

Smart Triage

Enhancing NHS 111 & Primary Care Services



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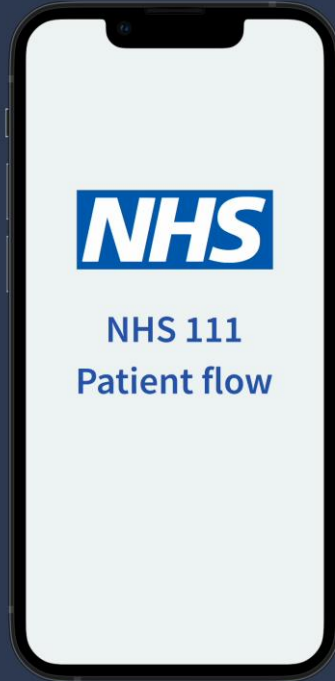
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Visiba Triage

Powered by Red Robin

What is Smart Triage?

A screenshot of the Visiba Triage app interface. The interface is divided into several sections:

- Description of matter:** Initial description: "rash all over my chest and back". An attachment of a rash on a person's back is shown, circled in red.
- Symptoms:**
 - Confirmed symptoms:**
 - Rash**
 - Onset: Several days ago
 - Sudden onset: No
 - Variation: Don't know
 - Trend: Increased
 - Itchy skin**
 - Skin symptom location:**
 - Torso:
 - Back
 - Chest
 - Navel
 - Breasts
 - Stomach
 - Denied symptoms:**
 - Skin peeling
 - Reddening of the skin
 - Pain in the skin
 - Contributing factors:**
 - Denied factors:**
 - Known allergic rhinitis
- Potential differential diagnosis:**

Diagnosis	Probability
Pityriasis rosea	●●●●
Hives	●●●●
Guttate Psoriasis	●●●●
Coeliac disease	●●●●

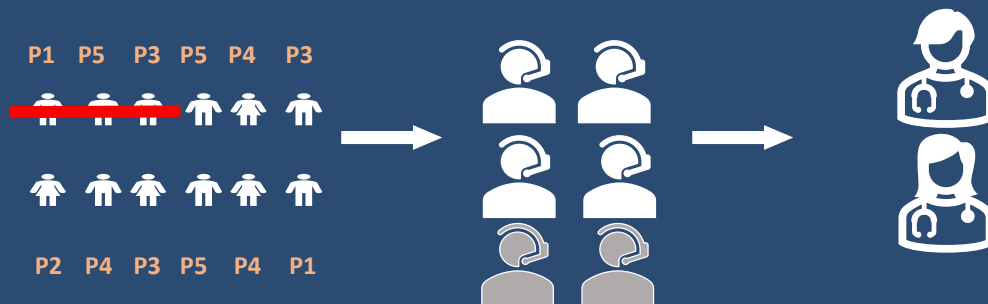
Warning! The suggestions are only intended as a guide. It is the healthcare professional's responsibility to examine and diagnose the patient. [Read more about Red Robin](#)
- Triage-values:**
 - Profession:** Doctor
 - Urgency:** 6 | 1 Week
 - Visitation form:** Video

Context

- Access to primary care and urgent care is a major issue
- Visiba approached Health Innovation Kent Surrey Sussex with a solution to this problem using an AI triage model developed and used in Sweden, looking to trial it in primary care in England
- Health Innovation KSS had high levels of interest in this trial, offered through their primary care innovation panel, and brokered a trial with Wealden Ridge Medical Practice
- Wealden Ridge Medical Practice have supported the trial through clinical reviews of the effectiveness of the AI triage and collating staff and patient feedback

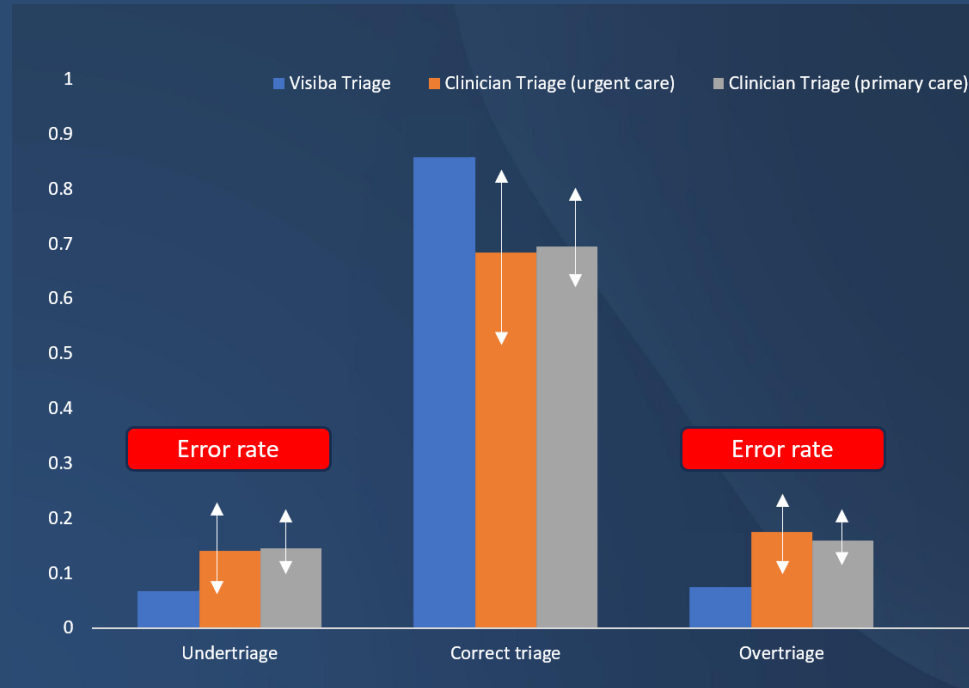
Why use Smart Triage at the front door of 111 & Primary Care

- Call abandonment rate is variable and difficult to manage as well as predict
- Differentiate / stratify inbound patients quicker
- Scaling a telephony-based system has been a pervasive challenge
- Required scale, if even possible, is not affordable



The opportunity Smart Triage offers

- Clinician triage is highly variable in accuracy, ranging from 52-85% when evaluated
- Clinician triage will under-estimate clinical urgency in 14 cases out of 100, and over-estimate clinical urgency in 17 cases out of 100 – (69% accuracy)
- Visiba Triage supports clinicians to **half** the average rate of under and over-triage



What Smart Triage has actually delivered

Integrated
Urgent Care



Acute pathway escalation

40% reduction*

Management time

13 mins saving per patient*

Time to Answer

0 seconds*

Primary Care

Wealden
Ridge
PCN

Same day appointments

25% reduction**

Management time

≈ 3 mins saving per patient**

*NHS England Smart Triage Service, 2024 Service Evaluation

**Wealden Ridge Primary Care Network, 2024 Service Evaluation

Different types of triage models



Decision Tree Structure

Limited by the data the person provides, unable to assign probabilities or analyse patient narrative



Visiba's medically trained probability-based AI-enabled network

Medically trained and continually re-validated to mimic human decision-making



Black box AI

Issues with explainability of model outcomes

Challenges and Solutions

Challenge	Solution
Approvals	Governance maturity
Funding	In-year cost savings, economic analysis, cash unlocking
Technical issues	Visiba as a clinician-first organisation with AI/technical expertise & London system built on technically mature framework with appetite for ongoing improvement
23/24 Improving Resilience in Integrated Urgent Care Services	London set out in 23/24 to improve efficiency within 111 services and to automate/semi-automate processes where current interactions were not adding value

Future Opportunities

- Ongoing test & learn from **every clinical contact**
- Infinitely scalable and affordable growth (cost goes down as volumes go up)
- Increase direct impact on KPIs as scale increases

Future Opportunities

- System wide front door
- Scale the improved patient safety : streaming and redirection at the front door
- Patient routing at first contact
- Revolutionize the trusted assessor model

Conclusion

Work in progress, but outcomes to date are clearly indicative of a sustainable model:

- 95.5% clinician agreement with AI model (live tracking)
 - >50% decrease in acute pathway streaming from front door
 - Patient experience ratings are high
 - Digital channel shift is inline with other models of care driving channel shift
- Identifying opportunities for scale & establishing the product as a resilience tool



Questions & Answers

Contact us

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