accurx

FAQs

Implementing Total Triage with Accurx

We understand that changes to how a practice operates can bring up questions and sometimes concerns for the entire team. This guide is designed to answer your most common questions and provide practical advice for a smooth and successful transition to Total Triage.

15 August 2025 | V1

Skip to:

[Patients & Access](#)
[The Reception & Admin team](#)
[The Clinical Team](#)

Patients & Access

If we move to 'total' triage, how will this work for patients who may be excluded, e.g. older patients and patients who might struggle with submitting forms?

While the patient request form is designed to be as simple as possible, the goal of Total Triage is not to be online only. It is to improve patient access.

- **Reduced phone pressure:** with total triage, patients' behaviours and expectations shift. They start to have faith that their online requests will be responded to quickly and fewer patients call the practice unnecessarily.
- **Phone lines stay open:** reduced phone pressure allows your front-desk teams to dedicate more time to patients who need to call, such as older patients or those with complex needs. Once details are captured over the phone, these requests are logged and handled in the same way, ensuring greater equity of access.
- **We've designed our online solution for simplicity.** The Accurx Patient Triage form is designed as the most accessible online patient form available in the NHS. We use language written for a young reading age, limit the number of mandatory questions to a minimum and allow patients to explain their needs in their own words rather than selecting unfamiliar or confusing multiple-choice options.

We expect patients will resist change. How can we manage their reactions and get them on board with a new system?

Proactive communication and clear expectation setting are key. Bringing your patients on the journey while setting clear expectations (on both sides) will build understanding and trust. Over time, as patients get used to the questions on the form and understand that phoning isn't a way to 'cut the queue', more will submit requests online.

- **Communicate early and often:** Use batch messages, emails, posters in the waiting room, and information leaflets to announce changes ahead of time. Engage your Patient Participation Group (PPG) early in the process and ask for their support in communicating the change to the wider patient community.

- **Frame change as a benefit for patients:**
  "No more waiting in a phone queue at 8am"
  "A fairer system where every request is first reviewed by a clinician."
  “It means faster responses and improved availability for urgent appointments”

Set clear expectations

Patient messaging should respond to patient concerns, but setting expectations helps to create trust. Outline what patients can expect from your practice and what you expect from them in return.

- Make your process and expected response times clear for patients in your messaging and especially on your website
- Set clear expectations that the online form is the default way to submit a request

Have a clear plan for patients who still call unnecessarily:

- ☐ Provide simple advice on filling out the form.
- ☐ Advise patients on the follow-up process
- ☐ Issue an SMS template after an inbound call with a link to the form,
- ☐ Encourage them to download the NHS App

Example messaging:

> Dear [NAME]
> This is a reminder that from [DATE], we’re changing how we work. This will be a fairer system for everyone and will mean we can respond more quickly to your needs. All requests (medical or administrative) will need to be submitted via the form available on the website or the NHS App. We’ll review your request on the same day and aim to respond within 24 hours. We will prioritise requests based on urgency. If you can’t complete a form, a receptionist can do this for you over the phone. Please consider other patients and only phone if you need to. For more information, [LINK].

What happens if a patient doesn’t provide enough information on their request form?

This becomes a matter for clinical judgement. As all requests are reviewed by a clinician, they are best placed to decide the next step. You can establish a clear practice process for this scenario, such as requesting more information through a structured questionnaire or by making a quick phone call to the patient to resolve the request without the need for a scheduled appointment.

Accurx message templates can be used to speed up the response to patients who have provided little context.

Q. We're worried about the number of patient requests that might come through. Wouldn't it be better if it were a bit more difficult to submit them?

Patient Triage has been designed to support patients to adopt the use of online consultation options rather than unnecessarily calling the surgery at 8am. The only way to avoid a bottleneck and a first-come, first-served system of appointments is for the majority of patients to engage with online submissions and free up reception lines for groups who are unable to submit requests online.

The more requests that a practice receives online, the lower the call volume that needs to be handled in the morning.

There is a tipping point, where patients – however digitally capable – will abandon a lengthy and difficult online process and revert to the phone. The average reading age for adults in the UK is 10–11 years old, and we know from testing and research that more traditional forms, which have long and complex question journeys, tend to put patients off using the form; the questions can seem confusing or even irrelevant to their concern. Some patients who continue to use the form end up trying to 'game' the questions or skip key symptoms simply to get through the options more quickly.

Accurx's form has been designed to build patient confidence in submitting online requests. Now that millions of patients are happily engaging with Patient Triage, and AI technology is more advanced, Accurx is developing the Patient Triage technology to provide more personalised submission journeys and capture more details in the process. Our aim is, however, to do this in a way that brings patients with us so that inbound pressure remains manageable for Total Triage practices.

The Reception & Admin Team

Q: Our reception team is worried they will be seen as 'gatekeepers.' How does this model support them?

Total Triage empowers your front-desk teams to set expectations and boundaries by highlighting to patients that a clinician will review their request. Patients have been taught over decades that reception staff control access to much-wanted appointments. With Total Triage, receptionists do not face the challenge of making decisions about how to respond to a patient's request.

Clinically led process: Receptionists can confidently reassure patients that their request will be assessed by a medically trained member of the clinical team.

Reduces burden: It relieves the pressure on reception staff to turn patients away or make difficult decisions about appointment priority. As patients see that the system is responsive and fair, phone conversations often become easier over time.

How to handle: Develop simple scripts for the reception team to explain the new process and its benefits to patients, reassuring them that their needs will be met. Identify and provide clear communication for 'frequent attenders.'

Q: We already use tasks in our clinical system (e.g., EMIS, SystmOne). Why is the Accurx inbox different?

Many patients still think that a request requires an appointment. Given the demand on the NHS today, that can't always be true; appointment capacity needs to be protected and many requests can be easily resolved without an appointment. While EMIS and SystmOne lists have been designed to help manage clinic capacity for an appointment-first approach, the Accurx inbox is designed to help teams resolve requests.

This means that everything is in one place for each request. Accurx holds the original patient request and the patient details, and enables all subsequent actions (patient messages, assigned tasks, Self-Book links, etc.). Remember that Accurx writes back to the patient record.

While the clinical system is still essential, and you'll want to use it alongside Accurx, working from the Accurx inbox on request responses is a much more streamlined process, so you don't have to duplicate effort for each request.

The Clinical Team & Safety

Q: Our clinicians are worried this will just increase their workload. How does it save time?

While it's a new way of working, Total Triage is a more efficient approach, better suited to the modern reality of high demand. These days, booking an appointment cannot always be the first or best solution to every patient request, and jammed phone lines at 8am prevent patients from accessing care.

Total Triage is about building patient confidence, resolving more requests in less time, and creating greater capacity in primary care.

- **Clinical decision-making:** Apply clinician diagnostic, risk assessment, and care navigation skills to every request from the start. This reduces unnecessary appointment use and creates a smoother patient pathway.
- **Strategic delegation:** Total Triage enables care navigation at an early stage, optimising the entire MDT by directing requests to the right team member (e.g. nurse, HCA, pharmacist, ARRS roles) from the start.
- **Focus time:** Dedicate specific, protected blocks of time for triaging requests. This allows for focused, uninterrupted work, much like a traditional clinic.

Some clinicians will be better at following the process than others. How do we make sure all clinicians take a similar approach?

Getting all members of the team on board is certainly not easy. Many clinicians will have developed ways of working that work for them.

Many clinicians are happy to adopt new administrative processes but may not have been fully briefed on the benefits of following a new workflow. When it comes to administrative actions you need a clinician to follow, make sure they understand during training what the benefit is to the wider practice.

Some people are motivated by being shown facts (data), while others are motivated by feelings and gut instinct. When managing change, it’s useful to appeal to both personality types. Share performance data (improved call volumes, request resolution times) with staff, and share stories and anecdotes (e.g. “this means we can get out the door and home on time” / “the patients seem happier”). If staff can see the outcome, they are more likely to be supportive, diligent, and consistent in following set procedures.

How do we manage the clinical risk of an urgent request being submitted online?

- This is a common and important concern. The system has multiple safeguards, and it's crucial to remember that traditional models also carry risk (for example, an urgent patient being unable to get through on a busy phone line**).**
- Clear messaging: Your online form and patient communications should clearly state that it is not for urgent or emergency requests, directing patients to call 999 or 111.
- Urgent flags: The Accurx inbox highlights requests where patients have indicated potentially urgent 'red flag' symptoms, allowing for swift review.
- Active monitoring: The Unassigned folder should be monitored constantly to ensure all new requests are seen quickly, even if they are not actioned immediately.
- Safety netting: Use templated holding messages to let patients know their request has been received and provide clear advice on what to do if their condition worsens.

Q: How do we avoid being overwhelmed by an unlimited number of online requests?

Total Triage is designed to surface all your patient demand, but it gives you better tools to manage it without every request ending in a GP appointment.

Efficient resolution: You can resolve a large number of requests directly from the inbox by sending an SMS, a sick note, or advice.

Use the whole team: Many requests can be fulfilled using your wider practice toolkit, such as sending a Florey Questionnaire for more information, a Self-Book link for a blood test with an HCA, or directing a patient to a pharmacy for a minor ailment.