

Nurse-led, minor-illness service

This review describes an initiative that Working in Partnership Programme (WiPP) has identified to reduce workload in general practice.

Summary

A total of 140 appointments are managed each month by a nurse-led, minor-illness service, which represents 50% of all minor-illness appointments at this busy surgery.

The practice was concerned with the time that patients were waiting for an appointment with their GP. The practice was also struggling to recruit a new partner.

The practice staff worked together and decided that the practice would pilot a nurse-led, minor-illness service to make more effective use of practice time. This was developed using the 'collaborative methodology' which provided data to support the practice's approach and to plan the new service.

This initiative has led to a wider role for nurses and has proved popular with patients.

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.



Working in Partnership
Programme

Good Practice in Workload Management

What was the issue?

This initiative was prompted by patient demand for GP appointments outstripping the capacity of the practice. On some occasions patients were waiting up to two weeks to see a GP. At the same time the practice was finding it difficult to attract another GP partner.

The practice decided that it was necessary to address how workload was managed and to look at an alternative to recruiting an additional GP.

Aims and objectives

The practice wanted to focus on developing the role of other members of the practice team by making nurses the first point of contact for minor illnesses within the practice. By so doing the practice hoped to:

- improve access by providing a nurse-led, minor-illness triage service
- achieve the 24hr/48hr access targets set out in the NHS plan
- deliver a high standard of care to patients
- use the experience to develop other nurse-led services
- release GP time to deal with more complex cases.

What they did

The practice supported their nurses through an intensive minor-illness, management-training programme. The GPs provided mentoring support to the nurses and worked with them to develop shared protocols for minor-illness management that they were happy to work with.

The practice involved reception staff in the design of the service so they could provide appropriate signposting of patients to the nurse-led clinic.

The practice launched a campaign to inform patients about the new service, how to access it and what they could expect.

Once trained, the nurse began to offer a nurse-led triage clinic with 10-minute appointments. Patients presenting with a minor illness at reception or on the phone were offered a nurse appointment by the receptionist.

At the moment the clinic runs during morning sessions only. With further changes in workforce and staffing levels, it is likely the clinic will be extended to run throughout the day.

The success of this initiative has encouraged the practice to develop other nurse-led services, for example chronic disease management clinics for asthma/COPD, CHD and diabetes.

Future developments planned by the practice include a supplementary nurse prescriber and one of the nurses undertaking the nurse practitioner's qualification.

How they did it

The practice began the process by consulting with nurses, GPs and support staff to assess the level of interest in setting up and implementing this new initiative. A brainstorming session was held to discuss what the practice hoped to achieve and the training that would be needed for successful delivery of the service.

There was consensus that the practice was unlikely to succeed in recruiting a new GP in the near future and that only by redistributing workload through developing the nurse's role could workload be managed.

The practice also sought the views of patients on options to address workload. A survey was undertaken with 248 patients over a 4-week period. Patients were offered the option of a GP telephone appointment, a face-to-face nurse-triage appointment or the option to retain the current practice of a GP face-to-face appointment. The results of this survey showed that:

- 11% would prefer a GP telephone appointment
- 68% would prefer a face-to-face nurse-led appointment
- 21% who would prefer to retain the current practice of a GP face-to-face appointment.

The results gave the practice confidence that the nurse-led service had the support of a majority of patients.

The initiative was championed by the GPs, practice nurses and the practice manager who used the 'collaborative methodology' to develop, pilot, evaluate and implement the service.

Reception staff were key to ensuring that patients were signposted to the service and had to deal sensitively with the concerns of patients. The reception staff attended implementation meetings so that they would know how to introduce the service to patients and how to answer questions that patients might ask.

A 'Patient Newsletter' was prepared informing them of the new service and the conditions that the nurse would be managing. The practice also prepared leaflets and posters to be used throughout the practice.

What did they achieve?

The results of the evaluation were encouraging. In a 3-month period the nurses saw 424 patients, of these:

- 37% were referred back to the GP
- 19% required prescription medication
- 10% subsequently booked an appointment with the GP.

The number of patients seen represent around 50% of the GP's minor-illness workload.

The practice would like to improve these figures and in particular, reduce the number of patients referred to the GP and those needing a follow-on appointment.

Feedback from reception staff showed that while the service had been well received, it had created extra work for reception staff in explaining the service to patients. This is a particular problem with patients using the telephone to book an appointment as the reception staff could not refer to leaflets or posters to explain the service.

Evaluation

The structured approach of the collaborative methodology gave the practice the framework to evaluate the initiative. Over a three-month period the practice collected data on:

- the number of patients seen by the nurse
- the number of patients referred to the GP
- the number of prescription requests
- the number of patients seen by the nurse who subsequently saw the GP for the same presentation.

The practice also held meetings with reception staff to get feedback on how patients were reacting to the new service and the impact on their workload.

Key learning points

- Keep patients informed of new developments and try to find out if they find your plans acceptable.
- Involve all staff in the implementation of the initiative.
- Be prepared to be flexible for patients who prefer to see a GP.

Costs

The costs to implement this initiative include:

- increasing nursing hours to provide the service; the practice funded this out of practice funds
- other costs include funds to pay for training and protected time to develop the initiative.

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