Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
URGENT TREATMENT CENTRE

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*Oct 2022*	*New SOP. Approved by* Community *& Primary Care Meeting (27 October 2022). Review date extended to January 2024 by director sign-off (Kerry Brown - 13/11/23).*
1.1	*20/06/24*	*Reviewed and updated SOP. Approved at Community Clinical Network Group (20 June 2024).*

Contents

1. INTRODUCTION 3
2. SCOPE 3
3. DUTIES AND RESPONSIBILITIES 3
4. PROCEDURES 4
   - 4.1. Patient Pathway (Appendix A) 4
   - 4.2. Special presentations 5
   - 4.3. Patient Escalation 7
   - 4.4. Safeguarding Process 7
   - 4.5. Staffing Establishment 7
   - 4.6. Training Requirements 7
   - 4.7. Managing Demand / Capacity 8
   - 4.8. UTC Closing Process 9
   - 4.9. Clinical Governance Arrangements 9
   - 4.10. Evidence Based Practice 10
5. REFERENCES 10

Appendix A - Patient Pathway 11
Appendix B - Key Contacts 12
Appendix C - Glossary of Terms 14
Appendix D - Yorkshire Ambulance Service Pathway 15
Appendix E - NICE Traffic Light System 16
Appendix F - Unplanned closure of UTC 17

1. INTRODUCTION

Urgent Treatment Centres (UTCs) are a crucial driver of the NHS long term plan, ideally positioned to ease pressure on Emergency Departments (EDs). UTCs are GP-led, deploy a multidisciplinary workforce, operate12 hours a day, receive “Walk-in” patients, and offer appointments that can be booked through NHS 111. UTS operate in accordance with the national directory of services (DoS) and UTC Principles and Standards documents.

Whitby UTC operates between 08.00 and 20.00 7 days per week including public holidays. The UTC offers a “Walk-in” and NHS 111 booked appointment service for the resident and transient populations of Whitby and the surrounding area. The UTC is located at Whitby Community Hospital, which is situated 19.5 miles from Scarborough General Hospital (SGH) and 30 miles from James Cook University Hospital (JCUH), Middlesbrough.

Whitby UTC receives patients of all ages with undiagnosed and undifferentiated presentations. Patients identified as having an emergency care need, are referred to the EDs at SGH or JCUH following UTC assessment. Where necessary, patients are transported by Yorkshire Ambulance Service (YAS), or, if appropriate, by means of their own transport. Patients requiring specialty secondary input are referred to the appropriate specialty team, e.g., surgery, gynaecology, etc. Patients presenting with routine primary care needs are advised to attend their own GP service when primary care management is more appropriate.

2. SCOPE

This SOP is relevant to all clinical and operational staff, including General Practitioners (GPs), Advanced Clinical Practitioners (ACPs), Urgent Care Practitioners (UCPs), Healthcare Assistants (HCAs), Registered Nurses (RNs), Locality Matron, agency staff, bank staff. Operational staff, including General Manager, Service Manager, and Team Leader must have an awareness of the SOP and how it is implemented.

3. DUTIES AND RESPONSIBILITIES

General Practitioner (GP) Lead: The GP Lead is a core member of the senior team and is responsible for providing clinical leadership of the service. The GP Lead has responsibility for steering the strategic development of the service.

Service Manager: The Service Manager is responsible for providing overarching operational leadership and has budgetary accountability for the UTC. The Service Manager is responsible for escalation of concerns to internal and external stakeholders e.g., senior management, integrated care boards, ambulance services and NHS Digital. The Service Manager is responsible for maintaining the multidisciplinary workforce through effective recruitment and retention of staff, as well as ensuring provision is made for clinical staff to attend required training.

Advanced Clinical Practitioner / ACP Lead: The ACP Lead is responsible for clinical care as detailed below. In addition, the ACP Lead is responsible for:

- Clinical supervision.
- Monitoring (e.g., audit) and development of the UTC service.
- Day to day operational leadership of the team, including absence monitoring, e-roster, recruitment, mandatory training, Performance and Development Review (PADR), core competencies, clinical supervision and so on.
- Execute escalation processes, update DOS and Opel levels as required.

Urgent Care Practitioner/Advanced Clinical Practitioner: The UCPs/ACPs are responsible for clinical care throughout the patient’s journey from triage/initial assessment, definitive assessment, treatment and discharge/referral. They will familiarise themselves with and follow the agreed SOP

and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per Trust policies and procedures. They will make their line managers aware of barriers to implementation.

Healthcare Assistant (HCA): HCAs are responsible for initial streaming of patients on arrival to the UTC. HCAs also provide clinical support to the UTC practitioners. Plus liaise with UCP's to escalate any clinical concerns where required.

Receptionist: The Receptionists are responsible for registering patients on to SystmOne on their arrival to the UTC. The Receptionists are also responsible for alerting a UTC HCA/practitioner to any patient they are concerned about. from a prepopulated list; as soon as reasonably practical. Receptionists are also responsible for any associated administration, such as processing referrals.

4. PROCEDURES

4.1. Patient Pathway (Appendix A)

Mode of arrival: Patients will present to the UTC as "Walk-in" patients (self-referral or on the advice of NHS 111 [or other local streaming pathways]) or as booked appointments via NHS 111.

Registering at UTC: On arrival to the UTC, patients will be registered on SystmOne by the Receptionist. After 18:00 (or at other times when reception is not staffed), the patient will be registered on SystmOne by clinical staff. Following registration, the patient will be asked to wait in the main Waiting Room or in the UTC Sub-Waiting Room. If a patient appears or sounds to be unwell to the receptionist, or if a patient presents with concerning symptoms (such as collapse, chest pain, shortness-of-breath, palpitations, or facial/limb weakness, for example), the receptionist must immediately alert clinical staff.

Streaming: Following registration, the patient will be called for initial assessment. In most cases, initial assessment will be undertaken by an HCA. When there is no HCA, initial assessment will be undertaken by a UTC practitioner. Initial assessment should be undertaken as soon after registration as is possible, and, in accordance with the UTC Principles and Standards, should be undertaken within 15 minutes.

The aim of initial assessment is to establish the nature of the presentation, to undertake and record a set of baseline clinical observations (where necessary), and to prioritise patients according to clinical need. Those patients that are considered as being safe to wait (equivalent to triage category 3, 4, or 5) will be directed to the Waiting Room or to the UTC Sub-Waiting Room. Those patients that are considered as being not safe to wait (equivalent to triage category 1, 2, and 3) will be directed to an appropriate assessment space (i.e., a cubicle, treatment room, resuscitation room).

The HCA should alert a UTC practitioner to any clinically emergent and urgent presentations.

SystmOne Triage: Formal triage, as defined by the College of Emergency Medicine, is not currently undertaken in the UTC (although the service is moving towards this triage system). Currently, triage is a more dynamic process whereby the attendance screen is monitored by the UTC Practitioners who then prioritise which patient to see next. The UTC practitioner will apply a SystmOne triage category in accordance with the presenting complaint and practitioner assessment (priority 1-5: 1 = "Immediate resuscitation"; 2 = "Very urgent"; 3 = "Urgent"; 4 = "Standard"; 5 = "Non-urgent"). The UTC practitioners will monitor the attendance screen and bring forward any conditions that are perceived to be "urgent". The triage category will be applied by the UTC practitioner at the time of their assessment.

Definitive assessment: Will be undertaken by a UTC Practitioner. Following definitive clinical assessment, treatment will be provided in accordance with NICE/other guidelines.

Where definitive management is not possible/appropriate, the patient will be provided with a number of options appropriate to the presenting complaint and clinical findings. These options will include advice to see their own GP; advice to call NHS 111, advice to attend a local ED; to be referred to a secondary care specialty team. If appropriate, and if an out of hours service is available on site, the patient may be transferred to the out of hours service.

Administration and prescription of medications: Provision of medications will be in accordance with Trust policies and Patient Group Directions (PGDs) and/or in accordance with non-medical prescribing guidelines and policies. Quantity of medications provided/prescribed should not generally exceed 7-days' worth of supply. Repeat medications should not generally be prescribed in the UTC setting (this should be dealt with via NHS 111, who can arrange prescriptions for repeat medications). For critical medications (e.g., insulin), a quantity sufficient to tide the patient over until their GP is next open may be appropriate, providing prescribing is within the personal scope of the practitioners prescribing practice. In the alternative, the patient should be directed to an alternative service/more experienced prescriber, such as GP OOH service or ED.

Drugs of potential abuse (e.g., strong opiates, gabapentinoids, and benzodiazepines) should not be prescribed in the UTC setting except in exceptional circumstances. The justification for prescribing must be documented in the electronic patient record.

Electronic prescribing is being adopted within UTC. Current process-mapping and testing is being undertaken.

Transfer of care to GP OOH provider: Where it is deemed appropriate to transfer care to the GP OOH service, the UTC Practitioner will document their assessment and the reason for the transfer of care in the SystmOne record. The OOH provider (currently Nimbuscare) should be called (01904 235 356) and the request to add the patient to the OOH service should be made.

Transfer of care (Primary Care/Community Services): Transfer of care to Primary Care/Community Services (e.g., Physiotherapy, Podiatry, Community Mental Health Team) should be made via an agreed referral pathway. This maybe by telephone discussion with a relevant clinician (e.g., Mental Health Crisis Team) or by emailing a proforma referral form (e.g., Urgent Multidisciplinary Diabetic Foot Clinic, Urgent Eye Clinic, SPOC etc.).

Transfer of care (Secondary Care Services): Where same-day assessment is required, referral should be made to the relevant secondary care team (e.g., medical team, surgical team etc.) via an agreed route of referral, which is usually by telephone discussion with the on-call registrar or the relevant Medical or Surgical Same Day Emergency Clinic (Medical SDEC/Surgical SDEC). Where specialty referral is not necessarily indicated, but further assessment is necessary, direct attendance to a local ED is appropriate.

Conveyance to another care provider: Where the clinical condition requires ambulance transfer, an ambulance should be called using the Healthcare Professional telephone number - **0330 678 4145.** The patient must be marked as "Clinically Ready To Proceed" (CRTP) on the EPR once the decision to transfer has been made

Discharge from SystmOne: On completion of the episode of care, the patient must be discharged from SystmOne as soon as possible. The discharge process must include marking the patient as CRTP (if not already done) and applying all relevant ECDS codes.

4.2. Special presentations

4.2.1. Pregnancy

Assessment and management of pregnant patients is generally outside of the scope of practice of any practitioner except a Registered Medical practitioner or Registered Midwife.

The following process should be followed:

1) Patient presents to UTC. Patient is registered by reception staff/HCA. If the patient declares that they are pregnant, a note to this effect must be added in the booking details.

2) Initial assessment should be undertaken. At this assessment, enquiries should be made in respect of any chance of pregnancy. If the patient is known to be pregnant, or suspects they might be pregnant, a note to this effect must be added in the booking details (if not already added).

3) A clinical assessment should be undertaken and documented.

4) If the presenting problem is unrelated to and will not impact upon the pregnancy (e.g., an isolated extremity injury), treatment should be provided according to relevant guidelines.

5) If the presenting problem is (or is likely to be) related to pregnancy or has potential to impact upon the pregnancy, arrangements should be made for the patient to be assessed by a Doctor. This may include transfer to ED, Early Pregnancy Assessment Unit, or advice to see a GP (own GP or OOH GP) as clinically appropriate.

6) For emergency presentations (e.g., collapse, major haemorrhage, active labour), commence emergency care in accordance with ILS guidelines and arrange emergency ambulance transfer to the nearest ED. When calling the ambulance service, **an obstetric emergency** must be declared.

7) The UTC Practitioner should document the consultation, including any advice to attend another service. Safety-netting advice should also be documented.

4.2.2. Children

Children presenting with feverish illnesses are assessed in accordance with the NICE NG 143 (26th November 2021) guideline, which incorporates the Traffic Light System for Paediatric Assessment (NICE, 2019) (see Appendix E). Children who have any of the high risk or 'Red' features are transferred to an appropriate ED or paediatric facility as soon as possible. Life-saving treatments should be commenced, but interventions at the UTC should not delay the transfer to the ED.

Children with intermediate risk or 'Amber' features are discussed with the Paediatric Registrar at SGH/JCUH if this is considered to be clinically appropriate.

The majority of children with low risk or 'Green' features are managed in the UTC and may be suitable for discharge. However, if the UTC Practitioner has any concerns regarding a child these should be discussed with a senior clinician (e.g., paediatric specialist).

4.2.3. Mental Health Presentations

Assessment and management of mental health presentations is a requirement of the UTC DOS and NHS England UTC Principles and Standards. Therefore, patients with mental health conditions will self-present or present via NHS 111 and the UTC is obligated to undertake a reasonable assessment and facilitate appropriate onward referral.

If urgent mental health assessment is indicated (e.g., patient is assessed to be a risk to themselves or others), the patient should be referred to the Mental Health Crisis Team via the professional contact number. If the Mental Health Crisis Team cannot undertake a timely assessment, the patient should be transferred to a local ED for a mental health assessment by the Mental Health Acute Liaison Service. For other non-urgent mental health conditions (e.g., low mood, depression, anxiety), the patient should be advised to see their GP. The Number for the Crisis team will be given to the patient before their departure from UTC.

- Professional only crisis team number 01723 384667 (not to be given to patients)
- Crisis hotline for patients 0800 0516171

The UTC practitioner should document the management plan, including any advice for the patient to attend another service. Including any safety-netting advice and any clinical advice provided by the Mental Health Services.

4.2.4. Dental

Management of dental conditions falls within the province of dentistry only. For this reason, management of dental conditions is outside the scope of practice of any clinician other than a Registered Dental Practitioner. UTC Practitioners have a responsibility to undertake a reasonable assessment to exclude any medical cause for the problem (e.g., angioedema, facial abscess, facial cellulitis/erysipelas, sinusitis, etc). If no medical cause can be found, and the problem is most likely dental, the patient should be directed to an appropriate dental service. Treatments, including the prescribing of antibiotics and/or analgesia should not be provided as this is likely to be viewed as providing treatment for a condition that is outside the scope of a UTC Practitioner as well as being provision of a service that UTC is not commissioned (and, therefore, not indemnified) to provide. Patients with dental conditions who are clinically unwell must be directed to an Emergency Department for further assessment.

4.3. Patient Escalation

The UTC has access to input from various medical practitioners and associated specialty teams. In circumstances where appropriate management cannot be provided in-house (e.g., where blood tests/investigations are required), guidance from and/or referral to a specialist secondary care team must be sought.

4.4. Safeguarding Process

As per HTFT mandatory training requirements, all healthcare practitioners working in the UTC receive mandatory training in the principles of safeguarding children and vulnerable and older adults.

Where safeguarding concerns arise, referrals to the safeguarding team are made using the Universal Referral Form. A Datix is submitted for all safeguarding referrals in accordance with Trust policy.

4.5. Staffing Establishment

Whitby UTC deploys a multidisciplinary workforce Made up of ACPs, UCPs, and HCAs. Bank and agency staff are available through the Flexible Workforce Team.

4.5.1. Medical Support

Medical support is available on Monday afternoons (excluding public holidays and annual leave) from the GP Lead.

Out of hours medical cover is available from Nimbuscare on Saturdays, Sundays, and public holidays between 13:00 and 18:00.

4.5.2. Safer Staffing

The UTC operates on a minimum staffing level of 2 UTC Practitioners and 1 HCA/RN/NA. The preferred staffing level is 3 UTC Practitioners and 1 NA and/or 1 HCA.

4.6. Training Requirements

All UTC staff will be trained in accordance with the requirements of their role. Staff who possess a HCPC / NMC registration have a personal responsibility to ensure they maintain their continuing professional development in line with their professional standards. Each UTC staff member possesses a tailored statutory and mandatory training matrix accessible via ESR, which must be maintained in accordance with Trust policy.

4.6.1. Qualifications, Skills and Experience

ACPs must possess a post-graduate accreditation in advanced practice (MSc or PG Cert.) and be an independent non-medical prescriber.

UCPs must hold a post graduate accreditation in autonomous or advanced practice (or have experiential equivalence) and be prepared to undertake or hold a recognised non-medical prescribing qualification.

HCAs and NAs work to the Band 2-4 Skills Competency Framework.

Community Services Skills & Competency Handbook Bands 2-4

4.6.2. Statutory and Mandatory Training

Statutory and mandatory modules include, but are not limited to:

- Falls – CC1
- Food Hygiene Awareness - 3 Years
- Insulin Safety - 2 Years
- Mental Capacity Act - Level 2 - 3 Years
- Nutrition and Hydration - CC3
- Practice Assessor - 1 Year|
- Pressure Ulcer Prevention, Care & Management CC4
- The Deteriorating Patient CC2
- Equality, Diversity and Human Rights - 3 Years
- Fire Safety - 1 Year
- Health, Safety and Welfare - 3 Years
- Information Governance and Data Security - 1 Year
- Moving and Handling - Level 1 - 3 Years
- NHS Conflict Resolution (England) - 3 Years
- Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year
- Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year
- Safeguarding Adults (Version 2) - Level 3 - 3 Years
- Safeguarding Children (Version 3) - Level 3 - 3 Years
- Fire Warden Training - 3 Years
- Hand Hygiene - 3 Years
- Infection Control - Level 2 - 3 Years
- Prevent WRAP – anti radicalisation training

4.6.3. Additional Training

Additional training needs are monitored and addressed through audit, supervision, and PADRs. A skills gap analysis is undertaken Annually in order to gain an over-arching understanding of the gaps in the skill mix of the UTC staff.

4.7. Managing Demand / Capacity

Capacity and demand will be managed and reported in accordance with the UTC Escalation plan and OPEL reporting framework.

When applicable, Signage will be displayed at the main entrance to inform patients UTC has reached capacity, the length of wait time will also be displayed at reception.

Discussions will be held with ICB and PCN regarding presentations, that are out of scope of a UTC and should be seen in primary care or other services. The intention such discussions os to alleviate inappropriate foot fall and develop a system-wide approach to managing those patients presenting without an urgent care need (i.e., those with primary care or emergency care needs/dispositions).

Monthly KPI's and attendees per month will be reported via Business Intelligence and monitored locally.

4.8. UTC Closing Process

UTC activity is monitored throughout the day with current waiting time and capacity updated and displayed in real time. The UTC is commissioned until 20:00; however, in order to ensure Whitby UTC closes on time, all reasonably practicable steps to manage the capacity and demand of the department will be taken. Patients presenting with routine (i.e., non-urgent/non-emergent) presentations after 19:30 may be advised to attend the following day or advised to attend an alternate service.

4.8.1. Delayed Closure due to Delayed Ambulance Transfer

In the event of patient/s remaining in the UTC after the service is closed, UTC staff will remain on site to provide care to the patient. The UTC Practitioner will determine the capacity of the IPU and DN service to provide support for the provision of safe care. If the IPU and/or DN service are able to provide support (i.e., in the event of deterioration in clinical condition, transfer requirements, drug checking, provision of break cover), the UTC can be staffed with one practitioner and 1 HCA.. If reliable support is not available, or if more than one patient remains in the UTC, additional staff will be required to remain on site. The ambulance should be expedited by the UTC staff with YAS and regular updates requested.

In accordance with Working Time Directive, 11 hours continuous rest is required within a 24-hour period. Should the staff who have remained onsite who are also be rostered to work the following day, actions should be taken to source alternate cover and/or take steps to reduce activity (e.g., updating the DOS status to "Red"), and/or preparing for the service to remain closed until the staff are able to return to work.

The UTC practitioner will inform the on-call manager if the situation cannot be managed safely at a local level and/or in the event of a patient or patients remaining in the UTC after midnight. The on-call manager will log the incident and provide advice.

4.8.2. Unavoidable Closure/Reduced Opening Hours

Exceptional circumstances may necessitate the unavoidable closure (or reduced opening hours) of the UTC. Threats which indicate closure or reduced operating hours may include:

- Reduced staffing
- Loss of IT
- Loss of premises
- Disruption to supplies.

During the in hours period, the decision to reduce opening hours or close the UTC will be made by the Service Manager and/or Locality Matron following discussion with the UTC Practitioner on duty. Notification of closure will be immediately escalated to the General Manager and emergency planning team. Key stakeholders will be notified in accordance with appendix F. UTC staff will attend to the relevant actions per the prevailing UTC BCP.

During the out of hours period, the UTC Practitioner on duty will alert the on-call manager to the threat of closure. The on-call manager will escalate to the on-call director. Key stakeholders will be notified in accordance with the prevailing UTC BCP. UTC staff will attend to the relevant actions per appendices.

4.9. Clinical Governance Arrangements

The service is monitored in several ways: Audit (i.e., infection control, record-keeping) is conducted in accordance with Trust policy, and other audit activities (e.g., X-ray audits) are conducted routinely throughout the year. Regular review of attendance numbers and associated presentation data is gathered to inform service delivery.

Clinical Supervision is provided and reported in accordance with Trust policy.
Practice notes are disseminated through Trust Communications, shared at UTC Team Meetings and Whitby Hub Meetings. Practice Notes are embedded into the minutes and shared with staff.

Management supervision will be provided to the clinicians via the defined supervision structure and in accordance with policy.

4.10. Evidence Based Practice

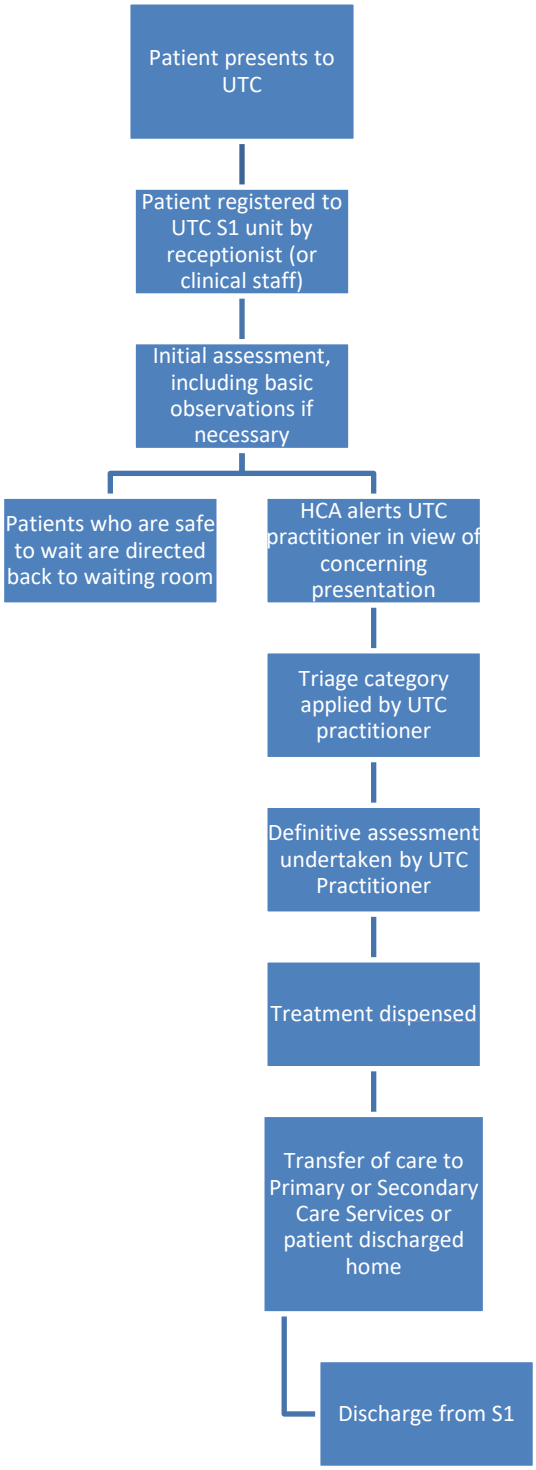
Evidence-based practice is underpinned by practicing in accordance with NICE guidance and other relevant guidance, such as that produced by the College of Emergency Medicine. Updates to NICE/other guidance are communicated to the UTC team via email and team meetings as they are cascaded via Trust bulletins.

5. REFERENCES

Reference should be made here to any other associated relevant Trust strategies/policies/guidelines or documents. And any national UTC standards underpinning this clinical SOP.

- Urgent Treatment Centres – Principles and Standards (2017)
- Urgent Treatment Centres –FAQs to support implementation (2017)
- NICE NG 143 (2019 [updated November 2021]) Fever in under 5s: assessment and initial management.

Appendix A - Patient Pathway



Appendix B - Key Contacts

KEY CONTACTS - HTFT	
Whitby UTC	01947 899189
Whitby IPU	01947 899261
Jayne Gibson Service Manager Whitby	01947 899250 07971 599398
Jeanette Hyam Locality Matron	07973 693024
Ian Peach - ACP	01947 899189 / 07815 485350
Dr Gary Dyson – Named GP Lead	07738634954 / 01262-673360
General Manager	07921609344
Humber Trust FT On Call Manager	Switchboard on 01482 301700
HTFT Communications	HNF-TR.communications@nhs.net Marketing and Communications Manager 07732299953
Estates On Call	01482 301700
IT Services IT On Call Manager	01482 477877 option 1 077023 66787
KEY CONTACTS – Care partners	
NY CCG Head of Urgent Care	John.darley@nhs.net 07970 492007
111/DOS changes Opel level	0114 349 9596
111/DOS Emergency Out Of hours – Opel level	0300 303 5034
Nimbuscare– Medic HCP	01904 235 356
ICB Emergency Planning Lead	Levi Clements-Pearce 07593 562092 Emma Parker 07921 384271
Humber and North Yorkshire ICB	Have no central telephone number
Humber and North Yorkshire ICB OOH	0300 002 0005 Option 3 NY and York
Nimbuscare Out of Hours	01904 235 356
Yorkshire Ambulance –	

• Inter-facility Transfer Telephone number (Emergency Operations Centre) • Health Care Professional telephone number into the Emergency Operations Centre	• 0330 678 4159 • 0330 678 4145

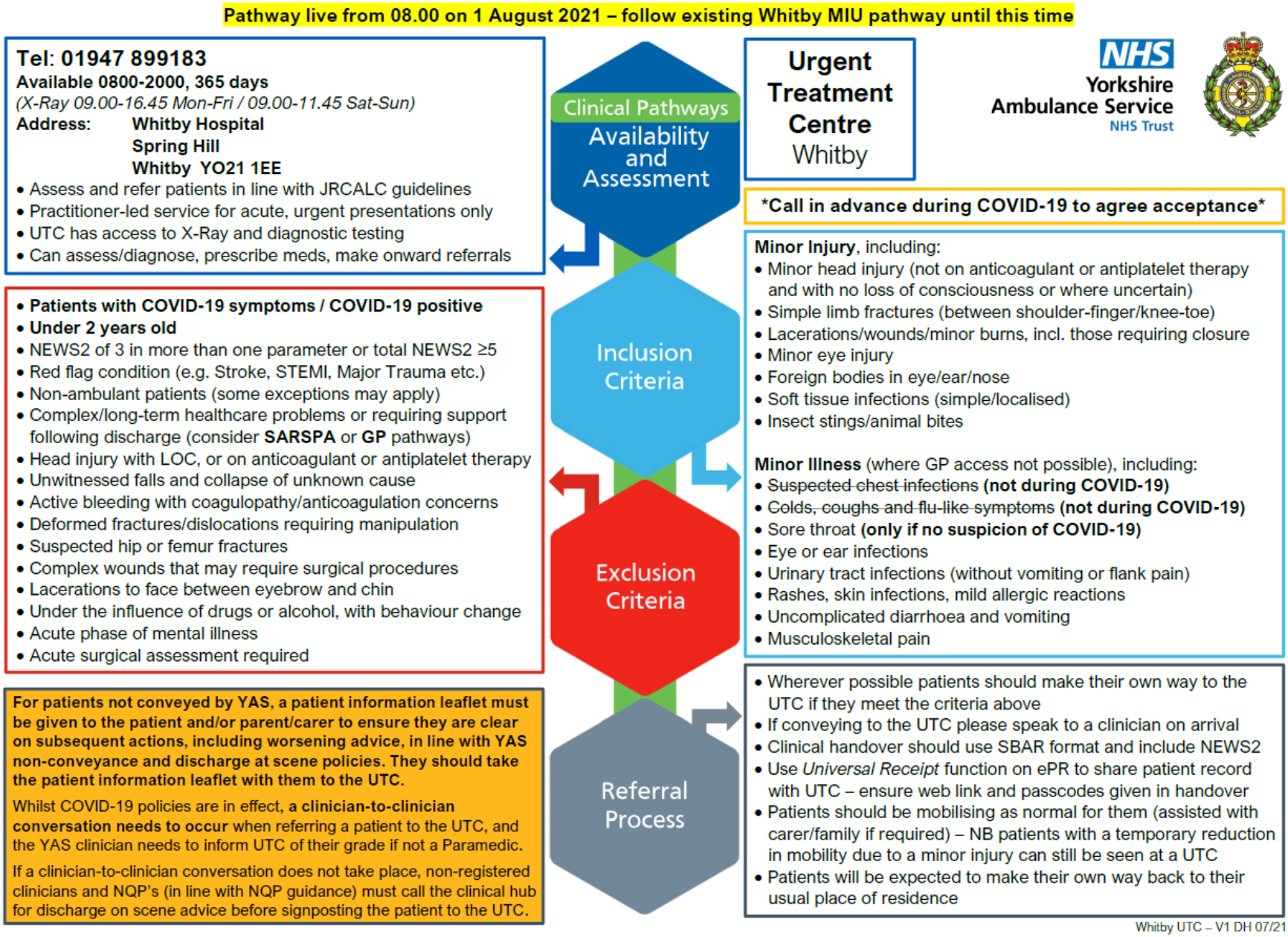
Key Contacts – Care Partners cont.	
Whitby Group Practice	01947 820888
Sleights Surgery	01947 810018
Staithes Surgery	01947 840480
Egton Surgery	01947 895431
Danby Surgery	01287 660739
Scarborough Hospital A&E	01723 368111
James Cook University Hospital	01642 850850

Any documentation to be inserted into client records must be in the approved Trust format and accessed via the Trust's intranet.

Appendix C - Glossary of Terms

Adult	Age 18 and over
ACP	Advanced Clinical Practitioner
Child	Under the age of 18
DoS	Directory of Service
ED	Emergency Department
GP	General Practitioner
HCA	Healthcare Assistant
JCUH	James Cook University Hospital
Minor illness	A presentation with a mild self-limiting illness not requiring complex diagnostics or hospital admission
Minor injury	Traumatic injury not considered serious or life threatening
NICE	National Institute for Health and Care Excellence
OOH GP	Out of Hours General Practitioner
PGD	Patient Group Direction
SGH	Scarborough General Hospital
UCP	Urgent Care Practitioner
UTC	Urgent Treatment Centre
UTC Practitioner	An Advanced Clinical Practitioner or Urgent Care Practitioner
YAS	Yorkshire Ambulance Service

Appendix D - Yorkshire Ambulance Service Pathway



Appendix E - NICE Traffic Light System

NICE National Institute for Health and Care Excellence

Traffic light system for identifying risk of serious illness in under 5s

Refer to the summary version of table 3 for the NICE guideline on sepsis if a child presents with fever and symptoms or signs that indicate possible sepsis

	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 <12 months – >150 beats/minute, age 12–24 months – >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
CRT, capillary refill time; RR, respiratory rate * Some vaccinations have been found to induce fever in children aged under 3 months			
This traffic light table should be used in conjunction with the recommendations in the NICE guideline on fever in under 5s.			

Appendix F - Unplanned closure of UTC