

# First-contact nurse practitioner and triage service

This review describes an initiative that WiPP has identified to reduce workload in general practice.

## Summary

*A total of 350 GP appointments each month have been released by a first-contact nurse practitioner and nurse-led triage service. Evaluation of the service over a 6-month period showed that 88% of all patients presenting were assessed, treated and discharged by the nurse in a single episode of care.*

The practice had identified that demand for GP appointments was growing and that capacity within the GP team was limited. The practice agreed to develop and assess a nurse-led, first-contact and triage model as an alternative to GP appointments.

A nurse was recruited from the district nursing team by the practice. Working alongside the GPs, the nurse identified where there were opportunities to take on work that had previously been undertaken by the GP.

Of the patients who were offered the option, 95% took it up; the remaining 5% arranged to see a GP in the usual way. In a 6-month period, the nurse had seen 1,800 patients. Around 88% of these patients were assessed, treated and discharged in a single episode of care.

### About the Working in Partnership Programme

The Working in Partnership Programme (WiPP) was established under the new General Medical Services (GMS) contract to develop and implement a strategy for general practice that addresses effective use of clinicians' time whilst improving the availability of services for patients. Workload management in general practice is an essential element of the expansion of the primary-care sector.

### Good Practice Project

The Good Practice Project was established to identify, evaluate, signpost and support the mainstreaming of existing good practice in keeping with the WiPP remit.

### About the reviews

The reviews are intended to assist the spread of good practice by highlighting initiatives that have helped to reduce workload in general practice.

This review is one of a series of accredited reviews that has been assessed to fit with the aims and objectives of WiPP, and to have the greatest potential to have an impact on workload in general practice.

### Find out more

If you would like to find out more about the Good Practice Project or about the work of WiPP then please visit: [www.wipp.nhs.uk](http://www.wipp.nhs.uk).



Working in Partnership  
Programme

Good Practice in Workload Management

## What was the issue?

The practice had noted that demand on GPs' time was increasing due to their growing practice list, ageing population and the evolving workload around long-term conditions. This, coupled with higher patient expectations and targets for general practice, led the practice to examine other ways to manage their workload. There was also the desire to create time for GPs to develop their clinical interests.

## Aims and objectives

The aims of the service were to:

- establish a first-contact, nurse-led service to improve access to assessment and advice for patients with a new or existing condition
- reduce GP workload associated with the management of patients presenting for the first time, or those seeking advice or reassurance about their ongoing treatment
- support GPs to focus on patients with more complex needs.

## What they did

The practice had identified that demand for GP appointments was growing and that capacity within the GP team was limited. The practice agreed to develop and assess a nurse-led, first-contact and triage model as an alternative to GP appointments.

In order to develop and implement the service, the practice needed to:

- recruit a nurse with an interest in developing their skills in triage and first-contact work
- communicate to patients that the service was available
- engage practice staff to support the service
- train the nurse to triage patients, and undertake first-contact assessment and treatment
- measure the impact of the service.

The project was led by a GP who worked with the nurse to develop and launch the service. It was important to demonstrate to other GPs and nurses in the practice that this was a viable and effective service that could be delivered safely. To show this, the service was subject to regular audit.

## How they did it

A nurse was recruited from the district nursing team by the practice. Working alongside the GPs, the nurse identified where there were opportunities to take on work that had previously been undertaken by the GP.

Initially, the nurse undertook a programme of on-the-job training with one of the GPs. This involved a period of 3 months where the nurse observed GP sessions, and a period of 6 months where the nurse worked independently with a daily debrief to the GP at the end of each session. Today, the nurse undertakes bi-monthly tutorials with a GP to review cases that have presented learning opportunities.

Since the initiative started the nurse has worked through an extended programme of training, which includes a diploma in triage, extended nurse prescribing and a first-contact MSc. This training, undertaken gradually over a period of 4 years, was supported by ongoing clinical supervision and mentoring from one of the GPs. This allowed the service to develop gradually and to grow as the competence and confidence of the nurse developed.

The work of the nurse was broadly divided into three elements:

- face-to-face appointments to treat or triage patients requesting an appointment with their GP – around 20 appointments (each 15 minutes) made up a typical session
- telephone consultations to deal with test results and queries regarding medicines, and to triage and advise patients over the phone – around 10 telephone consultations took place at each session
- home visits for elderly or house-bound patients requesting a GP visit – two slots were allocated into each session for these visits; all requests for home visits were triaged to ensure that the most appropriate member of the practice was involved.

Patients presenting at the practice requesting a GP appointment were offered the option of seeing the nurse; patients who preferred to see their GP were able to do so in the usual way. The nurse also had direct access to a GP throughout her sessions and could request a second opinion or refer patients to be seen immediately. In some circumstances, the nurse could arrange admission of a patient to the acute trust.

The work of the nurse was broad and varied, with minor illnesses making up the largest proportion of all patients seen. The nurse also saw patients requesting renewal of oral contraceptive treatment, depot injections and repeat prescriptions that required a review, as well as patients awaiting results from biochemical tests.

The nurse was an extended formulary nurse prescriber; this allowed the nurse to complete most consultations that required medication without involving the GP.

The service was advertised to patients through the practice booklet, by advertising within the practice and through signposting by reception staff.

Reception staff were trained to offer the nurse first-contact and triage service to patients seeking an appointment with their GP for a minor illness or for an agreed list of other reasons, eg biochemical test results.

## What did they achieve?

The initiative was started in 2002 and data from a recent 6-month audit show that:

- the nurse saw 2,400 patients in the period covered by the audit
- 80% of all appointments were for minor illnesses
- 10% were for the ongoing management of an existing condition
- 10% were classed as an acute or more serious presentation requiring rapid assessment.

Of the patients who were offered the option, 95% took it up; the remaining 5% arranged to see a GP in the usual way.

Around 88% of all patients seen by the nurse were assessed, treated and discharged in a single episode of care. Audit data showed that around 12% of patients were referred to the GP by the nurse.

## Evaluation

The initiative has been audited and evaluated by the practice at regular intervals. This involves the collection of activity and outcomes data, together with patient satisfaction surveys. The practice reviewed the performance of the service each year as part of its Personal Medical Services reviews.

### Key learning points

- The decision to use a nurse to triage and treat patients needs to have the support of the practice team.
- The nurse needs to demonstrate awareness of the limits of their knowledge and abilities.
- Close working between the GP and the nurse is essential in developing a shared understanding of the scope and nature of the service.

## Costs

The practice invested in a senior nurse who was employed full time to provide this service and some other nursing duties.

The service required an additional room – although this could be shared – and access to the practice IT system.

Publicising the service required some work and investment in the early stages.

### Contact details

Debbie Jones  
Primary Nurse Practitioner  
Goyt Valley Medical Practice  
Whaley Bridge  
High Peak SK23 7SR

Tel: 01663 732 911  
Email: [debbie.jones@nhs.net](mailto:debbie.jones@nhs.net)