

NEW WAYS TO WORK IN GENERAL PRACTICE

# The Minor Illness Service

The Minor Illness Service at the Robert Darbishire Practice (RDP) in Manchester has been operating for five years and is run by part-time Senior Practice Nurse, Rachel who joined the surgery in 1999.

Prior to launching the Minor Illness Service Rachel dealt with chronic disease management and worked in conjunction with GPs to deal with medical conditions such as heart disease, diabetes and asthma. The new service has significantly eased pressure on GP appointments and has been a rewarding career development for Sister Shelton.

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Rachel Shelton,  
Senior Practice Nurse

## Identifying the need

As a Senior Practice Nurse at the RDP, Rachel became increasingly involved with planning the practice rota and considering how best to utilise GP appointments, she explains: “We never have enough GP appointments and when I examined the reasons patients

were booking appointments with the doctor I thought, actually that’s something a nurse could do.”

Rachel undertook a mini audit on appointments for a period of two weeks which proved crucial in convincing her that a Minor Illness Service would benefit patients by freeing up GP time to deal with more complex patient

needs. Rachel explains: “We have a process whereby we constantly audit appointment requests at the practice, so I just looked at the time patient’s call, who they want to speak to, I then examined the number of issues I thought were less serious and which could be dealt with by a Minor Illness Service.”



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### Training

Based on her mini-audit and what she already knew of the pressure on GP appointments at the practice, Rachel proposed the idea that the practice could benefit from launching a Minor Illness Service.

She spoke to colleagues who were quickly on board with the idea and the practice agreed to pay for her to attend the minor illness training course affiliated to The John Moore University in Liverpool. The training took place over six months and consisted of 80 hours of observed practice. Rachel mostly undertook this at the

“I had a doctor who came in once every three hours for every session, for the first six months of the training period and three to four months following.”

**Rachel Shelton, Senior Practice Nurse**

RDP with one day a fortnight for study.

Integral to Rachel’s training and the eventual success of the service at the RDP was ensuring she had continual support from doctors, especially in the initial period. She says: “I had a doctor or nurse practitioner work alongside me for a few

months. At first I needed a lot of support but over a six month period this gradually reduced.”

As well as paying for Rachel’s training, the practice funded the equipment needed for the service, this included a stethoscope and an O2 saturation machine.



### Getting the practice ready

Before the service was officially launched Rachel spent time with receptionists and GPs ensuring they knew exactly what was going to be offered, by the service. For receptionists, it was important they were confident in actively signposting patients to the most appropriate appointment. She explains: “I trained reception in what I could do and they caught on quickly. Additionally, I spent time with GPs and wrote a list of all the things I would see.” Rachel announced the launch of the

service to patients, via the practice newsletter, by which point she recalls word had already got round.

Part of the process in preparing the practice was ensuring she had the right cover, she says: “I had to explain to the Medical Defence Union what I was going to be doing. Whereas a nurse practitioner can see almost anything as a Minor Illness Nurse I have a defined list.” This did meet some challenges from GPs who were keen for Rachel to extend her role beyond minor illness: “They wanted me to deal

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Whilst the practice already used phone consulting, making it easier to decide what is appropriate to hand to the Minor Illness Service, Rachel doesn't believe this was crucial to the successful launch of the service. She explains: "The phone system ensures an efficient use of time – however if that isn't

used you just have to ensure your receptionists are trained well. Patients ask for me now; they know what I can deal with."

The process of booking appointments with the Minor Illness Service begins with reception – they will ask the nature of the problem and then book the patient in for a phone consultation with me. "I will call them back and usually schedule an appointment within two to three hours of the call. Alternatively, the patient may be

put through to the GP. If the GP thinks it's for me they can book the patient in to the Minor Illness Service instead. I will often start the day with a free schedule but this will quickly fill up!"

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**Second opinion**

Every minor illness session is three hours, with 10 minute appointments, and approx. 40 minutes' worth of appointments held over the phone. Additionally, each session has an on-call doctor available to support if needed. Rachel explains: "At the RDP the on-call doctor deals with anything additional that comes in, such as someone collapsing in reception. This means if needed I can seek a second opinion." The RDP is a large

practice, employees include five practice nurses, four health assistants and one minor illness nurse, serving approximately 22,000 patients. As Rachel is part time, the Minor Illness Service at the RDP runs accordingly. Rachel explains: "We offer six clinical sessions a week; during these we wheedle out those patients that can be managed from home or by pharmacists." She adds that in a smaller surgery, you would only need someone during the peak times; early morning and after school.

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**+ Promoting self care**

Outside of the service, Rachel also runs health education sessions in minor illness for parents and families with young children. She explains: “I have lots of calls from parents for things I would consider basic knowledge. I work with local primary schools, who

give me access to groups of mums who I can speak to. This helps schools to boost attendance, as parents are better equipped to deal with any issues their children may have.” Sessions Rachel covers with this group, include: managing temperature, coughs and colds, eczema and ringworm.



**As a result of the successful implementation of the service Rachel says patients are beginning to expect that they are not going to see a doctor for everything, and that it may be more appropriate to see a nurse or another health practitioner and in turn this makes for greater efficiency.**

Rachel is happy with her role, she says: “If the role was to be expanded and a minor illness nurse was needed every morning and afternoon, then at that point we would need an extra person and may consider increasing the scope of the minor illness nurse role.”

Continuous evaluation of team roles is an integral part of the success of the RDP, Rachel says: “For example our health assistants now deal with head lice.” She continues: “if a district nurse is doing a home visit for a patient with an infected ulcer on their leg, and wants a GP to go out to do a prescription - I can do this rather than a GP, as I’m trained in skin infections.”

Rachel’s ultimate goal is to increase GP appointment length, which are currently only 10 minutes, she anticipates this change could take place within three months. She says: “I did a survey, where I gave GPs a list of priorities, and asked them to rank them in order - longer appointments came out top.” Rachel explains: “GPs deal with complex and challenging issues and I want them to have better, quality time with patients. Moreover by delivering this, I believe this will help the practice to successfully recruit more GPs to the practice and will be a win-win for everyone.”

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The infographic consists of two light blue rectangular boxes. The top box contains three icons: a person with a cross, a blue upward-pointing arrow, and two people. Below these icons is the text 'INCREASE ROLE OF MINOR ILLNESS NURSE'. The bottom box contains three icons: two people, a stopwatch, and a person with a stethoscope. Below these icons is the text 'INCREASE GP APPOINTMENT LENGTH'.