The Acute GP Service – An Overview

Who we are

We are a primary care, GP run service, based in RCHT. We are a team of 11 part time GPs and 2 HCAs providing same day care to patients, accessed via their GP.

What we do

Our primary role is to triage GP calls for admission, with peer to peer discussion. We provide senior decision making skills at the interface between primary and secondary care. We give advice about referral pathways into community services and run a same day clinic for those requiring urgent investigation. Part of our role is to break down barriers between primary and secondary care and to provide education and updates for both primary and secondary care.

How we started

In 2008, we were set up as a one year pilot through practice based commissioning. The clinical service started on 5th January 2009 with 1.7 whole time equivalent GPs. We found we needed radiology teaching to improve our x ray interpretation skills early on and this is something which continues for our new starters today. We faced many challenges in the first year, including acceptance by GPs and secondary care, recruitment and staffing, accommodation and the difficulties of setting up new clinical pathways. At the end of the year, 684 fewer patients had been admitted to MAU than the previous year, the pilot was deemed a success and the service was commissioned on a permanent basis.

How we’ve grown

Evolution of the service is continual and ongoing in the ever changing NHS, and flexibility and the enthusiasm to take on new challenges is essential. We are now 4.2 whole time equivalents and run a 7 day a week service, with 60 hours per week of HCA support. Our approach is summed up by the phrase ‘do the job that needs doing if you are qualified’ and we all pull together to ensure the best outcome for the patients.
**Current results**

In the last 12 months, we have taken 8,487 phone calls; each phone call represents one patient.

56% were admitted directly to MAU.

28% were seen in the same day Acute GP clinic; of these clinic attendees, 17% were admitted from clinic and 83% were managed in primary care. We have received very high patient satisfaction scores from those attending the clinic.

The remaining 16% patients were managed by their own GP after discussion with the Acute GP, for example by onwards referral to TIA clinic or EIS.

**Future Plans**

Another big change is on the horizon for us as we have agreed a move to the site of the old fracture clinic, adjacent to the emergency department. This move will give us more clinical space and allow us to improve and streamline urgent care services for patients. We aim to work in coalition with the emergency department and MAU, to ensure the services grow closer links. Co-location of the Acute Care at Home Team, Early Intervention Services and the Integrated Hospital Discharge Team will provide patient access to a broad range of community services at the front door. We hope to restart triage of surgical admissions on a permanent basis from spring next year and are looking to extend our service hours from 6.30pm to 7.30pm in the evenings.