

# Nurse-led minor illness management

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

## Summary

*A total of 150 GP appointments each month have been released by introducing a nurse-led, minor-illness service. Of the patients seen through this service, only 4–6% go on to make a GP appointment for the same condition, suggesting that the service is effective in managing minor illnesses.*

The practice had identified that there was a significant workload associated with patients presenting with minor illnesses. In many cases, patients were seeking reassurance that their condition was not serious. It was felt that this could be managed by a trained nurse.

An opportunity to train an experienced practice nurse to provide minor-illness management prompted the practice to develop the service and promote it to their patients.

The service provides an opportunity for the nurse, who operates longer appointments than the GP, to educate the patient about strategies to manage minor illnesses in the future. As a result, patients who previously made an appointment to see the GP are now being managed by the nurse. Anecdotal evidence suggests that more patients are taking an active role in managing their minor illness before making an appointment.

## 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 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

## What was the issue?

The practice had identified that there was a significant workload associated with patients presenting with minor illnesses. In many cases, patients were seeking reassurance that their condition was not serious.

The practice was experiencing pressure on GP appointments. This meant that there was a regular overspill of patients who were seen by the duty doctor providing cover at the end of routine surgery sessions.

## Aims and objectives

The aims of setting up a nurse-led, minor-illness management service were to:

- address the demand for GP appointments from patients with a minor illness
- improve access to a healthcare professional for patients with a minor illness
- relieve GP workload so that they can spend more time on more complex conditions
- encourage self care through opportunistic patient education using longer nurse-led appointments.

## What they did

To establish this service the practice:

- identified and secured training in minor-illness management for the nurse
- trained reception staff to signpost patients
- established a clinic service with publicity for patients and a booking arrangement managed by reception
- developed protocols for the management of an agreed set of minor illnesses
- identified the space to accommodate the clinic
- reorganised nurse resources to release the trained nurse to provide the service.

## How they did it

An opportunity to undertake training in minor-illness management presented at the same time as the practice was considering how to best manage demand for appointments. This prompted the practice to develop a minor-illness management service led by a trained nurse. At that time, the practice employed a practice nurse with a degree in specialist community nursing who had an interest in minor-illness management.

A distance-learning course was available to the practice funded by the Workforce Development Confederation. At that time, the PCT also had access to bank nursing staff to cover for nursing staff during training so that services to patients were unaffected.

The service was based on an agreed set of presenting conditions' with relevant protocols drawn up between the GPs and the nurse. The protocols were developed through the training programme as part of the course work, providing a structure around which the training is designed.

The training used a mixture of self-directed learning and tandem sessions working alongside a GP in the practice. This approach encouraged the student to develop protocols to fit with the approach taken by the practice.

Reception staff were trained to signpost patients to the most appropriate healthcare professional. As the clinic became established, patients no longer needed to be prompted by the receptionist as they automatically requested appointments for the nurse-led service.

To provide capacity to run the minor-illness clinics, the nurse gave up general nursing duties, for example well woman, smear, injections and ear syringing, to take on minor-illness management. These services were taken up by increasing other nursing hours within the practice.

The new clinic was called the 'common conditions' clinic to fit with the language used by patients. Advertising in the practice in the form of posters and leaflets described the scope of the service. This helped to prepare patients for the choice that they would have when booking an appointment for a minor illness.

## What did they achieve?

The service runs on five mornings each week, providing the capacity to see up to 50 patients in total. The service is currently treating around 150 patients per month. The remaining time is taken up with meetings and training related to the service.

Patients are aware of the scope of the clinic and are self-referring to the nurse – this suggests that the practice has been successful in changing patient behaviour.

There is some anecdotal evidence that patients are taking a more active role in managing their minor illness before making an appointment to see the nurse. The practice has also found that there is potential for minor-illness management to cross over into other nursing duties, for example dealing with thrush during a well-woman clinic means that the nurse can now utilise one appointment with a patient who would previously have required two appointments.

## Evaluation

The practice has used questionnaires to patients, receptionists and GPs to assess satisfaction with the service. The results show that the stakeholders are happy with the service and that patients are willing to accept the nurse in this new role.

A case audit was also undertaken as part of the evaluation. This showed that the service is effective in moving workload from GPs to the nurse service. This has shown that only 4–6% of patients who had seen the nurse went on to make an appointment for the same condition with the GP.

The number of overspill appointments was significantly reduced, thus easing pressure on the duty doctor.

## Key learning points

- Training to manage minor illnesses is important and can provide a framework for developing the service.
- The successful development and rollout of the service required the support of all members of the practice team; in particular, GPs must be willing to delegate work and receptionists need to be happy to signpost patients.
- More space will be required if the service is to be provided alongside existing clinical sessions.

## Costs

The costs to set up the service were supported by the PCT and the Workforce Development Confederation.

This support included payment of training course fees and providing support to cover nurse duties while they undertake training.

The service requires space, which may involve additional costs. In this case, however, the practice used an existing room to run the service.

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