An evaluation of Rapid Health's Smart Triage at The Groves Medical Centre
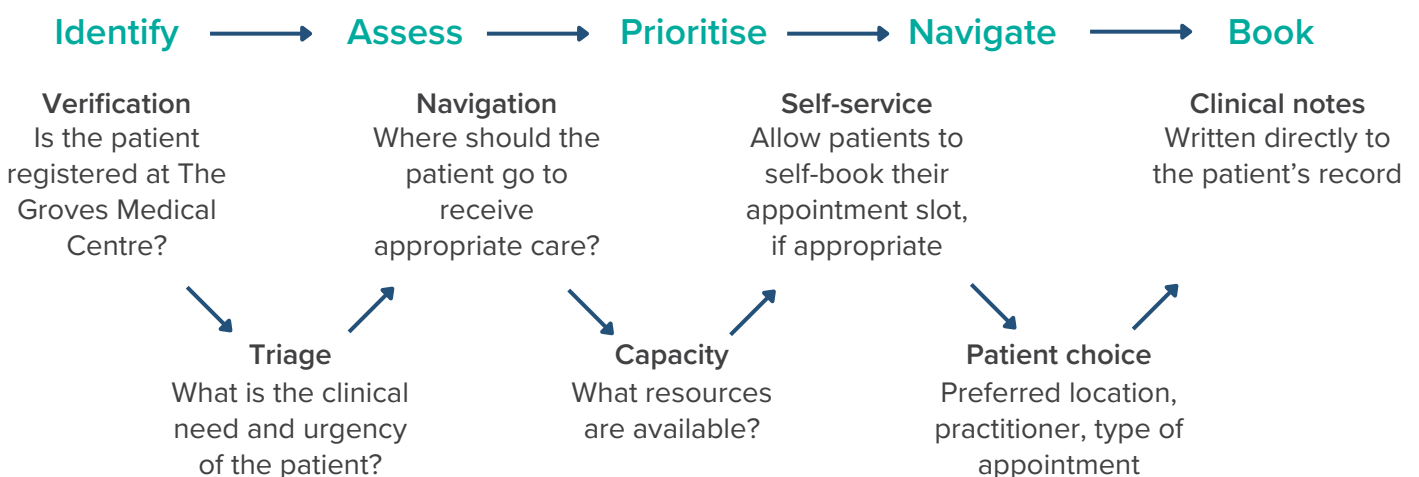
Context

Like many parts of the NHS, general practice is under intense pressure. Due to high demand, patients are often seen on a first come, first served basis, which can lead to patients who need urgent care being unable to receive an appointment when they require one. Care navigators (previously medical receptionists) balance a large amount of tasks, resulting in a high cognitive load, where the pressure placed on them is particularly high during the '8am rush'. Job satisfaction for GPs is low in the UK; only 24% of GPs are either extremely or very satisfied with practicing medicine, a decrease from 39% in 2019. To alleviate patient demand and staff capacity in primary care, NHS England implemented the Modern General Practice Access model. The model aims to better align capacity with need, improve patient experience, and improve the working environment for general practice staff.

Rapid Health's Smart Triage is an autonomous patient triaging system that aims to improve access for patients and enable better management of demand and capacity. Patients can instantly request and book appointments online, either independently or assisted by care navigators by telephone or in person. The system clinically triages the request and assigns a clinical urgency to allocate them a suitable appointment slot.

The Groves Medical Centre in Surrey started implementing Rapid Health's Smart Triage on 30th October 2023. Unity Insights were commissioned by Health Innovation Kent Surrey Sussex and Rapid Health to independently evaluate the impact of Rapid Health's Smart Triage at the start of deployment within the practice.

The Rapid Health's Smart Triage process:

The standard process is highlighted below, which can be personalised to the practice's needs.

Identify → **Assess** → **Prioritise** → **Navigate** → **Book**

Verification
Is the patient registered at The Groves Medical Centre?

Navigation
Where should the patient go to receive appropriate care?

Self-service
Allow patients to self-book their appointment slot, if appropriate

Clinical notes
Written directly to the patient's record

Triage
What is the clinical need and urgency of the patient?

Capacity
What resources are available?

Patient choice
Preferred location, practitioner, type of appointment

Method

Quantitative insights

Quantitative data from The Groves Medical Centre, Rapid Health, and NHS Digital from the pre-implementation period (29th June 2023 to 29th October 2023) and post-implementation (30th October 2023 to 29th February 2024) periods were analysed through descriptive and statistical analyses. This data consists of the first four months of implementation, so represents the implementation period only. Quantitative data examined the appointment slots obtained via requesting care through Rapid Health's Smart Triage, compared to appointment slots in the pre-implementation period that could have been requested through Rapid Health's Smart Triage if the system was implemented at the time. Telephone call data was also obtained to understand the number of telephone calls in the pre- and post-implementation periods.

Qualitative insights

Staff members were surveyed pre- and post-implementation. Patient perspectives were captured through a post-implementation survey, and the Friends and Family survey before and after Rapid Health's Smart Triage was implemented, with only responses noting a free-text experience around booking appointments included in the analysis. All surveys were analysed through thematic analysis and frequency distributions.

Please note that the post-implementation staff survey was conducted 15 weeks after the go-live date for Rapid Health's Smart Triage, meaning that results should be viewed as early-stage results. Further, it cannot be guaranteed whether the same staff members completed both surveys. The patient survey also had a low response rate of 20 patients (out of 17,500 registered patients), despite repeated efforts by The Groves Medical Centre. Due to this, the findings should be viewed as anecdotal evidence.

Results

Does Rapid Health's Smart Triage lead to improved access to care?

There were 47% fewer phone calls at 8am, with a 58% reduction in the maximum number of concurrent calls, showing a reduction in the '8am rush'.

Patients received a pre-bookable appointment nine days faster (4 days compared to 13 days).

The demographics of patients completing requests via Rapid Health's Smart Triage in the post-implementation period in terms of age and registered disability was representative of the overall registered patient population.

18% of all patient requests were initiated over the phone in the post-implementation period versus 88% in the pre-implementation period, showing a significant shift to online appointment requests.

During the four months of implementation at The Groves Medical Centre, Rapid Health's Smart Triage improved access to care by enabling equitable patient access, increasing online care requests, automating triage and booking processes, and reducing wait times for appointments.

Does Rapid Health's Smart Triage lead to better management of demand and capacity?
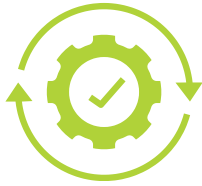
91% of appointments made via Rapid Health's Smart Triage were booked automatically.

0.12% of requests made via Rapid Health's Smart Triage signposted patients to A&E and resulted in the patient stating they planned to attend A&E.

85% of appointments booked via Rapid Health's Smart Triage were face to face, an increase from 53%.

Patients were offered an average of 61 appointment slots at any time, where a greater proportion of appointments requested via Rapid Health's Smart Triage were conducted by GPs compared to pre-implementation (12% versus 8%). This was despite no additional staff being hired and the recent move to 15-minute GP appointments at the time of the evaluation.

During the four months of implementation at The Groves Medical Centre, Rapid Health's Smart Triage improved demand and capacity management by automating triage and appointment booking, increasing face-to-face appointments, enhancing clinical capacity utilisation, reducing waiting times, and avoiding over triage to secondary care. Further, there were no clinical incidents or significant events that occurred during the post-implementation period, highlighting that the management of demand and capacity was appropriate.
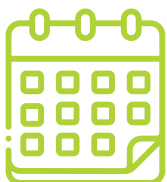
Does Rapid Health's Smart Triage lead to more sustainable staff working patterns?

Rapid Health's Smart Triage led to a reduction in the number of patient contacts from 335 to 330 per day.

There was an increased percentage of appointments delivered by GPs (8% to 12%) and nurses (10% to 21%) following implementation of Rapid Health's Smart Triage.

18% of all patient requests were initiated over the phone in the post-implementation period versus 88% in the pre-implementation period

The proportion of patients triaged for on-the-day appointments dropped from over 62% to 19%, compared to a 44% national average

During the four months of implementation at The Groves Medical Centre, Rapid Health's Smart Triage promoted more sustainable staff working patterns by reducing daily patient contacts, improving the utilisation of healthcare professionals, lowering same-day appointment demand, and allowing staff to focus more time on in-person and phone requests, aligning with the British Medical Association's guidelines on workload control.

Does Rapid Health's Smart Triage lead to an improved care experience for patients?

Friends and Family survey results
Most patients reported positive experiences of the service provided by The Groves Medical Centre in the pre-implementation (93%) and post-implementation (89%) periods. This was similar to the proportions identified at an ICS (92%) level and a national (91%) level.

Patient survey results
Feedback from 20 patients in the immediate post-implementation period was mixed around the use of Rapid Health's Smart Triage at The Groves Medical Centre:
- 73% disagreed with the statement regarding whether Rapid Health's Smart Triage was easier to use compared to the previous pathway when submitting medical requests.
- 65% disagreed with the statement regarding whether submitting requests via Rapid Health's Smart Triage was less stressful compared to the previous pathway.

Patient care experience encompasses many dimensions, some outside of the remit of Rapid Health's Smart Triage. This should be acknowledged when assessing whether Rapid Health's Smart Triage led to an improved care experience.

Does Rapid Health's Smart Triage lead to an increase in staff satisfaction?
The following was identified from the pre- and post-implementation staff surveys:
- 30% of staff were satisfied with the use of Rapid Health's Smart Triage at The Groves Medical Centre.
- 57% of staff found Rapid Health's Smart Triage easy to use, compared to 25% who found the previous system easy to use.
- 56% could find the information they needed when using Rapid Health's Smart Triage.

Quantitative and qualitative insights suggested mixed views. Quantitative insights suggested Rapid Health's Smart Triage released staff time, which could impact staff workload and satisfaction, however qualitative insights presented converse views. Despite this, staff satisfaction is multifactorial and depends on parameters outside of Rapid Health's Smart Triage's control such as sense of belonging, autonomy, workload, and pay package. It is important to consider wider impacts when reviewing the findings.

Limitations

The following limitations should be considered when interpreting the findings:

Quantitative insights
When comparing the pre- and post-implementation periods, only data from attended appointment slots could be used, as patient medical and admin request data was not available for the pre-implementation period.

Qualitative insights
Patient and staff survey responses are likely to reflect opinions on the change impact of the new pathway, not just on the implementation of Rapid Health's Smart Triage. Further, it cannot be guaranteed whether the same staff members completed both surveys.

Recommendations

As a result of the current evaluation, the following recommendations are proposed:

To understand the evidence base around A&E, further explore the evidence surrounding the impact on A&E visits to understand the effectiveness and value of Rapid Health's Smart Triage.

To monitor acceptability levels with staff during implementation, involve patients and staff in the continuous refinement process by conducting regular co-design sessions with such cohorts.

To assess quality and appropriateness, regularly review the navigation settings within Rapid Health's Smart Triage. This will help manage demand and capacity more effectively.

Conclusion

Despite the winter pressures and the timing of the evaluation (only capturing the first four months of implementation), the implementation of Rapid Health's Smart Triage at The Groves Medical Centre positively impacted access to care, demand management, and staff workload, thus facilitating the implementation of the Modern General Practice Access model. Rapid Health's Smart Triage demonstrated improved access to care by enabling most patients to request and book an appointment instantly after an autonomous digital triage assessment, which contributed to more efficient management of demand and capacity. The automated triaging approach allowed for prioritisation of patients requiring urgent care, ensuring that those with the greatest urgency received timely care, while also reducing the average wait time for pre-bookable appointments.

Although feedback from both staff and patients was mixed, this may be attributed to change impact or the possibility of a low response rate leading to an unrepresentative sample. To address this, it is crucial to regularly engage with both groups to ensure that any feedback from patient or staff members can be addressed. Finally, it is encouraging to observe that the results from the July 2024 Friends and Family survey highlight that online access is now the most preferred channel at The Groves Medical Centre.