

Urgent Care recommendations: GPCB Urgent Care Network v.8

The General Practice Collaborative Board (GPCB) Urgent Care Network have been working to develop consistent, system-wide management of Urgent Care needs across BNSSG. Consistent ways of working will ensure that our patients receive the most appropriate level of care for their needs, minimising the risk of delay-related harm.

Below are a series of recommendations which aim to provide clear and consistent processes and messaging across general practice. These will be integrated into the training needs assessment as part of the CCG-funded Remote Navigation Training. The GPCB Urgent Care Network (UCN) are also seeking other opportunities to communicate & discuss these principles across BNSSG general practice.

	Recommendation to Practices	Rationale
1	Flag 999 dispositions from care navigation teams Note: 999 is still called, but that these patients are also flagged with a suitable clinician for follow-up with the patient.	<ul style="list-style-type: none"> Practices who have trialled this approach have (for a portion of lower acuity patients e.g. those with a Cat 3 or 4 ambulance response) been able to stream patients to alternative pathways e.g. chest pain clinic for lower acuity chest pain, SDEC pathways etc.
2	Optimise (and promote) the use of the Community Pharmacy Consultation Service (CPCS) through care navigation teams.	<ul style="list-style-type: none"> Adding this to the quick wins will help symbolise the value of the CPCS scheme, and the benefits it can bring to practices in managing demand.
3	Emergency Department – ED validation GPs sense check all patients identified as appropriate for ED by patient coordinators	<ul style="list-style-type: none"> Reduction of potential avoidable referrals to ED Increase use of alternative pathways/services as appropriate
4	Admit to speciality Always admit to speciality via Remedy unless ED pathway is necessary and adds value to the patient journey.	<ul style="list-style-type: none"> Improve patient experience via direct referral to speciality Reduce generic ED referrals release resources from front door Avoid repeating diagnostics
5	Use of BrisDoc weekday professional line (see <i>contact numbers below</i>) Use of weekday professional lines to stream acute medical patients to the appropriate services	<ul style="list-style-type: none"> Promotes collaborative working across specialities Reduce 'churn' in the system and supporting 'right place, first time' approach
6	Use of ED telephone advice line (see <i>contact numbers below</i>) Practices promote use of ED telephone advice line in instances where unclear whether an ED redirection is appropriate	<ul style="list-style-type: none"> Promotes collaborative working across GP/ED Reduce avoidable ED attendance/ admission Improve patient experience

7	SWAST call backs Practices review internal process to enable timely call backs to paramedics for advice, patient history and patient handovers Note: Severnside aim to do within 30 minutes	<ul style="list-style-type: none"> Support reduction in ambulance handover times Support better clinical outcomes
8	NHS 111 direct booking Continue to ringfence and protect 111 direct booking slots into general practice	<ul style="list-style-type: none"> Provides support to NHS 111 Supports System Clinical Assessment Service Avoids unnecessary ED attendances Improve patient experience
9	Pandemic protocols Ensure practice's pandemic protocols (when relevant) are up to date including support and cover arrangements within local PCN	<ul style="list-style-type: none"> Provides assurance & clarity within PCN during periods of escalation Pro-active management of staff to support wider system
10	Ensure practices' Professional Line numbers are up to date Practices to ensure professional line numbers are kept up to date on MiDos. Note: we are in the process of clarifying a system-wide procedure to ensure visibility of these numbers.	<ul style="list-style-type: none"> Improved visibility of 'back-door' numbers for appropriate use Improved cross system communication

Service:	ED Advice Line : an opportunity to discuss the patient with the ED consultant on duty	Switch/Bypass line: The professional line for GPs to reach the switchboard and admit to Specialty:
UHBW - BRI ED	07775 763 336 8am – 10pm 7 days a week	0117 3421952
UHBW - Weston General	Awaiting consultant phone but in meantime use extensions 5504 or 3521 (tracker numbers)	01934 636363
NBT (Southmead)	0117 4140321 (portable doctor in charge number) 07775 763 336 8am – midnight 7 days a week	0117 414 3999
Service:	To provide advice on pre-hospital emergency treatment and the safest mode of transfer in those who require admission.	
Bristol Royal Hospital for Children	0117 3428666	

Service:	Supporting general practice by: <ul style="list-style-type: none"> Offering clinical advice to facilitate investigation and management of patients with urgent medical problems in the community Exploring if a hot clinic or community pathway would be an appropriate alternative to admission
Brisdoc Weekday professional Line	0117 244 9283 8am–6.30pm Monday-Friday
Place Based Urgent Care	
Clevedon MIU	01275 546866
South Bristol UTC	0300 1246286
Yate MIU	07945 236355

NB: The numbers above are correct at the time of writing