PROVIDING OUT OF HOURS URGENT CARE

SAPAL TACHAKRA and COLLEAGUES describe a new type of partnership working initiative which will help to modernise the delivery of emergency healthcare.

For many years, emergency departments have encountered the problems of minor injury and illness patients waiting for long periods of time to see a doctor. These problems have been slightly reduced by employing emergency nurse practitioners (ENPs) to treat minor injuries (Blunt 1998). However, large numbers of patients with minor or intermediate illness attend emergency departments because they either do not want to go to their GP or are unable to get a timely appointment.

Early attempts to use GPs with ENPs for some of the time have already been assessed in the literature (Beales 1997). This paper describes a new type of service which is planned to combine NHS CAS software (that used by NHS Direct), the minors area of an A&E department, general practice out of hours co-operative services, primary care nurses, paramedics, dentists, social services etc, working in one area. The name of the centre will be the NHS NU-Care Centre (NHS Northwick Park Urgent Care Centre).

WHY CHANGE?
There are several important reasons why there must be change in the delivery of emergency healthcare. They are:

> Patients spend hours waiting to see a doctor in A&E departments
> "Harmoni", the GP out of hours co-operative in Harrow sees a fraction of the cases in a five-hour stint when compared to the A&E department at Northwick Park Hospital. It is unlikely that the future primary care trust will want to continue paying hospitals for work that can clearly be done by GPs
> In some emergency departments, like the one at Northwick Park Hospital, 65 per cent of the out of hours minor cases can be managed by a competent family practitioner. When questioned, these patients will often say that the reason why they present to A&E is because they find it difficult to access their doctor.
> NHS Direct, despite the criticism it gets in the media, seems to be performing well if its figures are examined
> There is considerable commonality of skills required in the management of patients who present to all three services. The NHS CAS face-to-face software when available will enhance this
> Patients and providers experience difficulty in obtaining and providing medication out of hours
> Patients often don’t know how to access emergency dental services, particularly acute for the large unregistered population
> A concentration of the services that have been described above will mean there is optimum use of skills and time
> The primary/secondary care interface needs to be improved and this is a way to get an easy win
> Good teamwork in this area will inevitably mean a greater use of GPs with a special interest in other areas.

STRATEGY FOR CHANGE
The NHS Plan (Department of Health 2000) highlights the problems with current health systems and sets out a massive change programme. The over-riding conclusion is that the current NHS system of service provision is unsuitable for providing modern healthcare. New ways of working and new systems are required to fit together more closely. The plan lays out a set of demanding targets. Access to care is a major topic within it, which promises cuts in waiting times for
<table>
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<th><strong>Table 1. The mission statement</strong></th>
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<td><strong>NHS NU-Care will:</strong></td>
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<td>Provide non-emergency unscheduled care services to the local population</td>
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<td>Provide the appropriate care, from the appropriate professional at the appropriate place and time in the first instance. There is a strong requirement of the clinicians to extend their skills so that eventually any clinician will be able to pick up the next patient off the computer log of waiting patients</td>
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<td>Be a developmental and learning environment for multi-skilled urgent NU-Care Centre professionals</td>
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<td>Be modernising, efficient, and highly responsive so it can deliver an excellent patient experience</td>
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<td>Be provided through a partnership of local health and social care organisations whose interest will be subsumed by the common reference point: ‘does this enhance patient care and the patient experience, now and in the longer term’</td>
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**The partners are:**

- Brent and Harrow Health Authority who will be replaced in due course by Harrow Primary Care Trust and Brent Primary Care Trust
- Northwest London Hospitals NHS Trust which includes Northwick Park Hospital
- Harmoni GP co-operative
- The five primary care groups in Brent and Harrow, becoming a Harrow and a Brent PCT in April 2002
- West London NHS Direct
- Harrow and Hillingdon Healthcare Trust (until April 1 2002)
- Parkside Community Trust
- Harrow Unified Mental Health Services
- The Local medical committee
- Local pharmaceutical committee
- Local dental committee
- The London Ambulance Service
- Harrow Social Services and Brent Social Services
- Healthcare and Rehabilitation Team (HART)
- Harrow Community Health Council and Brent Community Health Council
treatment, including eliminating long waits in the emergency department. The opportunity with the new NHS NU-Care Centre at Northwick Park Hospital is to use a team of proven innovators to provide a radically new service and a practical demonstration of how one aspect of the NHS Plan will work.

The Brent and Harrow Health Authority HImp (health improvement plan) consists of crosscutting themes including partnership working, community involvement, communication and information sharing and evidence based practice. The development of the new NHS NU-Care Centre will be one of a number of strategic initiatives to build these themes into the system of work of the local health economy.

RAISING STANDARDS FOR PATIENTS

A recent DoH report, Raising Standards for Patients. New Partnerships in Out of Hours Care (2000), proposes a new model of integrated out of hours care, the main principles being that ‘patient access should be as simple and straightforward as possible’. The report also says that ‘all those professionals providing care, regardless of the sector they work in, should work co-operatively and collaboratively to deliver the best possible service to patients and to make the most effective use of resources’.

The idea of the centre derives from the observation that the skills required of managing GP out of hours attenders and patients who present to the ‘minors’ area of an emergency department are similar. Additionally, it is alleged that during these hours, the types of cases that present are those that would present to a GP surgery or to an out of hours co-operative, and that some of these cases could be managed by NHS Direct. Many GP co-operatives have experienced a drop in workload since the development of NHS Direct telephone advice centres.

Particular attention will be given to the unregistered (with a GP) population. There will be direct links set up with GP practices enabled by the primary care trusts, to facilitate patient registration, and the continuity of care for the unregistered. Refugees represent a high proportion of the unregistered population.

Within Brent and Harrow, there are more than 20,000 refugees; a large number live in the catchments of the Northwick Park Hospital site and will benefit from this service. Those patients who are out of area will be treated for their urgent problem and discharged back to their GP. If they have moved temporarily into the area, they will be encouraged to temporarily register with a local GP until their return to their home. Overseas visitors are eligible for emergency treatment but further treatment requires them to see a GP or a specialist privately and pay the necessary fees. In Northwest London, healthcare has already advanced along this path.

HARMONI: NHS PILOT SITE

Harmoni is one of the largest out of hours GP co-operatives in England looking after patients for 450 local GP members. In 1998, Harmoni was a pilot site for NHS Direct, which now acts as its patients’ one point contact for out of hours care. When patients of Harmoni members phone their GP out of hours, they are directed to NHS Direct whose nurses assess and give advice. They may advise self care, delayed care by the patient’s own GP, emergency care by ambulance transport, or arrange immediate care with a home visit by a Harmoni doctor or more usually an appointment at a Harmoni primary care centre (PCC). In the PCC, they are seen by a GP member, one of the same group of GPs responsible for their care in the day. There are IT and telephone links between NHS Direct, Harmoni and the primary care centre. The current Harrow Harmoni primary care centre is situated in Northwick Park Hospital one floor above the A&E department.

THE VISION

An urgent care service for the population of the Borough of Harrow and part of Brent of such high quality and outstanding repute that one would unfailingly and confidently recommend its use in a moment of need to one’s closest family.

LOCATION

The NHS NU-Care Centre will be situated in the area currently occupied by the ‘minors’ part of the A&E department of Northwick Park Hospital. The space available in its present state is insufficient for all the activity of the centre so it is envisaged that the centre will be expanded into an adjacent area, yet undecided, so that all services are accom-
modated. This means that a patient will be able to move seamlessly through reception, to clinical assessment, treatment, community pharmacy, social services, the HART team and others. All these services need to be co-located so that the patient is able to access them easily.

THE CASE MIX
The case mix will comprise of the following:

a) The ‘primary care’ cases will include infections, pains, general acute ill health, bodily dysfunctions such as diarrhoea, vomiting, abdominal pain, abnormal bleeding, acute exacerbations of chronic conditions such as asthma

b) The ‘minor injuries’ will include lacerations, simple bone fractures, soft tissue injuries, minor burns, minor road traffic accidents, foreign bodies, and minor poisonings, animal bites

c) There will be a range of mental health problems and also social issues such as housing problems, relationship crises

d) Moderate accidents that lead to fractures and dislocations which may need reduction and immobilisation.

e) Intermediate illness that present to the department as embedded majors and which when managed by emergency departments, need investigations and treatment. The aim is to break down classification barriers.

THE PROPOSAL
The NHS NU-Care Centre will be operational from 1900 hours to 0800 hours each weekday and 24 hours on Saturdays, Sundays and Bank Holidays.

The ultimate goal is for all unscheduled patients accessing urgent care out of hours to be assessed by clinicians using the NHS CAS face-to-face decision support system. This software will improve consistency and help the clinician decide on the level of urgency, and appropriate outcomes will be selected to provide the level and type of care best suited to the individual patient. In the short term it may be necessary to use the NHS CAS telephone decision support system for only those cases that can be self treated, discharged or booked into a GP surgery.

Patients for whom the most appropriate outcome is self care will be given advice by the nurse, supported by the relevant literature.

Patients for whom the most appropriate outcome is NHS NU-Care, will be sent further into the NHS NU-Care Centre. Here a range of professionals from the health and social sectors will be available enabling the best match of the patients’ needs with the most appropriately skilled staff in the first instance. However, the stated aim of the stakeholders is that it is expected that NHS NU-Care clinicians will undergo training and development to extend their skills and competencies. This will enable them to manage a progressively wider range of cases so that they will be able to take the next patient from the computer log of waiting patients. The role of the urgent care clinician is a developing one.

Any patient for whom critical/emergency care is required will be identified quickly and transferred immediately to the resuscitation/majors in the adjacent area. It is expected these instances will be infrequent.

Patients referred to the NHS NU-Care Centre from NHS Direct telephone contact will arrive at the NHS NU-Care reception desk where their details will be checked and from where they will be directed straight...
though to the NHS NU-Care clinicians.

Serious ill ambulance cases will go straight to the majors or resuscitation areas of the emergency department. However, learning from the Treat and Refer Project (2000) ambulance crews could, according to protocols, direct a patient to be assessed by a nurse, thereby preventing unnecessary delays for patients and inappropriate work in the major accident/resuscitation area.

All ambulance category C/ Green 2, and suitable Green 1 and Category B/ Amber 2 cases will be assessed and advised by NHS Direct nurses by telephone at the patient’s home, or if in the street, by mobile telephone. Where the patient prefers to undertake the ambulance journey, the assessment will be at the NHS NU-Care Centre.

The NHS NU-Care Centre will have voice as well as data links with the NHS Direct site enabling peak load adjustments to be made so that NHS Direct nurses can be supported from the NHS NU-Care Centre and vice versa.

THE PROTOCOLS
The emergency department at Northwick Park Hospital has already been developing protocols for use in the department. The concept incorporates the view that triage in a department is of little value unless it adds value to the patient experience and cuts down waiting time and data entry. The protocols start at the assessment stations (previously the triage desk) and encourage the nurse to enter data relating to both symptoms and signs. She or he can also start the process of investigation by requesting X-rays or blood tests.

These protocols reflect the A&E view and are a starting point for consultations. There are also a number of conditions which present out of hours with a degree of frequency that require protocols reflecting the GP view which could speed up the patient journey. These latter protocols will have to be selected from existing ones or written by one or more local GPs.

THE TRAINING
Training will be provided across all disciplines with integration of learning. The training will be ongoing, providing a rich vein of shared learning. The existing well-developed educational inputs provided in the emergency department will be extended.

A lead nurse has been recruited to develop a workforce training and development plan, and will ensure all staff are trained in key areas and develop core skills.

Each member of staff, following appraisal, will have competency based training and a development plan that meets individual needs and those of the service. A flexible training programme will be constructed to enable all NHS NU-Care Centre clinicians to participate fully in the assessment, management and treatment of the NHS NU-Care Centre users.

A multiprofessional induction course is set up using the skills and organisations detailed already to provide the extra skills needed for NHS NU-Care practitioners.

Most of the training needs have already been identified.

EVALUATION
There will be three parts to the evaluation:
1. The external evaluation organised by the outs of hours implementation team at the Department of Health.
2. Internal evaluation of the stated aims and objectives and an impact assessment of the NU-Care Centre. This will include a financial evaluation of the opportunities to merge or redirect funding within the local resources.
3. An evaluation sub-group has been formed to plan and carry out further evaluation. It will be built into the project design and assist in refining the NU-Care Centre (See Table 2).

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References