

Optimising Lothians Unscheduled Care Service (LUCS) Care Home Visit Pathways

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Aim

To reduce the clinical double touch in the LUCS care home visit pathway to lower the mean time to assessment for care home visits by at least 25% by September 2024.

Introduction

Since November 2020, all 2+4 hour care home visit (CHHV) requests from NHS 24 required an initial advice call from a triage GP with a 1 hour response time to protect this vulnerable patient group from COVID-19.

The triage GP would then call the care home and arrange a HV if required. See Fig 1.

This process had not been reevaluated to assess whether it remains optimal for patients and staff.

COVID-19 Process =
1) Repetition of history taking
2) Longer time to assessment

Methods

Assessment of the COVID-19 Pathway

To evaluate the COVID-19 pathway for 2+4 hour CHHVs, the % of initial GP advice calls which still required a HV was calculated.

The data across all LUCS bases was collected for December 2023 to February 2024 using adastra.

Feedback from Care Home Staff

A senior nurse and 2 care home managers were interviewed to obtain feedback on their experiences of accessing out of hours primary care.

Test of change

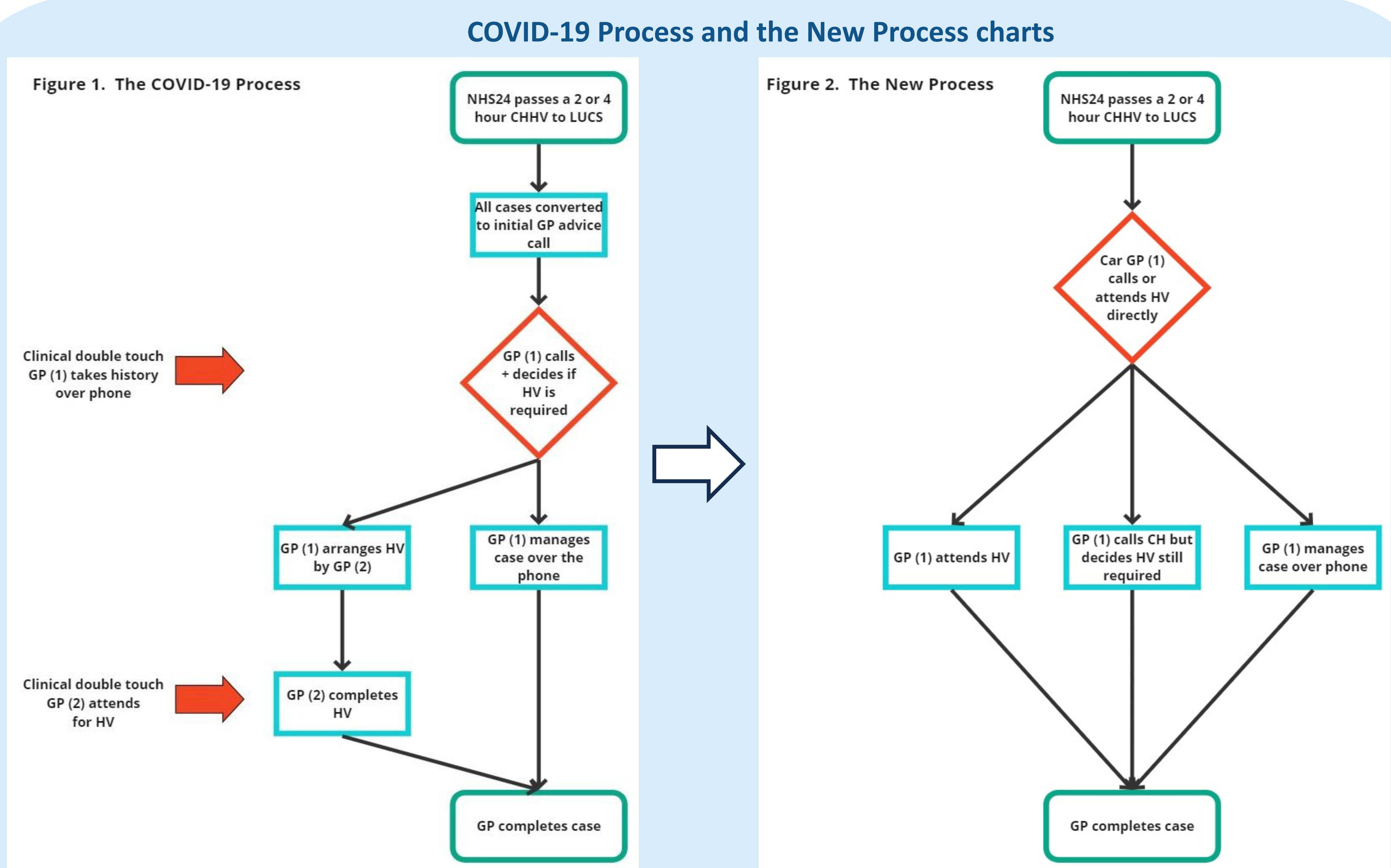
Starting on the 1st of July 2024, LUCS would return to its previous clinical pathway where 1, 2+4 hour priority CHHV requests from NHS 24 are passed directly to the car GP rather than undergoing initial phone triage. See figure 2.

The time to assessment (from the case being passed from NHS 24 to LUCS until the GP started the consultation) was measured and compared to data from February 24 to June 24.

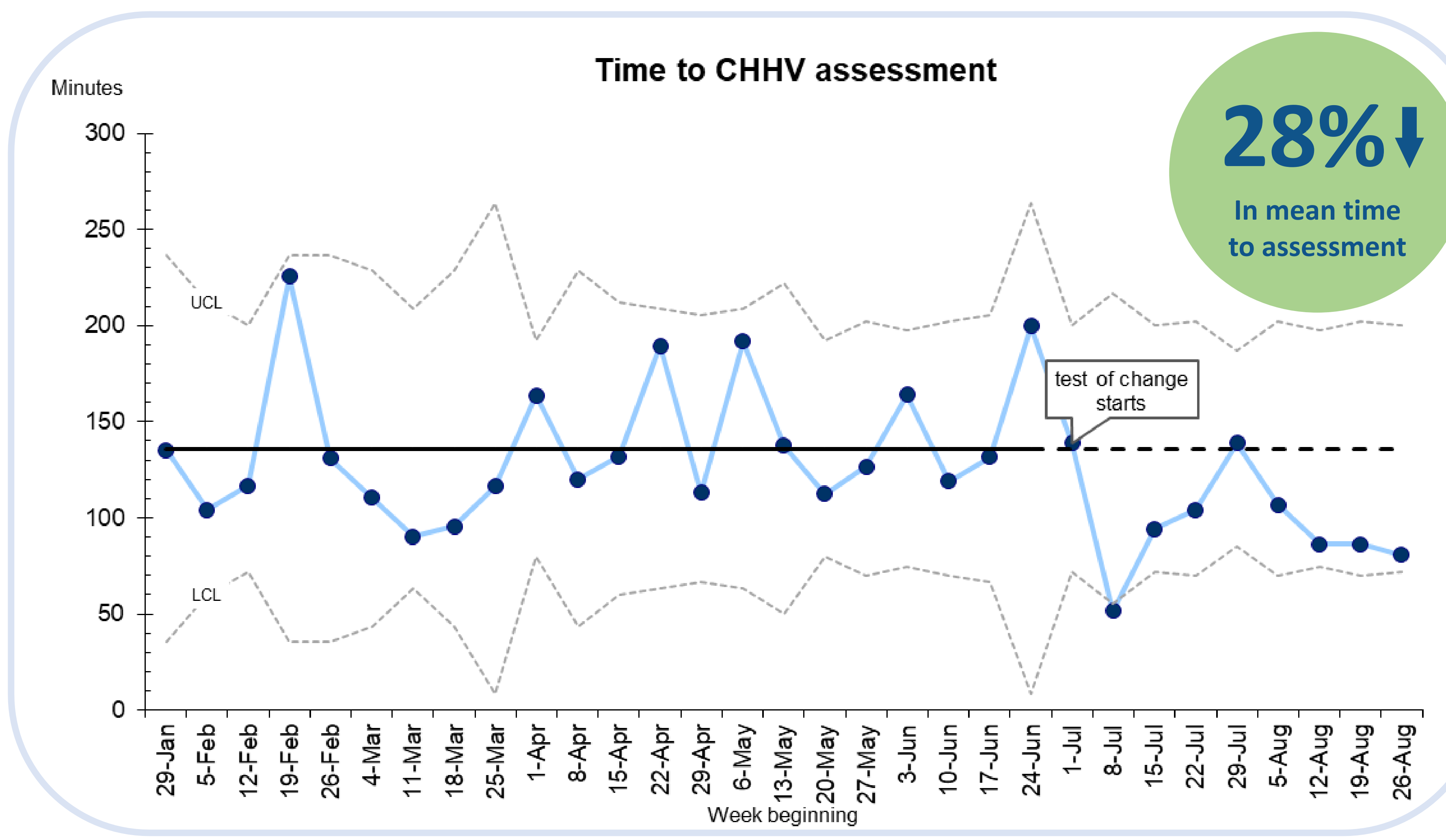
The data was collected for the city and Midlothian cars to keep numbers manageable, since each case required manual review. This represents approximately 57% of the total number of CHHVs across all LUCS bases.

Presentations commonly managed by advice call

The clinical presentation of cases which were managed by advice call only was recorded for March to May 2024.



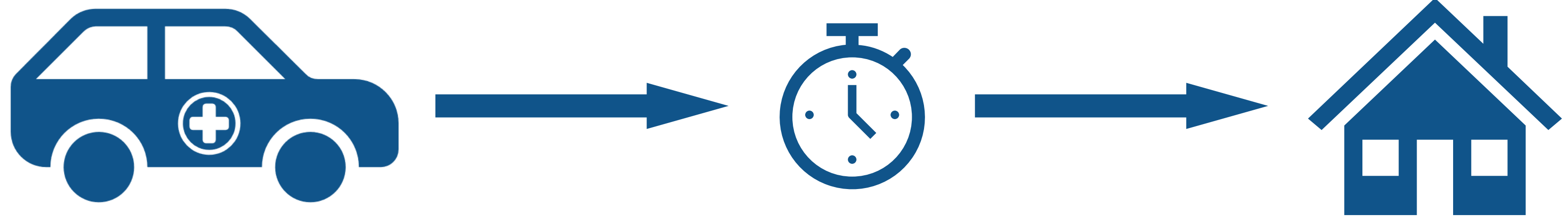
69%
 Of initial advice calls still required CHHV



"It is time consuming repeating the history to NHS 24, then a GP over the phone and then again to another GP who attends for a visit."
Senior nurse from care home

Results

- 69% of initial care home advice calls still resulted in a CHHV representing a clinical double touch.
- All care home staff interviewed reported issues with repetition of history taking and the lengthy process of accessing LUCS.
- July and August's test of change resulted in an average time to assessment of 100 minutes. This is a 28% reduction when compared to February to June which was 138 minutes.
- The most common presentations managed by advice call only was cough and UTI.



Conclusions

- The mean time to assessment using the new process in July and August is 100 minutes.
- The mean time to assessment using the COVID-19 pathway between February and June 2024 was 138 minutes.
- This represents a 28% reduction in the time to assessment for 2+4 hour CHHVs.

Future QI

The new process will be monitored for a further 3 months.

The presentations most frequently managed by advice using the COVID-19 process could inform future clinical pathways. For example, UTI presentations could be offered an advice call.