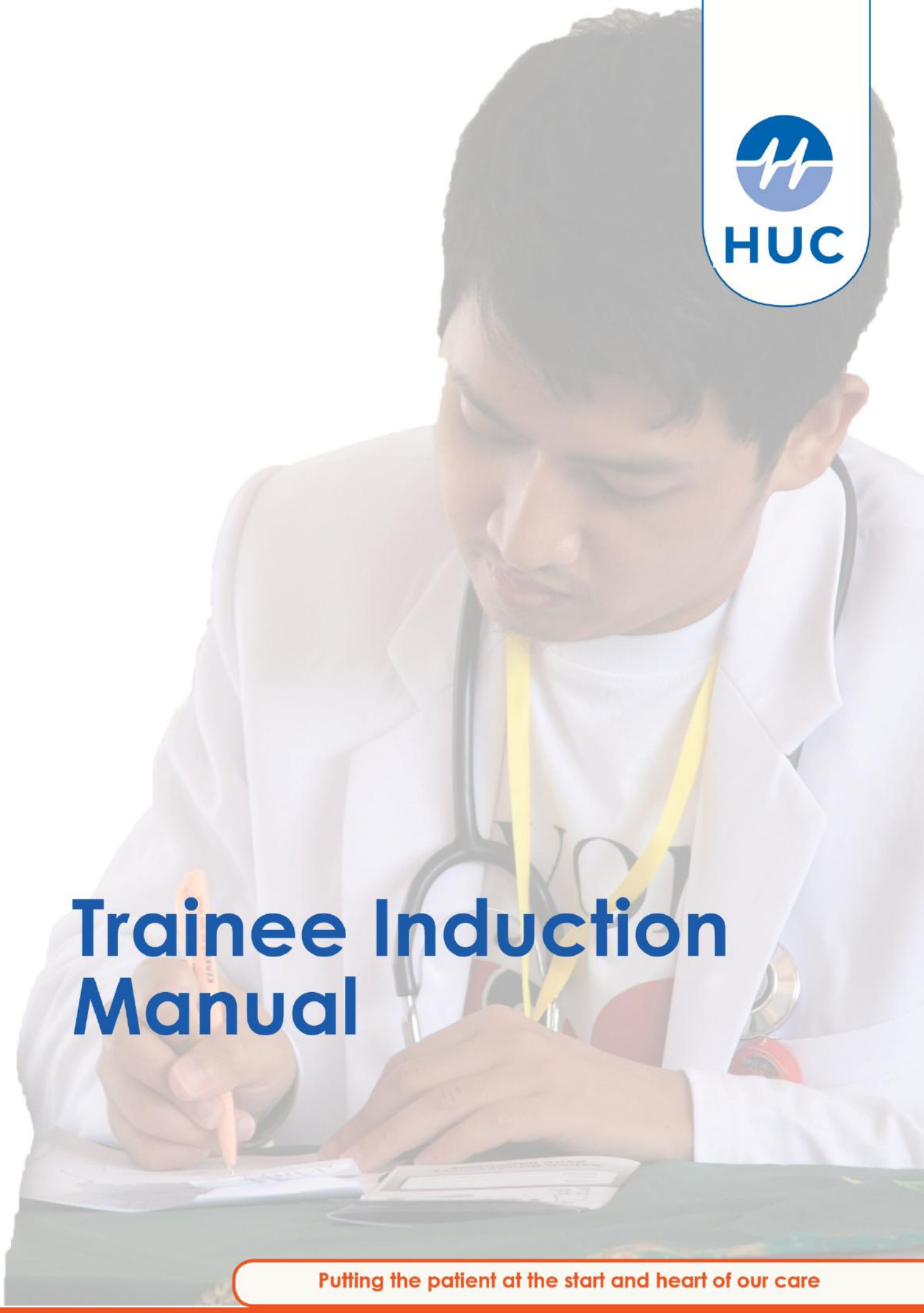

HUC

Trainee Induction Manual

Putting the patient at the start and heart of our care

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Section 1

Introduction:

The aim of this manual is to act as a guide and reference to support development of the competencies and skills required for completion of the Out of Hours element of General Practice training. Included is important information regarding mandatory training requirements as well as practical points on how you can book shifts and what to expect from these sessions. We've also enclosed copies of important forms and contacts you may need during your training.

Who are HUC?

Herts Urgent Care (HUC) provides accessible and high quality Integrated Urgent Healthcare services for the patients of Hertfordshire, Cambridgeshire & Peterborough, Luton & Bedfordshire as well as Primary Care in Essex. We have been providing a cross county GP Out of Hours service since 2008. When patients are ill and their GP practice is closed, patients can phone the NHS111 service provided by HUC to access medical advice, assessment and treatment. We also provide a range of other healthcare services to support patients and GPs, including the management of a number of GP practices and urgent care centres.

HUC's core business is to deliver highly responsive and effective integrated health care for patients with urgent but non-life threatening conditions. Our integrated 111 and Out of Hours GP service already has a multidisciplinary clinical workforce. Patients are able to speak to a wide range of clinicians, including pharmacy services and NHS111 enables access to specialist mental health services. This range of specialist advice means that fewer patients are bounced around to other services, ensuring that one phone call means patients get the 'right service, right place, first time'.

HUC Induction:

It is mandatory for all GP Trainees to attend induction training prior to booking and working any out of hours shifts with HUC. If you have been unable to attend the session organised by the VTS, you will need to organise an individual induction session at HUC Headquarters in Welwyn Garden City by contacting Luisa.Gaiteri@hertsurgentcare.nhs.uk Please note that whilst individual inductions can be organised, this should be avoided as availability of these can be limited and may cause significant delays in your progression.

The induction will be with one of our GP Clinical leads and will last **2.5 hours.** This will count towards out of hours session requirements and is an opportunity for you to ask any questions prior to starting your sessions. You will be provided your logins for the online shift booking system and our electronic clinical system. Use of these systems will be introduced and demonstrated during this session. Following the induction you will receive a **certificate of attendance** and should make a **log entry in the e-portfolio** reflecting on your learning (a good opportunity to demonstrate the competency ***"Understanding of the Organisational aspects of NHS out of hours care"*** as this will be introduced and discussed at this session).

Training Requirements and local arrangements with HUC

Time Requirement in OOH(Reference COGPED Out of Hours (OOH) Training for GP Speciality Registrars Position paper 2010):

- Out of Hours = unscheduled primary care work that falls between 18:30-08:00 on weekdays, the full weekend period and public holidays.

- A minimum benchmark of **6 hour per month in GP post** is advised. Those working less than full time equivalent need to work the same number of sessions but over a longer period/pro-rata basis. If there is any extension in GP Training then a minimum of 1 OOH session per month is required

whilst in a GP post. Trainees need to have consulted a sufficient number of patients to acquire the necessary OOH competencies so there may be need to book more shifts if some sessions have been quiet.

- Most of HUC OOH shifts are 5 hours in length which is within the recommended "session length". It is important that Trainees stay for the entire session duration unless there is very good reason to leave early (e.g. illness) and regardless of how many sessions/hours already completed.

- Trainees need to complete a record of OOH session (form1of section 4 of this booklet) and a log entry in the e-portfolio after each session that demonstrates adequate exposure and experience to have gained all the OOH competencies. Failure to complete this and the minimum number of sessions will lead to a deanery ARCP panel review.

- Trainees are recommended to book and plan their shifts early so that these are evenly spread over the time spent in General Practice. There may be little availability of training shifts if trying to book several over a short space of time towards the end of training.

Important points to consider when booking shifts:

Types of OOH Shifts

Trainees need to demonstrate the ability and skill to work in various OOH settings, which means there needs to be an appropriate balance between telephone consultations and face-to-face consulting (visiting/OOH base) when booking shifts.

Please see Form 2, of section 4, for the addresses and locations of all of HUC's OOH Primary care centres.

Sessions where there is no service delivery should be regarded as educational sessions; where there is some service delivery they should be regarded as clinical sessions.

Outlined below is a description of various session roles that can be booked:

Visit/Triage/Base

Generally this is at locations where there is a need to undertake a number of roles. The GP will predominantly be required to see patients at the relevant base but may also undertake home visits when required. Should there be capacity and an overall service need then the GP would be expected to contribute as a virtual component of the Clinical Hub and triage patients on the phone.

Redeye GP

This is the overnight session for GPs from 23:00-08:00. Duties mirror that of the Visit/Triage/Base role with the additional element to support the triage of A&E and Green 999 dispositions from the NHS111 component of the Integrated Urgent Care Service.

Visiting/Triage GP

Generally this role is required to primarily undertake home visits across the operating area however, where there is no requirement to visit or for operational reasons then the GP will be expected to support the telephone triage resource of the clinical hub.

OOHs Triage / Clinical HUB Triage

These sessions are a dedicated GP resource to support with the clinical telephone triage of patients.

Multi-Speciality Clinical Advisory Service (MCAS)

National A+E activity is increasing resulting in lower performance figures for A&E departments. In addition there are an increasing number of less urgent (green) ambulances that are being conveyed to hospital, adding to the pressure on the departments.

HUC NHS 111 performance in relation to 999 and A&E referrals is amongst the best in England however so that we can support system resilience a scheme has been introduced whereby a dedicated Doctor works within the Call Centre to validate NHS 111 referrals and where possible divert to alternative, appropriate services.

Senior MCAS GP/GP in 111 / 111 Triage GP

The GP will be passed cases which have been through the NHS 111 Pathways triage system which reach the following outcomes:

- Patients to attend A&E within one Hour, four hours and twelve hours
- Patents require an Ambulance within 30 Minutes

- Patients require an Ambulance within 60 Minutes

The role of the GP will be to either confirm that the referral to A&E/999 is appropriate and allow that referral to be made or to make arrangements for the patient to be referred to alternatives such as be booked into one of the Out of Hours Bases.

The MCAS Senior clinician also takes calls from the below groups:

- HCP referrals
- Palliative care calls
- Some mental health calls

Observational Work

10%of the training can be done as an observer in non-GP settings to help understand the organisational aspects of unscheduled care e.g. observing **NHS 111**, accompanying a **paramedic shift** or accompanying an **OOH District/ Palliative care nurse** shift. In **Hertfordshire,** HUC have a 24 hour Integrated Urgent Care service (IUC) with a **Multi-Speciality Clinical Assessment Service (MCAS)**. The service includes Clinical Advisors, GPs, Dental nurses, Pharmacists and Nurses with Palliative care experience. Trainees can arrange to observe MCAS shifts by contacting the Clinical leads in Hertfordshire (please see Section 4 for contact details)

Which GP OOH shifts can be booked?

Trainees will only be able to book shifts that a trained OOH Clinical Supervisor has booked so that they have adequate educational supervision and support. HUC have considered the level of supervision Trainees may need during the various stages of GP training and how to meet this appropriately.

Our policy is such that:

- **ST1** Trainees can book base, visiting or HQ telephone triage shifts on Monday – Friday evenings. Saturdays and Sundays- Visiting shifts

only(excluding HQ). NO WEEKEND OR BANK HOLIDAY BASE SHIFTS, MCAS, OR HQ SHIFTS.

- **ST2**Trainees can book base, visiting or HQ telephone triage shifts Monday-Friday evenings, Saturday & Sunday visiting shifts (excluding HQ) and afternoon and evening base shifts. NO WEEKEND MORNING BASE SHIFTS, MCAS, HQ SHIFTS OR BANK HOLIDAY MORNINGS.

- **ST3** Trainees can book shifts anytime.

  SENIOR MCAS AND 111 TRIAGE SHIFTS ST3 ONLY

New Junior doctors contract and GP OOH Training

Under the new contract any time spent working Out of Hours (OOH) will not be additional to the 40 hour working week, but will be deducted from it.

The rules essentially are:

- **Maximum 40 hour average working week.**
- **Maximum 13 hour shift length**. If working an evening OOH shift, your practice will need to aware so that you have an adequate break in work before your shift starts.
- At least **11 hours continuous rest** between shifts i.e. if your OOH shift ends at 11pm then you should not start work before 10am the next day.
- OOH work should not be scheduled across more than three weekends in a six month period, as defined in schedule 2, paragraph 5 of the TCS.
- No fewer than 1 and no more than 11 of these hours should fall into the period attracting a night enhancement (broadly, after 9pm or before 7am) in**ST1 and ST2**posts.
- No fewer than 12 and no more than 22 of these hours should fall into the period attracting a night enhancement in **ST3**posts.

It is the Trainee's responsibility to book appropriately timed OOH shifts and the Training practice's responsibility to provide a schedule that complies with the rules set in the contract. Please remember to consider VTS half-day release/tutorial sessions that may fall during the Trainee's rest period/time off in lieu.

Progression towards independent Out of Hours practice

A traffic light system is used to help model the expected stages of competency progression the Trainee makes towards independent OOH practice and should be discussed with the allocated Clinical Supervisor at the beginning and end of each shift.

Red Session – Direct Supervision

This will usually be during the **first 1-2 months** of GP posts. The Trainee will usually observe or jointly consult with the supervisor. This is a useful opportunity to learn how the clinical IT system Adastra is used and to ensure clinical documentation is appropriate and sufficiently detailed. The Trainee will initially be directly supervised when starting to take clinical responsibility for cases. With agreement of their Clinical Supervisor, they may then work more independently and report back after each consultation to agree a management plan for each patient.

Amber Session – Close Supervision

This will usually be during **months 3-5** of GP posts. Trainees will be working with the Clinical Supervisor but consulting independently. The Supervisor will be available nearby for advice and support for all types of consultations and to discuss the management plan where needed. Depending on the rate of progression the supervisor may observe home visits or be available in the car outside. It is expected that Trainees may need frequent advice and discussion of cases, so these shifts are best suited to weekday evenings when the volume of work is usually lighter compared to weekends.

Green Session – Remote Supervision

This stage will usually be **from 6-18 months** in a GP post. The Trainee will always have a Clinical Supervisor on site but they may not be needed as frequently or to actively discuss each case unless advice and further support is needed. These shifts are best suited to weekends when there is a greater volume and intensity of work and plenty of opportunity to experience independent practice during busy times in preparation for completion of training.

Shift Supervision and the Clinical Supervisor's role

Clinical Supervisors working with HUC are GPs who have undertaken a **Deanery approved** Supervisors course or are already GP Trainers/Associate Trainers. They are booked to work an OOH shift alongside a GP Trainee and have responsibility for supervising the Trainee's clinical and educational development during the shift. Trainees are asked to complete a feedback form on the quality of their supervision (form 3 of Section 4) which can then be sent to clinical.managementT@hertsurgentcare.nhs.uk where it will be collated and anonymised to provide feedback to Supervisor at the end of the year.

Both the Trainee and Clinical supervisor are expected to **arrive promptly** for each session (5-10 minutes before start time). If this is the first time working at a particular base or at the Clinical Hub then it is a good opportunity for the Trainee to familiarise themselves with the base facilities and ensure **adequate orientation**(see form 4 of section 4 for an orientation form which you should bring and complete at the start of working at any new base).

At the start of each shift the Trainee can discuss their **objectives for the shift** and **current level of progression** with the allocated Clinical Supervisor. There should always be a **debrief** of 15-20 minutes at the end of the session where cases are discussed and a **"record of the OOH session" is completed** and signed (see form 1 of section 4). This form needs to be uploaded onto the e-portfolio and a learning entry needs to be logged, shared and discussed with the GP Trainee's Educational Supervisor at the practice. During busy shifts,

debriefing and completion of forms is expected to occur after the shift has finished.

Professional Responsibilities of GP Trainees

- Trainees are responsible for organising and booking their own OOH shifts. Section 3 provides guidance on how to book shifts with our online booking system **HUC online-RotaMaster** and important contacts. When a shift has been booked the Clinical Resources team will send a confirmation e-mail with the name and contact details of your OOH Clinical supervisor for that shift.

- The **Clinical Resources team** will require a **minimum of two weeks' notice** in the event of needing to cancel a shift and the Trainee will need to **inform the OOH Clinical Supervisor**. Alternatively, it is suggested that Trainees try to swap their session with one of their colleagues and inform the Clinical Resources team and the Clinical Supervisor they were booked to work with.

- In the event of needing to cancel a shift outside of office hours or needing to notify the service of a late arrival, please contact the **Shift Manager** on: 08445 60 5040

    - Hertfordshire: select option 1
    - Cambridge and Peterborough: select option 2
    - Luton and Bedfordshire: select option 3

  Please make every effort to inform the OOH Clinical Supervisor via e-mail/phone in these circumstances

- **Non-attendance**, late arrival or finishing a booked shift early without good reason/notification is considered a **serious breach of professional behaviour and a probity issue**. In such circumstances the relevant VTS

Administration team will be notified by HUC of any short notice cancellation or if trainees have not attended their shift.

- Trainees will need to provide evidence of **up to date BLS** and **safeguarding competence.**

- Trainees will need to have an **nhs.net e-mail account** should the clinical team need to contact trainees regarding any patients they have consulted.

Practical Points for working OOH shifts

- **Smartcards** will need to be updated for use at HUC and be brought for use at all OOH sessions in order to access the patient Summary Care Record.

- **Login details** are needed to use the Clinical system Adastra/SystmOne and can be found in the induction pack. If needing help to recall this please contact the Shift Manager on shift.

- HUC primary care centres have BNFs, gloves, tongue depressors, urine pots and testing strips, emergency medications and prescription paper.

- Trainees are expected to **bring** their/training practice's **own equipment** to shifts. This should include at the very least: Stethoscopes, auriscopes, opthalmoscopes, tendon hammers, sphygmomanometers, thermometers and any other diagnostic equipment which the Trainee needs to examine patients.

- The Clinical System Adastra has links to useful resources e.g. Local guidance for antibiotic use, TOXBASE, safeguarding policies and protocols to name a few.

Section 2

This section will focus on the educational element of OOH training. Each session needs to be supported by a log-entry in the e-portfolio which reflects the learning and skills gained specific to the OOH competencies outlined below. To progress successfully, Trainees are encouraged to regularly discuss their learning with their GP trainer.

RCGP Curriculum Statement – "Care of acutely ill people"

There are six generic competencies to demonstrate within the RCGP Curriculum statement **"Care of acutely ill people":**

1. Ability to manage common medical, surgical and psychiatric emergencies in the out of hours setting.

2. Understanding of the organisational aspects of NHS out of hours care.

3. Ability to make appropriate referrals to hospitals and other professionals in the out of hours setting.

4. Demonstration of communication skills required for out of hours care.

5. Individual personal time and stress management

6. Maintenance of personal security and awareness and management of the security risks to others.

OOH Competencies

Guidance set out by Health Education England

Ability to manage common medical, surgical and psychiatric conditions and common emergencies:

- GP Trainees should be able to manage common medical, psychiatric and social conditions they are likely to encounter during OOH experience. These include minor illnesses and injuries, chronic disease and major emergency clinical conditions.

- The Trainee should be able to differentiate between those milder or moderate conditions that can be managed by the patient or the OOH team and serious conditions or emergencies requiring additional assistance or expertise.

- The Trainee must demonstrate understanding of how to manage critical situations by appropriate and timely use of available resources and facilities.

- Examples (not an exhaustive list) of emergencies are listed below:

1. Chest pain & MI
2. Heart failure
3. Sudden collapse
4. Fits, faints & funny turns
5. Stroke / CVA / TIA
6. Epilepsy and epileptic episodes
7. Acute asthma or COPD exacerbation
8. GI bleed – upper & lower
9. The acute abdomen
10. Vascular emergencies including hypovolaemic shock and DVT
11. Gall bladder disease (cholelithiasis, cholecystitis)
12. Renal colic, pyelonephritis and urinary retention
13. Ectopic pregnancy / PID / bleeding in early pregnancy,(including miscarriage)

14. Obstetric emergencies – APH/PPH/ pre-eclampsia, reduced foetal movements
15. Acute confusion state and psychoses
16. Allergy & anaphylaxis
17. The ill child and infant
18. Infection such as septicaemia and meningitis
19. Orthopaedic emergencies e.g. cord compression injuries/back pain
20. Acute eye pain / loss of vision
21. Acute psychosis or dementia or severe depression/self-harm

- GP Trainees should be able to recognise the ill child, differentiate between mild, moderate and severe illness in children and know how to manage common paediatric emergencies such as meningitis; croup/asthma; febrile convulsion; gastro-enteritis and dehydration; and non-accidental injury.

- GP Trainees should be able to differentiate between mild, moderate and severe mental illness, understand the interaction between mental, physical and environmental aspects of health and know how to manage such mental health problems as often present as a crisis during OOH. They should be competent to perform a suicide risk assessment and be aware of the procedures for assessment and implementation of detaining /admitting patients under the Mental Health Act.

- GP Trainees should be competent in basic life support. They should be aware of the need for maintenance of any emergency drugs and equipment they use during OOH and be competent in the use and monitoring of such drugs and equipment.

Understanding the organisational aspects of NHS out-of-hours care, locally and at national level

- GP Trainees should be aware of the policy framework that directs OOH care both locally and nationally. Trainees should consider:-

- The CCGs role in commissioning OOH care from Providers originating from the NHS, Social Enterprise, the Voluntary Sector and the Independent Healthcare Sector

- The Department of Health / NHS national standards for OOH care and how providers apply these standards (National Quality Requirements for OOH, Standards for Better Health, and Care Quality Commission Registration)

- National quality assurance tools such as the RCGP OOH Audit Toolkit and the independent Healthcare Inspection by CQC

- They should also set OOH General Practice within the broader policy context of improving access and equity for primary care patients. This broad policy initiative covers:-

    - Expanding Out Of Hours Care from urgent reactive care into extended opening hours delivering proactive primary care (WICs, Enhanced Access)

    - Unscheduled community care

    - Addressing the needs of underserved populations & Redirection of patient demand from A&E units to OOH and minor injury units

- They should be aware of the communication channels required for OOH care and the IT and telecommunications systems to support these communications

- GP Trainees should have an understanding of how healthcare policy and evolving use of healthcare by the population is changing the demands on OOH care.

- Trainees should also be familiar with the role of OOH care in healthcare system emergencies or crises where OOH is a major contributor to

delivering healthcare during crises, for example, the CMO cascade system for national drug / infection alerts, how to deal with a local outbreak of an infectious disease, flu epidemic plans and managing a winter bed crisis.

The ability to make appropriate referrals to hospitals and other professionals

- The GP Trainee should be aware of the range of referral points and professionals available to patients out of hours. Examples include the ambulance and paramedic services, community care, secondary care (hospital where appropriate) and the voluntary sector.

- They should be able to communicate effectively and with courtesy to all other professionals involved with the care of the patient making prompt and appropriate referrals with clear documentation and arrangements for follow up.

- The GP Trainee should respect the roles and skills of others, and should be able to engage effectively with other professionals to best manage the care of the patient.

The demonstration of communication and consultation skills required for out of hours care

- The GP Trainee should be competent in communication and consultation skills for the different types of consultations required in the context of out of hours care.

- These communication types include: telephone consultations and telephone triage skills (with the limitations introduced by the paucity of non-verbal and body language cues), and face-to-face consultations in OOH bases and Home visits to patients own homes.

- Communication should be patient centred and should demonstrate understanding of a variety of commonly used consultation models and

techniques and their appropriateness for difficult situations such as breaking bad news or defusing a hostile / angry patient or carer.

- The GP Trainee should have a good understanding of teamwork, be aware of the roles and responsibilities of the various members of the OOH team (Call Handler, Triage Clinician, Base or Visiting Clinician) and be able to work and communicate with them effectively.

Individual personal time and stress management

- The GP Trainee should be able to manage their time and workload effectively; demonstrating good timekeeping, problem solving and the ability to prioritise cases and workload appropriately.

- GP Trainees should be aware of both the challenges of working OOH (such as antisocial and long hours, sometimes with overnight shifts) and the attractions of working OOH (e.g. time off during office hours, shift style working, career development and portfolio working opportunities).

- They should recognise when they are not fit to work because of tiredness, physical or mental ill health and take appropriate action. They should be aware of EWTD regulations and plan their OOH sessions with their practices to ensure they are fit and able to work after an OOH shift.

- They should be aware of their personal needs and abilities and learn to develop the necessary strategies to avoid stress and burnout and maintain good health.

Maintenance of personal security and awareness and management of security risks to others

- GP Trainees should be aware of their duties and responsibilities regarding the health, safety and performance of their colleagues. They also need to be insightful of patient safety.

- GP Trainees should be aware of how to notify and escalate significant events, serious untoward incidents, and safeguarding concerns within and without the OOH provider.

- Patient safety concerns everyone in the NHS, and is equally important for general practitioners whether working as an independent contractor or for a Primary Care Organisation.

- Tackling patient safety collectively and in a systematic way can have a positive impact on the quality and efficiency of patient care.

- General practitioners are well placed to be active members of the healthcare team and positively influence the safety culture within the OOH environment.

- The knowledge and application of risk assessment tools must become part of general practitioners' skills and, whatever change occurs in their environment; they should assess the effects of change and plan accordingly.

- Personal safety can be a particular issue when lone-working OOH/ at night/ in unfamiliar patients homes.

Links to the six OOH competencies:

RCGP Curriculum statement (section 7) Recognise and evaluate acutely ill patients

- Describe how the presentation may be changed by age and other factors such as gender, ethnicity, pregnancy and previous health.
- Recognise death.
- Demonstrate an ability to make complex ethical decisions, demonstrating sensitivity to a patient's wishes in the planning of care.
- Provide clear leadership, demonstrating an understanding of the team approach to care of the acutely ill and the roles of the practice staff in managing patients and relatives.
- Coordinate care with other professionals in primary care and with other specialists.
- Take responsibility for a decision to admit an acutely ill person and not be unduly influenced by others, such as secondary care doctors who have not assessed the patient.

Person-centred care

- Describe ways in which the acute illness itself and the anxiety caused by it can impair communication between doctor and patient, and make the patient's safety a priority.
- Demonstrate a person-centred approach, respecting patients' autonomy whilst recognising that acutely ill patients often have a diminished capacity for autonomy.
- Describe the challenges of maintaining continuity of care in acute illness and taking steps to minimise this by making suitable handover and follow-up arrangements.
- Describe the needs of carers involved at the time of the acutely ill person's presentation.
- Demonstrate an awareness of any conflict regarding management that may exist between patients and their relatives, and act in the best interests of the patient.

Specific problem-solving skills

- Describe differential diagnoses for each presenting symptom.
- Decide whether urgent action is necessary, thus protecting patients with non-urgent and self-limiting problems from the potentially detrimental consequences of being over-investigated, over-treated or deprived of their liberty.

- Demonstrate an ability to deal sensitively and in line with professional codes of practice with people who may have a serious diagnosis and refuse admission.
- Demonstrate an ability to use telephone triage:
    - to decide to use ambulance where speed of referral to secondary care or paramedic intervention is paramount
    - to make appropriate arrangements to see the patient
    - to give advice where appropriate.
- Demonstrate the use of time as a tool and to use iterative review and safety-netting as appropriate.

A comprehensive approach

- Recognise that an acute illness may be an acute exacerbation of a chronic disease.
- Describe the increased risk of acute events in patients with chronic and co-morbid disease.
- Identify co-morbid diseases.
- Describe the modifying effect of chronic or co-morbid disease and its treatment on the presentation of acute illness.
- Recognise patients who are likely to need acute care and offer them advice on prevention, effective self-management and when and who to call for help.

Community orientation

- Demonstrate an ability to use knowledge of patient and family, and the availability of specialist community resources, to decide whether a patient should be referred for acute care or less acute assessment or rehabilitation, thus using resources appropriately.
- Deal with situational crises and manipulative patients, avoiding the inappropriate use of healthcare resources.

A holistic approach

- Demonstrate an awareness of the important technical and pastoral support that a GP needs to provide to patients and carers at times of crisis or bereavement including certification of illness or death.
- Demonstrate an awareness of cultural and other factors that might affect patient management.

Contextual aspects

- Demonstrate an awareness of legal frameworks affecting acute healthcare provision especially regarding compulsory admission and treatment.
- Demonstrate an awareness of the tensions between acute and routine care and impact of workload on the care given to the individual patients.
- Demonstrate an awareness of the impact of the doctor's working environment and resources on the care provided.
- Demonstrate an understanding of the local arrangements for the provision of out of hours care.

Attitudinal aspects

- Demonstrate an awareness of their personal values and attitudes to ensure that they do not influence their professional decisions or the equality of patients' access to acute care.
- Identify patients for whom resuscitation or intensive care might be inappropriate and take advice from carers and colleagues.
- Demonstrate a balanced view of benefits and harms of medical treatment.
- Demonstrate an awareness of the emotional and stressful aspects of providing acute care and an awareness that they need to have strategies for dealing with personal stress to ensure that it does not impair the provision of care to patients.

Scientific aspects

- Describe how to use decision support to make their interventions evidence-based, e.g. Cochrane, PRODIGY, etc.
- Demonstrate an understanding of written protocols that are available from national bodies and how these may be adapted to unusual circumstances.
- Evaluate their performance in regard to the care of the acutely ill person including ability to conduct significant event analyses and take appropriate action.

Psychomotor skills

- Performing and interpreting an electrocardiogram.

- Cardiopulmonary resuscitation of children and adults including use of a defibrillator.
- Controlling a haemorrhage and suturing a wound.
- Passing a urinary catheter.
- Using a nebuliser.

The knowledge base

Symptoms

- Cardiovascular – chest pain, haemorrhage, shock.
- Respiratory – wheeze, breathlessness, stridor, choking.
- Central nervous system – convulsions, reduced conscious level, confusion.
- Mental health – threatened self-harm, delusional states, violent patients.
- Severe pain.

Common and/or important conditions

- Shock (including no cardiac output), acute coronary syndromes, haemorrhage (revealed or concealed), ischaemia, pulmonary embolus, asthma.
- Dangerous diagnoses.
- Common problems that may be expected with certain practice activities: anaphylaxis after immunisation, local anaesthetic toxicity and vaso-vagal attacks with, for example, minor surgery or intra-uterine contraceptive device insertion.
- Parasuicide and suicide attempts.

Investigation

- Blood glucose.
- Other investigations are rare in primary care because acutely ill patients needing investigation are usually referred to secondary care.

Treatment

- Pre-hospital management of convulsions and acute dyspnoea.

Emergency care

- The 'ABC' principles in initial management.

- Appreciate the response time required in order to optimise the outcome.
- Understand the organisational aspects of NHS out of hours care.
- Understand the importance of maintaining personal security and awareness and management of the security risks to others.

Resources

- Appropriate use of emergency services, including logistics of how to obtain an ambulance/paramedic crew.
- Familiarity with available equipment in own car/bag and that carried by emergency services.
- Selection and maintenance of appropriate equipment and un-expired drugs that should be carried by GPs.
- Being able to organise and lead a response when required, which may include participation by staff, members of the public or qualified responders.
- Knowledge of training required for practice staff and others as a team in the appropriate responses to an acutely ill person.

Prevention

- Advice to patients on prevention, e.g. with a patient with known heart disease, advice on how to manage ischaemic pain including use of glyceryl trinitrate (GTN), aspirin and appropriate first-line use of paramedic ambulance.

Demonstrating Out of Hours Competency

Guidance from Health Education England

Trainer's role in OOH competency assessment

- The Trainee has to gather the evidence.
- The educational supervisor makes the decision about competency, based on this evidence

What evidence supports decision making about OOH competence?

Trainees need to demonstrate competency in the provision of OOH care. The overall responsibility for assessment of competency is with the Educational Supervisor but Trainees have a duty to keep the record of their experience, reflection and feedback in the competency domains. This record should be kept within the e-portfolio, and OOH log sheets should also be scanned and uploaded as attachments.

The assessment of OOH Competence should be triangulated from several sources of evidence. This may include:
1. An initial Trainee self-assessment against GP Curriculum learning outcomes
2. An assessment of knowledge of common OOH and important emergency scenarios
3. A declaration by the OOH supervisor
4. An audio-COT assessment
5. An OOH CbD assessment

An Educational Supervisor may also use additional evidence from in-hours practice that may demonstrate competence of learning outcomes from the RCGP Curriculum Statement on 'Care of acutely ill people'.

1. Trainee self-assessment

   GPStRs should be encouraged to complete the OOH Self-Assessment Tool (enclosed with induction pack) prior to starting their OOH sessions. This will not only familiarise them with the learning outcomes from the GP Curriculum, but also allow them to set specific learning objectives which they may wish to record on their PDP. The Self-Assessment Tool may be re-visited at intervals throughout the training programme and prior to the final review to assess progress.

2. Assessment of knowledge of common OOH and important emergency scenarios

   Trainees need to be able to manage both common conditions and recognise important medical emergencies with which they may be

faced whilst doing OOH clinical practice. This can be assessed using the OOH Care Short Answer Questionnaire.

3. Declaration by OOH Supervisor

   Before the Trainee can progress from doing closely supervised (Amber) shifts to more remotely supervised (Green) within the OOH organisation it is good practice for the OOH Supervisor who has been supervising the Trainee to sign a declaration that they have no concerns with the Trainee's performance. This could ideally be on the OOH log sheet. Such a declaration will be based on observed practice whilst under supervision.

4. Audio-COT Assessment

   An audio recording of a telephone consultation that the Trainee has performed whilst doing an OOH shift at HUC can be made available to the trainer and Trainee, to be used to undertake an assessment of the Trainee's performance. This should be fed back to the Trainee and should be recorded in the Trainee's e-portfolio in the same way as one would record a video-COT, using the same assessment framework. Audio COTs can also be undertaken in the live situation with equipment enabling the supervisor to listen into the call.

5. OOH CbD Assessment

A CbD assessment can be done using cases from the Trainee's OOH practice. Trainees would need permission to provide an anonymised print out of the OOH clinical records for the purpose of this assessment by their own trainer; or it could be done by the OOH supervisor. The Educational supervisor may wish to focus the discussion around relevant learning outcomes from the RCGP Curriculum Statement on 'Care of acutely ill people'. The assessment would be recorded in the GPStR's e-portfolio.

Please contact clinical.managementT@hertsurgentcare.nhs.uk should you wish to obtain a copy of the patient Adastra records for a CbD assessment or a recording of a patient call for audio-COT assessment.

Other Evidence for OOH competence

Self-assessment by Trainee.

Other evidence about management of emergencies (could be gathered in hours)

OOH session worksheets with feedback about progression of competencies

E-portfolio entries with reflections

Tutorials related to OOH training feedback and case review within the practice

Summary of evidence against competency document provided by Trainee.

Clinical Guardian

Quality and continuous improvement is a high priority for all of us, patients, commissioners, providers and clinicians. We are subject to NHS scrutiny and governance and are determined to ensure the continued high quality of our service and to demonstrate the quality of all our clinicians.

The governance required has been evolving and the RCGP published its audit toolkit for out-of-hours providers. One of the recommendations included in this document was the need to perform regular clinical audit on the doctors and nurses working for the service.

We utilise a clinical audit system called "Clinical Guardian" using a team of GP and Nurse clinical auditors. By using Clinical Guardian we are able to perform our audits electronically using a secure web-based system. The system allows auditors to audit "blind" thus removing any bias through familiarity.

The vast majority of clinical practice we see is of a consistent standard but the process does occasionally alert us to clinical incidents and patterns of clinical behaviour which give us cause for concern. The team provide feedback to the clinician concerned on a case by case basis. This is to assist professional development and help improve clinical safety. We give greater scrutiny to clinicians new to the service and to those who have had complaints as well as those we have identified concerns.

Auditing rates are set according to role, employment status and previous audit outcomes and are adjusted regularly. GP Trainees have 10% or more of their cases audited and the audit questions are based on the RCGP audit toolkit.

The initial peer reviewers can set Excellent, Good or Satisfactory as well as for Group Review as an outcome of their audit. If set for Group Review these cases are audited by a group of auditors and these cases can be set with the original outcomes as well as additional outcomes of Reflection or Concern. Reflection, is as suggested an opportunity to reflect on the case and improve practice for future similar events. The Concern outcome is set when the group feel that the outcome achieved was inappropriate and potentially unsafe for the patient. Auditing rates may be raised in line with performance issues, concerns or reflections identified through group review or the Clinical Lead may make contact with individuals if the concerns continue.

Commissioner Scrutiny and Assurance

Increasingly we are asked to provide our commissioners with evidence and assurance of robust clinical governance processes. Clinical Guardian helps us provide them with the evidence required and that we have a transparent, reflective and unbiased system of clinical audit and governance. As part of our commissioned CAS service we are now auditing the telephone case against the patient record and scrutinising accuracy of the written record against the audio recording.

Accessing your Feedback

The process involves no additional effort on your part. The system collates all the feedback and produces a statement for each clinician. This can be used as a piece of evidence to support appraisal and revalidation. With your personal log in details you will be able to log in to the system from work or home to view your developing record of feedback at any time.

We want to be as open and transparent about what we are doing as possible. Please feel free to talk to any of us if you have concerns or if you want to know more about HUC's new pilot governance process.

Any problems with your log in – please click on 'forgotten password' and follow the instructions.

Rationale for Clinical Guardian Audit Tool:

	CRITERION	Not met (0)	Partially met (1)	Fully met (2)	Not Applicable (NA)
1	Clearly elicits main **REASON** for contact	Clinician **does not** identify reasons or concerns accurately	Clinician identifies **reason for contact**	Clinician accurately identifies **all** reasons and concerns	
2	Identifies **EMERGENCY or SERIOUS** situations Appropriate information recorded to exclude such situations	**Does not** exclude an emergency	Questioning **adequately** excludes	**Excludes** emergency	Emergency assessment not needed
3	Appropriate **HISTORY** taking (or algorithm use) Record of PMH Drug History Allergies Treatments tried	**Does not** elicit relevant history	Records **basic** history without contextual information	Elicits **full** history including contextual information	
4	Carries out appropriate **ASSESSMENT** Clinician face to face / telephone - targeted information gathering or algorithm use to aid decision making	**No** or inadequate assessment of problem	Adequate assessment of problem	Full detailed assessment of problem evident for decision making	
5	Draws appropriate **CONCLUSIONS** Clinician face-to-face/ telephone – makes appropriate diagnosis or differential / or identifies appropriate "symptom cluster" that falls within a diagnostic group	**Does not** draw appropriate conclusions in respective setting	**Adequately** draws appropriate conclusions in respective setting	**Thoroughly** draws appropriate conclusions in respective setting	
6	Makes appropriate **MANAGEMENT** decisions Decisions are safe and appropriate	Decisions **neither** safe **nor** appropriate	Decisions either safe **or** appropriate	Decisions safe **and** appropriate	
7	Appropriate **PRESCRIBING** behaviour For example, use of home remedies, OTC medication generics, use of opiates, dosages, evidence based practice and following local antimicrobial guidance etc.	Prescribing **unsafe** or inappropriate / outside local guidance	**Minor** prescribing issue / outside local guidance	**Appropriate,** safe, evidence based prescribing recorded within local guidance.	No medication prescribed or recommended
8	Displays adequate **SAFETY** Gives clear and specific advice about when to call back – safety netting	**No** clear call back advice	**Limited** advice about when to call back	**Detailed, specific** advice about who and when to call back	Invited to face to face
9	Displays correct use of **IT** – template used correctly, outcomes, prescribing all evident in record on System1 / Adastra	**No** clear record templates not used effectively and or prescribing not on system	**Limited** use of IT system to support patient advice / outcome / prescribing	**Good** use of IT system to support patient advice / outcome / prescribing	
10	Appropriate **ACCESS** discussed with the patient	**No** clear evidence of access discussed	**Limited** evidence of access discussion	**Full** evidence of access discussed	

Clinical Documentation Standards

The expectation within HUC is that any contact with a patient / carer is recorded both as an audio and as a written record in the relevant electronic system.

It is expected that the documentation will include relevant information in all cases:

- Duration of presenting symptoms and any treatments tried
- Relevant past medical history
- Allergies
- Regular Medication
- Exclusion of any red flags
- Advice given to patient including outcome of assessment
- Safety netting / Worsening advice specific to case

Clinical Guardian auditing team audit against this expectation

Medicine Management

In HUC we have several processes and procedures to support how medicines are managed within the service. It is important that you familiarise yourself with these. The processes in place are to support both safety of patient and clinician as well as providing effective patient care whilst achieving cost effectiveness. Our stock medicines are identified in conjunction with local CCG antimicrobial guidance and OOH guidance. We have smartcard access to enable clinicians to view the summary care records to support any formal prescribing or over the counter medication advice. Prescriptions provided for regular medicines should be of a short term supply only to

enable the patient to make contact with their regular GP and arrange a follow up appointment for review. HUC maintain a stock of common medicines however here is an expectation that medicines will only be *supplied* to patients when there is no alternative available – please provide FP10 whenever possible. We also have procedures in place for

- Medicine stock management
- Medicine stock refill (cars)
- Prescription safety (cars and bases).
- Drugs of potential misuse set quantities.

As a registered Clinicians it is expected that you will act as the accountable person in association with the Receptionist or Driver depending on the situation.

Full details regarding medicines management processes are available on the HUC intranet, and the clinical systems Adastra and SystmOne.

Prescribing Audits

As part of medicines management we also undertake monthly audits into prescribing of antibiotics and drugs of potential misuse – these are published in Clinical Matters and clinicians identified as providing scripts outside the guidance will receive individual emails requesting adherence to the set quantities or drug.

Incident Reporting

What is an Incident?

There are different types of incidents ranging from accidents and near misses to serious incidents.

These need to be reported via Datix

Near Misses & Incidents

NEAR MISSES' AND 'INCIDENTS'

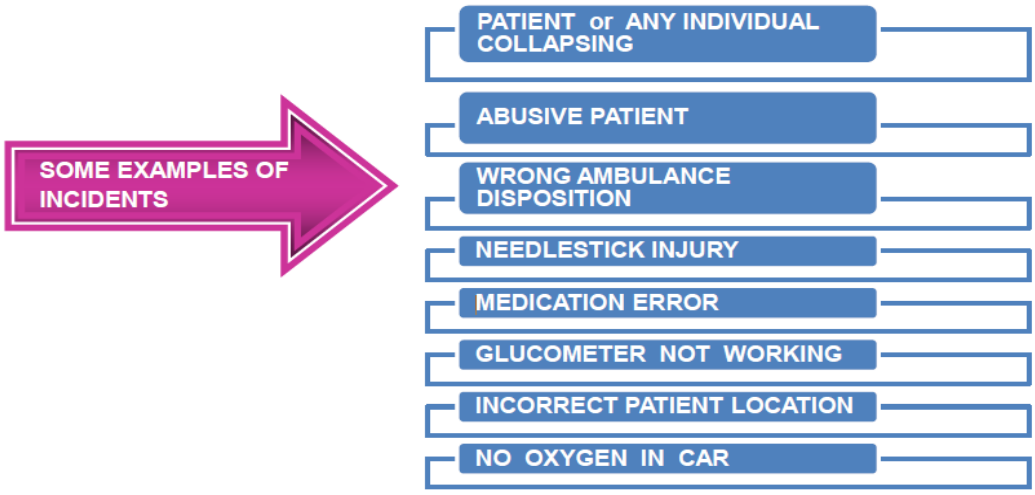
- **Near Miss:** unexpected or unintended incident which was prevented resulting in no harm
- **Incident:** An event or circumstance that could have resulted, or did result, in unnecessary damage, loss or harm or mental injury to a patient, staff, visitors or members of the public.

Serious Incident (SI): An incident which has resulted in death, serious injury or major public harm and is likely to lead to public concern. All allegations, or incidents, of physical abuse and sexual assault or abuse.

- **Subset of SIs:** 'Never Events'- SIs that should not occur if preventative measures have been put in place preventative measures have been put in place.

What you need to do?

Fill in a Datix report, via online reporting (link on most desktops), then report the incident to your line manager.

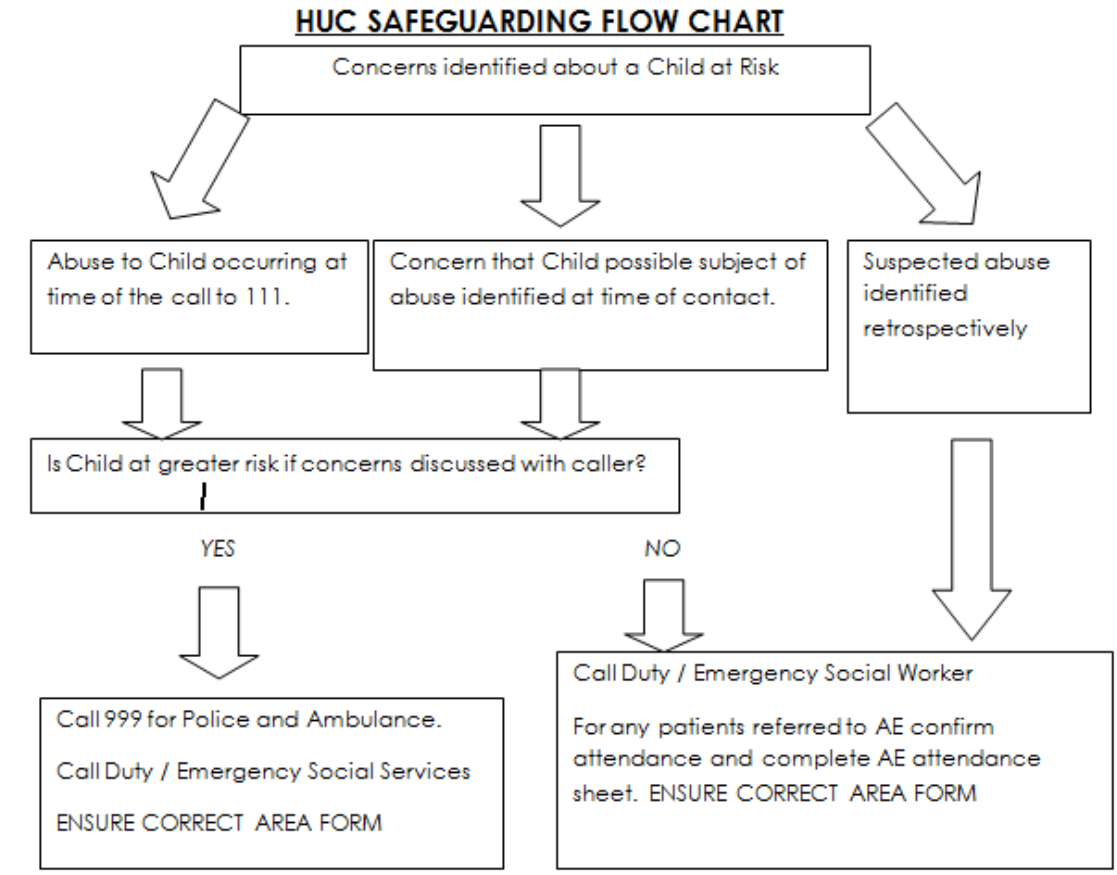


Safeguarding

All HUC clinicians are expected to provide evidence of undertaking training at the appropriate level for their role. All Clinicians have a responsibility for the safeguarding of children and adults at risk in the course of their duties and it is important that Clinicians are familiar with HUC Safeguarding procedures – these are available at bases and cars as well as on the clinical systems Adastra and SystmOne. All HUC Clinicians will be expected to be able to identify concerns, raise a referral to social services and act appropriately to reduce the risk of abuse to children and adults at risk who access the 111 service or attend the Out of Hours service. There are many forms of abuse that clinicians should be aware of including Physical abuse / Domestic violence/ Sexual abuse / Psychological abuse / Modern Slavery / Neglect and Acts of omission all of which can affect both adults and children. If you are familiar with the types of abuse and the clinical indications of abuse it will help you to identify which patients are at risk of harm. Please be vigilant when making visits to patients in their own home, when visiting care homes or when seeing patients face to face and consider safeguarding as a potential cause of the presenting symptoms or concern. Many forms of abuse are Criminal Offences including Female Genital Mutilation and an awareness of what may constitute abuse is important in all aspects of our service.

The Safeguarding Leads for the organisation are Medical Director and Head of Nursing any queries relating to safeguarding can be directed to the clinical team.

Safeguarding Flow charts



DOCUMENT ALL DETAILS OF REFERRAL IN SYSTMONE / ADASTRA

Child (17 years and younger) Verbal referral to be followed up by hard copy of "safeguarding Child referral form" in all cases - see clinicians folder
SystmOne / Adastra / Shared Drive.

Be clear about reasons for referral and expectation of Social Services.

Avoid medical jargon / abbreviations as form is being sent to a non health organisation.

Provide as much information as possible gained during your consultation / telephone call.

If there are children in the household are they at risk? If yes additional child referral required.

INFORM SHIFT COORDINATOR / SHIFT MANAGER

Referring Clinician to contact Shift Manager and send a copy of referral by area specific nhs.net email so that this can be saved on a Central HUC Safeguarding Log.

HUC Base Call Recording Information

All outbound calls made by HUC staff at bases who do not use the web based Storm Desktop Agent must use the below procedure to ensure all outbound calls are recorded.

From any **Hertfordshire** base phone dial 01992 847 130

The CLI displayed to the patient is 01707 900 151

From any **Cambridgeshire & Peterborough** base phone dial 01614 68 68 95

The CLI displayed to the patient is 0303 770 7700

From any **Luton & Bedfordshire** base phone (except Bedford Hospital) dial 01234 969 280.

From Bedford Hospital (Paediatrics Outpatient clinic) use the Storm platform.

The CLI displayed to the patient is 01582 934 269

When you hear the recorded message, please enter the number you wish to dial followed by the # key e.g.: Patient Telephone Number #

If the patient misses the call, the above CLI will be displayed to them and on dialling this number they will receive a recorded message instructing them to redial 111.

Section 3

HUC Online RotaMaster

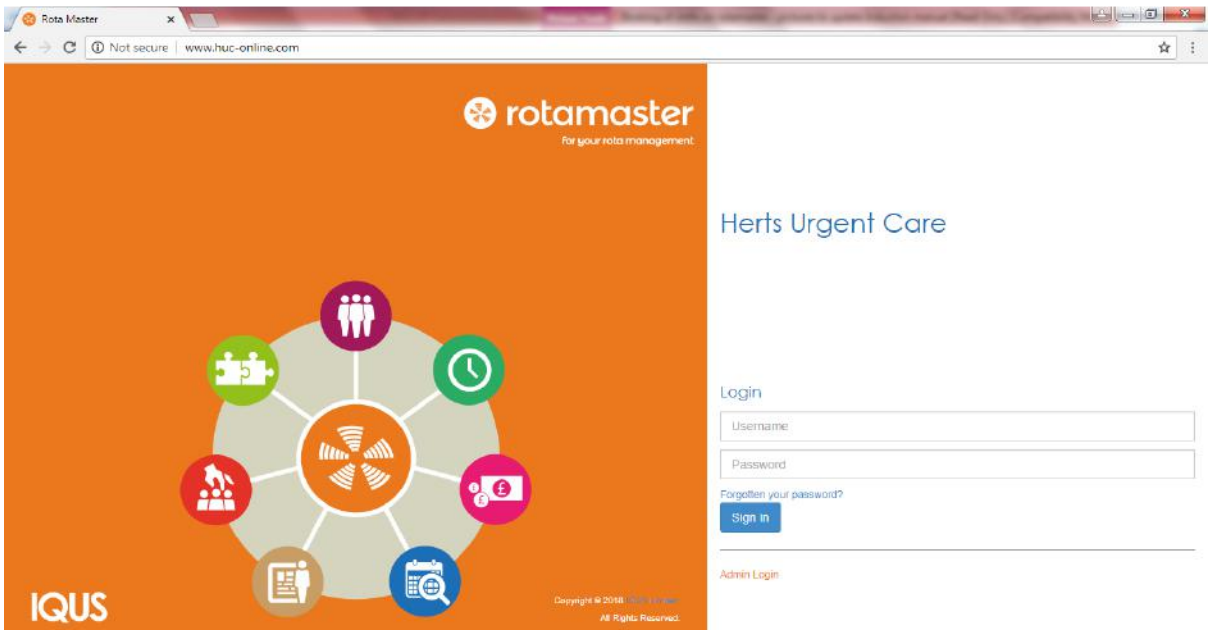
Logging in

RotaMaster is our Online Rota System where you can see and manage your personal rota.

The website address is: **www.huc-online.com**

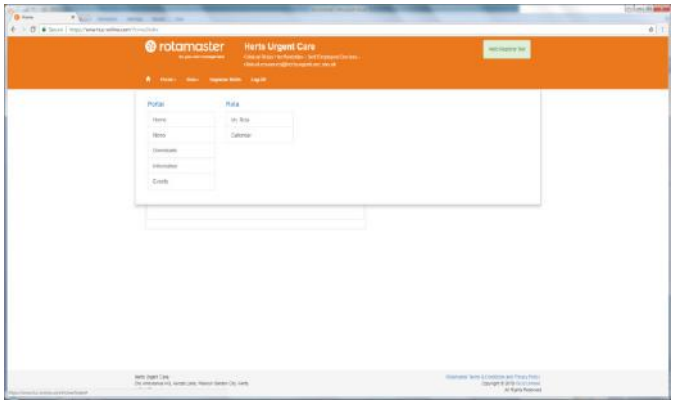
You will be given your own personal logins.

Enter your login details into the spaces provided and click 'Login'



Homepage

The home page contains Announcements, Events, Links, and Headlines.

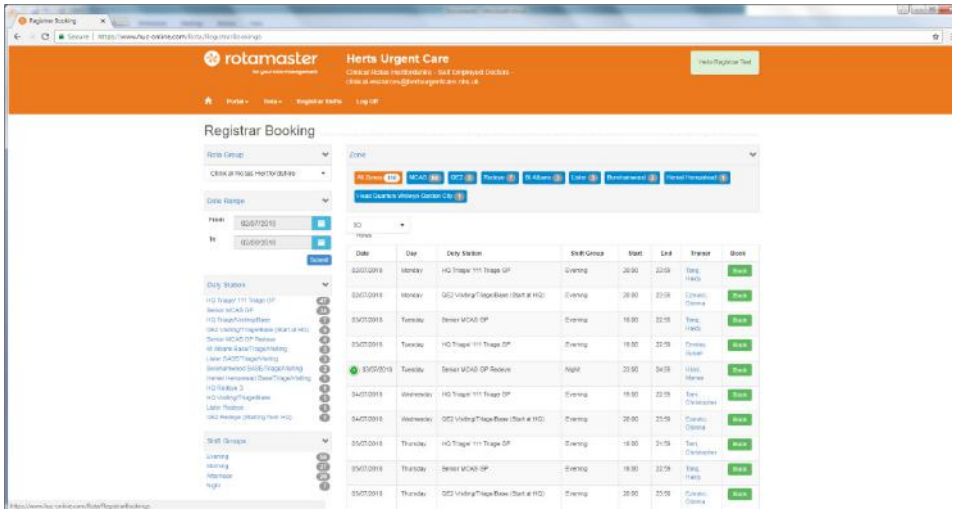


How do I book shifts with a trainer?

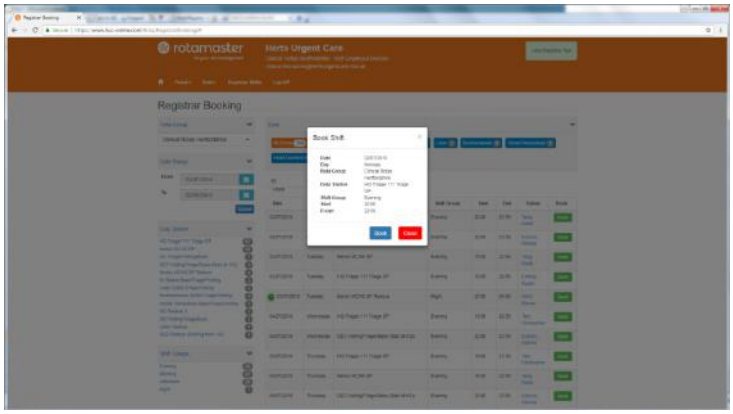
From the home page, select 'Registrar Shifts'

Any shifts already booked will be shown under 'My Rota'.

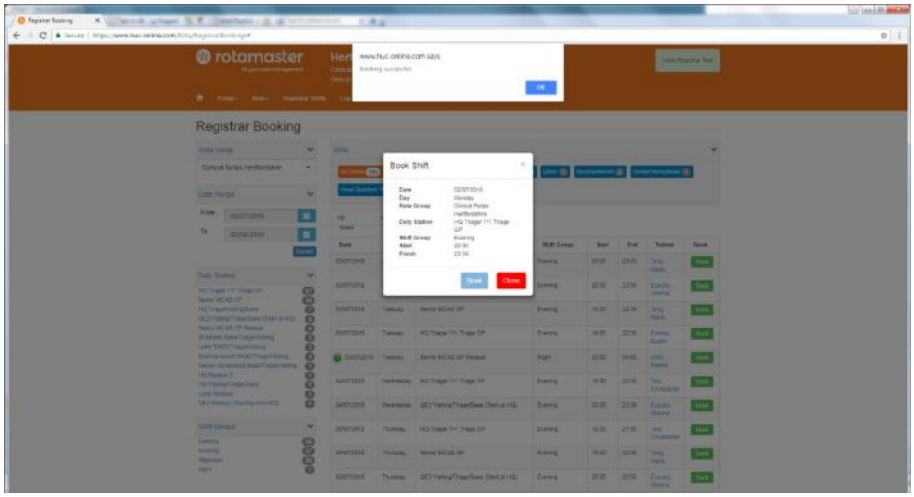
To book shifts with a trainer select 'Registrar Shifts' and then click for more registrar shifts as shown below.



Select the shifts that you wish to book by clicking in the 'Book' next to the shift you want to book.



A pop-up prompt will be the next step in confirming that you wish to book this shift.



An email will be generated to the Resource team informing them of the shifts that you wish to book. Once confirmed the shifts will show in 'My Rota'.

PLEASE NOTE THE LEVEL AND THE SHIFTS YOU ARE ALLOWED TO BOOK:

- **ST1** Trainees can book base, visiting or HQ telephone triage shifts on Monday – Friday evenings. Saturdays and Sundays- Visiting shifts only (excluding HQ). NO WEEKEND OR BANK HOLIDAY BASE SHIFTS, MCAS, OR HQ SHIFTS.

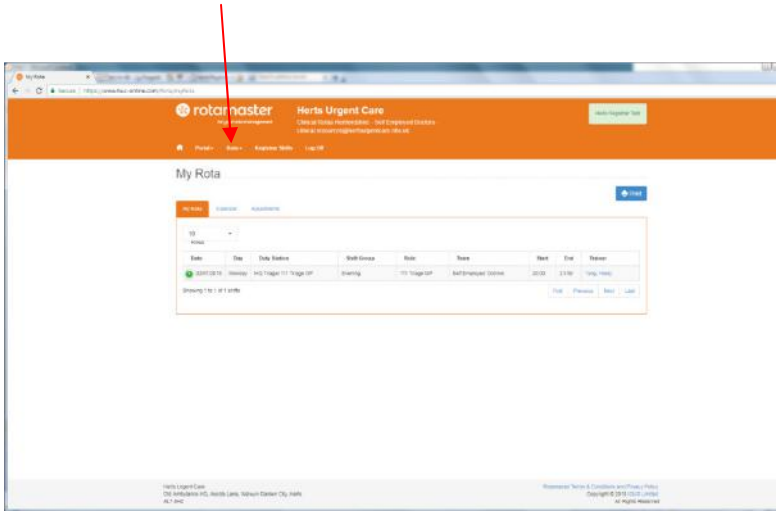
- **ST2**Trainees can book base, visiting or HQ telephone triage shifts Monday-Friday evenings, Saturday & Sunday visiting shifts (excluding HQ) and afternoon and evening base shifts. NO WEEKEND MORNING BASE SHIFTS, MCAS, HQ SHIFTS OR BANK HOLIDAY MORNINGS.

- **ST3** Trainees can book shifts anytime.

  SENIOR MCAS AND 111 TRIAGE SHIFTS ST3 ONLY

Viewing Your Rota

Click on the '**Rota'** tab as shown below



The 'My Rota' page lists all of your shifts along with any messages from the administrator (Resource team).

Clinical Resources - Important Contact Details

The resourcing office is open between the hours of 08:00-18:00 Monday to Friday. The team can be contacted on:

01707 385933 (Hertfordshire)

01707 384983 (Luton and Bedfordshire)

01707 385932 (Cambridge and Peterborough)

Alternatively you can email them:

Hertfordshire clinical.resources@hertsurgentcare.nhs.uk

Luton and Bedfordshire bedfordshire.rotas@hertsurgentcare.nhs.uk

Cambridge and Peterborough peterborough.rotas@hertsurgentcare.nhs.uk

Should you need to cancel a shift outside of office hours or notify the service that you will be arriving late for a shift, then please contact the Shift Manager on:08445 60 5040

- Hertfordshire: select option 1
- Cambridge and Peterborough: select option 2
- Luton and Bedfordshire: select option 3

***** SHOULD YOU WISH TO CANCEL A SHIFT, WE NEED A MINIMUM OF 2 WEEKS NOTICE *****

Section 4

Contacting the HUC Clinical Team

HUC have a team of clinical and admin staff who work closely together on areas such as clinical governance, outcomes of care, performance and quality standards and ensuring patient safety within the service.

The Clinical Leads also oversee the delivery of GP training in Out of Hours.

For any queries relating to GP training, clinical care, arranging shadowing/observation shifts or tutorial sessions please contact the clinical leads:

Clinical Leads for Hertfordshire Trainees

Dr Rafid Aziz - rafid.aziz@hertsurgentcare.nhs.uk

Dr Yasmin Al-Sam – yasmin.al-sam@hertsurgentcare.nhs.uk

Clinical Lead for Luton and Bedfordshire Trainees

Dr Rafid Aziz – rafid.aziz@hertsurgentcare.nhs.uk

Dr MahmoodAtab – mahmood.atab@hertsurgentcare.nhs.uk

Cambridge and Peterborough Trainees

Dr Rafid Aziz – rafid.aziz@hertsurgentcare.nhs.uk

Dr Harshad Mistry – harshad.mistry@nhs.net

FORMS

Form 1 HEEoE GP School - Record of OOH training session

(Amended version from Bedoc OOH Training providers)

GPStR's name: OOH training provider:

Type of session(e.g. base doctor(including walk-in centre),visiting doctor, telephone triage, minor injuries centre):	
Date of session:	
Time of session and length(hours):	Total hours completed to date (including this session):
Type of cases seen and significant events	
Learning areas and needs identified(to be discussed with GP Trainer):	Competencies demonstrated: *1. Managing emergencies* *2. Organisation of OOH Care* *3. Appropriate referrals* *4. Communication skills – patients/ other professionals* *5. Time management/ personal stress management* *6. Personal security and safety and other staff*
Debriefing notes from Clinical Supervisor	
Progress towards competency in independent out of hours General Practice: **Red**/ **Amber**/ **Green** Comments:	
Name of OOH Supervisor:	
Signature of OOH Supervisor:	
Signature of GP Registrar:	

Form 2 Herts Urgent Care PCCs (Herts; Cambridgeshire & Peterborough and Luton and Bedfordshire)

PCC	Postal address	Postcode	Map link	Location on site
Hertfordshire				
Herts Urgent Care HQ WGC	**Ambulance Training Centre Ascots Lane Welwyn Garden City**	**AL7 4HL**	https://www.google.co.uk/maps/place/Welwyn+Garden+City+AL7+4HL/@51.782424,-0.1906408,19z/data=!3m1!4b1!4m5!3m4!1s0x48763b4cbbb97e0f:0xf2fb1c06ec35e35f!8m2!3d51.7826351!4d-0.1908694	**Press 5 for Herts Urgent Care**
Cheshunt Community Hospital	King Arthur Court Crossbrook Street Cheshunt	EN8 8XN	https://www.google.co.uk/maps/place/Cheshunt,+Waltham+Cross+EN8+8XN/@51.699191,-0.0353707,17z/data=!3m1!4b1!4m5!3m4!1s0x4876203a27e8bc01:0xaa7adccbd442b4ab!8m2!3d51.6992184!4d-0.0332938	**Main entrance, off car park**

PCC	Postal address	Postcode	Map link	Location on site
Hertford County Hospital	North Road Hertford	SG14 1LP	https://www.google.co.uk/maps/place/Hertford+SG14+1LP/@51.7966055,-0.091067,17z/data=!3m1!4b1!4m5!3m4!1s0x4876269b86b51edf:0x6a718e6b5d8d5eb2!8m2!3d51.7965026!4d-0.0886828	**OOH entrance, off car park**
Herts & Essex Hospital, Bishops Stortford	Haymeads Lane Bishop's Stortford	CM23 5JH	https://www.google.co.uk/maps/place/Bishop's+Stortford+CM23+5JH/@51.8656838,0.1724419,17z/data=!3m1!4b1!4m5!3m4!1s0x47d885444d91057b:0x8a49bfa39e4c8337!8m2!3d51.8656188!4d0.1746907	**Main entrance**
Lister Hospital, Stevenage	Coreys Mill Lane Stevenage	SG1 4AB	https://www.google.co.uk/maps/place/Stevenage+SG1+4AB/@51.9244192,-0.2136413,18z/data=!3m1!4b1!4m5!3m4!1s0x487631ed085d2387:0xeb6e11711f3e62f8!8m2!3d51.9242386!4d-0.2119118	**Fracture Clinic, through A&E**

PCC	Postal address	Postcode	Map link	Location on site
QEII Hospital, Welwyn Garden City	Howlands Welwyn Garden City	AL7 4HQ	https://www.google.co.uk/maps/place/Welwyn+Garden+City+AL7+4HQ/@51.7829,-0.1876067,18z/data=!3m1!4b1!4m5!3m4!1s0x487624b38e8a726d:0x5d2172365a39ee9c!8m2!3d51.7829894!4d-0.1858535	**Adult Out Patients Level 2 Ground Floor On the left of A & E**
St Albans City Hospital	Waverley Road St Albans	AL3 5PN	https://www.google.co.uk/maps/place/St+Albans+AL3+5PN/@51.759887,-0.3468172,17z/data=!3m1!4b1!4m5!3m4!1s0x48763f2e29e536f3:0x151abab97e91f901!8m2!3d51.7598006!4d-0.3443643	**Minor Injuries Unit, off first car park on left**

PCC	Postal address	Postcode	Map link	Location on site
Dacorum Urgent Care Centre, Hemel Hempstead Hospital	Hillfield Road Hemel Hempstead	HP2 4AD	https://www.google.co.uk/maps/place/Hemel+Hempstead+HP2+4AD/@51.7510914,-0.4691528,18z/data=!3m1!4b1!4m5!3m4!1s0x4876415c091c4b3f:0x49eb467c203036de!8m2!3d51.7508655!4d-0.4685995	**A&E entrance**
Watford General Hospital	Vicarage Road Watford	WD18 0HB	https://www.google.co.uk/maps/place/Vicarage+Rd,+Watford+WD18+0HB/@51.6487469,-0.4062368,17z/data=!3m1!4b1!4m5!3m4!1s0x48766ae7a5018cd5:0x8f2f4fd91e9d2a8c!8m2!3d51.6490507!4d-0.404472	**Fracture Clinic**

PCC	Postal address	Postcode	Map link	Location on site
Potters Bar Community Hospital	Barnet Road Potters Bar	EN6 2RY	https://www.google.co.uk/maps/place/Potters+Bar+EN6+2RY/@51.6870689,-0.1787782,19z/data=!3m1!4b1!4m5!3m4!1s0x487622a89fbb2663:0x32684005bfe325f4!8m2!3d51.687184!4d-0.1775192	
Elstree Way Clinic Borehamwood	Elstree Way Borehamwood	WD6 1JP	https://www.google.co.uk/maps/place/Borehamwood+WD6+1JP/@51.6588694,-0.2694138,17z/data=!3m1!4b1!4m5!3m4!1s0x4876166c65aec6fb:0x87c667a655edf1f5!8m2!3d51.658945!4d-0.2669914	
Cambridgeshire & Peterborough				

PCC	Postal address	Postcode	Map link	Location on site
Addenbrookes Urgent Treatment Centre	Urgent Treatment Centre (clinic 9), Hills Road, Cambridge	CB2 0QQ	https://www.google.co.uk/maps/place/Cambridge+CB2+0QQ/@52.1748407,0.1388682,17z/data=!3m1!4b1!4m5!3m4!1s0x47d87a6186d04e45:0xe7c8da354f34945d!8m2!3d52.1750602!4d0.1417227	The UTC is located next to the out patients department. Entrance through the Automatic doors, Intercom buzzer is located on the right hand side of the door.
Doddington Hospital	Benwick Road, Doddington, March	PE15 0UG	https://www.google.co.uk/maps/place/Doddington,+March+PE15+0UG/@52.4998404,0.0541028,17z/data=!3m1!4b1!4m5!3m4!1s0x47d808fa0a03a5ef:0x5072174a73dc61f9!8m2!3d52.4998466!4d0.0558453	Free parking is available; Entrance through the Minor Injuries & illness Unit.

PCC	Postal address	Postcode	Map link	Location on site
Princess of Wales Hospital Ely	Lynn Road, Ely	CB6 1DN	https://www.google.co.uk/maps/place/Ely+CB6+1DN/@52.4128039,0.2743191,18z/data=!3m1!4b1!4m5!3m4!1s0x47d8139a6b635287:0x94dad2453b16ac1d!8m2!3d52.4132816!4d0.2749728	Located within the Minor Injuries Unit of the hospital. Entrance through the Minor Injuries & Illness Unit. Follow red sign post from main entrance.
Hinchingbrooke Hospital Huntingdon	Hinchingbrooke Park, Huntingdon	PE29 6NT	https://www.google.co.uk/maps/place/Huntingdon+PE29+6NT/@52.3336316,-0.2043331,17z/data=!3m1!4b1!4m5!3m4!1s0x4877c2cedfbf8fe3:0x73cdb9e1b8b3f34!8m2!3d52.3333499!4d-0.2026787	Entrance doors are to the right of the A&E department

PCC	Postal address	Postcode	Map link	Location on site
Peterborough City Care Centre	Thorpe Road, Peterborough	PE3 6DB	https://www.google.co.uk/maps/place/Peterborough+PE3+6DB/@52.5742344,-0.2610687,17z/data=!3m1!4b1!4m5!3m4!1s0x4877f1a787fca7cf:0xe99ee81daf8a9dcc!8m2!3d52.5743329!4d-0.2588202	Entry via Minor Injuries & Illness Unit located to the right of the main entrance. Intercom located on the left hand side of the door
Luton & Bedfordshire				
Bedford Hospital	Kempton Road, Bedford	MK42 9DJ	https://www.google.co.uk/maps/place/Bedford+MK42+9DJ/@52.1287969,-0.472296,19z/data=!3m1!4b1!4m5!3m4!1s0x4877b6c85c688da1:0x709ea5312f4e9b1d!8m2!3d52.1288481!4d-0.47173	Located at the Children and Teenagers Out Patients Unit

PCC	Postal address	Postcode	Map link	Location on site
Biggleswade Hospital	Potton Road, Biggleswade	SG18 0EL	https://www.google.co.uk/maps/place/Potton+Rd,+Biggleswade+SG18+0EL/@52.1018151,-0.2529093,16z/data=!3m1!4b1!4m5!3m4!1s0x4877cc2eaeaf9735:0x9315c67467a2c43b!8m2!3d52.1004496!4d-0.2466304	Use the main car park and use the Halsey Treatment Centre entrance
Dunstable: Priory Gardens Surgery	Church Street, Dunstable	LU6 3SU	https://www.google.co.uk/maps/place/Dunstable+LU6+3SU/@51.8856664,-0.521136,17z/data=!3m1!4b1!4m5!3m4!1s0x48764f042cfebd15:0x7fcad00ff737cdbd!8m2!3d51.8856711!4d-0.5193103	use the entrance which is the last door on the right , press buzzer to gain entrance

PCC	Postal address	Postcode	Map link	Location on site
Flitwick	Highland, Flitwick, MK45 1DZ	MK45 1DZ	https://www.google.co.uk/maps/place/Flitwick,+Bedford+MK45+1DZ/@52.005185 4,-0.4959532,17z/data=!3m1!4b1!4m5!3m4!1s0x48764cbb6689022b:0xe700047e74be2446!8m2!3d52.0051499!4d-0.4937649	Use the main entrance, reception is on the right just through the doors.
Leighton Buzzard	Bassett Road Surgery, 29 Bassett Road, Leighton Buzzard	LU7 1AR	https://www.google.co.uk/maps/place/Bassett+Rd,+Leighton+Buzzard+LU7+1AR/@51.9190298,-0.6671108,17z/data=!3m1!4b1!4m5!3m4!1s0x487651495a0734f1:0x97345ff518b90038!8m2!3d51.9191226!4d-0.6646375	Park at the front of the building and use the main entrance. Reception is located to the right just through the main doors

PCC	Postal address	Postcode	Map link	Location on site
Luton Town Centre Surgery	14 – 16 Chapel Street, Luton	LU1 2SE	https://www.google.co.uk/maps/place/Chapel+St,+Luton+LU1+2SE/@51.8774724,-0.4179635,17z/data=!3m1!4b1!4m5!3m4!1s0x487648436490bf27:0xea8615e1554e5c87!8m2!3d51.8776305!4d-0.4155993	**No parking**

Form 3 - Trainee feedback on OOH supervisor

Shift Location	
GPR Name:	
Date/Time:	
Clinical Supervisor:	

	Please circle your preference			
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
1. Introduction				
My Clinical Supervisor:				
○ Made me feel welcome	1	2	3	4
○ Confirmed and clarified the supervision arrangements	1	2	3	4
○ Adequately explained/confirmed my understanding of clinical recording system	1	2	3	4
○ Adequately explained/confirmed my understanding of operational system	1	2	3	4
○ Adequately explained/confirmed my understanding of communications system	1	2	3	4
○ Adequately explained/confirmed my understanding of relevant equipment needed	1	2	3	4
○ Discussed the completion of the "Record of OOH Session" form	1	2	3	4
2. Supervision throughout shift				
My Clinical Supervisor:				
○ Responded quickly to my requests for advice	1	2	3	4
○ Gave me helpful advice and support when needed	1	2	3	4
○ Was learner-centred in approach to supervision	1	2	3	4
○ Gave me useful feedback on my performance	1	2	3	4
○ Monitored my work regularly to ensure I was managing workload appropriately	1	2	3	4
○ Was able to support me on site when required	1	2	3	4
○ Increased my confidence in my OOH work	1	2	3	4
○ Gave me an appropriate level of supervision for the type of shift I worked	1	2	3	4
3. Completion of shift				
My Clinical Supervisor:				
○ Made time to complete the arrangements at the end of the shift	1	2	3	4
○ Gave me useful overall feedback on my performance	1	2	3	4
○ Adequately checked my completion of the form including the logging of cases seen	1	2	3	4
○ Encouraged me to reflect on the experience	1	2	3	4
○ Helped me to identify any learning needs	1	2	3	4
○ Highlighted any issues for further discussion with my Trainer	1	2	3	4

Any other comments?

Form 4 - Primary Care Centre Orientation

NAME OF PRIMARY CARE CENTRE	
DATE OF INDUCTION	

ACTION	COMPLETED
Give General Tour of PCC (Including any other Urgent Care Services e.g. A&E)	
Show Location of Consulting Rooms	
Location of Toilets	
Location of Tea and Coffee Making facilities	
Location of Emergency Equipment	
Location of Fax and Photocopier and how to use	
Location of Blank Prescriptions (Hand Written and Printer)	
Location of Stock Medication	
Location of HQ return folder	
Location of Forms Folder	
Location of PCC Manual	
Location of Car Equipment	
Location of Stationary	
Location of Equipment Trolleys	
Patient Arrival Route	
Fire Evacuation Point, Fire Exit & Equipment Locations	
Process for contacting Shift Manager	
Process for making triage calls from base that are recorded	
Procedure for prescribing and supplying stock items: - Controlled drugs (if located at bases) - Making up of medications - How to prescribe on a script - Log the stock item - How to make up the medications such as antibiotics	