

## **GUIDANCE NOTE FOR DIRECTION OF APPROPRIATE PATIENTS TO AND FROM THE URGENT CARE SYSTEM AND PRIMARY CARE**

This guidance has been created in support of the goal of the Welsh Government's Direction project to create an integrated system, jointly owned by Welsh Government and GMS, where services are aligned through an agreed triage process.

Patients, whichever point of entry into the urgent and emergency care system they use, should be directed to the appropriate service without the need to restart engagement with the system again, leading to appropriate, efficient and timely patient care.

The guidance represents a tangible first step in recognising GMS' part in the wider system and serves to highlight the important role that GMS and Primary Care plays in supporting the care of the very vulnerable, improving patient outcomes and preventing harm. This is particularly pertinent during the COVID-19 pandemic when the risk of hospital admission has to be balanced against managing a patient's condition in their own environment.

This guidance is designed to give clarity on who should be transferred between services and the appropriate process to be followed.

### **WHICH PATIENTS?**

- a. Patients who call an out of hours service outside GMS opening hours but whose presenting problem is appropriate to be dealt with when GMS is next open because delay will not be clinically detrimental.
- b. Patients who have been assessed and may have received some treatment but who require further clinical assessment/follow-up.
- c. Vulnerable adults without capacity to articulate changes in their condition will need to be assessed by a GP before any decision on Direction.
- d. Where direct access mental health services exist, patients in need of these services should be referred directly.
- e. Where a person's needs can be met more appropriately by another service e.g other Primary Care, they should be directed there initially.
- f. Patients who call an out of hours service, access urgent primary care or those who call A&E 'phone first' call lines during normal GMS opening hours but do not require immediate hospital A&E assessment or treatment. These patients are out of scope and should be advised to contact their own practice via normal channels during opening hours.

## **WHICH HEALTH PROFESSIONALS?**

Direction to and from OOH / 111 and GMS should only be initiated by a general practitioner or appropriately qualified senior clinician.

## **WHAT CLINICAL INFORMATION?**

A copy of the clinical record for the patient should be transferred contemporaneously at time of making contact with the practice either through Aadastra, via email or existing electronic routes, this should include A&E attendances.

## **HOW SHOULD CONTACT BE MADE?**

- a. Clinician to Clinician referral should be by phone call and referral during the day and referral / summary out of hours.
- b. Direction of appropriate patients who have presented during the out of hours period should be by existing arrangements.
- c. All communication should be relevant and meaningful including vital signs where available.
- d. An agreed mechanism for GMS to contact OOH when appropriate.

## **TRANSFER OF CLINICAL RESPONSIBILITY**

- a. Health Boards are responsible for patients out of hours. GPs retain responsibility from 8am to 6:30pm Monday to Friday, excluding Bank Holidays.
- b. Responsibility can only be transferred after clinical transfer of information following the out of hours period or during the day at the time of clinician discussion on the call, but only for issues that need immediate assessment or treatment.
- c. Where there is a thematic pattern of unsuccessful transfers, this should be explored further by existing local governance arrangements.