develop any of these services in the future?

Tick all that apply

- ☐ Triage
- ☐ Signposting
- ☐ Telephone First
- ☐ Another practice / cluster based service? Please describe
- ☐ No plans

5; What support you would require to establish or further develop your Signposting / Triage / Telephone First Service? e.g. engaging clinicians, education and training for call handling, telecom systems. Please describe

Maximum 3000 characters, 3000 remaining

6; Are there any barriers that are preventing or delaying the development of Signposting / Triage / Telephone First Service in your practice / cluster? Please describe

Maximum 3000 characters, 3000 remaining

7; Do you have any quality assurance mechanisms in place?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES, Please describe.

8; Have you employed additional staff to manage your Signposting / Triage / Telephone First Service?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES, please give details

9; Has the introduction of a Signposting / Triage / Telephone First Service released resources that can be used elsewhere?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES describe briefly.

10; Have your staff received specific training in the use of Signposting / Triage / Telephone First Service?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES, has this training been In-house or external?

11; Is the Practice or Cluster involved in a Common Ailments Scheme / Choose Pharmacy / Other scheme?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES please name the scheme and describe the role of your receptionist or other team member(s) in directing patients to pharmacy service.

12; PRACTICE - Do you have regular access to an extended in-house multidisciplinary team (MDT) within your practice? Please list all roles that apply.

Tick all that apply

- ☐ Pharmacist
- ☐ Physiotherapist
- ☐ Paramedic
- ☐ Social Worker
- ☐ Occupational Therapist
- ☐ Mental Health Counsellor
- ☐ Care Navigator
- ☐ Other please specify

13; CLUSTER - Do you have regular access to an extended in-house multidisciplinary team (MDT) within your cluster? Please list all roles

Tick all that apply

- ☐ Pharmacist
- ☐ Physiotherapist
- ☐ Paramedic
- ☐ Social Worker

- ☐ Occupational Therapist
- ☐ Mental Health Counsellor
- ☐ Care Navigator
- ☐ Other please specify

Section 2: SIGNPOSTING

1; Do you provide a signposting service to information available services and other resources?

Tick all that apply

- ☐ Yes
- ☐ No - Please go to Section 3
- ☐ Provide brief details of the service(s) in operation
- ☐

If you use an external framework,e.g. MPS / MDU signposting script, please describe

2; If you do not operate a signposting service now, do you plan one?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ Please give reasons.

3; In relation to your signposting service:

Tick all that apply

- ☐ Service is Practice based
- ☐ Service is Cluster based
- ☐ If Cluster based, please indicate the number of practices included.
- ☐ Indicate how the cross-practice service operates.

4; Please describe briefly and clearly the Signposting service operating in your practice / cluster, including the roles of administrative & professional staff?

Maximum 3000 characters, 3000 remaining

5; Please describe briefly, why it was considered beneficial to develop a Signposting service?

Maximum 3000 characters, 3000 remaining

6; Length of time Signposting service has been in use?

Maximum 3000 characters, 3000 remaining

7; Have you ever operated a Signposting service but had to close it down? If YES, please briefly explain the reasons

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES, please briefly explain the reasons

8; Have you applied formal standards for your signposting service?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES, please describe / provide link

9; Is your signposting service operated by an external commercial service?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES, please provide details.

10; Do you have plans to develop your signposting service(s) in the future? Please describe.

Maximum 3000 characters, 3000 remaining

11; If your signposting service is operated in-house, which professional group/s provides the service? Please tick all that apply and outline their role(s):

Tick all that apply

- ☐ Receptionist
- ☐ GP
- ☐ Practice Nurse
- ☐ Advanced Nurse Practitioner
- ☐ Paramedic
- ☐ Other please specify

12; How many days do you operate a signposting service in a typical week?

Maximum 3000 characters, 3000 remaining

13; Is there a cut-off time or does the service operate all day? Please provide details.

Maximum 3000 characters, 3000 remaining

Section 3: TRIAGE

1; Do you provide a Triage service?

Tick all that apply

- ☐ Yes
- ☐ No please go to section 4

☐ Please give brief details

2; If you do not operate a Triage service now, do you plan one?

Tick all that apply

☐ Yes

☐ No

☐ Please give reasons

3; In relation to your Triage service:

Tick all that apply

☐ Service is Practice based

☐ Service is Cluster based

☐ If Cluster based, please indicate number of practices included.

☐ Indicate how the cross-practice service operates

4; Please describe briefly and clearly the Triage service operating in your practice / cluster including the roles of administrative staff?

Maximum 3000 characters, 3000 remaining

5; Face-to-face Triage service - patient directed to right service for the right care?

Tick all that apply

☐ Yes

☐ No

☐ If YES, provide details of the service(s) in operation; specify which requests are directed, by whom to whom .**6; Telephone Triage service - patient directed to right services for the right care within an agreed / pre-determined period of time?**

Tick all that apply

☐ Yes

☐ No

☐ If YES, please specify which called are directed, by whom and to whom.

7; Please describe briefly, why it was considered beneficial to develop a Triage service?

Maximum 3000 characters, 3000 remaining

8; Length of time Triage service has been in use?

Maximum 3000 characters, 3000 remaining

9; Have you operated a Triage service but had to close it down?

Tick all that apply

☐ Yes

☐ No

- ☐ If YES, please briefly explain the reasons

10; Have you applied formal standards for your Triage service?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES, please describe / provide link

11; Is your Triage service operated by an external commercial service?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES, please provide details

12; Do you have plans to develop your Triage service in the future? Please describe

Maximum 3000 characters, 3000 remaining

13; If your Triage service is operated in-house which professional group(s) provides this service? Please tick all that apply and outline their role(s).

Tick all that apply

- ☐ Receptionist
- ☐ GP
- ☐ Practice Nurse
- ☐ Advanced Nurse Practitioner
- ☐ Paramedic
- ☐ Other please specify

14; How many days do you operate a Triage service in a typical week?

Maximum 3000 characters, 3000 remaining

15; Is there a cut-off time or does the service operate all day? Please provide details.

Maximum 3000 characters, 3000 remaining

Section 4: TELEPHONE - FIRST

1; Do you provide a Telephone-First service?

Tick all that apply

- ☐ Yes
- ☐ No please exit questionnaire
- ☐ Please give brief details

2; If you do not operate a Telephone-First service now, do you plan one?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ Please give reasons

3; In relation to your Telephone-First service:

Tick all that apply

- ☐ Service in Practice based
- ☐ Service is Cluster based
- ☐ If Cluster based, please indicate the number of practices included
- ☐ Indicate how the cross-practice service operates.

4; Please describe briefly and clearly the Telephone-First service operating in your practice / cluster, including the roles of administrative & professional staff.

Maximum 3000 characters, 3000 remaining

5; Please describe briefly why it was considered beneficial to develop a Telephone-First service

Maximum 3000 characters, 3000 remaining

6; Length of time Telephone-First service has been in use?

Maximum 3000 characters, 3000 remaining

7; Have you ever operated a Telephone-First service but had to close it down?

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES, please briefly explain the reasons

8; Have you applied formal standards for your Telephone First service(s).

Tick all that apply

- ☐ Yes
- ☐ No
- ☐ If YES, please describe / provide link

9; Is your Telephone First service operated by an external commercial service?

Tick all that apply

- ☐ Yes
- ☐ No

☐ If YES, please provide details

10; Do you have plans to develop your Telephone First service in the future? Please describe.
Maximum 3000 characters, 3000 remaining

11; If your Telephone First service is operated in-house, which professional group(s) provides the service? Please tick all that apply and outline their roles.

Tick all that apply

☐ Receptionist
☐ GP
☐ Practice Nurse
☐ Advanced Nurse Practitioner
☐ Paramedic
☐ Other please specify

12; How many days do you operate a Telephone First service in a typical week?
Maximum 3000 characters, 3000 remaining

13; Is there a cut-off time or does the service operate all day? Please provide details. Maximum 3000 characters, 3000 remaining