Livewell Southwest

Acute GP Service Operational Policy

Version No.1

Review: April 2020

Notice to staff using a paper copy of this guidance.

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author: **Acute GP Service Operational Manager**

Asset Number: **956**

Reader Information

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Document review history

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V1.0	Draft	21/11/16	RJ Greenwood	New policy
1	Minor changes	28/3/17	RJ Greenwood	Ratified

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Abbreviations

RCAH –Robin Community Assessment Hub

LSW- Livewell Southwest

ASC- Adult social care

ED – Emergency Department

PHNT – Plymouth Hospitals NHS Trust

KPI's – Key Performance Indicators

GPs – General Practitioner

RTT – Referral to treatment time

SWAST – South Western Ambulance Service

CCRT- Community Crisis response Team

AC@H – Acute Care At Home

AGPS- Acute GP service

D&V – Diarrhoea and vomiting

HCA – Health Care Assistant

ACU- Ambulatory care unit

PTS- Patient Transport Services

ECG – Electro cardiogram

FP10 – Community Prescription

IV- Intravenous

PCC- Plymouth City Council

AGPS – Acute GP service

HNA – Health Needs Assessment

TEP – treatment escalation plan

VTE – Venous thromboembolism

ePCR - Electronic patient care record).

MDT – Multidisciplinary team

ILS/ALS – Immediate life support/advanced life support

PDP – Personal development plan

Acute GP service Operational Policy

1 Introduction

1.1.1 The Acute GP Service has been operational on the Medical Assessment Unit at Derriford Hospital since October 2005.

1.1.2 Acute GP service is located within the community urgent care services locality.

1.1.3 The purpose of the Acute GP Service is to, during operational hours, ensure community GPs and other healthcare professionals (e.g. paramedics) are offered a choice of services both within the community and acute setting which are designed to meet the needs of patients requiring urgent care.

1.1.4 This process will ensure only those patients with a clear need for acute hospital facilities are accepted for assessment within the Acute Medical Unit, Derriford Hospital, the service is designed to embrace the principles of the overarching aim of providing the right care for the right patients, in the right place, at the right time.

1.1.5 The team comprises of GPs, Team manager (registered nurse) support manager and administrators.

1.1.6 Currently based over two sites Community assessment hub (MGH) and Ambulatory care unit (Derriford).

2. Aims

2.1 Improve patient's experience of acute care.

2.2 Work with hospital and community colleagues to remove barriers to integrated care.

2.3 Aspire to excellent and timely communication with community GPs to provide for the delivery of ongoing care following hospital assessment.

2.4 Discuss and share risk with patients so decisions about care are made fully informed.

2.5 Rapidly design and introduce alternative pathways of care that meet best practice and national guidance.

2.6 Prevent and reduce unplanned admissions.

2.7 Improve patient safety, quality and experience.

2.8 Improve access to diagnostics in the community.

2.9 Improve clinical assessment, advice and guidance in the community.

2.10 Support community GPs to continue patient management.

2.11 Signpost to correct management pathways.

3 The environment:

3.1 Within Derriford hospital:

- The acute GP service has an office for 3 GPs, 1 admin staff, 1 support manager and 1 operational manager.
- All patient consultation, ward based diagnostics and waiting areas are within the ambulatory care unit.
- The nursing staff and the environment including hotel services will be provided by Plymouth Hospitals NHS Trust (PHNT).
- All diagnostics areas such as ultrasound and x-rays are provided within Derriford Hospital.

3.2 Within Robin community assessment hub:

- This is covered by the current operational policy for that environment.

3.3 There are clear governance arrangements for working within PHNT as set out in appendix A.

4 Relevant policies and guidance

4.1 **Department of Health Policy Implementation Guide**: Government document giving good practice examples within an in-Patient setting.

4.2 **National Institute for Health & Care Excellence (NICE) Guidance**: Government Department responsible for evidence based clinical effectiveness.

4.3 **Managing Urgent and emergency care – Kings Fund**
https://www.kingsfund.org.uk/projects/gp-commissioning/ten-priorities-for-commissioners/urgent-care

4.4 **The Acute Frailty Network** Dec 2015

http://www.acutefrailtynetwork.org.uk/uploads/files/1/Resource/The%20Kings%20Fund%20%27Making%20healthcare%20systemsfit%20ageing%20population%20Oliver%20Foot%20Humphries%20March%2014.pdf

4.5 **5th edition of : The Directory of Ambulatory Emergency Care for Adults.**

http://bit.ly/2cjMUtW

5 Duties & Responsibilities

5.1 The **Chief Executive** is ultimately responsible for the content of all Policies and their implementation.

5.2 **Directors** are responsible for identifying, producing and implementing LSW Policies relevant to their area.

5.3 The **Locality Manager** will support and enable operational, clinical Leads and Managers to fulfil their responsibilities and ensure the effective implementation of this Policy within their speciality.

5.4 All **Staff** have a responsibility for ensuring they have read, understood and adhere to local Protocols and Policies within LSW.

5.5 All **clinical staff** have a responsibility for ensuring the have read and understood and implement any clinical updates, NICE guidelines etc. communicated to them by their line mangers. Clinical staff are expected to maintain high professional standards as laid out in the most recent LSW policy (see below) and General Medical Council Guidelines.

http://pchnet.derriford.phnt.swest.nhs.uk/Portals/3/Maintaining%20High%20Professional%20Services%20-%20V3_3%20FINAL.doc

5.6 All **staff** are required to adhere to LSW policy on line management, mandatory training and appraisal. There is an expectation that clinical staff will attend the Acute GP team meeting on a regular basis and bring clinical examples for learning events for the team to discuss when appropriate.

5.7 **Operational Manager** is responsible for:

- Ensuring that all policies, new policies and changes to policies are communicated to, understood and followed by staff, including any identified training needs.
- Ensuring that staff are provided adequate support to access training to fulfil their role.
- Provide regular line management supervision.
- Trouble shooting day to day operational/staffing issues.

5.8 **Clinical lead**

- With support from the operational manager, is responsible for ensuring all policies and pathways are clinically appropriate, current and relevant in accordance to both local and national guidance.

- Provide clinical support though line management.

- Support the operational manager in line management supervision.

5.9 If for any reason (personal or professional) staff need to have line management and/or clinical support away from the usual structure there will be clear evidence for this and an alternative management structure will be put in place and documented in their personal file.

6 Method of Referral

6.1 Referrals will be accepted via telephone contact to Acute GP Service on 01752 437777, with exception of TIA clinic referrals from the emergency ambulance provider which are received through the current secure NHS mail address for the service.

6.2 Referrals will be received from:

- GP's
- SWAST
- NHS 111
- PHNT
- Devon Doctors
- Community Crisis Response Team (CCRT)
- Acute Care at Home Team (AC@H)
- Community Nurses (i.e. Long term conditions, Respiratory and Cardiac teams, Parkinson's Team, End of life and District nursing teams), and pharmacist specialists.

6.3 Referral information

Although there are no set criteria, questions to consider asking include:-

a) Name, date of birth and address.
b) Hospital number and NHS number.
c) Clinical presentation/reason for original call
d) Any relevant social history.
e) Assessment of current difficulties.
f) Any potential treatment that might require review in Derriford (i.e. Head injury on warfarin who may need CT head).
g) Any potential infection control issues (D&V).
h) Clinical observations.
i) Any Injuries.
j) Any existing treatment escalation plans, patient wishes documentation.

6.4 The practitioner should then refer the patient onto the most appropriate destination. This may include RCAH, ED, medical or surgical take, ACU or AGPS. It may be that it is adequate to give advice or direct the professional to another service.

6.5 If there are any queries that cannot be resolved a discussion should be had with

the most senior clinician on the unit to resolve. This may include taking advice from the medical teams at PHNT.

6.6 Any patient can be offered assessment by the Acute GP Service, limited only by individual clinical confidence and capacity to assess patients in a timely way.

6.7 It may be appropriate to accept patients to be seen by the MAU physicians if they are suitable for ambulatory care but present with a condition outside of the confidence of the doctors working that clinical session.

7 Service Provision

7.1 Hours of Operation AGPS PHNT.

7.2 The AGP service will run from 8am-8pm Monday to Friday.

7.3 There is an agreement in place that the service will reduce in hours dependent on numbers of GPs on duty to ensure patient safety. Telephone referrals will be taken between the hours below.

- 3 GPs -8am- 8pm
- 2GPs 8am- 7pm
- 1GP 8am- 5pm

7.4 After this time the telephone calls will switch to the Medical Assessment Unit/Ambulatory care unit under the responsibility of PHNT.

7.5 There will be an AGP on duty 9-6pm on Robin Community Assessment Hub Operational hours for this unit come under the operational policy for this area.

7.6 Staffing

The team consists of:

- GPs 5.0 wte (across both sites)
- Administrators 0.73 wte
- Support manager 1.0 wte
- Operational Manager 0.67 wte

The clinical lead for the service is nominated from the current GPs in post.

GPs

- Are contracted to work a 9hr 22mins/ day which includes 10% non clinical time as set out in the BMA Model Contract for Salaried GPs

- This non clinical time includes attendance at team meetings, preparation for appraisal/ line management and any training/education sessions completed away from contracted hours.

- Payment or time taken from working hours for training and development is approved with the Operational manager by following an agreed formula with the Medical Director.

- They are expected to cover shifts between 8am and 8pm Monday to Friday

Administrators Band 3

- Work between 8am -7pm on a job share basis

- Are line managed by the Support Manager

Support Manager Band 5

- Works between 8am and 4pm

- Responsible for line managing the administration staff

- Acts as deputy in Operational Managers absence

Operational Manager Band 7

- Works between 8am and 5pm (dependent on service need)
- Has a clinical nursing background

Nursing staff depending on environment are provided by PHNT (Derriford) or LSW Robin Community Assessment Hub

Access to social workers, physiotherapists and occupational therapists will be through the Community Crisis Response Team.

8 Transport arrangements

People requiring the services of the AGPS will arrive at Derriford via own transport, Patient Transport Services (PTS) on an appointment system arranged at the point of referral via AGPS based at Derriford. The service does not currently include a ‘drop-in’ or ‘walk-in’ service.

9 Requirements/Role

The AGPS will provide clinic based GP led assessment including a range of investigations to inform a treatment plan.

9.1 Investigations will include:

- On-site plain film x-ray.
- Simple point of care testing for blood glucose
- Full range of blood screening , using Combined Labs at PHNT
- Access to specialist opinion
- Specialist diagnostics
- ECG
- Full range of Observations

9.2 People will be provided treatment options could these include:

- Prescription of medication via FP10
- Provision of medication via outpatient pharmacy
- Oxygen therapy
- IV Rehydration
- IV antibiotics
- Other forms of treatment within the competency of the GP and nursing staff.
- Blood transfusion or alternative infusions
- Referral to AC@H for treatment options to be carried out within the person's own home
- Referral to community services within LSW and PCC
- Referral for specialist opinion and/or investigations at PHNT

10 Patient discharge/ Follow up care

10.1 Upon discharge from the AGPS, the person will be referred back to their own GP.

10.2 A discharge summary will be provided including any details of onward referral and actions required of the community GP.

10.3 This will be faxed/emailed securely to the patient's GP practice by the next working day, and followed up with a phone call to check that it has been safely received.

10.4 Should a person require an acute hospital admission following assessment the

GP will arrange to admission to MAU, by clinical discussion with the receiving speciality team, this will be followed up with a print out of the documented record on S1 by way of handover.

10.5 Should a person require a review by another GP (either in RCAH or AGPS) verbal handover should take place where possible. A handover should be additionally documented by way of S1 record or the Medical Assessment Unit referral form appendix C (ii).

10.6 This Handover should clearly state the reason for follow up and the actions required of the receiving GP.

11 Patient Documentation and Information Governance

11.1 Patient documentation will be by way of S1 in the first instance.

11.2 All patients will be registered to the system as a referral and the outcome of that referral documented.

11.3 An appointment will be made on S1 for those requiring input from the AGPS. 0.4 Clinical information will be documented in a logical and clear manner in adherence to LSW record keeping policy.

11.4

Patients are made aware of how we document use and store their information.Patient leaflets are available to explain how they can access it should they wish. A poster is available on display in the ACU describing the same.

12 Patient Feedback

All patients seen by the service will be given a copy of the AGPs feedback form including the friends and family test to complete either during their visit or when they return home.

13 Clinical Emergencies

13.1 The medical assessment area is not appropriate to receive medically unstable patients. If there is a suspicion that a patient may need resuscitation, they should be directed to the Emergency Department.

13.2 The referring GP should be asked to arrange appropriate transport.

13.3 All GPs will be trained to basic life support standard with additional GP training to a nationally recognised standard of Immediate Life support (ILS) or Advanced Life Support (ALS) as being desirable.

14 Training Implications

14.1 Not all training needs to be formal and can be given by other unit staff members. This would be in addition to LSW mandatory training.

14.2 GPs should have access to training in the following in addition to the requirements set out by the general medical council.

- End of life care (particularly RCAH)
- Safe prescribing of medicines via electronic and paper formats
- VTE assessment, diagnostics and treatment
- ILS/ALS certificate (desirable as stated in 12.4)
- Safe prescribing and administration of Blood transfusions
- Use of system 1

14.3 Payment or time taken from working hours for training and development is approved with the Operational manager by following an agreed formula with the Medical Director.

14.4 It is recognised that working as an interface between primary and secondary care can occasionally cause conflict. Therefore in addition to the mandatory requirements for training on this subject other learning tools may be made available such as coaching to support team members.

14.5 Training implications for non medical staff will be discussed at line management and appraisal with their line manager.

15 Monitoring compliance

In addition to the LSW policies for compliance and monitoring the GPs will be expected to:

- Provide actions and follow up on all Learning event audits.
- Complete the self-reflection, line management template annually this is monitored by the clinical lead and operational manager.
- Collate and provide evidence of use of paid non-clinical (10%) time.

The service will complete an audit monthly in regards to admissions and mortality within the patients seen in the AGPS, locally known as 7-28 day audit.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Michelle Thomas, Director of Operations

Date: 10th May 2017

Appendix A
CLARIFICATION OF RESPONSIBILITIES

Between Plymouth Hospitals NHS Trust, Livewell South West, in relation to the post of GP to the Acute GP Service based within the Acute Medical Unit and Emergency Department, Derriford Hospital

Purpose of clarification

This paper has been developed to clarify the responsibilities of the above named organisations in relation to the post of GP to the Acute GP Service (AGPS) based within the Acute Medical Unit (AMU) and Emergency Department (ED) at Derriford Hospital. Its purpose is to clearly identify the responsibilities of the clinicians involved, make clear when one clinician's and organization's responsibility ends and another's begins, and ensure all stakeholders (listed below) involved understand and accept the requirement for co-operative working and for combined investigations to take place should the need arise following any incident of concern.

Status of GP Acute Service

This service and its associated posts have been created, funded within and hosted by Livewell South West (LSW)

The GP post-holders are Livewell South West employees and will be subject to their terms and conditions. Line management, matters of absence and conduct will be the responsibility of the operational manager for the AGPS. The appointed GPs are accountable to the service Clinical Lead for their clinical practice and professional responsibilities.

Role of the Acute GP Service

The purpose of the Acute GP Service is to, during operational hours, ensure community GPs and other healthcare professionals (e.g. paramedics) are offered a choice of services both within the community and acute setting which are designed to meet the needs of patients requiring urgent care. This process will ensure only those patients with a clear need for acute hospital facilities are accepted for assessment within the Acute Medical Unit, Derriford Hospital, under the system of "medical take".

Community GPs will not be denied the right to have their patient assessed within the AMU, however, the service is designed to embrace the principles of the overarching aim of providing the right care for the right patients, in the right place, at the right time.

It is acknowledged that in the absence of the Acute GP Service the management of medical take reverts to a system of management within, and by, secondary care clinicians.

The Acute GP Service also aims to support the Emergency Department with the management of patients who present with conditions that could be managed either by, or within, a Primary Care resource. The developing model allows a multi-disciplinary approach to patient assessment ensuring once identified, the patient's needs are addressed by the appropriate professional.

Responsibilities of the GP post holder

Within the Acute Medical Unit

Where the GP post-holder is negotiating a treatment plan with a colleague who is based in the community, it will be expected that the GP post-holder complies with the model of care embraced by the AMU, in that every GP has the right to access advice freely from the on-take Consultant or Registrar, and have a patient assessed on site at Plymouth hospitals NHS trust (PHNT) if requested.

The GP post holder within the Acute GP Service will ensure that the referring community clinician understands that care of the patient has **not,** at that point, been accepted by a Consultant led team, and that whilst the patient remains in the community, the referring clinician must acknowledge his ongoing responsibility for continuing care. Clear and accurate documentation must support each decision and agreement made by the GP post holder to ensure robust audit and evaluation of the service on an ongoing basis.

During the circumstances whereby the GP post holder has agreed with a community clinician to personally review the patient within the AMU (as part of the Acute GP Service), the GP post holder has a responsibility to ensure on arrival that the patient understands that at that point their care is still **not** being provided by a Consultant led team. All medical clerking, requests for diagnostics, referrals to other teams etc. will be made and reviewed by the GP post-holder and documented within a separate set of documents that clearly identifies the patient as being cared for within a primary care service.

At the point the patient is being reviewed by the GP post holder LSW will retain liability for the post holders practice, accepting that the practice is taking place within PHNT property. This includes the responsibility for safe and appropriate discharge of patients following review.

In circumstances whereby, following review of a patient on site at PHNT, the GP post holder considers a secondary care admission is desirable, the post-holder will:

- Formally hand-over the patient to the Medical Registrar of the admitting medical team or Ambulatory care unit (ACU) consultant. A name and bleep number of the receiving team should be obtained and documented in order to clarify who holds accountability for future clinical management. At this point, the Consultant led team has accepted responsibility for the patient, and care continues under the auspices of "medical take"

- If the Medical Registrar is unavailable to review the patient at that time, the GP will contact the Consultant on take to handover the patient. At this point it is the responsibility of the Consultant and the Registrar to agree who will review the patient and when

- In both circumstances the GP will inform the senior nurse coordinating the ACU of the agreed handover

In all cases full and accurate documentation from both Primary and Secondary care must support the decision taken.

Responsibility and Accountability

Whilst the GP post holders remain accountable to the LSW for their conduct and clinical practice, this accountability is underpinned by a working agreement between the GP post-holders and the Acute Medical and Emergency Department Consultants – PHNT, to provide professional support and guidance where relevant. Local induction to the Acute Medical Unit and Emergency Department must be undertaken by the GP post-holders.

Within the Ambulatory Care Unit , based on the Acute Medical Unit

The primary purpose of the Ambulatory care unit (ACU) clinic is to offer patients and their clinicians choice of continuing care on an outpatient rather than an inpatient basis.

The ACU is jointly staffed between LSW and secondary (acute) care providers, and offers a rapid, senior medical opinion to those patients who require it, without the need for formal referral to an established clinic within the Outpatient Department or hospital admission.

The route of referral for this clinic initially will be either via the Acute GP Service, the Acute Medical Physicians, the Emergency Department or the Out of Hours provider.

It is the responsibility of the clinician referring the patient into the clinic to ensure all clinical and other relevant information is available to the clinician reviewing the patient (who may be either a GP or a secondary care doctor), including a suggested management plan, and to ensure a suitable mode of transport is arranged to ensure safe transfer to and from the appointment.

The purpose of the unit is to review the patient's progress to date and to suggest treatment pathways or further diagnostics that may be pertinent to the management of their care. Once the patient has been reviewed, it remains the responsibility of the clinician reviewing the patient to arrange and co-ordinate the ongoing management, in agreement with the patients themselves.

It is accepted that at times some patients may decline the further interventions suggested, and therefore clear, accurate documentation should support all decisions taken. Any deviation from the original treatment plan suggested should also be discussed with the originator of the referral and explanation sought where opinions differ.

Responsibilities of Plymouth Hospitals NHS Trust

As an organization PHNT has a responsibility to care for patients in a safe environment, and to provide an urgent medical response to those who require it.

It is recognized that whilst patients who are being assessed within the Acute GP Service on site at PHNT remain under the care of LSW, it is expected that in the event of a rapid deterioration (e.g. a cardiac arrest), the usual response arrangements would apply, and the care of that patient would immediately transfer to the admitting medical team.

Responsibilities of the HOST, Livewell South West

The LSW acknowledges the Acute GP Service as a vital resource that will contribute towards the strategic aims of reducing urgent admissions and ensuring acute facilities are accessed appropriately. Livewell SW will:

- Raise awareness within the wider health community of the Acute GP Service and reasons for its development
- Provide appropriate line management and professional supervision for the GP post holders and the associated posts within the service
- Ensure that there is a suitable governance framework applied to the service
- Respond to any issues brought to their attention by the GP post-holder (or by others) in relation to the operation and performance of their work
- Manage any complaints in relation to the work and performance of the post holder
- Manage the arrangement of any training requirements identified for the post holder not accessible via the PHT identified clinical links

ACCOUNTABILITY

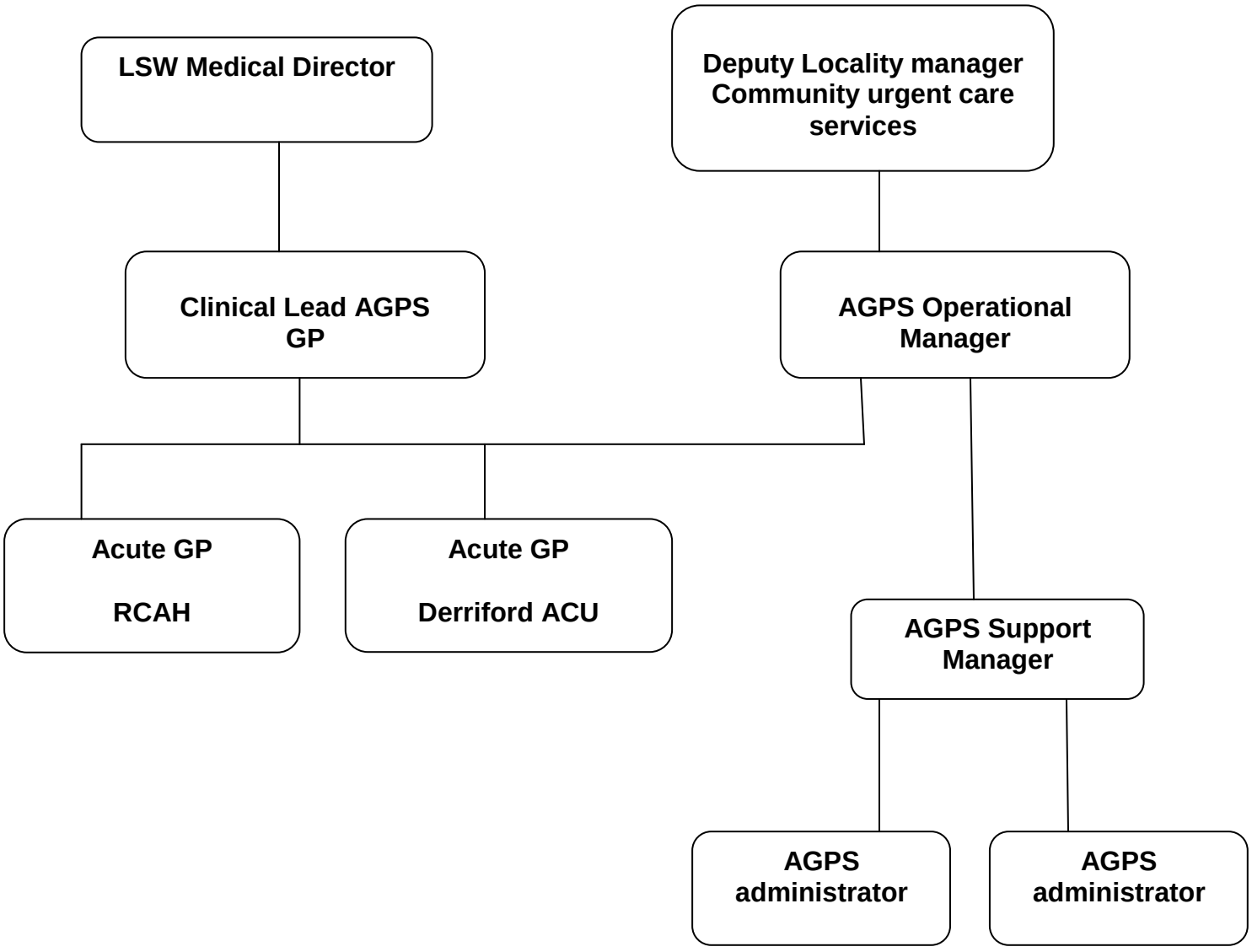
The Acute GP Service post-holder is accountable to Livewell Southwest and all claims for personal injury and/or death that may arise through the negligent acts or omissions of the GP post-holder during their practice (either on site at PHNT or within the wider community setting) shall be their responsibility.

Any requirement for investigation following clinical incidents, clinical governance issues, patient complaints, police and coroner’s inquiries or other relevant issues shall be undertaken by LSW who shall assume responsibility for the actions taken by the GP post-holders.

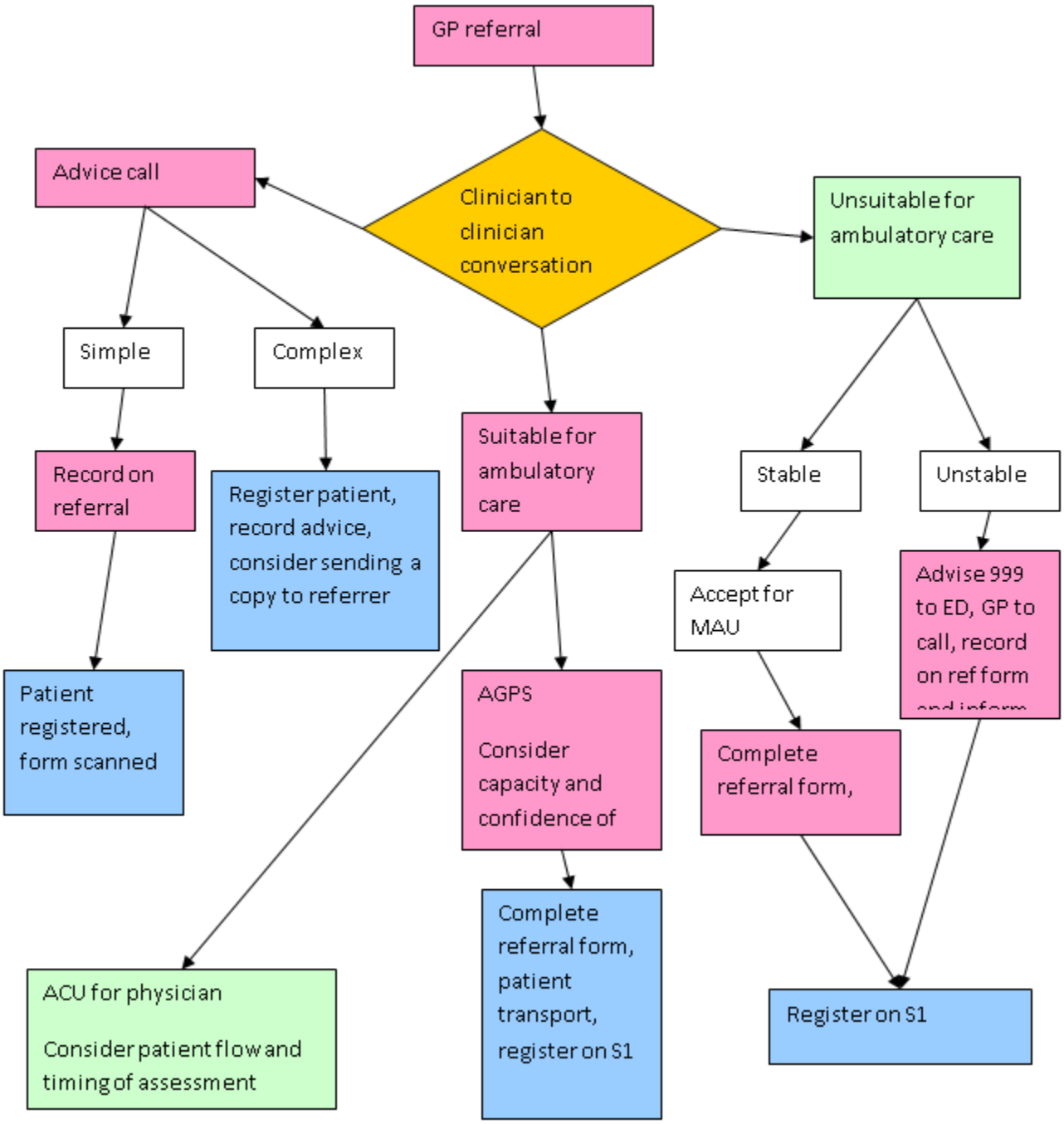
In the case where the reason for the inquiry involves circumstances implicating a Consultant led team at PHNT, then the investigation should be joint and responsibility accepted by whichever organization is ultimately agreed as being responsible at the conclusion of the inquiry. This may occur, for example, where the GP post holder has requested external advice or expertise (either through opinion or diagnostic investigation) and the results of these have influenced the GP post holder's decision-making.

Appendix B

Line management structure AGPS



Appendix C (i)


GP referral
Clinician to clinician conversation
Advice call
Unsuitable for ambulatory care
Simple
Complex
Suitable for ambulatory care
Stable
Unstable
Record on referral
Register patient, record advice, consider sending a copy to referrer
Accept for MAU
Advise 999 to ED, GP to call, record on ref form
Patient registered, form scanned
AGPS
Consider capacity and confidence of
Complete referral form,
ACU for physician
Consider patient flow and timing of assessment
Complete referral form, patient transport, register on S1
Register on S1

Plymouth Hospitals NHS
NHS Trust

Medical Assessment Unit referral form

Patient Details	
Surname	
First Name	
Hospital Number	
NHS Number	
DOB	
Affix patient label here	

Referral Details		
Referral Date/Time	/ /	:
Referral from (Specify Role e.g.)		
Referrers Name		

Patient location At time of Referral	GP Surgery	Home Visit
Pick up Address (if Nursing Home/Residential Home – please record)		
Contact Number:		
Past Medical History/ Special Instructions Mrsa/hearing/visual problems/cultural/social or Learning difficulties		
Sepsis screening: If 2 or more positive, complete audit tool		
Temp> 38.3/ <36	RR >20	HR > 90	New confusion

Transport 9-08456020455	
How long to collect?	
ERS	SWASFT
Own Transport	GP Organising
PAATC (Log Number)	
Referrer to send list of medication?	Y / N
Recent Diarrhoea?	Y / N

Why was Patient not acceptable for Robin?

Referrers History, Examination Findings and Clinical Impression

What does the referrer want to see happen?
What does the patient,/ family want to see happen?

Plan / Investigations / Discharge Planning / Other Points

'If only we had...' (what alternative service would have enabled this admission to be avoided)

Outcomes of Initial Contact					
Admission Required	**Telephone Advice Only**	**Acute GP as Outpatient**	**Urgent Specialty Outpatient Pathway**		**Community Options**
Diverted ED Blue Light	Acute GP	Please record outcomes of appointment on Outcome Form	DVT Clinic	Jaundice Clinic	Cornwall Acute Care @ Home
Divert ED – Stroke Pathway	Patients own consultant		First Fit Clinic / Neuro Slot	RACP Clinic	Plymouth Acute Care @ Home
Admitted to Medical Take	Other (specify)		TIA Clinic	Other (specify)	Community Assessment Hub
SAU			Top up blood transfusion (PIU)	ACU	

Call Taken by:		Signed:	

To be filed under correspondence

MAU referral form HRC Form: 0164/9 Version 9

Appendix D

7-28day audit

Process for AGPS 7-28day audit

1) AGPS support manager to run report monthly
2) AGPS support manager to pull out ACU/neuro ACU/ TIA patients (as not included in audit – numbers/ month to be documented)
3) Pass the remaining patients to AGPS manager to check safety netting against patient records
4) Any patients who there is not a clear plan or safety net to come back to hospital will be treated as a learning event for the discharging GP to review and discuss in a peer review, there may be a need to complete an appendix A (SIRI) if the significance of the event requires this.
5) The following information will be collected monthly and stored on the AGPS drive:

    NHS Number , Initials, Date of AGPs contact , reason for contact, Date of unplanned episode, Reason for episode, GP initials, episode explained Y/N, Checked by initials , Notes requested date , LEA Completed, LEA actioned, SIRI required Y/N