

STANDARD OPERATING PROCEDURE PRIMARY CARE INDUCTION

| | |
|---|--|
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| Consultation: | GP Forum |
| Ratified and Quality Checked by: Date Ratified: | Primary Care Clinical Network Group 14 March 2024 |
| Name of Trust Strategy / Policy / Guidelines this SOP refers to: | Induction Policy and Procedure |

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

CHANGE RECORD

| Version | Date | Change details |
|---------|------------|--|
| 1.0 | 19/06/2019 | <i>New local SOP</i> |
| 1.1 | 02/01/2020 | <i>Locum Checklist added as appendix</i> |
| 2.0 | 21/01/2020 | <i>Amended and approved</i> |
| 3.0 | 14/09/2021 | <i>Reviewed. Amendment to Ordering Investigations: X-ray referrals in appendix 3</i> |
| 3.1 | 08/02/2022 | <i>Appendix 2 Locum checklist replaced</i> |
| 3.2 | 23/03/2022 | <i>Amendment to appendix 1: mandatory training booked via ESR not Bluestream and amendment to appendix 3: Ordering Investigations: MRI referrals</i> |
| 3.3 | 28/03/2022 | <i>NMP registration verification added to Locum/Agency checklist</i> |
| 3.4 | 06/04/2022 | <i>Locum and agency checklist as separate appendixes. LCAT replaced with Trust approved competency document. Mandatory training timescales. Appendix 4: Guidance for locums and new doctors. Pathology Results SOP added as appendix.</i> |
| 3.5 | 21/07/22 | <i>Appendix 5: Pathology Results SOP removed. Humber intranet username and password and accessing primary care policies added to Appendix 4: Guidance for locums and new doctors. Approved at Primary Care Clinical Network Group (21 July 2022)</i> |
| 3.6 | 20/10/2022 | <i>Review undertaken. Approved by Primary Care Clinical Network Group (20 October 2022).</i> |
| 3.7 | 11/10/2023 | <i>Reviewed. HUTH acute and emergency contacts added. 2WW referral timescale added. 2WW Referral Management Process Flowchart added. Changes made to Getting Started 'Prescriptions', 'Repeat Prescribing,' Ordering Investigations 'Spirometry' and How to Arrange 'Smoking Cessation Counselling.' Embedded NMP form documents changed to hyperlinks to the same forms on the trust intranet. Approved by the Primary Care Clinical Network Group (11 October 2023).</i> |
| 3.8 | 14/03/2024 | <i>Provider to Provider (P2P) information removed. Approved at Primary Care Clinical Network Group (14 March 2024).</i> |

Contents

| | |
|--|----|
| 1. INTRODUCTION | 3 |
| 2. SCOPE | 3 |
| 3. DUTIES AND RESPONSIBILITIES..... | 3 |
| 4. PROCEDURES | 3 |
| 4.1. Permanent Staff..... | 3 |
| 4.2. Evidence of Clinical Skills and Competencies..... | 3 |
| 5. REFERENCES | 3 |
| Appendix 1: Primary Care Permanent Staff - New Starter Checklist | 4 |
| Appendix 2: Bank/Locum/Agency Checklist | 9 |
| Appendix 3: Guidance for Locums and New Clinicians | 11 |

1. INTRODUCTION

This Standard Operating Procedure (SOP) has been developed to guide the practice of staff working in Humber Teaching NHS Foundation Trust Primary Care services and ensure a robust and standardised induction process which is consistent safe and effective.

2. SCOPE

This SOP will be used across all Primary Care services within Humber Teaching NHS Foundation Trust. It includes medical, registered and non-registered staff who are permanent, temporary, bank, agency/locum or Primary Care Network staff on commencement of working within Primary Care.

3. DUTIES AND RESPONSIBILITIES

GP Clinical Forum

Develop, approve, implement and review the effectiveness of this SOP.

Service Managers, Matrons and Clinical Leads

Review and update this SOP.

Ensure dissemination and implementation of this SOP.

4. PROCEDURES

4.1. Permanent Staff

- Complete Skills Profile Analysis at first probation review meeting or one to one and plan training request.
- Follow Probation Policy [Probationary Policy.pdf \(humber.nhs.uk\)](#)
- Complete Primary Care Permanent Staff New Starters Checklist (Appendix 1)
- Complete Workplace Induction Checklist <https://intranet.humber.nhs.uk/Forms/G-I/Induction%20Checklist%20Template.docx>

4.2. Evidence of Clinical Skills and Competencies

- Clinical and live supervision and use of the Trust approved competency document within the [Clinical Competency Framework \(humber.nhs.uk\)](#)
- Locum/Agency and Bank Staff Complete the Bank/Locum/Agency Checklist (Appendix2)
- Complete Guidance for locums and new Doctors (Appendix 3)

5. REFERENCES

Induction Policy [Induction Policy.pdf \(humber.nhs.uk\)](#)

Supervision Policy (Clinical, Practice and Non-Clinical) [Supervision Policy - Clinical Practice and Non-Clinical N-039.pdf \(humber.nhs.uk\)](#)

Probation Policy [Probationary Policy.pdf \(humber.nhs.uk\)](#)

Appraisal Policy [Employee Appraisal Policy and Procedure \(HR-010\) \(humber.nhs.uk\)](#)

Safeguarding Policy [Safeguarding Adults Policy.pdf \(humber.nhs.uk\)](#) [Safeguarding Children Policy.pdf \(humber.nhs.uk\)](#)

Clinical Competency Framework [Clinical Competency Framework \(humber.nhs.uk\)](#)

| First Day | Signed off On Trust Induction | Date Completed | Initials |
|--|-------------------------------------|-------------------|----------|
| Greeted by Line Manager | | | |
| Issue Hello My Name is Badge | | | |
| Introduction to Team via quick tour of building | Required | | |
| Reception area policies, procedures, appointment system and telephone enquiries. Aware where Business Continuity Plan is stored. | | | |
| Understand what action is required in an emergency situation and how to raise the alarm (Fire, Bomb, Lone Working, Adverse Weather). Fire Tour of premises – to include Panic Alarm, Fire Board, Fob, signing in and out, (location of fire extinguishers, exits and assembly points) | Required | | |
| Entry & Exit from building procedure explained Lone Working – building security | | | |
| Know the name and location of the appointed person in control of fire/emergency procedures and appointed Health and Safety Representative. | Required | | |
| Complaints - Explain the process for Formal/Informal | | | |
| User preferences on SystmOne – e.g. toolbars/clinical tree | | | |
| Business Continuity Box | | | |
| Donning and Doffing Training | | | |
| Third Party Software - Does the staff member need to be registered as a user/password in any of the following:- <ul style="list-style-type: none"> • INRStar • Cytology • ICE • PCSE • MJOG • ACCURX • Anything Else practices use??? | | | |
| | | | |
| Induction with Line Manager: | | | |
| <ul style="list-style-type: none"> • Staffing Structure, roles and responsibility document | | | |
| <ul style="list-style-type: none"> • Organisation Overview & Welcome (Funding for primary Care, QOF) | Required | | |
| <ul style="list-style-type: none"> • Key contacts (internal and external) | Required | | |
| <ul style="list-style-type: none"> • Performance & Development review explained for non-clinical staff and medical appraisal system for Doctors/Medics | Required | | |
| <ul style="list-style-type: none"> • Supervision or if administrative 1-2-1 arrangements | Required | | |
| <ul style="list-style-type: none"> • If you are a newly qualified practitioner / you have been booked to attend the Preceptorship and its associated Clinical Development Programmes | Required | | |
| <ul style="list-style-type: none"> • Sickness and absence procedure explained. To include: adverse weather, annual Leave & Holidays/overtime/absence/time in lieu. Shift patterns and flexi-time systems (if appropriate). Understand the procedure for time off to attend Doctor / Dental / Hospital Appointments /study leave and off duty requests. Know what is expected regarding attendance at work, who you should report to, when you should report by and what you do when you return to work after an absence | Required | | |

| | | | |
|---|-------------------------------------|-------------------|----------|
| • Ensure any prearranged holidays are on the health roster | | | |
| • Pay periods explained (pay date etc method of pay) | | | |
| • Clarity of role and responsibilities | | | |
| • ESR log on - how to notify payroll of any changes in personal details – employee self-service, Statutory and Mandatory Training | Required | | |
| • Expenses (T1 form & copy of business car insurance required to enable claiming for travel expenses training etc). E-Expenses – Access and how and when to submit claims | Required | | |
| • Ensure Aware Emergency Telephone Numbers | | | |
| • Ensure Aware Mobile Phone Policy | | | |
| • Ensure Aware location of policies & procedures (highlight role specific) | Required | | |
| • Organisation wide processes/policies – Confidentiality Code of Conduct, professional code of practice (if applicable) and no smoking policy/guidelines | Required | | |
| • Explain the incident/accident reporting procedure, guidelines and protocols (Datix Needle Stick Injury etc) | Required | | |
| • Locker Allocation & Cloakroom re personal item storage during day | | | |
| • Ensure you are able to operate relevant medical devices or equipment relevant to your role, prior to its use | Required | | |
| • Ensure aware of Humber intranet/Practice Website & how to access | Required | | |
| • Location First Aid Boxes/Accident book location | | | |
| • Staff Room (bring own cups, use of microwave/fridge etc) | | | |
| • Explain the buildings dynamics. Are Admin split over 2 floors etc or located in a different building? | | | |
| • Record Keeping/defensible documents – drives used for file saving | | | |
| • Email address and log on setup- smartcard and all systems required | | | |
| • IT set up – printers/folder access/VPN | Required | | |
| • Name badge/ID/Uniform | | | |
| • Lone working and decision-making accountability | | | |
| • Explain access to Occupational Health Services and Staff Support | Required | | |
| | | | |
| First Week | Signed off On Trust Induction | Date Completed | Initials |
| IG Training – patient consent where/how 3rd party consent recorded | | | |
| Carry out meeting with infection control lead and hand wash audit | | | |
| Carry out ESR Training | | | |
| Carry out Emergency Drugs/Defib/Nebuliser training | | | |
| Join safety huddles every day to meet clinical team | | | |
| Follow initial training plan | | | |
| Read Practice Risk Assessment Folder and sign. | | | |
| Reception/admin 'Training plan' TNA – checklist to sign off | | | |
| First Month | Signed off On Trust Induction | Date Completed | Initials |
| SystemOne Training – attend N3i training | | | |

| | | | |
|---|--|--|--|
| Book 8 weekly 121's after initial 4 weeks | | | |
| Carry out overview Sessions with team members | | | |
| Carry out training on Datix/CQC Board/Care Navigation/QOF | | | |
| Attend Humber Induction | | | |
| Complete ESR/Mandatory training | | | |
| Follow initial training plan | | | |
| | | | |

| Administrative Staff who are new to Primary Care – Following the “Patient Journey” | Signed off On Trust Induction | Date Completed | Initials |
|--|--|-------------------|----------|
| Patient Registration <ul style="list-style-type: none"> How patients apply to register at a practice (practice Boundaries etc) Registering a patient Pitfalls and things to look out for when registering a patient. | | | |
| Lloyd George Records <ul style="list-style-type: none"> What is a Lloyd George Record Where is it stored What is it for – Discuss electronic records | | | |
| Patient Amendments <ul style="list-style-type: none"> Change of addresses Changes of names – proof Changes to DOB - Proof | | | |
| Patient Appointments <ul style="list-style-type: none"> What services do we provide? ‘Who Does What’ – which clinician can see which patients Care Navigation How does a patient book an appointment – online/NHS App/E-consult Where are the appointments – appointment ledger Where are Pending/Current/Past appointments shown in patients records | | | |
| Prescriptions <ul style="list-style-type: none"> How is medication recorded in a patients record – Acute and Repeat How does a patient request medication – online/Email/In Person Where does the prescription go, once created – EPS/FP10 Nominated Pharmacy Re-authorising Prescriptions Secondary Care Prescriptions Prescription History | | | |
| Referrals <ul style="list-style-type: none"> How are these managed Who manages these? How are they requested – E-Referral, Forms etc Where are they filed in the patient record? | | | |

| | | | |
|---|--|--|--|
| Letters and Communications <ul style="list-style-type: none"> • Incoming Letters/Scanning/Document Workflow Scanning • Outgoing Letters | | | |
| Sicknotes (MED3's) <ul style="list-style-type: none"> • Where are they filed in patients' records? • Who can authorise these? • How are they sent to the patient (post, ACCURX etc) | | | |
| Pathology Results <ul style="list-style-type: none"> • Where are they filed in patients' records? • How do they happen – ICE requesting and pathology inbox back to practice | | | |
| Online Services <ul style="list-style-type: none"> • What are these – Appointments/Scripts/Medical Record Viewing etc | | | |
| Sharing Preferences <ul style="list-style-type: none"> • What does this mean • Share In/Share Out | | | |
| SMS Messaging <ul style="list-style-type: none"> • What do we use this for? • How do you know if patient is signed up for this? | | | |
| SCR – Summary Care Record <ul style="list-style-type: none"> • Who is the information shared with? • Basic Information share • Additional information share | | | |
| Vaccinations <ul style="list-style-type: none"> • All Vaccinations - Where are vaccinations shown in patient record • Childhood Vaccinations <ul style="list-style-type: none"> ○ How do children receive an invite? | | | |
| Deaths <ul style="list-style-type: none"> • How do we manage deaths • What happens to the patient records once decease (deductions) • Where does the Lloyd George Records go? | | | |
| | | | |

Appendix 2: Bank/Locum/Agency Checklist

Bank/Locum/Agency Checklist

Practitioner Name:

NHS Email Address (if applicable):

HTFT locations supplied to:

In order to verify the requirements listed below, you must have sight of original documents and sign and date copies returning these copies with this completed form.

For the latest guidance on employer checks, please refer to the main site: [NHS Employers](https://www.nhs.uk/employers)

Please state your full name in the checked by box.

| Requirement | Employment check collated | Date checked |
|---|---------------------------|--------------|
| Identification verified Identity checks NHS Employers | | |
| Right to Work in the UK documents verified (passports/visas etc.) Right to work checks NHS Employers | | |
| GMC (or other professional body i.e. NMC) Website check: Professional qualifications verified via the GMC: | | |
| Non-Medical Prescribing registration verified: NMP1 - Non-Medical Prescribing Competency Registration Form NMP2 - Scope of Proficiency to Prescribe Form | | |
| GP Medical Performers List Letter | | |
| Current DBS Disclosure verified (this must be an enhanced disclosure and it must be dated within the last 3 years) update service or in date last 3 years will be accepted provided by the candidate. | | |
| Immunisation report that includes vaccination against the below: | | |
| • Hepatitis B (if appropriate) | | |
| • MMR vaccine | | |
| • History of chicken pox | | |
| • BCG (TB) vaccine or scar | | |
| • Covid19 vaccination status | | |
| Medical Insurance Membership verified (certificate to be checked and verified it is in-date and covers the Practitioner for sessional locum work). | | |
| Inside IR35? Yes / no: If no, please provide reason: | | |
| NHS Care Records Service/Smartcard No: | | |

| | | |
|--|--|--|
| Is the practitioner trained on the EMIS System: YES/NO | | |
| Is the practitioner trained on SystemOne: YES/NO | | |
| Evidence of training below: <ul style="list-style-type: none"> • Basic Life Support – due yearly • Anaphylaxis training – due yearly • Safeguarding Adults Level 3 – due every 3 years • Safeguarding Children Level 3 – due every 3 years <p><i>Certificates will be required as proof.</i></p> | | |
| | | |

Prior to commencing, or on Day 1 (before entering the GP Practice or HTFT site), the practitioner must report to the Practice Manager to complete their induction.

Signature: Date

Print Name: Job Title:

Recruitment signature:..... Date.....

Approver signature Date:

Print Name: Job Title:

Bank/Locum/Agency Staff

Once all checks have been satisfied above, the completed and signed forms will be retained by the Practice Manager

Appendix 3: Guidance for Locums and New Clinicians

GUIDANCE FOR LOCUMS AND NEW CLINICIANS

Welcome from

Xx Practice

Address

Tel: xx

Email: xx

Last updated:

Scheduled date for review:

Name of Practice Manager:

Signed by Practice Manager:

NAME OF
LOCUM:

Internal Extension Numbers

| | |
|----------------------------|--|
| Practice Manager | |
| Assistant Practice Manager | |
| Practice Nurse | |
| Practice Nurse | |
| HCA | |
| HCA | |
| HCA | |
| Reception | |
| Secretaries | |
| GP | |
| GP | |
| GP | |

| | |
|----------------------|--|
| ACP | |
| ACP | |
| ACP | |
| Any other roles | |
| First Contact Physio | |
| Pharmacist | |
| Prescription Clerks | |
| District Nurses | |
| Pharmacy | |
| Pharmacy | |
| Social Services | |
| Health Visitor: | |

Primary Care Network

| | |
|------------------------------|--|
| Name of Network | |
| PCN Colleagues: Name/Role | |

Getting Started

Computer password and login:

If you do not have your own desktop login then you will need to use the below details:

User account – Generic.Locum

Password –

NHS mail account –

NHS mail password –

Where is the panic button?

In Room:

Panic Button on SystemOne: Control, Shift and Enter

Setting up your Clinical Tree:

This is so that clinicians have access to the electronic referral templates.

On SystemOne – go to user, user preferences, patient record folder, tree configuration, click on new tree – Clinicians, click OK.

This should then show the blue xx – all templates under Templates. Click on this to open up templates. Click on plain blue square on the left, go to GP referrals to open and this will open all the relevant tabs for the various referral forms.

If a referral does not require a form, then a referral letter should be typed on a task and sent to Secretaries.

Any queries speak to a Secretary.

Prescriptions:

See the Prescription Clerks* to sign for supply of blank prescriptions. Please note that these need to be returned to the Prescription Clerks on completion of your clinic. There is a HERPC button on the SystemOne tool bar that can be used to access the local formularies and relevant guidelines.

Repeat prescribing:

How much notice do patients need to give for prescription requests?

7 days to give the surgery time to do the prescription and the pharmacy time to dispense it. Please send by EPS where possible. For patients who are eligible (see the electronic repeat dispensing SOP), set up as electronic repeat dispensing.

How to summon patients:

Please call them from the waiting area.

Call board?

Can patients book double appointments? (e.g. for gynae examinations etc.)

Yes

Where are the patient advice leaflets kept?

Ask the patient to come to Reception

* Please be aware, not all practices have designated Prescription Clerks, in which case, please speak to the Assistant Practice Manager to confirm the process.

Ordering Investigations

| |
|---|
| <p>Please complete the relevant form (enclosed) and give to patient for the following: GP/ANP review appointment, blood test appointment, ECG appointment, nurse appointments.</p> |
| <p>IUD Fitting, Depo Contraceptive Inj, Nexplanon: Send patient to Reception to be given number for patient to contact.</p> |
| <p>Spirometry: This can be done during a clinic appointment or patients can be referred to the in-house respiratory nurse.</p> |
| <p>Dopplers: Give form to patient to take to Reception to make appointment with Practice Nurse.</p> |
| <p>X-ray / MRI / Ultrasound / CT referrals: Complete the electronic referral form from the Templates. (No need to print or sign) Send task to Secretaries when done.</p> |
| <p>Direct Access Endoscopy: Secretaries have forms for both Hull and York.</p> |

CONTACT NUMBERS FOR LOCAL HOSPITALS:

HULL HRI and CHH – 01482 875875 (MAIN SWITCHBOARD)
YORK DISTRICT – 01904 631313 (MAIN SWITCHBOARD)

Emergency Admissions

Procedure – (e.g. ring hospital switchboard/speak to Bed Bureau/doctor on call for specialty)

| |
|--|
| Crisis Team (Mental Health): Contact Rapid Response Team 01482 301701 |
| DVT Clinic: Hull Westbourne NHS Centre – GP to phone to discuss 01482 335597 Goole – contact Ward 3 at Goole & District Hospital on 01724 290039 Fill in electronic referral form in Templates and send task to Secretaries. |
| Early Pregnancy Assessment Unit: Hull 01482 608787 or York 01904 726489 |
| Eye Clinic: For emergencies speak to the nurse practitioner on Hull 01482 816658 or York 01904 726272 |
| Rapid Access Chest Pain Clinic: Either Hull (please send patient to Reception for CAB) or York – please complete a referral form for Secretaries, check electronic templates. |
| TIA Clinic: Either Hull or York – please complete referral form for Secretaries. |

How to arrange the following:

| |
|---|
| Counselling/IAPT/Talking Therapies: Patients can self-refer. Please give leaflet to patient. |
| Diabetic Clinic and newly diagnosed diabetics: Send task t in Admin, to arrange appointment. |
| Dietician: Referral form for completion on the electronic templates and send task to Secretaries. |
| GUM clinic: Patient to self-refer to Conifer 01482 247111 or Monkgate Health Centre, York 01904 721111 |
| Midwife: For antenatal care, newly-confirmed pregnancy patient to ring Hull 01482 605304 or York 01904 721490 |
| Physiotherapy: Patients can self-refer by calling 01377 208300 (if under 18, to complete physio referral form and hand to secretaries). For MSK, send patients to Reception for CAB referral to be done. Complete electronic referral form and send task to Secretaries. |
| Community Physiotherapy: Complete electronic referral form and send task to Secretaries. |
| Podiatry: Complete referral form and send task to Secretaries. |
| Smoking Cessation Counselling: Self-referral via Healthier Futures-East Riding 03302 369102 or via Healthier Futures website. |
| Termination of pregnancy: Via CHCP. Please give a card to patient to self-refer. Patients can self- refer by calling 01482 336338. |

REFERRALS

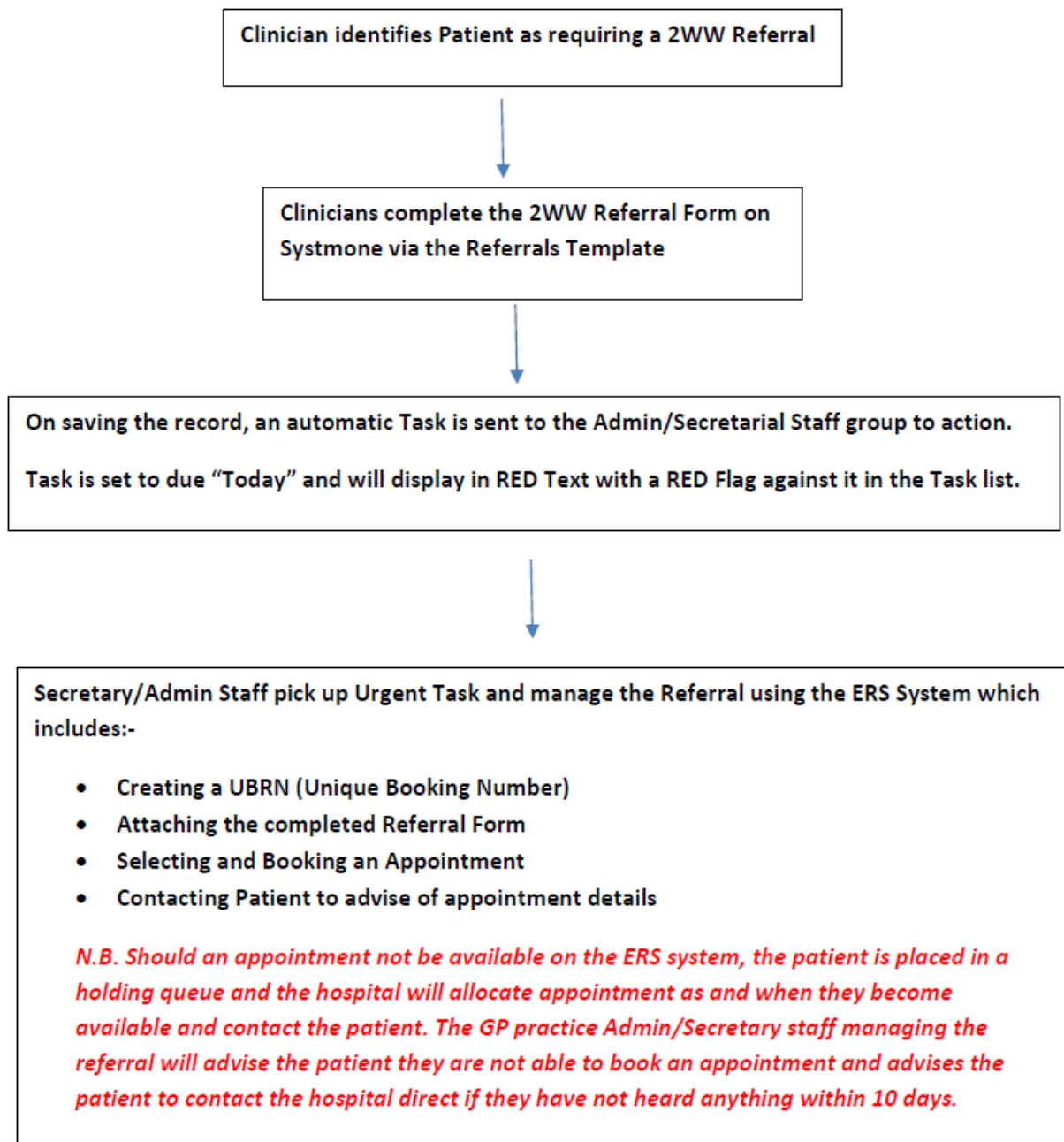
All referral forms and 2WW forms are all in electronic templates on SystemOne.
Please ask one of the admin team if you have any queries.

All referrals including 2WW referrals can be booked on Choose and Book (CAB) so please send patient to Reception with the CAB request form (enclosed) for Reception to arrange their appointment.

All 2WW referrals are to be raised and completed on the day of the consultation or in exceptional circumstances within 48 hours of the patient being identified as requiring a 2ww referral.

| |
|--|
| Bone Densitometry/DEXA referral (Hull): Form to complete please and hand to Secretaries. |
| Cardiology QED (Quick and Early Diagnosis) Heart Failure referral form (Hull): |
| Community Respiratory Team: Form to complete please and send task to Secretaries. |
| Drug and Alcohol Service: Contact East Riding Partnership – Hull 01482 336675 / hnf-tr.erphull@nhs.net Patients can self-refer by calling 01482 336675. |
| Exercise on Prescription: Form to complete please, patient to sign and choose either Pocklington or Beverley – hand to Secretaries. |
| Orthotics: HRI – please complete form and hand to Secretaries. |

2WW Referral Management Process Flowchart



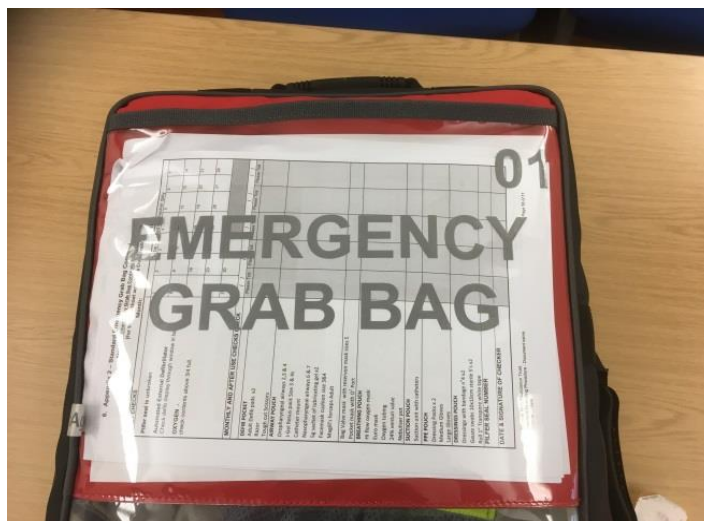
Defibrillator

- Located in xx



Emergency Bags

- Located in xx



Information for GPs – Assessment Unit Admissions and Emergency Outpatients

| Area | Contact |
|--|---|
| Pathology | 01482 607796 (Pathology Reception) |
| Emergency Ophthalmology | 01482 608988 |
| Oncology | 01482 461156 (Queen's Centre reception) Bleep 500 |
| Emergency Surgical Admission | 01482 328541 – bleep registrar/Doctor on call |
| COPD Exacerbations – PARCS Team (Physio Acute Respiratory Service) Community service providing home visit only | 01482 675035 – seven days, 8.30am-4.30pm (please leave message if answer machine, checked hourly and will respond). Patients seen within one day. |

Hull University Teaching Hospitals NHS Trust

Acute and emergency service contact and referral points, including Emergency Department, assessment areas and same-day urgent services

ALL of these contact points are available 24/7. **PLEASE** contact the specialty you need directly – including the Emergency Department - before sending a patient to Hull Royal Infirmary or Castle Hill Hospital.

All services below accept urgent and emergency GP and community referrals.

| Service (alphabetical order) | Contact |
|--|--|
| Acute Medical Unit also known as Acute Assessment Unit, AAU, AMU For ambulatory acute medicine, see Same Day Emergency Care | 01482 674321 |
| Acute Surgery (emergency and acute upper GI surgery, inc. GP referral stream, 6 th floor HRI) | Via switchboard 01482 875875 Bleep 840 and Bleep 853 |
| Antenatal Inc Antenatal Day Unit, Emergency Antenatal Care | 01482 382729 |
| Cardiology including Coronary Care Unit, Coronary Monitoring Unit, Primary PCI | Via switchboard 01482 875875 Bleep 918 |
| Diabetes and Endocrinology | Specialist team Via switchboard 01482 875875 bleep 014 |
| Emergency Department Also known as ED, A&E, Accident and Emergency | 01482 482251 – ED Consultant/Registrar In Charge – for all adult patient referrals 01482 482214 – Paediatric Emergency Department referrals |
| Ear, Nose and Throat | ENT team Via Switchboard 01482 875875 ask for ENT |
| Frailty Assessment Unit Also known as FAB, Elderly Assessment Unit, EAU, acute Medical Elderly, DME, acute geriatrics | 01482 482343 |
| Gastroenterology Including hepatology and emergency OGD/endoscopy | 07747201689 |
| Gynaecology Also known as Emergency Gynaecology Unit | 01482 608767 Urgent review Gynae Registrar Via switchboard 01482 875875 Bleep 508 |
| Haematology | 01482 468888 (Option 2) |
| Infectious Diseases | 01482 623007 Or via switchboard 01482 875875 bleep 601 |
| Early Pregnancy Early Pregnancy Assessment Unit | Early Pregnancy Unit 01482 608767 Urgent review Gynae Registrar Via switchboard 01482 875875 Bleep 508 |
| Oncology | 01482 468888 (Option 2) |
| Paediatrics Paediatric medicine, Paediatric Assessment Unit, PAU Paediatric surgery | Paediatric Medical Registrar via switchboard 01482 875875 Paediatric Surgical Registrar via switchboard 01482 875875 |
| Renal Medicine | Renal specialist team Via switchboard 01482 875875 Bleep 078 |
| Plastic surgery Including Plastic trauma clinic | Plastic Trauma on-call team via switchboard 01482 875875 |
| Ophthalmology | Ophthalmology Registrar via switchboard 01482 875875 |
| Oral & Maxillofacial Surgery OMFS, Max Facs | OMFS team Via switchboard 01482 875875 bleep 128 |
| Neurosurgery | Neurosurgical Registrar 01482 875875 |
| Respiratory Medicine | Respiratory Medicine Team |

| | |
|--|---|
| Chest medicine | Via switchboard 01482 875875 bleep 637 |
| Same Day Emergency Care – medicine Also known as SDEC, Same Day Care Unit, Ambulatory Care Unit, ACU | 01482 676414 |
| Trauma and Orthopaedics Inc. fracture clinic | 01482 675120 or via switchboard 01482 875875 <i>Fracture clinic 01482 674378</i> |
| Stroke | Stroke coordinator Via switchboard 01482 875875 bleep 312 |
| Urology (including urology ambulatory day services, same day care, booked appointment Trial Without Catheter clinics) | Urology Registrar Via switchboard 01482 875875 bleep 512 |
| Vascular surgery | 01482 675007 |

Assessment Unit Admissions and Emergency Outpatients

Ambulatory Care Pathway – Information for GPs

Ambulatory Care at HEY

- Purpose-built facility
- 4 x treatment bays
- 4 x clinic rooms
- 2 x triage rooms
- Large reception area
- Dedicated staffing both medical and nursing teams

Eligibility Criteria – NOT disease-specific eligibility criteria

The patient must be 'ambulant'

- mobilise without assistance
- there is no significant deterioration in mobility so as to preclude safe discharge
- no clinical need to be cared for in a bed

Other criteria

- expected to be discharged on the same day
- no known barriers to discharge

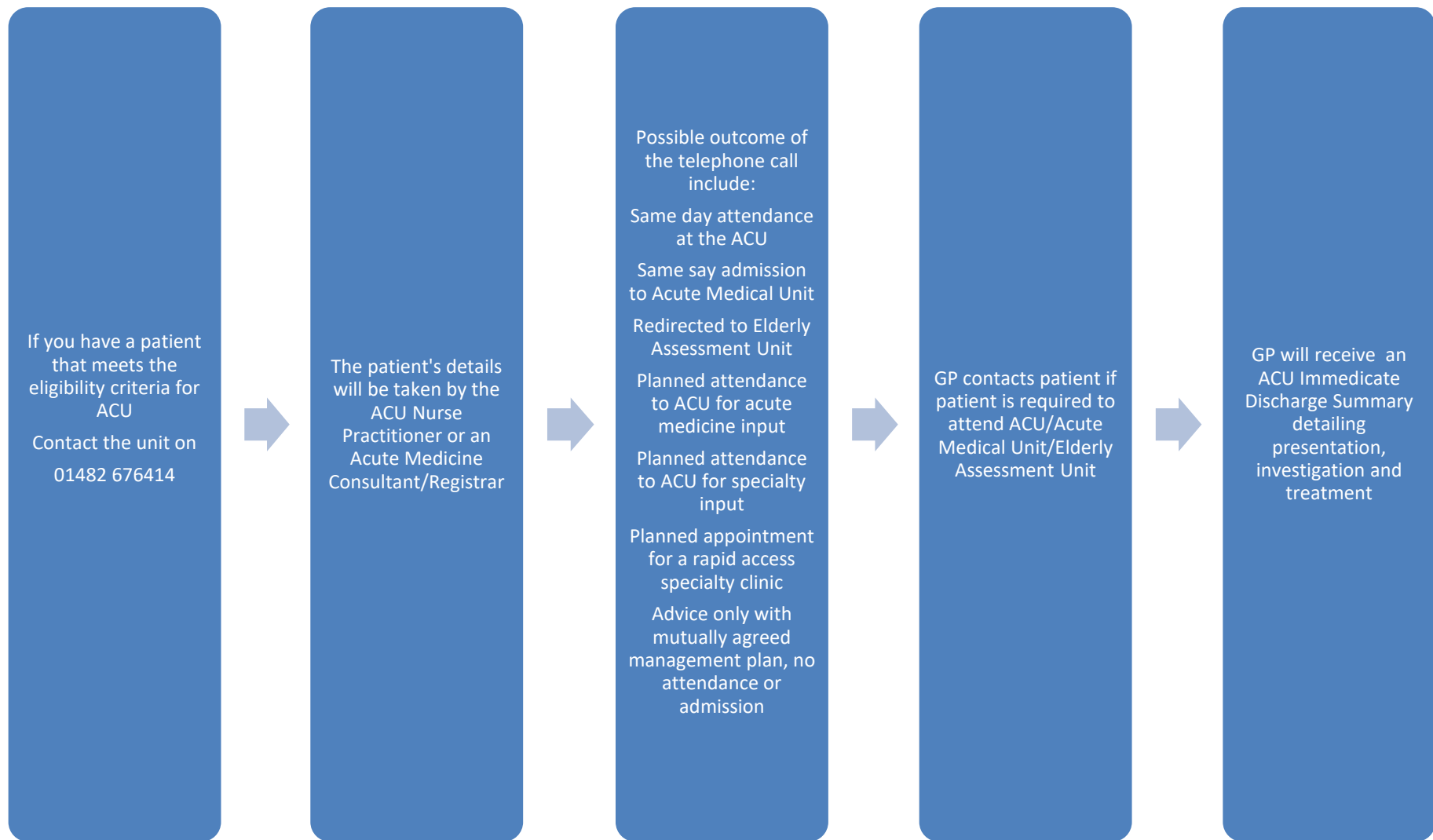
ACU Function

- Diagnostic exclusion, e.g. VTE/ACS
- Time-limited assessment, observation and treatment, e.g. asthma, pneumonia, COPD, GI bleed (low Blatchford).
- Specific scheduled treatments, e.g. transfusion for chronic anaemia
- Specific disease pathways: for conditions which may be managed on an ambulatory basis: Cellulitis, VTE, AF, CCF, Anaemia, Pyelonephritis

ACU Opening

Monday-Friday 8am-10pm (last admission 9pm)

Saturday-Sunday 8am-8pm (last admission 6pm)



Assessment Unit Admissions and Emergency Outpatients

Acute Medical Unit (AMU) – Information for GPs

Acute Medical Unit at HEY

- This is a 45-bed area operating a 24 hours, seven days a week. The target is that all patients are either transferred to a speciality/base ward or discharged within 12 hours of admission.

Eligibility Criteria

- Patients presenting with acute medical conditions that do not have frailty needs or who could suitably be managed in the Ambulatory Care Unit.

AMU Functions

- The unit provide a rapid assessment of acute medical patients presenting either via the Emergency Department or following a referral from the GP.
- The redesign of acute medical pathway has enabled stable and ambulant patients to be managed in the Ambulatory Care Unit (ACU) leaving the Acute Medical Unit (AMU) for the acutely unwell patient with complex needs unable to be managed outside of the traditional hospital setting.

Admissions

- Between 8am and 10pm the GP should contact the Ambulatory Care Unit (01482 676414) where the call will be directed to the senior nurse. He/she will advise on where to direct the patient, either ACU or AMU depending on the presenting condition and status of the patient.
- Out of these hours the GP should contact the Acute Medical Unit via the Bed Bureau (01482 675801) where the call will be directed to the senior nurse.
- A clinician may be available should the GP require a clinician-to-clinician discussion.
- The GP will organise transfer of patients to the AMU

**PLEASE ENSURE YOU
COMPLETE THE CLEANING
SHEET IN THE ROOM YOU
ARE USING, EVERYTIME
YOU USE IT.**

**THIS IS LOCATED ON THE
BACK OF THE DOOR.**

Please confirm that you have read and understood this document.

NAME:

SIGNATURE:

DATE:

DISCUSSED

WITH:

STAFF NAME:

SIGNATURE:

DATE:

All our Policies and Procedures are on the Humber intranet.
Please ask a staff member to print off any you require.