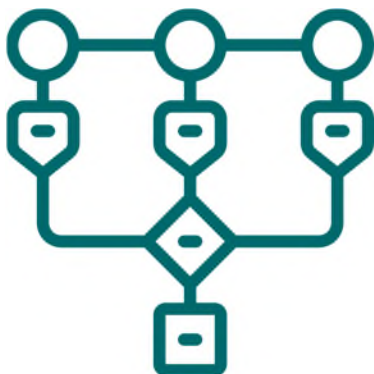


Getting to the right care in the right way – digital triage in health services

A report with recommendations
from CQC's first regulatory sandbox



January 2020

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Summary and key findings

This report presents the findings of the Care Quality Commission's (CQC's) first regulatory sandbox pilot. Regulatory sandboxing is a way of working proactively and collaboratively to understand new types of health and social care service, agree what good quality looks like, and develop our approach to regulation. We think this is particularly important for innovative and technology-enabled services, which are developing quickly.

Our first pilot focused on the use of digital triage tools in healthcare services. We worked with providers, people who use services, clinicians, technology suppliers and other stakeholders to build a consensus on what is needed to deliver high-quality care when using these tools. We have used this to identify and consider what updates we need to make to our methods, which will help us regulate these services better.

We also present recommendations for how other parts of the healthcare system can support high-quality care.

Key findings from this sandbox

- **Providers and local systems** are responsible for commissioning triage algorithms that provide high-quality care, but **national bodies** can do more to help them do this well. Standardised tests of the effectiveness of triage algorithms can help providers and systems choose the best products; while better guidance and support with contracting can help them establish the right relationships with technology suppliers.
- Digital triage tools should help people to get to the right place at the right time and should not get in the way of that. **Clinicians** should be able to override the recommendations from these tools when they think it is in someone's interest to do so.
- Where **people who use services** interact directly with triage systems, there needs to be greater clarity on the different types of tools that are available – for example, the difference between a symptom checker and an access point for regulated services – and clearer guidance on how to use them. There is also a need for more work to understand how to achieve robust safeguarding when people are interacting with digital tools instead of humans.
- **Technology suppliers** sometimes develop the clinical pathways for triage tools, which is an area with limited assurance or regulation. Although suppliers do not usually need to register with CQC, they must comply with all other relevant regulatory requirements. A similar initiative to the former accreditation scheme for guidance producers from **NICE** could be a valuable resource.
- There is an excellent opportunity to use the insight and data generated by digital triage tools to improve care, and we need to work collectively to understand how best to do this.

1. Overview

1.1 What is regulatory sandboxing?

A regulatory sandbox is a way of testing how best to regulate new types of services by working collaboratively to find out about them.

We have tested this approach in three pilot rounds of sandboxing, with support from a £500,000 grant from the *Regulators' Pioneer Fund* launched by the Department of Business, Energy and Industrial Strategy (BEIS) and administered by Innovate UK. The fund enables UK regulators to develop an approach that enables innovation around emerging technologies, and to unlock the long-term economic opportunities identified in the government's Industrial Strategy.

This first regulatory sandbox round focused on the use of digital triage in healthcare services. We needed to understand what good quality care looks like in services that use these technologies, the best way to regulate them, and what CQC and other bodies can do to improve quality and support innovation. To do this, we worked with healthcare providers and people who use these services, technology suppliers, government partners, and other experts.

1.2 What is digital triage and why is it important?

Clinical triage is an important part of how health care is delivered as it directs people to the health and care services that best meet their needs. It can help to identify and prioritise the sickest patients, direct people to the most appropriate service, and can save anxiety, time and money by avoiding unnecessary trips to health services. However, there are also risks: if triage is not done well it can delay or deny timely care, waste resources and lead to frustration or panic for patients and their carers.

The rapid development of digital technologies in health care provides opportunities to deliver triage in new ways. We include the following in the scope of this review:

- **Patient facing tools** – these can ask people questions about their symptoms and direct them to services based on their answers.
- **Tools for call handlers** – these can use standardised algorithms to support non-clinical staff to make triage decisions by telephone.
- **Clinical decision support tools** – these can make suggestions and guide clinicians in making decisions about how to triage or treat people, and simplify the referral process between services.

These applications have the potential to make health care more accessible, improve the experiences of people using services and the clinicians who deliver care, save resources, and generate information that can support improvement – but only if they are configured and implemented in the right way.

2. What good looks like for digital triage in healthcare services

The first output from CQC’s regulatory sandbox process is a common understanding of what good looks like. By this, we mean the things that should be present to help deliver high-quality care when using digital triage tools. Developing this shared view of quality – with people who use services, providers, technology suppliers and system partners – is a cornerstone of our collective efforts to improve the delivery and regulation of services.

The following summarises at a very high level the consensus position reached through the sandbox process across the five key questions that underpin CQC’s definition of quality: are services safe, effective, caring, responsive and well-led? [Section 7](#) provides a more detailed consensus position for those working on or with these tools.

While CQC is responsible for regulating providers of healthcare services in a clinical setting, we have struggled to delineate clear boundaries between the suppliers of technology solutions and the health services that use them. This reflects the diversity of the market, and that contracts may specify that either the tech supplier **or** the health service or commissioning body carries out critical activities such as pathway development, testing, and training staff to use the tool. What we suggest as good practice here applies to both the supplier and care provider (or commissioners where they are procuring on behalf of providers).

What good looks like – high level summary statements

Good digital triage tool suppliers, and the providers that use them...

Keep people safe when...	They deliver a reliable, clinically appropriate, operationally robust and transparent service . They work proactively to identify and manage risk , and learn from when things go wrong .
Are effective when...	They work continually to improve their clinical content, looking both inside and outside their organisation, and keep a careful record of the algorithms. The tools that they deliver achieve appropriate outcomes, promote a good quality of life, are based on the best available evidence , and make their reasoning clear to people. Services take account of individual differences , drawing on relevant clinical information , including from the patient record, and triage people appropriately to their level of clinical risk and need.

Are caring when...	Their tools engage people who use services, are easy to use, respect patients' wishes , respond to patients where the pathway does not seem appropriate, and leave patients feeling that they have been understood and can accept the advice given .
Are responsive when...	They fast-track patients who are seriously unwell and provide an alternative option for people who struggle to use the tool. They respect people's preferences and respond to people who have diverse needs . They adapt to people's feedback .
Are well-led when ...	They implement their system as part of a wider organisational vision of quality, supported by the right processes, people and external relationships to deliver high-quality care and continuous improvement.

3. How CQC's approach will change

We are not currently capturing all the information we need to determine whether services are good according to the definition in section 2. This limits our ability to assess the quality of care.

In February 2019, we published [additional prompts for triage apps supporting healthcare services](#). We propose to build on these and develop our methodology for inspecting services that use triage tools to include checking for six key elements:

1. Clinician-facing decision support tools allow clinicians to override their suggestions where it is in the best interest of people who need care.
2. There is a clear, workable, and consistently applied way for patients to access care if the tool is unsuitable or unavailable for any reason.

This includes where the tool may not be suitable for a person in the first place, what happens when the tool goes down, and where patients may need to 'exit' the digital process and have an alternative way to access services. Services should consider people who have difficulty in communicating, people with special clinical circumstances such as being on the palliative register, and people who are acutely unwell.

3. The tool is accessible, user-friendly and does not frustrate patients and staff. Where the digital triage tool is patient-facing, providers should only use those with language that is easy to understand and of a sufficiently appropriate reading age.
4. The information sent from the triage tool to healthcare services is reliable and provides sufficient clinical detail to meet their needs when accepting patients. Information is in a format that works for them – reducing the chances that patients or their carers will need to repeat themselves.

5. Safety is managed well and follows NHS Digital's Clinical Risk Assessment guidance – both in terms of planning for risk, and identifying and addressing issues and incidents. As part of this, we will expect to see that the accountabilities for clinical processes, clinical content, software updates and training are clear between parties, and that there is a working relationship between services, those procuring the solution, and technology suppliers.
6. The development of clinical pathways for these tools is governed effectively, the pathways are evidence-based, testing happens before they are put into use, and clinical input is secured. The organisation responsible also audits its pathways regularly.

Where digital triage tools are commissioned on behalf of a provider, and we identify issues when inspecting them, we will discuss this with the commissioner and provider respectively, based on who is best placed to address the issues.

4. Complying with the wider regulatory framework

Where a provider uses a digital triage tool, we expect them to provide assurance that their chosen tool is appropriate for their purposes and supports safe, high-quality care. CQC does not regulate technology suppliers that deliver digital triage tools. However, these organisations need to meet other regulatory requirements set out on the next page.

Providers of healthcare services are also responsible for ensuring that they only use digital triage tools that meet these requirements. In most cases this means that they should require evidence of compliance with NHS Digital's guidance [DCB0129](#) and product certification of the appropriate class (see below) before procuring.

This regulatory sandbox has found varying levels of compliance with software and device regulations. This needs to improve, as these regulations are an important part of the regulatory framework that supports high-quality care and safe innovation, and that keeps people who use health and social care services safe.

There are currently no regulatory requirements around the processes and principles involved in developing clinical pathways, as these are not covered by either device regulation by the Medicines and Healthcare products Regulatory Agency (MHRA), NHS Digital's guidance, or CQC's service regulation. The robustness of these pathways is crucial to the quality of care, so there could be a benefit to greater assurance. One technology supplier that participated in this sandbox had been through NICE guidance-setting accreditation. Although this programme no longer accepts new applicants, there is a case that reinstating this scheme, or developing something similar, could help to improve the quality of care provided by services that use digital triage.

Regulatory requirements for suppliers of digital triage technology

- **MHRA** regulates medical devices across the UK. Software intended to provide diagnostic or therapeutic information is usually regulated as a medical device according to a classification system. All medical devices require a clinical evaluation; in many cases, this may require a clinical investigation. Medium and high-risk devices need to use a notified body. Harmonised standards such as ISO standards may help to show conformity with the essential requirements of the device regulation. [The regulations are changing](#) in May 2020.
- **CQC** regulates providers that carry on one or more of the regulated activities set out in the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#). Suppliers of digital technology need not register unless they are in a small minority that carry out regulated activity. However, where a healthcare provider is using these tools, we need to understand how well they are working for patients and, if necessary, CQC has the powers to review key third-party technology suppliers responsible for an activity ancillary^a to regulated activity.
- **NHSX** commissions relevant guidance from **NHS Digital**. The main standards are: [DCB0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems](#) and [DCB0129: Clinical Risk Management: its Application in the Manufacture of Health IT Systems](#) and [Information Governance and Technology Guidance](#) but there are also several others around [identity](#), [information governance](#), and [interoperability](#), which we may want to expect of suppliers and services that interact with them.
- The **ISO standards**^b that underpin medical device regulation (by MHRA) and data handling are of a high quality and complement NHS Digital's clinical risk management standards. ISO13485, regarding quality management systems, helps give assurance that tech suppliers have good quality management systems and governance structures, although this needs to be interpreted and adapted to some extent for software, particularly digital triage solutions. ISO27001 is helpful in being able to handle and process NHS data.
- **NICE** has published [evidence standards for digital health technologies](#). NICE also ran a scheme to [accredit organisations that issued clinical guidance](#), which sets out how to write and review guidance.

a. "An activity which is ancillary to, or is carried on wholly or mainly in relation to a regulated activity, shall be treated as a regulated activity", (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

b. See the [list of standards in MHRA guidance](#) (page 37).

Information from MHRA on the medical device regulations

The medical device regulations apply to products placed on the market or put into service that have a medical purpose. Broadly, this covers all digital products that provide information that is used for a diagnostic or therapeutic purpose, see [MHRA software guidance](#).

Triage products likely to be regulated as devices

- Software intended to output a subset of those medical conditions that match the input symptoms. For example, top three most likely conditions.
- Software that indicates the likelihood of a match. For example, indicating 'common' or 'rare'.
- Software that provides treatment recommendations for conditions, for example, first aid treatment or medicines to treat a condition.
- Software that filters or indicates probability of a match. For example, red flag conditions.

Triage products that are unlikely to be devices

- Software that ONLY offers reference information about conditions listed.
- Software intended to list ALL matching conditions that fit the symptoms input where the order is independent of likelihood, for example, in alphabetical order.
- Software that ONLY signposts the user to suitable care, for example, 'see your GP', 'go to A&E'.

The device regulations will now cover the manufacturer, the supply chain and health institutions. They also regulate devices manufactured and used in-house. For more details see the [new EU regulations](#).

5. Recommendations and insight for the wider health and care system

This regulatory sandbox brought together people who use services, healthcare providers and technology suppliers, with regulators (such as CQC and MHRA) and other organisations that shape the health and care landscape in England (such as NHS England and NHSX). The learning from the early stages of the process had a much broader application than just CQC's regulation, and it showed that CQC working alone can only have limited impact in driving improvements in care in this area. One output of the sandbox is therefore a set of recommendations for other organisations to consider.

5.1 Contracting, rating, and regulating the technology

There are **commercial and contracting** gaps when procuring these systems. These lead to poorer quality care when providers and commissioners are unable to address development, performance, and information requirements as they emerge after implementation. Many CCGs are relying on an NHS Standard Contract, which is not suitable for the nature of these products.

Recommendation 1: The Department of Health and Social Care, NHS England/Improvement and NHSX should consider including complex digital health interventions such as digital triage in the scope of their work to develop commercial standards for IT-related contracting across the NHS.

Digital triage tools are not fully **clinically validated or tested** by product regulators and notified bodies. We have learned that there is great variation in their clinical performance.

Recommendation 2: NHSX and NHS England should work with NICE and NHS Digital to develop and publish the results of a fair test of clinical performance.

We think that this could work using a curated national dataset of real patient histories, which is not shared with suppliers. Assessments should be based on where people have been wrongly escalated resulting in undue anxiety, as well as where tools have failed to address people's ill health.

Recommendation 3: NICE and its commissioners should consider whether its accreditation scheme, or a similar initiative, should be re-opened to support tech suppliers where they are developing clinical content.

People use digital triage tools differently. Some use them like a web search or symptom checker to understand their condition, whereas others follow the advice about their onward care as intended. We suspect that people are not clear about what they are using and how they should treat it.

Recommendation 4: The Department of Health and Social Care should consider whether there should be common safety-netting advice for the public for all symptom checkers and digital triage tools (even those that are not regulated as a medical device). Advice should clearly explain how to use the tools and confirm with the user whether they are happy to proceed before booking an appointment or to share the information they have provided with other health professionals.

5.2 We need more research to understand what information is proportionate to capture and share about people who appear to be in particularly vulnerable positions, such as people who are being abused

It is counterproductive if digital triage tools share all risks with clinicians, as they become overloaded with information and alerts, and are then unable to care for their populations. However, not capturing and sharing key risks through these tools may result in harm. We need to ensure that as human interactions are replaced with digital interactions, we do not lose key functions that are fundamental to face-to-face clinical interactions such as identifying acutely unwell patients, and those at risk of abuse.

Where triage tools are involved in **urgent care pathways**, it seems important for the GP to know that they have been referred to an urgent setting, and that an easy-to-use clinical summary is available to the urgent care centre.

A minority of technology suppliers are developing modules that they believe are good at detecting **risks of abuse and neglect**. But the circumstances under which a supplier of digital triage products should assess the safeguarding risk, and when, where, and how to communicate these events or alerts, is unclear. Importantly, primary care services have reservations about accepting this information; many GPs feel it generates expectations, especially at evenings and weekends, in terms of what needs to be done with that risk alert.

CQC will look to engage with local authorities, professional bodies, and NHS England/Improvement to understand this issue better.

5.3 Making the most of these tools to improve care pathways, integration, and efficiency

The **data and behavioural insight** generated by these tools presents an exciting opportunity to develop research, build commissioning intelligence, and improve services. For example, by linking people's presenting symptoms or complaints with their treatment and the final outcomes from their care, or by having an understanding of people's behaviour when looking to have better health.

Recommendation 5: NHS England, analytically advanced integrated care systems, research funding bodies and Health Data Research UK should consider how they can work in partnership with technology suppliers to help healthcare providers, researchers, and commissioners to make the most of the information from these tools to improve efficiency and outcomes for people.

Where this can happen, a local system will be able to learn faster what is working and what is failing certain groups of people in its algorithms, access criteria and pathways. However, this learning applies widely beyond the triage tools themselves. It will probably require the linking of primary and secondary care data to the data that can be extracted from these systems, which requires some governance and supporting structures nationally to facilitate.

Although we do not have testing evidence to share, it is also important to note that the collective experience of the clinicians, providers, patients, and tech suppliers who participated in the sandbox suggested that an early, rapid clinical assessment by an experienced GP or emergency medic was important and usually more efficient when patients were acutely unwell.

6. How we carried out this regulatory sandbox

6.1 Partners and activity

We carried out a competitive application process to identify six tech suppliers and their NHS partners who were delivering digital triage algorithms across primary, secondary, dental, and mental health care services.

Members of CQC's staff formed a team from across different functions, including three National Professional Advisors (clinicians).

To oversee the work, we also formed a governance committee with input from deputy chief inspectors from each directorate, chaired by a member of CQC's Board.

The technology suppliers and care services using digital triage were:

- Care UK
- DoctorLink
- E-consult
- 111 Online and NHS Pathways
- Cinapsis
- Advanced Health and Care
- VantageX.

NHSX and MHRA were included as Government partners in this sandbox round.

We also benefitted from the contribution of Jennifer Pearl, a CQC Expert by Experience with knowledge of using services, and some expert input from Josh Keith a technology policy expert from the Health Foundation, Paul Taylor an academic and clinical decision support expert at University College London (UCL), and Charlotte Lynch, a voluntary sector policy professional.

We are grateful for advice and contributions from the British Standards Institute, the Information Commissioners Office, NICE, NHS Digital, NHS Horizons, NHS England/Improvement, Health Data Research UK, Babylon and University Hospitals Birmingham, Tunstall, Cievert, XenZone, PS Health, FDS Consultants, and various leaders and managers working in NHS providers and Academic Health Science Networks.

We worked together as a team to set out what good looks like and to understand the issues involved in delivering digital triage services well.

After developing some questions for assessing the quality of care in services, we carried out a site visit for each participant^c to refine our understanding of the issues and what is important, then we reviewed our regulatory approach and developed draft guidance.

6.2 Evaluating and learning from these pilots

CQC is running three pilot regulatory sandboxes in the financial year 2019/20, supported by the Regulators' Pioneer Fund through the Department of Business, Energy and Industrial Strategy. The purpose of the pilots is two-fold:

- to learn about what good quality means for emerging service types and how to regulate that
- to determine whether regulatory sandboxing should be part of how CQC works.

Once we have completed all three pilots, we will evaluate them and, in spring 2020, publish the learning and how we can use this to improve how CQC works in the future.

c. VantageX was unable to host a site visit due to an unexpected business commitment with NHS England.

7. What good looks like – detailed statement

Good digital triage tool suppliers, and the providers that use them...

<p>Keep people safe when they...</p>	<p>Deliver a reliable, clinically appropriate, operationally robust, and transparent service. They work proactively to identify and manage risk and learn from when things go wrong.</p> <p>This means that they:</p> <ul style="list-style-type: none">• Manage risk effectively and transparently across the whole pathway. They have implemented systems to manage when things go wrong and are able to work transparently and responsively in partnership with relevant organisations to elicit, investigate, learn from, and take action on safety concerns. They are candid with patients and the health services that are their customers. There is a clear and robust complaints process. They report incidents to the manufacturer and regulators (e.g. MHRA) as appropriate, and patients and clinicians understand how to report safety concerns.• Plan pro-actively, check for risk with key partners, and comply with NHS Digital's Clinical Safety standards when implementing and maintaining a digital triage solution, including testing before going live with a new system. They have met the regulatory requirements before changing the system, liaising with the Notified Body as required.• Have tested their pathways with test patients who have concerning symptoms. They have also tested their advice designed for patients with potentially urgent health needs. They act on feedback and learn from incidents to improve the safety of their clinical content. Clinical input has been sought at the appropriate level (this may be national) on each pathway where the tool is deployed. Where individual patients require a different approach, it is documented clearly.• Are operationally robust so that patients do not fall between operational gaps. Staff have received the training to use the system safely and staffing levels are adequate to ensure safety. Systems are developed and staff are trained to identify and deal with safeguarding risks. Contingency plans are made so that people are kept safe if the system fails.• Have developed and are using triage tools that:<ul style="list-style-type: none">○ are clinically appropriate and collect enough clinical information to ensure a good outcome, and communicate clinically critical information to the receiving services in the right format (for example about medicines and allergies)
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	<ul style="list-style-type: none"> ○ have in-built quality standards and alerts, and track key statistics to improve their record on safety ○ link to an up-to-date directory of services, including at evenings or weekends where they may be used at these times. ○ are technically reliable with software that does not fail, with data held securely and backed up. The solutions manage clinical information well.
<p>Are effective when they...</p>	<p>Work continually to improve their clinical content, looking both inside and outside their organisation, and keep a careful record of the algorithms. The tools that they deliver achieve appropriate outcomes, promote a good quality of life, are based on the best available evidence, and make their reasoning clear to people. Services take account of individual differences, drawing on relevant clinical information including from the patient record, and triage people appropriately to their level of clinical risk and need.</p> <p>This means that they:</p> <ul style="list-style-type: none"> ● Regularly audit their work and monitor outcomes as part of this. Audit includes clinical audit of pathways and testing with user groups. In the best audits, clinical leads are involved in reviewing clinical outcomes data alongside recent evidence to improve their pathways and clinical content. End-to-end reviews are conducted with tech suppliers and services where triage tools do not collect final outcomes. ● Keep an up-to-date log of their algorithms (including technical file requirements for medical devices). ● Encourage and act on feedback from clinicians and staff, both from the service performing the triage and the onward services that tools are sending patients to for treatment. They improve how they present triage outcomes, the type of people they send to the onward service, and the information that they gather on behalf of the onward service. ● Triangulate how a person is presenting in or through the tool with their clinical record. ● Fit in with and reflect local service provision. The best services will communicate gaps and duplication to commissioners, and, where relevant, signpost people to wider services (e.g. social prescribing). ● Consider 'third party' use of their systems (where it is a call centre or direct to patient triage tool), such as parents or carers, and can demonstrate that it is appropriate.

<p>Are caring when they...</p>	<p>Use tools that engage people who use services, are easy to use, respect patients' wishes, respond to patients where the pathway does not seem appropriate, and leave patients feeling that they have been understood and can accept the advice given.</p> <p>This means that they:</p> <ul style="list-style-type: none"> • Make patients feel that their needs are understood and that they understand and can trust the outcome of the triage process. Services achieve this by engaging the patient appropriately and communicating the reason for the outcome. The service supports people to make decisions about their care, treatment, and support. • Work to achieve a patient-centred service. They allow clinicians to override a suggestion or output of the tool, and document clearly the reasons why. They have considered how symptoms may present atypically and have processes to review and minimise discrimination and bias. • Have a clear process to facilitate appropriate exit from the system pathway. The triage decision is then escalated to a clinician who can manage the person's individual circumstances (both their distress or difficulties and the causes). Where this is not possible, people receive clear instructions on what they need to do next. <p>Digital triage tools (or other direct to patient triage tools):</p> <ul style="list-style-type: none"> • Engage people who use services as they are intuitive and easy to use and relevant to their current needs. They do not result in frustration or anxiety. <p>Where digital triage tools involve non-clinical call handlers:</p> <ul style="list-style-type: none"> • Those call handlers engage patients by actively listening to them and relaying what is important to them, talking to them with respect, using their preferred name and respecting their expertise of using services, including their understanding of their own condition.
<p>Are responsive when they...</p>	<p>Fast-track patients who are seriously unwell and provide an alternative option for people who struggle to use the tool. They respect people's preferences and respond to people who have diverse needs. They adapt to feedback, have considered which patient groups need an alternative to the usual triage process, and have a sound system in place for this. This could be because of clinical needs that an algorithm struggles to accommodate, or because people are experiencing communication or cognitive challenges.</p> <p>This means that they:</p>

	<ul style="list-style-type: none"> • Use key statistics, such as drop-out rates, to improve their offer, and a high proportion of people use the tool as intended. They elicit and act on feedback from people who use services and have a clear and robust complaints process. • Design the triage process so that it is accessible and simple. The language is simple with a reading age of 9-12 years, and the number of questions is kept to the minimum necessary to triage well. This encourages completion and makes the process accessible to a wider range of people. They also present visual information so that it is easier for those with a visual impairment (Information Access Standard). • Respect patients' preferences about their care while keeping them safe. This includes the ability for patients to opt out of sharing data used for purposes other than direct care. • Comply with current standards around identity verification in health (such as gender reassignment).
<p>Are well-led when they...</p>	<p>Implement their system as part of a wider organisational vision of quality, supported by the right processes, people and external relationships to deliver high-quality care and continuous improvement.</p> <p>This means that they:</p> <ul style="list-style-type: none"> • Have a clinical safety officer, and clear accountability and responsibilities within and between partner organisations. They have collaborative, trusting and effective relationships between tech supplier(s) and the provider(s) of clinical services. They have a contract that is fit for purpose, setting out respective responsibilities including on data ownership, and clinical governance with commissioning and contracting organisations. • Have good change management for deploying a new system. They have a quality management system that is documented, accessible to all staff, and involves ongoing evaluation and action on issues that arise. They have continuity plans in case of failure and plans for safe decommissioning or transition. • Prioritise and actively seek feedback, with clear channels to the tech supplier and service provider. They act on feedback as appropriate to improve their offer. Importantly, they test systems with professionals who use them, and systems are not seen as frustrating. • Implement the tool so that it fits within the broader vision and strategy, have a wide understanding of the realistic benefits, and a culture of quality improvement where the service and supplier exhibit integrity and a clear ambition to improve quality.

	<ul style="list-style-type: none">• Recruit and train people so that they have the right skills and behaviours. Services using triage technology use audit and training to ensure that their staff know how to use it clinically. Suppliers support staff to understand the services they are working with.• Have a sufficiently resourced and skilled team to deliver the system or service well, and to continue to improve it.
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