## IN PRACTICE

A84

### USING TABLETOP SIMULATION TO PROMOTE UNDERSTANDING OF TOTAL PATIENT TRIAGE IN GENERAL PRACTICE, IN SURREY

**Nicola Steeds**[1]; *[1]Kent, Surrey and Sussex, Primary Care Simulation Faculty, United Kingdom*

**Correspondence:** nicola.steeds@nhs.net

10.54531/FQEQ8128

**Introduction:** Public satisfaction with General Practice (GP) services has reached an all-time low, amid increasing demand for appointments and strain on resources. In response, the UK government launched the "Delivery Plan for Recovering Access to Primary Care," which includes a commitment to modernise primary care and improve patient access through digital innovation. A key component of this transformation is the implementation of Total Patient Triage (TPT), a model that assesses all patient contacts to determine the most appropriate clinical pathway. Widely adopted during the COVID-19 pandemic, TPT facilitates remote consultations, reduces reliance on traditional telephone booking systems, and aims to optimise time for both patients and clinicians.

**Aim:** This project aimed to evaluate whether training using simulation could enhance NHS staff understanding of the TPT model and foster collaborative working across all roles in General Practice.

**Methods:** A tabletop simulation was developed using a bespoke "triage card" system. Fourty anonymised, real-life patient queries were printed on cards resembling a deck of playing cards. Each query was paired with a range of potential triage outcomes, such as referral to a GP, pharmacist, nurse, or digital response options like questionnaires. Participants were asked to decide on the appropriate clinician, mode of consultation (face-to-face or remote), and urgency (same day, two weeks, or routine). Additionally, a set of "CHANCE" cards, inspired by the Monopoly game, introduced unexpected scenarios (e.g., medical emergencies) to encourage discussion around managing unpredictable events and their ripple effects on workload.

The simulation was conducted across five GP practices in Surrey during protected learning time (PLT), involving both clinical and administrative staff. The session was also delivered to GP trainees at the Royal Surrey County Hospital.

**Results:** Participants completed an anonymous online feedback form, capturing their roles, prior interest in TPT, and session evaluation using a Likert scale. All respondents (100%) indicated they would recommend the session to colleagues. Feedback highlighted increased awareness of TPT and emphasised the value of multidisciplinary collaboration in improving patient flow and care prioritisation (Table 1).

**Discussion:** The training simulation proved effective in promoting understanding of the TPT model and enhancing team-based decision-making. Bringing together diverse roles in a shared learning environment helped reinforce the collective responsibility and adaptability needed to manage modern primary care demands

**Ethics Statement:** As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

## REFERENCES

1. Morris J SL, Dayan M, Jefferies D, Maguire D, Merry L, Wellings D.. Public satisfaction with the NHS and social care in 2022. Results from the British Social Attitudes survey 2023 The Kings Fund; 2023.
2. England N. Delivery plan for recovering access to primary care. NHS Engl. 2023.
3. NHSEngland. Modern General Practice model2024 25th October 2024. Available from: https://www.england.nhs.uk/gp/national-general-practice-improvement-programme/modern-general-practice-model/.

**Acknowledgements/Funding Declaration:** I would like to express my sincere gratitude to all the individuals, organisations and teams who contributed to the development of this project. Your invaluable support, insights and expertise have significantly enhanced the quality of this work. Thank you for your guidance and encouragement throughout this process: Dr Jane Roome, Dr Jackie Knight, Dr Shereen Habib, Dr Jonathan Inglesfield.

## SUPPORTING DOCUMENT – TABLE 1-A84

**Table 1.** Average scores for four statements evaluating the tabletop simulation session on total patient triage. Likert scale from 1 to 5 (with 5 being "strongly agree").

| On a scale of 1-5 (5 being 'strongly agree' and 1 being 'strongly disagree'), how much do you agree with the following statements? | Average score |
|---|---|
| I felt that today was interactive and stimulating. | 4.92 |
| I felt that today was relevant to my development needs. | 4.82 |
| I found today's tabletop simulation useful. | 4.78 |
| My awareness of the total patient triage process has increased because of today's session. | 4.68 |