

Setting up your online consultations and appointments

Under your contract, practices must provide appointments sufficient to meet the reasonable need of your patients, although neither GMS nor PMS contracts specify a fixed number per practice registered list size. This will be influenced by the practice population but must be done in a way that is safe for patients, GPs and practices.

Signposting and triage are safe and effective ways of delivering care, although not all practices will wish to adopt a “total triage” model. Utilising these methods means practices can:

- provide patient appointments more flexibly and utilise other members of the practice team, clinical or administrative
- direct patients to the most appropriate provider of care, which may not be a member of the practice team.
- prioritise care for those most in need.

The 1st October 2025/26 contractual changes outline that online consultation tools should be open throughout core practice hours (8.00am to 6.30pm) for the submission of routine requests. For urgent requests patients are advised they need to contact the practice via the telephone or walking into the surgery. In practice we know it can be challenging (and understandable) for patients to discern whether symptoms they have are ‘routine’ or ‘urgent’.

There is a huge heterogeneity between practices and the communities they serve. One size will not fit all and practices need to design their services in line with the reasonable needs of their patients and staff, whilst fulfilling their contractual obligations.

UNDIFFERENTIATED PRESENTATIONS

General Practice sees undifferentiated presentations. That is, patients present with symptoms that could be common to, or indicative of several diagnoses covering the very benign to the most serious. This requires clinical review and assessment to identify the underlying cause and possible differential diagnoses. Patients with chronic conditions and long-term symptoms still require careful review and assessment of longstanding symptoms to ensure that these have not changed or evolved into something significant that requires urgent attention. It must not be assumed that a longstanding symptom will only be explained by or linked to an established or historical diagnosis.

The requirement for online consultations to be open for routine requests, means that there need to be safeguards in place to mitigate against the erroneous submission of urgent requests, or those requests that may have been believed to be initially routine, but transpire after review to have been urgent. It is also key that workload and patient demand is considered, as overwhelmed systems and practice staff risk burn out and mistakes.

Safety is paramount.



It is important to appreciate that given the undifferentiated nature of those presenting in General Practice (and primary care as whole), the ability to differentiate between an urgent and routine request issue requires an assessment and decision made on the history and presentation. This involves clinical review and/or triage of the presenting complaint, and therefore processes need to be in place to ensure that this can be safely undertaken.

ONLINE CONSULTATION TOOLS

Online consultation tools enable a myriad of functions, including the submission of free text responses by patients describing their symptoms, concerns and expectations. There are a range of clinical and administrative actions that can be undertaken, including the use of online forms and questionnaires with tick box options.

We would recommend considering a range of online consultation tools providers, and familiarising yourself with the functionality that each provides in order to select the one that best serves the needs of your patients and practice.

We have produced guidance on 'How to choose a consultation tool', but would draw your attention to this section specifically:

Functionality

Practices should ensure any chosen online consultation product can be used in ways that enable safe working, and that can be actively tailored to the practice requirements and patient demand.

The chosen product should provide compliance with contractual provisions (including the provision for access to routine appointment and administration requests throughout core hours from 1st October 2025) with any additional functionality (such as total triage) under the direct control of the practice.

It must be noted that although there may be competing commercial interests between online consultation providers trying to offer open ended activity that requires contemporaneous active clinical review and triage, this must be carefully balanced against practices' need for a simplified product that meets the requirements of the contract. The practice is the customer and needs to ensure the product used is one that fits its needs, particularly with regards to safe working.

ROUTINE VERSUS URGENT

It is not always straightforward nor possible to immediately delineate the difference between an urgent or routine request, as this can be dependent upon a range of factors including presentation, communication and mode of access.

Therefore, having robust and safe processes in place help to direct patients to the most appropriate service safely and minimise delay.

The conclusion of whether a request is routine or urgent is based on **clinical judgment** and thus requires a process to be applied. It also needs careful consideration of how the patient is contacting the practice in terms of time and location.

Contacts can be contemporaneous and co-located, for example the patient walking into the surgery and speaking to someone. Contacts can also be contemporaneous and remote, for example a patient calling and speaking to someone at the practice via telephone or even video call. Or lastly, non-

contemporaneous and remote, for example online requests that are submitted, but that will not be seen or reviewed until later on.

Due to the above features of online requests, and the importance of avoiding potential urgent requests having a delayed assessment, the process for online requests needs to be carefully designed for the patient to navigate and be safely signposted to other modes of access or services when appropriate.

FREE TEXT ONLINE SUBMISSION BY PATIENTS

Routine online consultation requests DO NOT need to have free text enabled.

Practices and patients may wish to continue to have telephones and walk ins as the main stay of patient access, with online routine consultation requests as an alternative option for routine requests, should this be a preference.

Online requests that have free text need an active clinical assessment and/or triage, as it is not currently possible for this to be safely reviewed, and risk stratified in real time using for example natural language processing (a form of AI analysing human language). Although some suppliers have started to look at this, any new technology needs to have been appropriately tested and approved before roll out and application.

Therefore, all online free text submissions must be considered urgent until proven otherwise.



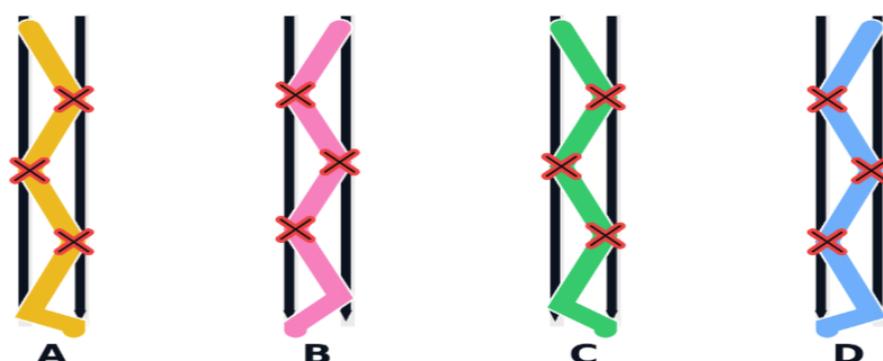
Setting up your service and online consultations requires active clinical capacity to be mapped against patient need and vice versa. This is to ensure safe working for patients and practice staff. Given that free text submissions need to be actively reviewed, once active clinical capacity to undertake this has been reached, steps need to be taken to avoid erroneous submissions, as well as being able to safely manage patient demand.

It is also worth noting that active clinical capacity to triage and assess online requests means that for that time period GPs are unable to deliver appointments. Practices may therefore see a reduction in appointment capacity and would need to balance this against the 'periods of time' where active clinical capacity will be possible. This may be particularly pertinent towards the end of the working day when incoming requests online by patients will be continuing until 630pm and will need assessing and triaging appropriately and require the attention of a GP who could otherwise be seeing patients face to face or via telephone consultation.

We therefore recommend that for those practices who wish to use it, that FREE TEXT is ONLY enabled when ACTIVE CLINICAL CAPACITY is available to review these submissions. The availability of this option may vary according to the online software provider and therefore may be a key criterion for you when choosing an online consultation tool.

Once this ability to review has been exhausted, online consultation requests need to be tightly defined to enable patients to safely submit requests that can only be classed as routine.

Tightly Defined Triage



ROUTINE – ONLINE FORMS

As stated earlier, practices may wish to enable online consultation access using tightly defined forms or questionnaires that help to navigate the patient to the right service and ensure that the request is truly routine. These would require either tick box or yes/no answers. These would not be for undifferentiated presentations which need to be considered urgent until clinically reviewed and judged to be routine.

Ideally these forms/questionnaires should NOT have free text enabled.

The online consultation forms need to be clear of the need to signpost patients to telephoning/walking into the practice as well as emergency and urgent services when this is appropriate. Examples of such with predefined questions/forms (tick box/yes/no only):

- Contraceptive review (no free text for blood pressure)
- Long term condition with no changes in symptoms annual review
- Medication review – predefined conditions
- Routine monitoring blood test
- Cervical smears