

# INTEGRATED URGENT CARE SERVICE DELIVERY UNIT

## Receptionist Workbook V1.7

This Workbook is available electronically via PC24 Intranet

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**THE SHIFT MANAGER BASED AT HEADQUARTERS WILL HOLD A HARD COPY. AN ELECTRONIC COPY OF THIS DOCUMENT CAN BE ACCESSED VIA UC24 INTRANET.**

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## **1. Introduction**

This workbook forms an integral part of the Management Team and Governance arrangements of PC24. The standard operating procedures will ensure compliance with statutory requirements and best practice.

## **2. Purpose**

The purpose of this workbook is to support the reception 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.

### 3. Role of a Primary Care 24 Receptionist (Out of Hours & Extended Access)

#### Purpose:

This workbook is to ensure safe management of patients in order of clinical priority. To ensure that the patient's journey from Definitive Clinical Assessment (DCA) to being seen by a clinician in an Urgent Care Centre (UCC) is as smooth as possible. To ensure good communication between receptionists, Wavertree HQ, clinicians and other service users i.e. Walk-in Centre teams.

#### Guidance:

The role of the receptionist is recognised as an essential member of the operational team. The staff member undertaking this role must be able to communicate effectively with the ability to demonstrate good observational and listening skills.

### 4. On Site Procedures

#### Procedure 1:

##### Setting up at the Start of Session

All receptionists must wear a Primary Care 24 identification Badge and uniform.

At the commencement of duty, the receptionist will log onto the reception computer and contact the Urgent Care Centre dispatcher to notify of arrival on 1020 or send an instant message on Adastra if a phone is not available.

The receptionist must contact the Urgent Care Centre dispatcher to inform them if the clinician is late for shift, this must be informed immediately if the clinician has not arrived by the start of their shift.

#### Procedure 2:

##### Preparation of Clinical Rooms

The receptionist will prepare the clinical room(s), turning on the computer and ensuring that all equipment is in good working order and available for the clinician to commence their duties. The receptionist must complete an equipment checklist to confirm all equipment is available. Completed equipment checklists are to be placed in the paperwork folder for audit by the Medicines Management Team.

The receptionist will clean all medical equipment using antibacterial wipes provided. Any problems with any equipment and or the computer failures will be reported to the shift manager without delay. Equipment with batteries is to be checked and low batteries replaced. Missing equipment is to be reported to the shift manager on 1020 for inclusion in their report, and a Datix completed which can be accessed via the Adastra system or paper copy located in the information folder. Completed paper copy is to be placed in the paperwork folder for collection.

To ensure observance of Infection, Prevention & Control (IPC), the clinical room(s) and reception area must be sanitised with antibacterial wipes this will include desk area, computer, beds, worktops and chairs.

At the start of the shift the receptionist will check and record the temperature of the room where the medications are kept. If the temperature is above 25C, this must be reported immediately to the shift manager.

An information pack is located in each centre, please ensure you familiarise yourself with the nearest fire exit information and your desk is set up using the Display Screen Equipment (DSE) guidance sheet within the pack.

In most of our centres the clinician is located away from the reception area so it is important to keep in regular contact with the clinician on you shift.

### **Procedure 3:**

#### **Appointment Booking of Patients**

As appointments are booked into the centre, the receptionist will complete a call log sheet, recording patient's details, for back-up in the unlikely event of a system failure. The receptionist will greet the patient by saying "good morning/afternoon/evening, do you have an appointment to see a clinician?" The receptionist must be able to correctly identify patients by asking for the patient's full name, date of birth and the first line of their address and arrive them on the system.

The patient must at this point be informed if appointments are running to schedule or if a delay has occurred. The clinician will be required to complete calls in the 'DCA' pool, therefore you must alert the clinician to the arrival of their patient's. Patients must be seen in order of appointment time, unless a clinician feels a patient needs to be seen earlier. The decision to see the patients out of time can only be made by the clinician and must be made on clinical grounds.

### **Procedure 4:**

#### **If a Patient's Condition Deteriorates**

**IN THE INTEREST OF PATIENT SAFETY THE RECEPTIONIST MUST ENSURE ALL PATIENTS ARE KEPT IN SIGHT OF THE RECEPTIONIST AT ALL TIMES.**

**If a patient's condition deteriorates** after arriving at the centre the receptionist must alert the clinician immediately. Once the patient is in the care of the clinician the receptionist must inform the shift manager of the situation and keep updated as soon as possible.

All receptionists are required to attend mandatory defibrillator Cardiopulmonary Resuscitation (CPR) and Immediate Life Threatening Condition (ILTC) training on a 3 yearly cycle. This is all covered in the CPR training session. If the receptionist has an existing CPR/defib certificate from another employer, they must provide evidence otherwise they are required to attend a PC24 session. It is the responsibility of the receptionist and the clinician to manage the patients care at the centre from the point of arrival until the patient has departed.

It is the responsibility of the Thursday evening receptionist to check the defibrillator is working correctly. This is done by checking if any faults are showing on the screen. Do not turn the defibrillator on as this wastes the battery.

Throughout the duration of your shift you must keep in regular contact with your UCC dispatcher in relation to the following:

- ❖ Late patient arrivals and non- attendees
- ❖ Clinician falling behind on appointment times
- ❖ Errors in patient demographics
- ❖ Deterioration in patient symptoms
- ❖ Definitive Clinical Assessment (DCA) pool
- ❖ Any other general enquiries

## **Procedure 5:**

### **Other Receptionist Duties**

Upon arrival of the clinician the receptionist will sign over the drugs trolley key (this is needed only if clinician takes keys) to the clinician together with the prescriptions and security fobs for the doors.

The receptionist is responsible for cleaning up spilt bodily fluids in the appropriate manner using the equipment provided.

It is important to remember that other services operate within the same buildings so you must be familiar with the 'Dignity in the Workplace Policy'.

The receptionist will check for any shortages of the stock and inform the shift manager of any required items but it will be the responsibility of the Wednesday evening receptionist to undertake a stock take of all equipment each week and emailing the 'Stock Request Tick Sheet' to Wavertree HQ. The shift manager will place the sheet with the paperwork for the administration team.

If the clinician needs to write a prescription for a patient that has been triaged, it is the responsibility of the receptionist to scan and email the script to the appropriate pharmacy and make a follow up phone call to the pharmacy to confirm receipt. Write the pharmacy staff members name confirming receipt of script onto the blank side of the prescription.

**Overnight Procedure:** when a pharmacy is closed, under no circumstances should a prescription be emailed over as receipt cannot be confirmed. At the weekend, leave a message for the morning receptionist on duty to email them. Mid-week the receptionist must email the prescription to Wavertree HQ. The shift manager will pass to the administration team for the medicines management team to send the prescription when the pharmacy reopens.

## **Procedure 6:**

### **Closing Down at the End of Session**

At the end of the receptionist's session they will sign the trolley keys back from the clinician together with any security fobs and return to the key safe and ensure that all equipment etc. is securely put away. The equipment checklist should be completed and put with the paperwork to be collected. Call log sheets should be discarded in confidential waste. Any unused prescriptions will be signed back in and put securely



away. The receptionist will ensure that all areas are clean and tidy including consultation rooms.

**Food is not to be consumed in the reception areas or clinical rooms.**

Weekends and overnights there is a 15 minute handover time. A complete handover must be undertaken by the out-going and in-coming receptionist.

At the end of the shift all confirmed email prescription copies and attached confirmation will be posted in the post box in readiness for collection.

At the end of the session the receptionist will log out of the computer and inform the UCC dispatcher that they are going off duty. This can be done via phone call or instant message. This **MUST** only be done when the final patient has left the centre.

All receptionists will adhere to the rules and instructions of the building they are working in, these rules vary from site to site. Copies can be found on the intranet.

Receptionist to be conversant with the Primary Care 24 Complaints Policy to be found on the intranet.

**Applicable to Aintree staff only-** It is the responsibility of the PC24 Receptionist to note the discharge times when the patient leaves the PC24 clinician on Aintree's CAS card.

**Applicable to Aintree and RLUH staff only-** slots in Adastra **must not** be locked unless authorised by a service manager/Shift manager.

## 5. Services

### 5.1 Primary Care Streaming Services

**To provide face to face GP appointments for A&E non-emergency patients**

### 5.2 Out of Hours G.P Services

**To provide face to face GP appointments out of hours for patients who are non-emergency and unable to see their own GP.**

### 5.3 Extended Access Services

**NHS 111 can book face to face GP appointments outside of practice working hours and weekends.**



## 6. Receptionists Procedures for Primary Care Streaming at Royal Liverpool University Hospital (RLUH)

### Purpose:

To ensure safe management of patients in order of clinical priority. To ensure that the patient's journey from Definitive Clinical Assessment (DCA) to being seen by a clinician in an Urgent Care Centre (UCC) is as smooth as possible. To ensure good communication between receptionists, Wavertree HQ, clinicians and other service users i.e. Walk-in Centre teams.

### Guidelines:

The role of the receptionist is recognised as an essential member of the operational team. The staff member undertaking this role must be able to communicate effectively with the ability to demonstrate good observational and listening skills.

As patients are streamed through via A&E the receptionist will complete a PDS search and book the next available appointment.

**Note:** Any patients streamed via A&E that have tests recorded on the CAS card must have the results noted on the CAS card ie ECG, Blood Tests, before being booked for an appointment. If the results are not recorded, the receptionist must refer the patient back until the triage staff have recorded the results.

The receptionist will follow the same procedures and policies for all clinics when working within the RLUH/Aintree hospitals

### Procedures:

It is extremely important that appointments are booked correctly at our PCS sites as this is what is used for reporting to those who commission the service. As the receptionist it falls to you to ensure the correct procedure is followed for booking all slots at our PCS sites. Please always follow the 2 points below:

#### 1. Priority of call

You should always select **6 hours** (former Less Urgent). There is no other time frame that should be selected

#### 2. Patient who the doctor informs you is complex or a patient requiring language line and requires a double appointment follow the below process

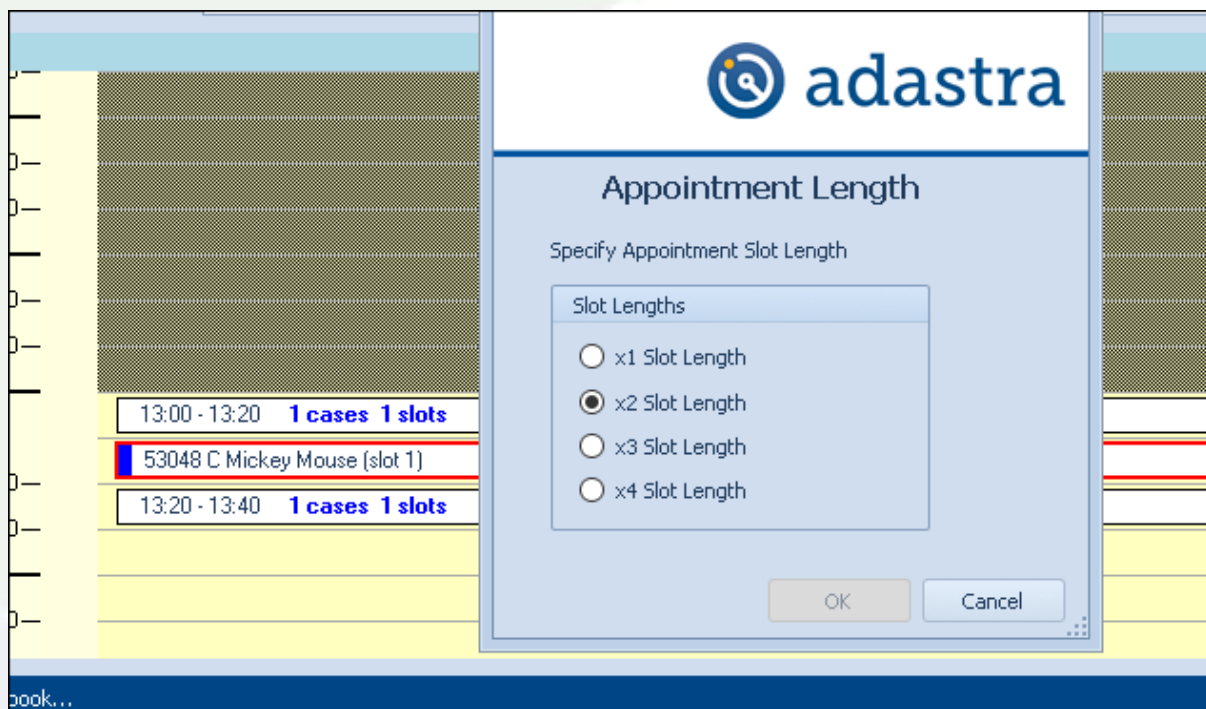
To book a double appointment, enter the patients details as usual and book the appointment.

Once the appointment is booked right click using the mouse on the patient name on the appointment diary and you will see three options

- Look up case details
- Change Appointment Length
- Move Appointment

Select 'Change Appointment Length' and the screen below will pop up

Selected x2 Slot Length and then click on ok



The appointment diary will then show a double appointment.

Take care not to select the wrong slot length and you only need to click once.

### Managing the Appointment Diary

You, as the receptionist at the Royal Hospital, will need to manage the appointment diary. If you need to book a double appointment please select where this is available.

Remember, the Shift Manager or Urgent Care Coordinator at Wavertree base is available to support you if you have any queries about your appointments or if you need to ask them to slow down if the diary is becoming unmanageable due to volume.

### Booking lunch break slots for the GP

Please block out 2 x 20 minute slots for the GP to have a 30 minute break and a 10 minute catch up.

## 7. Role of Receptionists at Aintree Hospital Primary Care Streaming (PCS)

### Purpose:

To ensure safe management of patients in order of clinical priority.

### Guidelines:

The staff member undertaking this role must be able to communicate effectively with the ability to demonstrate good observations and listening skills. Follow procedure set out above in Royal Primary Care Streaming.

## 8. Time of Operation

Saturday and Sunday: As published

Aintree Hospital A&E will have 2 x 15minute appointments per hour (on the hour and half past hour)

PC24 will have 2 x 15minute appointments (on the quarter past and quarter to) for GP OOH patients.

## 9. Patients Who Do Not Attend an Urgent Care Centre (UCC) Appointment

### 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.

UCC reception staff are to ensure that patients attend their appointments, failed attendance must be identified within 1 hour.

It is the UCC dispatcher's responsibility to contact the patient by telephone to establish that the patient/ parent/ carer's medical condition has not deteriorated.

## 10. Comfort Calls

### Purpose:

Comfort Calls are to ensure patient safety is not compromised during periods of increased activity.

### **Guidelines:**

To be read in conjunction with DCA Pool Management and Logging Calls Back in Adastra, Management of Calls in the Advice Pool Managing National Quality Requirements (NQRs) Compliance and Demand and NHS 111- Extended DCA Call Back Pilot.

At times of increased activity the service may be in a position where call back times to patients are beyond the expected 20 or 60 minutes and 6 hour National Quality time frames (NQRs)

The comfort call will be carried out in an empathetic and caring manner and will inform the patient of the renewed anticipated timescale for the call back. Identify if any new or worsening symptoms and identify if any ILTC symptoms, using the following script.

### **Receptionist Comfort Call Script within the Urgent Care Centre**

**Good Morning/Afternoon/Evening, my name is (say name) I am a receptionist from Primary Care 24. I am calling to inform you of the delay of a clinician calling you back today, can you please confirm the patients name, date of birth and first line of address. Can you please advise if there is any change in the patient's condition?**

**REMEMBER TO ALWAYS LOG AND INFORM**

## **11. Calls from Text Phone Users (Type Talk)**

### **Purpose:**

To ensure that callers to our services who are hearing and/or speech impaired are dealt with in a professional manner that caters to their specific need.

**THIS IS A STAND ALONE PROCEDURE SEPARATE FORM THIS WORKBOOK**

## **12. Access to Interpretation Services**

### **Purpose:**

To ensure that patients whose first language is not English are treated equitably and have their health needs met. That the patient fully understands the process and the care that would be provided to them or a member of their family via telephone interpretation or via face-to-face interpretations.

**Guidelines:**

All PC24 services can contact interpretation services for non-English speaking patients.

It is the responsibility of the receptionist to inform the clinician if an interpreter is needed.

### **13. Receptionist-Adastra Competent and the Use of NHS Choices.**

**Purpose:**

To ensure all receptionists are aware of the correct procedure for arriving patients onto the Adastra system and to follow procedures in respect of prescriptions.

The receptionist must be able to access the appointment book and Definitive Clinical Assessment (DCA) Pool.

**Guidelines:**

Facilitating the smooth continuation of the patient journey.

Accurate recording of information in respect of prescriptions.

Patients must be seen in order of appointment time. If the patient demonstrates deterioration in condition it must be brought to the clinician's attention.

As part of the operational team it is the receptionist's duty to keep in touch with the Team Leader or Shift Manager in relation to the 'DCA' pool.

The receptionist must have full knowledge of the clinical priorities associated with the National Quality Requirements to which Primary Care 24 adheres and their time parameters.

### **14. Use of the Defibrillator and Resuscitation Equipment**

**Purpose:**

To provide guidance for clinical and non-clinical staff in the use of the defibrillator and resuscitation equipment.

**Guidelines:**

It is the responsibility of the receptionist to ensure the equipment is available and accessible for the clinician at the start of each shift.

Staff are trained in AED and CPR every 3 years.

After each resuscitation episode the member of staff involved must complete a PC24 incident form via Datix.

## **15. Maintaining Patient Confidentiality and Security at the Urgent Care Centre (UCC)**

### **Purpose:**

This is to ensure receptionists are aware of the confidentiality requirements as per Caldicott guidelines.

### **Guidelines:**

To be aware of and follow the principles of the Caldicott guidelines in-line with the Primary Care 24 Information Security Policy.

It is mandatory that all Primary Care 24 staff display their identity badge while undertaking a shift for Primary Care 24. 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.

If you have any concerns for the safety of any patient's, the clinician or yourself you must bring this to the attention of the security guard if available or contact your duty Shift Manager immediately.

If security is not available and you feel there is an immediate serious risk, contact the emergency services.

## **16. Primary Care 24 Receptionist Audits**

### **Purpose:**

Audits are to ensure receptionists follow all Primary Care 24 policies and procedures and maintaining a high standard of service to patients whilst in the care of an Urgent Care Centre (UCC).

### **Guidelines:**

Reception Audits have been historically completed once per month.

They must be conducted from the start of the shift onwards as the audit includes observing the receptionist setting up the consultation rooms and handling the equipment and documentation.

Newly trained receptionists will be audited monthly until 3 fully compliant audits are achieved.



Feedback will be provided at the time to the receptionist and a copy of the audit will be emailed to them for their records.

HR will be informed of any continuous non-compliance in order that it can be managed under capability/performance.

## 17. Safeguarding

Safeguarding is every staff members' responsibility.

## 18. Business Continuity

The receptionist will record on the appointment sheet all appointments times with the name of the patient and Adastra record number as each appointment appears on the Adastra screen.

There may be times when the clinical system is not available due to technical issues or outage. In these instances, the receptionist will prepare the paper consultation documents ready for the GP. On the paper consultation the receptionist will complete the patient demographic details, date of birth, appointment time and date, then pass the record to the GP for recording of the patient consultation. The clinician will record the start and finish time of the consultation together with a note of the actual consultation. The record should then be passed back to the receptionist for checking (all data correctly recorded) and placing in the paperwork folder for collection.

Blank paper consultations are held in the administration paperwork folder.

The receptionist should keep in touch with the UCC despatcher giving regular updates on patient attendance or DNA.

If telephone system goes down, contingency mobiles, which are checked and fully charged at start of session, are to be utilised. There is one for the GP and one for the receptionist. Mobile numbers are shown in the table below.

## 19. IUC Site Based Contingency Mobile Numbers

Location	Number	Location	Number
Huyton In Hours 1	07776 766933	Lowe House 1	07591 036185
Huyton In Hours 2	07776 766934	Lowe House 2	07720 546609
Huyton In Hours 3	07776 766935		
Aintree 1	07818 809301	Runcorn 1	07818 809314
Aintree 2	07818 809302	Childwall - EA	07471 385571
Old Swan 1	07818 809303	Townsend - EA	07425 536494
Old Swan 2	07818 809304	Abercrombie - EA	07818 258870
		Garston - EA	07501 490350
		Rainhill - EA	07818 991126



Royal 1	07818 809307	Rainford - EA	07553 301029
Royal 2	07818 809308	Woodside - EA	07824 040253
Huyton 1	07818 809309	Millennium - EA	07824 040096
Huyton 2	07818 809310	Shift Manager Mobile	07393 464572
Runcorn 1		Call Centre 1	07918 745890
Runcorn 2		Call Centre 2	07918 745993
		Call Centre 3	07471 460318
		Call Centre 4	07557 902239

## 20. IUC Site Locations

Centre Name	Address	Clinical Room Number	Receptionist Extension	Clinician Extension
Aintree University Hospital CCG: Liverpool	Aintree University Hospital (A&E) Lower Lane L9 7AL	10	1500	1501
Childwall Fiveway Liverpool Extended Access Service (EAS)	Childwall Fiveways, 1 <sup>st</sup> Floor Queens Drive L15 6UR		1905	
Formby Clinic CCG: Southport and Formby	Phillips Lane Formby L37 4AY	TBA	TBA	TBA
Litherland NHS Treatment Centre CCG: South Sefton	Litherland Town Hall Hatton Hill Road L21 9JN	TBA	TBA	TBA
Lowe House Primary Care Resource Centre CCG: St Helens	103 Crab Street St Helens WA10 2 DJ	6 and 7	2214	2215/2216
Knowsley Walk In Centre (St Chads) CCG: Knowsley	St Chads Clinic St Chads Drive L32 8RE		1401	1402
Millennium 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	L28 and L08	1301	1300
Old Swan Neighbourhood Centre CCG: Liverpool	Crystal Close Old Swan L13 2GA	4 and 8	1100	1101/1102

Royal Liverpool; Hospital CCG: Liverpool	RLUH - Clinic R Prescot Street L7 8XP	1 and 2	1701	1702
Halton Hospital ( Runcorn) CCG: Halton	Hospital Way Runcorn WA& 2DA	1803	1807	1803/1804
Southport District Hospital CCG: Southport & Formby	Town Lane Southport PR8 6PN	TBA	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	TBA

## 21. TEMPERATURE CHECK APPENDIX 1

**UCC Name:**

[illegible]

## 22. UCC STOCK REQUEST SHEET — Appendix 2

As in line with SOP's OP063 and OP060 – please see PC24 intranet. It is the responsibility of the Wednesday night receptionist to check for any shortages of stock and expiry dates and return this form to the Meds management team (Julie Williams and Joseph Heron)

Item	In Stock (Box, Pack, strip)	Number out of date and to be returned to base	Amount Required
Multistix			
Ear Pieces (Auroscope)			
Urine Sample Bottles/Paediatric collectors			
Gloves - Med / Large			
Tongue Depressors			
Ear Probe covers (Thermometer)			
Kidney Dishes			
Peak flow mouth covers			
KY Jelly Sachets			
Glucose test strips			
Lancets			
Steret Swabs			
Needles & Syringes			
Hand Gel			
Batteries			
Spill Kits – Vomit & Urine / Blood			
Bed rolls			
Bacterial Wipes			
Nebuliser Kits – adult/child (check a set of each is in the nebuliser box and spares are to hand and easy to access if required)			
Portable Loop Machine checked and working			
Mobile Phones – checked and working			

UCC Name: \_\_\_\_\_

Receptionist name: \_\_\_\_\_ Date: \_\_\_\_\_

**Email: Julie Williams and Joseph Heron** (Include both in email) via  
Adastra or EMIS with requested items, listing UCC.

### 23. Equipment Check List – Appendix 3

EQUIPMENT CHECK FOR UCC'S	
UCC Name:	DAY & DATE:



Digital Thermometer



Diagnostic set



BP Machine



Glucose monitor



Electronic Pulse oximeter



Peak Flow Meter



Ear Thermometer



Stethoscope



Patella Hammer

Item	Check Session 1 (Morning – Start of Session)		Check Session 2 (Afternoon)		Check session 3 (Evening – End of Session)		Check session 4 (Overnight – End of Session)	
Receptionist Name:								
Session Time:								
	Box1	Box2	Box1	Box2	Box1	Box2	Box1	Box2
Digital Thermometer								
Diagnostic set								
BP Machine & Cuffs								
Cuffs Sml/med/lrg/xtra lrg. Circle what's stocked.								
Glucose monitor								
Electronic Pulse oximeter								
Peak Flow Meter								
Ear Thermometer								
Stethoscope								
Patella Hammer								

Comments – Missing Items etc.:

