NHS
North East London

Online Consultations Local Engagement

September 2025

Glossary

Background (Slide 3)	Summary of the planned contract changes in 2025-26
Local Engagement (Slide 4)	How NEL ICB and system partners have engaged with local providers to identify risk, queries and concerns
ICB Contract implementation (Slides 5-7)	Summary of ICB's discretion to manage contract compliance
National FAQs (Slide 8)	Link provided
Local Feedback (slide 9-14)	Summary of Risk and FAQs
Appendices	Webinar Presentations

Background

From **1 October 2025**, all GP practices in England will be required to meet several new contractual obligations under the 2025/26 GP Contract. These changes are part of NHS England's push toward **Modern General Practice Access** and digital transformation. Here are the key requirements related to **online consultations**:

🔑 Core Online Consultation Requirements

- **Availability During Core Hours**
  Online consultation tools must be **switched on and available during core hours** — **8:00am to 6:30pm, Monday to Friday**. This applies to:
  - Routine, non-urgent appointment requests
  - Medication queries
  - Administrative requests
    Urgent clinical requests should still be directed through appropriate channels, and practices must implement safeguards to prevent misuse of online tools for emergencies.
- **Website Updates**
  Practices must include the **"You and Your General Practice"** document on their websites. This patient-facing charter outlines what patients can expect from their practice, including digital access standards.

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Local Engagement

Modernising General Practice Programme (MGPP)

- As part of the System Collaborative we have established a MGP programme that builds on the work of PCARP.
- This is a place based programme with input from local Contract Leads, MGP Peer Ambassadors, HOPC, Place Development Leads, Digital Clinical and managerial leads.
- The Programme reports into the Collaborative governance and engages with the GP Provider Group

Questionnaire – Temperature check

- Prior to the September Webinars the ICB issues a questionnaire to all practices asking for key areas of concern and questions.
- To date 56 practices have replied to the questionnaire and the responses have been added to the Local risk assessment and FAQ

Pre Implementation Webinars

- The ICB delivered 2 webinars on 18 September to discuss the changes and provide local examples and experience of implementation of on line consultations and provide an opportunity for practices to ask questions and raise concerns
- About 300 people attended the webinars

Next Steps

- ICB leads will attend an NHSE webinar on local implementation where local feedback will be reported
- Further reporting to the GPPG and Delivery Group
- Further Engagement with the LMCs
- Additional Webinars to support implementation and management of demand

Contract Changes Overview

Online Consultations to be available during core hours

- Patients to be able to contact their practice, throughout core hours (8am to 6.30pm) by phone, online or by walking in, and for people to have an equitable experience across these access modes.
- From 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours. Limiting submission by time or volume would not meet the requirements. GP practices may take necessary steps to put safeguards in place to avoid urgent clinical requests being erroneously submitted online. This could include displaying guidance for patients on practice websites and via online consultation tools.

Responding to O/C requests

- There should be clear communication with patients so that they understand the likely response time to their request.
- In line with the GP contract, patients should receive an appropriate response the same day if the request is made during core hours, or the next day if the request is made out of hours. This applies to contact made through any and all channels, not just digital channels. However, this does not mean all contacts will be resolved on the same day or by the practice, patients may be sign posted to other appropriate services or informed when they will be contacted.
- The mode of the response should be appropriate considering the patient's needs and, where possible, their preferences.

Online consultations …

Exceptional circumstances

In *exceptional* circumstances for an isolated period and as part of business continuity arrangements, where a practice considers that safety of patients may be at risk if levels of demand cannot be safely managed; a practice may switch off online consultations in order to maintain safe patient care.

Monitoring

Declaration via Edek in October/November 2025

As it did last year, will form part of CAIP compliance for 25/26. PCNs to make declaration as they did in In 24/25. As at end 24/25, 37 NELs PCN declared that they were meeting the O/C in core hours requirement and 11 PCNs were not yet doing so.

You and Your General Practice requirement

- NHS England published You and Your General Practice on 19 June 2025, setting out standards patients can expect and how they can support their GP team.
- GP practices will need to link to the NHS England published You and Your General Practice (YYGP) document on the practice website no later than 1 October 2025
- Practices will generally be the first point of contact for patients providing feedback or expressing concerns. A nominated lead should provide a liaison point to ensure appropriate follow up on any concern or feedback. Patients will also be able to provide feedback or raise concerns about their practice directly with Healthwatch or the ICB.
- ICBs will also be required to link to YYGP on their websites and put requisite processes in place to support patient feedback directly to the ICB or via Healthwatch, resulting from engagement with YYGP. ICBs and Healthwatch may feedback to practices where patients have raised concerns with them
- Practices may wish to monitor recurring themes in feedback and concerns and discuss with their PPGs

Monitoring

To be monitored via Edec Oct/Nov 2025

NHSE FAQ's and Aide Memoire

The Online Consultation FAQs and aide memoire on available support resources have been published on the NHSE website:

NHS England » Online consultations – frequently asked questions and support resources

Practices and networks should refer to these in the first instance to address queries raised locally and these should be read in conjunction with the Contract Regulations.

NHSE's response will supersede any local interpretation of the contract requirement.

The frequently asked questions provide responses to support implementation of the GP contractual requirement for online consultation systems to be available throughout core hours: 8am – 6.30pm, Monday to Friday.

The aide memoire signposts to support available to practices to also support implementation.

Questionnaire Feedback – Practice Risks and Concerns

1. **Demand and Capacity**
- Many practices are worried about increased demand from keeping online consultation systems open all day, leading to unmanageable workloads for both clinical and administrative staff.
- There are fears of staff burnout, low morale, and difficulties in recruiting or retaining staff due to the increased pressure.

2. **Patient Safety and Clinical Risk**
- A recurring concern is the risk of missing urgent or “red flag” symptoms when patients use online systems for issues that require immediate attention.
- Practices are concerned about the inability to cap or limit requests, which could compromise safe care delivery.

3. **Administrative Burden and infrastructure**
- Increased administrative workload is a common theme, with concerns about the need for more staff to manage the volume of online requests.
- Integration challenges with existing clinical systems and IT failures are also frequently mentioned.

4. **Digital Exclusion and Health Inequalities**
- Respondents highlight the risk that elderly patients, those with language barriers, or people lacking digital literacy will be disadvantaged by a digital-first approach.

5. **Patient Expectations and Communication**
- Practices note that patients may expect all requests to be treated urgently, leading to dissatisfaction if routine cases are not seen immediately.

6. **Continuity of Care**
- Some practices worry that a shift to online and total triage models could reduce continuity of care, especially for patients with complex or long-term conditions.

7. **Funding and Resources**
- Many responses mention that contract changes are not matched with adequate funding, staffing, or support.

Questionnaire Feedback – Practice Suggestions and Mitigations

Delivery Models	There is a strong call for blended or hybrid models to ensure equity of access.	Several practices argue against a “one size fits all” approach, emphasising the need for flexibility to tailor systems to local population needs and practice capacity.	Ability to cap or manage demand to maintain safe working conditions.
Support to Practices	Centralised training for staff on new systems.	Practical, on-the-ground support for implementing changes.	There are calls for additional resources, training, and national guidance to help practices adapt.
Communications	National messaging and patient education campaigns.	Improved communication with secondary care and better signposting for patients.	There is a need for clear communication and patient education about how and when to use online consultation systems

Webinar Questions and Comments

Patient Safety and Clinical Risk	Response
Is there a specified number or percentage in GPAD where we should offer a face-to-face appointment? if photos are sent and GPs feel they can manage the case remotely, is that acceptable	We will refer to the NHSE FAQ and the BMA / GPC guidance on these issues.
How do we comply with working safely with 25 contacts a day max?	
List of differences between GP triage and GP appointment,	
What are we expected to do with requests that come through at 18:29	
What are you planning to do with non differentiated potentially urgent e-consults come through when you no longer have any capacity left that day?	
Can we have examples of ways of safeguarding the urgent requests we will receive via online consultations?	
Compliance	**Response**
Can a practice subcontract their phone lines in any part of core hours?	The GP contract allows for subcontracting with the agreement of commissioners. Where this is considered please contact your local commissioner in the first instance
Can they subcontract appt provision during core hours?	
Can they forward OC requests to a subcontracted provider in any part of core hours?	
Can a practice have a reply to some OC requests as - "call 111 for advice" and will this count as a response?	
Are triage drs/hcps expected to deal with all the OC each day? Eg Mondays are crazy and that's my day on call	The aim is to reply within one day
Can I ask, the contract does not require practices to undertake total triage? Or have I misunderstood? Clarification on this would be appreciated.	There is no requirement to adopt total triage to comply with the contract change
Once a month we have a PLT (Tuesday or a Thursday) where the practice is closed of an afternoon. On many occasions, staff have undertook training off site during the PLT, and we close our online consultations during this time. Will this be allowed under the changes?	Subcontracting provisions (see NHSE FAQ) still remain for practices to agree temporary local variations to their normal service provision to allow for activities such as practice learning time but this should not be a blanket regular arrangement.
Admin Burden	**Response**
Do practices have separate triage and oncall doctor?	Some do. There is an option of increasing triage which should reduce the need for the same sort of on call session
What proportion of the online consultation submissions requires an appointment	This will vary from practice to practice depending on size and local population health need. In the example of Nightingale it was 80%
Self booking links are texts and we've had to drastically cut down on those due to costs !	The development to have the option of email is coming. Along with redirection to NHS App for patients who have this enabled - which can also save on SMS costs.
Patients use the admin econsult to bring up their clinical issues	
How have you tackled issues around patients who abuse the system with multiple forms ?	
Are practices still providing patient-facing appointments online	Yes
Is GP Total Triage paid for by the ICB?	The contract changes are funded via the GP contract settlement. This does not require a total triage model
Digital Inclusion	**Response**
Many patients refuse telephone or video and want to be seen face to face	There is no requirement to adopt total triage to comply with the contract change
What about language barriers to form filling, where interpreters are needed?	

Webinar Questions and Comments

Demand and Capacity	Response
Additional serious capacity issue in our deprived neighbourhood: Very high % of patients need Interpreters and as a result they get doable appointments, but there is just certain number of appointments. Any suggestions?	We have provided a slide that summarises the examples and approaches recommended by the ICB and peers
What to do if there are more submissions that, after triage, require a GP appointment, and the practice capacity is lower?	
We loved the one the day system but just ended up having to stop as we could not afford enough GPs to provide the sessions and several GPs left due to too much pressure of work.	
We have a higher than average demand at our practice and receive more than 200 econsults per day, which is higher than the two practices who are being discussed in today's webinar. We have also been doing total triage for more than 10 years already. We have not yet seen anything in the BMA/NHSE/ICB comms to suggest how a practice like ours with very high levels of demand is advised to manage the change?	
Many surgeries already operate econsult triage and appointments fill up early on. This will just increase demand with no increase in capacity	
We have been using econsults and a triage system since the covid lockdowns. Also increased capacity, but by increasing capacity, it increases artificial demand for trivial things and increased expectations	
We are a large practice in Hackney and are concerned how we can respond to online appts on the day/next day and also deliver the duty dr contract since we cannot redirect patients to 111 or urgent care under this contract. We are doing total dr triage and only offer on the day appts	
We can not have unlimited demand throughout the day every weekday AND have a safe, sustainable General Practice.	
Some practices commented on the scale of the demand they faced and the lack of capacity to meet this demand	
The Lack of clinical rooms is an issue if we are to get more staff	

Ideas and Solutions Shared at the Webinars

A lot of the preparation is around reviewing expected demand and then reviewing your capacity to see how you can best fit this - in quite a few cases the solution could be to restructure the capacity for the week to match the demand.

Other things I've seen work is really look at continuity - how you can get the patient to see the right patient first and then looking at how to iterate and also see what can be signposted.

There are other models of working i have seen where reception / admin can be trained to handle more incoming with feedback and support - that can also free up clinical time - but it is very much practice dependent - so different ways to manage this is an ever increasing challenging demand space.

What working is going on within the primary/secondary care interface in your area? In C&H we're working closely with the Homerton to try to rectify this. Your place based team should be able to support with this. It's really tough as patients just want an answer and we are the go to place to sort out everything now aren't we!

Where patients use OC to make admin requests: We ask our receptionists to make sure they leave the medical ones for us even if it's on an admin request. But definitely need to look out for this as it is an issue.

This will depend on the size of your practice. we are 15,500 and we have one triaging dr per session. On Mondays and Tuesdays we also have a triaging nurse. We have 350-400 on Mondays and around 300 the other days.

We read all the eConsult's every day and if needs same day urgent appt and we don't have appt then we signpost them to our walk-in centre and urgent care - we need to stay safe. We deal with reasonable demand and as much as we can.

We have a first on call GP all day who triages and phones quick wins, and a 2nd on call GP in the morning only who triages at first, then deals with urgent blood results, and supervises junior staff/students.

We found doing it all day too much. We are moving to a half day model - so that we hand over to another GP at 1pm

We have a first on call GP all day who triages and phones quick wins, and a 2nd on call GP in the morning only who triages at first, then deals with urgent blood results, and supervises junior staff/students.

I've said in other forums, the information around CPCS, pharmacy first etc don't needs to be much clearer. - basic posters to be shared with receptionists

Helpful Advice

- Have a lot of self -help information on your websites- self refer for Sexual Health, maternity, Talking therapy , etc
- Have quick Accurx messages for self booking links for nurses & clinicians
- Have well-trained admin staff for triage as well
- Encourage patients to use NHS Apps for results & prescriptions- cuts down these requests through e-consults
- Be proactive about sending out abnormal results & your treatment/action plan to the patient - saves time, without asking patients to send in YET another e-consult

North East London Health & Care Partnership

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Appendices

Support from Suppliers

The Nightingale Practice

The Gables Surgery

Support from online consultation digital tools

- **Accurx**
- Preparing for October: How Accurx is supporting practices through the GP contract changes | Accurx Blog

- **EConsult**
- Get Ready for October with eConsult - eConsult

- **Klinik**
- Newsletter- from 4th September practices can set recurring opening times for each tile directly within practice settings. No more manual switching off/on

Common themes of support across the digital tools

- In depth guidance on the contract requests and how the online consultation tool can help practices
- Move towards Total triage and how this can help practices stay in control of their demand throughout the day
- How to differentiate between urgent and routine requests to ensure control for practices to monitor demand

Total Triage

- Dr Nisha Patel
- GP Partner
- nisha.patel2@nhs.net

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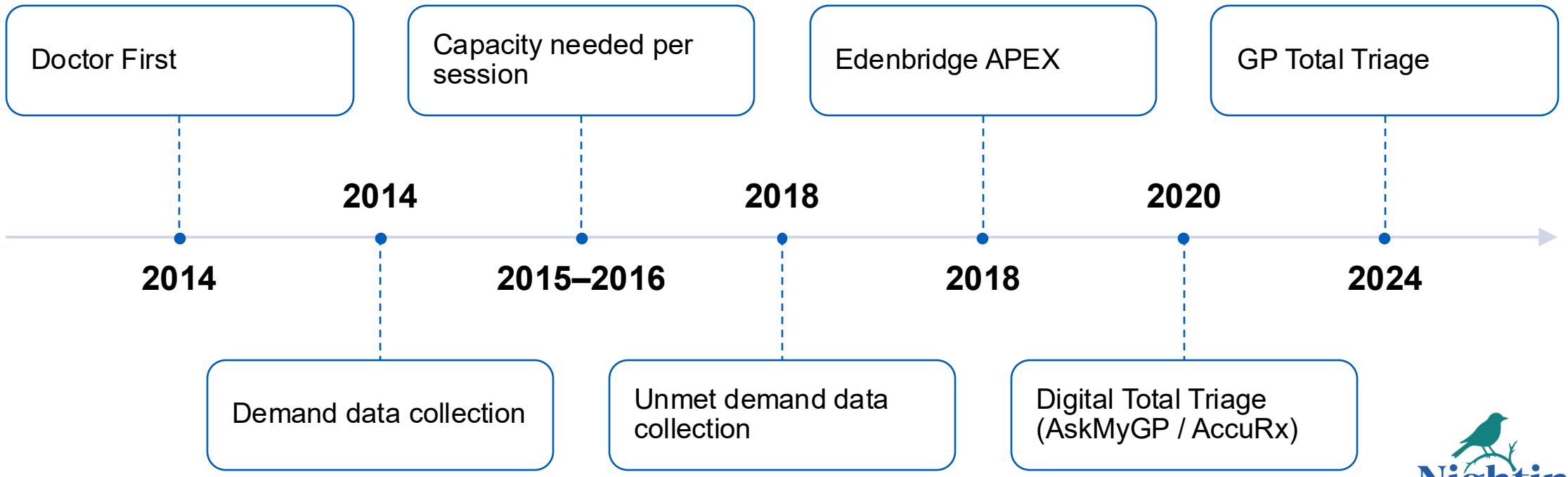
Nightingale Practice

- 12,400 patient list size
- Deprived area in C&H, diverse population
- Our current system
  - On the day
  - All submissions are through our online platform
  - GP Triage
  - We aim to consult with anyone who submits <3.30pm but if we're busy we will the next working day.
  - We made a decision not to turn our platform off

Journey of Nightingale Appointment changes



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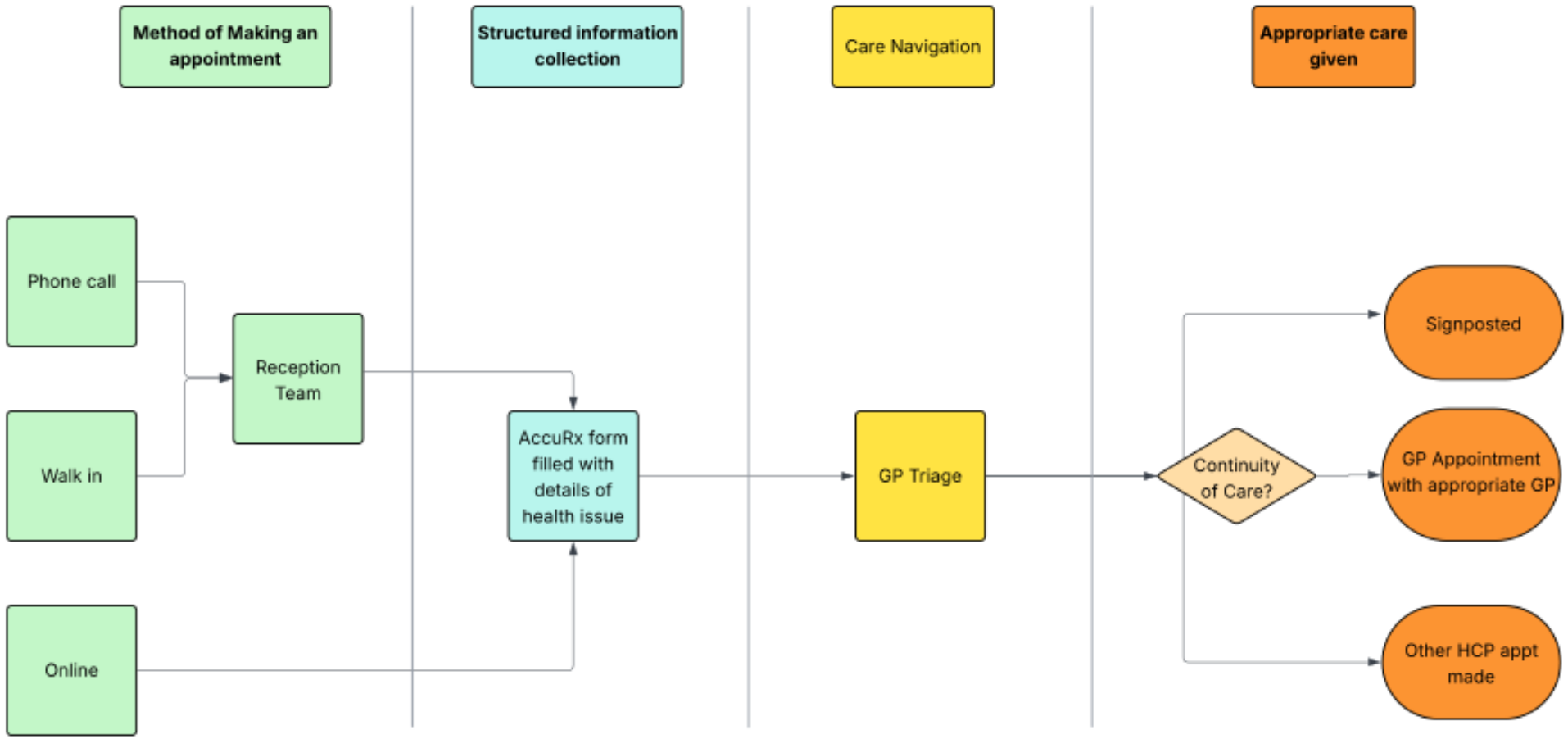

Process Map of Current System

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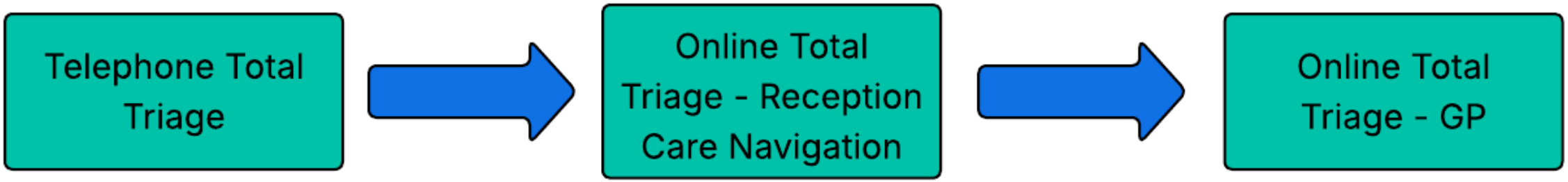
The different methods of Total Triage



- Phone lines
- Inequity in accessing appts

- Clinical decision making
- Continuity of Care
- Safety
- Patient disregard for signposting

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Transition through each change….

- **Change management**
- Bring the entire team and patients with you
  - ID problems with current system
  - Working group to feed into the change
  - Training
  - Review / tweak / re-train
  - Use data – helps with objective decision making, and helps challenging conversations with the team
  - Messaging – phones / websites
- Ongoing process – it doesn't stop….

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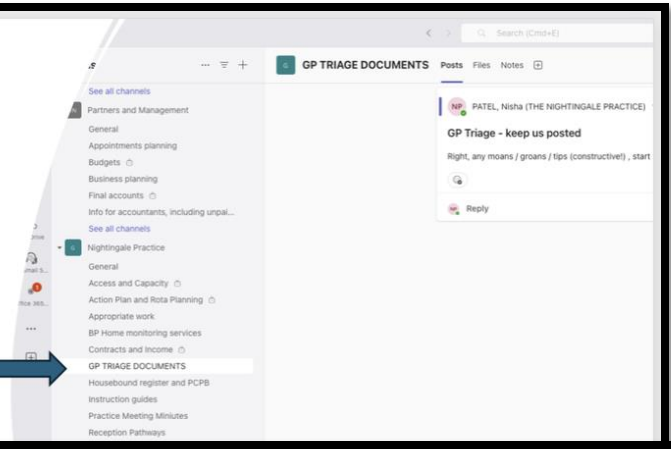
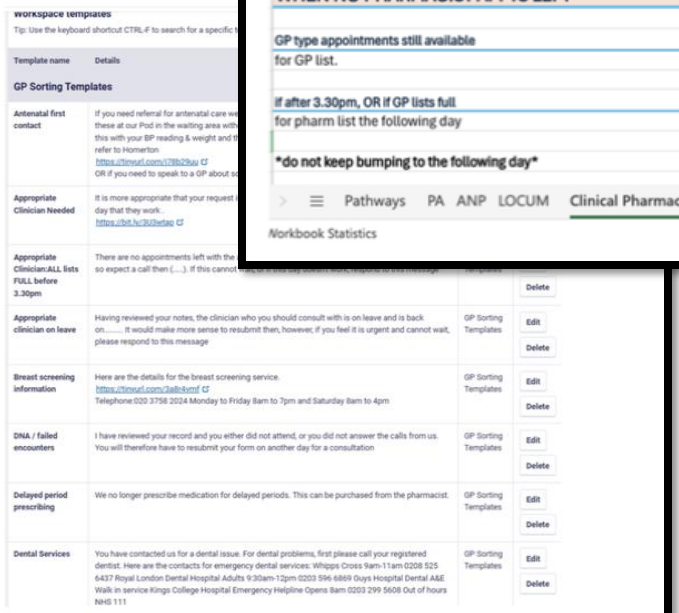
Pathways : TEAMS



GPs to read

AccuRx Template Messages



INCLUSIONS	EXCLUSIONS
PHARMACISTS	
Medication review - non CDM patients	HRT initiation
Community pharmacy calls	Pill check (send it to reception)
Medication queries from patients, including requests for medications on "acutes"	initiation of opioids
TFT Annual Reviews / bloods	
Text recalls to pharmacists - eg starting statin, pre-diabetes	
BP queries including patients concerned about their BP	
Patient wanting to discuss new medication from hospital	
Depression annual review	
HRT FU / tweaking	
Analgesics for pain control	
Structured Medication Review - in appropriate slot, prebook	
PHARMACY TECHNICIAN	
New patient medications	
Hospital letters where medications need to be added	
Blister pack queries	
Supply issues	
Re-synchronising	
High Risk Drug monitoring bloods	
WHEN NO PHARMACIST APPTS LEFT	
GP type appointments still available	
for GP list.	*Change slot type to: **GP - pharm issue***
if after 3.30pm, OR if GP lists full	
for pharm list the following day	
do not keep bumping to the following day	

Pathways PA ANP LOCUM Clinical Pharmacy Pharmacy First FCP MECS +

Workbook Statistics

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Challenges and Pitfalls

MGP

GP Triage

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Challenges and Pitfalls

- Inequity gap got bigger!
- Form filling
- Access - ?too easy
- Continuity of care: Patients submitting on a day when their GP wasn't there
- Urgents
- Lost capacity with GP Triage model
- Monday workload

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Challenges and Pitfalls
Inequity

- Issues
  - Form filling
  - The tone of our messaging
  - It was still difficult to get through on the phone

- What did we do?
  - Changed our messaging
  - Looked at our phone line data, and ensured we had better reception staffing at the peak hours

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Challenges and Pitfalls
Filling out of forms

- Issues
  - Non- English speakers
  - Digitally excluded /challenged
  - Those that could still didn’t…

- What did we do?
  - Our reception team filled them as best as possible
  - Gentle encouragement to ”next time” fill the form

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Challenges and Pitfalls: Ease of Access

- Issues
  - Fear of opening the floodgates
  - AskmyGP / AccuRx forms are quick to fill
  - Repeated submissions
  - Loss of self management – unclear if this increased…

- What did we do?
  - Used data to objectively review our numbers (APEX, online platforms)
  - Created AccuRx template messages / pathways for our reception team to use
  - Self management – direct to our website / template message for minor ailments

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Challenges and Pitfalls
Continuity of Care

- Issues
  - Patients submitting on the wrong day
  - Reattendance increase as a result…
  - Challenges of limited capacity / on the day system

- What did we do?
  - Team agreement on some guidelines
  - Template message for patient to resubmit on the right day – with links to GP working days
  - Introduction of some pre-bookable telephone slots for each session for GP specific recalls

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Challenges and Pitfalls: Urgents

- Issues
  - Once our lists were filled, or if we reached our 3.30pm cut off, there may not have been "space" for our urgents
  - Urgent issues coming through the platform
  - Not enough info on forms to gauge urgency.
  - Reduced capacity = increased need for urgent slots

- What did we do?
  - "Buffer" slots in case of urgents
  - Named receptionist would be assigned role of reviewing all requests - flagging any urgents / letting GP know.
  - Convert some PM routine slots into urgents on our appointment book templates

Challenges and Pitfalls

Capacity Issues

- Issues
  - GP Triage model meant that we lost 10 sessions / week of appointments
  - Unplanned leave

- What did we do / planning?
  - Open up 10 "quick win" appointment slots for GP Triage / session
  - Review / re-training of our GPs
  - Re-audit "appropriate" cases on GP list
  - QI approach to reducing demand / failure demand

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Challenges and Pitfalls
Mondays

- Issues
    - significantly busier than other days

- What did we do /planning?
    - Use our online platform data to quantify the difference
    - Plan it so that our Monday AM Triage GP has less "quick win" slots

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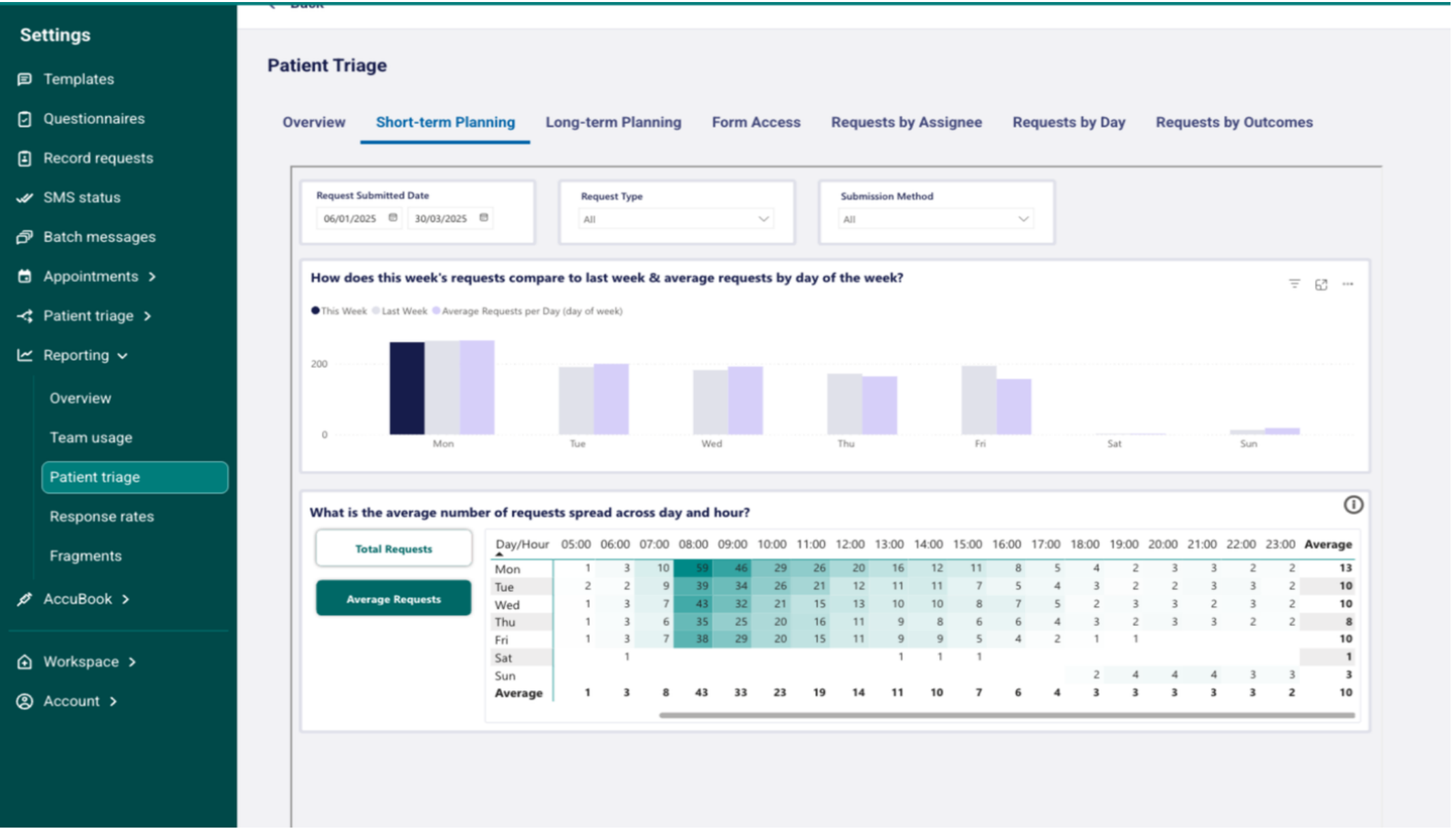

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Key Learning Points

- Change management approach
- Use data where you can
- Listen to your staff and patient feedback
- Ongoing, ever-evolving process
    - Keep reviewing / getting feedback / changing

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Gables Surgery Online Consultations EConsult

Dr Uzma Haque
GP Partner
B&D North PCN CD
NEL Peer ambassador for Modern General Practice

Back ground

Practice Information

- GMS 2 Partner Surgery in Dagenham
- 6914 list size

Demographics

- We are located in the 2nd more deprived decile in England
- Age profile more in the 0-9, 25-35 and 45-54 years group
- High Diversity of patient ethnicity
- Low life expectancy (77 for males, 82 for females)

Implications of age, ethnicity and deprivation:

- Varied Ethnicity Language barriers/health literacy
- Younger age groups suggest more digital savvy population
- But Deprivation suggests less Internet access and higher Chronic disease
- Worse health outcomes locally underline importance of good triage, urgent/red flag detection etc

What we do at Gables?

Hybrid style with elements of MGP (modern general practice)

We triage Doctor appointments as the demand is high

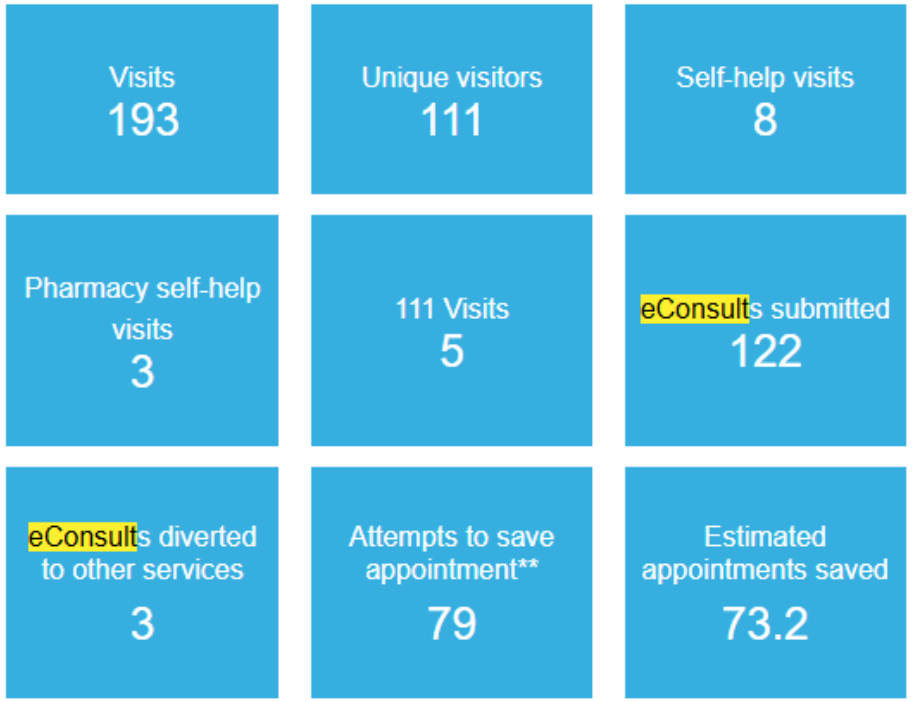
We have used e-consults since 2019

Mix of types of appointment with criteria for reception to book

- 30% reserved for e-consults
- 20% for task related (results, fup)
- 30% on the day appointments
- 20% for chronic disease management
- Rest of appts bookable online and through reception

Key insights from e-consult dashboard

- Administrative help is by far the top category
- Fit note, letters, test result etc
- Back problems, skin conditions and my child is generally unwell are the top requests

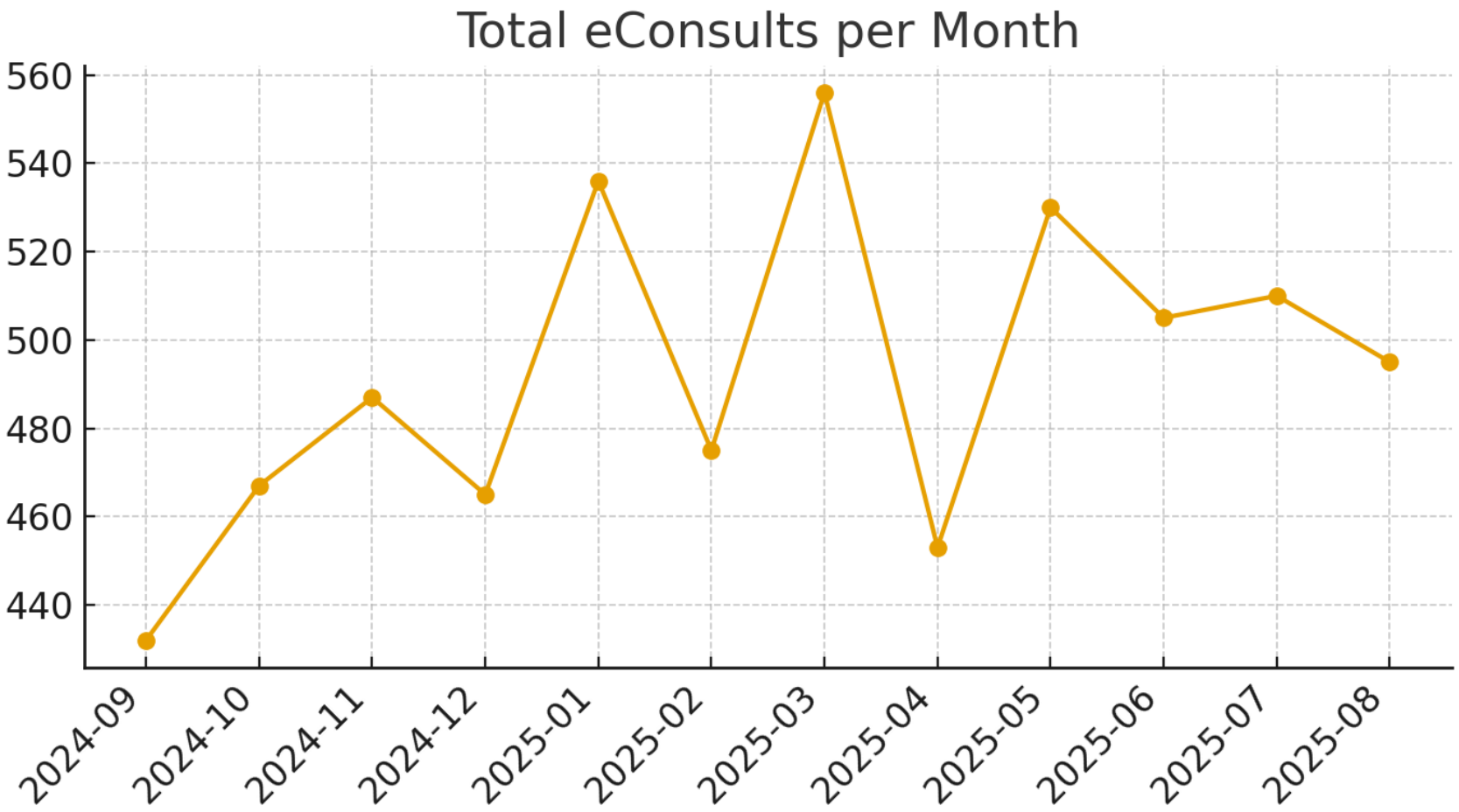


	A	B	C	D
1	EConsult T	Submitted	Diverted	
2	Administra	33	0	
3	General ac	10	0	
4	Back probl	8	0	
5	Rash, spot	7	0	
6	Lumps	4	0	
7	Vaginal pr	4	0	
8	Anxiety	3	0	
9	Breast pro	3	0	
10	Cold or flu	3	0	
11	Cough	3	0	
12	Depressio	3	0	
13	Foot probl	3	0	
14	Leg proble	3	0	
15	Menopaus	3	0	
16	Abdomina	2	0	
17	Breathing	2	0	
18	Ear proble	2	1	
19	Eye proble	2	0	
20	My child is	2	0	
21	Rectal blee	2	0	

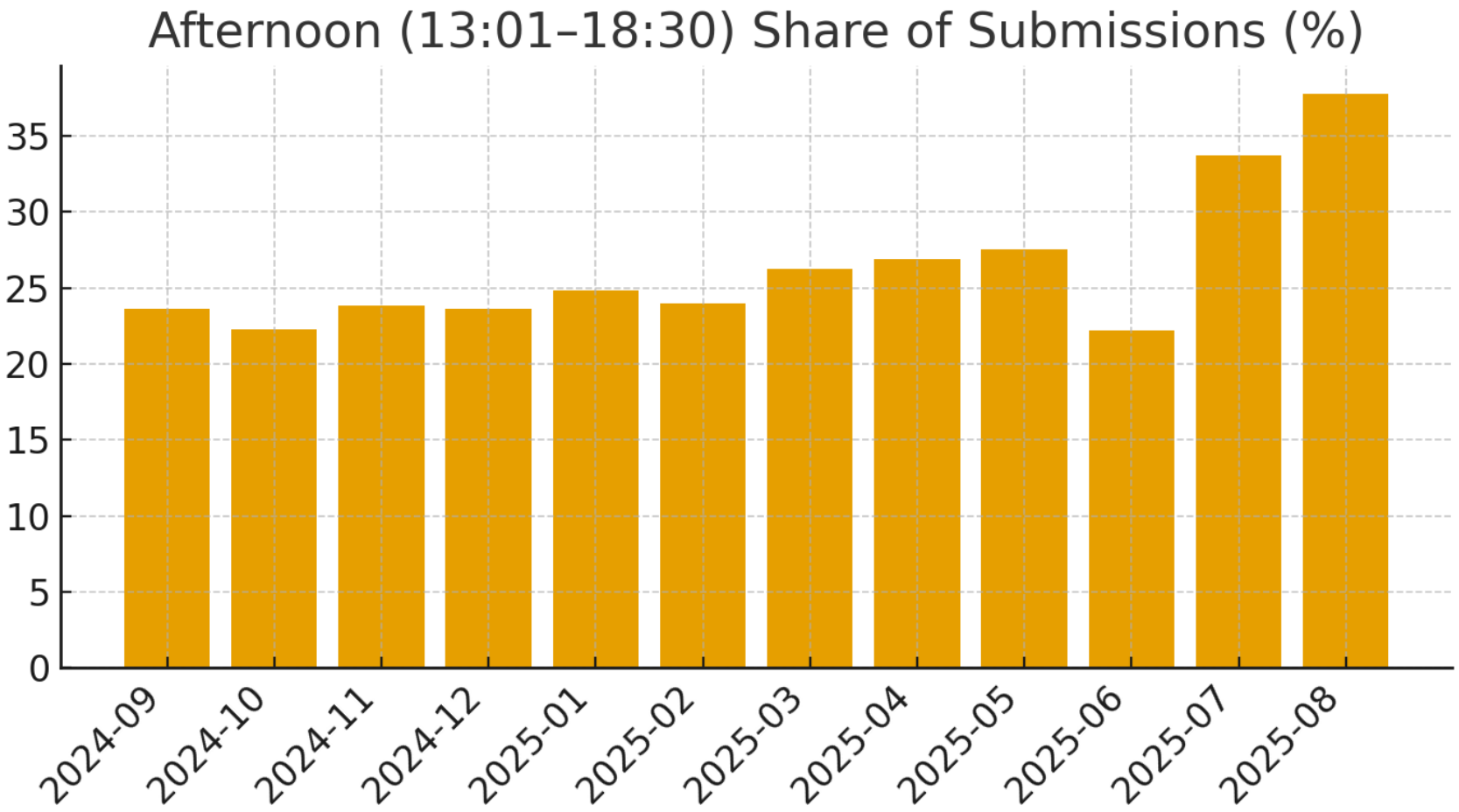
Data Headlines (Sep 2024 – Aug 2025)

Coverage: 2024-09 → 2025-08
Total e-Consults (12 months): 5,911
Median per month: 491
Afternoon submissions (13:01–18:30): median 24.4%
Administrative help requests: median 29.9% of e-Consults
Red flags: median 4.6 per 100 e-Consults

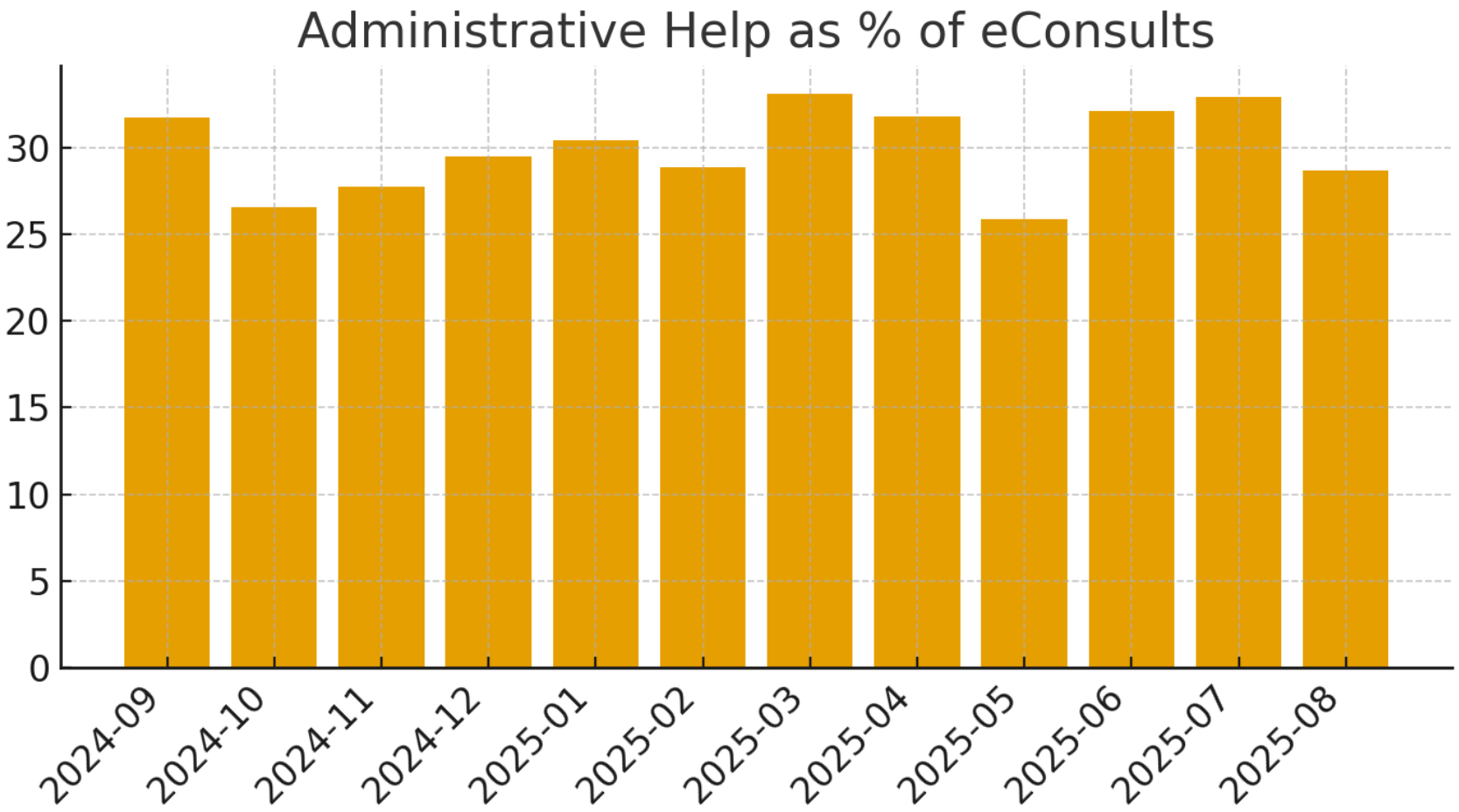
Total eConsults per Month



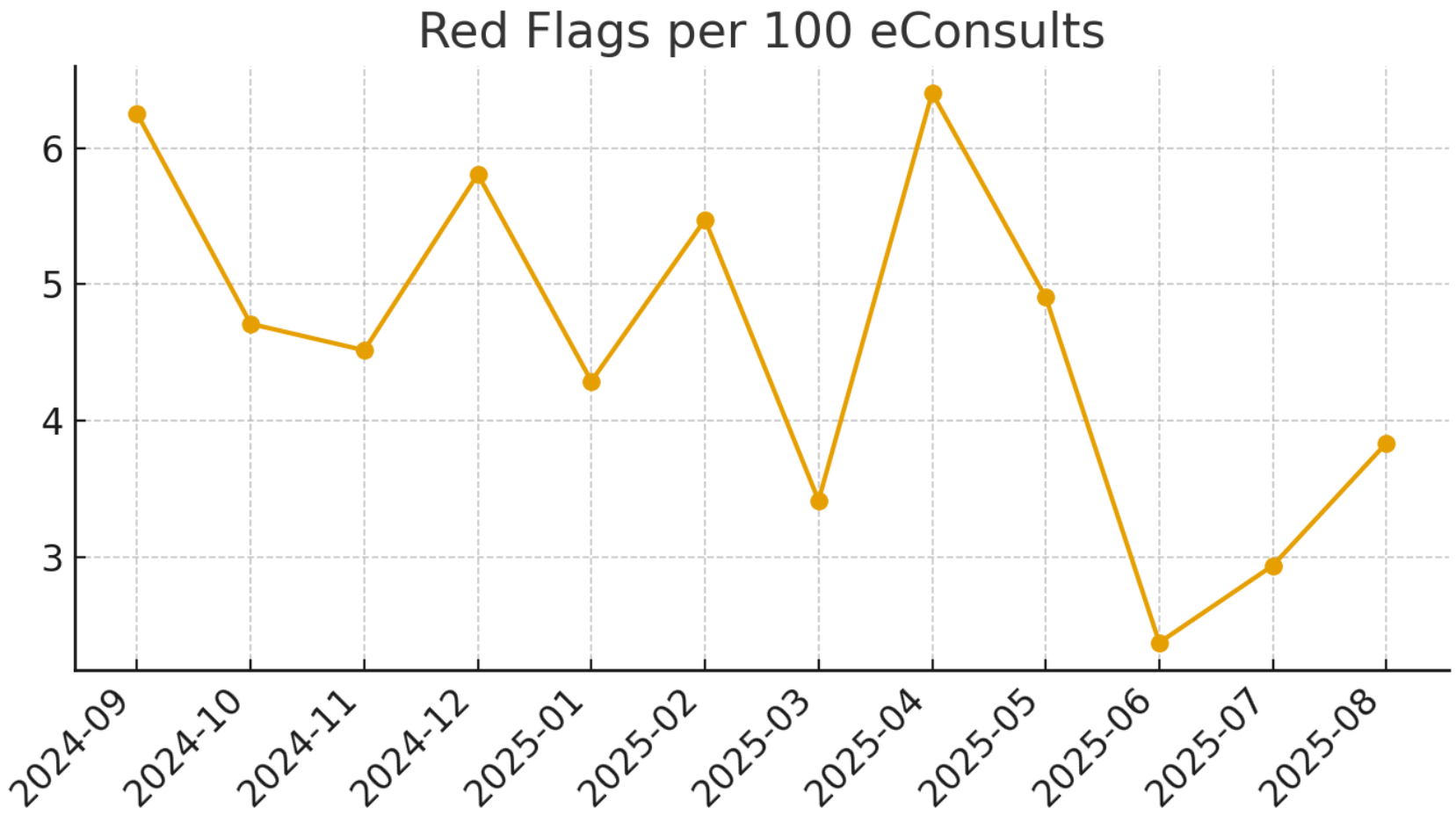
Afternoon Share of Submissions (%)



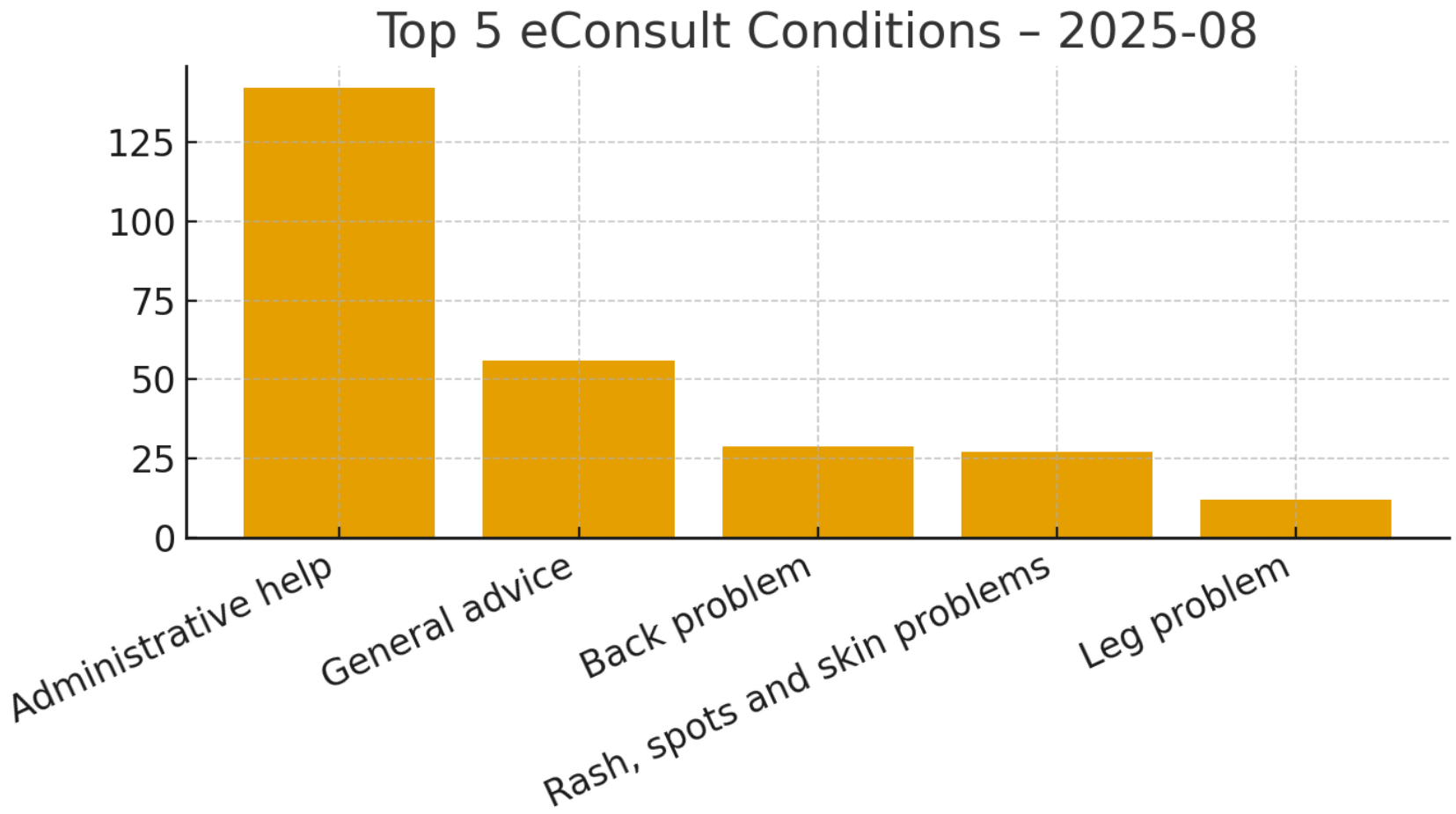
Administrative Help as % of eConsults



Red Flags per 100 eConsults



Top 5 Conditions – 2025-08



How this intel helped us?

Administrative demand is rising: growth from 135 → 168 cases suggests admin requests are a major driver of workload, sometimes outweighing clinical use.

Clinical use is diverse but stable: musculoskeletal (back pain), dermatology, respiratory (colds/flu), and paediatrics are consistent themes.

Useful for planning: These trends can help allocate staff training (e.g., dermatology triage, MSK pathways) and highlight where self-care or pharmacy signposting might reduce GP load.

Digital behaviour patterns: Patients are comfortable using the system for admin and low-risk issues, which may free up appointments for higher-risk clinical care.

Main themes of concerns

- Workload & Capacity
- Safety & missed red flags
- Reliability & systems
- Cost & funding
- Digital exclusion & accessibility
- Continuity & patient experience
- Timing & out of hours risks
- Data governance & liability

Safety / Red flags / Missed urgent cases

- We were worried about:
  - Urgent symptoms may be overlooked or delayed via online systems.
  - Patients bypassing red flag prompts.
  - Concerns about clinical risk if triage is rushed.
- Instead, we found:
  - Structured questionnaires with “red flag” or “urgent issue” triggers/redirects. thegrovemedicalgroup.nhs.uk+3eConsult+3eConsult+3
  - If patients indicate serious or urgent symptoms, the form stops further progress (prevents submission), and advises contacting urgent services (NHS 111, A&E etc.). help.econsult.health+2eConsult+2
  - Dual-level flagging (“red flags” and “caution flags”) on responses to draw clinician’s attention. help.econsult.health+1
  - Validated mental health tools: GAD-7, PHQ-9 for depression/anxiety in mental health pathways.

Continuity / Patient experience

- We were worried about:
  - Reduced face-to-face care impacting long-term condition management.
  - Patients' expectations for urgent responses leading to dissatisfaction and complaints.

- What we found that indirectly it helps:

• Integration with NHS App and known GP systems (EMIS, SystmOne,) eConsult+1 **"Smart Inbox"** for practices: filtering by urgency, assigning to the right person/role. eConsult

• Self-help content embedded, plus integration of local services (e.g. local pharmacies, physio, mental health) so patients are signposted before being asked to come in. eConsult+2Health Innovation Network+2

Workload / Practice capacity

- Smart Inbox, filtering, assigning eConsults to correct roles. eConsult
- Self-help content to reduce unnecessary consultations. eConsult+1
- Triage built in so that non-urgent issues can be deferred or handled without face-to-face. eConsult+2NHS England+2

Digital exclusion / Accessibility

- These help, but digital literacy, language barriers etc. may still be a problem. Also, people who can’t access devices or internet may be excluded unless the practice offers alternatives.
- Self-help content, NHS trusted sources built in. eConsult+1
- Proxy access for someone else to submit the form on behalf of another. help.econsult.health+1
- NHS Reasonable Adjustment Flag is a general national tool to mark patients who need adjustments; although not specific to eConsult, it helps practices know in advance. NHS England Digital

Some issues

Delay in review / response: The system flags urgent issues, but if the practice does not review e-Consults promptly or has backlog, delays can still happen.

Patient misunderstanding / misreporting: Patients sometimes don't recognise seriousness of symptoms, or under-report. Structured forms help but can't fully eliminate risk.

Digital exclusion: Patients without internet access, low digital literacy, with language barriers, or disabilities may still struggle. Proxy options help but aren't perfect.

Staff capacity: If staff triage, filter, handle red flags, respond appropriately, and do follow-ups, the workload shift may still be heavy. Unless staffing / resources are scaled, staff can still feel overwhelmed.

Continuity: While integration helps, online consults might reduce opportunities for face-to-face continuity, which can impact patient satisfaction especially for those with chronic illness.

False positives / over-triage: Some red flag triggers may result in more patients being diverted to urgent care than necessary, increasing burden elsewhere.

Reliance on forms vs clinical conversation: Free text is limited, so some nuance may be lost; some issues (e.g. visible symptoms, physical examination) cannot be captured.

Safeguards

- **Tight response time monitoring**, especially for flagged/urgent consults (e.g. aim for same-day review of red-flag eConsult).
- **Clear patient education** on when not to use eConsult (e.g. emergencies, severe symptoms), via website, posters etc.
- **Alternate access routes** (phone, face-to-face) strongly available, advertised, so that patients with barriers have choice.
- **Language support**: More translations, interpreter options, simpler language for questionnaires.
- **Regular audit / feedback**: Review missed red flags, delayed cases, patient satisfaction, complaints to see where safety is slipping. At weekly clinical meetings.
- **Ensure adequate staffing and triage capacity** so the system doesn't become a bottleneck.

Micro-SOPs You Can Lift

Reception (late submissions): “If chest pain or severe breathlessness now, call 999. Otherwise your request will be triaged tomorrow before 10am; we’ll text you next steps.”

Auto-reply (confirmation): “We’ve received your form. We triage 08:00–18:30. For urgent symptoms call 111 or 999. Non-urgent submissions after 6:10pm are triaged next working day. You’ll usually hear from us by [timeframe].”

Website banner (Oct go-live): “Online requests open 08:00–18:30. Emergencies: call 999. Urgent care: NHS 111. Need help in another language? Ask reception for interpreter support.”

Equality Impact: What We Did Differently

Interpreter flag in record; proxy submissions allowed; plain-English SMS templates.

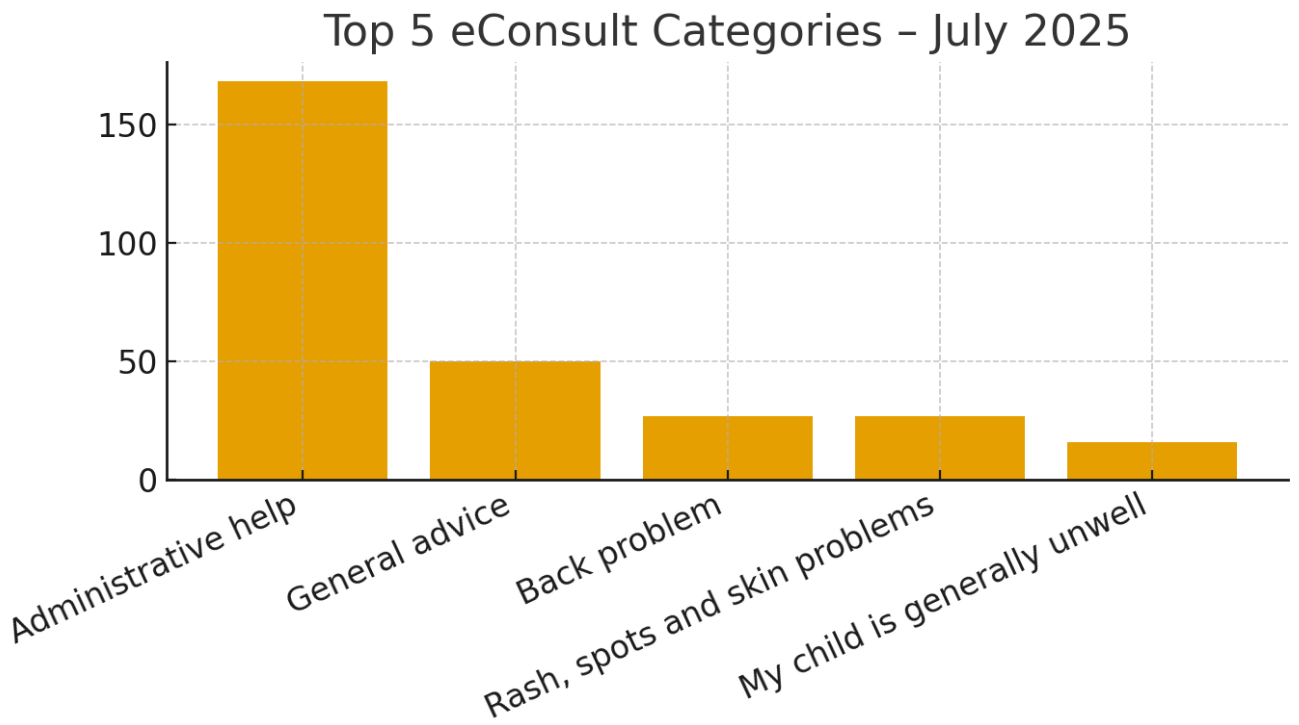
Non-digital fallback: phone window + reception help; posters explaining red flags.

Targeted comms via PPG/community groups; translated leaflets for top languages.

Monitor late-day red flags by age/language to spot exclusion early.

The Admin Wave: What We Changed

- Results: bulk SMS templates + safety-net lines; clear turnaround expectations.
- Fit notes/letters: dedicated admin slots & templates; PPG comms to set expectations.
- MSK/Skin: embed first-line self-care and pharmacy signposting in replies.



What Didn’t Work First Time → Fix

5:55pm spike overwhelmed duty GP → 5:30 micro-huddle and 6:10 cut-off for non-urgent.

Admin queries cluttered clinical inbox → Smart Inbox filters + separate admin queue + daily cap.

Confusion on when to use 999/111 → clearer red-flag prompts in scripts/SMS/website banner.

What helped was to have a triage rota specially the last 90 mins

Late-Day Operational Flow (17:00–18:30)

Time	Role	Action	SLA	Escalation
17:00	Inbox Lead	Check filters; tag red flags; assign	10 min	111/999 if immediate concern
17:30	Duty GP + Admin	Micro-huddle; capacity check; set 6:10 cut-off	5 min	Escalate shortages to on-call
17:30–18:10	Triage Clinician(s)	Call red flags; safety-net; book urgent slots	≤30 min	If unreachable → advise 111
18:10	Inbox Lead	Defer non-urgent forms; send expectation SMS	10 min	—
18:25–18:30	Duty GP	Final safety sweep; confirm ‘0’ unreviewed red flags	5 min	Escalate any unresolved red flag

10-Point Checklist for 08:00–18:30 Window

1. Smart Inbox filters
2. Auto-reply + website banner
3. 6:10 (cut off) rules agreed
4. Named duty roles ***(who-do-I-call ladder?)***
5. Escalation matrix visible
6. Interpreter/proxy process briefed
7. Downtime SOP printed
8. 5:45 safety sweep
9. Next-day backlog cap
10. Weekly micro-governance (incidents, red-flag timeliness, admin/clinical split)

Quick "who-do-I-call" ladder

- **Clinical safety** → Duty GP → On-call Partner/**CD** → 999/111 (patient).
- **Operational/IT** → Inbox Lead → **Practice Manager/IT Lead** → **ICB IT / vendor.**
- **Comms** → **Reception Lead** updates banner/IVR/SMS templates.
- **Governance** → **Practice Manager** files downtime/incident logs; weekly review.

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