

The Suffolk GP Federation: Out of Hours Service

Frequently Asked Questions

Contents

Working for OOH	P 3
SystemOne	P 5
OOH Processes	P 6
Toughbooks	P 11
Car	P 12
Staff Safety	P 13
OOH Logistics	P 14
Equipment at base	P 15

Working for OOH

1

“What are the shift patterns - can I tell if I will be a clinician working on my own?”

All shift patterns will be visible on RotaMaster. There will be single clinician shifts in some bases, but there will always be a receptionist/driver on shift with you.

2

“Can we work for the CAS as well?”

Yes of course. We would encourage clinicians to work across the whole patient pathway. If you are interested in working for the CAS you will still need to go through Care UK's recruitment process if you are not already working for them.

3

“What about GP Registrars? How will the Suffolk OOHs Service use registrars that are able to work independently - those who are green?”

GP Registrars will be able to work within the service. GP Registrars will only be able to book in when a trainer is available. Where registrars are booked we will ensure there is time at the end of the shift for clinical review and support.

4

“Will we get a guide to RotaMaster and the differences with GP+?”

Although there are separate rotas for GP+ and OOH, RotaMaster functions in the same way. Training will be given at the Suffolk GP Federation induction. You will also be able to access self-help guides once you log into the system. Should you come across any issues, you can contact the RotaMaster admin team on **E: GPOOH.Rotateam@suffolkfed.org.uk T: 01473 921800**

5

“Will the GP+ shift lead be covering the Out of Hours service as well?”

No the GP+ shift lead will not be covering the Out of Hours service. Out of Hours escalation will be separate from GP+ with an on-call manager & clinician.

6 *“Will there be a start and end of shift debrief like we have in GP+?”*

There will be a start and end of shift debrief but not in the same way as GP+. The Co-ordinators role will be to collate shift debrief information at the end of a shift and pass this on to the next.

SystemOne

1 *“Are patient flags visible on the home screen?”*

Yes these are visible on the home screen. In our simulation testing GP colleagues have commented that they are very easy to see.

2 *“Can SystemOne cope with downloading large patient records in poor signal areas?”*

Yes, we have tested download times with large patient records in known poor signal areas. There was no delay in download times that would cause disruption. It is advisable to start the record download as soon as you can, the download will continue whilst you are on route to a patients home.

3 *“Is the CAS/111 information already on the home screen?”*

Yes, the CAS/111 information will be available by viewing the case.

4 *“What does a EMIS patient record look like?”*

A record in EMIS looks exactly like it does on EMIS in the practice. They have access to everything the practice has but in a read only version. The practice has to be a part of the Synnova / Fed Group for the record to be visible. Staff working remotely with only SystemOne mobile do NOT have access to the EMIS viewer. The viewer is available from base locations only.

OOH Processes

1

“How long will the appointment slots be?”

Base appointment slots will be 15 minutes.

2

“How will samples get collected?”

This will vary from base to base depending on the collection services offered in that area. Sometimes the patient may be asked to deliver their sample directly to the path lab or their GP surgery themselves.

3

“If investigations are requested who will pay for them?”

Investigations will be paid for through the usual funding mechanism.

4

“Would clinicians be able to change repeat prescriptions - at the moment clinicians can only do urgent medications”

It is anticipated that urgent repeat prescription requests will be dealt with in the CAS not Out Of Hours.

5

“Will the system send text appointment confirmations to the patients?”

Patients will receive a text message detailing the appointment time and place.

6

“Will the text appointment confirmation give the address?”

Yes. The name of the base and the postcode will be included in the text.

7

“Will we be having time put aside for call backs and will this be monitored by the co-ordinators and co-ordinator assistants?”

Any clinical call backs will be managed by the co-ordinators with suitable time allocated as necessary based on urgency and demand at the time.

8

“How do we organise an emergency admission from the car/home visit?”

You will need to task the co-ordinator to send the admission details via email to the hospital.

9

“How long are appointment slots and what happens when appointments overrun?”

Appointment slots are 15 minutes. The coordinators have sight of each clinicians appointments, wait times and queues and will manage the work-flow on a shift. They will rely on receptionists/ drivers alerting them to particular problems which can be via Systemone tasking or a phone call.

10

“Does the PEM notification go to out of area GP practices?”

Yes it gets shared to the patient’s registered GP wherever they are.

11

“How will overseas visitors be managed? They have no NHS number to use”

In the same way any patient would be without an NHS number. A SystemOne patient profile is created.

12 *“Will we do Fit Notes and Med 3’s?”*

If Fit Notes and Med 3’s are part of the urgent consultation, this can be issued.

13 *“Acute referrals - can the GP do these via NHS mail and avoid the co-ordinator being involved?”*

No these will be completed electronically via eRS

14 *“Are we continuing with comfort calling?”*

Yes, you will be doing comfort calling.

15 *“Two week wait referrals are an example of additional activity that will impact on time taken to do the home visit.”*

Work associated with a two week wait will be undertaken by the medical secretaries on the next working day

16 *“Is the breach status/time for each home visit visible to the clinician to aid prioritisation?”*

Prioritisation is undertaken by the co-ordinator based on the disposition code in the first instance. Communication will take place between the car and the control room (co-ordinator) if priorities need to change due to the location of the car or receipt of an urgent visit.

17 *“Will we no longer call all home visits to check urgency and need?”*

All requests for home visits will be called by the co-ordinators except where it has been requested by the CAS. Clinicians will only call the patient if there is an issue or large volume of home visits that can not all be accommodated.

18

“If a patient says they no longer need a home visit, where will this be recorded?”

Should the patient no longer require a home visit, this will be recorded in the case record on SystemOne.

19

“Will the home visit urgency be altered by the visiting clinician or the Co-ordinator?”

Urgency can only be altered by the clinician.

20

“Will more routine home visits be ‘held back’ and offered a base appointment?”

All patients will be offered a base appointment if they can get to a base.

21

“How will you manage jobs that are left at the end of a shift? Who will contact the patient?”

This will depend on the shift time. Outside of the Out Of Hours period cases will be handed to the patients registered GP practice via a telephone contact from the coordinator. The coordinators will contact the patients.

22

“Will a single PEM be sent to the GP?”

Each patient contact generates a PEM.

23

“Currently we have 1hr home visits to do - where have these gone”

1 hr home visits are not part of the Out Of Hours dispositions. These will now be dealt with by 111 and the CAS.

24 *“Are you planning to change the manual process currently used for managing drug stock and counting prescriptions?”*

Not initially, although we will be looking to developing something in SystemOne in the future.

25 *“GP Audit Tool - What needs to be recorded now we have full access to the patient record; current recording is influenced by the requirements of the GP Audit tool”*

The GP audit tool should not drive good practice – it is there to demonstrate and provide assurance about quality – It will not require duplication of information that is already in the system. The tool will be reviewed to ensure that it is appropriate.

26 *“If we do contact a patient by phone, is it recorded as a telephone consultation? ”*

Yes, all calls should be recorded in the appropriate place in SystemOne (in addition all phone calls are voice recorded on base and mobile phones)

27 *“How will the referral letters be put together? Will it be a summary which includes the history, examination and diagnosis, PMH DH and allergies?”*

Referral templates will pull relevant patient information through in the same way that happens in GP+ and day time general practice.

ToughBooks

7

“Will we be able to take the toughbooks into the patients home? This would be helpful with care home visits. Currently it is impossible to remember multiple patients records.”

Yes – we want to ensure that you have access to the patient record within the home avoiding the need for written notes. Toughbooks are not to be used while the car is being driven.

2

“Clinician needs to do the initial start up of Toughbooks at the start of every shift.,How long will this take and will we be given enough time?”

It takes a maximum of 10 minutes and you will be given time.

Car

1 *“Can we print in the cars?”*

No- there isn't the ability to print in the cars – you will be using handwritten FP10's for home visits.

2 *“Will there be letter headed paper in car kit”*

Yes, you will be supplied with letter headed paper in the car.

3 *“Currently the pathology process for home visit is for clinicians to use hand written forms, is it possible to have a small label printer in the car? This is likely to be a requirement of new NICE guidelines”*

Initially the pathology process will continue to require clinicians to use hand written forms. Operational processes will be updated in line with any future changes in NICE guidelines.

4 *“Is there a need for a 2nd phone for the driver or is the phone expected to stay in the car?”*

The phone is expected to stay in the car.

5 *“Will there be a BNF in the home visiting cars?”*

Yes a paper copy will be in each car.

Staff Safety

7

“Will there be a panic button and how will colleagues know if it has been activated?”

Base clinicians will have access to a panic button via SystemOne. This will display (and sound) an alert to anyone logged into SystemOne. The computer number and location will be visible.

There will also be a panic button in the car. This will display an alert on the TomTom Fleet screen in the Out Of Hours control room.

When clinicians are carrying out home visits they will have a SkyGuard personal safety device.

OOH Logistics

7 *“How will the service manage with less clinical rooms at the Ipswich base? The ED streaming waiting room is very small, patients often come with family and friends. Will it be big enough?”*

The Suffolk GP Federation will be operating a dispersed model which means that more bases will be open, reducing dependency on the Ipswich and Bury St Edmunds bases. Although there is less space in the Ipswich base this improved utilisation will reduce demand here. We will also have the facility to use rooms at Riverside which is where mobile bases are likely to be directed to see booked patients. There will be a new Urgent Treatment Centre in 2020 and it is anticipated that the OOHs service will operate from there.

2 *“Where will the bases be?”*

Ipswich, Bury St Edmunds, Haverhill, Sudbury, Mildenhall, Saxmundham, Stowmarket and Eye.

3 *“It is possible to have a summary of active and past major problems on the home page? – this would be very helpful”*

Yes, you will be able to see this information on the home page.

4 *“It is possible to have a summary of active and past minor problems on the home page?”*

Yes, you will be able to see this information on the home page.

5 *“Can we have the DX code descriptions available somewhere?”*

The Co-ordinators will have the DX code descriptions.

Equipment at base

1 *“Can we print referral letters in the bases?”*

Yes. Urgent referral letters can be printed in the bases although we anticipate most of these being done electronically via eRS. For routine referrals you will be able to task the medical secretaries to complete the referrals for you on the next working day. This mirrors the process that works well in GP+ and EDS.

2 *“Are the computers at the bases on the green domain, can clinicians log on with their normal surgery log in?”*

All computers will be on the Suffolk GP Federation network. All clinical and administrative staff will be given a Fed log in.

3 *“Will there be label printers in the bases for the path lab requests?”*

Yes, there will be label printers in the bases for path lab requests.