

INTEGRATED URGENT CARE SERVICE DELIVERY UNIT

Urgent Centre Appointment Dispatching Workbook

V1.4

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1. Introduction:

This Workbook forms an integral part of the management and governance arrangements of the Urgent Care Centre procedure. The workbook procedures will ensure compliance with statutory requirements and best practice.

2. Purpose:

The purpose of this workbook is to support the IUC Department by providing instruction and guidance to operational and clinician staff, which will ensure that robust processes are in place and consistently followed by staff.

This workbook does not replace any Corporate Policies

3. Guidance:

This workbook will offer support and guidance to staff to ensure:

- All changes and actions are recorded and follow a clear audit trail
- Appointments are to be made within the time-frame recommended by the Clinician
- Operational staff fully understand call prioritisation and National Quality Requirements (NQR) timescales

4. Admin Procedures:

- The handover is to be taken from the previous Urgent Care Coordinator or Shift Manager identifying any calls awaiting in the dispatch screen and their priority
- Check resources – i.e. Which Urgent Care Centres are open and available to make appointments?
- Confirm that each Urgent Care Centre has a Receptionist and Clinician (See Appendix 1. List of PC24 Operational Centres with extension Numbers)
- Identify any short falls within the rota and plan accordingly with the Operational Team
- Identify Staffing requirements for Clinicians and Receptionists i.e. double shifts/breaks and ensure Urgent Care Centres are blocked accordingly to accommodate breaks
- When blocking Urgent Care Centres, please be mindful **DO NOT** block centres at the same time, thus creating pressure of the service.
- Open Contact Sheet for Health Care Professional list and Chemist lists located in:
 - Shared Drive (S) – Operations – Out of Hours (OOHs) – Contact Sheet V4

5. Identify Urgent Care Appointments awaiting dispatch:

- Within Adastra select the Dispatch Tab
- Open up the Dispatch Screen and select 'On Call Centre' from the drop down menu on the top right hand side of the screen.
- The Dispatch Screen will show the Clinical Prioritisations of each Appointment required to be made:

Emergency	To be completed within one hour from triage consultation finish time
Urgent	To be completed within two hours from triage consultation finish time
Less Urgent	To be completed within six hours from triage consultation finish times

Active Time	Case #	Case Type	Fullname	Address	Priority (lat...	Last Consultation By	Perfor...	Locked By
09:54 28-Jul-20	10004	Home Visit	Test Test	Patient's Address	SW Emergency	Uc24		
09:56 28-Jul-20	10005	Home Visit	Test Test	Patient's Address	SW Less Urgent	Uc24		
07:47 26-Sep-20	10006	Home Visit	Test Test	Patient's Address	SW Urgent	Uc24		

6. Rotas:

- ❖ Check you have Clinician and Operational Staff rotas to include:
- ❖ Clinical resources rostered in PC24 Urgent Care Centres
- ❖ Advanced Nurse Practitioners (ANPs) in PC24 Urgent Care Centres. Please be aware of the ANP exclusion criteria - **Appendix 2**
- ❖ Extended Access Clinical resources for Liverpool and St Helens
- ❖ Registrar resources in particular ST3 who can assist with DCA, Home Visits and Face to Face assessments
- ❖ Clinical Supervisor rota to support the Registrars ST1, ST2 and ST3
- ❖ Primary Care Streaming Clinical Resources – Aintree Hospital and Royal Liverpool University Hospital (RLUH)
- ❖ NHS111 First Clinical resources
- ❖ Receptionist's rota *the exception of the Receptionists, ST1 and ST2 rotas, the above rotas can support the Operational Service with Definitive Clinical Advice Pool (DCA) when there is demand on the service)*
- ❖ Ensure a Clinician and Receptionist are rostered to work:
- ❖ Check the start and finish times for each to ensure the Urgent Care Centre has full coverage.

- ❖ Check the centres have been blocked accordingly to reflect any gaps within the rota

7. Booking an Appointment:

Under the “Waiting for dispatch” operational staff can identify the calls that require appointments to be booked. The appointment booking priority will fall into 3 categories:

- **Emergency Appointment (Red)** – these call must be booked within 1 hour from when the clinician set the case status to dispatch
- **Urgent Appointment (Yellow)** these call must be booked within 2 hours from when the clinician set the case status to dispatch
- **Less Urgent Appointment (Green)** these call must be booked within 6 hours from when the clinician set the case status to dispatch

Guidelines:

Appointments are to be made within the time-frame recommended by the clinician.

Procedure:

- ❖ Contact the patient/representative using the following script:

The following script will be used when calling to book an appointment:

“Good morning / afternoon / evening, I’m calling from Primary Care 24, my name is (say name), and I am calling to arrange an appointment to attend a PC24 Urgent Care Centre today.

Can you please confirm that I am speaking to the patient logged on the system?”

Operational staff to confirm the following to ensure PC24 has contacted the correct patient:

- Patient’s full name
- Patient’s DOB
- Patient’s Home address and current location
- ❖ Book the patient an appointment time in-line with the clinical priority assigned by the clinician
- ❖ Explain to the patient that the time has been arranged as per the recommendation of the clinician
- ❖ **DO NOT** change the appointment time in agreement with the patient as this will be over-riding the clinical recommendation made at DCA
- ❖ Book the patient’s appointment at the nearest PC24 Urgent Care Centre based on their home/current location address
- ❖ Confirm the time of the appointment and location of the Urgent Care Centre back to the patient

- ❖ End the call with the appropriate worsening advice – i.e. to contact NHS111 with any worsening symptoms, or if unable to attend the appointment or wishes to cancel the appointment to contact NHS111 and this information will be passed to PC24.

It is the responsibility of the Urgent Care Coordinator to liaise with the Senior Urgent Care Coordinator and Receptionists in order to plan accordingly and control the flow of appointments through PC24 Urgent Care Centres particularly when there is high demand on the service.

8. Patient declining an Urgent Care Appointment and requesting a Home Visit -See Flow Chart 1

Purpose

To ensure that operational staff are aware of the procedure to follow when trying to book an Urgent Care Centre appointment for a patient and the patient and or a representative declines the appointment and requests a home visit.

Guidelines:

- ❖ Operational staff are **NOT** to change the case type to a home visit at the request of the patient
- ❖ Operational staff are **NOT** to discuss or advise the patient of the home visiting policy
- ❖ The patient/representative is to be advised that the call will be re-assessed by a clinician

Procedure:

If an Urgent Care Coordinator contacts a patient/representative to arrange an appointment and the appointment is declined the following process should be followed:

- ❖ The call must be forwarded to the “Advice Pool” and informs the Senior Urgent Care Coordinator or Shift Manager of the call awaiting further advice from a clinician
- ❖ Urgent Care Coordinator to inform the patient/representative that a clinician will call back
- ❖ Ensure the “Case Type” is changed and use “Case Edit” to record any comments which have been made
- ❖ Document that the patient has been informed that a clinician will call back

9a: Patients Requesting a Later Appointment at an Urgent Care Centre - See Flow Chart 2

Purpose:

To ensure the Urgent Care Coordinator is aware of the correct procedure to follow with regards to patients/representatives requesting an appointment that falls outside the clinician’s recommendations following Definitive Clinical Assessment (DCA)

Guidelines:

Appointments are to be made within the time–frame recommended by the clinician

Procedure:

- ❖ Book the appointment time in-line with the clinical priority assigned by the clinician
- ❖ Advise the patient/representative that the time has been arranged as per the clinical assessment of the clinician
- ❖ Request the patient to attend as close to the booked time and inform the patient/representative they will not be seen if they are late in this instance. However, please inform the patient that there may be a wait as this appointment will be managed between other booked appointments
- ❖ Document the reason (s) for the late appointment request
- ❖ Contact the Urgent Care Receptionist and advise them that the patient may be late. The Urgent Care Receptionist should make sure that the clinician is made aware of the situation
- ❖ **DO NOT** change the appointment time in agreement with the patient as you will be over-riding the clinical recommendation made at the Definitive Clinical Assessment (DCA)

9b: Contact via NHS111 - Patients Requesting a Later Appointment at an Urgent Care Centre after the initial booking - See Flow Chart 3

Purpose:

To ensure the Urgent Care Coordinator is aware of the correct procedure to follow with regards to patients/representatives requesting an appointment that falls outside the clinician's recommendations following Definitive Clinical Assessment (DCA)

Guidelines:

Appointments are to be made within the time–frame recommended by the clinician

Procedure:

- ❖ Call received from NHS111 advising that they have received a call from a patient who has an appointment already booked at a PC24 Urgent Care Centre and that the patient is requesting a later appointment
- ❖ Urgent Care Coordinator requests further demographics from NHS111 and advises NHS111 that PC24 will contact the patient
- ❖ Urgent Care Coordinator contact the patient/representative and ascertains and documents the reason for the change of appointment
- ❖ Advise the patient that the time has been arranged as per the clinical assessment of the clinician
- ❖ Urgent Care Coordinator to check if the new requested time is still within the time –frame recommended by the clinician
- ❖ The appointment **SHOULD** only be moved if the appointment still remains within the time –frame recommended by the clinician
- ❖ If the appointment has been moved, document the reasons for the change and the Urgent Care Coordinator must inform the Urgent Care Receptionist of the changes

- ❖ If the requested appointment falls outside the time- frame of the clinical assessment, **DO NOT** move the appointment and advise the patient/representative that a later appointment is not possible and a clinician will reassess the call
- ❖ The call must be forwarded to the “Advice Pool” and the Urgent Care Coordinator informs the Senior Urgent Care Coordinator or Shift Manager of the call awaiting further advice from a clinician
- ❖ Clinician to make the final assessment

10: Patient requesting to cancel an Urgent Care Centre Appointment - See flow chart 4

Purpose:

To ensure Urgent Care Coordinators and clinical staff are aware of the correct procedure to follow when a patient wants to cancel an Urgent Care Centre appointment

Guidelines:

In all instances actions must be recorded within the patient's record

Procedure:

- ❖ Operational staff receives a call regarding a patient who wishes to cancel a booked PC24 Urgent Care Centre appointment
- ❖ Operational staff **MUST NOT** cancel an Urgent Care Centre appointment. This request is to be passed to the Urgent Care Coordinator, Senior Urgent Care Coordinator or the Shift Manager with the reason for cancellation and location of the appointment
- ❖ Urgent Care Coordinator to contact the patient/representative to confirm the cancellation of the appointment. If the patient still wishes to cancel the appointment, the patient must be informed that a clinician will reassess the call and may call the patient/representative back before closing the call
- ❖ Urgent Care Coordinator can now move the call by the following process:
 - (i) Select Case Edit and enter the Aadastra call number for the patient
 - (ii) General Edits
 - (iii) Select Remove Appointment
 - (iv) Case Edit and document the reasons for the cancellation with any updates
 - (v) Change the Case Type to Advice and update
 - (vi) Check the Advice Pool to ensure the call has been moved and is awaiting further clinical assessment
 - (vii) This call must be actioned within the hour
- ❖ Urgent Care Coordinator informs the Senior Urgent Care Coordinator or Shift Manager of the call awaiting further advice from a clinician
- ❖ Urgent Care Coordinator must inform the Urgent Care Receptionist of the changes and cancellation of the appointment
- ❖ Clinician to make the final assessment

11. Patients Who Do Not Attend an Urgent Care Centre (UCC) Appointment – See Flow Chart 5

Purpose:

To ensure that a clear audit trail is available for patients who do not attend for their UCC appointments. To identify that the patient is well and safe. To ensure that the call is completed appropriately on Adastra by a clinician.

Guidelines:

In all instances actions should be recorded or documented within the patient record.

Procedure:

- ❖ Adastra screens are to be checked by the Urgent Care Coordinators for any appointments that have passed their booked time. UCC reception staff are to ensure that patients have attended their appointments. Failed attendance must be identified within one hour and discussed with the Urgent Care Coordinator
- ❖ If after one hour of the patient's appointment time the patient has not attended the centre, the Urgent Care Coordinator is to attempt telephone contact with the patient/representative to establish that the patient's medical condition has not deteriorated.
- ❖ If the patient informs the Urgent Care Coordinator, Senior Urgent Care Coordinator or Shift Manager that their condition has improved then the patient must be informed that a clinician will contact them to reassess the call and 'safety net' the call. Primary Care 24 operational staff must not cancel or complete the call in these circumstances.
- ❖ If the patient states they are 'contacting an alternative healthcare provider', i.e. phoning an ambulance, going to an Emergency Department, going to a Walk in Centre etc., the Senior Urgent Care Coordinator must liaise with the appropriate healthcare provider, i.e. North West Ambulance Service, Acute Trust, Walk in Centre, If confirmation of attendance is received this must be documented in the patient record by the Shift Manager / Senior Urgent Care Coordinator and dispatched to the 'Advice' pool to be reassessed and closed by a clinician.
- ❖ Remove the previously booked appointment time and pass the call back to a clinician via Adastra ('Advice' pool) for closing assessment. If there is any significant adverse change to the patient's condition then update the priority accordingly.
- ❖ Once the call has been dispatched to the 'Advice' pool the call must be reassessed and completed by a clinician within one hour.
- ❖ If there is no response from the patient's contact number, The Senior Urgent Care Coordinator 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 / Walk in Centre / time the patient self-presented) must be recorded on the record of the call.
- ❖ The call is to be dispatched to a clinician via Adastra ('Advice' pool) for further assessment and / or stand-down by the clinician. This stand-down, or decision to make a further assessment, must take place within one hour of the call being passed into the 'Advice' pool. The call must not be closed by a member of the operational team.

- ❖ If the patient is not contactable the previously booked appointment time should be removed and the call must be dispatched to the 'Advice' pool to be appropriately safety-netted. This must occur within one hour of the call being dispatched into the 'Advice' pool.

12. Patient Transport Procedure

Purpose:

To appropriately transport patients from their place of residence to an Urgent Care Centre (UCC) appointment and back to their place of residence.

Guidelines:

Transfer to secondary care may be authorised and requested by a clinician only, when they deem it to be safe and appropriate for the patient, and or the taxi service, and the clinician has documented such within the clinical record.

Procedure:

- ❖ The decision to offer patient transportation to a designated Urgent Care Centre (UCC) is at the discretion of the Clinician or the Shift Manager if appropriate.
- ❖ It is the responsibility of the Primary Care 24 Clinician to try and ensure that Patient's make their own transportation arrangements to the UCC
- ❖ Prior to the patient/representative being given an allocated collection time, they must be given the opportunity of trying to obtain their own transportation to an Urgent Care Centre

It is inappropriate for the dispatcher to question the individual's ability to access their own transport.

- ❖ If the patient/representative is unable to obtain their own transport, Primary Care 24 is to provide transportation to the appropriate Urgent Care Centre. Primary Care 24 will provide transport via the service's taxi account. The Urgent Care Coordinator will make an entry in the taxi log book.
- ❖ Listed below are the only grounds on which transport is not to be offered. Primary Care 24 policy to provide transport on a **CLINICAL NEED** basis only

Exclusion criteria:

- (i) Unaccompanied children under the age of 18
- (ii) Patient losing bodily fluids
- (iii) Patients with issues or lacking mental capacity which may make the offer of transport inappropriate
- (iv) Patients on the "Zero Tolerance List"
- ❖ Patients who are wheelchair users requiring transportation to an UCC, the Urgent Care Coordinator/Shift Manager will inform the taxi service that a Vehicle with wheelchair access will be required for the transportation of the

Patient

- ❖ It is the responsibility of the Primary Care 24 Clinician to try and ensure that Patient's make their own transportation arrangements to the UCC
- ❖ In the event of a patient requiring transfer to secondary care and an ambulance is deemed inappropriate by the consulting clinician, a clinician may authorise the use of transportation by the taxi service to secondary care. It should be made clear that any ongoing transport WILL NOT be arranged. The transfer must be deemed safe by the clinician and the taxi driver and documented as such within the patient record.

It is NOT appropriate to use PC24 fleet cars in this instance

Transportation to and from pharmacies is to be considered only under **exceptional circumstances** and when not to do so would be detrimental to the health and wellbeing of the patient. This must be agreed by both the Shift Manager and Clinician. This is to be documented within the patient record. Precise details of this must be communicated effectively and in a timely manner with the Primary Care 24 Receptionist and the taxi company.

Declining UCC Appointment and Requesting a Home Visit

Flow Chart 1

Patient declines the appointment offered and requests a home visit



Urgent Care Coordinator advises the patient/representative that a Clinician will reassess the call, and inform the client will inform the patient of the reassessment



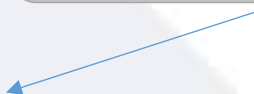
Urgent Care Coordinator changes the Case type and moves the call to advice pool, documenting the reasons for the request for a home visit



Urgent Care Coordinator advises the Senior Urgent Care Coordinator or Shift Manager that a call is in the advice pool awaiting further clinical assessment



The Clinician contacts the patient/representative within the hour of the call being placed into the advice pool and advises the patient/representative of the reassessed clinical outcome



Clinical assessment – Patient still requires an Urgent Care Appointment



Clinical assessment – Patient requires a Home visit

Urgent Care Coordinator to contact the patient/representative to book an appointment in line with clinical prioritisation.

Home visit to be dispatched in line with the clinical prioritisation

Patients Requesting a Later Appointment at an Urgent Care Centre

Flow Chart 2

Urgent Care Coordinator contacts Patient to book an Urgent Care appointment

Does the Patient accept the Urgent Care appointment offered?

NO

YES

Urgent Care Coordinator ascertains reasons for the change. Does the new appointment fall within the Clinical Priority?

Urgent Care Coordinator books the appointment within the Clinical priority

YES

Continue to book and the patient is given appointment time

NO

Explain to the patient that the time has been arranged as per recommendation of the clinician

Request the patient to attend as close to the booked time. Patient will be seen if they are late in this instance

Urgent Care Coordinator to contact the Urgent Care Receptionist and advise that the patient will be late

Do **NOT** change the appointment time in agreement with the patient/representative, as this will over-ride the clinical recommendation made by the clinician at DCA.

Patients Requesting a Later Appointment at an Urgent Care Centre after the appointment has been booked

Flow Chart 3

Operational Staff receive a call via Health Care Professional line or NHS111.

Patient requesting to book a later Urgent Care Centre Appointment

Later request information passed to Urgent Care Coordinator/ Senior Urgent Care Coordinator or Shift Manager

Urgent Care Coordinator contacts the Patient/representative to confirm the reasons for the request for the later appointment

Does the new appointment time fall within the Clinical priority time frame?

NO

Appointments cannot be booked outside the Clinical priority. Patient advised that a Clinician will call back to offer further clinical assessment.

YES

Continue to book the new appointment time

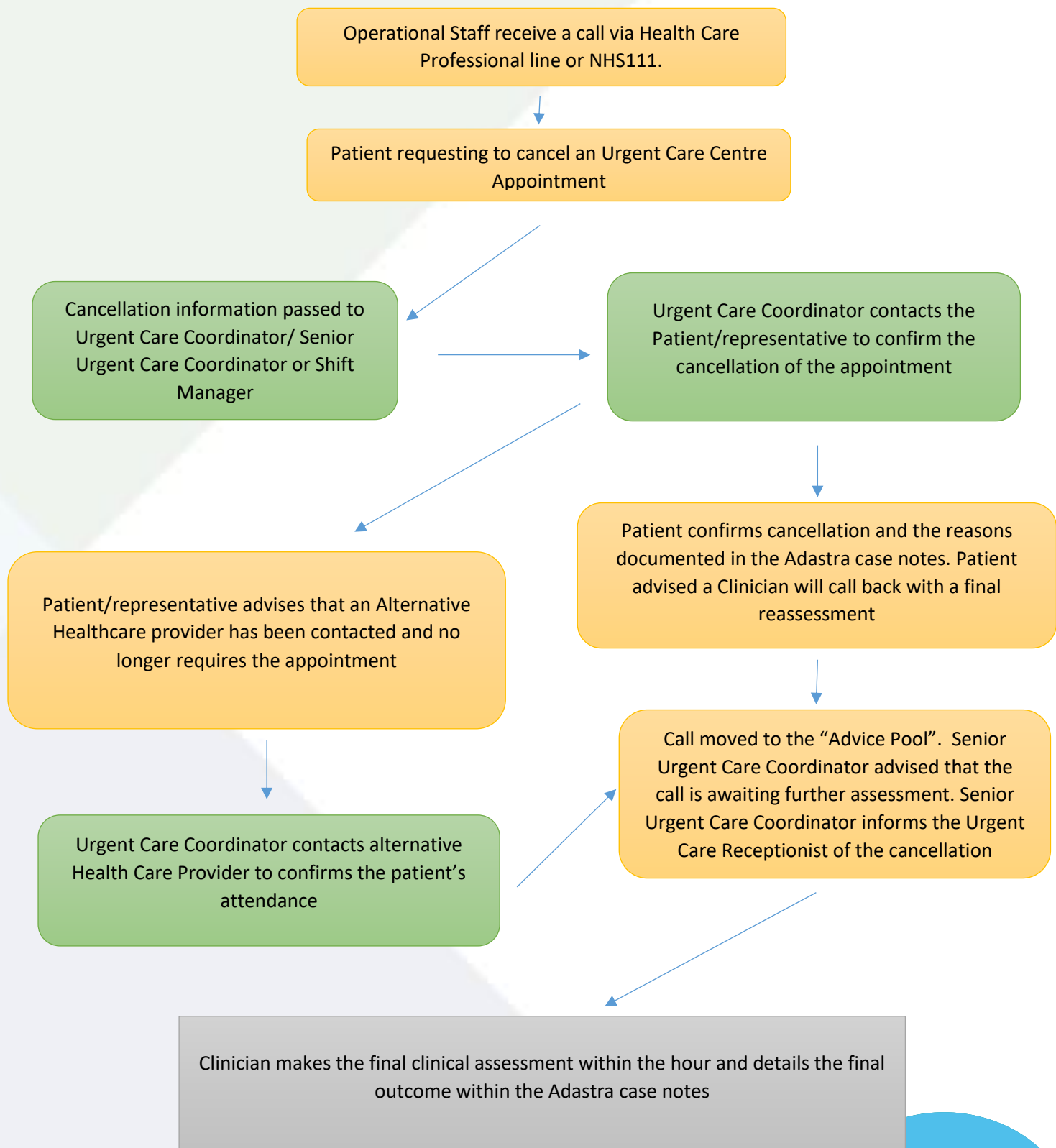
Urgent Care Coordinator changes the Case type and moves the call to advice pool, documenting the reasons for the request for later appointment

Urgent Care Coordinator advises the Senior Urgent Care Coordinator or Shift Manager that a call is in the advice pool awaiting further clinical assessment

The Clinician contacts the patient/representative within the hour of the call being placed into the advice pool and advises the patient/representative of the reassessed clinical outcome

Clinical assessment – Patient still requires an Urgent Care Appointment

Urgent Care Coordinator to contact the Patient/Representative to book an appointment in line with clinical prioritisation.

Patient requesting to cancel an Urgent Care Centre Appointment**Flow Chart 4**

Patients Who Do Not Attend an Urgent Care Centre (UCC) Appointment**Flow Chart 5**

Urgent Care Coordinator identifies a Patient who has failed to attend their Urgent Care appointment 1 hour after the booked appointment time

Urgent Care Coordinator contacts the Patient/representative to establish if the appointment is required and to check on the patient's medical ...

Contact made with the Patient and does the Patient still require the appointment?

YES - Contact made with the patient

NO contact made with the patient

Patient advises the appointment is no longer required as the condition has improved.

Urgent Care Coordinator must contact Alternative Health Providers - i.e NWAS, local Hospitals to confirm if the patient has presented. All actions to be accurately recorded in the case notes

Patient advises that an alternative Health Care professional has been contacted for further treatment

Call moved to the "Advice Pool" Senior Urgent Care Coordinator advised that the call is awaiting further assessment. Senior Care Coordinator informs the Urgent Care Receptionist of the cancellation

Clinician makes the final clinical assessment within the hour and details the final outcome within the Adastra case notes

List of PC24 Operational Centres with extension Numbers

Appendix 1

Centre Name	Address	Receptionist Extension	Clinician Extension
Aintree University Hospital CCG: Liverpool	Aintree University Hospital (A&E) Lower Lane L9 7AL	1500	1501
Childwall Fiveway Liverpool Extended Access Service (EAS)	Queens Drive L15 6UR	1905	
Formby Clinic CCG: Southport and Formby	Phillips Lane Formby L37 4AY	TBA	TBA
Litherland NHS Treatment Centre CCG: South Sefton	Litherland Town Hall Hatton Hill Road L21 9JN	TBA	TBA
Lowe House Primary Care Resource Centre CCG: St Helens	103 Crab Street St Helens WA10 2 DJ	2214	2215/2216
Knowsley Walk In Centre (St Chads) CCG: Knowsley	St Chads Clinic St Chads Drive L32 8RE	1401	1402
Miilennium Centre St Helens Extended Access Service (EAS)	Corporation Street St Helens WA10 1HJ	2205	
Nutgrove Villa (Huyton) CCG: Knowsley	Nutgrove Villa Westmoreland Road L36 6GA	1301	1300
Old Swan Neighbourhood Centre CCG: Liverpool	Crystal Close Old Swan L13 2GA	1100	1101/1102
Royal Liverpool; Hospital CCG: Liverpool	RLUH - Clinic R Prescot Street L7 8XP	1701	1702
Halton Hospital (Runcorn) CCG: Halton	Hospital Way Runcorn WA& 2DA	1807	1803/1804
South Liverpool Treatment Centre (Garston) CCG: Liverpool	32 Church Road Garston L19 2LW	1609	1610
Southport District Hospital CCG: Southport & Formby	Town Lane Southport PR8 6PN	TBA	TBA
Townsend Medical Centre Liverpool Extended Access Service (EAS)	Townsend Lane Liverpool L6 0BB	1902	
Bath Street Health and Wellbeing Centre CCG: Warrington	Bath Street Legh Street, Warrington, WA1 1UG	TBA	TBA
Widnes Health Care Resource Centre CCG: Knowsley	Oaks Place Caldwell Road Widnes WA8 7GD	1809	1810/1811

ANP Exclusion Criteria

Appendix 2

The case **MUST** be triaged in the DCA pool.

Urgent Care Centres & Home Visits

Advanced Nurse Practitioners can see any clinical priority outside of the exclusion criteria below including emergencies.

The patient's record will be marked by the triaging clinician following the DCA as either 'Suitable for ANP' or 'Not suitable for ANP'

The dispatcher will then make the relevant referral to Urgent Care

Those patients falling within the Exclusion criteria below will not be referred for a nurse appointment

Exclusion Criteria

- End of Life
- Pregnancy
- Acute Mental Health where patient is on more than 3 medications (poly pharmacy)
- Children under 6 weeks (exception AHCH)
- Drug and Alcohol dependent where patient is on more than 3 medications (poly pharmacy)

Repeat Prescriptions

Advanced Nurse Practitioners can complete any repeat prescription requested with the exception of Controlled Drug requests – Controlled drug requests must be referred to a GP

Advice Pool – Not DCA

Advanced Nurse Practitioners can complete calls from the Advice Pool outside of the exclusion criteria below including emergencies.

If an ANP requires a Clinician to Clinician discussion they can contact the Shift Manager who will route the call to an available GP.

ANP's can directly refer to Medical and Surgical Assessment Units. Should the ANP require further clinical advice they can contact the shift manager and request a clinical discussion with a GP

Following ANP assessment the case needs to be forwarded to a GP for further advice/consultation, the ANP must contact the Shift Manager/Team Leader. ANP must complete their notes from the patient consultation and forward the case as directed by the Shift Manager/Senior Urgent Care Coordinator. They will then ensure this episode of care is completed by a GP.

ANPs should always have access to a GP via telephone/face to face. Should circumstances arise where an ANP is operating without access to a GP escalate to the Manager on Call.

