

# Digital total triage

Clinical Safety in the deployment and use of Health IT systems (DCB 0160):

Summary of mitigations

Classification of risks

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# Digital total triage introduction



- These slides have been developed to supplement the Digital Total Triage and Video Consultation Clinical Safety Case Interim Report (DCB0160). The report has been produced by the Digital First Primary Care (DFPC) team in NHS England and Improvement to support General Practice to safely and successfully deploy [nationally assured](#) online consultation software **procured via their commissioner and through the Digital Care Services Framework (GP IT Futures) or the Dynamic Purchasing System** for online consultation via the **Commercial and Procurement hub**.
- These slides summarise the risks which have been identified and assessed by the DFPC team and the associated mitigations necessary for safe deployment as detailed in the Total Triage hazard log.
  - Please be aware that this is not an exhaustive list, but represents the key findings of the team at the time of publication (June 2020)
  - Please feedback any risks not identified in this document to [england.digitalfirstprimarycare@nhs.net](mailto:england.digitalfirstprimarycare@nhs.net) to support ongoing iteration and sharing of learning
- The following three slides give information on division of responsibilities and mitigations between commissioning and deploying organisations
- Key risks are then listed by severity of risk score, not by category. These are split into two sections:
  - Digital total triage, which applies to all online triage
  - Automated triage, which includes additional information for automated triage software systems
- There is a separate slide deck for Video Consultations

# Digital total triage – risk responsibilities



- Mitigation of clinical risk in relation to health IT systems is a joint responsibility of commissioning and deploying organisations and compliance with the [clinical safety risk standard \(DCB0160\)](#) is mandated by the Health and Social Care Act 2012.
- Where digital tools have been purchased on behalf of practices by the CCG, much of the responsibility to meet the requirements of the clinical safety risk management standard falls to the CCG to carry out on behalf of practices. **Commissioners are therefore expected to support their practices in mitigation of risks and to provide implementation support, capacity and expertise to enable safe and effective use of online and video consultation systems.**
- However, there remain risk considerations at practice or PCN level and practices should work with their local clinical safety and data protection officers to mitigate possible risks.
- Primary Healthcare Systems are advised to review the risks highlighted in this document in relation to their local context and to reduce extreme, high or moderate risk to as low as is reasonably practicable by applying appropriate mitigations.
- Indications are given as to whether a risk mitigation is considered to be a CCG responsibility, but (as above) commissioning and provider organisations should ideally work together to manage safety issues.
- To ensure practices and PCNs are fully supported with the implementation and optimisation of digital first pathways and the associated process change, tailored implementation support and hands on capacity is available and can be accessed by contacting your CCG or your NHS England and Improvement regional team via [england.digitalfirstprimarycare@nhs.net](mailto:england.digitalfirstprimarycare@nhs.net)

# Digital total triage mitigations (i)



## Priorities for commissioners (i)

- Provide support to practices to undertake a DPIA (using the supplied template document if required) to ensure that they can justify and communicate the purpose of the system and how it will be used
- Work with suppliers to establish consistent, clear and concise **communications** to patients within software, in training, on websites, and to be used by staff
- Ensure the supplier DCB0129 has been reviewed by your local clinical safety officer
- Provide sufficient clinical safety officer input to support practices with clinical safety risk and incident management
- Establish processes for contract and supplier management, which can be supported by the Commercial and Procurement Hub
  - Establish **regular data reporting and collation of patient feedback** from the supplier
  - Ensure there is a process for raising and **managing incidents and concerns** with the supplier
  - Establish a local **clinical governance process**
  - Ensure suppliers work with users and patients to collate feedback and improve the **usability of systems**
  - **Hold suppliers to account** where changes are required to their systems or processes
  - Ensure suppliers provide sufficient **training to staff working in the practice or PCN**
  - Agree details for **service support** with the supplier
- Provide implementation expertise and hands-on support to practices to implement total digital triage safely
- Consider proactively enabling **sharing of resources** with linked practices (workforce, policies, protocols) to manage workload and to undertake clinical consultations
  - Deploy record sharing and appointment sharing/booking (via GP Connect)
  - Use the supplied DPIA and NHSX DSA template for support if required

# Digital total triage mitigations (ii)



## Priorities for practices (ii)

Agree all **workflows** with system users and ensure roles/responsibilities are clear

- **Include the whole practice team** in planning and workflow redesign. Where possible **co-design** processes with patients
- Establish a **dedicated shared inbox** and/or **agreed workflow** for incoming triage requests
- Ensure all staff are clear on **review and response times** to identify and respond to urgent queries, particularly if the solution has no red flagging functionality
- Use consistent, clear and concise **communications** to patients on how to use the service and what to expect. Prepare all staff to brief patients using an agreed 'script'
- Ensure all system users have been **trained** in using the system and that clinicians feel comfortable and confident in consulting online
- Use 'test' patients to become familiar with the system and **test the process** end-to-end
- Ensure you have **sufficient resources** available to manage every task in the workflow and all staff are aware of new protocols and **roles and responsibilities**
- Ensure there is an **alternative route for patients** who cannot or do not want to use the system, and that patients are aware of this
- Ensure patients and system users know how to identify and escalate **incidents and concerns**
- Adapt existing processes for recognising, analysing and learning from **critical incidents**
- Use supplier provided **data to monitor outcomes**, patient experience and demand patterns to flex capacity and support service improvement.
- Self-audit or reflect on consultations and workflow processes. Seek and remain responsive to **feedback from staff and patients**

## Recommended

Other support across linked practices:

- Buddying and mentoring
- Champions
- Peer-to-peer knowledge sharing

# Digital total triage extreme risks



Risk score	Cause	Hazard	Mitigation	Hazard log ref
15	Not enough staff	Patient doesn't receive a response	<ul style="list-style-type: none"> <li>• <b>Estimate demand-capacity</b> (using provided tool). If there is a mismatch consider additional clinical cover for the first few weeks of go-live or moving clinical sessions to match demand</li> <li>• <b>Monitor capacity</b> to deliver workflow using supplier practice level data on online consultation demand volumes and patterns</li> <li>• <b>Proactively enable sharing</b> of resources (workforce, policies and protocols) eg across PCNs and localities</li> <li>• <b>Plan for rapid escalation</b> of external support in an emergency</li> <li>• <b>Deploy record sharing for direct care</b> and appointment sharing/booking (GP Connect)</li> <li>• <b>Agree with suppliers</b> how to manage bespoke system messaging to patients re: response times / adjust for type of issue (e.g. admin vs clinical), if capacity fluctuates (CCG supported)</li> <li>• <b>Ensure suppliers agree a process</b> to ensure their system can support a surge in demand (CCG)</li> <li>• Have contingency <b>plans</b> for an emergency e.g. ability to change messaging on the system to inform patients of a delay or a change in process (CCG supported)</li> </ul>	H7
15	Surge in demand	Patient doesn't receive a response		H8
15	Patients do not understand the advice or instructions in the system, due to low digital literacy or lack of capacity, or to poor system design	Patients are not directed to the most appropriate service or clinician or do not follow the advice	<ul style="list-style-type: none"> <li>• Have <b>alternative routes for access to health care</b></li> <li>• Provide <b>templates</b> to enable staff to enter data on a patient's behalf e.g. use supplier provided templates</li> <li>• Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver clear, consistent and concise messages on the process (CCG supported)</li> <li>• Ensure all staff are clear on <b>review and response times</b> during core hours to identify any clinically urgent queries within a safe clinical threshold</li> <li>• Ensure patients and system users know how to provide feedback, identify and escalate <b>incidents and concerns</b></li> <li>• Ensure suppliers work with patients to improve <b>usability of systems</b> (CCG supported)</li> </ul>	H22

# Digital total triage high risks (i)



Risk score	Cause	Hazard	Mitigation	Hazard log ref
12	<b>External support / locum staff may not be familiar with the triage system or the clinical system</b>	Practices are unable to deploy external resources in a timely manner	<ul style="list-style-type: none"> <li>Ensure staff have sufficient skills and knowledge of clinical system, triage system and workflow processes</li> <li>Use supplier virtual training (videos/webinars etc) for locums/external staff</li> </ul>	H26
12	<b>Patients are not responded to in the time scale they expect or within a safe clinical threshold</b>	<p>Patients are reluctant or refuse to use the system</p> <p>Delay in care or treatment</p>	<ul style="list-style-type: none"> <li>Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver clear, consistent and concise information on how it should be used, service availability and response times (CCG supported)</li> <li>Have a <b>clear message</b> on what patients should do if they do not receive a response in the expected time frame or if their condition deteriorates in the meantime and how to access care out of hours (e.g. if response time falls over a weekend)</li> <li>Let patients know their <b>request has been received</b> and is being reviewed. Provide an update if there is a delay or change. Use pre-set templates.</li> <li>Ensure all staff are clear on <b>review and response times</b> during core hours to identify and respond to any clinically urgent queries within a safe clinical threshold – <b>even if the solution provides in built red flagging and automatic redirection to urgent/emergency care service</b> practices will need to consider how they will screen incoming online consultations to the practice to ensure no urgent requests are missed and they are able to respond to clinically urgent queries within a safe clinically appropriate timeframe</li> </ul>	H47
10	<b>Messages go to an infrequently monitored inbox, or to a generic inbox and are missed</b>	<p>Patient doesn't receive a response</p> <p>Urgent request is not identified</p> <p>Delay in clinical advice</p>	<ul style="list-style-type: none"> <li>Establish a <b>dedicated shared inbox</b> for messages with protocols for monitoring</li> <li>Ensure staff are clear from the <b>supplier training</b> how the online consultations and messages will be directed</li> <li>Develop and agree clear <b>workflow processes and responsibilities</b> with staff – including how often an inbox will be monitored and <b>how urgent clinical requests will be flagged and to whom</b></li> </ul>	<p>H02</p> <p>H03</p> <p>H04</p>

# Digital total triage high risks (ii)



Risk score	Cause	Hazard	Mitigation	Hazard log ref
10	<b>Errors in workflow design and lack of understanding of roles</b>	<p>Patient doesn't receive a response</p> <p>Patient response is delayed e.g. incorrectly filtered / red flags not highlighted / sent to wrong team member</p>	<ul style="list-style-type: none"> <li>• <b>Localise and agree workflows</b> with all staff</li> <li>• <b>Test all workflow</b> using test patients</li> <li>• Ensure there are sufficient numbers of <b>trained</b> staff to cover all workflow tasks</li> <li>• Establish <b>clear protocols and roles/responsibilities</b> and ensure all staff are trained in the new processes</li> <li>• <b>Reflect on/self audit and monitor</b> workflow processes</li> <li>• Establish a process for recognising, analysing and learning from <b>critical incidents</b></li> <li>• Encourage a <b>culture</b> of this is the way we do things now</li> </ul>	<p>H05</p> <p>H06</p>
10	<b>Patient has not completed data entry process</b>	Patient does not receive a response	<ul style="list-style-type: none"> <li>• The system may <b>prompt users</b> if they exit before submitting (supplier dependent)</li> <li>• System may <b>confirm submission</b> has been made (supplier dependent)</li> <li>• Send a <b>templated message</b> to let the patient know their consultation is being reviewed</li> <li>• Agree with the <b>supplier</b> how they will <b>monitor and report drop-out rates</b> (CCG)</li> <li>• Ensure suppliers work with patients to improve <b>usability</b> of systems (CCG)</li> <li>• Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver consistent information on the process (CCG supported)</li> <li>• Sign off messages/questions sent to the patient from the clinician. Use an alternative contact method if urgent or no required response to a message</li> </ul>	H01
10	<b>Online system does not send message to the practice inbox or GP clinical system correctly</b>	Patient does not receive a response	<ul style="list-style-type: none"> <li>• Agree with <b>suppliers</b> how they will <b>monitor, report and alert</b> practice to errors (CCG)</li> <li>• Ensure <b>set up is correct</b> – staff training, support from the supplier, supplier help desk</li> <li>• Ensure there is a process for escalating <b>incidents and concerns</b> (CCG)</li> <li>• Have a <b>clear message to patients</b> on what they should do if they do not receive a response in the expected time frame or if their condition deteriorates in the meantime</li> </ul>	H09

# Digital total triage high risks (iii)



Risk score	Cause	Hazard	Mitigation	Hazard log ref
10	Patient has used system out of hours for an urgent clinical issue	Patients are not responded to in a clinically appropriate time scale	<ul style="list-style-type: none"> <li>Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver clear, consistent and concise messages on the process and how to access care out of hours (CCG supported)</li> <li>Some systems may redirect some red flags automatically (system dependent)</li> </ul>	H28
9	Patient does not have capacity, or there are safety, safeguarding or confidentiality concerns	Patients are disadvantaged or put at risk by using an online system	<ul style="list-style-type: none"> <li>Follow existing safeguarding protocols, update to cover online consultations</li> <li><b>Have alternative routes for vulnerable patients (e.g. direct booking)</b></li> <li><b>Have routes for non-digital users</b> and ensure patients are aware of this. Admin staff to complete online consultation/data entry template with patient on their behalf. Admin staff to complete training.</li> <li>Ensure all staff are consistent with their messaging to patients</li> <li>If you have <b>safeguarding concerns</b> at any stage, convert a remote consultation to a face-to-face assessment unless there are compelling reasons why that cannot happen</li> <li>Have access to the patient's clinical record</li> <li>Use systems that match patient details to the practice system (CCG)</li> <li>Adopt process for ID verification of patient or registered proxy [<a href="#">RCGP summary on identity verification</a>]</li> </ul>	H41 H42
9	Practice doesn't download the consultation into the patient's clinical record (system dependent)	<p>Full record of the consultation is not maintained</p> <p>Potential medico-legal issues</p>	<ul style="list-style-type: none"> <li>If the system does not automatically transfer the online consultation to your clinical system, <b>ensure all staff are aware of the need to download or upload the online consultation into the patient's medical record</b></li> <li>Once uploaded, ensure all staff delete the online consultation from email inbox and not saved on a personal device</li> <li>Supplier training. Practice set up is supported by supplier (CCG supported)</li> </ul>	H60

# Digital total triage high risks (iii)



Risk score	Cause	Hazard	Mitigation	Hazard log ref
9	<b>The telephone wait for non-digital users increases, because staff are coaching digital users on the phone</b>	Individual patients are disadvantaged or put at risk by using an online system	<ul style="list-style-type: none"> <li>Monitor telephone wait times</li> <li>Review telephony capacity (CCG supported)</li> <li>Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver consistent messages on the process (CCG supported)</li> <li>Ensure that <b>workflows and capacity</b> are designed to manage increased support to patients in the early days</li> <li>Encourage digital users to go online (to free up phone lines for non-digital users)</li> <li>Use a <b>concise template</b> to take patients through the process on the phone</li> <li><b>Agree exceptions for direct booking</b> e.g. if need translation service, vulnerable, sensitive problem</li> </ul>	H44
9	<b>Patient anxiety about new ways of working</b>	Patients contact practice to by-pass system, seek information or complain Increased patient anxiety	<ul style="list-style-type: none"> <li>Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver consistent messages on the process (CCG supported)</li> <li>Ensure messages are responded to in the expected time frame – let patients know if there is a delay</li> <li>Monitor patient experience provided from supplier data</li> <li>Staff are trained in communication skills and involved in designing new system (and understand the rationale for the change)</li> <li>Staff are consistent in their messaging to patients</li> <li>Admin staff take patients through an online consultation over the phone or in person if they cannot or choose not to use the online system</li> </ul>	H53
8	<b>Patient is tries to bypass the system to be responded to sooner</b>	Patients add erroneous information	<ul style="list-style-type: none"> <li>Not a new risk</li> <li>Develop a <b>process to manage misuse</b></li> <li>Ensure that all messages are responded to in expected time frames – let patients know if there is a delay</li> <li>Avoid direct booking patients into appointments except for agreed exceptions to avoid disincentivising use of the online system</li> <li>Staff are consistent in their messaging to patients</li> </ul>	H51

# Digital total triage moderate risks (i)



Risk score	Cause	Hazard	Mitigation	Hazard log ref
6	ID not verified or patient is wrongly identified	Online consultation is with the wrong patient	<ul style="list-style-type: none"> <li>Adopt <b>ID verification</b> protocols [<a href="#">RCGP summary on identity verification</a>]</li> <li>Staff <b>training</b> on processes</li> </ul>	H45
6	Misuse of data by staff	Data breach	<ul style="list-style-type: none"> <li>Existing IG training and professional accountability</li> <li>Update your DPIA (CCG supported)</li> <li>Ensure roles and responsibilities for staff who have access to online consultations/system is clear and the operational pathway for staff is clearly defined</li> </ul>	H39
6	Patient shares intimate images without a request from a clinician	Safeguarding and medico-legal risk to consider	<ul style="list-style-type: none"> <li>Follow guidance on principles for remote intimate clinical assessment, obtaining and documenting consent [<a href="#">on FutureNHS</a>].</li> <li><b>Do not store an intimate image</b> unless clearly justified, transparent. Only store an image if this is what you would do in a face to face consult</li> <li>Ensure staff are <b>clear on workflow</b> for handling an intimate image and not to save an intimate image in the clinical record system until a clinician has reviewed the image and made a decision about image retention.</li> <li>Agree a <b>code of conduct</b>. Advise patients not to share intimate images without discussion with the clinician</li> <li>Update your <b>privacy policy and DPIA</b> (CCG supported)</li> <li>Ensure DCB0129 has been reviewed by local clinical safety officer (CCG)</li> <li>Use systems that meet national cybersecurity and IG standards. They system should not retain the image for longer than required. (CCG)</li> <li>Follow local protocols on remote working and security.</li> <li>Delete patient images from email inbox and personal devices</li> <li>Consider <b>safeguarding risk and follow existing policies</b>.</li> <li>Ensure the <b>roles and responsibilities</b> for staff who have access to the patients' images is clear and the operational pathway for staff is clearly defined</li> </ul>	H41

# Digital total triage moderate risks (ii)



Risk score	Cause	Hazard	Mitigation	Hazard log ref
6	If remote working - may lead to increased isolation and stress for clinicians	Clinicians are reluctant or refuse to use the system	<ul style="list-style-type: none"> <li>Adequate <b>training</b></li> <li>Buddying and mentorship</li> <li>Shared decision making/peer-review for difficult clinical issues</li> <li>Consider a shared working space</li> </ul>	H49
6	Workflow processes are very manual increasing burden on staff	Admin staff are reluctant or refuse to use the system	<ul style="list-style-type: none"> <li><b>Develop and agree all workflows</b> with staff</li> <li>System users to use 'test' patients to run through new processes or run a whole team simulation to test the end-to-end process</li> <li>Feedback from staff</li> </ul>	H46
5	System outage/technology failure	Patients cannot access online route	<ul style="list-style-type: none"> <li>Have a contingency plan</li> <li>Revert to telephone and update messaging on the system to inform patients of a delay or change in process</li> <li>Report incident to supplier. Have emergency contact for supplier to report high severity service incident</li> </ul>	H13
5	Software breach	Data breach	<ul style="list-style-type: none"> <li>Use an <b>assured software product</b> that meets national requirements (CCG)</li> <li>Complete a DPIA (CCG supported)</li> </ul>	H38
5	Patient is not registered at the practice	Patient does not receive a response	<ul style="list-style-type: none"> <li><b>Process</b> for contacting those patients</li> <li>Clear communications on use on the software and practice website (CCG supported)</li> </ul>	H11
5	Response goes to junk mail	Patient does not receive a response	<ul style="list-style-type: none"> <li>Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver clear, consistent and concise messages on the process. Advise patients how and when to expect a response, where to look and what to do if they don't receive one (CCG supported)</li> </ul>	H12
5	Patient has entered incorrect information erroneously	Patient does not receive a response in a clinically appropriate time scale	<ul style="list-style-type: none"> <li>Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver consistent messages on the process (CCG supported)</li> <li>Have a <b>clear message</b> on what patients should do if they do not receive a response in the expected time frame or if their condition deteriorates in the meantime</li> <li><b>Report incident and issues</b> to supplier</li> </ul>	H15

# Digital total triage moderate risks (iii)

Risk score	Cause	Hazard	Mitigation	Hazard log ref
5	<b>Patient has used system in an emergency</b>	Patient does not receive a response in therapeutic time scale	<ul style="list-style-type: none"> <li>Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver consistent messages on the process – not to use the system for an emergency (CCG supported)</li> <li><b>The system may screen</b> for emergencies and redirect to 111/999/A+E (system dependent)</li> </ul>	H19
5	<b>Lack of training in using the online consultation system</b>	<p>Clinicians make incorrect remote assessments</p> <p>Admin staff make incorrect assessment of flags/RAG rating</p> <p>Delay in patient care</p>	<ul style="list-style-type: none"> <li>Complete <b>training</b> provided by the supplier</li> <li>Ensure staff are <b>trained</b> in new protocols and processes</li> <li>Refer to national guidelines/training resources on remote consulting if needed <a href="#">[Digital Primary Care workspace on FutureNHS]</a></li> <li>Use test patients to become familiar with the system</li> <li>Have access to the patient's clinical record.</li> <li>Buddying, peer-peer support and mentorship. Join a community of practice.</li> <li>Supplier IT <b>helpdesk</b> support [CCG]</li> </ul>	H27 H28
4	<b>Patients are unclear how to ask questions, query a decision or seek clarification</b>	Patients are reluctant to use the system	<ul style="list-style-type: none"> <li>Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver consistent messages on the process</li> <li>Ensure staff are <b>trained</b> in new protocols and processes</li> <li><b>Co-design</b> processes with patients where possible</li> <li>Review <b>patient feedback</b></li> </ul>	H48
4	<b>Errors in manual processes</b>	<p>Online consultations are not integrated with the clinical record</p> <p>Unwarranted variation in patient outcomes</p>	<ul style="list-style-type: none"> <li>Develop and agree <b>workflow</b> processes with all staff</li> </ul>	H30 H32 H34

# Digital total triage moderate risks (iv)



Risk score	Cause	Hazard	Mitigation	Hazard log ref
4	Interoperability errors	Integration does not work as expected	<ul style="list-style-type: none"> <li>Agree with <b>supplier</b> how this will be <b>monitored and reported</b> on (CCG)</li> <li>Ensure there a process for raising incidents and concerns (CCG)</li> </ul>	H29 H31 H33
4	Patients object to how their data is being used	Patient objections	<ul style="list-style-type: none"> <li>Be sure you can <b>justify</b> the proposed use of patient data by undertaking a DPIA (using the one provided if required) (CCG supported)</li> <li>Ensure that patients are <b>adequately informed</b> of the of reasons and justifications of the use of their data - <b>update your Privacy Notice</b> (CCG supported)</li> <li>Ensure that patients know how to <b>raise an objection</b> and that there is a process for responding appropriately to those objections</li> </ul>	H36

# Digital total triage low risks



Risk score	Cause	Hazard	Mitigation	Hazard log ref
3	<b>A patient's data (DoB and Name) are used by another person to log into the system</b>	Wrong medical care is given. Individual patients are disadvantaged or put at risk by using an online system	<ul style="list-style-type: none"> <li>Adopt process for ID verification of patient or registered proxy [<a href="#">RCGP summary on identity verification</a>]</li> <li>Use existing safeguarding protocols</li> </ul>	H43
3	<b>Patient does not have access to online system</b>	Individual patients are disadvantaged or put at risk by using an online system	<ul style="list-style-type: none"> <li>Ensure there are routes for non digital users and patients are aware of them (e.g. telephone, walk-in)</li> <li>Admin staff to complete online consultation template with patient on their behalf over the phone or in person. Admin staff complete training</li> <li>Have an agreed protocol for exceptions eg direct booking (post COVID screening) for vulnerable patients</li> <li>Ensure all staff are consistent with their messaging to patients</li> </ul>	H45
2	<b>Clinicians become deskilled working remotely</b>	Clinicians are reluctant or refuse to use the system	<ul style="list-style-type: none"> <li>Training</li> <li>Buddying and mentorship</li> <li>Establish protocols for remote working including lone person working protocols</li> <li>Ongoing CPD and appraisal relevant to scope of work</li> </ul>	H50

# Automated triage



# Automated triage mitigations



The risks outlined in this section are in addition to the risks outlined in the section above on digital triage

## Priorities for commissioners to:

- Agree with the supplier how they will monitor, report on and alert to errors:
  - In triage algorithms – has the patient been directed to the right place at the right time
  - In interoperability – has the appointment been scheduled in the clinical system appropriately
- Ensure DCB0129 has been reviewed by your local clinical safety officer including:
  - how supplier tools are kept up to date in line with best practice,
  - how suppliers ensure currency and accuracy of clinical content,
  - how practices are updated on changes to algorithms,
  - how algorithms are checked for accuracy and validated and monitored to ensure they are functioning as intended
- Ensure a local clinical governance process has been established
- Ensure the supplier has appropriate medico-legal insurance which covers their triage algorithms
- Understand the extent to which practices can customise messaging and how it is displayed to the user

## Priorities for practices to:

- Ensure there is an alternative route into healthcare for patients who object to using automated triage or do not agree with an automated decision

## Recommended

- Sharing of resources across linked practices:
  - Champions
  - Buddying and mentorship
  - Peer-peer knowledge sharing

# Additional risks: automated triage



Risk score	Cause	Hazard	Mitigation	Hazard log ref
15	<b>Errors in triage algorithms</b>	<p>Patients are not directed to most appropriate service or clinician</p> <p>Do not receive appropriate care or patient harm</p> <p>Practice does not receive appropriate information including safety and safeguarding alerts</p>	<ul style="list-style-type: none"> <li>• Agree with <b>supplier</b> how they will monitor, report and alert incidents and issues to the practice (CCG)</li> <li>• Establish process to escalate <b>incidents and concerns</b>. Agree response times with supplier (CCG)</li> <li>• Have a clear message explaining how patients can query a decision made by an automated solution</li> <li>• Ensure DCB0129 has been reviewed by your local clinical safety officer and local clinical governance processes established (CCG)</li> <li>• Ensure the supplier has appropriate medico-legal insurance (CCG)</li> <li>• Have a <b>clear message</b> on what patients should do if they do not receive a response in the expected time frame or if their condition deteriorates in the meantime and how to access care out of hours (e.g. if response time falls over a weekend)</li> <li>• Ensure all staff are clear on <b>review and response times</b> during core hours to identify and respond to any clinically urgent queries within a safe clinical threshold – practices will need to consider how they will screen incoming online consultations to the practice to ensure no urgent requests are missed and they are able to respond to clinically urgent queries within a safe clinically appropriate timeframe</li> <li>• Ensure that all <b>communications</b> on the software, on practice websites and from members of the team deliver clear, consistent and concise messages on the process and how to access care out of hours (CCG supported)</li> </ul>	H20
12	<b>Automated processes have a low risk threshold</b>	<p>Patients may be directed unnecessarily to urgent or emergency care</p>	<ul style="list-style-type: none"> <li>• Agree with <b>supplier</b> how they will monitor and report referrals (CCG)</li> <li>• Establish processes to review <b>data and referral reports</b></li> <li>• Establish process to escalate <b>incidents and concerns</b> (CCG)</li> <li>• Have a clear message explaining how <b>patients can query a decision</b> made by an automated solution</li> <li>• Ensure DCB0129 has been reviewed by local clinical safety officer and local clinical governance processes established (CCG)</li> </ul>	H52

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12	<b>Automated system displays the most serious (rather than the most likely) diagnosis first</b>	Increased and avoidable patient anxiety	<ul style="list-style-type: none"> <li>Ensure suppliers work with patients and practice staff to improve the <b>user design and user interface of their system</b> (CCG)</li> <li>Have a clear message explaining how <b>patients can query a decision</b> made by an automated solution</li> <li>Ensure DCB0129 has been reviewed by the local clinical safety officer and local <b>clinical governance processes</b> established to review and manage clinical or safety issues with the supplier (CCG)</li> <li>Ensure processes are in place for patients to provide <b>feedback</b> (CCG)</li> <li>Establish process to escalate <b>incidents and concerns</b> (CCG)</li> </ul>	H57
10	<b>Patients may not consent to automated profiling</b>	Those patients will be unable to access health care	<ul style="list-style-type: none"> <li>Ensure that there is a <b>manual triage process</b> available on request</li> <li>Ensure that all <b>communications</b> on the software, practice websites and from team members deliver consistent information on the process (CCG supported)</li> <li>Provide staff with data entry templates to enter data on patient's behalf e.g. using templates from the supplier (CCG supported)</li> </ul>	H37
8	<b>Incorrect set up</b>	Practice does not receive the correct information including safeguarding alerts  Appropriate care is not given	<ul style="list-style-type: none"> <li>Ensure practice set up is with correct email – staff training, support from supplier, supplier help desk</li> <li><b>Test system before go-live</b></li> <li>Supplier to notify practice if messages are 'bounced back' (CCG)</li> <li>For safeguarding alerts use a <b>shared monitored inbox</b> and/or contacts for two members of the practice team</li> <li>Be clear on staff <b>roles and responsibilities</b></li> <li>Ensure all staff are <b>trained</b> on the new workflow and processes</li> </ul>	H59
4	<b>Interoperability errors</b>	Incorrect appointment booked, delay in care	<ul style="list-style-type: none"> <li>Agree with <b>supplier</b> how this will be <b>monitored and reported</b> on (CCG)</li> <li>Ensure there a process for raising incidents and concerns (CCG)</li> <li>Mechanism to alert the practice agreed (CCG supported)</li> </ul>	H29 H31 H33