



## LEVEL 2

Seven day services,  
limited provision  
on a Saturday  
and Sunday

## Pennine Acute Hospital NHS Trust

# Nurse led triage, assessment and treatment of ambulatory patients referred from Emergency Department and GPs

### Overview

Pennine Acute Hospitals NHS Trust established a dedicated Ambulatory Care Unit (ACU) in December 2012, building on prior use of an ambulatory assessment area within the Medical Assessment Unit (MAU). Patients referred into the ACU are clinically assessed to determine whether they need to be admitted to an acute medical bed, or if they can be discharged home with appropriate care and support in place. The aims of the service are to treat all patients who are suitable for ambulatory care (ensuring medical beds are available for sick acute medical patient admissions who require prompt assessment and treatment), and to work closely with GPs and Accident and Emergency teams to better manage admissions to hospital. The ACU was developed with the assistance of the Ambulatory Emergency Care project group of NHS Elect.

Referrals to the ACU are made to Advance Nurse Practitioners (ANPs), who assess, investigate, manage and initiate a treatment plan either independently or with the help of the junior medical teams and with early senior clinical involvement by the Acute Medical Unit (AMU) and on call Consultants. The majority of the patients are discharged. If required, patients are asked to re-attend for evaluation or managed via an ambulatory pathway or virtual ward.

### About the Ambulatory Care Unit

- Attached to the Acute Medical Unit and directly opposite A&E
- Open 07.30-21.30 seven days a week
- The ACU team includes:
  - 4 Advanced Nurse Practitioners who are trained in Acute medicine and who have completed a 2 year Masters Programme in Advanced Practice
  - Acute medical consultant
  - Staff nurses
  - 5 senior healthcare assistants
  - Secretary.

### Impact

#### Patients

- Patients are assessed, diagnosed and discharged in a timely manner with a clear treatment plan in place
- Patients are happy to be seen in the ACU rather than being admitted into a bed for assessment
- Improved patient experience - prior to the introduction of this service, patients that did not require admission were given beds on AMU leaving acutely unwell patients on trolleys in A&E. If there was a lack of availability of acute medical beds, patients referred by GPs also has to wait in the ED

#### Overall system

- Improved patient flow through streaming patients with zero length of stay through ambulatory pathways
- Pressure on A&E has been reduced, supporting the achievement of meeting the four hour emergency access target as patients are now assessed in the ACU

- Acute beds are utilised for acutely unwell patients
- GPs referring patients have direct access to ANPs and acute physicians for advice, which has improved the number of patients being admitted into the right bed first time
- Unnecessary admissions have been reduced. Between August 2012 and August 2013, 4,457 patients were assessed via the ambulatory areas. Of these, 3,021 patients were discharged (68%) and 1,436 patients were admitted to an acute bed (32%)

#### Challenges and solutions

- Obtaining the funding for training ANPs was achieved through a service redesign business case for the Ambulatory Care Unit project drafted by Clinical Matron and submitted to the trust board. It was supported through a SLA with University of Salford and the MSc Advanced Practice programme
- Identifying a designated area adjacent to the AMU to see and assess patients
- At times, trainee ANPs found it challenging taking on autonomous responsibility while still in training. To overcome these issues, regular meetings were arranged to discuss issues and problems that arose due to inexperience, provide peer to peer support and to disseminate the learning

#### Emerging themes and principles

- If the ambulatory care unit is implemented effectively and used in an appropriate manner, it has the potential to provide high quality care and good patient experience in a cost effective way
- Having in place clear medical pathways, underpinned by standardised assessment and referral protocols can help support flow of patients within the system and ensure patients get access to the right clinician at the right time
- Access to senior decision making doesn't always mean a consultant. The AMU staffing model optimises skills mix, meaning that patients get prompt access to assessment, diagnosis and treatment, and that resource is used in the most effective way

#### TOP TIPS

- **Support, advice and constant communication with the staff in the ACU is essential, including regular meetings so that staff can share information and discuss any challenges**
- **Robust audits/data are required, to show how effective the service is in reducing admissions**
- **Clear, regular communication with A&E and GPs is essential in order to build the relationships and trust required to make this work across primary and secondary care**
- **The support and mentoring provided by consultants in the AMU has been invaluable**

#### Contact

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