



Bury Urgent Care Programme

GM UEC by Appointment

Pre-ED Streaming at Fairfield General Hospital

STANDARD OPERATING PROCEDURE

FINAL – Version 2

5th November 2020

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Revisions:

V1	First initial draft produced	SM	2/10/20
V1.5	2 nd Draft to support TOC on 24/25 October	SM	22/10/20
V2	Final version pre go live	SM	5/11/20

Approval and Ratification

Referred for approval by: Bury Urgent Care Programme Board

Date of Referral: 5th October 2020

Approved by:

Approval Date:

Circulation

Issue Date: V1

Circulated by: Samantha Merridale

Issued to: All key stakeholders including partner providers and commissioners

Policy to be uploaded to the Organisation Internal website

Review

**Review Date: 2nd November 2020
5th November 2020**

Responsibility of: Samantha Merridale

An e-copy of this policy is sent to all managers who are responsible for updating their policy packs as required.

This policy is to be disseminated to all relevant staff.

Date Posted: 22nd October 2020

Purpose

1. The purpose of this document is to present a short Standard Operating Procedure to support pre-ED clinical streaming at the front door of the Fairfield General Hospital Emergency Department.
2. This document should be read in conjunction with the Draft Standard Operating Procedure for the Bury implementation of the GM Urgent Care by Appointment programme.
3. This document is also supported by a Memorandum of Understanding (attached as Appendix 1) which sets out the clinical governance arrangements and clinical responsibilities.

Rationale

4. This programme is part of the wider GMUEC by Appointment which describes having a pre-ED streaming/triage model at each hospital with the benefits of being able to successfully, and safely, deflect patients away from the ED if they can be more appropriately treated in an alternative clinical environment. There will also be patients who can be offered advice for self care / management without having to be booked into the ED/UTC.
5. From capacity and demand modelling carried out as part of this programme, and based on assumptions from the Greater Manchester programme team, we estimate that 25% of patients who self present should be suitable for potential deflection and treatment into alternative pathways of care.
6. This has been successfully tested at FGH during October 2020, and in a number of other acute sites across the GM area, most recently in Oldham and Salford, using a slightly different service model to the one proposed by Bury.

Methodology

7. The original Standard Operating Procedure for the Bury implementation of the GM UEC by appointment model described the use of a B7 clinical streamer and a B4 non-clinical triager who would have access to the Adastra Odyssey triaging algorithm.
8. The licenses for the Odyssey software have now had financial approval, and Adastra implementation at FGH will be completed by 1st December 2020.
9. In the interim, we will be using an experienced ENP in the role of clinical streamer, with extensive local knowledge of the Bury system, and who has worked in both an acute environment and within the community, to carry out a full clinical assessment of those patients deemed to be medically suitable when they attend ED.
10. A 'duty doctor' will be based in Moorgate Health Centre in Bury to accept primary care referrals for Bury patients, and also within a separate clinic in Rochdale for HMR patients.
11. The clinical streamer will initially determine which patients may be suitable for referral into alternative pathways which are not based on the Fairfield General Hospital site, and may be based in community based care or primary care. This will apply to patients from both the Bury and HMR localities.

12. The clinical streamer will perform a clinical assessment, and will prioritise the patient dependent on their clinical presentation, acuity and needs.
13. The Adastra system will be used to gain access to the patient's summary care record, and to record the outputs of the assessment.
14. The clinical streamer will then contact the most appropriate receiving service to meet the patient's immediate medical needs either by direct booking or by telephone. The patient will be given an appointment to attend either a clinic, or may be told that the receiving service will visit them in their own home.
15. The outputs of the assessment process, which have been recorded in the Adastra system, will be transferred to the receiving clinical provider once the appointment has been made.
16. Where the clinical streamer has identified that the patient has urgent medical needs following their face to face assessment, they should be referred into either the Urgent Treatment Centre on the Fairfield site or into ED majors, should this be necessary.
17. The clinical streamer will, for audit purposes, keep a log of the patients s/he has assessed during their shift, to ensure appropriateness of the referral process and the satisfaction of the patients and clinical staff.
18. For safeguarding purposes, any patient deemed to be vulnerable should be followed up following their assessment to ensure that they have either attended the appointment which was given to them or that the receiving service have visited them in their own home.
19. The clinical streamer will report all clinical incidents to the senior manager in charge on the Fairfield ED site.
20. The potential booked dispositions for the patient following streaming are as follows (see Appendix 2 for the operating model)

Secondary care:

- ED (majors)
- Urgent Treatment Centre – minor injuries
- Same Day Emergency Care (SDEC) / Ambulatory Care
- Booked pathways into specialist services

Community care:

- Rapid Response
- Integrated Neighbourhood Teams
- HMR children to the HMR PNP service
- Community Services via the SPOA:
 - Adult OT
 - Adult Physiotherapy

- Community Cardiac
- Community Eye services
- Continence and stoma care
- COPD
- Diabetes
- District Nursing
- Falls
- IV therapies
- Paediatric OT
- Paediatric Physiotherapy
- Specialist Palliative Care
- Wound care and lymphoedema
- CAMHs.

Primary Care

- Same day urgent primary care
 - Extended Working hours
 - Out of hours
21. During the weekend period, the test of change will be supported by a General Practitioner working out as part of Extended Working Hours in both Bury and HMR. This GP will receive all potential deflected cases of patients who need urgent primary care treatment and/or advice. The GP will use Aadastra or Vision where possible to record the cases so that the updated patient record can be sent back to the patient's own GP.
22. The clinical streamer will have a list of all relevant contact numbers for referrals into both Bury and HMR Community services, and primary care.

Exceptions

23. The clinical streamer will log any patients who may have benefited from community based care but could not be referred due to lack of available capacity.

Hours of operation

24. The clinical streamer will be based in the ED at Fairfield General Hospital, between the hours of 08:00 and 20:00 each day (dependent on staff availability).

25. Outside the standard in hours primary care service, both the Extended Working Hours and OOH primary care services for both Bury and HMR will accept patients who are appropriate to be deflected into primary care during these times.

Information Management and Technology

Booking and data management (see Appendix 5)

26. The clinical streamer will be given access to an Adastra terminal in the Fairfield ED department.
27. The clinical streamer will have access to Graphnet which will have a practice view so that full access to the patient record can be given.
28. For booking into Bury Extended Working Hours, use the following telephone number:
 - a. **Bury Extended Working Hours: 07939 436536**
29. All primary care deflections for HMR patients will go via BARDOC.
30. All patients sent to EWH must have the relevant triage for COVID. A simple proforma checklist for each patient must be completed and sent with the patient to their appointment. (See Appendix 3)
31. Booking into community services is as follows:
 - a. **Bury Community SPOA:**
Telephone **0300 323316**
 - b. **HMR UCCT BARDOC**
Telephone **0161 763 8525**
32. For community services, the standard current systems will be used to capture the patient episode.
33. For HMR paediatric patients suitable for deflection, the Paediatric Nurse Practitioner (PNP) service will be available to accept referrals (see Appendix 4 for the PNP MOU). The contact telephone number is:
 - a. **HMR PNP duty clinician on 07887 896741**
34. See Appendix 5 for full referral details for all relevant Bury Community pathways.

Clinical Governance and responsibilities

35. This SOP is supported by a Memorandum of Understanding which sets out the clinical governance and responsibilities within this test of change.
36. This MOU has been signed by clinical directors from the following organisations:
 - a. Pennine Acute Hospitals Trust – Dr Shona McAllum
 - b. BARDOC – Dr Zahid Chauhan
 - c. Bury LCO – Dr Kiran Patel
 - d. HMR CCG – Dr Zahir Mohammed
37. The MOU is attached as Appendix 2.

Audit and evaluation

38. The service will be fully audited / evaluated to capture the following KPIs:
 - a. Total number of patients attending (self presenters and ambulance)

- b. Total number of patients who were clinically assessed
 - c. Number of patients referred into primary care (Bury) – including OOH
 - d. Number of patients referred into primary care (HMR) – including OOH
 - e. Number of patients referred into community services (Bury) – with breakdown of receiving service
 - f. Number of patients referred into community services (HMR) – with breakdown of receiving service
 - g. Number of patients who DNA'd attendance into alternative pathways
 - h. Number of patients who could have been booked into community mental health
 - i. Number of patients who could have been referred into Wound Care services
 - j. Patient satisfaction (patients to be questioned following clinical assessment)
 - k. Patient complaints
 - l. Staff feedback
39. The outputs of the evaluation will be presented to the Bury Urgent Care Programme Board meeting and will be sent by email to the HMR Urgent Care lead.

Communications and Engagement

- 40. Comms and engagement leads are fully sighted on these new pathways of care.
- 41. We are not planning to put out any additional public facing information about these services due to the need to manage communications regarding COVID management. However, national communications are due to be released regarding NHS 111 First which explains how patients may be managed in a different way if they think they require non-emergency urgent care.
- 42. All relevant staff within the ED unit, primary care, receiving community services and other services will be notified, and sent a copy of this SOP.

Managerial, Clinical and Operational Leads

- 43. The following people are key points of contact for this programme:
 - a. Dr Kiran Patel – Medical Director, LCO and the 'Duty Doctor' for this TOC
 - b. Dr Zahid Chauhan – Chief Medical Officer, BARDOC
 - c. Vicky Riding – CEO, BARDOC
 - d. Samantha Merridale – Urgent Care Programme Lead
 - e. Lindsey Darley – SRO
 - f. Caroline Ryan – Urgent Care Director, Fairfield General Hospital
 - g. Louise Palmer – Clinical Lead, IMC and Clinical Nurse Streamer for the TOC
 - h. Janet Stanton – Director of Nursing, Fairfield General Hospital
 - i. Karen Johnston – Head of Communications – Bury OCO
 - j. Alison Mitchell – Head of Communications – Rochdale CCG
 - k. Shaju Ahmed – Urgent Care Lead – HMR CCG
 - l. Dr Zahir Mohammed – Urgent Care Clinical Lead – HMR CCG

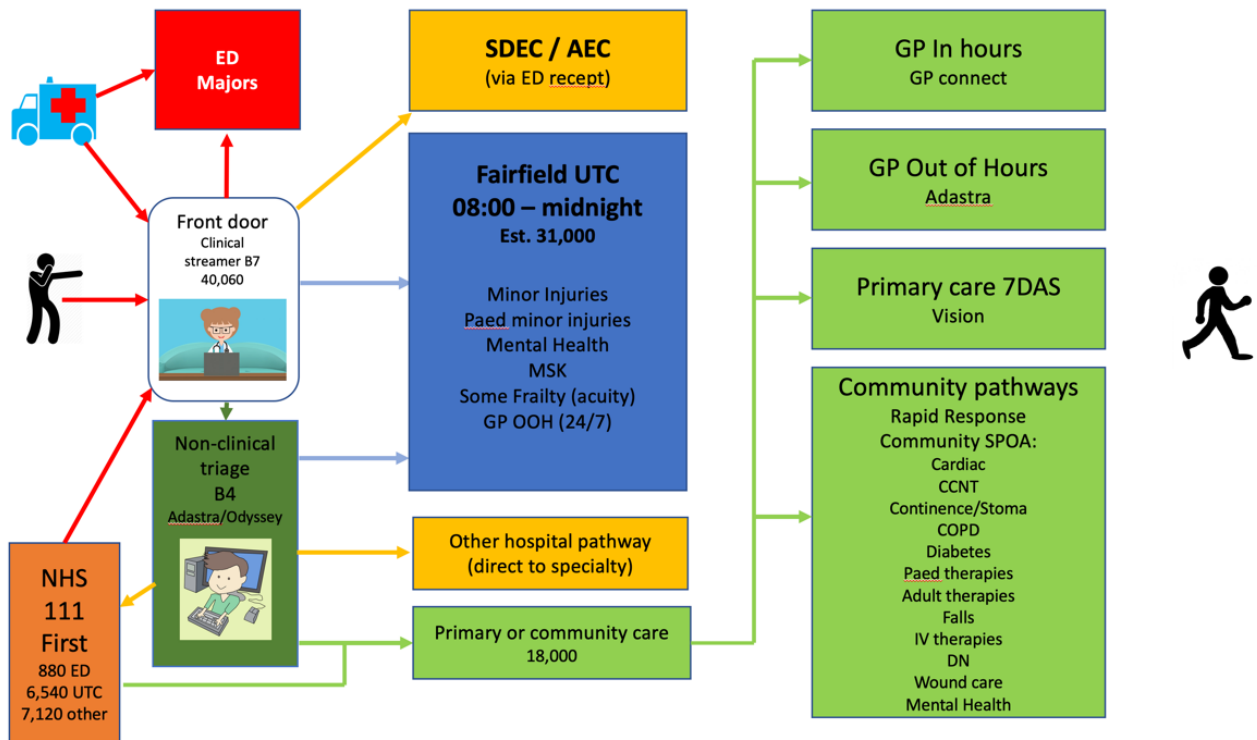
Appendices:

1. Memorandum of Understanding of clinical governance arrangements for this Programme



MoU - for Fairfield
Pre-ED Bury and

2. Operating model



Appendix 3:
EWB COVID patient checklist:

<p>1. Has the patient experienced either a fever, new continuous cough or loss of taste/smell in the last 14 days</p>	<p>Yes / No</p>
<p>2. Has the patient been contacted by NHS Track and Trace and asked to self-isolate in the last 14 days</p>	<p>Yes / No</p>
<p>3. Is the patient currently waiting for the results of a Covid-19 test/swab to come back</p>	<p>Yes / No</p>
<p>4. Has the patient received a notification from the NHS Covid-19 app informing them to self-isolate within the last 14 days</p>	<p>Yes / No</p>
<p>5. Has the patient been in direct contact with someone known to be Covid-19 positive in the last 14 days</p>	<p>Yes / No</p>
<p>6. Has anyone in the same household of the patient been told to self-isolate in the last 14 days? (if yes, was this due to having symptoms)</p>	<p>Yes / No</p>

Appendix 4:

HMR Paediatric Nurse Practitioner MOU / referral guidelines:



MoU - PNP service
= final draft

Appendix 5:

Referral details for all other Bury pathways for deflected patients:

ID	Signpost Name	Service	Pathway/Referral Method	System	Phone
1	Ambulance (999)	Majors	Verbal alert by triager and transferred to Symphony		
2	Clinician Assessment now	UTC	Adastra to Adastra	Adastra	
3	Self-care	Self-Care	verbal to the patient		
4	ED	ED	verbal alert by triager and transferred to Symphony	Symphony	
5	MIU	UTC	Adastra to Adastra	Adastra	
6	GP Assessment	GP Practice/OOHs/7DAS	Use Ask My GP as proxy in hours Via EMIS - 7DAS Adastra - OOH	Ask My GP EMIS - 7DAS Adastra - OOH	
7	Urgent care practitioner assessment	UTC	Adastra to Adastra	Adastra	
8	Pharmacist assessment	GM CAS			
9	Practice Nurse	GP Practice	Use Ask My GP as proxy.	Ask My GP	
10	Dentist assessment	GM Dental			
11	Midwife assessment				
12	Community nurse	Community SPOA - 0300323316	Via telephone - manual referral	Paris	0300 323316
13	Mental health team	Current GM MH Pathway	No C&P Pathway. Need to check whether would take a patient who hasn't gone through the pathway.		
14	Drug + Alcohol team	Current GM MH Pathway	No C&P Pathway. Need to check whether would take a patient who hasn't gone through the pathway.		
15	Diabetic specialist nurse	Choose and BookCheck with OPS			
16	Physiotherapist	Community SPOA - 0300323316	Via telephone - manual referral	Paris	0300 323316
17	Family Planning clinic				
18	Heath visitor	Community SPOA - 0300323316	Via telephone - manual referral	Paris	0300 323316
19	Palliative care service	Community SPOA - 0300323316	Via telephone - manual referral	Paris	0300 323316
20	Continance clinic	Community service Bury 03003230505	e-RS choose and book, secondary care direct to service generic email, self referrals via phone	e-RS & Paris	0300 323 0505
21	GU clinic				
22	Public health contact				
23	Social services	Crisis Team			
24	Stoma nurse	Community service Bury 03003230505	all referral received via generic email address from secondary care	paris	0300 323 0505
25	Optician				
26	Falls clinic	RRT	Via Rapid Response	Paris	One single number - 5151# BARDOC already refer in so should exist on system.
27	Oncology team	Community SPOA - 0300323316	Via telephone - manual referral	Paris	0300 323316
28	POCT		Point of care testing????		
29	Suitable for ANP f2f	UTC	Adastra to Adastra		
30	Suitable for GP telephone assessment	GP Practice/GM CAS/OOH's	Use Ask My GP as proxy.	Ask My GP	