

Example: Organisational Skills Assignment

INTRODUCTION

Recent healthcare policies in the UK emphasise the need for flexibility, ensuring that patients have access to care that is quick and reliable¹. Nurse-led minor illness clinics are a flexible approach to delivering access to healthcare that is both quick and reliable. Both The NHS Plan (2000)² and Liberating the Talents: Helping Primary Care Trusts and Nurses to Deliver the NHS Plan (2002)³ emphasise the suitability of nurses to deliver 'first contact care' both in terms of using their skills appropriately and improving patient access to services. The General Medical Services contract⁴, with its option not to provide 24 hour general practitioner (GP) cover, is likely to further increase the demand for minor illness services provided by other healthcare professionals. Chapter 6 of the contract, 'Better services for patients' states that new models of evidence-based alternatives to general practice will be developed, including non-GP led minor illness programmes. Minor illness services also provide a straightforward way to reduce demand for GP resource including the large numbers of patients requesting same-day appointments. Minor illness accounts for an estimated 300,000 GP consultations and 20% of GP workload each day⁵.

BACKGROUND

I am a Practice Nurse in a general practice in North Wales. Our total patient population is 15,287 across two sites with 8,031 (52.5%) and 7,256 (47.5%) patients respectively. Both surgeries treat patients of similar socioeconomic class. Currently we have nine general practitioners some of whom work part-

time. We are also a training practice for registrar doctors who wish to become general practitioners; currently we have two registrars. We have nine practice nurses, three of whom have already completed the minor illness course, one having completed this course only three months ago. They provide minor illness appointments for both surgeries, but as all these nurses work part-time they can only provide minor illness across both surgeries most mornings and one afternoon a week (appendix 1).

Working in a practice with an already established nurse-led minor illness service has made this assignment particularly challenging. Thankfully, it is a progressive, forward-thinking practice where audit of our services is regularly undertaken to ensure we are providing the best evidence-based care for our patients. For the purpose of this practice administration assignment, I will discuss the results of a recent case audit (appendix 2) of the existing minor illness service. Secondly, I will discuss the importance of the receptionist as a major stakeholder in the on-going success of a minor illness service. And lastly, I will comment on the recent introduction of an internet booking system to our patients. I am aiming to highlight the need to continually evaluate our existing minor illness service to ensure that the service we provide is cost-effective for the practice, and continually striving to meet the needs of all those involved in providing and receiving the service.

THE AUDIT

Audit is an integral part of nursing practice, which is likely to increase as government quality initiatives are implemented.

Audit might be viewed as a threatening procedure⁶ to identify deficits in care⁷. But the ultimate goal of audit is to improve the quality of patient care through examining and improving clinical practice, which should be an aim for all healthcare professionals.

The role of nurses in primary care has expanded into nurse specialist and nurse practitioner roles. This is welcomed by nurses keen to develop new skills and general practitioners concerned about their own increasing workload.

It had already been decided within our practice that in order to cope with an ever increasing workload on our general practitioners, more nurses would be trained in minor illness in order to expand the current minor illness service. I am the second of our practice nurses to be undertaking this course this year.

The results of a randomised controlled trial by Kinnersley et al⁸ comparing nurse practitioner versus GP care for patients requesting same-day consultations in primary care shows that generally patients consulting nurse practitioners were significantly more satisfied with their care. Resolution of symptoms and concerns did not differ between the two groups. The number of prescriptions issued, investigations ordered, referrals to secondary care, and re-attendances were similar between the two groups. However, patients managed by nurse practitioners reported receiving significantly more information about their illnesses and, in all but one practice, their consultations were significantly longer.

A study by Venning et al⁹ concluded that clinical care and health service costs of nurse practitioners and general practitioners were similar. If nurse practitioners were able to maintain the benefits while reducing their return

consultation rate or shortening consultation times, they could be more cost effective than general practitioners for this group of patients. Previous studies in the USA¹⁰ and Canada¹¹ provided conflicting results.

Our audit looked at the number of patients seen, the rate of re-consultation to GP with same complaint within two weeks, prescribing patterns, referral rate to GP during clinic time and consultation time.

JULY 2006 AUDIT

n = 116

(seen by two minor illness nurses in 11 x 3 hour sessions over three weeks).

Average consultation time per patient was 9 minutes.

Nurse A had a re-consultation within two weeks rate of 15.2%, although of note is that 70% of these patients were referred to the GP by the nurse, 71.4% being same day referrals. The re-consultation rate excluding nurse referrals was 4.5%.

Nurse B had a slightly higher overall re-consultation within two weeks rate of 18%, although of note is that 33.3% of these were referred to the GP by the nurse on the same day. Another 33.3% were nurse referral follow-up appointments. The re-consultation rate excluding nurse referrals was 6%.

It is acknowledged within the practice that we hope to maintain the re-consultation rate to between 4 – 6%.

Prescribing of antibiotics was similar between the two nurses at 13.6% and 12% respectively.

Most other prescriptions issued were for treatment for hay fever, conjunctivitis, skin conditions and asthma.

Comparing the above to a previous audit showed that although initially the nurse had spent more time with the patients, they were now spending less

time and the plan for the future is that the GP's will extend their appointment time from 10 minutes to 15 minutes to allow them to deal with more complex cases.

Re-consultation rates were significantly better than previous audits indicating increasing patient confidence in the service.

In comparison to a similar study done previously with the GP's in the practice, prescribing patterns were similar between the two groups.

Over 150 GP appointments each month have been released by introducing a nurse-led minor illness service. The recent audit showed a re-consultation rate to the GP for the same condition within two weeks of between 4.5 and 6 per cent. This suggests that the service is effective in managing minor illness.

THE RECEPTIONIST

The continued success of the minor illness service requires the continued support of all members of the practice team; in particular, GP's must be willing to delegate work and receptionists need to be happy to signpost patients.

An important issue is encouraging the public to welcome change rather than thinking this development is the end of GP practice as we know it. Patients may view the offer of an appointment in the minor illness clinic as a refusal of the medical services of a doctor. It was with this in mind that I realised the importance of the receptionist in maintaining a successful on-going minor illness service as they have to sell and promote what we do to the patient. The receptionist must be able to assess, prioritise the need for treatment and direct the patient to the most appropriate service by asking a few simple, basic questions. When initiating the minor illness service within the practice it

was acknowledged that the receptionists would be undertaking an extended role, concerns were raised that telephone time would be longer at initial contact and doubts were expressed as to whether they would be able to successfully direct the patients to the correct clinician. Initially, the receptionists were provided with a list of ailments the nurse could deal with (appendix 3), more recently (June '06) a 'protocol for receptionists making minor illness appointments with the nurse' (appendix 4) was developed by the reception manager and one of the minor illness nurses. I decided to follow up on its use and sent a questionnaire to the receptionists (appendix 5).

Six out of ten (60%) of the questionnaires were returned. Five receptionists were unaware of the protocol although three made reference to the 'list behind reception or printout of certain illnesses'. The only person aware of the protocol was the head receptionist who replied 'it's a good and useful document' ('I think it's the one I helped Janet create?'), although she couldn't remember where it could be accessed on the computer! She did say it would be helpful to a new member of staff and if she managed to find it would use it to train new receptionists. The three receptionists who acknowledged the printout of certain illnesses said they did refer to it and found it useful. In all cases questions 2-4 were unanswered as no-one was aware of the existence of the protocol. Miscellaneous comments included the following:

- 'Most patients like to see the nurse if it's something they don't want to bother the doctor with.'
- 'I find that patients prefer doctors because of lack of confidence, but usually once they have seen minor illness nurse they do tend to ask and use them again.'

- ‘Patients would rather see a doctor.’
- ‘Helpful as they take a lot of pressure off the doctor’s appointments’.
- ‘Minor illness is very useful from the point of view of the doctors as it saves them time – and patients are generally pleased with it I think – on occasion they ring up and ask for minor illness clinic by name. **It’s all a matter of patient education and us on the desk giving it a helpful “shove” and promoting it....’**

We had fallen down on the first step of the Change Management Cycle developed by John Poulter¹². In all cases, the starting point has to be the need to “create awareness and gain acceptance of the need for change”. It is in this area that most change initiatives fail.

The various stages of the change management cycle are:

1. Create awareness and gain acceptance of the need for change.
2. Analyse what the changes should be, taking account of other changes being planned.
3. Plan how to implement the changes and measure the results in co-ordination with other changes being implemented.
4. Implement the changes employing best practice change and project management techniques.
5. Measure the results, using real outcomes rather than opportunities.
6. Evaluate the outcomes and approach taken with a view to learning lessons and identifying what now needs to be done to gain the desired benefits.

Change may not necessarily be viewed as being for the better. It may be that a person has negative feelings towards change, because they do not see the change as in the best interests of the team or patients.

Although the receptionists who responded generally seemed to feel that the minor illness service improved the service offered to patients, I felt we needed to ensure they were conveying a positive, enthusiastic attitude to the patients. This could be achieved by highlighting the benefits of the service and reintroducing and enforcing the new protocol to make it easier and clearer for the reception staff to direct patients. In order to plan how to reintroduce and reinforce the 'new' protocol to all the reception staff, I held a meeting with the head receptionist. We are planning an open and interactive training session for all the receptionists during our protected time training half-day in the near future. It is hoped that by discussing the comments from the questionnaires and highlighting the benefits of having a protocol, including emphasising that good communication skills identify problems more accurately and improve patient satisfaction, we can continue to improve and expand the minor illness service we offer to our patients.

OTHER STAKEHOLDERS

To ensure maintenance of an efficient and effective on-going service, all members of the practice team as well as the patients have to be considered.

Our practice manager of almost three years has excellent organisational and team leading skills, always on hand to provide facts and figures from audit and helping to manage change with military precision.

The practice has used the general practice assessment survey's patient questionnaires to patients and questionnaires to GP's as well as the receptionists and administrative staff to assess satisfaction with the minor illness service.

Overall the results show that the stakeholders are happy with the service and that patients are willing to accept the nurse in this new role.

GP's have to understand that this is not a quick fix. Nurses need support and supervision. GP's need to make time to spend with the nurses and understand that nurses undergoing this training need to be able to interrupt the GP and say: "can you come and look at this patient?" Nurses and doctors working together can complement each other, generating an environment where patients receive prompt, competent care and staff enjoy job satisfaction.

It is our aim to train our existing practice nurses to run the minor illness service, in order for this to be possible they have to give up some general nursing duties. These services have been taken up by increasing other nursing hours within the practice. As all the practice nurses who wish to undertake minor illness are given the opportunity, the ones who do not wish to undertake training themselves are supportive of those who do and are happy to direct patients to the minor illness service.

The pharmacist working in the pharmacy attached to our surgery plays a key role in directing patients to the minor illness service, as do the health visitors and district nurses.

Minor illness services are frequently discussed at management and clinical meetings to ensure any problems or concerns are addressed as quickly as possible.

INTERNET BOOKING

Internet booking by EMIS Access¹³ is available to patients who are registered at our practice. Since this service became available to our patients in May 2006, almost 6% of our patient population have registered to use the service. Concerns regarding online bookings wreaking havoc with advanced appointment schedules have so far proved unfounded and the GP's have not reported any inappropriate internet bookings.

More recently in July 2006, minor illness appointments have been pre-bookable on the internet. To date it would appear that our patients are not using this service to book minor illness appointments. The largest problem is educating the patients on how to use the system and how it would benefit them. Like all new developments there is a learning curve involved. Before we can expect our patients to change their behaviour, we have to ensure that our staff are encouraging them to do so. The expectations for the practice are that the system will enable the reception staff more time to concentrate on developing other areas of our service, by reducing the number of phone calls they have to deal with.

CONCLUSION

A systematic review by Horrocks et al¹⁴ concluded that patients were at least as satisfied with care at the point of first contact with nurse practitioners as they were with that from doctors, and that assessments of the quality of care and short term health outcomes seem to be equivalent to that of doctors. Without doubt, we feel that offering a nurse-led minor illness service to our patients has enhanced the patient care we provide.

It has been suggested that the practice GP's may in the future perform periodic audits of nurse consultations by reviewing a random sample of notes from patients seen by the nurse that week then scoring how effectively the nurse had handled the patients problem.

Questionnaire-based patient satisfaction surveys will continue to be undertaken with patients attending the practice.

The importance of continually advertising the minor illness service has been addressed in the form of posters and leaflets describing the scope of the service and listing the common conditions which can be dealt with at the clinic. It is also advertised in our practice booklet, on the practice website and on our automated booking-in system.

My aim in this assignment was to emphasise the need to continually evaluate and review existing services to ensure that it remains beneficial to all the stakeholders involved.

APPENDIX 1

	<u>Surgery A</u>	<u>Surgery B</u>
Monday	09h20 - 12h10 14h00 - 15h30	09h20 – 12h10 15h10 – 16h40
Tuesday	09h20 – 12h10	09h20 – 12h10
Wednesday	09h20 – 12h10	09h20 – 12h10
Thursday	09h20 – 12h10	09h20 – 12h10
Friday	09h20 – 12h10	

MINOR ILLNESS APPOINTMENTS CURRENTLY AVAILABLE

APPENDIX 2

	NO. OF PTS SEEN	RETURN WITHIN 2 WKS	DR	NURSE	ABX	OTHER MEDS
NURSE A	66	10	10	0	9	21
NURSE B	50	9	6	3	6	25

MINOR ILLNESS AUDIT 01.07.06 – 21.07.06

APPENDIX 3

NURSE LED MINOR ILLNESS CLINICS

We have specially trained nurses who will deal with the following ailments – this list is a guide, ask at reception for further details. The nurse is able to arrange a prescription if necessary and a doctor is available for consultation if needed.

COLDS/ FLU

CONSTIPATION

COUGH

SKIN PROBLEMS

ASTHMA

RASHES

SORE EYES/ STYES

EARACHE

SORE THROAT

HAYFEVER

ECZEMA

SINUSITIS

DIARRHOEA & VOMITING

CYSTITIS

VAGINAL DISCHARGE

BACK PAIN

WARTS & VERRUCAS

HIGH TEMPERATURES IN CHILDREN

APPENDIX 4

PROTOCOL FOR RECEPTIONISTS MAKING MINOR ILLNESS APPOINTMENTS WITH NURSE

BASIC RULES

Minor illness appointments only to be booked with nurses who are Minor Illness trained: currently this is:-

Allison Hughes – trained – 10 minute appointments

Sheila Brownhill – trained – 10 minute appointments

Janet Bolderston – undergoing training, can book as from June 2006 – 15 minute appointments

Minor illness appointment's to be booked for patients requesting same day appointment.

Can possibly be booked in advance with a minor illness nurse if afternoon request and appointment the following day for minor illness related problem (see list)

Minor illness appointments not to be filled with practice nurse related issues e.g. chronic disease, smears, immunisations, routine/ follow-up dressings, routine contraceptive reviews etc.

If there is a shortage of practice nurse appointments, and something arises that cannot wait for next available practice nurse appointment then may be filled with discretion on the day preferably checking with relevant nurse first.

Patients requesting same day appointment with a doctor may be offered a minor illness nurse appointment using the following phraseology:

Is it something the minor illness nurse can help with?

The receptionist should not ask the patient a direct question about the nature/ concern of their problem.

If a patient declares the problem to the receptionist she or he can then respond:

The minor illness nurse is qualified to deal with this, are you happy to see him/her?

If a patient is unsure – try the following:

Do you want to give me any indication what the matter is so that I can book an appointment with the most appropriate person?

Frequently asked questions by the patient

Can the nurse give me a prescription?

Response from receptionist

She/ he can generate a prescription which the doctor will check and sign.

If a patient declines offer of an minor illness nurse appointment, arrange doctor appointment. Respect patient's choice.

If babe in arms, generally put in with doctor or check with minor illness nurse – may depend on experience, and only if mum is happy.

If patient has seen either the minor illness nurse or the doctor with the same problem which has not resolved, always give doctor appointment.

Some patients will ask directly for an appointment with the minor illness nurse – the number of patients doing this has increased partly from personal experience or 'word of mouth' from family/ friends.

LIST OF SUITABLE CONDITIONS/ PROBLEMS FOR MINOR ILLNESS APPOINTMENTS:

Coughs & colds

Emergency contraception

Sickness & diarrhoea

Vaginal discharge

Rashes

Hay fever

Flu & simple viral illnesses

Back pain

Earache

Constipation

Sprains & minor injuries

Baby problems e.g. nappy rash

Sore throat

Red, sticky eyes

Cystitis

Thrush

Minor illness – nurse telephone advice – patients requesting advice can be offered a minor illness nurse telephone appt.

INAPPROPRIATE APPOINTMENTS

These are sometimes unavoidable but to be aware of causes:

1. Patient generated – i.e. run out of contraceptive pill and no practice nurse appointment available.
2. Doctor generated – i.e. urgent ECG and on day practice nurse appointments unavailable or already filled.
3. Dressings – poor management of other services leading to shortfall in appropriate care – no alternative but to book with MI nurse.

APPENDIX 5

Questionnaire to Receptionists

1. Are you familiar with the 'protocol for receptionists making minor illness appointments with nurse' document?
2. Is it clear/ useful?
3. Do you refer to it when making MI appointments?
4. Can you identify any current problems/ concerns with booking of minor illness appointments which aren't covered in the current protocol?
5. Please make one statement (positive or negative) regarding your experience of making appointments for the minor illness clinics.

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¹³ www.emis-online.com

¹⁴ Horrocks S, Anderson E, Salisbury C. Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *BMJ* 2000;