

# Patient Attendances at Osprey Court

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# Contents

Introduction.....3

Objectives .....3

The Standard Operating Procedure .....3

Supporting documents .....4

Related Documents .....5

# Patient Attendance at Osprey Court

## Introduction

Osprey Court is BrisDoc's head office. It is the usual working environment for Clinical Governance, HR, Rota team, Senior clinical leadership, the Weekday Professional Line team and the System CAS. At the weekend it is the Severnside headquarters. 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 Ashton 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, Lead GP, 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. Before entry to Osprey the individual must be asked:

## Patient Attendance at Osprey Court

- If they have tested positive for covid within the last two weeks
- Had contact with someone who has tested positive for covid in the last ten days
- Had any symptoms of Covid 19 within the last 1ten days- fever, a persistent and new cough, new breathlessness, or loss of sense of taste or smell

If the answer to any of these questions is positive, then they should not enter the building. If the patient is currently positive for covid 19, or had a recent positive contact with someone with covid 19, an immediate clinical risk assessment should be made as to the risks/ benefits of inviting them into Osprey Court for a further clinical assessment (taking into consideration the risks to the individual and the staff working at Osprey court). 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 patients 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, after this risk assessment, the individual is invited into Osprey court, then careful consideration must be taken to minimise exposure to all areas and staff (masks/ windows open/ and a single examination area be utilised)

If answers are negative, then a face mask should be applied before entry, and the patient should be taken directly to a room selected. A window should be kept open, and the person should only sit in one chair, which upon leaving should be cleaned with a Clinell wipe, together with all other surfaces that the person may have had contact with.

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 Adastra 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

# Patient Attendance at Osprey Court

## Related Documents

SOPS:

Standard Operating Procedure for failed contact with cases within the clinical advice queue

Call Handler Handbook

## Change Register

Date	Version	Author	Changes