

# Patient Attendances at Osprey Court

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# Contents

Introduction.....	3
Objectives .....	3
The Standard Operating Procedure .....	3
Supporting documents .....	4

# Patient Attendance at Osprey Court – Version 1.2

## Introduction

Osprey Court is BrisDoc's head office. It is the usual working environment for BrisDoc Business Services as well as Severnside services delivering the Weekday Professional Line, System CAS, F-ACE, P-ACE, Out of Hours (evenings and weekends) and the Mental Health CAS (24/7). It is not a "patient facing" building; there are no patient assessment areas. All patient assessment from Osprey is managed remotely via telephone/ video assessment. It is not registered with CQC as a facility to see/ and assess patients.

## Objectives

Osprey Court has a "BrisDoc" sign at the front, and NHS marked cars are usually parked outside, which could indicate to a member of the public that it is a clinical facility. On occasion, members of the public have presented to the building seeking healthcare. This SOP aims to give clarity to all staff working at Osprey Court on procedures to follow should anyone knock on the door and request clinical advice.

## The Standard Operating Procedure

Where a member of the public presents to the building asking for clinical assistance, it should be explained that we are not a patient facing facility, and that "usual" means for seeking medical advice should be followed, namely:

- The patient's usual GP for routine/ urgent medical problems
- The Urgent Treatment Centre, which is situated nearby at South Bristol Community Hospital, and open 8am-8pm seven days
- NHS 111 for urgent medical issues if the patient is out of area or it is the Out-of-Hours period
- 999 for life threatening emergencies

However, there are scenarios where BrisDoc staff may wish to seek the immediate view of a clinician.

1. If there appears to be an immediately life-threatening scenario (eg patient collapsed, RTA) in the immediate vicinity and there is not yet an ambulance on scene. Staff should advise and support the person to call 999 to seek the necessary immediate assistance. Once 999 has been called then a clinician should be asked to support the team member with appropriate next steps. A resus bag is located in the cupboard next to the Shift Manager's desk in the Concorde Room if BLS equipment is needed
2. An immediate safeguarding concern is apparent, eg: An individual expressing self-harm intent/ suicidal, acute mental health distress. Or any child <18 years, presenting alone.

In such an event, the clinician should support the Osprey operational staff to make an initial assessment of risk. Ideally this should be a member of the WDPL team, System CAS, Lead GP, Head of Severnside Nursing, or Deputy Medical Director. Ideally this initial assessment should be done outside of the building, and, if needed, include a request for the clinical team to access the patients usual medical record (via EMIS). However, where circumstances require a more detailed, private assessment, or where the weather is too inclement to talk outside, the patient could be brought into a room to make a further assessment.

## Patient Attendance at Osprey Court – Version 1.2

Every opportunity should be taken to seek safe and alternative solutions to enable this person's onward clinical assessment in an appropriate and safe clinical environment (including the patient's usual GP, the UTC, or calling NHS 111 if the scenario is deemed stable enough), or 999 if the patient has a life-threatening illness.

If required a face mask should be applied before entry, and the patient should be taken directly to a room selected. Upon leaving, the room should be cleaned with a Clinell wipe, together with all other surfaces that the person may have had contact with if there are concerns about an infectious illness.

Before entry to Osprey Court, an initial assessment of risk to others should be made, ie: is there any threat of immediate harm to others, evidence of anger/ threatening behaviour. In such circumstances, consideration should be taken to involving the police immediately to protect staff at Osprey Court.

Only in exceptional circumstances (as described above) should a patient be brought into the building for further assessment.

An operational team member should take the person's demographics, and a case be added to the CLEO clinical system for the clinician to then record the details of their clinical assessment. It may be that the clinician then asks the patient for access to their usual GP record, which could be accessed via EMIS.

In the unlikely event that the patient needs to be transported to a receiving unit, the clinician will liaise with SWAST, or consider alternative patient transport options according to the scenario.

In all circumstances, a "learning event" should be recorded, for the purposes of monitoring and learning.

### Supporting documents

#### Monitoring

All incidents should be reported via the incident reporting portal and investigated in line with [BrisDoc's incident process](#).

#### IT issues

All technical issues should be reported via the IT reporting portal.

Monitoring will be by means of evaluation of incidents/ and complaints relating to this process

#### Change Table

Date	Version	Author	Changes
03.02.2025	1.1	Lucy Grinnell	Full review. Update the services listed at the start of the SOP. Remove reference to checking if the patient has covid symptoms. Updated resus bag location
01.07.2025	1.2	Lucy Grinnell	Addition of the System CAS clinician as a possibility to review the patient, and, update reference from Adastra to CLEO

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