

GUIDANCE AND COMPETENCES FOR THE PROVISION OF SERVICES USING PRACTITIONERS WITH SPECIAL INTERESTS (PwSIs)

URGENT & EMERGENCY CARE



DH Department
of Health



English Pharmacy Board

NHS

Primary Care Contracting

FOREWORD

The White Paper *Our health, our care, our say: a new direction for community services* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453), published in 2006, set out the vision for the future of care outside hospitals. It reinforced the importance of services provided by healthcare professionals working in community settings. The public involved in the consultation process that informed the White Paper made it clear that while convenient care was important, it must be of high quality and that a transparent process should underpin that quality.

In his interim review, Lord Darzi re-emphasised this need for quality, drawing on four overarching themes for the NHS over the next 10 years, where he describes the vision of a health and care system that is fair, personalised, effective and safe. Much of the vision continued in his main report, High Quality Care for All and in the primary and community care strategy] is underpinned by the movement of more complex care out of hospitals and into community settings – just the sort of services that PwSIs provide. *World Class Commissioning* (“*Adding years to life and life to years*”) will be the key vehicle for delivering a world leading NHS, equipped to tackle the challenges of the 21st Century. By developing a more strategic, long-term and community focused approach to commissioning and delivering services, where commissioners and health professionals work together to deliver improved local health outcomes, world class commissioning will enable the NHS to meet the changing needs of the population and deliver a service which is clinically driven, patient centred and responsive to local needs. PCT Commissioners will therefore be looking for PwSI commissioned services to link to the world class competencies which ensure the best value of service for patients

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956

Many PwSIs in Urgent and Emergency Care have been established around the country and much has been learnt from examples of best practice. All those involved in the delivery of these services recognise the need to ensure that PwSIs are suitably qualified, with demonstrable competences, training and experience. These factors underpin the delivery of safe, high quality care. As we move steadily towards a regulated service, with registration of NHS organisations and increasing use of accreditation schemes, such as that currently being piloted by RCGP, there is increasing pertinence of the processes described in this document. Through implementation of this guidance, there will be a more vivid guarantee of quality.

This document, which should be read in conjunction with *Implementing care closer to home: Convenient quality care for patients*

(http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419), describes different models of care and provides information about the competences, training, accreditation and assessment processes to support the accreditation of PwSIs in Urgent and Emergency Care . For Commissioners, this should be read in conjunction with the World Class Commissioning Assurance Framework and associated competencies

<http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>

CONTENTS

Introduction	5
1. PwSI Service Provision	6
2. Infrastructure Required	9
3. The Competences Required	11
4. Teaching and Learning	13
5. Assessment	14
6. Accreditation, Maintenance of Competence and Re-accreditation	15
Appendix 1: Competences for a PwSI in Urgent and Emergency Care	18
Appendix 2: Assessment Tools	24
Appendix 3: Links to Other Resources	25
Appendix 4: Membership of Urgent and Emergency PwSI Stakeholder Group	30

DEFINITION OF KEY TERMS IN THIS DOCUMENT

A definition of urgent care has been issued by the Department of Health in England (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4106289):

Urgent care is the range of responses that health and care services provide to people who require – or who perceive the need for – urgent advice, care, treatment or diagnosis. People using services and carers should expect 24/7 consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response to that need.

The Department of Health guidance on telephone access to out of hours sought to clarify commonly used terms:

Emergency care:

Immediate response to time critical healthcare need.

Unscheduled care:

Services that are available for the public to access without prior arrangement where there is an urgent actual or perceived need for intervention by a health or social care professional.

INTRODUCTION

This document represents an updating of *Guidelines for the appointment of GPwSIs in the Delivery of Clinical Services: Emergency Care* published by the Department of Health in 2003.

This guidance provides detailed information to guide accreditors and practitioners towards the kind of evidence and competences that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests*

(http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

This guidance relates **only** to the specific training and accreditation needs of general practitioners and pharmacists seeking accreditation as PwSIs in Urgent and Emergency Care.

The competency framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that practitioners with special interest in Urgent and Emergency Care have all the competences listed in this document. Commissioners will need to identify the specific competences (Chapter 3) required by the practitioner in order to meet the service specifications.

Commissioners should note that the training and personal development of PwSIs needs to be ongoing and will require support from specialist practitioners and / or access to relevant peer support.

This framework does not preclude commissioners from developing specialist services using other practitioners, for example, nurses or other health care professionals. Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework.

Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will need to take a more competence-based approach to reflect the current work on modernising healthcare careers.

IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF URGENT AND EMERGENCY CARE

Many GPs and pharmacists who do not consider themselves to be special interest practitioners are currently providing specialist services or clinical leadership within their practice or locality.

This guidance does not intend to undermine these clinicians. It is provided for doctors and pharmacists whose objective is to extend their competences and skills within a formally accredited PwSI framework.

1. PwSI SERVICE PROVISION

1.1 DEFINITION OF A PwSI

PwSIs supplement their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate competences to deliver those services without direct supervision.

1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PwSI

The needs of the local population will inform the services to be provided. PwSIs will form one of a series of integrated options for the delivery of these services. The specific activities of the PwSI will depend on the service configuration, and will include raising awareness of the primary and community practitioners' role in the prevention, identification and treatment of conditions considered to be urgent or emergency.

The potential range of urgent and emergency care settings in which GPs may be involved is discussed in *Urgent Care – A position statement from the Royal College of General Practitioners*, RCGP March 2007.

Provision of minor ailments and minor illness services should be considered as within the core role of all registered pharmacists. However where pharmacists are commissioned to provide extended urgent or emergency care that requires competences beyond their core role, then the PwSI model may be considered. References for Minor Illness and Minor Ailment schemes which are delivered by pharmacists can be found in Appendix 3.

It is very important that all service providers and patients and carers are involved at every stage of service development.

The following points should be considered by commissioners when establishing a service, and by referring clinicians:

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered
- Referral pathways / response time
- Communication pathways
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- The involvement of paediatricians, particularly in trauma centres
- Models for assessment, triage and management of children and adults (telephone etc...)
- The geographic proximity of Minor Illness and Minor Injury Services (MIMIS) to A&E departments, particularly for child services, to encourage joint training and facilitate ease of transfer between the two services.
- Caseload / frequency

There are broad range of settings in which a PwSI service can be delivered; these may be integrated across community and hospital settings, eg,

Community locations:

- Urgent Care Centre
- Community Pharmacy
 - Extended Minor Illness Service
 - Extended Minor Ailment Service
- Primary Care Centre
 - Out of hours provider
 - Minor Illness Clinic
- Walk In Centre
 - Minor Injuries Unit
 - NHS Direct
 - Ambulance Service
 - Scene of incident care

Hospital locations:

- Urgent Care Centre
- Pre - A&E
 - Urgent Care Centre
 - Primary Care Centre
 - Minor Illness Clinic
- A&E
 - Clinical Assessment Unit
 - Minors
 - Majors

EXAMPLES FOR A PwSI SERVICE IN URGENT AND EMERGENCY CARE

Below are further examples of the different types of services that a PwSI could deliver:

Clinical Services

- Direct patient care (either face-to-face or on the telephone) which may include clinical prioritisation, clinical assessment, diagnostic access and interpretations of results (eg, blood or urine tests, x-ray, ultrasound, CT / MRI where available), treatment (eg, medicines, wound or fracture management), self-care advice or onward “specialist” referral
- Rapid review clinics to support children and parents while recovery is made from acute illness

Leadership

Provide clinical leadership and help develop care pathways and protocols for integrated urgent and emergency care

Liaison

Provide primary care expertise across a range of community and hospital related services, and multi-professional staff based in different organisations: liaison with other primary and secondary care practitioners, PCTs and commissioners and mental health services

Education, Training and Appraisal

Provide training and development for multi-disciplinary clinical and non-clinical workforce (including those in training). Undertake appraisal and support the development of personal development plans for other urgent care practitioners

1.3 PRINCIPLES OF SERVICE DELIVERY

Models of service delivery are expected to reflect the important principles outlined in the *Implementing care closer to home: convenient quality care for patients* documents (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

Local guidelines for the service should reflect and incorporate nationally agreed guidelines. Both the commissioner and PwSI should demonstrate awareness of relevant national advice issued by organisations such as:

- Department of Health <http://www.dh.gov.uk>
- Royal College of General Practitioners <http://www.rcgp.org.uk>
- Skills for Health <http://www.skillsforhealth.org.uk>

In addition:

The service model should take account of nationally agreed guidance, in particular:

- National service frameworks

The model should incorporate examples of nationally agreed good practice such as care closer to home demonstration sites:

www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/DH_4139717

2. INFRASTRUCTURE REQUIRED

2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications as set out by the employing authority.

This will include, for example:

- Type of service to be delivered
- Joint working arrangements (eg, with statutory or third sector agency)
- How referrals are received and the means of communication between referrer and PwSI
- Means of communication between referrer, PwSI and other specialist health care professionals
- Waiting times, eg, Out of Hours Quality Requirements and A&E 4 hour operational standard
- Confidentiality / information sharing
- Number and composition of sessions to be worked by PwSI
- Location of the service, suitability, accessibility and support
- Contact with other health professionals in primary, secondary and social care
- Direct access to diagnostic provision (including reporting)
- Review / process for following-up patient
- Communication / updating medical records
- Reporting mechanism
- How the service links with the commissioner's requirements
- Available treatment modalities (eg, medicines, wound or fracture management)
- Appropriate facilities for service (including space, security and disabled access)

2.2 SUPPORT AND FACILITIES

Facilities will vary according to the commissioned service. The basic requirements for a PwSI in Urgent and Emergency Care include the following:

- Direct access to support and supervision from urgent and emergency care specialists
- Access to supervision and support from mental health specialist assessment services
- Clinical and administrative support staff available as required for each service
- Adequate means of record keeping
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring
- Access to educational material / clinical reference databases, events and conferences to ensure they are undertaking appropriate CPD
- The implementation of pragmatic, mutually-agreed guidelines and protocols – similar to those used in A&E Departments

NB: Facilities must be kept up to date in keeping with national guidance. Such facilities are to be accredited and should take account of the Government's *Standards for Better Health*:

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6

2.3 CLINICAL GOVERNANCE AND STANDARDS

PwSIs will operate within the local clinical governance framework and within their scope of professional practice.

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety. Nationally agreed standards for the provision of facilities exist, and are referred to in *Implementing care closer to home: convenient quality care for patients* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

The commissioner should give consideration to the following aspects of the PwSI service:

- **Lines of responsibility:** Accountability for overall quality of clinical care.
- **Monitoring of clinical care:** Patients' and carers' experience to be included in patient surveys. Staff to be encouraged to participate in clinical governance programmes.
- **Workforce planning and development:** Continuing professional development, which may include peer review, support and mentoring, will be built into organisations' service planning. Succession and contingency plans will be in place and service users will be involved and their opinions taken into account.
- **Risk management programmes:** Included in clinical risk management and in protocols on good record keeping, patient safety, confidentiality and handling complaints.
- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance in line with professional organisations and national bodies, eg, NCAS.
- **Linked to this is reporting of critical incidents:** Such as medication errors, which should be mandatory for all settings, not just the NHS.
- **Adherence:** To the requirements set down by the Accountable Officer in relation to controlled drugs.

3. THE COMPETENCES REQUIRED

3.1 GENERALIST COMPETENCES

The PwSI will be required to demonstrate that he / she is a competent generalist.

Competent practitioners will be able to demonstrate:

- Good communication skills across a range of models (eg, telephone, face-to-face) with patients, carers and colleagues
- The ability to explain risk and benefits of different treatment options
- Skill in involving patients and carers in the management of their condition(s)

GENERAL PRACTITIONERS

Generalist skills can be assessed in a number of ways including:

- Meeting the competences set out in the new RCGP curriculum (www.rcgp-curriculum.org.uk) together with a holistic understanding of primary care practice
- Obtaining a pass in the examination of the Royal College of General Practitioners or equivalent and being a Member of Good Standing
- Evidence of critical appraisal skills
- Engaging in active clinical work

PHARMACISTS

A generic PhwSI competence framework was published within the national framework for PhwSIs (<http://www.primarycarecontracting.nhs.uk/246.php>). It is recommended that this is used to assess generalist (practitioner-level) skills and experience. CPD records are expected to form a significant part of this evidence. This framework may also be used to identify skills and experience that go beyond the core role.

3.2 SPECIFIC COMPETENCES

The PwSI will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues.

It is not intended that a PwSI in Urgent and Emergency Care will necessarily have all the competences listed in this document. The commissioners need to ensure that the practitioner has the specific competences, drawn from the overall list in Appendix 1, to meet the requirements of their service specification.

This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist services, there may be others

which relate only to a GP or pharmacist role. The competences for both roles can be drawn from the same overall list in Appendix 1.

It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competences that can be developed after appointment depend on the roles and responsibilities expected from the practitioner.

The competences for a PwSI in Urgent and Emergency Care are summarised below:

- Clinical management of urgent and emergency conditions
- Therapeutic use of medicines in the clinical management of urgent and emergency conditions
- Palliative care in the urgent and emergency setting
- Provision of urgent care for the elderly
- Clinical management of children within urgent and emergency care services
- Provision of urgent and emergency mental health care
- Consultation skills for urgent and emergency care
- Management and leadership within urgent and emergency care services

The full guidance can be found in Appendix 1.

4. TEACHING AND LEARNING

4.1 TRAINING FOR PwSIs

PwSIs are expected to demonstrate that they have completed recognised training which may include acknowledgement of prior learning and expertise.

Training can be acquired in several ways and would be expected to include both practical and theoretical elements.

For example:

- Experience (current or previous) of working in an emergency department
- Self-directed learning with evidence of the completion of individual tasks
- Attendance at recognised meetings / lectures / tutorials on specific relevant topics
- As a trainee or other post under the supervision of a specialist in urgent and emergency care in the secondary care service
- As part of a vocational training programme
- As a clinical placement agreed locally
- As part of a recognised university course
- Pharmacist accreditation to provide minor ailment services; part of the enhanced services pharmacy contract
- As part of accredited training as a non-medical prescriber
- Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the PwSI is able to meet the competences of the service requirements

Essential: Patient-centred consultation and communication skills training

All GPs working within urgent and emergency care, regardless of the setting for their role, should have undertaken suitable and accredited specific consultation and communications skills training related to urgent and emergency care (including spoken English), eg, local deanery or RCGP-approved educational supervisor training or telephone consultation skills training courses.

All pharmacists working within urgent and emergency care should be able to provide evidence of training and competency in consultation and communication skills relevant to the role that is being commissioned. The RCGP Out of Hours Clinical Audit tool may be adapted for this purpose.

All clinicians providing urgent and emergency care to infants, children and young people must have additional training in paediatrics.

These skills may be assessed:

- By an approved educational supervisor (this may be in an urgent or emergency care setting)

5. ASSESSMENT

The most suitable teaching / learning and assessment methods will vary according to individual circumstances and should be agreed between trainee and trainer in advance. The PwSI can be assessed across one or more of the competences listed in Appendix 1, and it is expected that this process will be tailored towards the service that the PwSI will deliver.

The assessment of individual competences can be undertaken by a combination of any of the following:

- Observed practice using modified mini clinical examination
- Case note review
- Review of consultations against specific criteria using the RCGP Out of Hours Clinical Audit tool
- Reports from colleagues in the multi-disciplinary team using 360-degree appraisal tools
- Demonstration of skills under direct observation by a specialist clinician (DOPS)
- Simulated role-play objective structured clinical examination (OSCE)
- Reflective practice
- Logbook / portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment)
- Evidence of knowledge gained via attendance at accredited courses or conferences
- Call review tool for handling medicine specific enquiries received by telephone-achieved satisfactory outcome

Further information regarding the above assessment tools can be found in Appendix 2.

6. ACCREDITATION, MAINTENANCE OF COMPETENCE AND RE-ACCREDITATION

The mandatory processes for accreditation and re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients, Part 3 The accreditation of GPs and Pharmacists with Special Interests*. During the accreditation process, the PwSI is expected to provide evidence of his or her acquisition and maintenance of appropriate competences in urgent and emergency care.

A practitioner should only be employed to work as a PwSI once his or her competence for that service has been assessed and confirmed against the standards described in this document.

6.1 MAINTENANCE OF COMPETENCES

Practical arrangements for the maintenance of competences should be agreed by all key stakeholders as part of the service accreditation.

PwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the service and evidence of how these have been met and maintained.

This portfolio can act as an ongoing training record and logbook and should be countersigned as appropriate by an educational supervisor. The portfolio should also include evidence of audit and continuing professional development (CPD) and, for GPs, would be expected to form part of their annual appraisal. Pharmacists will be expected to include evidence relevant to their PwSI role in CPD records and in any regular appraisals.

The PwSI will have a random selection of individual consultations (phone or face-to-face) renewed each quarter by a suitably competent senior clinical supervisor; these reviews may take place on the telephone or face-to-face. The reviews will be conducted using the Out of Hours audit tool and criteria set out in the RCGP Out of Hours Clinical Audit Toolkit. An adapted version of this tool may be used by PhwSIs.

To develop and maintain skills it is important to see sufficient numbers of patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that PwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD
- Undertake a joint clinic or clinical supervision session on a regular basis commensurate with the number of sessions worked by the PwSI. These should be with a more specialist practitioner for the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers

It is also expected that practitioners will:

- Be actively involved in the local urgent and emergency care specialist service(s).
- Contribute to local clinical audits

Active membership of an appropriate faculty, professional group and / or a primary care organisation for urgent and emergency care will provide further opportunities for PwSIs to develop their knowledge and skills through attendance at educational events and update meetings.

For example:

- The Critical Care group within the UK Clinical Pharmacists Association
- The Neonatal and Paediatric Pharmacists Group; if dealing with urgent care in children

PwSI IN URGENT AND EMERGENCY CARE PORTFOLIO

The portfolio should provide a track record of providing high quality urgent and emergency care in line with national guidelines. Examples of the sections that could be included in the portfolio include:

- Assessment of practical skills relevant to the service being commissioned (in adults and children)
- Evidence of high quality clinical audit, research, training and teamwork in urgent and emergency care
- Personal development through analytical reflection on clinical events, appraisal of three significant events, case history analysis detailing the decision-making rationale
- Evidence of educational skills via video, records or learning aims and outcomes achieved, feedback from audiences at educational sessions

An outline portfolio to support the accreditation of pharmacists with a special interest has been developed and is available at <http://www.primarycarecontracting.nhs.uk/246.php> and can be supported by CPD. This provides a guide to the range and types of evidence that will need to be included.

6.2 MONITORING

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

PwSIs are expected to be involved in the monitoring of service delivery, which incorporates the following:

- Clinical outcomes and quality of care
- Prescribing / medicines management
- Critical incident and significant event analysis
- Access times to the PwSI service
- Patient and carer experience questionnaires
- Communication with patient's GP

6.3 RE-ACCREDITATION

PwSIs must maintain their specialist skills and competences on an ongoing basis as outlined in national PwSI accreditation guidance (<http://www.primarycarecontracting.nhs.uk/173.php>).

The recommendations for re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients*, Part 3: *The accreditation of GPs and Pharmacists with Special Interests*.

APPENDIX 1: COMPETENCES

It is not intended that PwSIs in Urgent and Emergency Care have all the competences listed in this document, rather that commissioners ensure that the practitioner has the specific competences, drawn from the overall list, to meet the requirements of the service specification. This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist roles, there may be others which relate only to GPwSIs or PhwSIs.

CLINICAL MANAGEMENT OF URGENT AND EMERGENCY CONDITIONS

Objectives	Knowledge	Skills (The practitioner is able to...)
To be practiced in the diagnosis and management of patients presenting with an urgent or emergency condition	Critical judgement in diagnosing and treating urgent and emergency conditions in adults and children	Critically consider differential diagnoses relevant to urgent and emergency care and treat appropriately
	Understanding of the pathophysiology of disorders commonly presenting in an urgent and emergency setting	Accurately interpret spinal and upper limb x-rays
		Accurately interpret lower limb x-rays
		Record and accurately interpret 12 lead ECGs
		Auscultate and examine the chest to diagnose urgent and emergency pathologies
	Knowledge of the indications and procedures for resuscitation, including the support of respiration and intubation, pacemakers and fluid replacement	Initiate and participate in Advance Life Support (ALS) and Advance Trauma Life Support (ATLS)
Provide Cardiopulmonary resuscitation		
	Indicate when it is not appropriate to attempt resuscitation	
To manage severe illness and injury and initiate appropriate treatment regimes	Understanding of the clinical signs of severe illness or injury	Provide acute management of severe illness and injury including: <ul style="list-style-type: none"> - Severe or serious burns - Fractures or soft tissue injuries - Myocardial infarction; thrombolysis and arrhythmias
To manage brain and spinal cord injuries and initiate appropriate treatment at pre-hospital scenes	How to assess a scene for risks and hazards and record observations as appropriate	Identify, assess and manage injuries to the brain and spinal cord in the pre-hospital scene including early stage clinical assessment and the application of immobilisation techniques

THERAPEUTIC USE OF MEDICINES IN THE MANAGEMENT OF URGENT AND EMERGENCY CONDITIONS

Objectives	Knowledge	Skills (The practitioner is able to...)
To manage drug treatment for patients with an urgent or emergency condition	Describe the available drug treatment for common co-morbidities presenting in the urgent care setting	Monitor and adjust drug treatments effectively including for complex medication regimens through prescribing and/or supply or administration of medicines using patient group directions
	Demonstrate specialist pharmaceutical knowledge of the care of patients with an urgent condition	Provide routes and dosages for emergency drugs in adults and children eg, acute respiratory problems including asthma
		Provide urgent supplies of repeat medicines according to clinical need
To communicate the implications and the consequences of the diagnosis and drug management of an urgent condition in the longer term clearly and appropriately to the patient	Provide advice about the avoidance, recognition, correction and implications of urgent care conditions as appropriate and facilitate shared decision making	Explain the treatment implications of drug therapy to patients and or carers of those who may fall into a special category eg, elderly, children or who may be residing in an intermediate/community care setting
To provide support for people who are able to, or who have the potential to, manage their care themselves	Demonstrate awareness of structured education programmes and information sources for urgent care conditions and can refer appropriately	Provide appropriate level information and support for patients to help them understand their condition and its complications
		Develop individual personalised management plans to assist patients to employ effective management strategies

PALLIATIVE CARE IN THE URGENT AND EMERGENCY SETTING

Objectives	Knowledge	Skills (The practitioner is able to...)
Manage the specific needs of terminally ill patients who develop an urgent or emergency condition.	Describe the symptom profiles of the terminally ill and have an awareness of the legal, ethical and technical aspects of their management	Manage the symptoms of the terminally ill through interventions such as: - prescribing eg, syringe drivers - nerve blocks, TENS, acupuncture - supply and administration of medicines under patient group directions
	Recognise the support needed by a dying patient and make provision for the use of medicines, special equipment, formal palliative instruments	Assess the patient holistically and develop an appropriate management plan to maximise their quality of life
	Recognise and respect the wishes of a dying patient, and support the patient family/carers in this decision with compassion	Assess the palliative care needs of a dying patient and deliver appropriate care

PROVISION OF URGENT CARE FOR THE ELDERLY

Objectives	Knowledge	Skills (The practitioner is able to...)
Manage the specific medical needs of elderly patients in the community setting with an urgent condition	Identify the potential effects of co-morbidities associated with ageing on urgent treatments	Adapt therapeutic targets and treatment regimens to the individual patient taking account of co-morbidities
	Diagnose acute illness in old age with reference to the major syndromes and illnesses that present in older patients	Examine the patient for: - Changes in acute illness presentation - Secondary complications of acute illness Work collaboratively with other health care professionals (eg, radiology, other medical specialties, ITU) professions to minimise risks of secondary complications
To have competence in managing elderly patients in an intermediate care/community geriatric setting in conjunction with a community based multi-disciplinary team and other agencies.	Advice about the care needs of older people in residential care and those who have caregivers outside of residential care	Develop an approach to care that crosses the traditional division between primary and secondary services
	Recognise the importance of geriatrician involvement in intermediate urgent care	Participate in the education and management of community staff when appropriate
To assess and manage older patients within the in or out patient setting who present with a history of falling (with or without fracture)	Describe the causes of and risk factors for falls eg, drug and neurovascular syncope	Provide drug and non-drug interventions to prevent falls with appropriate referral to other specialists

PROVISION OF URGENT AND EMERGENCY MENTAL HEALTH CARE

Objectives	Knowledge	Skills (The practitioner is able to...)
To be practiced in the diagnosis and management of patients presenting with an urgent or emergency mental health condition.	Critical judgement in diagnosing and treating urgent and emergency mental health conditions in adults (including older adults), children, and people with learning disabilities.	Critically consider differential diagnoses relevant to urgent and emergency care and manage appropriately eg, - Delirium - Drug and alcohol problems - Self harm - Co-morbid physical and mental health problems - Acute psychosis or other disturbance
To be practised in the immediate management of people who have harmed themselves, or who present	Awareness of the interaction of differing requirements on the practitioner	Diagnose and manage the physical state.
		Assess mental state
		Assess for suicide risk and other risk factors
		Prioritise management

with acute mental health difficulties.		Manage the patient in non-judgemental manner
To work within the law in relation to mental health issues	Knowledge of relevant statute law within the legislature that the practitioner is working: eg, Mental health legislation Mental capacity legislation	Safely and confidently work within, and utilise, statute law provisions
To communicate effectively with patients.	Knowledge of the appropriate use of interpreters, informants, and relatives	Use an interpreter to assess mental state in people where English is not their predominant language
		Assess mental state in someone with learning disabilities
To confidently manage acute disturbance	De-escalation techniques Safety guidelines Rapid tranquilisation techniques	Effectively transfer this knowledge into practice

CLINICAL MANAGEMENT OF CHILDREN WITHIN URGENT AND EMERGENCY CARE SERVICES

Objectives	Knowledge	Skills (The practitioner is able to...)
To effectively manage children presenting at the urgent and emergency setting	Knowledge of the most frequent conditions presented by children at a first contact facility	Clinically manage urgent and emergency conditions in children such as: 1. URTI/otitis media/tonsillitis/croup 2. Febrile illness 3. Bronchiolitis 4. Asthma / wheeze 5. Pneumonia 6. Rashes 7. Diarrhoea and vomiting 8. Abdominal pain / appendicitis 9. Convulsion /seizure / epilepsy / faints 10. Diabetes 11. Overdoses / accidental self-poisoning 12. UTI
To manage risk, and safeguard children and young people within the urgent and emergency setting	Make considered judgements about how to minimise treatment risk in the child or young person	Provide skilled, basic paediatric life support Recognise when to seek help in the clinical management of a child and can initiate telephone support, advice or face-to-face assessment from specialists as appropriate
	Demonstrate knowledge of the national guidance on safeguarding children and is familiar with local safeguarding guidelines and procedures	Respond appropriately to disclosures of abuse by children Record clinical observations clearly and refer to appropriate agencies

CONSULTATION SKILLS FOR URGENT AND EMERGENCY CARE

Objectives	Knowledge	Skills (The practitioner is able to...)
To provide a safe and proficient out of hours telephone service to adults and children	Define a situation as emergency or serious	Elicit reason for call / visit and clearly identify main reason for contact, asking appropriate questions to exclude (or suggest) an urgent / emergency condition
	Describe algorithm use in history taking and how it can be coupled with targeted information gathering to aid decision making	Take appropriate history with significant contextual information (including drug allergies)
	Describe algorithm use to identify symptom clusters.	Make safe and appropriate management decisions.
	Demonstrate good listening skills and communicate effectively with adults and children.	Develop a rapport to facilitate shared decision making
	Describe safety netting procedures	Give clear and specific advice about when to call back and records this advice fully
To demonstrate effective consultation skills within urgent and emergency settings	Describe the key communication features of an initial assessment	Conduct an appropriate assessment and display strong listening skills
	Describe the appropriate evidence base and recognised good practice when prescribing	Demonstrate appropriate prescribing behaviour and involve the patient in decision making

MANAGEMENT AND LEADERSHIP WITHIN URGENT AND EMERGENCY CARE SERVICES

Objectives	Knowledge	Skills (The practitioner is able to...)
To develop urgent and emergency care services for primary care across the locality	Describe different settings in which urgent and emergency care can be delivered	Discuss different models of care delivery in primary care and secondary care with service commissioners Develop mutually supportive clinical networks and flexible partnerships to deliver acute services safely and reliably eg, responding to the differing needs of rural and urban settings
	Understand the factors which influence the commissioning of urgent and emergency services within the NHS	Describe the commissioning process for urgent and emergency care and its relationship to other NHS initiatives
	Describe which aspects of clinical care can be delivered in the different clinical settings	Select appropriate patient groups for management in different settings, eg, primary, secondary care and multi-disciplinary subspecialty clinics
	The principles of clinical leadership, service leadership and the role of Practice Based Commissioning Groups	Work with other specialists to co-ordinate clinical services and training provision eg, A&E consultants, paediatricians
To support general practitioners, community pharmacists and primary health care teams working in urgent and emergency care with the aim of improving the care provided to these patients	Describe the role of local initiatives in delivering integrated urgent and emergency care services	Provide information and support to practices and practitioners on best practice in relation to the care of their patients, as defined by local and national guidance or protocols
		Support practices to use templates for the annual review of pathways of care for patients who had required urgent or emergency care
To work in partnership with others to develop the skills and knowledge of primary (and secondary) care in managing patients with an urgent or emergency condition	Experience of developing best practice protocols for patients in need of urgent and emergency care and the structured review process	Assist practitioners and their health teams in carrying out audits of their care of patients with an urgent or emergency condition
		Offer support and encouragement to practitioners whose background interest has not traditionally been Urgent or Emergency Care
To oversee policy implementation	Key national documents, strategies, action plans and toolkits aimed at improving urgent and emergency care services	Signpost resources and communicate effectively

APPENDIX 2: ASSESSMENT TOOLS

It is expected that, as part of the accreditation process, the assessment of individual competences will include observation of clinical practice. The recommended clinical assessment tools are the modified mini-CEX (mini clinical examination) and DOPS (direct observation of procedural skills). However the RCGP Out of Hours Clinical Audit Tool (see Appendix 3) lends itself well to assess consultations of any PwSI in Urgent and Emergency Care.

A series of assessment tools suitable for use by PhwSIs are available at:
<http://www.primarycarecontracting.nhs.uk/246.php>.

The following notes are intended to support the effective use of these assessment tools as applied to the field of urgent and emergency care:

- It is strongly recommended that a series of clinical assessments (eg, using a modified mini-CEX or video assessment or other face-to-face assessment) takes place four times during the period of training prior to the PwSI becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist clinician, consultant or clinical pharmacy lead, ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions.
- The subject / areas covered will depend on the type of service the PwSI is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback.
- It is expected that one of the assessments should include a review of case notes.
- It is expected that PwSIs will need training in the recognition and management of conditions normally seen / managed in secondary care and that this knowledge will be acquired via continuing education.
- Logbooks – there will be other competences that are not included but desirable; these can be documented in the PwSI logbook and signed off by the trainer. This will probably differ for the individual PwSI and the detail will need to be agreed with the trainer at the beginning of training.
- For PwSIs who have not completed a specialist qualification, it is envisaged that a formal test of knowledge should be included and submitted as evidence to the accreditation panel.
- Practitioners will be expected to demonstrate evidence of 360-degree review.

APPENDIX 3: LINKS TO OTHER RESOURCES

USEFUL DOCUMENTS

REFERENCES

Allanson H Reeves N., *Delivering Urgent Access to medicines outside “normal” hours*. Notes for commissioners and providers. Medicines Management Network, North West. July 2007

Bellingham C, *Recognising Scottish community pharmacy’s role in unscheduled care* PharmJ 2006; **277**: 603-4. Pharmacists working in NHS24 and community pharmacy

Carson D (2000) *Raising Standards for Patients. New Partnerships in Out-of-Hours Care. An Independent Review of GP Out-of-Hours Services in England* Commissioned by the Department of Health., London, 2000

The scope for Minor Illness and Minor Ailment schemes:

“Implementing a community pharmacy minor ailment scheme – a practical toolkit for primary care organisations and health professionals”, The National Pharmaceutical Association, December 2003

Blenkinsop A, Noyce PR *“Minor Illness management in primary care: a review of community pharmacy NHS schemes”*, PR (December 2002) Department of Medicines Management, Keele University

WEBSITES

Department of Health

Checklist / Toolkit for achieving the four-hour A&E target, London, 2003

<http://www.dh.gov.uk/en/Healthcare/Emergencycare/Emergencycarechecklists/index.htm>

Guidance on access to out of hours medicines

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4134236

Urgent Care: Direction of Travel Consultation Document, London, 2006

http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4139428

Out of Hours Quality Requirements, London, July 2007

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137271

Practical Guidance: Telephone Access to Out-of-Hours Care: supporting PCTs commissioning call handling and telephone clinical assessment services, London, 2004

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4106286

Skills for Health

The Competence and Curriculum Framework for the Emergency Care Practitioner (ECP)

<http://www.skillsforhealth.org.uk/js/uploaded/news/ECP/the%20Competences%20and%20Curriculum%20framework%20for%20the%20ECP.pdf>

Royal College of General Practitioners

Out of Hours Clinical Audit Toolkit 2007

<http://www.rcgp.org.uk>

New RCGP curriculum for training GPs

www.rcgp-curriculum.org.uk

Position statement on Urgent Care 2007

http://www.rcgp.org.uk/PDF/pr_urgent_care.pdf

The future of general practice – a roadmap

http://www.rcgp.org.uk/pdf/Roadmap_embargoed%2011am%2013%20Sept.pdf

Tele-advice Competencies (2007): Skills for Health

http://www.skillsforhealth.org.uk/tools/view_framework.php?id=134

<http://www.skillsforhealth.org.uk/page/competences/completed-competences-projects/list/teleadvice?id=134>

Pharma Journal

Sana Ahmed, Ursula Collignon and C. Alice Osborne *The application of explicit criteria to identify accident and emergency patients suitable for management solely by a pharmacist*
Vol 279, July 21st 2007

http://www.pjonline.com/pdf/papers/pj_20070721_accidentandemergency.pdf

EXAMPLES OF ACCREDITED COURSE AND ADDITIONAL QUALIFICATIONS

COURSE TITLE	COURSE INFORMATION
Patient centred Consultation and Communication skills training	<ul style="list-style-type: none"> • All PwSIs, regardless of the setting for their role, should undertake suitable and accredited specific consultation and communications skills training related to urgent care and emergency care (including spoken English) • Local Deanery or RCGP approved Telephone consultations skills training courses • UKMI Medicines Information Training for handling enquiries (http://www.ukmi.nhs.uk)
Diploma in Urgent Care	Eg, Middlesex University
Pre-hospital Emergency Care Certificate (PHEC)	An entry level course above first responder level provided by BASICS and examined and certified by the Faculty of Pre-Hospital Care of the Royal College of Surgeons of Edinburgh
Diploma in Immediate Medical Care of the Royal College of Surgeons of Edinburgh (Dip IMC RCS Ed)	A higher-level diploma including major incident management skills
Fellowship in Immediate Medical Care of the Royal College of Surgeons of Edinburgh (FIMCRCSEd)	Highest-level qualification awarded after examination open only to doctors at least four years after achieving the Diploma
Basic Trauma Life Support (BTLS)	American pre-hospital trauma course run under license around the UK
Pre Hospital Trauma Support (PHTLS)	A similar trauma course to BTLS run under the auspices of the Royal College of Surgeons, London
Advanced Cardiac Life Support (ACLS)	<i>Accredited by the Resuscitation Council UK</i>
Advanced Cardiac Life Support (ATLS)	Accredited course through the Royal College of Surgeons London
Major Incident Medical Management (MIMMS)	A course run nationally by the Advanced Life Support Group Manchester

RCGP OUT OF HOURS CLINICAL AUDIT TOOL FOR CALL / CONSULTATION REVIEW

Following tool is useful for both GPs and PwSIs. Section 8 should include reference to the recommendation for self-care using OTC medicines:

Date:	Caller ID:	CH / Clinician:		
SCORING: Criterion fully met = 2; Criterion partially met = 1; Criterion not met = 0				
Insert score (0 – 2) for each criterion for an individual either face-to-face or on the telephone				
	CRITERION	Call Handler	Clinician on Telephone	Clinician face-to-face
1	Elicits REASON for call/visit A. Clearly identifies main reason for contact B. Identifies patients concerns [health beliefs] C. Accurate information eg, demographics in call handlers			
2	Identifies EMERGENCY or SERIOUS situations A. Asks appropriate questions to exclude [or suggest] such situations			
3	Appropriate HISTORY taking (or algorithm use) A. Identifies relevant PMH / DH [including drug allergy] B. Elicits significant contextual information (eg, Social History)			
4	Carries out appropriate ASSESSMENT A. face-to-face settings - appropriate examination carried out B. Clinician on telephone - targeted information gathering or algorithm use to aid decision making			
5	Draws appropriate CONCLUSIONS A. Clinician face-to-face / telephone – makes appropriate diagnosis or differential / or identifies appropriate “symptom cluster” with algorithm use B. CH – makes appropriate prioritisation C. CH - streams call appropriately			
6	Displays EMPOWERING behaviour A. Acts on cues/beliefs B. Involves patient in decision-making C. Use of self-help advice [inc. PILs]			
7	Makes appropriate MANAGEMENT decisions A. Decisions safe B. Decisions appropriate (eg, go to face-to-face or A&E)			
8	Appropriate PRESCRIBING behaviour A. Generics used [unless inappropriate] B. Formulary-based [where available] C. Follows evidence base or recognised good practice			
9	Displays adequate SAFETY-NETTING A. Gives clear and specific advice about when to call back B. Records advice fully (worsening instructions)			
10	Develops RAPPORT A. Demonstrates good listening skills B. Communicates effectively [includes use of English]			

	C. Demonstrates shared decision making			
11	Makes appropriate use of IT / Protocols / Algorithms A. Adequate data recording B. Face-to-face / phone/CH Use of IT tools where available / appropriate C. Clinician on telephone – appropriate use of support tools or algorithms			
12	Satisfies ACCESS criteria where appropriate [info available]			

Call to Reflect

Total

APPENDIX 4: MEMBERSHIP OF PwSI URGENT AND EMERGENCY CARE STAKEHOLDER GROUP

We appreciate and are grateful for feedback from the following people and organisations that have commented or contributed to the development of this document:

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