

NURSE PRACTITIONER PILOT

CLARIFICATION OF RESPONSIBILITIES

INTRODUCTION

This paper has been developed to clarify the Governance arrangements for the Nurse Practitioner (NP) Pilot in Poole Hospital NHS Foundation Trust.

The paper has been agreed by NHS Bournemouth and Poole, Poole Hospital NHS Foundation Trust and South Western Ambulance NHS Trust.

Its purpose is to clearly identify the responsibilities of the clinicians involved, make clear when one clinicians and organisations responsibility ends and another's begin. Also to make sure all accept the requirement for co-operative working.

STATUS OF THE NURSE PRACTITIONER PILOT

This pilot will run for a period of 5 months from 1st November 2010 to 31st March 2011. Its associated posts have been created by and are funded by NHS Bournemouth and Poole PCT and the Practice Based Locality Groups.

The NP will be employed by South Western Ambulance NHS Trust (SWAST) and will be subject to their terms and conditions. Line Management will be provided by SWAST's Head of Operations for the Urgent Care Service.

The Nurse will have access to clinical support and guidance via a GP on-call rota system at all times during operational hours.

ROLE OF THE NURSE PRACTITIONER PILOT

The purpose of the NP pilot is to actively pull patients attending the Emergency Department with a minor injury or illness for management via a primary care pathway.

The time is opportune to develop a model that not only supports PHFT in the management of urgent care, but in the development of a process that educates the public in the appropriate use of facilities for accessing health care.

The service will be operational Monday to Friday 13.00 to 18.00.

RESPONSIBILITIES OF THE NURSE PRACTITIONER

It will be the responsibility of the Nurse Practitioner:

- to actively pull appropriate patients from the Emergency Department waiting area for management via a primary care pathway as per the pathway in Appendix B;

- to ensure that only those patients who can be treated and discharged by that individual are chosen for the pilot and will not require any additional services offered by the hospital i.e. x-ray;
- to ensure that once they have taken on the management of a particular patient that they fully complete the treatment and discharge process in line with best clinical practice, to deliver the optimum outcome;
- to accurately record the patient treatment / discharge notes on the Adastral system ;
- to inform the patients GP of the attendance via an agreed discharge notification;
- to ensure that any patients pulled for management are flagged on the Symphony system to ensure the appropriate charges are applied;
- to provide patient education / information to all who are treated to promote the right place, right time, first time message;
- to ensure that SWAST Prescriptions pads are used if required;
- to ensure patients are referred to their GP if it is more appropriate for them to be seen by them;
- to record the specified information in Appendix A to ensure a thorough evaluation of the pilot can be completed.

SUPERVISION

The Nurse Practitioner will be able to contact a local GP via the telephone at all times during the pilot for support or advice.

JOINT WORKING

Although the postholder will be employed by SWAST it is essential for the service to be integrated into the Emergency Department (ED). The postholder(s) must receive a local induction to the Emergency Department and be introduced to the staff working within the department.

The Nurse Practitioner will be encouraged to participate in formal training offered by the Acute Trust if appropriate, whilst recognising that formal training and development is the responsibility of the employer.

RESPONSIBILITIES OF PHFT

To ensure that all patients are recorded on the Symphony System initially by the Reception Team and when taken for management by the pilot an identifiable note is placed on the system for the purpose of ongoing patient care / payment.

PHFT will ensure a suitable room next to the Emergency Department is made available for the duration of the pilot.

As an organisation PHFT has a responsibility to care for patients in a safe environment, and to provide an urgent medical response to those who require it.

It is recognised that whilst patients being treated by the Nurse Practitioner on site at PHFT remain under the care of SWAST, it is expected that in the event of a rapid deterioration the usual response arrangement would apply and the care of that patient would immediately transfer to the ED.

The four hour clock should remain in place virtually for the entire Patients pathway to ensure in the unlikely event they need to be referred back to the emergency department that they are not penalised for this by way of a delay to their care.

However, for recording purposes the clock will be stopped once the patient has been taken for management by the Nurse Practitioner to ensure the emergency department do not face delays against the four hour target which are not attributable to their service.

SWAST RESPONSIBILITIES

- To ensure the service is operational Monday to Friday 13.00 – 18.00;
- Provide appropriate line management and professional supervision for the NP post holder(s);
- Respond to any issues brought to their attention by the NP post-holder (or by others) in relation to the operation and performance of their work;
- Manage any complaints in relation to the work and performance of the post holder;
- Manage the arrangement of any training requirements identified for the post holder;
- To lead on the response to any complaints, allegations of negligence.

COMMUNICATIONS

An information leaflet on the pilot will be available in the emergency department and shared with patients being treated and also those waiting if requested.

The information should include details of the pilot including the purpose and anticipated outcomes. It should also specify why some patients may be seen before others attending the department.

The information should clearly specify that this service is not an alternative service to patients own GP.

MONITORING

At the end of each shift the Nurse Practitioner should review the patients who self presented to the department to ascertain how many could have been managed by the Nurse Practitioner service if the capacity had been available.

REVIEW OF PROTOCOL

This protocol will be reviewed on a monthly basis to ensure it is fit for purpose as the pilot develops.

APPENDIX A – REPORTING REQUIREMENTS

- Number of patients seen;
- Patient information as set out on Adastra (to include: date, time, GP Practice, reason for attendance, outcomes);
- Waiting times;
- Suitable patients not seen due to capacity;
- Number of patients requiring GP input (including reason);
- Patient feedback.

APPENDIX B - NURSE PRACTITIONER PATHWAY

