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Accurx Total Triage Access Pathway for CAS GP/AHPs SOP

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This SOP should be read alongside SOP CAS Allocation at Health Navigation Stage.

Purpose

This SOP describes the process for managing Accurx Total Triage enquiries allocated to the Clinical Assessment Service (CAS). It aims to ensure enquiries are reviewed consistently, managed safely, prioritised appropriately, and documented in accordance with organisational and medico-legal requirements.

Scope

This policy applies to all clinicians involved in the Total Triage navigation process.

Roles and Responsibilities

Health Navigators

- Verify patient demographics
- Route enquiries appropriately
- Escalate urgent concerns immediately
- Save initial enquiry to EMIS

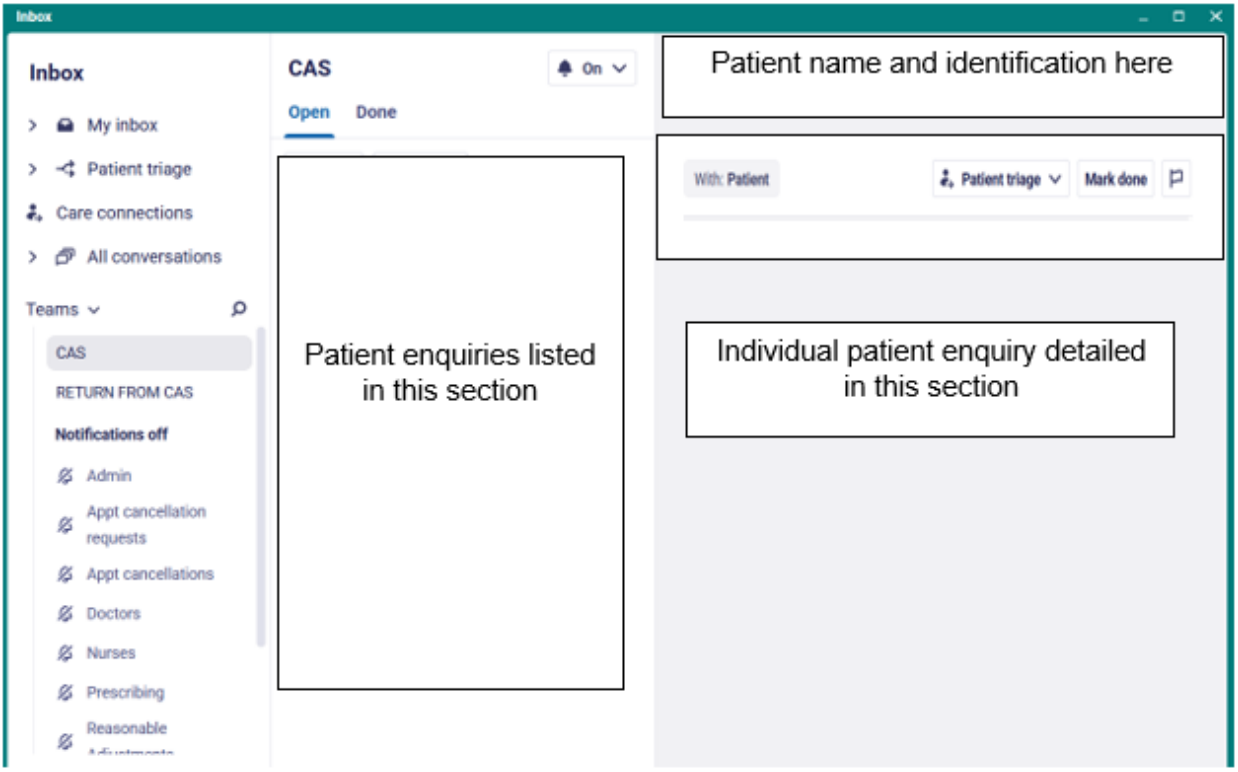
CAS Clinicians (GP/AHP)

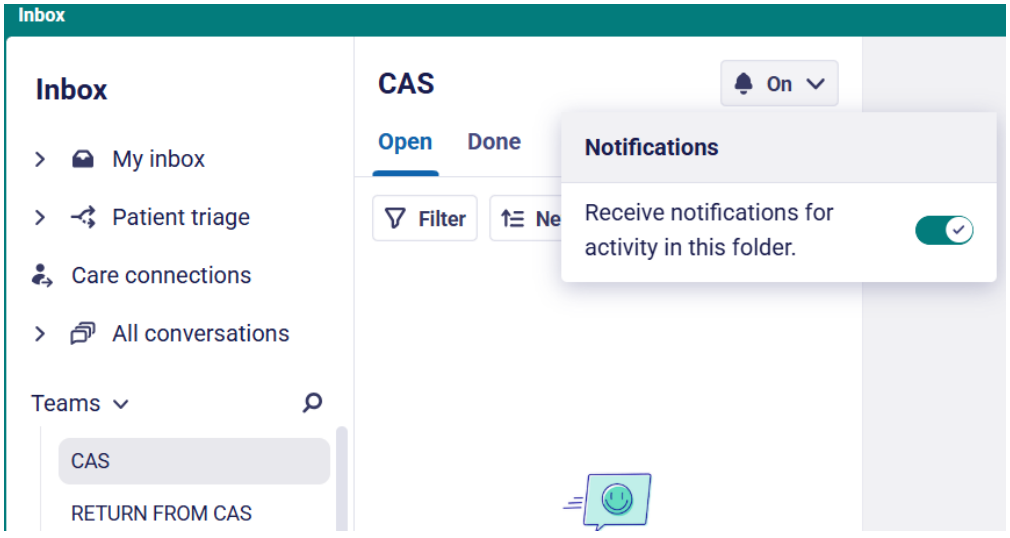
- Conduct desktop review
- Document DTR outcome
- Determine urgency
- Arrange same-day appointments when required
- Escalate safeguarding or high-risk cases

Step by step guide to using Accurx Total Triage

Step A: Open Accurx

- Open the **Clinical Triage ("CAS") inbox**
- Enquiries are listed in chronological order. You can adjust the order by clicking the '**Activity**' Tab. By default, the newest enquiries will appear at the top of the list. Any cases marked with the 'Urgent' flag will be pinned to the top of the list.
- We anticipate the majority of enquires will be triaged within 90 minutes of receipt; however, we have agreed 24 hours from receipt to acknowledge and provide an outcome to the patient is a safe target to work towards.
- Health navigators will receive all requests initially and either action appropriately (for example with a pharmacy referral, forward to an admin team) or transfer into the 'Clinical Triage' box for review. If the health navigator is in any doubt or has concerns that a request may need a more timely review, they can mark the request as 'Urgent'.
- Any cases marked with the Urgent flag should be prioritised and reviewed/actioned first.


Inbox
Inbox
My inbox
Patient triage
Care connections
All conversations
Teams
CAS
RETURN FROM CAS
Notifications off
Admin
Appt cancellation requests
Appt cancellations
Doctors
Nurses
Prescribing
CAS
On
Open
Done
Patient enquiries listed in this section
Patient name and identification here
With: Patient
Patient triage
Mark done
Individual patient enquiry detailed in this section


Inbox
Inbox
My inbox
Patient triage
Care connections
All conversations
Teams
CAS
RETURN FROM CAS
CAS
On
Open
Done
Filter
Notifications
Receive notifications for activity in this folder.

Find the Teams folder and scroll down to find these two inboxes

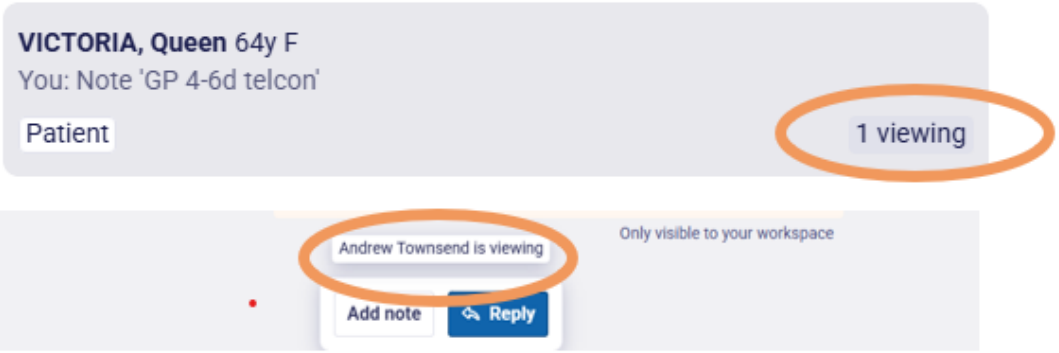
The clinical triage inbox is labelled **"CAS"**
The HN Allocation inbox is labelled **"RETURNED FROM CAS"**

Set notifications on to show these inboxes at top of your list

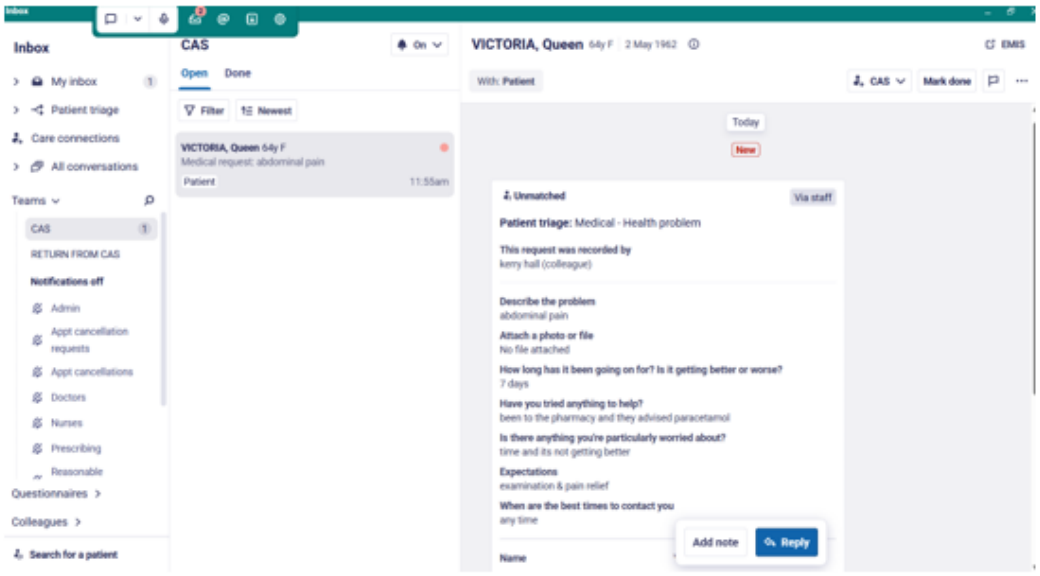
Step B: Selecting a new enquiry

The name/ID will have been checked and enquiry details saved to the record by HN

First check no-one else is viewing this enquiry to avoid duplication

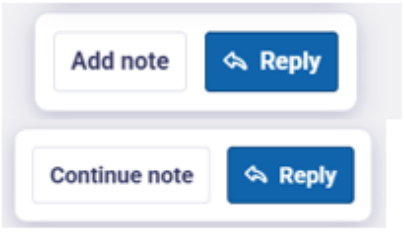


Once you have confirmed no-one else is viewing this enquiry, you can begin your notes.

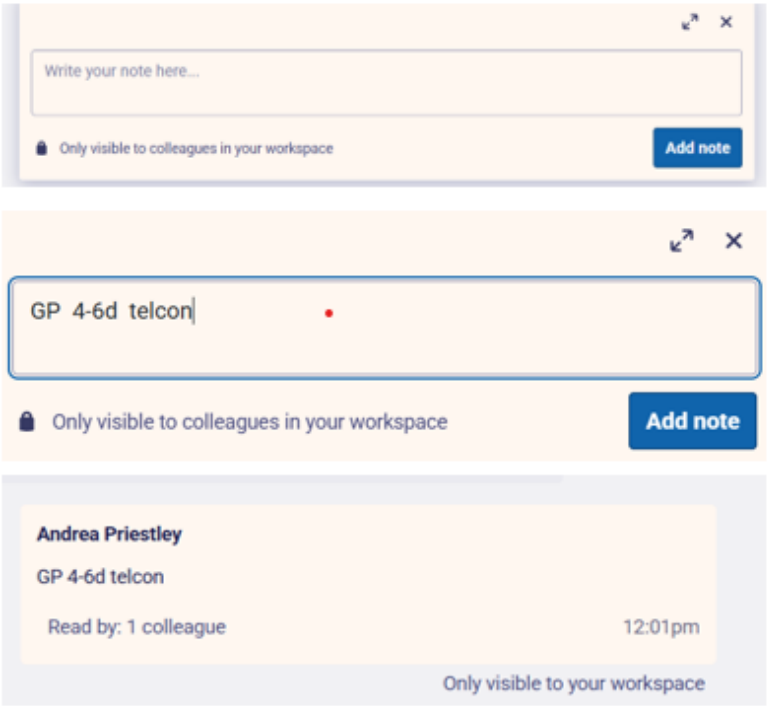


Step C: Desk Top Review (DTR) – documenting the outcome

- Review the details of the enquiry.
- Perform a DTR, reviewing the patients EMIS record. Note any reasonable adjustments and alerts. You may be able to proactively also cover for outstanding QOF requirements/monitoring in your outcome.
- Outcomes can be recorded using the '**Add note**' button.
- In some cases, additional information or photos may be required. This request can also be added using the 'Add note' button before returning to the HN team to action.



Click "add note" or "continue note" to add DTR outcome



Here is an example

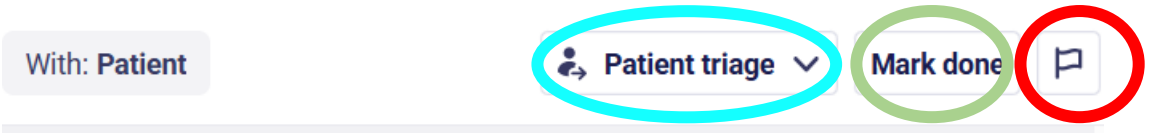
Refer to DTR outcomes reference guide by your workstation

Click "add note" to save

DTR outcomes

Who to book with?	Doctor, AHP, MHP, PN, TRM, SHN, admin, practice pharmacist, CPCS, other service
How soon?	Same day, 4-6 days, within 2wks, routine
F2F or phonecall?	F2F, planned telcon, telephone contact only (remote clinic)

Step D: Action Outcome and Routing



Following completion of the Desktop Review (DTR), the clinician must determine the outcome and take the appropriate action:

- **Use the urgency flag** (see red circle above) where prioritisation is required, for example: Same-day **face-to-face appointment** – move the enquiry to **HN Allocation ("RETURNED FROM CAS") inbox** for the Health Navigator to contact the patient
- For same-day telephone consultations:
- Where the clinician books the appointment directly and informs the patient via text message, the enquiry should be marked as complete ("Mark done" – see green circle above). You will then be prompted to record the outcome – in this case 'Telephone'.
- Once the DTR note has been completed:
- Move the enquiry to the **"RETURNED FROM CAS" inbox** where further HN action is required
- This is done by selecting the **arrow next to "Patient Triage"** (see blue circle above)

Key Principle

- Only return to HN where action or contact is required
- If the clinician has fully resolved the enquiry, it should be completed and not returned

Same day enquiries

- CAS clinician will book directly into same day clinics
- Send patient "same day" text template
- If f2f, forward the enquiry to HN allocation inbox (RETURNED FROM CAS) with instruction to call the patient
- If telcon, close the enquiry by marking as done and recording outcome.

Handover to HN Allocation inbox (RETURNED FROM CAS inbox)

- Move triaged routine cases to HN Allocation inbox ("RETURNED FROM CAS")
- Ensure instructions are clear, actionable, and specific

- HN will move the enquiry back to clinical triage CAS inbox if further clinical input is required.

Saving data to the patient medical record

Information to Save in the Patient Medical Record

The initial enquiry will be saved to the patient record on receipt by the HN by clicking the '**Save to record**' tab.

The DTR outcomes and notes do not need to be saved to EMIS. They are recorded and easily accessed within Accurx should we need to re-visit/audit (See below)

Information to Remain in Accurx (Not Saved to Record)

The following should generally remain in Accurx only:

- Outcome of triage (e.g. appointment type and urgency)
- Administrative routing notes
- Duplicate or non-essential information
- Internal working comments not required for the clinical record

Please note: The '**Save to record**' tab will default to being ticked. Please remember to untick this box to avoid unnecessary data being saved to the patient record.

Principle

- The patient record must remain **clinically relevant, concise, and medico-legally robust**
- Accurx serves as a **supporting communication and audit trail tool**

Business Continuity: In the event that Accurx is unavailable

If Accurx Fails

- Notify operational lead.
- Switch to EMIS CAS workflow.
- Log new requests manually.
- Use Teams CAS group for communication.
- Reconcile requests once system restored.
- Report prolonged outages.

Tables

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Version Control

Date	Version	Author	Change Details