

# Nurse-led minor illness clinic

This review describes an initiative that WiPP has identified to reduce workload in general practice.

## Summary

*This nurse-led minor illness clinic has resulted in a reduction in demand for 'on-call' GP appointments and 'extra' GP appointments for a busy GP practice, giving GPs more time to spend on more complex patients.*

The initiative was prompted by the increasing workload experienced by GPs and focused on moving the management of minor illnesses from GPs to a trained nursing team in order to release GP time.

The practice had decided to redesign the way in which minor illnesses were managed in the practice. A GP vacancy and the senior partner's interest in training nurses to manage minor illnesses led to the development of a nurse-led clinic for minor illnesses that was implemented in 2003.

The service now operates throughout the day, and provides a consistent and accessible service to patients with minor illnesses. This has resulted in a reduction in demand for appointments with the practice's 'on-call' doctor and a reduction in the number of extra appointments at the end of routine GP sessions.

The initiative has also contributed to the development of the receptionist, nurse and healthcare assistants working at the practice.

## What was the issue?

The initiative was prompted by the increasing workload experienced by GPs. Analysis of GP workload showed that patients presenting with minor illnesses made up a significant proportion of all GP appointments.

### About the Working in Partnership Programme

The Working in Partnership Programme (WiPP) was established under the new General Medical Services (GMS) contract to develop and implement a strategy for general practice that addresses effective use of clinicians' time whilst improving the availability of services for patients. Workload management in general practice is an essential element of the expansion of the primary-care sector.

### Good Practice Project

The exciting Good Practice Project was established to identify, evaluate, signpost and support the mainstreaming of existing good practice in keeping with the WiPP remit.

### About the reviews

The reviews are intended to assist the spread of good practice by highlighting initiatives that have helped to reduce workload in general practice.

This review is one of a series of accredited reviews that has been assessed to fit with the aims and objectives of WiPP, and to have the greatest potential to have an impact on workload in general practice.

### Find out more

If you would like to find out more about the Good Practice Project or about the work of WiPP then please visit: [www.wipp.nhs.uk](http://www.wipp.nhs.uk)



Working in Partnership Programme

Good Practice in Workload Management

## Aims and objectives

This initiative was focused on moving the management of minor illnesses from GPs to a trained nursing team in order to release GP time to spend on more complex cases.

The aims of the initiative were to:

- better manage GP workload
- provide a well-signposted route to minor-illness management for patients
- develop the practice's nursing team
- improve access for patients across the board by streamlining flows of patients within the practice.

## What they did

The practice agreed that a new approach to managing demand for GP appointments for minor illnesses was needed. The concept of the 'Express Clinic' was developed through practice away-days and internal discussion.

The initiative began as a GP-led clinic that was intended to separate streams of work associated with minor illnesses from patients with more complex conditions. It was felt that this would provide GPs with more time to spend on complex cases.

Early in the project one of the GPs left the practice. By this time the concept of the minor-ailments clinic was well established and the decision was made to use the savings arising from the GP vacancy to recruit additional nurse resource and to convert the GP-led clinic to a nurse-led service.

## How they did it

The success of the initiative was dependent upon the entire practice team working to adopt the new ways of working and reinforcing the role of the nurse-led clinic with patients.

The initiative was managed jointly by the senior partner and the lead nurse at the practice; together they provided a clinical lead for the nurse practitioners. The day-to-day operational management of the service was handled by the practice manager.

The reception team were an important driver in signposting patients to the most appropriate service. In order to ensure that the reception staff were prepared for this role, a trainer was secured using local networks to provide 3 days of intensive on-site training for the reception team.

A Masters project undertaken by the senior partner provided an opportunity to consult widely on moving routine minor-illness management from GP to nurse. Patients, GPs and nurses were consulted using a combination of qualitative and quantitative methods.

The consultations helped to improve the understanding of the:

- concerns and needs of patients
- views of GPs on what range of conditions could be managed by a trained nurse
- form that training should take
- views of nurses on the transition into the role
- training requirements and developmental needs of nurses.

A nurse was trained to manage a range of presenting conditions associated with minor illnesses. This training provided the foundation for a joint venture between the practice and London South Bank University.

The practice felt that for the initiative to succeed it was important to change the way in which patients used the practice. There were three principal things that the practice did to achieve this and these are explained below.

#### Effective branding

The practice developed a brand for the service by giving it a name, 'Express Clinic', and associated this with appropriate imagery – an express train. This branding was used throughout the practice and in all communications relating to the service. Signs led patients from the entrance to the practice via reception and ultimately to the room dedicated for use by the Express Clinic. The intention was to help patients to make an appropriate choice when seeking an appointment. It was also considered important to seek to communicate with patients in terms that they would use rather than those that healthcare professionals would use, hence avoiding terms like 'minor illness'.

#### Dedicated room

A dedicated room was set aside for the clinic. This was important in reinforcing a consistent message to patients, and ensuring that the clinician had the equipment and materials that they needed to hand.

#### Consistency

The clinic was always available whenever GPs were on duty. The practice had three part-time nurses who ran the Express Clinic. This ensured that, in most cases, the clinic ran with one of the three dedicated specialist nurses on duty. If staff illness or holiday meant that neither nurse was available then a GP would run the Express Clinic. The important message for patients was that the Express Clinic was always an alternative to a GP appointment.

## What did they achieve?

The Express Clinic is now an established part of the practice. Patients who have used the service now request Express Clinic appointments. It has been particularly popular with parents of young children for common childhood ailments.

For the four main presenting conditions (cough, sore throat, rash and otitis media) an audit showed that patients were accessing this clinic appropriately and that there was a reduction in attendance at GP appointments for these conditions.

An audit also showed a reduced number of:

- appointments for the on-call GP as patients were more likely to be able to secure an appointment with the Express Clinic
- extra appointments added on to the end of practice sessions.

In addition, the practice has worked with other practices to spread their approach and to develop a training course with London South Bank University for nurses seeking to provide minor-illness management in general practice. This has included out-of-hours providers, other GP practices and overseas Departments of Health.

Undertaking this initiative has supported the development of new roles for nurse and non-clinician members of the practice team, and has engendered a culture of personal development and training among the practice team.

## Evaluation

The initiative has been evaluated by the practice and is regularly reviewed as part of the ongoing development of the service.

The work undertaken through the Masters dissertation provided a good evidence-base for the views of patients and the training requirements of nurses.

The impact of the clinic has not been formally evaluated. However, the practice has used routinely collected activity data taken from the practice IT system to show that the clinic was taking on work that would otherwise take up GP appointments.

### Key learning points

- Consulting widely before implementing the change means that barriers can be overcome in the design of the service.
- Re-engineering practice processes and work flows from the moment the patient comes into contact with the practice is essential.
- The reception team were an important driver in signposting patients to the most appropriate service, but relevant training and support is needed.

## Costs

The service was funded out of cost savings arising from the partner vacancy and through revenues from joint work on the nurses' training course with London South Bank University.

The direct costs arising for the practice included the costs of employing a nurse to run the clinics, the training for nurse and reception staff, and some protected time to plan and implement the change.

### Contact details

The nurse-led minor illness clinic is run by Amersham Health Centre. More information about the initiative can be obtained by contacting:

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