

**INTEGRATED URGENT CARE
SERVICE DELIVERY UNIT**

Liverpool Extended Access Workbook v10

This Workbook is available electronically via
PC24 Intranet

**This is a controlled document and should not
be printed**

Title	Liverpool Extended Access Workbook
Recommended by	Director of Service Delivery
Approved by	Head of Service
Approval date	21/11/2018
Date of Issue	21/11/2018
Review Date	29/01/2020
Version number	v10
Author	Head of Service
Review Responsibility	Service Manager
Target Audience	All Extended Access Personnel

THIS IS A CONTROLLED DOCUMENT. THIS DOCUMENT WILL BE UNCONTROLLED WHEN PRINTED.
THE SHIFT MANAGER BASED AT HEADQUARTERS WILL HOLD A HARD COPY. AN ELECTRONIC COPY OF THIS
DOCUMENT CAN BE ACCESSED VIA PC24 INTRANET.

Document Change History

Version	Date	Date of release	Changed by	Reason for Change
V1	01/10/2018	01/10/2018	Head of Service	New Document
V2	24/10/2018	24/10/2018	Head of Service	NHS 111 Direct Booking Procedure added
V3	21/11/2018	21/11/2018	Head of Service	Added exclusion criteria
V4	1/5/19	1/5/19	Service manager	Language line number amended
V5	16/5/2019	16/5/2019	Service manager	Added additional exclusions and
V6	7.6.19	7.6.19	Service manager	Amended instructions -Sending a document

V7	12.6.19	12.6.19	Service manager	DNA Process – High risk Patients
V8	31.7.19	13.7.19	Service Manager	ANP exclusion criteria amended
V9	08.11.19	08.11.19	Service Manager	WiC referrals process added
V10	29.1.20	29.1.20	Service Manager	Late arrivals process amended. Unregistered patients process amended

Contents

1. INTRODUCTION	6
2. PURPOSE.....	6
3. ADMIN PROCEDURES.....	6
Using Patient Trace in Registration	6
Using Patient Trace in Patient Administration	7
Cancelling an Appointment.....	7
Amending an Appointment.....	7
Patient Did Not Arrive (DNA)	8
Unregistered patients / No demographics.....	8
Late Arrivals.....	9
Failure to Contact – (Telephone Triage).....	9
Walk in Centre referrals	9
NHS 111 Direct Booking into Extended Access	10
4. RECEPTION PROCEDURES	11
Maintaining Patient Confidentiality	11
Arriving Patients.....	12
Managing Medical Equipment and Stock Levels and preparing clinical rooms.....	12
Other duties	13

Portable Induction Loops	13
Defib and Resus Procedure	14
5. CLINICAL PROCEDURES	15
Service Exclusion Criteria	15
ANP Exclusion Criteria	15
2 Week Referrals	16
Path Lab Referrals	16
Emergency Hospital Admissions	16
Follow up to GP Practice	16
Handling Oxygen	16
6. OTHER PROCEDURES	19
Language Line.....	19
Text Relay (Type Talk)	19
APPENDIX 1 – EMIS TRAINING GUIDE.....	21
REGISTER PATIENTS FROM APPOINTMENT BOOK	22
SEND A DOCUMENT TO THE GP PRACTICE	24
SENDING A CROSS ORG TASK	10
APPENDIX 2 – TELEPHONE EXTENSION NUMBERS	14
APPENDIX 3 – CLINICAL EXEMPTION CRITERIA FOR ADVANCED NURSE PRACTITIONERS	16
APPENDIX 4 – HOW TO FIND PATIENTS N82 CODE.....	18
APPENDIX 5 – COMMUNITY PHLEBOTOMY CENTRES	20
APPENDIX 6 – NHS.NET MAILBOX GUIDE	22

1. Introduction

This Workbook forms an integral part of the management and governance arrangements of the PC24 Liverpool Extended Access Service. The standard operating procedures will ensure compliance with statutory requirements and best practice.

2. Purpose

The purpose of this Workbook is to support the Extended Access department by providing instruction and guidance to staff, which will ensure that robust processes are in place and consistently followed by staff. Adherence with this Workbook will ensure all team members are treated in the same manner and provide an exceptional standard of service.

In order to avoid confusion, repetition and duplication, all the PC24 Liverpool Extended Access's Standard Operating Procedures will be referred through this Workbook, except where reference to a particular type of document is necessary.


This Workbook addresses the operations that are undertaken by the Integrated Urgent Care Service Delivery Unit's Liverpool Extended Access service and applies to all activities for within the service.

This Workbook does not replace any corporate policies.

3. Admin Procedures

Using Patient Trace in Registration

Complete the Patient trace screen

- You must complete the mandatory fields (marked with a red asterisk *); if you do not complete a mandatory field, a warning icon  is displayed.
- Click **Find**:

If a local patient is found, the patient's details are displayed on the Local Patients tab and a confirmation message is displayed; click **Yes** to swap to the found patient.

If no local patient is found, Patient Trace checks whether any sharing agreements are in place (a message is displayed very briefly to inform you that this is happening).

If no sharing agreements are in place, a message is displayed; click **Yes** to open the Add Regular Patient screen and register the patient with your organisation.

If sharing agreements are in place, Patient Trace automatically switches to a Shared Patients trace and searches the records of any other organisation(s) with which your organisation has a sharing agreement:


If shared patients are found, their details are displayed on the Shared Patients tab. To register a shared patient with your organisation, select the required patient, and then click **Register Patient**.

The selected patient's details are displayed on the Add Patient screen.

If no shared patient results are found, a message is displayed; click **Yes** to open the Add Regular Patient screen and register the patient with your organisation.

Using Patient Trace in Patient Administration

Complete the Patient trace screen

- You must complete the mandatory fields (marked with a red asterisk *); if you do not complete a mandatory field, a warning icon  is displayed.
- Click **Find**:
- If a local patient is found, the patient's details are displayed on the Local Patients tab and a confirmation message is displayed. To create a new inbound referral, select the patient, and click **Select Patient**.
- The selected patient's details are displayed on the Inbound Referral screen.
- If no local patient is found, Patient Trace checks whether any sharing agreements are in place (a message is displayed very briefly to inform you that this is happening).
- If no sharing agreements are in place, you need to register the patient before adding the referral.
- If sharing agreements are in place, Patient Trace automatically switches to a Shared Patients trace and searches the records of any other organisation(s) with which your organisation has a sharing agreement:
- If shared patients are found, their details are displayed on the Shared Patients tab. To create a new inbound referral, select the required patient and click **Select Patient**.
- A message is displayed, asking you to confirm that you are providing care for the selected patient; click **Accept** to add the patient to your Patient Administration list and create a new referral on the Inbound Referral screen.
- If no shared patient results are found, a message is displayed.
- Booking an Appointment
- Follow registration process
- Right click on the selected appointment time
- Book current patient
- Enter reason and booking notes
- Select book

Cancelling an Appointment

- GP Practise must call in the Extended Access service on 0151 317 9873
- Shift Coordinator needs to find Patient on Appointment System and press C
A document needs to create to the surgery informing the Patients surgery of a cancelled appointment

Amending an Appointment

- Find the patient in the appointment book and confirm details and identity. Drag and drop the patient into the rearranged appointment

Sending Patient notes to surgery

- Please see appendix A

Patient Did Not Arrive (DNA)

- Receptionist informs Shift Coordinator that patient has failed to arrive for appointment within 5 mins. (The system automatically marks the record as DNA once 10 minutes has elapsed).
- Clinician must attempt to make telephone contact with the patient/parent/carer to establish that the patient's medical condition has not deteriorated.
- If the patient informs the Clinician that their condition has improved this must be recorded in the patients record and case completed.

If the clinician requires further same day clinical intervention the call must be rebooked into an appointment if available. If there are no same day appointments available the clinician can make a referral into the Out of Hours service after 18:30 by speaking with the Shift Manager.

- If there is no response from the patient's contact number, the Clinician must inform the Shift Coordinator to advise which outcome they recommend:

High Risk patient – GP to instruct the receptionist to must contact local Hospitals and Walk-in Centres (WIC) to enquire if they have self-presented. If the patient has self-presented then the details regarding this (name of hospital / WIC / time the patient self-presented) must be recorded on the record of the call. If the patient has not presented at the hospitals/WIC's then a referral to the OOH's via the HCP line can be made and a home visit can be arranged to check on the welfare for patients who are deemed high risk.

Low Risk patient – send task to GP practise to inform patient failed to arrive for appointment and we have been unable to make contact

Unregistered patients / No demographics

- If a patient is booked with no demographics and the surgery is closed, the receptionist must get the Patients demographics when they arrive for their appointment and inform the shift coordinator to allow them to register the patients
- If the patient DNA's then a call must be made to the patients surgery the following day when they open to register the patient. An outbound document informing the practice of the DNA can then be sent as per the normal process.
- For Telephone triage appointments with no demographics, the appointment must be changed to "telephone not answered" if the surgery is closed. If the surgery is open, we must passed this back to the patient's surgery and cancel the appointment to free the slot up for a further booking.

Late Arrivals

- If the patient turns up over 10 minutes late then this will be classed as a DNA (the system automatically marks the record as DNA once 10 minutes has elapsed).
- Late arrivals will be dealt with in one of two ways **after GP has assessed patient safety risks and made a visual assessment of the patient's condition**:
 - If there is an available slot later in the day and the patient wishes to attend, the receptionist should contact the Shift Coordinator who can re-book the patient into the later slot due to arriving late for their original appointment
 - If there are no available slots for later in the day or the patient cannot return for a later appointment, the PC24 receptionist should give adequate safety-netting advice, for example, to contact their own GP or NHS 111 if their condition worsens

Failure to Contact – (Telephone Triage)

- Clinicians to contact the patient within the 15 minutes of the appointment slot. The Shift Coordinator must be informed immediately if unable to contact the patient so steps can be taken to locate an alternative means of contact.
- Wrong numbers must be reported to the Shift Coordinator by the clinician immediately.
- Shift Coordinator to contact the patients practise to inform of incorrect number and request an alternative.
- The call must be stood-down after the 3rd failed attempt to contact the patient. The patient's record must be updated to advise no contact was made with the patient.

Walk in Centre referrals

Primary Care have been working alongside the CCG to work in collaboration with Walk in Centre services in Liverpool. This will also enhance the utilisation of the Liverpool Extended Access Service on a weekend. The appointments will be subject to availability only and once used we will not be able to offer any further appointments.

The Shift Coordinator must ensure that there are appointments available, the Service Manager Will instruct on the number to be left available.

- Process for the Shift Coordinators to follow:
- Shift Coordinator will answer call with Good morning/ Afternoon Primary Care 24, Can you please confirm the service you are calling from?
- The Shift Coordinator will then register the patient on EMIS confirming ALL patient demographics with the caller
- A list of symptoms must be captured when booking the patient in for an appointment along with the length of time the patient has had the symptoms for

- Ask the referrer if the patient or their carer has any communication or sensory problems and document.
- Ask the caller for the clinical prioritisation Urgent Within the hour, Less urgent 2 hours+
- The shift Coordinator will locate an appointment slot for the patient and give the time and location to the caller
- Process for the Shift Coordinators to follow:
- Shift Coordinator will answer call with Good morning/ Afternoon Primary Care 24, Can you please confirm the service you are calling from?
- The Shift Coordinator will then register the patient on EMIS confirming ALL patient demographics with the caller
- A list of symptoms must be captured when booking the patient in for an appointment along with the length of time the patient has had the symptoms for
- Ask the referrer if the patient or their carer has any communication or sensory problems and document.
- Ask the caller for the clinical prioritisation Urgent Within the hour, Less urgent 2 hours+
- The shift Coordinator will locate an appointment slot for the patient and give the time and location to the caller
- Process for the Shift Coordinators to follow:
- Shift Coordinator will answer call with Good morning/ Afternoon Primary Care 24, Can you please confirm the service you are calling from?
- The Shift Coordinator will then register the patient on EMIS confirming ALL patient demographics with the caller
- A list of symptoms must be captured when booking the patient in for an appointment along with the length of time the patient has had the symptoms for
- Ask the referrer if the patient or their carer has any communication or sensory problems and document.
- Ask the caller for the clinical prioritisation Urgent Within the hour, Less urgent 2 hours+
- The shift Coordinator will locate an appointment slot for the patient and give the time and location to the caller
- Process for the Shift Coordinators to follow:
- Shift Coordinator will answer call with Good morning/ Afternoon Primary Care 24, Can you please confirm the service you are calling from?
- The Shift Coordinator will then register the patient on EMIS confirming ALL patient demographics with the caller
- A list of symptoms must be captured when booking the patient in for an appointment along with the length of time the patient has had the symptoms for
- Ask the referrer if the patient or their carer has any communication or sensory problems and document.
- Ask the caller for the clinical prioritisation Urgent Within the hour, Less urgent 2 hours+

The shift Coordinator will locate an appointment slot for the patient and give the time and location to the caller

[NHS 111 Direct Booking into Extended Access](#)

Important Information

- NHS 111 can only Direct Book into weekend GP face to face appointments

- There will be 7 slots made available on a Saturday and 4 on a Sunday – these should be the appointments on half past the hour
- The Friday Evening Shift Coordinator should ensure that all eligible appointment slots have been reserved for NHS 111 as per the below process and are not externally bookable
- Only patients who belong to agreed symptom groups will be eligible for the service and can only be booked into an appointment that is within their clinical disposition.

Clinical Cancellations

- If a GP cancels a session in Extended Access and there are no other GPs available to attend the centre then the NHS 111 appointment diary must be closed to ensure patients are not booked in
- If patients are already booked into the service, the Shift Coordinator must contact the patient and rearrange the appointment in another centre or pass to GP OOHs.
- The Shift Manager should inform NHS 111 that the centre has been closed.

Process

- Within the relevant GP diary slots eligible for Direct Booking should be changed to **Reserved for NHS 111 Appointment Bookings**
- Check the slots are no longer 'externally bookable'. Failure to do this could allow a double booking where a practice and NHS 111 could both book into the same slot.
- Once NHS 111 have booked into the slot it will change the slot to **Reserved for un-registered patient (NHS111)** which will be in Red on the appointment book
- Patients name and NHS number will be in the slot notes
- You will need to search the NHS.Net email account for the patients consultation with NHS 111 (Appendix 6)
- Attach consultation to patients EMIS record
- Register the patient as per normal process and book into appointment

4. Reception Procedures

Maintaining Patient Confidentiality

- It is mandatory that all staff display their identity badge while undertaking a shift for PC24. The receptionist must make every effort to respect confidentiality when obtaining patient information. **The receptionist must keep the computer monitor in a position that is visible to them only.** Patient details must not be left on screen whilst the receptionist is away from their post, receptionist to lock their PC whilst away from desk.
- Documentation containing patient details must not be left out on reception or in the consultation rooms. In the event of system failure, any documentation containing handwritten consultation notes must be faxed to Wavertree HQ before placing it in the document wallet for the attention of the medicines management team. In the event that a fax machine is not accessible in the centre you must liaise with the Shift Coordinator at Wavertree HQ to arrange for the documentation to be returned.
- The prescription printer must be emptied on completion of the last shift; all blank prescriptions must be locked away securely.

- The key to the trolley/cabinet is kept locked in the key safe located at each centre. The key must never be left in the lock of the cabinet/trolley unattended. The key must never be left in the trolley/cabinet awaiting the arrival of the next clinician.

Arriving Patients

- The receptionist will greet the patient by saying “Good morning/afternoon/evening”
- The receptionist must be able to correctly identify patients by asking for the patient’s full name, date of birth and first line of address and arrive them on EMIS.
- To arrive the Patient- Select the patients name on appointment system and **press A** on the keyboard.
- In the event that a patient does not attend (DNA) please follow the Patient did not arrive process.

Managing Medical Equipment and Stock Levels and preparing clinical rooms

It is the receptionist’s responsibility to prepare the consultation rooms in readiness for the arrival of the clinician. This involves having the computer switched on and the EMIS login screen visible. The following equipment are required and should be out and ready for use:

- Digital thermometer
- Pulse oximeter
- Diagnostic set
- Peak flow meter
- BP cuff / machine
- Ear thermometer
- Glucose monitor
- Stethoscope
- Prescription printer loaded and ready for use
- Documentation (referral letters and headed notepaper available)
- The receptionist will complete an equipment check list to confirm all equipment is available. The receptionist will clean all medical equipment using antibacterial wipes provided. Any problems with any equipment and or computer failures will be reported to the Shift Coordinator without delay.
- A list of all stock is kept in the centre file. If the receptionist notices stock running low on shift a stock sheet must be completed and faxed to Wavertree HQ for the attention of the medicines management team. The shift manager is to leave a copy for collection by the administration team – medicines management.
- The **Wednesday** evening receptionist will undertake a full inventory of stock levels, but it is the responsibility of all receptionists to ensure no centre is left without or short of equipment or stock.

If no equipment is needed then please inform the Shift Coordinator who will send email to the Medicine Management team to advise them nothing is needed.

- At the close of a shift, the receptionists must ensure that all equipment and unused prescriptions are put away in the appropriate place and complete the equipment check list then put it away with paperwork to be collected. The consultation room will be left in a clean and tidy manner.

Other duties

- The receptionist is responsible for cleaning up spilt bodily fluids in the appropriate manner using the equipment provided. Please follow the Infection, prevention control policy.
- At the end of the session the receptionist will log out of the computer and inform the Shift Manager that they are going off duty. This can be done via phone call or instant message.

Failure to comply with this instruction may result in disciplinary action being taken.

Portable Induction Loops

- Each remote location has been supplied with a portable induction loop system; they are kept in the locked equipment cupboard.
- At the start of each shift the receptionist takes the induction loop system from the cupboard and places it on the reception desk. The unit needs to be placed between the receptionist and patients with the logo facing the patient. Notices are displayed to let patients know we have this equipment available to use.
- If a hearing impaired patient attends an appointment and indicates they need to use the equipment the receptionist should press the green button on top of the unit to turn it on. The LED will illuminate green to indicate the unit is operational.
- The patient then adjusts their hearing aid to the "T" mode.
- The receptionist must then speak as normal towards the unit; the microphone is located near the centre of the rear face of unit. When speech is detected the LED on top of the unit will flicker orange to indicate the unit is actually transmitting.
- When the patient goes in to see the clinician the loop system unit needs to be taken into the consulting room by the receptionist.
- When the consultation is over the receptionist must press the red button on top of the unit to turn it off and return the unit to the reception desk.
- At the end of every shift the receptionist must lock the induction loop system back in the cupboard.
- Every Wednesday the receptionist is to test that the equipment is in working order and log it on the 'Stock Sheet'.
- All receptionists must notify the Shift Coordinator if the equipment is not working on their shift for the shift manager to record on the shift report for action.

Defib and Resus Procedure

- There is a defibrillator situated in all PC24 locations.
The centres also have a resuscitation bag with the defibrillator. The defibrillator will be placed in the resuscitation bag. Please speak to your line manager RE Rain hill centre
It is the responsibility of the receptionist to ensure the equipment is in place at the start of each shift.
- The defibrillator and resuscitation equipment is situated in the following Extended Access locations:
 - Old Swan – located on top of the drugs trolley in the store room
 - Childwall – located on top of the drugs trolley in the store room
 - Townsend – located in the GP room 10 in storage cupboard
- Any issues should be reported to the Shift Coordinator.
- Checks of the defibrillators in each of the locations will be carried out by the receptionist on duty of a Thursday evening.
- All relevant documentation will be completed and forwarded to the medical lead for scrutiny and sign off. The documentation includes a maintenance checklist.
- Actions during a collapse:
 - All members of staff have responsibility for patient safety and are required to attend training in Basic Life Support (BLS), resuscitation and use of defibrillator equipment
 - The member of staff who first becomes aware of the problem will assess the situation and ensure they have help from other members of staff, including a clinician if present
 - It is acceptable for the member of staff who is initially involved to lead on the resuscitation or to defer to a more qualified staff member where available
 - Another member of staff should ring 999 for emergency services whilst the original staff member proceeds to use the resuscitation equipment
 - The staff member may refer to the instruction sheet with each defibrillator to assist in ensuring the correct procedure is followed
 - The first step is to remove the defibrillator from its bag and place it next to the patient. The 'on' button should then be pressed and the voice commands followed. This includes applying the pads in the appropriate places on the skin of the patient and plugging the cable into the defibrillator
 - The defibrillator then automatically assesses the heart rhythm of the patient and decides whether a shock is indicated
 - If a shock is indicated the defibrillator voice will advise the team to stand clear of the patient and for the staff member to press the button that delivers a shock
 - When this has happened the defibrillator will then reassess the patient's heart rhythm and decide whether a further shock is required

- The staff member must ensure that chest compressions continue appropriately at all times when there is no requirement to stand clear. Current guidance advises thirty compressions followed by two rescue breaths
- At an appropriate time, during or after resuscitation, the Shift Manager must be fully informed of events, the outcome and the staff involved.
- The Shift Manager will contact and inform the manager on-call who will then inform the director on-call.
- The Shift Manager will ensure that resources are mobilised after the resuscitation episode to provide support for all staff involved in the resuscitation. This may include calling in standby resources and enabling operational and clinical staff to take an appropriate break.
- The Head of the appropriate Service Delivery Unit (SDU) will contact members of the operational team involved as soon as possible after the event to provide or arrange support and de-briefing.
- The Director on-call will arrange to inform the Director of Nursing/Medical Director the next working day of the episode of resuscitation and the contact details of any clinicians involved.
- After each resuscitation episode the member of staff involved must complete a PC24 incident form (Datix), electronic or paper, and this must be passed to the relevant manager. Paper versions are in paperwork folders in all PC24 locations.

5. Clinical Procedures

Service Exclusion Criteria

The following conditions or patients are not appropriate for the Extended Access service

- Minor surgery
- All non NHS (Private such as RTA reviews/ Reports)
- Medico legal insurance reports
- Cytology
- Methadone or opiate prescriptions
- Substance misuse
- Zero tolerance patients
- Fitness to work certificates
- Additionally, the service commissioned does not offer home visiting

ANP Exclusion Criteria

- End of Life
- Pregnancy related problems
- Acute and Chronic Mental Health with polypharmacy

- Babies under 6 weeks unless RSCN qualified

2 Week Referrals

- Clinician identifies that Patient needs a 2 week referral and send a task to the Patients GP surgery on EMIS. (See appendix 1 sending a task.)
- Clinician informs the Shift Coordinator that a task has been sent to the Patients GP surgery and informs them of the EMIS number and advises of any urgent concerns.
- The Shift Coordinator then logs this on the daily report to follow up with the Patients surgery the next day and advise them that a task has been sent for Patient X and advises the clinician had urgent concerns (if raised by Clinician)

Path Lab Referrals

- Clinician identifies bloods need to be requested
- Clinician uses IC blood form (stored in meds trolley) and ticks what is required
- Clinician provides safety netting advise, informing the patient to contact own surgery for results and hands the form to the receptionist
- Receptionist will fill in the patient's NHS number, Name, Address, Contact Number and patients own surgery details and add the N82 code to the form
- N82 codes can be found on EMIS (Please see Appendix 4)
- Receptionist to reiterate to the patient that the results will go to the patient's own surgery and advise patient they can attend any community phlebotomy clinic (Please see Appendix 5)

Emergency Hospital Admissions

- Clinician to call 999 and arrange emergency ambulance
- Clinician to inform Receptionist
- Patient referral letter can be created via EMIS document template if required

Follow up to GP Practice

- Send cross org task to GP practice
- Follow up with a phone call if urgent

Handling Oxygen

- Equipment Required
 - Pulse oximetry meters
 - Masks (to include non-re-breathing mask and 28% or 24% Venturi mask, tubing and oxygen cylinder)

- Equipment Checks

A documented check must be made at the start of each day and after each emergency.

Oxygen cylinder check:

- The amount of oxygen in cylinder
- The expiry date
- Sign and date the check sheet

In the case of emergency bags that are sealed, these checks are only required when the seal is broken.

- Tubing and Masks Check:
 - Tubing and masks are in date and have not been used
 - Sign and date the check sheet
- Pulse Oximetry Check:
 - Battery operated meters to ensure the battery is functioning appropriately.
- Pulse oximetry must be available where emergency oxygen is used.
- A record of checks to be kept for a minimum of 2 years.

- Storage

Keep away from extremes of temperature e.g. do not store close to windows or radiators

Store in a well ventilated area

Cylinders should be secured in a cylinder trolley, rack or with chain

Keep away from combustible materials

Keep away from naked flames e.g. fires, cookers

Ensure no smoking anywhere in the vicinity of oxygen cylinders, including outside

- Infection Control

Oxygen masks and tubing are single patient use items and must be discarded immediately after use.

- Before using oxygen cylinders:
 - The valve must be fully opened, by either turning the knob or engaging the key and turning (depending on the type of cylinder) ensure the knob or key is turned as far towards the open position as it will go.
 - Before administering to the patient, ensure the gas is flowing freely and there is sufficient in the cylinder for what you require.
 - Set the flow meter to the desired setting, attach the delivery system and prepare to administer to the patient.
 - NB: Different size cylinders are available across PC24.
 - All medical and nursing staff must familiarise themselves with the type of oxygen cylinders and delivery systems that are available in the emergency bags and site locations as relevant to their work areas.
- Administration of Oxygen
 - Clinicians should follow clinical guidelines as to the appropriate percentage and flow of oxygen in accordance with BTS guidance.
 - NB: if the patient has an alert card the use of oxygen will be guided by the instruction on the alert card.

- The oxygen saturation should be monitored continuously until the patient is stable or transported to hospital for full assessment.
- Summary of BTS Guideline emergency oxygen use in ambulances, community and pre-hospital settings:
 - The suggested target saturation range for most patients is 94-98%. Patients at risk of hypercapnic respiratory failure have a lower target saturation range, usually 88-92%.
 - A sudden reduction of more than 3% in a patient's oxygen saturation within the target saturation range should prompt fuller assessment of the patient because this may be the first evidence of an acute illness. (The narrower target range in younger patients is to ensure prompt assessment if a patient falls outside the age-specific normal range, not due to greater vulnerability to hypoxia).
 - The oxygen flow should be adjusted upwards or downwards to maintain a saturation of 94-98% for most patients apart from those at risk of hypercapnic respiratory failure. Some people aged above 70 years may have saturation measurements in the range of 92-94% when clinically stable. These people do not require oxygen therapy unless the oxygen saturation falls below the level that is known to be normal for the individual patient.
 - Patients with COPD should initially be given oxygen via a Venturi 24% at 2-4 l/min or 28% mask at a flow rate of 4 l/min or nasal cannulae at 1-2 l/min and oxygen saturation should be 88-92% in most cases or else an individualised saturation range based on the patient's blood gas measurements during previous exacerbations.
 - Patients over 50 years of age who are long-term smokers with a history of exertional breathlessness and no other known cause of breathlessness should be treated as if having COPD.
 - COPD patients and other patients who have had an episode of hypercapnic respiratory failure should be issued with an Oxygen Alert warning card with a 24% or 28% Venturi mask and instructed to show the Alert Card in the event of an exacerbation.
 - Alert Card: Use of oxygen in these patients will be guided by the instructions on the Alert Card.
- Waiting for Emergency Transfer
 - Call 999 for paramedic ambulance
 - Monitor patients colour and saturations until help arrives
 - Preform basic life support if indicated
 - Report clinical incident in Datix post event
- Following Use of Oxygen
 - The following process must be followed to ensure that it is safe to store away:
 - Remove from the patient
 - Remove and dispose of used delivery device
 - Turn off the valve using knob or key as appropriate
 - Cylinder now needs venting to empty any remaining gas from inside the valve
 - Switch the flow meter back on briefly on a high setting, you will hear a hissing noise denoting that gas is being expelled
 - The gauge will now read empty and the cylinder can be stored away
 - Report to the shift manager or practice manager so that stock can be replaced if required

- Documentation

Document in the patient record the oxygen therapy that was given, including pulse oximetry readings and times taken, for example SpO2 5 minutes after start of oxygen therapy.

Pulse oximetry measurements should state whether the patient is breathing air or a specified dose of supplemental oxygen, when readings were recorded.

- This information must be shared on patient transfer/handover.

- Monitoring Compliance and Effectiveness

Medical gas audits will be carried out as part of the audit programme to include daily checking of cylinders, accessibility, training needs analysis and storage.

6. Other Procedures

Language Line

- If a case is received to the service from a patient whose first language is not English, you must ascertain the nationality/dialect of the patient and inform the patient that they will be contacted via an interpreter service

The Shift Coordinator should be informed that the patient requires use of the interpretation service. The Shift Coordinator will contact **National Interpreting Service Language Line Free number: 0800 169 2879** and provide the **ID number 269827** details for the organisation to gain access to the correct support.

- The interpreter will contact the patient on the phone number provided and when both parties are on the phone with the Shift Coordinator, the call should be transferred to a clinician.
- Clinician to introduce themselves to both the patient and the interpreter and ensure that the patient fully understands the process that is to be taken and that the interpreter has the patients consent to aid the clinical consultation.
- Once the triage consultation is completed the patient is to be fully aware of the next step of their care and the timescale, this could be one of the following:
 - Face to Face appointment
 - Prescription
 - No Further Action/Self Care Advice
 - Referral to Secondary Care
- If the call is forwarded for face to face appointment, an interpreter should be booked for the time and place of the consultation.

Text Relay (Type Talk)

Receiving a call from Type Talk:

- When you answer the phone you will hear “please hold for an operator assisted call from a text phone user” you will know that a Type Talk operator is going to join the line and relay the call from a hearing or speech impaired person.
- The Type Talk operator will check if you’re familiar with the way the conversation will continue and ask if you have used the service before.
If “no” a short explanation of the service will begin.
If “yes” you can begin your conversation with the text phone user.
- The Type Talk operator will read what the text phone user is saying to you or they may choose to speak to you direct. Please do not interrupt.
- The operator will type your reply back. Please remember it is important to say “GA” at the end of your sentence. This is short for ‘GO AHEAD’ and this informs the operator that you have finished your sentence.
- Take and record all details in the usual way.
- *Making a call through Type Talk:*
Dial 18002 followed by the full telephone number of the text phone user you are calling, including the area code e.g. 18002 0151 733 1111.
- When the text phone user answers the call a Type Talk operator will join the line to relay the call, “You can begin your conversation now”. Remember to say “GA” when you have finished your sentence.
- The Type Talk operator will read what the text phone user is saying to you.
Once the call has ended simply say “Goodbye SKSK” informing the operator that the call is finished.
- Remember if an ILTC (Immediate Life Threatening Condition) is identified and you need to call an ambulance for the patient then dial 999 in the usual manner but remember to inform the ambulance operator that if they need to telephone the patient to dial 18002 and then include the patients full telephone number including the area code e.g. 18002 0151 733 1111.

Making
exceptional
service the
standard







Informatics Merseyside

Training Guide

7 Day Access Admin Guide

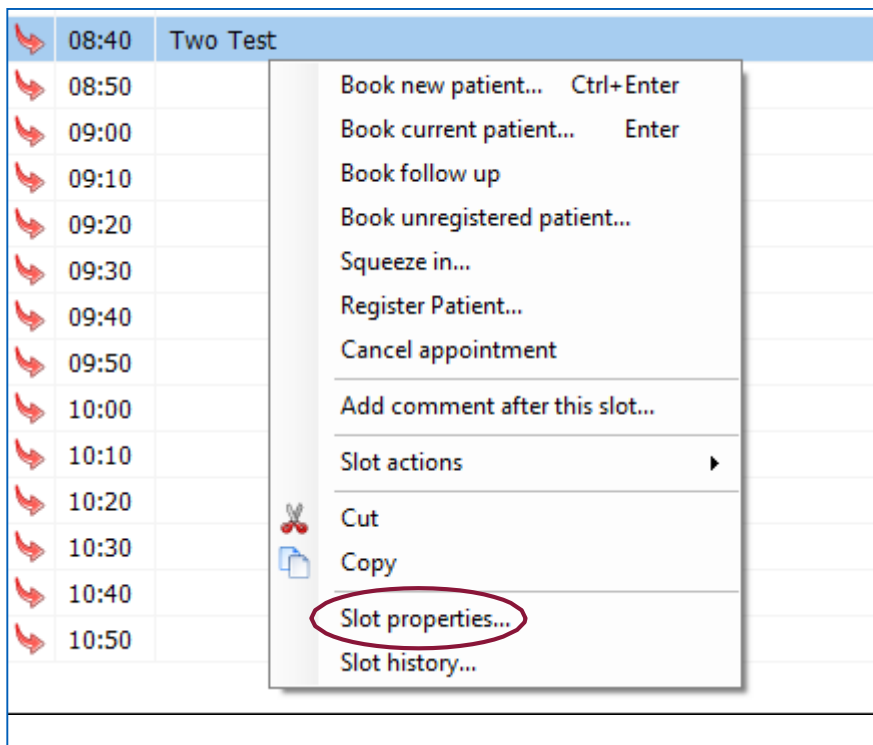
Hints and Tips

	This symbol suggests a tip or a good method of working for speed and efficiency
	This symbol suggests a caution or an action to be aware of
	This symbol indicates an Information Governance warning
	This symbol indicates service or practice specific information

Register Patients from Appointment Book

To register the patient from the Appointment Book.

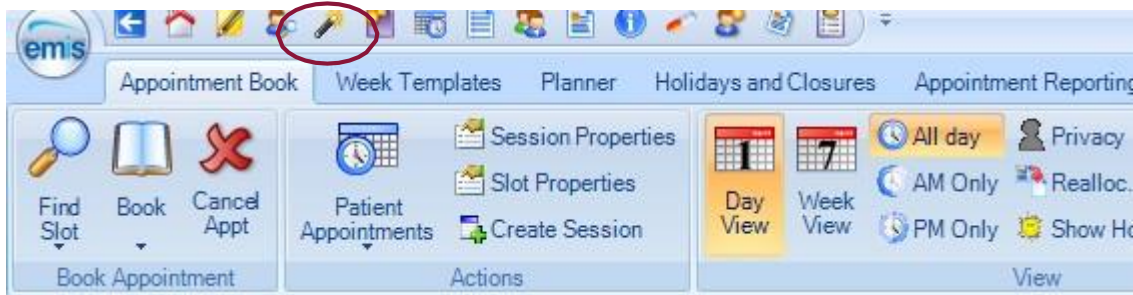
- Right click on the [patient's name](#) in the Appointment Book → click [Slot Properties](#).



The Booking notes will contain the patients Name, NHS number, DOB and Address, this information will then be used to trace and register the patient with 7 Day Access service.

The screenshot shows the 'Slot Properties' dialog box with the 'Booking Info' tab selected. The 'Notes' field is circled in red. The text in the 'Notes' field is: 'TEST, Two (Mr)Unknown50003701-Jan-1990 (28y)Male123 Merton HouseBootleHome:'. Other fields include: 'Patient Name' (Two Test), 'Calling Name', 'Date of Birth' (n/a), 'Booked By' (COOK-HANNAH, Paul (Mr)), 'Booking Time' (20-Sep-2018 at 13:46), 'Reason' (Initial appointment), 'Arrived', 'Sent in', 'Left', 'Booking Method' (External Organisation), 'Booking Organisation' (Liver Building Medical Practice), and 'Care Episode'.

- 2 Click on the **Patient Trace** icon on the quick access bar.



- 2 Enter the patients **NHS Number** and click **Find**.

If the patient has been seen before, their name will show under local patients tab.

If they are a new patient, the patient should be available under the Shared Patients tab.

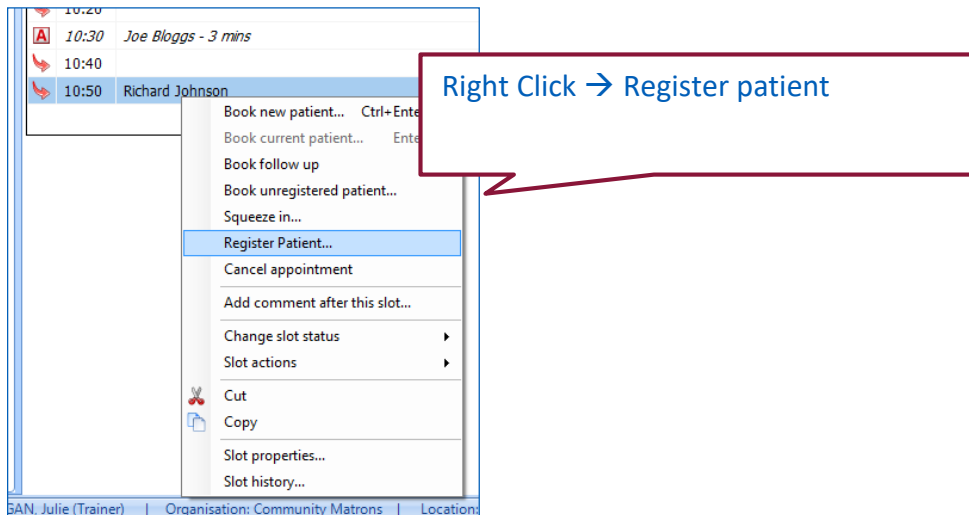
- 2 Patient trace is displayed, click **Accept**.

The patient is now registered with the service and their appointment can now be updated to become a Registered patient appointment.



The patient appointment must always be updated to registered as soon as the registration process has been completed, this allows the clinician access to the patient's shared record.

1. Select the patient from within the appointment book.



2. Search for and select recently registered (traced) patient.

The patient is confirmed in appointment book.

Send a Document to the GP Practice

Documents can be sent from the 7 Day Access service to the patients practice. This document will provide the consultation details from the 7 Day Access service and notify the practice of any actions that need to be taken.

This can be sent from the recent Consultation and from the Documents tab.

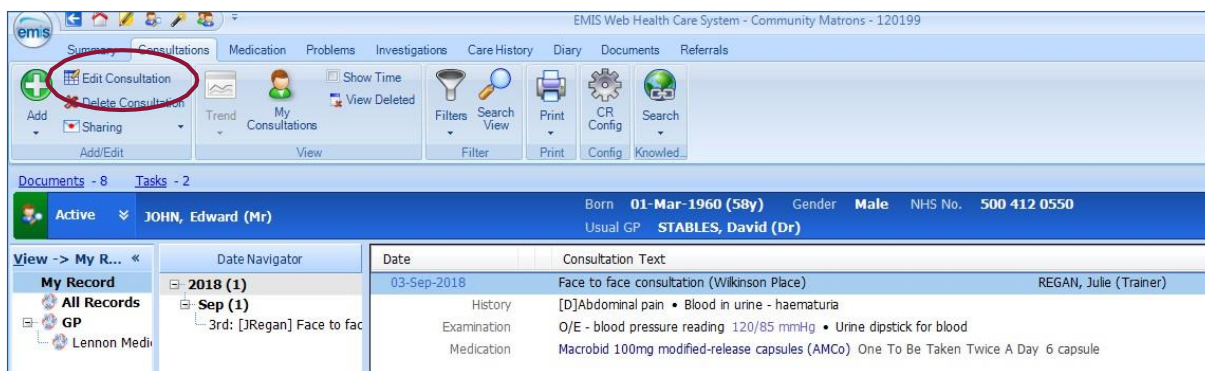
Call log sheets are used to keep a record of all patients' documents that need sending.

DO NOT add the N82 code of the practice on these sheets as this should only be searched for when sending the document to ensure it is being sent to the correct surgery the patient is registered with.

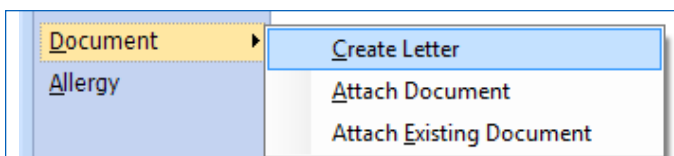
Send a Document from a Consultation

Once consultation has been saved, edit the consultation to send an outbound document. This will allow the latest consultation details to be imported into the document.

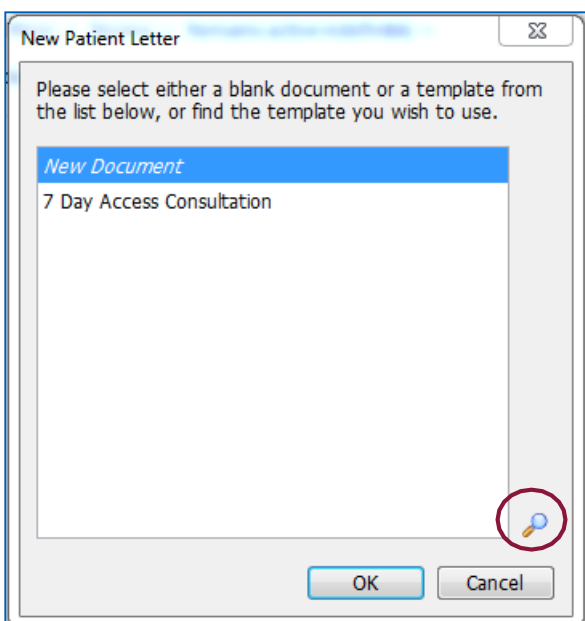
- Navigate to Consultations → Click [Edit Consultation](#).



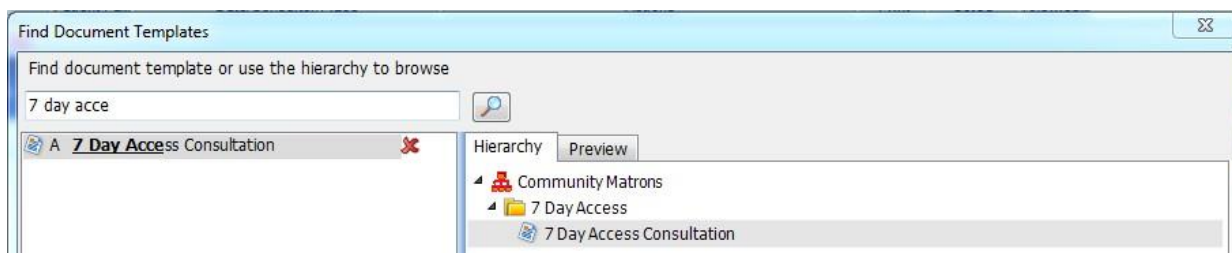
- From within the consultation, Click Document → Create Letter.



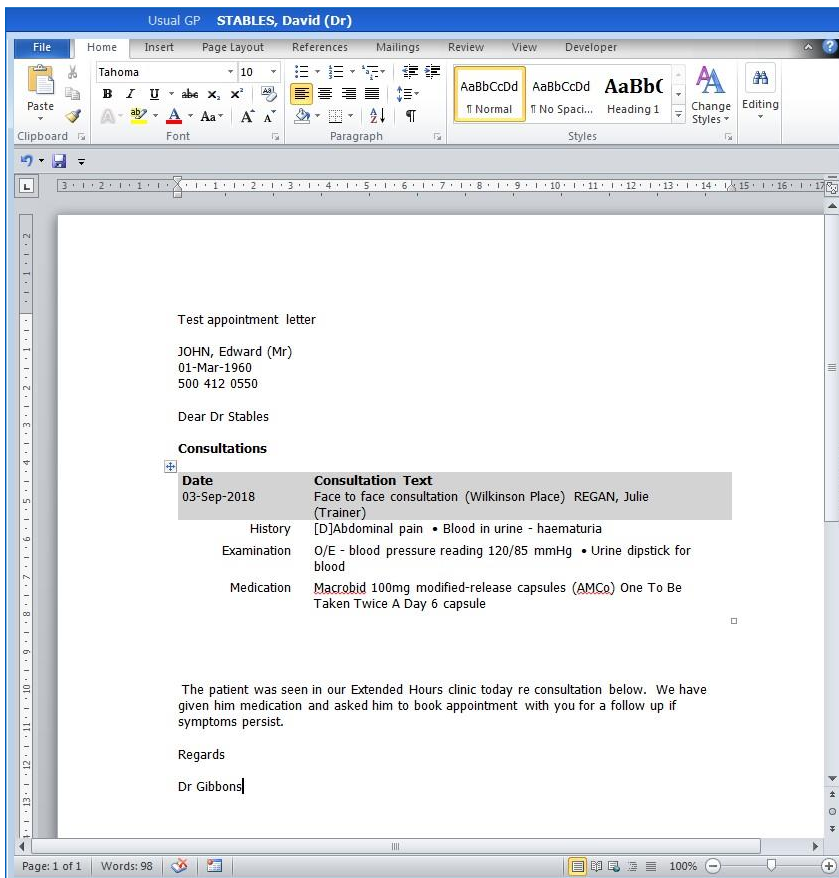
- Search for the document by clicking the Search icon in the New Patient Letter window.



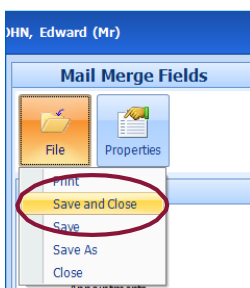
- Search for the document in the Search field → Highlight the Document → click OK



- 2 Complete the document as required:



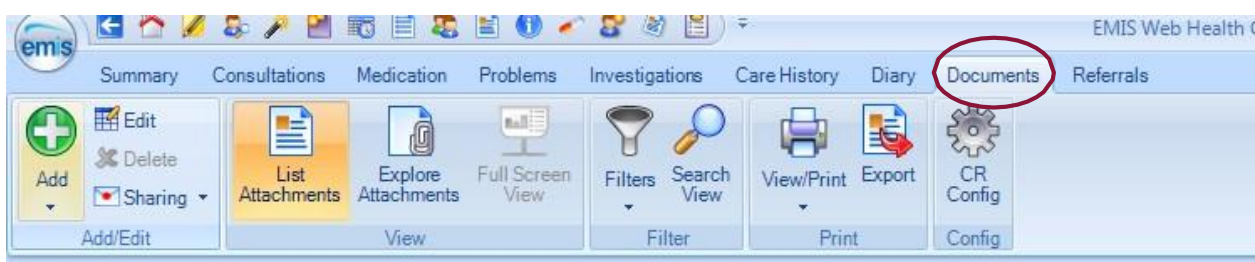
- Once complete select **File** → **Save and Close**.



- 2 Save the Consultation.

Send Document to Practice

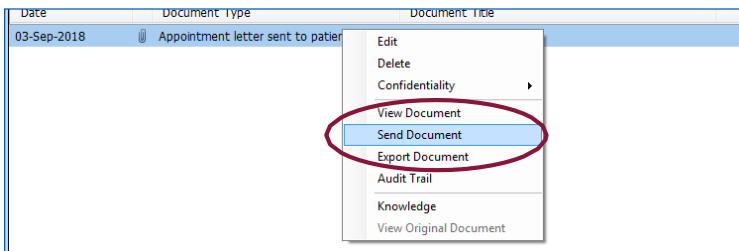
- 2 Navigate to the **Documents** tab within the Patients Care Record.



- 2 Right click on the document.

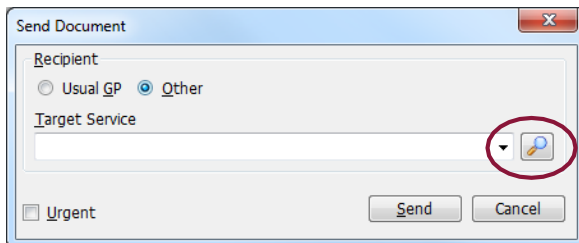
View -> My... <<	Date	Document Type	Document Title
My Record	03-Sep-2018	Appointment letter sent to patient	Test appointment letter
All Records			

2 Click **Send Document**.



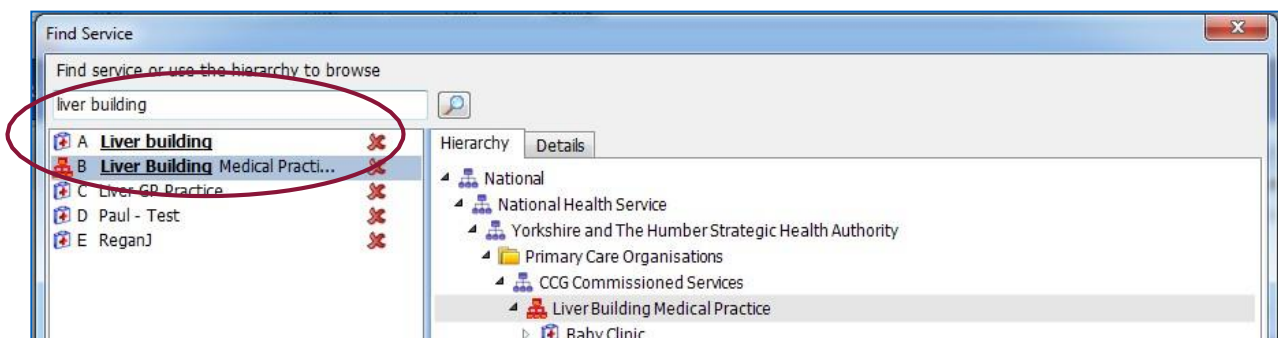
DO NOT select Usual GP, always select Other and choose the Patients GP Practice typing in the patients N82 code.

3 Select **Other Recipient**.



4 Click **Search**.

▪ Search for the patient's **GP Practice**.



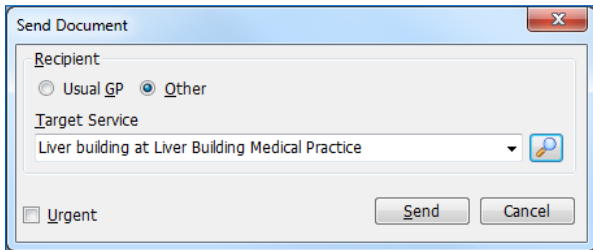
5 Highlight the Patients **GP Practice**.



Always check the Details tab to be certain the correct GP Practice has been selected.

<div><div>A</div><div>Liver building</div><div></div></div> <div><div>B</div><div>Liver Building Medical Practi...</div><div></div></div> <div><div>C</div><div>Liver GP Practice</div><div></div></div> <div><div>D</div><div>Paul - Test</div><div></div></div> <div><div>E</div><div>ReganJ</div><div></div></div>	<div>Hierarchy</div> <div>Details</div>
	<div>Organisation details</div>
	<div>Organisation name (business) Liver Building Medical Practice</div>
	<div>Organisation name (legal)</div>
	<div>Organisation Type General Practice</div>
<div>Information</div> <div></div>	

- 2 Double click on the [selected GP Surgery](#) and then [Click OK](#).



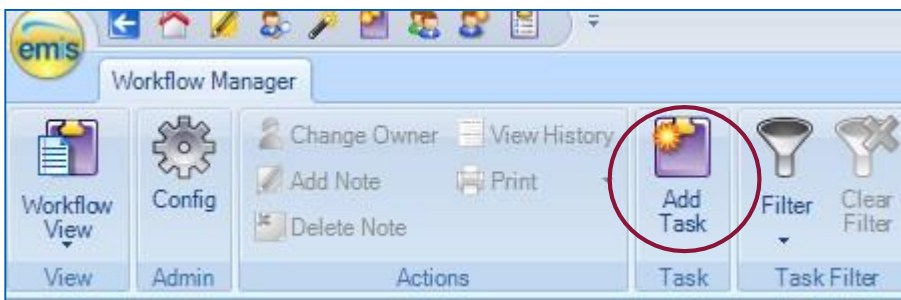
- 2 Click [Send](#)

The document will be sent to the practice.

Sending a Cross Org Task

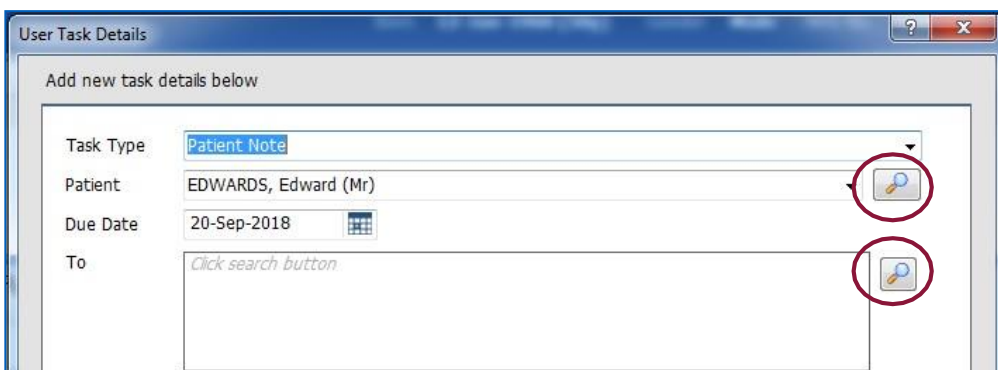
Cross Organisational Tasks can be sent from the 7 Day Access Service to the Patient GP Practice. Tasks can be sent to GP Practices to inform them of actions that need to be taken following a Patients 7 Day Access appointment.

- 2 Click [Add](#) task.

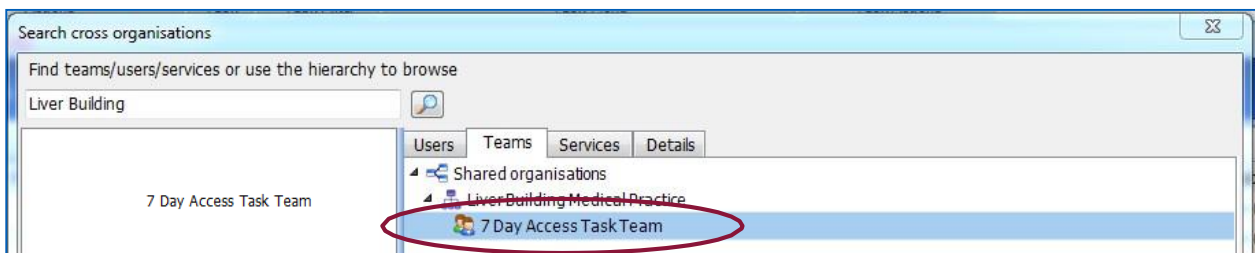


The User Task Details window opens.

- 2 Enter the Task Type [Patient Note](#).
- 2 To add a recipient, click the [To Search](#) Icon.



- 2 Click the [Teams](#) tab and find the relevant 7 Day Access Task Team from the Patients GP Surgery. [Double click](#).



- 2 Complete Task Details section as required and click [Send](#).

User Task Details

Add new task details below

Task Type: Patient Note

Patient: EDWARDS, Edward (Mr)

Due Date: 19-Sep-2018

To: Admin

☐ All recipients to action task

Notes: Patient has been seen in extended services, document sent displaying consultation details. Requires a referral for Urology. Bloods done. Will send results once through. Please refer to Urology (see consultation)

☐ Urgent

215 / 8000

Send Cancel

Reply to a Task

To reply to a Task, navigate to the To Do List in the Tasks Module of Workflow Manager

- 2 Highlight the Task to reply to and Click Reply, at this point there is the option to Reply to Sender or Reply to All.

EMIS Web Health Care System - Community Matrons - 120199

Workflow Manager

Change Owner View History Add Note High Priority Add Task Filter Clear Filter Open Reply Forward Complete Delete Task Batch Processing Make Appointment View Attachment Task Actions

Documents - 6 Tasks - 17 (5)

Active SPENCER, Mark (Mr) Born 12-Jan-1968 (50y) Gender Male NHS No. Unknown

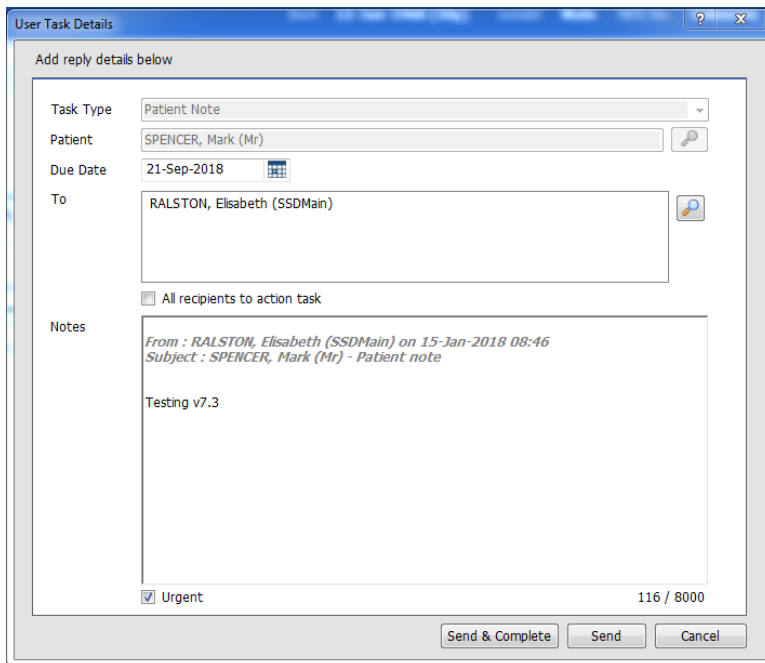
Subject	Task Type	Due Date	Created
SPENCER, Mark (Mr)	Patient note	15-Jan-2018	15-Jan-2018
Test	Admin note	02-Mar-2018	02-Mar-2018
Test 1 0903018	Admin note	09-Mar-2018	09-Mar-2018
Test	Admin note	31-May-2018	31-May-2018
WATERFIELD, Annie (Ms)	Patient note	20-Jun-2018	20-Jun-2018

SPENCER, Mark (Mr) - Patient note

RALSTON, Elisabeth (SSDMain)

The User Task Details window will now be displayed

- 2 Complete Task Details section as required and click [Send](#).



The 'User Task Details' dialog box is shown. It contains the following fields:

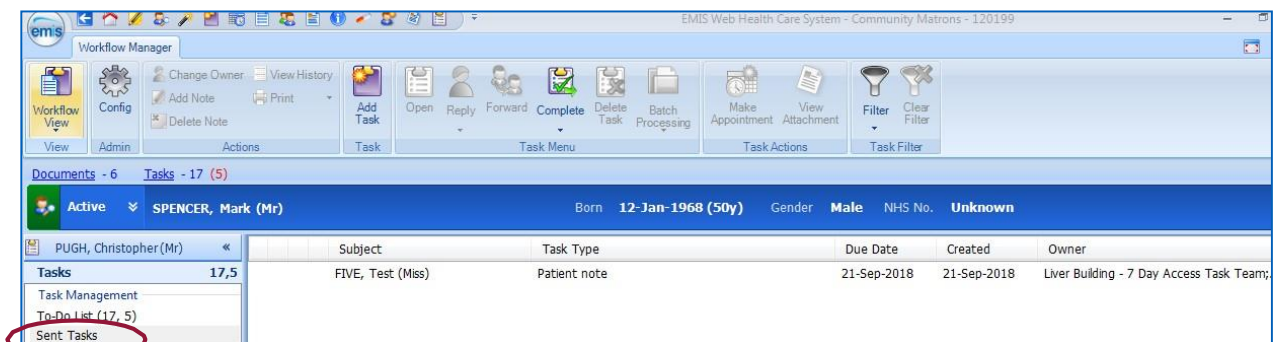
- Task Type:** Patient Note
- Patient:** SPENCER, Mark (Mr)
- Due Date:** 21-Sep-2018
- To:** RALSTON, Elisabeth (SSDMain)
- Notes:** From : RALSTON, Elisabeth (SSDMain) on 15-Jan-2018 08:46
Subject : SPENCER, Mark (Mr) - Patient note
Testing v7.3
- Urgent:** ☒

At the bottom right, there is a status '116 / 8000' and three buttons: 'Send & Complete', 'Send', and 'Cancel'.

View a Task that has been sent

Sent tasks can be viewed from Sent Tasks tab in the Tasks module of Workflow Manager.

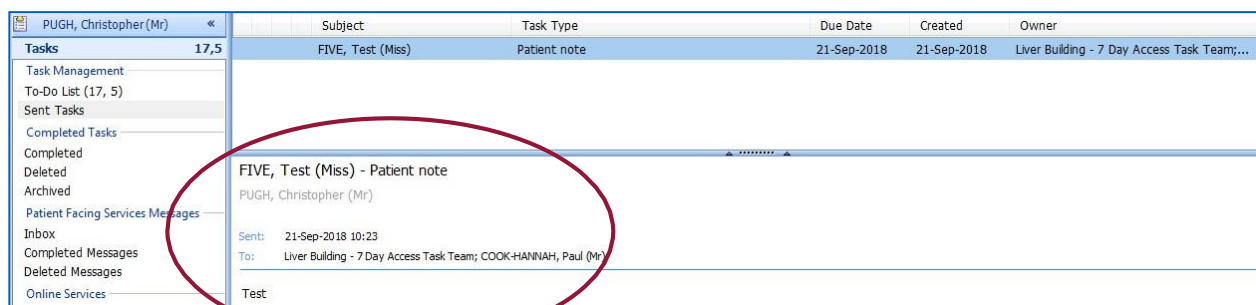
- 2 Click [Sent Tasks](#).



The Workflow Manager interface is shown. The 'Sent Tasks' tab is selected in the left-hand navigation pane. The main area displays a table of tasks for 'SPENCER, Mark (Mr)'.

Subject	Task Type	Due Date	Created	Owner
FIVE, Test (Miss)	Patient note	21-Sep-2018	21-Sep-2018	Liver Building - 7 Day Access Task Team;

- 2 Select the task from the list to read.



The Workflow Manager interface is shown with the task details for 'FIVE, Test (Miss) - Patient note' selected. The details are displayed in the main area.

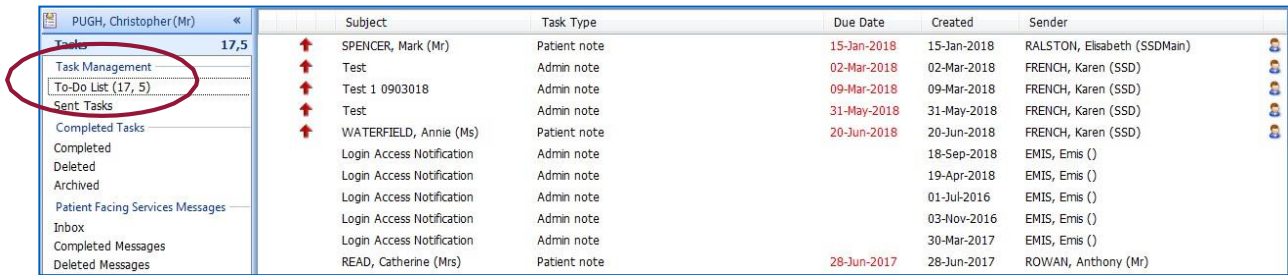
FIVE, Test (Miss) - Patient note
PUGH, Christopher (Mr)

Sent: 21-Sep-2018 10:23
To: Liver Building - 7 Day Access Task Team; COOK-HANNAH, Paul (Mr)
Test

View a Task that has been received

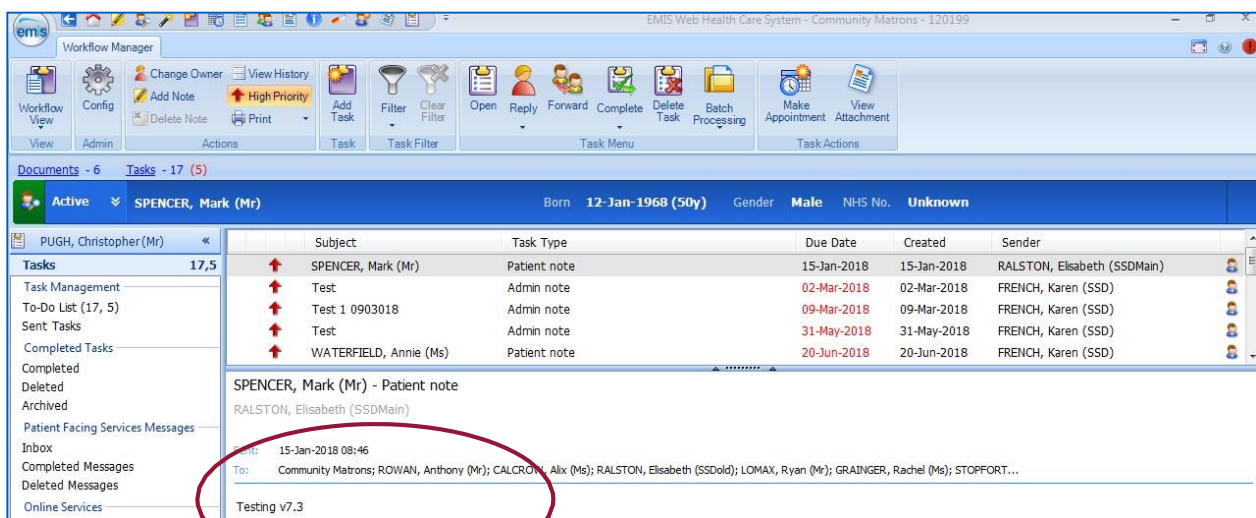
Received tasks can be viewed from the To Do List in the Tasks module of Workflow Manager.

2 Click [To Do List](#).



	Subject	Task Type	Due Date	Created	Sender
↑	SPENCER, Mark (Mr)	Patient note	15-Jan-2018	15-Jan-2018	RALSTON, Elisabeth (SSDMain)
↑	Test	Admin note	02-Mar-2018	02-Mar-2018	FRENCH, Karen (SSD)
↑	Test 1 0903018	Admin note	09-Mar-2018	09-Mar-2018	FRENCH, Karen (SSD)
↑	Test	Admin note	31-May-2018	31-May-2018	FRENCH, Karen (SSD)
↑	WATERFIELD, Annie (Ms)	Patient note	20-Jun-2018	20-Jun-2018	FRENCH, Karen (SSD)
	Login Access Notification	Admin note	18-Sep-2018	18-Sep-2018	EMIS, Emis ()
	Login Access Notification	Admin note	19-Apr-2018	19-Apr-2018	EMIS, Emis ()
	Login Access Notification	Admin note	01-Jul-2016	01-Jul-2016	EMIS, Emis ()
	Login Access Notification	Admin note	03-Nov-2016	03-Nov-2016	EMIS, Emis ()
	Login Access Notification	Admin note	30-Mar-2017	30-Mar-2017	EMIS, Emis ()
	READ, Catherine (Mrs)	Patient note	28-Jun-2017	28-Jun-2017	ROWAN, Anthony (Mr)

2 Select the [Task](#) to read, the message will be shown at the bottom of the screen.



Workflow Manager

Documents - 6 Tasks - 17 (5)

Active SPENCER, Mark (Mr) Born 12-Jan-1968 (50y) Gender Male NHS No. Unknown

	Subject	Task Type	Due Date	Created	Sender
↑	SPENCER, Mark (Mr)	Patient note	15-Jan-2018	15-Jan-2018	RALSTON, Elisabeth (SSDMain)
↑	Test	Admin note	02-Mar-2018	02-Mar-2018	FRENCH, Karen (SSD)
↑	Test 1 0903018	Admin note	09-Mar-2018	09-Mar-2018	FRENCH, Karen (SSD)
↑	Test	Admin note	31-May-2018	31-May-2018	FRENCH, Karen (SSD)
↑	WATERFIELD, Annie (Ms)	Patient note	20-Jun-2018	20-Jun-2018	FRENCH, Karen (SSD)

SPENCER, Mark (Mr) - Patient note

RALSTON, Elisabeth (SSDMain)

15-Jan-2018 08:46

To: Community Matrons; ROWAN, Anthony (Mr); CALCROW, Alex (Ms); RALSTON, Elisabeth (SSDold); LOMAX, Ryan (Mr); GRAINGER, Rachel (Ms); STOPFORT...

Testing v7.3

Appendix 2 – Telephone extension numbers

Last Name	First Name	Number	Location	Directory Name
Reception	Townsend Health Centre	1902	Liverpool Extended	Reception, Townsend
Doctor1	Townsend Health Centre	1903	Liverpool Extended	Doctor1,Townsend
Doctor2	Townsend Health Centre	1904	Liverpool Extended	Doctor2,Townsend
Reception	Childwall HC	1905	Liverpool Extended	Reception, Childwall
Doctor1	Childwall HC	1906	Liverpool Extended	Doctor1,Childwall
Doctor2	Childwall HC	1907	Liverpool Extended	Doctor2,Childwall
Extended Dr1	Old Swan WIC	1908	Liverpool Extended	Extended Dr1,Old Swan
Extended Dr2	Old Swan WIC	1909	Liverpool Extended	Extended Dr2,Old Swan
Edmunds	Kayleigh	1359	Wavertree HQ	Shift Coordinator
Mcloughlin	Chloe	1353	Wavertree HQ	Shift Coordinator
Yates	Hannah	1354	Wavertree HQ	Shift Coordinator
Carr	Andy	1426	Wavertree HQ	Referral Coordinator
Jones	Pauline	1352	Wavertree HQ	Referral Coordinator
Shift Manager – Available 24/7		1020	Wavertree HQ	Shift Manager

Old Swan Extended Access

Location of wet floor signs	Domestic/ cleaning supply cupboard located out of the main reception and on the left hand side.
Cleaning cupboard	Out of the main reception and on the left hand side. Spill kits available in your equipment trolley/ Cupboard
Security	Samson security 0151 548 2996
Fire Extinguisher	Behind the wall at reception, next to the office door on the wall.
Nearest Fire Exit	Main door entrance in reception.
Nearest Fire Assembly Point	Opposite the main entrance where the ambulance bay is.
Nearest Fire Assembly Point	Car Park at front of building.

Childwall Extended Access

Location of wet floor signs	Domestic/ cleaning supply cupboard located out of the main reception and on the left hand side.
Cleaning cupboard	Clean Store, which is down the corridor, opposite Treatment Room 6, it is not locked. Spill kits available in your equipment trolley/ Cupboard
Security	MITIEs Security Out of Hours contact number is as follows: 0333 207 6605 once called option 1
Fire Extinguisher	
Nearest Fire Exit	The Fire Exit is down the stairs and into the rear car park. DO NOT use the lift in the event of an evacuation.
Nearest Fire Assembly Point	The Assembly Point is in the Car Park by the school fence

Townsend Extended Access

Location of wet floor signs	
Cleaning cupboard	Spill kits available in your equipment trolley/ Cupboard
Security	MITIEs Security Out of Hours contact number is as follows: 0333 207 6605 once called option 1
Fire Extinguisher	On the wall to the left of reception.
Nearest Fire Exit	The nearest fire exit is on the first floor to the left of where the clinical rooms are or the stairs and out the fire exit door on the ground floor DO NOT use the lift in the event of an evacuation

Nearest Fire Assembly
Point

In the car park by the green sign "assembly point"

Appendix 3 – Clinical Exemption Criteria for Advanced Nurse Practitioners

The Liverpool Extended access service will follow the Clinical Exclusion criteria for Advanced Nurse Practitioners as detailed in the GP Out of Hours SOP CL047

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

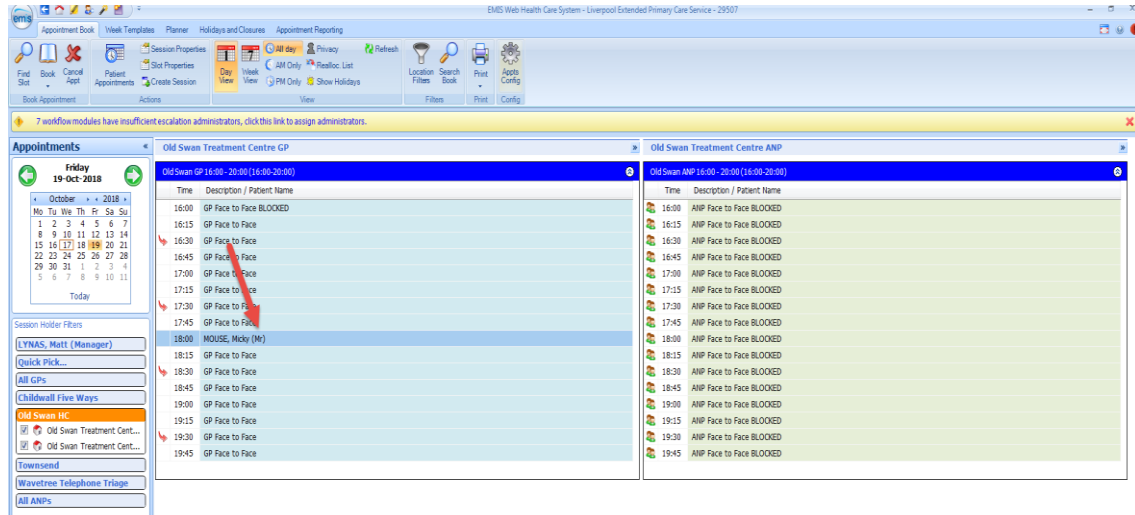
Title	Advanced Nurse Practitioner procedure in the Out of Hours service		Doc. No.	CL047 & OP224
Scope	Operational and Clinical Directorate	Managers and Directors on Call		
Purpose	To provide guidance for safe deployment of Advanced Nurse Practitioners in the Out of Hours service.			
Guidelines	To enable appropriate patient referral to Advanced Nurse Practitioners during the Out of Hours period.			
PROCEDURE			RESPONSIBILITY	
1	Referrals via the HCP line that have not had a GP triage at PC24 cannot be seen by an Advanced Nurse Practitioner. Calls received from NHS 111 must be triaged prior to being seen by an Advanced Nurse Practitioner to determine appropriate cases.		Clinician	
2	<u>Triage</u> Advanced Nurse Practitioners can complete triage calls in the DCA pool, if they have been signed off by the Associate Director of Nursing as having the pre requisite knowledge skill and experience to conduct triage. As the aim of the triage call is to signpost the patient to the most appropriate place, Advanced Nurse Practitioners can complete DCA calls for any patient they believe to be within their scope of practice. Advanced Nurse Practitioners should complete DCA calls from Wavertree base when a GP is also on site to provide support if required.		Advanced Nurse Practitioner	

3	<p><u>Urgent Care Centres & Home Visits</u></p> <p>Advanced Nurse Practitioners can see any clinical priority outside of the exclusion criteria below including emergencies.</p> <p>The patient's record will be marked by the triaging clinician following the telephone assessment as either 'Suitable for ANP' or 'Not suitable for ANP'</p> <p>The Urgent Care Coordinator will then make the relevant referral to Urgent Care Centre/Home Visiting ANP as stated in the case notes.</p>	Clinician /Urgent Care Coordinator
4	<p>Those patients falling within the Exclusion criteria below will not be referred for an appointment with an ANP:</p> <p>Exclusion Criteria</p> <ul style="list-style-type: none"> • End of Life • Pregnancy related problems • Acute Mental Health • babies under 6 weeks (unless specifically stated otherwise to the Shift Manager at the start of shift) • Drug and Alcohol dependent • Patients discharged from hospital within 72 hours 	Clinician
5	<p><u>Repeat Prescriptions</u></p> <p>Advanced Nurse Practitioners can complete any repeat prescription within their realm of confidence and within the Pan Mersey Guidelines.</p>	Advanced Nurse Practitioner
6	<p><u>Advice Pool – Not DCA</u></p> <p>Advanced Nurse Practitioners can complete cases from the Advice Pool outside of the exclusion criteria below including emergencies.</p> <p>This should be only to provide safety netting advice for occasions such as if a patient now does not wish to attend a UCC appointment. If the patient wishes to discuss their symptoms again and requires a further clinical assessment, the ANP should refer this call to the Shift Manager who will allocate to a GP or a triaging ANP.</p>	Advanced Nurse Practitioner
7	<p>ANP's can directly refer to Medical and Surgical Assessment Units.</p>	Advanced Nurse Practitioner
8	<p>Obtaining GP advice</p> <p>If an ANP requires a Clinician to Clinician discussion whilst in consultation with a patient, they can contact the Shift Manager who will route the call to an available GP as soon as possible or within 30 minutes.</p>	GP/Advanced Nurse Practitioner/ Shift Manager
9	<p>ANPs cannot safely discharge clinical duty without access to a GP via telephone/face to face. Should circumstances arise were an ANP is</p>	Shift Manager

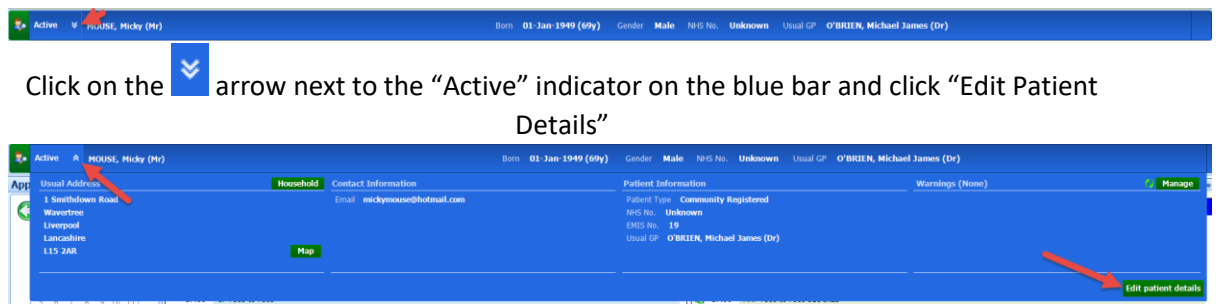
operating without access to a GP escalate immediately to the Manager on Call.


Appendix 4 – How to find patients N82 code

- If the patient is not selected in the blue bar, double click on the patient from the appointment book.



- The patient's details will then be displayed in the blue bar – DOUBLE CHECK YOU HAVE THE CORRECT PATIENT



- Click on the  arrow next to the “Active” indicator on the blue bar and click “Edit Patient Details”
- Click on “Additional” on the left hand side of the window – BE CAREFUL NOT TO CHANGE ANY DETAILS

Edit community registered patient

Patient Details

Additional

Notification preferences

Additional Notes

Patient Details

Personal Details

Title

Family Name

Given Name

Middle Name(s)

Known as

Previous Family Name

Date of Birth

NHS Number

Gender

Religion

Marital Status

Ethnicity

Main Language

Interpreter Required

Alt. Correspondence Format

Home Address

House Name/Flat Number

Number & Street

Locality

Town/City

County

Postcode

Access Instructions

Contact Details

Home Tel No

Work Tel No

Mobile Tel No

Fax Number

Video Conferencing Details

Previous Home Address

Back

Next

OK

Cancel

- Click on the magnifying glass next to Current GP Practice

Edit community registered patient

Patient Details

Additional

Notification preferences

Additional Notes

Additional

GP Details

Current GP details

Title

Family name

Given name

Current GP practice

Previous Home Address

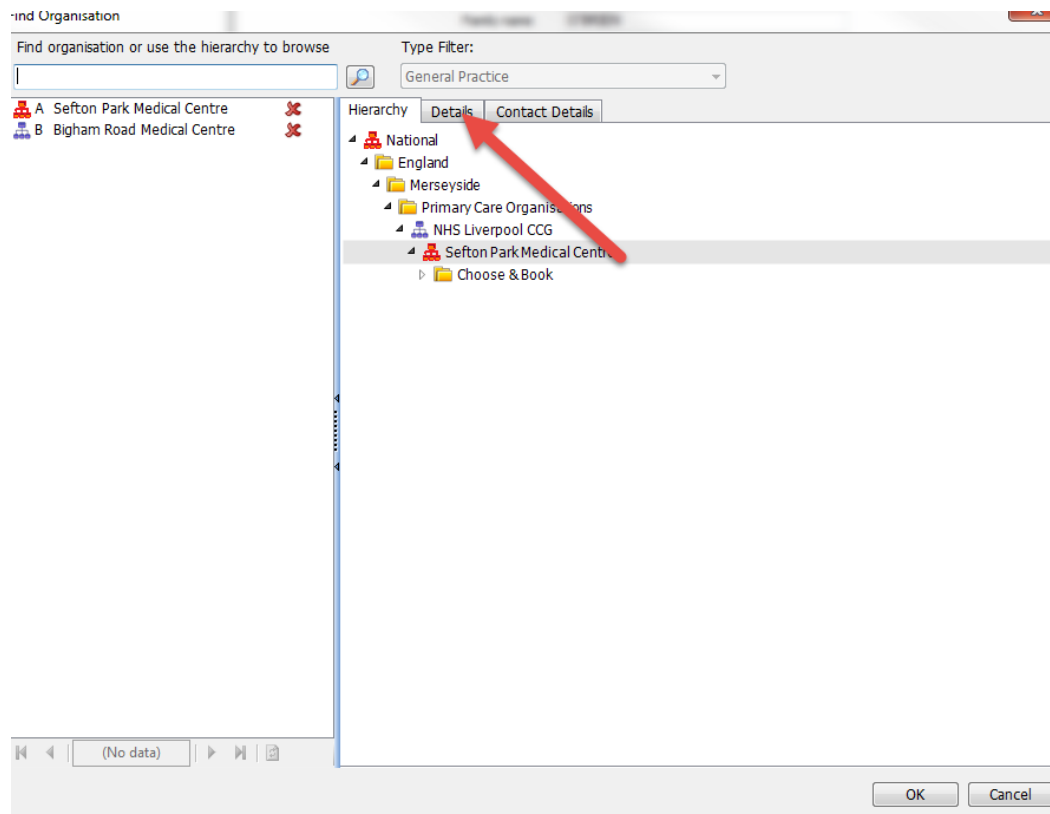
Back

Next

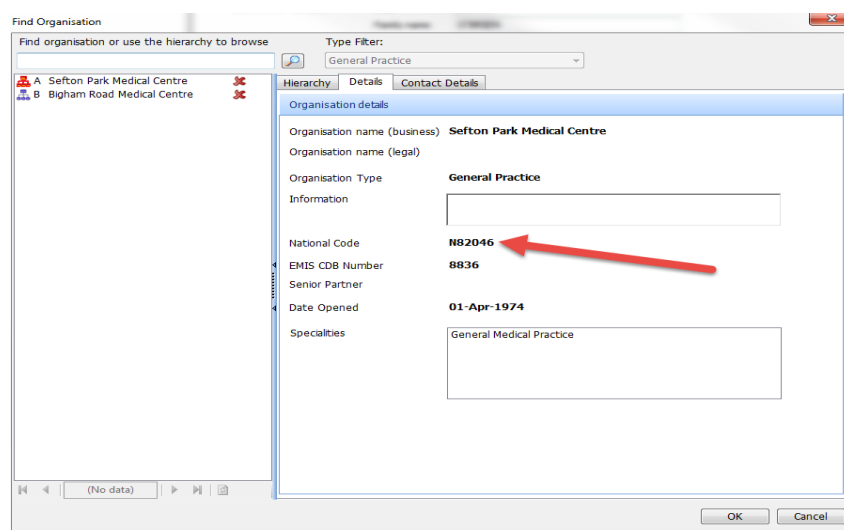
OK

Cancel

- Click on the "Details" tab



- Record the patients National Practice Code



Appendix 5 – Community Phlebotomy Centres

Royal Hospital

Mondays and Wednesdays - 8:00 -17:15

Tuesday, Thursday, Friday 8:30 – 17:15

Broadgreen Hospital

Monday – Thursday 8:30 – 17:00

Friday 8:30 – 16:30

The Phlebotomy Service Drop-in sessions (no appointment needed)

Drop-in services are between 8:30am – 12:30pm, unless otherwise stated in the description below

- *Belle Vale Health Centre, Hedgefield Road, L25 2XE - Monday - Friday*
- *Breeze Hill Medical Centre, 1–3 Rice Lane, L9 1AD - **Extended hours - 7am – 7pm** - Monday – Friday*
- *Childwall Health Centre, Queens Drive, Childwall, L15 6YG - Monday - Friday*
- *Croxteth Clinic, 40 Altcross Road, L11 0BS - Monday - Friday*
- *Everton Road Health Centre, 45 Everton Road, L6 2EH - Monday - Friday*
- *Hunts Cross Health Centre, 70 Hillfoot Road, L25 0ND - Tuesday and Thursday*
- *Kensington Health Centre, Edge Lane L7 2PH - **Extended hours - 7:30am – 7pm** - Monday – Friday*
- *Mere Lane Neighbourhood Health Centre, Mere Lane, L5 0QW - Monday, Tuesday, Wednesday*
- *Norris Green Health Centre, Townsend Avenue, L11 5AF - Monday - Friday*
- *Old Swan Health Centre, Crystal Close, L13 2GA - Monday - Friday*
- *Picton Neighbourhood Health Centre, 137 Earle Road, L7 6HD - Monday - Friday*
- *Riverside Centre for Health, Park Street, L8 6QP - Please call 0151 295 9228 to make an appointment*
- *Ropewalks Health Centre, 28 Argyle Street, L1 5DL - Wednesday, Thursday, Friday*
- *South Liverpool Treatment Centre, 32 Church Road, L19 2LW - **Extended hours - 7am – 7pm** - Monday – Friday*
- *Speke Neighbourhood Health Centre, South Parade, L24 2XP - Monday - Friday*
- *Townsend Lane Health Centre, L6 0BB - Thursday, Friday*
- *Vauxhall Health Centre, 111–117 Limekiln Lane, L5 8XR - Monday, Tuesday*
- *Woolton House Medical Centre - 4–6 Woolton Street, L25 5JA - Monday, Wednesday, Friday*
- *Yew Tree Health Centre, Berryford Road, L14 4ED - Monday - Friday*
- *York Centre, Smithdown Health Park, Smithdown Road, L15 2HE - Monday - Friday*

Managing a shared mailbox

Delegated and shared mailboxes

Opening shared mailboxes

A shared mailbox, sometimes referred to as a generic mailbox, is a separate mailbox to your own that is used by multiple people. For example a district nursing team may have a shared mailbox for incoming referrals that the entire team has access to so anyone on duty can read or action the email. All shared mailboxes must have a nominated owner who is accountable for the mailbox and has the ability to delegate access to others

When you open a shared mailbox, it will appear in a new tab in your internet browser, meaning you will be able to access your own mailbox at the same time

To create a shared mailbox you should contact your Local Organisation Administrator

To open a shared mailbox:


- 1 Click your name at the top right of the screen and select **Open another mailbox**
- 2 Type the name of the mailbox you want to view in the search bar



A search bar with the placeholder text "open another mailbox" and a search icon.



You may need to search the Directory if the shared mailbox details do not automatically appear in the search window

- 3 Select the correct mailbox and click **open**  and the mailbox will open in another tab on your internet browser

When the mailbox opens in another tab in your internet browser, the original tab with your mailbox open will also stay open

You need to be added to the group of users for any shared mailbox or calendar before you can access and use it

When you sign out of your own mailbox, you will automatically be signed out of any shared mailboxes as well