Standard Operating Procedure for the Urgent Treatment Centre (UTC)

***gtd healthcare* is committed to an environment that promotes equality, embraces diversity and respects human rights both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.**

This document may only be considered valid when viewed via the intranet. If this document is a printed copy or one saved to another file location, the version number must be checked against that on the intranet.

Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

DOCUMENT			
Reference number		**Version number**	1
Date produced/ reviewed		**Supersedes**	
Lead author/ reviewer	Victoria Arnold		
Contributors	Tracy Breen, Ayo Oguntunde & Stacey Dixon		
Equality impact			
Applies to	Preston & Chorley Urgent Treatment Centres		
RATIFICATION			
Ratified by	Clinical Quality Improvement Group	**Date**	
DISTRIBUTION			
Circulated by	Clinical Service Manager	**Date issued**	
Circulated to	Preston & Chorley Urgent Treatment Centres		
Circulation method	On Intranet and Staff Briefing		
REVIEW			

Review date	

Version	Date	Lead author/ reviewer	Summary of changes	Document status

Contents

Standard Operating Procedure for the Urgent Treatment Centre (UTC) Support to ED

Key messages

- Roles and responsibilities
- Acceptance criteria and referral process
- UTC pathway
- Management of clinical deterioration and escalation process

Summary

The Urgent Treatment Centre is a GP & Medically led service based in Royal Preston Hospital and Chorley District Hospital 7 days per week. The service supports patients to be seen by the clinician most appropriate to their presenting condition. The designated service operates 24hours seven days per week including bank holidays.

1.0 Scope

The Urgent Treatment service is a co-located provision offering the Out of Hours GP service and a GP & Medical led Primary care service. This Standard Operating Procedure covers the GP & medical led Primary care. The SOP applies to GTD teams providing the Urgent Treatment Centre service.

2.0 Purpose

To provide an overview of the operational functioning of the Primary care streaming delivered in the Urgent Treatment Centre

3.0 Definitions

UTC	Urgent Treatment Centre
OOH	Out of Hours
GP	General Practitioner
ACP	Advance Clinical Practitioner
ED	Emergency Department
LTH	Lancashire Teaching Hospitals
ICB	Integrated Care Board
RPH	Royal Preston Hospital
CDH	Chorley District Hospital

4.0 Introduction

4.1 Facilities

The service operates from a co-located integrated urgent treatment centre at CDH & RPH

RPH UTC has 5 consulting rooms, a reception, waiting area, paediatric waiting room a storeroom, medication storage room and an eye room.

CDH UTC has 4 consulting rooms, a reception and a joint waiting are for ED and UTC and a paediatric waiting room.

Both sites also offer Food and Drink Facilities, very good bus links,

4.2 Opening Hours

The designated services operate 24hours seven days per week including bank holidays.

4.3 Preston & Chorley UTC Services

We provide a range of urgent care services across Chorley and Preston that differ from our other models of care:

- **Self-presenting patients with minor illness** at Chorley via Flex
- **Self-presenting minor injuries** booked in between the hours 08:00-23:15 **& minor illness at Preston** via Flex
- Ambulance transfers from A&E where on arrival the patient's condition can be safely managed by Urgent Care Centre – via Flex.
- **DVT** patients (following a pre-defined and detailed protocol) who attend or are referred to the UCC - Adastra system.
- When GP surgeries are closed, standard **out of hours** presentations from NHS111 (either face to face, telephone advice or home visits). Calls are managed via adastra.
- **Pathways Alternative to Transport Services** (ATT) referred by NWAS (Northwest Ambulance Service) – via adastra.
- **Local Clinical Assessment Service (Lancs LCAS)**. These calls that are located on Adastra have not undergone a definitive clinical assessment by a clinician and therefore must be treated as priority calls. Similarly, the service receives CAS calls which are category 3 & 4 999 calls from NWAS. These must also be treated as priority calls as the assessment process by NWAS can be limited. The codes set for receipt of patients directly from NHS 111 are in line with the emergency treatment centre agreed code sets. It is expected that most calls can be closed with "hear & treat." Where patients need to be seen, they can be directly booked into the Urgent Treatment Centre or can be directed to the hospital to the Emergency care department and be seen via flex.

5.0 Responsibilities

5.1 UTC Clinicians

The UTC clinician is responsible for patient care from arrival via triage/streaming to discharge, where appropriate this will include prescribing medications. They are responsible for referring patients to the respective specialty teams when clinical need arises or is indicated.

Specifically, UTC clinicians will

- Work as a primary care clinician
    - Accept undifferentiated patients of all ages streamed by the Front Door Triage team based in ED and UTC, whose condition maybe primary care and does not warrant ED attendance.
    - See and independently manage the patient – should the patient need to be seen by a specialty they will be referred directly as would be the case when working in a GP surgery.
    - Only request diagnostics that aid a primary care clinician in making a clinical decision.
    - UTCs must be able to treat minor injury and illness in adults and children of any age. This should include wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries.

- Ensure that all patients and attendance details are recorded onto Flex. Reasons for patient attendance and any discharge summaries, child safeguarding screening, should be completed on Flex.

- Ensure patients are seen in time order, except where clinical need indicates otherwise and operate within the four-hour ED standard.

5.2 UTC receptionist

Welcome patients when they arrive at the UTC

- Monitor the UTC whiteboard (FLEX) & Adastra
- Transfer patient details from Adastra and register patient onto Flex were appropriate
- Provide administrative support to GP/Medic/ACP if required
- Maintain oversight of current waiting time in urgent treatment centre to ensure four-hour standard is met, if waiting times become extended

5.3 Streaming Nurse/Clinician (Front Door Triage Team)

- To work within their own organisations policies and procedures, and professions code of conduct
- Service provided through partnership working between ED and UTC staff

- To apply the streaming guidance developed for the UTC to identify patients suitable to be seen in the UTC (Appendix 1 Adults & Appendix 2 Paeds)
- To explain to patients that their emergency pathway means they are being streamed to the UTC based on their presenting condition
- To provide guidance following a secondary triage of the patients, whereby the obs and ECGs are within normal limits and whether the individual is suitable to be streamed to the UTC
- To provide patient education regarding choosing the most appropriate source of healthcare

5.4 Clinical Responsibility

Clinical responsibility for each patient is with LTH from presentation at the ED front door, until booking in to the UTC.

Clinical responsibility for each patient is with the UTC from being transferred to their whiteboard and following discharge.

Clinical responsibility for patients referred back to LTH from UTC remains with UTC, until they are reassigned back into ED whiteboard.

For patients booked through 111 or any other service is the responsibility of UTC or individual clinicians.

To enable us to deliver this integrated urgent care service, there are currently 2 types of clinical roles/duties required to manage the flow of patients attending the Urgent Care Centres (UCC):

Clinician 1 – Triage/See and Treat Clinician - For those patients who are appropriate for the UCC, this role will consist of either:

- Triaging the patient within 15 minutes to determine whether, following the collection of focussed observations and the taking of a brief history, does the patient still satisfy the criteria for urgent care or do they need to be transferred to ED.

or

- Where demand and capacity allow, the clinician should operate a 'see and treat' model, completing the episode of care at that point.

Clinician 2 – See/Treat Clinician - clinicians will manage a mix of urgent primary care presentations.

6.0 Acceptance Criteria and Referral Process

6.1 Patients Suitable for UTC

- UTC clinicians will accept undifferentiated patients of all ages streamed by the front door triage team whose condition is primary care
- Patients presenting condition meets the agreed criteria (Appendix 2 Adults & Appendix 3 Paeds) or following a discussion with the UTC practitioner.
- Following secondary triage and the observations and ECG are within normal limits, the patient is reassessed and meets the criteria

6.2 Patients not suitable for UTC

- Patients who have been referred directly by a primary care clinician to ED or a specialty team
- Patients requiring extensive diagnostics
- Patients requiring more than oral analgesia on arrival
- Specific exclusions are also noted in the criteria in appendix 2 and 3

6.3 Onwards referral

Should the UTC clinician wish to refer the patient to another team this should be done directly by bleeping the relevant team.

Contact can be made with the relevant specialty by calling switchboard.

Outside these hours bleep the specialty using the list of bleep numbers provided. Should a team request the UTC clinician undertake tests or place orders this should be declined as this is not within the remit of the UTC clinician.

The patient is given a printout of the consultation from FLEX/Adastra.

7.0 UTC Patient Pathway

7.1 Flex Clinical System

- This system covers patients who self-present directly to the Urgent Care Centres in Preston and Chorley.
- Patients undergo a triage, usually in partnership with Lancashire Teaching Hospitals Trust Emergency Department staff. All clinicians are expected to support the triage list following the Triage Capacity escalation plan. This can be found in each clinical room. It is expected practice for the care coordinator and triage nurse/practitioner to escalate any delays. The shift leads can support attendance of staff to triage to maintain good patient flow. The Integrated Urgent Care Service has a “see and treat” model of care, which means that all clinicians are expected to support the assessment of patients as safe to wait, returning to the work-stream they have been assigned to or seeing and treating the patient from the triage list. There are ‘how to guides’ available in the clinical and care coordination files to support all clinicians to operate within the model of care.
- It is expected that cases will be managed and discharged within 2hr15mins, with 4 hours being the maximum time (current 4-hour access standard is in place.)
- In order to support adherence to the 4-hour access standards, essential diagnostics e.g. x-rays, bloods, must be done in a timely manner to not delay care beyond the 4-hour maximum stay.
- Good record keeping within Flex is essential. Please see details regarding the timely completion of patient summaries and the minimum information required to be documented prior to discharge.
- There are ’how to guides’ for referral to speciality services. The care coordinators can facilitate support for this.

7.2 111 Roles & Guidance

All OOH calls from patients come via NHS111. **Overall responsibility** for the shift lies with the CSM/ACP.

All 111 calls may undergo a filtering process by the senior clinician which enables some patients to be directly booked into treatment centres or passed direct for a home visit following their 111 assessments. If the case is not appropriate for direct booking, these cases are passed for an enhanced assessment by a doctor or Clinical Assessor.

7.3 Call Management System via Adastra

- Doctors can take calls from OLC board in clinical priority which are titled Nurse Advice or Dr Advice on On-Line Clinician (OLC), as these will have been filtered and will be visible in the same area on OLC. Normal NQR time frames will operate for these cases as the 111 dispositions has not been accepted.
- Please do not select any calls from the booking area on Adastra, as these cases need direct booking which will be completed by the care coordinator.
- Please be aware that some cases may have been with 111 for a period of time, a clinical review/patient pathway and experience is of the paramount importance and should be considered within every consultation.
- Our target is that all 111 telephone calls are completed within an hour.
- Our standard is that all GTD CAS calls are filtered for direct booking or filtered for an enhanced assessment.
-

7.4 Treatment Centres/Home Visits

- Following Dr Advice/enhanced assessment of calls, following a call a treatment centre appointment can be booked as normal.
- Home visits are dispatched as normal.

7.5 Health Care Professional Calls

- The Heath Care Professional line is 0161 934 2828 and is strictly for healthcare professionals who need access to advice from a doctor/senior clinician, for example Paramedics, District nurses, MacMillan Nurses etc.
- Health Care Professional Calls will come through to *gtd* on the direct healthcare professional phone number. Calls from paramedics via ATT need to be responded to within 15 minutes. All other calls should be managed as quickly as possible however the maximum waits are in line with the normal NQR 9-time frames: 20 minutes for an urgent call and 60 minutes for a routine call.

8.0 Emergency Procedures

In the event of sudden clinical deterioration or UTC clinicians are instinctively concerned:

Ensure you are aware of the emergency procedures in any of the locations you are working from. A range of emergency equipment is available, e.g. defibrillators, emergency drugs.

In Preston, emergency support for a deteriorating patient is summoned by ringing 2222 or transferring patient to ED (Emergency Department). In Chorley during the ED opening hours (8-8) transfer to ED and outside of that time ring 2222 and 999.

9.0 Pathway/Capacity escalation

As part of the development of the UTC extensive modelling was completed to model capacity requirements, the ICB has commissioned UTC to provide sufficient provision.

It is however recognised by both UTC and LTH that extended waits to be seen in the UTC do not support a good patient experience and both UTC and LTH are committed to ensuring that the four-hour standard is delivered. The following escalation steps support this:

An initial safe to wait assessment please alert a care coordinator and or another clinician if support for observations is required. Assessment for x-ray, or other diagnostic interventions

See and Treat. There may be capacity to directly see and treat the patient.

10.0 Staffing models

The staffing levels for the UTC are the responsibility of GTD and will be flexible to ensure capacity meets demand.

Reception cover will be from 24hrs/day

A Medic will be present 24hrs/day

Supported by a non-medical workforce

A streaming UTC clinician will support the ED front door team 24hrs/day seven days a week to meet peak levels of activity.

If there is not adequate staff to operate the service escalation via the agreed pathway needs to be followed.

11.0 General

11.1 Drugs & Other Stock

The drug cupboards will be stocked via the LTH pharmacist. GTD has responsibility for ensuring appropriate medicines management systems are in place, this includes maintaining the security of medicines in line with all appropriate standards/requirements. GTD have responsibility for monitoring the temperature of any medication storage areas and escalating to the LTH estates team if temperatures fall outside of acceptable ranges.

Stocking of equipment and consumables for the UTC is the responsibility of GTD.

During the hours of operation, a handwritten or printed FP10 prescription will be prepared and issued at the UTC by the Clinician. The patient or their carer / representative will be advised to take the prescription to a pharmacy to have it filled. Information on pharmacies with extended hours and opening times on bank holidays will be available.

11.2 Cleaning

LTH will provide cleaning and waste removal services from the UTC. Any concerns should be escalated in the first instance to the LTH estates team.

11.3 Catering

Arranged as part of the LTH campus a wide contract vending machines will be in operation in the UTC waiting rooms. Any concerns should be escalated in the first instance to the LTH helpdesk.

11.4 Security

UTC staff will be required to always wear photo ID and access badge whilst on the campus. If there are any concerns, then security should be called for assistance.

CCTV is installed both inside and outside of the building and will be monitored by the onsite LTH security team.

An emergency alarm is installed in the reception area when once pressed alerts the security control room that will immediately send a response team.

Emergency Security assistance can be summoned by dialling 2215.

11.5 Patient Experience

Patients can access paper copies of patient experience questionnaires within the UTC department. There are also QR codes visible to scan and complete electronic feedback.

12.0 Discharge

- Discharge will occur following completion of the patient's consultation and discharged on FLEX/Adastra

- The GP will receive one discharge summary which will be generated from FLEX/Adastra.

13.0 KPI Performance Indicators

Please note these are shortened for competencies file. Full explanation of Key Performance Indicators can be found in the Care Coordinator file at both sites

PRIORITY SERVICE LINES
15 minutes LCAS calls triage at 111 is admin. These calls come direct to urgent care and need urgent clinical triage/assessment
15 minutes NWAS referrals ATT/CAT 3&4
15 minutes Self-presenting patients QM TRIAGE CAPACITY ESCALATION PLAN
FLEX
Self-presenting patients triaged within 15 mins of arrival
Self-presenting patients discharged or transferred within 4 hours of arrival

Decision to admit being completed on screen for all patients who are to be admitted under speciality before the 4hour breach time
Use the Capacity Escalation Plan (On the wall behind reception) and able to escalate to appropriate teams
ADASTRA CALLS
NWAS referral calls to be completed within 15 minutes **(ATT/CAT3&4)**
URGENT NWAS referral cases referred for face to face consultation to be completed within 2 hours of completion of initial call
ROUTINE NWAS referral cases referred for face to face consultation to be completed within 2 hours of completion of initial call
Dr advice/Speak to clinician/Bloods calls to be completed in line with the priority allocated on adastra or when marked **URGENT** within 2hrs / **ROUTINE** within 6hrs
VISITS
OOH **URGENT** face to face consultations to be completed within 2 hours
OOH **ROUTINE** face to face consultations to be completed within 6 hours
DVT
Patients to be seen within 24hrs of referral by Clinician (GP/OOH/ED)
Patients to be offered interim dose of anticoagulant if unable to be scanned within 4hrs of arrival in department
TREATMENT CENTRE APPOINTMENTS
Patients to be seen within 30mins of either arrival time or appointment time (whichever is later)
LCAS / NHS 111 BOOKINGS
URGENT calls to be completed within 15 minutes
ROUTINE calls to be completed within 30 mins
Heralded/UCC Appointment cases to be triaged within 15 minutes of arrival (Care co to make Triage nurse aware of patient's arrival)
Patients with UCC apts to be seen within 30 minutes of appointment time. If already passed this time from triage to be prioritised as next patient on arrival in department
VIRTUAL WARD
Between the hours of 1800-0800 7days a week we will be providing clinical support to LTHTR virtual ward patients. These patients will be monitored daily by the Frailty, Respiratory and acute teams.
If the patients become unwell or symptoms deteriorate, they can contact our team directly on 01257 247094 (Chorley main desk)

14.0 Appendix 1 Streaming Criteria – Adults

Urgent Treatment Centre criteria for ED walk in patients

The Following System-based list of presentations applies to patients of all ages, but special consideration should be given to infants and young children

Type of illness	Exclusion criteria
Abdomen, chest, pelvis or genitalia	Major injuries, pelvic fracture or injury, Silver Trauma
Bites and stings	Associated anaphylaxis (even if resolved prior to presentation) Airway involvement Human Bites Needle stick injury
Burns	>3% body surface area Electrical or inhalational e.g. smoke Involving mouth, perineum, SIGNIFICANT palm or palmar aspects of digits Full circumference of a limb Requiring plastic surgery input owing to depth, site or size
Ear	Involving cartilage or eardrum Associated with foreign body
Eye	Penetration of globe and / or blood in anterior chamber Involvement of eyelid margin or tear drainage system Chemical Injury
Face	Uncontrolled epistaxis Any laceration with cosmetic consequences or that requires suturing
Foreign bodies	Foreign body in the airway or rectum Suspected but non-visible foreign body in a deep or penetrating wound Foreign body in a wound overlying important anatomical structure
Head	Intoxicated Confusion 2 or more episodes of vomiting On Anti-coagulants As per NICE Guidelines
Limbs	Hip Fracture or injuries Neurovascular deficit Gross Deformity Open Fracture Severe or apparently disproportionate pain or tenderness Ischaemic Limb
Neck	Off-road vehicle incident, motorised or otherwise Axial direction of force
Wounds	Penetrating or deep injuries Severe crush injuries Suspected or actual tendon or nerve injuries

	Wounds requiring surgical intervention, e.g. post-op dehiscence, debridement
Respiratory	Severe respiratory distress and / or stridor Cyanosis Heavy haemoptysis
ENT	Uncontrolled epistaxis currently bleeding Foreign body Airway obstruction (stridor, choking)
Dental	Uncontrolled bleeding after extraction
Ophthalmological	Suspected foreign body, corneal abrasion Red eye with pain or altered vision
Cardiovascular	Chest pain with cardiac history Cardiac sounding chest pain in the >25yrs Tachy or Brady arrythmias Suspected PE with haemodynamic compromise Severe Hypertension/Malignant Hypertension Dissecting Aneurysm
Gastrointestinal	Haematemesis Upper GI bleeds Acute Abdomens Dehydration requiring IV fluids Swallowed high risk foreign body abdominal pain in the >70yr PEG
Genito-urinary	Priapism Sexual assault Testicular torsion Urinary Retention Catheter Management
Gynaecological	>16 weeks pregnant with bleeding Suspected ectopic pregnancy Suspected Ovarian Torsion Suspected labour
Dermatological	Anaphylaxis Suspected meningococcal rash
Neurological	Sudden onset headache Suspected stroke or TIA Currently fitting or 1st fit.
Musculoskeletal	Caudia Equina Syndrome, Metastatic back pain
Mental Health	Overdose / Significant self-harm, Acute Psychosis Suicide plan, Mentally unwell

15.0 Appendix 2 Streaming Criteria Paediatric

STREAMING GUIDE FOR CHILDREN (AGE 0-15 YEARS) TO THE UTC

The following children are **NOT** suitable to be streamed to the UTC service.

All infants under 3 months with a current temp of 38C or above
Children who have been seen by a GP and referred to ED or specialty
Children with injuries where there are current safeguarding concerns
Clinical suspicion of meningitis or meningococcal septicaemia
Limping children
Under 1's with a head injury and older children fulfilling NICE CG 176 criteria
Any child in the red zone on the NICE traffic light assessment
Children presenting with a mental health problem
Child requiring illness diagnostic investigations (i.e., bloods or ECG)
Unwell child unable to tolerate fluids, more than 3 episodes of vomiting that will require observations.
All paediatrics minor illness presentations without observations

16.0 Nice Traffic Light Assessment

	Green – low risk	Amber – intermediate risk	Red – high risk
Colour (of skin, lips or tongue)	• Normal colour	• Pallor reported by parent/carer	• Pale/mottled/ashen/blue
Activity	• Responds normally to social cues • Content/smiles • Stays awake or awakens quickly • Strong normal cry/not crying	• Not responding normally to social cues • No smile • Wakes only with prolonged stimulation • Decreased activity	• No response to social cues • Appears ill to a healthcare professional • Does not wake or if roused does not stay awake • Weak, high-pitched or continuous cry
Respiratory		• Nasal flaring • Tachypnoea: RR > 50 breaths/ minute, age 6–12 months RR > 40 breaths/ minute, age > 12 months • Oxygen saturation ≤ 95% in air • Crackles in the chest	• Grunting • Tachypnoea: RR > 60 breaths/minute • Moderate or severe chest indrawing
Circulation and hydration	• Normal skin and eyes • Moist mucous membranes	• Tachycardia: > 160 beats/minute, age < 1 year > 150 beats/minute, age 1–2 years > 140 beats/minute, age 2–5 years • CRT ≥ 3 seconds • Dry mucous membranes • Poor feeding in infants • Reduced urine output	• Reduced skin turgor
Other	• None of the amber or red symptoms or signs	• Age 3–6 months, temperature ≥ 39°C • Fever for ≥ 5 days • Rigors • Swelling of a limb or joint • Non-weight bearing limb/not using an extremity	• Age < 3 months, temperature ≥ 38°C • Non-blanching rash • Bulging fontanelle • Neck stiffness • Status epilepticus • Focal neurological signs • Focal seizures