Setting Up A Minor Illness Clinic

The aim of this assignment is to outline the procedure for setting up a nurse led clinic at B Health Centre's satellite clinic in L.

Following the implementation of the National Health Service plan, the role of Primary Care Nurse has changed significantly, with Nurses undertaking a much wider range of roles determined by the needs of patients and the community http://www.publications.doh.gov.uk. Further to this, it was decided that Nurses would be encouraged to take on more routine minor ailments (http://www.minorillness.co.uk)

It is with this in mind that I was encouraged to undertake the Minor Illness Training. B Health Centre currently has two, part time trained Minor Illness nurses that cover the B surgery, allowing for a Minor Illness clinic to be available during opening hours. As I am completing the Minor Illness training it was considered, following a small study, that my clinic hours would benefit those patients from L who currently travel to B to be seen by a Specialist Nurse.

My assignment will set out the aim of the Minor Illness Clinic, highlight any potential problems that may occur both with patients and staff alike, the structure of the clinic and any others aspects that may arise.

Why a satellite clinic?

B Health Centre has its main premises in B and currently employs 4 full time General Practitioners (GP's), 3 part time GP's and 2 locum GP's. There are currently 2 trained Minor Illness Nurses, 3 Treatment Room Nurses and 1 Health Care Assistant.

My role was that of a Treatment Room Nurse covering all areas of the Treatment Room and all areas of chronic disease management, as well as completing my Minor Illness training. The surgery currently has approximately 12,000 patients with over 3,000 of those living in L. L surgery currently opens for 3 hours per day, permitting 18 ten minute appointments (allowing 18 ten minute appointments) with a GP daily. The L surgery also has a dispensary so has a further two reception staff members present. Reception staff also perform the role of dispensers if required. The surgery has occasional Health Care Assistant Clinics and Treatment Room clinics which are generally not utilised to the full capacity, thus wasting valuable appointment time that could be used elsewhere or by another member of the team or a clinician. However, the GP clinics are always booked to their full capacity. I therefore decided to carry out a small audit over the course of a week to help understand

whether a Minor Illness Clinic at the satellite surgery would be of a benefit. (Appendix 1 and Appendix 1.1).

Audit

For the purpose of the audit, myself and the 2 others Nurses who currently (facilitate) Minor Illness Clinics made a list of all illnesses that we would be expected to deal with during a Minor Illness Clinic (Appendix 2). We then requested that the GP's would make a note of how many of their 18 patients that they would see on a day to day basis at L, presented with a Minor Illness problem. The results of the audit were staggering. It concluded that 68% of the patients that presented at the L Satellite surgery had a minor illness that could be dealt with by a Minor Illness Nurse instead of a GP. It also concluded that 16% of the patients had been re booked for the L clinic, as follow up consultations, which had initially been seen at the B site. A further 15% were classed as 'other' (appendix 1.1). It was unclear why the GP's had been booking follow up consultations at L, but it is thought to be a historical practice that had started when L GP clinics were not full to the capacity. Following the results of this audit it was concluded that a Minor Illness surgery should be held at the L site. Wood (2008) states that a Nurse led Minor Illness service is a safe, simple, and cost effective method of reducing demand for GP appointments. It was at this point that I decided to complete a SWOT analysis. SWOT analysis is a strategic planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in a project or in a business. It involves specifying the objective of the project and identifying the internal and external factors that are favourable or unfavourable to achieve the objective (http://en.wikipedia.org/wiki/SWOT_analysis).

Following the conclusion of this SWOT analysis I realised that there were plenty of threats and weaknesses that would make the task quite difficult to manage although overall it also proved that it would be a massive benefit to both GP's and patients alike.

Health Centre Barriers

It became apparent to me that it would be a better use of time if a Minor Illness trained Nurse were to work from the satellite site, allowing the GP to return back to the B surgery to help with the ever expanding demand for appointments at the main site. I arranged a meeting with the Practice Manager and GP's to discuss my findings. On discussion it became apparent that the GP's were aware that they were doing Minor Illness work at L. It seemed that there was mixed emotions about changing the system as it was felt that two of the GP's enjoyed their time at L for the very reason that I had highlighted in my study. It was felt that working at the L site was a break from the normality of the high paced B Health Centre, due to the length of the surgery opening times at the L site. However, the Practice Manager

agreed that this style of working could not continue and it would be more appropriate to have Nurse led clinics at the satellite surgery as highlighted in my small study. I realised at this time that changes were going to happen and this could be a huge barrier for the project.

Pearce (2007) believes that change is a prime requirement of management. It is thought that some people find it thrilling to be involved in change but others find it threatening or even frightening. Pringle (2003) believes that every Practitioner knows that change is endemic in General Practice, but it may not happen as others would wish. I quickly realised that effective communication was of paramount importance at all times and with all members of staff involved in the project. Communication skills are thought to be verbal and non verbal words, phrases, voice tones, facial expressions, gestures, and body language that you use in the interaction between you and another person (http://www.oscehome.com/images/communication).

Another arising problem was which member of nursing staff would be happy to run a Nurse Led clinic without the support of a doctor on duty. I emphasised that I felt that I was very new to the role and did not feel it would be in the best interest of patient care for me to carry out this new role. However, I did agree that I would be willing in the future to consider this as an option. I highlighted the important point that I was not a prescriber which would mean that I would be of no benefit to the satellite surgery as all patients would then need to return at a later date to collect a signed prescription if one had been offered, thus increasing the workload of the duty doctor. Wood (2008) states that it is important that the Nurse who is responsible for a Minor Illness service has received basic minor illness training and attends regular updates to remain current. It is thought though, that however well qualified the individual may be, in reality Nurse consulting can prove isolating and a steep learning curve.

It was decided at this point that GP support would be a necessity. It was agreed that a specific GP would undertake the role of Minor Illness Nurse Mentor in order to support the Minor Illness Nurse working in the new satellite clinic. Although the designated GP would not be on the premises, it was agreed that should the Minor Illness Nurse be dealing with an illness or ailment that they felt was not appropriate for her to deal with, it could either be discussed with the GP over the telephone or re booked in with the duty doctor on the same day as appropriate.

Patient Barriers

I decided that prior to rolling out the new system it was important to involve the patients in the decision making process. I therefore decided to offer a questionnaire consisting of three short and concise questions to all the patients that had booked in at L over the course of one week. The questions were as follows:

1. **Did you specifically request to see a General Practitioner?**
2. **Would you have been happy to have been booked in with a Minor Illness Nurse?**
3. **Would you be satisfied if there was no longer a General Practitioner at L?**

The results (Appendix 4) were very satisfying and generally concluded that the majority of patients would be happy to have seen a Minor Illness Nurse, however it strongly emphasised the fact that patients did not like the possibility that there would not be a doctor present at L. Wilson et al (2002) believes that some patients may see a consultation with a Nurse as an inferior service.

Again, I discussed these findings with my Practice Manager and GP's and it was agreed that a GP would have one 3 hour session per week on a rolling daily basis in addition to the Minor Illness Nurse.

Setting Up the L Clinic

- **Patients**

I became very aware whilst completing this study that change is not always viewed as positive. I therefore felt that it was important that staff and patients alike were continually updated of our plans to change the way in which the satellite surgery would be running. It was recognised that promotion would be a great way of involving patients and educating them on the new way in which L surgery would be running. It was planned that the website would be updated with developments, advertise the proposal to the back of the repeat prescription, and hand out news letters to all patients for at least one month preceding the change. It was also agreed that the patient information booklet would be updated and clearly outline the concept of the new Minor Illness Clinic at L. Finally It was decided that patients would be encouraged to air any concerns that they may have by using the patient suggestion service.

- **Doctors**

The doctors guaranteed that they would attend the L surgery for at least one session per week. It was also agreed that they would be happy to see any Patients at the B site should the Minor Illness Nurse require a second opinion or help and advise with any patient matters. It was also decided that a GP would lead the setting up of the new service.

- **Dispensers**

In consultation with the Minor Illness Nurse and a GP, a formulary had been agreed based on the Specialist Nursing Formulary as set out in the Minor Illness Nurse Handbook. This enabled them to adequately stock the dispensary prior to the service rolling (Johnson et al, 2006) and the local Antimicrobial Prescribing Guidelines (2010).

- **Reception Staff**

Reception staff were fully briefed on the times that the clinic would be open. They were given a copy of the list of ailments that the Minor Illness Nurse could be expected to deal with. They were also advised to spend time with patients explaining the concept of the satellite surgery and how it would benefit the patient and allow the GP's to be far more available in such times that a GP appointment would be required. The B staff members were also advised to use the L clinic should B Minor Illness Clinics become oversubscribed.

- **Nurses**

The clinic has been planned to open in June 2011 following the completion of my Minor Illness training. An additional member of staff would be employed to cover the hours lost in the Treatment Room as I would commence a Minor Illness Nurse role at the B site, additionally, one of the already trained Minor Illness Nurses would start at the L satellite surgery. Equipment such as a stethoscope, thermometer, sphygmomanometer, ECG machine and ophthalmoscope would be provided for use at the new satellite surgery along with a computer and printer as required.

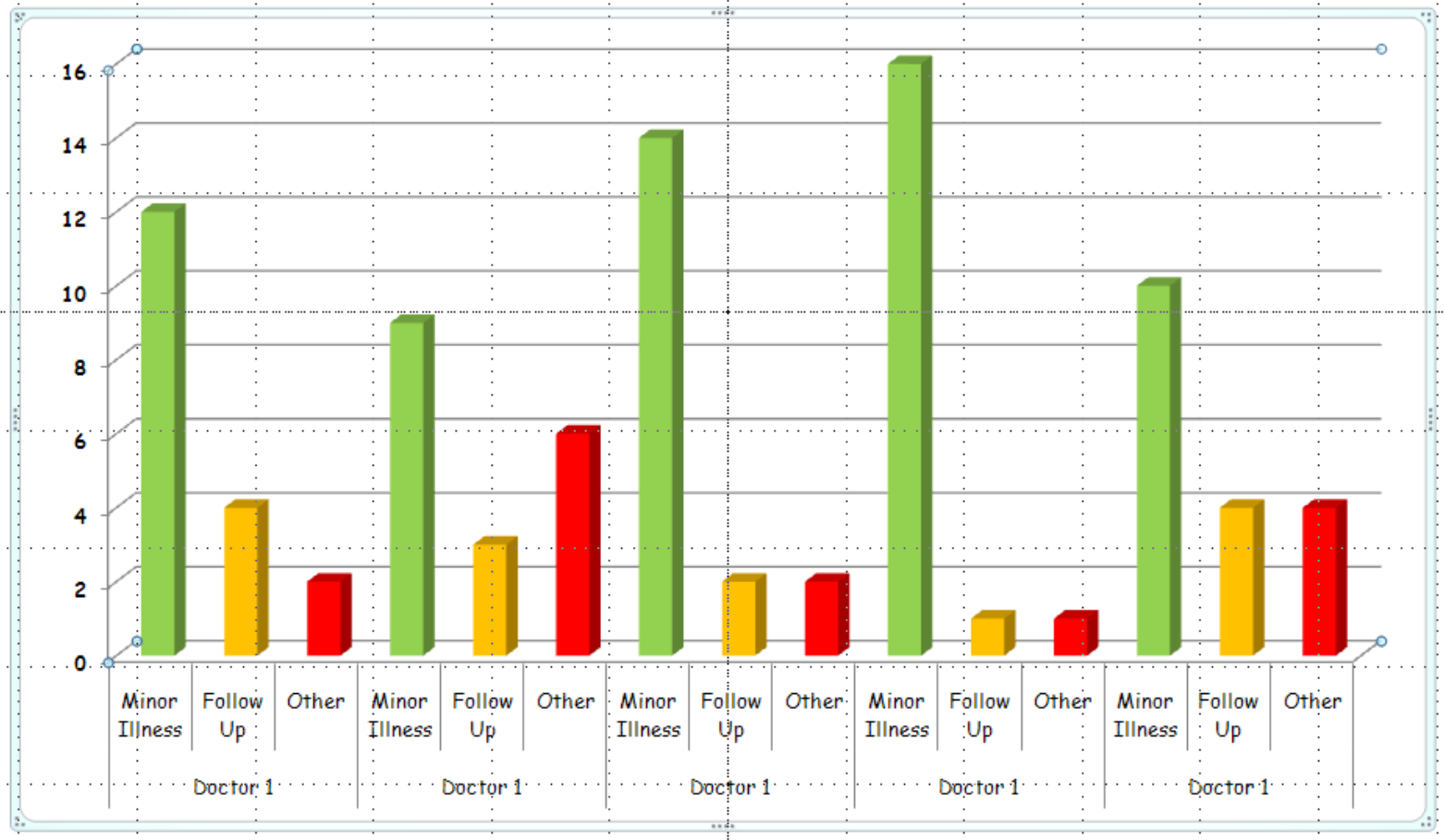
Conclusion

To conclude the new Minor Illness Clinic is planned for June 2011. Careful planning will ensure a smooth opening. I will ensure that all members of the team are fully briefed in order to fulfil patient and staff expectation. A second audit will be carried out 6 weeks after opening to assure that it is being carried out effectively and meeting the needs of the patients and staff alike. Our main aim is to reduce the pressure on the GP's and improve access to the Health Centre for patients to be seen by a clinician as soon as possible.

Reference List

1. http://www.minorillness.co.uk/downloads/leystone (accessed on 5.2.2011)
2. http://en.wikipedia.org/wiki/SWOT_analysis (accessed on 7.1.2011)
3. http://www.oscehome.com/images/communication (accessed on 10.2.2011
4. http://www.pagb.co.uk/information/howtosetupnurseled.html (accessed on 15.2.2011)
5. http://www.publications.doh.gov.uk (accessed on 30.2.2011)
6. Johnson G et al. 2006. The Minor Illness Manual. Radcliffe Publishing. United Kingdom.
7. NHS Bedfordshire. 2010. Antimicrobial Prescribing Guidelines. Luton
8. Pearce C. 2007. Ten Steps To Managing Change. Nurse Management. 13 (10). British Nursing Index.
9. Pringle M. 1992. Managing Change In Primary Care. BMJ. Vol 304.
10. Wood S. 2008. Setting Up A Minor Illness Clinic. Practice Nurse. 36(5) p 21-24.
11. Wilson A et al. 2002. Barriers To Developing The Nurse Practitioner Role. Family Practice. Vol 19. 641-646. Oxford University Press.

Appendix 1



Appendix 2

Minor Ailments

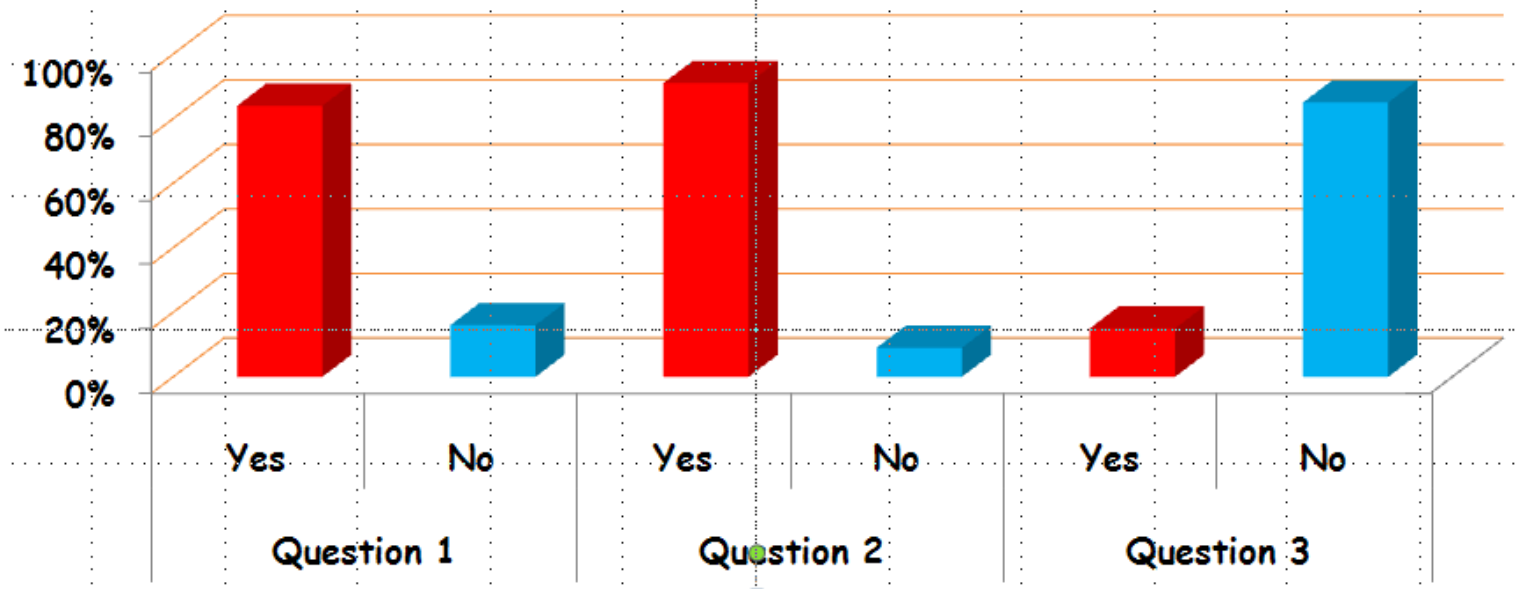
- Flu like symptoms
- Earache
- Sore Throat
- Fever
- Rashes
- Skin infections such as impetigo
- Conjunctivitis
- Cough
- Cold
- Asthma problem
- Chest infection
- Diarrhoea/vomiting
- Cystitis
- Back pain
- Stomach pain
- Hayfever
- Headaches
- Morning after pill
- Minor accidents
- Strains and sprains

APPENDIX 3

SWOT ANALYSIS – NURSE-LED CLINIC AT L

STRENGTHS	WEAKNESSES
• Increase appointment availability • Enhance patient care • Provide employment development for surgery staff. • Provide further GP appointments at B • Reduce wasted appointments. • Allow those pt's that require Minor Illness appointments to be seen at L • Nurses working autonomously.	• Reduce GP time at L • Remove treatment room Nurse from B due to promotion thus decreasing general nursing hours. • Potentially increase doctor workload. • Create increased work for reception/dispensary staff. • Cause upset to patients whom are used to seeing GP at L
OPPORTUNITITES	**THREATS**
• Provide career development for Nurses and administration staff. • Promote relations between surgery and patients. • Increase amount of appointments available for Minor Illness and GP at B and L • Maximise utilisation of L surgery potential. • Allow GP to deal with appropriate consultations.	• Increase the need for L patients to be seen at B • Lack of education and promotion. • Increase stress level for reception staff. • Cause isolation for MIN who is working alone. • Increase patient risk if GP not present in building.

APPENDIX 4



- Q1: Did you specifically request to see a Doctor today?
- Q2: Would you have been happy to see a Specialist Minor Illness Nurse?
- Q3: Would you be satisfied if their was no longer a doctor at the L Surgery?