

Pharmacy Direct Booking Pathway into St Albans Integrated Urgent Care Hub Standard Operating Procedure V1.0



Pharmacy Direct Booking Pathway into St Albans Integrated Urgent Care Hub Standard Operating Procedure V1.1	
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Introduction

This standard operating procedure details the direct booking pathway from local pharmacy providers into St Albans Integrated Urgent Care Hub (IUCH).

Due to the availability of St Albans radiology service, patients requiring imaging may only be booked an appointment Monday to Friday 09:30-16:00, excluding bank holidays.

Aims and Objectives

The pathway will support

- facilitation of the referral of patients identified as suitable for appointments at St Albans IUCH
- mitigation of local service pressure observed across local primary care providers and enhance corresponding patient experience by ensuring effective management of patients
- maximisation extant system capacity for face-to-face patient assessment
- safe referral to ensure that all patients who are booked into the IUCH are clinically safe to wait for, and travel to, an appointment
- appropriate referral to ensure the presenting complaints of patients referred are within the competency framework of the nurse led unit

2. Useful Contacts

St Albans IUCH Opening Times	09:00-18:00 Mon-Sun (Closed Xmas Day)
St Albans IUCH Contact Telephone	01727 897715
St Albans IUCH Email	StAlbans.utc@nhs.net
St Albans IUCH Address	St Albans Integrated Urgent Care Hub St Albans City Hospital St Albans AL3 5PN

Clinical Referral Criteria

The IUCH is staffed by Emergency Nurse Practitioners (ENPs) and Advanced Nurse Practitioners (ANPs). There is no doctor/GP on site and the site is not co-located with an Emergency Department.

This service is commissioned to treat minor illness and minor injury complaints only.

The IUCH does not perform blood tests, swabs, MRI, ultrasound or CT.

X-ray provision covers upper and lower limb imaging. The following x-rays are not performed:

- Axial
- Pelvic
- Femoral
- Chest
- Abdominal
- Hip
- Facial

Prior to being referred into the IUCH, all patients require clinical triage to ensure the referral is safe and appropriate, noting the IUCH is not commissioned to provide a triage function.

The referring provider assumes clinical accountability to ensure that the patient is safe to wait for assessment and treatment in the IUCH until the patient's booked appointment time.

Patients must be referred with, as a minimum, the following clinical information:

- Presenting clinical complaint
- Any specific patient needs – e.g. sensory/translation needs where applicable
- Safeguarding concerns

The scope of the service will include both minor illnesses and injuries for patients. Interventions considered in scope include:

- Lacerations capable of closure by simple techniques (steri-strips, gluing and suturing) but excluding injuries involving broken glass in which x-ray may be required to identify any broken glass
- Bruises
- Foreign body removal
- Non-penetrating superficial ocular foreign bodies
- Recent injury of a severity not amenable to simple domestic first aid
- Following blows to the head where there has been no loss of consciousness or vomiting
- Recent eye injury where there is no loss of vision, chemical or blunt injury
- Minor burns and scalds
- Minor ENT/ophthalmic procedures
- Minor trauma to hands, limbs or feet
- Incisions and drainage of minor skin abscesses e.g., infected cysts, paronychia, etc.
- Management of uncomplicated fractures
- Minor bites and stings

Minor illness conditions including but not limited to

- Ear, nose and throat infections
- Skin infections and rashes
- Minor eye problems not requiring an urgent eye clinic referral
- Coughs and colds, respiratory tract infections
- Fever in children and adults
- Abdominal and groin pain
- Vomiting and diarrhoea
- Urinary Tract Infections

Absolute exclusion criteria

- Patients < 1 year of age
- Patients that have had 2 or more clinical reviews with the same episode of illness/injury
- Pregnancy related condition
- Suspected TIA/stroke
- Acute chest pain/ upper back pain
- Palpitations
- Acute breathing difficulties
- Acute confusion
- Proven or suspected COVID-19 infection
- Loss of consciousness/syncope/seizure
- Worsening/acute mental health conditions
- Testicular pain
- Chronic condition management
- Hip/pelvic injuries
- Major injury/trauma
- Suspected C-spine injury
- Gunshot/stabbing
- Amputation
- Heavy blood loss
- Inhalation/ingestion of foreign bodies
- Vaginal/rectal/penile foreign bodies
- Urinary retention/catheter issues
- High speed road traffic accident/fall from height
- Silver Trauma criteria applies
- Head injury with red flag symptoms (NICE CG176 Head Injury)

Please note: the absolute exclusion criteria are not exhaustive; the triaging clinician should utilise their expertise to assess each situation accordingly. If in doubt regarding the suitability of a patient for the IUCH, contact must be made by a clinician with the IUCH shift lead for an individual case review, discussion and agreed acceptance.

3. Referral Pathway

Following clinical triage and the decision to refer a patient to the IUCH, based on current illness and injury wait times (see local guidance), appointments can be accessed via Aadastra up to 18:00 the next day. (See Appendix A for the Direct Booking into St Albans IUCH User Guide).

Referrers will have access to all available appointments at the IUCH up to 24 hours from the time of booking. The referrer will select an appointment time and confirm suitability with the patient.

Patients should be advised to attend 10 minutes in advance of their appointment time to minimise delays.

The patient's appointment details will then be visible on the IUCH system, and patients received by the IUCH reception team when they attend for the appointment.

Clinical Governance

This pathway will be subject to review in line with the organisational clinical governance processes.

Inappropriate referrals will be recorded via the HUC incident reporting tool and feedback given via the Health Care Professional Feedback mechanism. Any themes/trends/learning will be shared after the monthly internal clinical governance review.

Near misses, incidents and complaints will be managed by the most appropriate provider, determined by where the majority of learning and corrective actions lie.

Process review

This process will be reviewed every two years, or before if required.

Appendices

Appendix A: Direct Booking User Guide



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