

Digital Triage

NHSGGC is rolling out digital triage, sometimes called eTriage, across our emergency departments.

This is a digital check-in and triage system where patients go to a kiosk on arrival at ED and answer a series of questions on a tablet about their condition. The information is immediately available to staff working in ED and is automatically categorised for risk.

This gives staff more information on patient cases, faster, enabling staff to identify critical conditions within minutes of patient arrival and support decision making in prioritising patients.

This tool will support staff working in emergency departments to deliver the the right care, in the right place, at the right time.

To support this rollout and make sure you feel confident and informed about digital triage, we will continue to add information and resources to this page.

In this document:

- Frequently asked questions (FAQs) - covering what digital triage is, how it works, and how it will benefit patients and staff
- The patient journey

Frequently Asked Questions (FAQs)

About digital triage

What is digital triage?

Digital triage is a clinically designed digital system currently being rolled out across our Emergency Departments. Patients register quickly and safely on arrival at designated kiosks, giving key information about their symptoms and why they have come to the emergency department.

This information is automatically sent to clinicians and given a risk score from P1 to P5, that is used to support clinicians in triaging patients. It is automatically sent into TrakCare, so you don't need to learn how to use any new systems to access this information.

This means that by the time patients sit down in the waiting room, staff already have extensive clinical details that can support decision making and help them to prioritise cases.

Digital triage is a tool to **support** staff, **not replace** them.

This is what digital triage looks like at other hospital sites where it has been launched successfully:



Why has NHS Greater Glasgow and Clyde introduced digital triage?

The aim of digital triage is to reduce pressure on our busy Emergency Departments, by reducing the time to triage and providing staff with early, accurate information to make safer clinical decisions. It gives staff the tools to react faster to patient cases and prioritise patients, improving patient experience.

With digital triage, we can collect the details normally gathered at reception by a member of our front door team and make information available to clinicians instantly. We can also gather more information in the first interaction, for instance flagging mental health concerns, that may not be asked during a traditional first contact.

This improves safety, supports patient flow and reduces duplication.

Does digital triage replace staff?

No. Digital triage is a tool that ***supports*** staff.

Clinical staff and reception teams are a vital part of the patient's journey, and this will not change. Digital triage is an additional layer to the check-in process, put in place to support staff with more information as soon as patients arrive and minimise delay in first assessment.

Digital triage **does not** replace the traditional reception desk. There will always be patients who prefer to speak to a member of staff or who need extra support from the reception team.

What are the benefits of digital triage for staff?

- **It gives clinical staff more information.** Additional information is gathered that may not be captured in the traditional check-in process, e.g. mental health questions, giving clinicians a fuller picture of the patient's situation and wellbeing
- **It supports decision making and prioritisation.** Using the information gathered, staff can prioritise patients more effectively and make more informed decisions for patients' care e.g. administering pain relief earlier
- **It reduces time to triage.** Clinicians receive information on patients as soon as they arrive, enabling them to act faster
- **It enables live monitoring of emergency department patients.** Staff can see all patients in the waiting room in real time, digitally, helping to monitor cases and triage effectively. This also enables other departments, such as the Flow Navigation Centre (FNC+Plus), to have oversight of the whole system.
- **It is easy to use.** Digital triage links into existing systems – staff do not need to learn how to use any additional systems. The information will feed into TrakCare automatically.

What are the benefits of digital triage for patients?

- **It makes the check-in process smoother.** Patients are less likely to have to queue at check-in when using digital triage. Each emergency department has been assessed and will be fitted with the right number of kiosks to ensure there is not a queue.
- **It makes the check-in process faster.** Digital triage saves around three minutes during check in and reduces queueing time, and 89% of patients using the same digital triage system we are rolling out say they are satisfied with it.

- **It gives patients more privacy.** By inputting all information at one of the kiosks, patients do not have to talk about their case in a public area, so are likely to be more honest and open. This helps staff to make better decisions for their care. 92% of patients already using the same digital triage system we are rolling out say it restored their privacy and dignity.
- **It is easy to use.** Touchscreens at the kiosks, with simple and clear questions, make it an easy process for most patients.

Is digital triage safe?

Yes. The system has been clinically designed and meets NHS safety and information-governance standards.

It provides an additional layer of safety by helping staff identify patients who may need urgent attention sooner. Clinical teams get the information they need faster and oversee every step of the process.

How are the questions and patient risk scores decided?

The digital triage system is designed and built by triage nurses and doctors. The questions and associated priority scores are regularly reviewed for relevance and accuracy.

The questions that a patient is asked will depend on the answers they give. Their answers will guide them to more specific questions on their condition.

Questions are allocated a Priority (P) score between P1 and P5 which is based upon the Manchester Triage System (MTS). The patient's P score will be allocated dependent on the highest scoring question that they answer.

There are notable changes to MTS in some areas, due to the digital nature of the process. For example, the lower scoring of patients reporting pain due to over-scoring, and therefore over-triaging based on pain alone.

Clinical questions are regularly reviewed and updated based on changes to national guidelines, for example NICE, RCEM or SEPSIS Trust. Where guidelines change, question sets will be reviewed and amended to ensure compliance and accurate triage scores.

Do the questions change for each patient or case?

Yes, the answers that the patient gives determines which other questions they are asked – just like a traditional triage process.

The pathways for questions are designed so that staff can get a fuller picture of every patient's condition as soon as they arrive at our emergency departments.

For example, if someone has said that they are having pains in their stomach, they will then be asked questions about:

- where the pain is
- if it radiates to other areas (for example down the legs)
- if there has been previous surgery or injury to the area or if there is a history of Abdominal Aortic Aneurysm.

If the patient answers any P1 (or red flag) questions, their digital triage journey will be completed and submitted at this stage, ending the questions and providing the patient with next steps – to sit in the waiting room. If they do not score a P1, the questions will then ask about other body systems.

The question set and triage scores are also determined by factors provided by the patient such as age and sex. For example, in the case of abdominal pain pathways, questions relating to pregnancy will be asked if the patient meets age and sex criteria.

How will the role of staff in our emergency departments change?

Digital triage is about **adding** an extra resource for staff, **not to replace** them or change their roles.

- **For triage nurses**, digital triage will give you extra information, straight into TrakCare, helping to minimise delays in first assessment for the highest acuity patients and supporting redirection of lower acuity patients.
- **For reception teams**, it means that less patients will report directly to reception, freeing up time for patients who need more help and support, or who want to speak to a member of staff. Receptionists are a vital part of emergency departments, and this will not change.
- **For ED doctors and clinical staff**, digital triage will provide more detailed information for each patient earlier in their journey. This allows for earlier clinical decision making. This will have a positive impact on your role whilst you continue to care for patients as usual.

Where is digital triage available?

The first site due to launch digital triage is Queen Elizabeth University Hospital in March 2026.

Digital triage is being rolled out across all our emergency departments over the coming months: Inverclyde Royal Hospital, Glasgow Royal Infirmary, and Royal Alexandra Hospital.

This is part of our Transforming Together programme, as we commit to improving staff and patient experience across urgent and emergency care.

Using digital triage

How does it work?

When a patient arrives, they'll go to a kiosk and use a touchscreen to check in and answer a short series of clinically designed questions about their symptoms and reason for attending.

The patient's answers go straight to the clinical team with an automatic risk score, giving staff a clear picture of who is waiting and who may need urgent care. Staff monitor the system at all times and have an increased visibility of the waiting room. This helps to improve safety and enables staff to give people the care they need, when they need it.

If patients can't use the touchscreen or need help, reception staff can complete the process the traditional way at the reception desk. This improves safety, supports patient flow and reduces duplication.

Do I have to learn how to use a new system?

No, digital triage links into existing systems – staff do not need to learn how to use any additional systems. The information will feed into TrakCare automatically.

How is the automatic risk score calculated and what does it mean?

The clinical questions are designed to assign risk scores to the patient and automatically generate an acuity score (P1-P5). This is called **risk stratification**.

This score will be colour coded and added to the patient tracker list along with the chief complaint. This makes it easy for clinicians to prioritise patients based on acuity and identify the sickest patients first.

Colour coding and acuity scores are as follows:

- P1= Red (Patient's issue may be an emergency)
- P2=Orange (Patient's issue may be urgent)
- P3= Yellow (Some answers may require urgent attention)
- P4= Green (Some answers may need close attention)
- P5 = Blue (Not urgent)

Clinical pathways are designed to ask high acuity questions up front - for example, whether patients have been shot or stabbed, if they have fallen or been involved in a road traffic collision to capture significant methods of trauma. Some questions have a dynamic scoring system dependent on other risk factors such as age or immunocompromised status.

What if I'm not confident with technology?

The digital triage system is run by the Digital team and our technology partner eConsult. You **do not** need to know how to work the touchscreens or have any extra digital skills. All the information gathered through digital triage goes straight into TrakCare.

Will staff have to go into waiting rooms that do not usually do so?

Our digital triage is designed to be as user-friendly as possible, and most patients will be able to use the check-in kiosks themselves. We recognise that there will be a small number of individuals who will be unable to use digital triage due to factors such as accessibility or frailty, and these patients can use the reception desk as normal to complete the check-in process. There will be no expectation for nursing or admin staff to go into the waiting room as part of their routine practice to support individuals to use digital triage.

Information for patients and accessibility

Are digital triage questions available in other languages or accessible formats?

Digital triage is currently only available in English. If English isn't a patient's first language or they need communication support, they will need to go to reception for translation support.

We will review further accessibility options as the system develops in line with patient feedback.

Has reading age and health literacy been considered?

Yes. The questions are designed to be simple and clear for everyone to understand.

Why does it ask about ethnicity?

Some of the questions are designed to help us meet our duty to provide fair, inclusive care for everyone. Patients can choose 'Prefer not to say'.

This information is used only to help us understand and improve equality in our services.

How do staff know that patients are there?

Everyone who checks in – digitally or through reception – appears on the department's live system. Staff monitor this continuously to ensure no one is missed.

Can patients still speak to a person instead of using digital triage?

Reception and clinical staff are always available to help and answer questions. If patients do not feel comfortable and confident using digital triage, they can speak to a member of the team on reception.

Could patients miss out if they don't go through digital triage?

No, the reception desk will continue to be a safe, reliable, and effective alternative to using digital triage.

What if someone is accompanied by an abuser or feels unsafe answering?

Safeguarding procedures remain exactly the same as with traditional triage. Clinicians are trained to recognise and act on signs of abuse, regardless of how information is provided.

Some patients have told us they find it easier to share sensitive details privately through the kiosk, but staff remain alert to anyone who may be at risk.

Is patient information safe?

Yes. Digital triage meets strict NHS Greater Glasgow and Clyde and national data-protection standards. Information is encrypted, stored securely, and used only by authorised teams involved in your care.

Will patients still be seen by a doctor or nurse?

Yes. If a patient's condition requires it, they will always be seen and treated by a clinician.

Digital triage helps make the process smoother by giving staff the information they need earlier.

The patient journey through digital triage

1. Patient arrives at the emergency department, and heads to a digital triage kiosk
2. Patient answers a series of clinically designed questions on a touchscreen, giving a full overview of their symptoms
3. The touchscreen tells the patient what to do next, which can be taking a seat in the waiting room or going up to reception to speak to a member of staff
4. All the information given by the patient goes straight into TrakCare, where the clinical team can access it instantly
5. Each patient is automatically given a risk score from P1 to P5, which comes through on TrakCare. Staff monitor the systems at all times and use the information and risk score to triage patients, identifying people who need to be seen urgently
6. Staff have more information on each patient, supporting them in better decision making and providing patients with the right care, at the right time, in the right place.

Remember, if patients can't use the touchscreen, prefer to speak to a member of staff, or need additional support with check-in, they can go to reception.