

**Extended Access Service, Minor Illness  
and  
Kingston Education Centre  
Service guide**

**Version 7 – updated January 2023**

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## 1. Service overview

The **Extended Access (EA) Service** provides GP appointments to patients registered at Kingston GP practices.

The service runs on weekday afternoons from 5pm-8pm and all day (8am-8pm) at weekends and Bank Holidays. The service runs from four sites: Kingston Health Centre, Surbiton Health Centre, Merritt Medical Centre and Holmwood Corner Surgery.

The **Minor Illness Service (MIS)** is intended to reduce the pressure on secondary care by re-directing patients with minor illnesses, who may otherwise have gone to A&E, to a more appropriate GP-led service. The service is run from Surbiton Health Centre weekdays from 10am to 8pm every day.

Patients are referred into the service by NHS 111, who triage patients who call the 111 service and identify those appropriate for the MIS. NHS 111 refer into the service by phoning the Extended Hours telephone number 020 3841 9942/020 3405 8631 and providing patient details to the receptionist, who then books the patient into an available MIS EMIS slot for an initial phone consultation. Following an initial phone consultation, patients can be invited for a face to face appointment should the consulting GP consider this clinically necessary.

**Kingston Education Centre (KEC)** was established to provide clinical placement opportunities for undergraduate students studying nursing, medicine and other allied health professional courses.

KEC provides GP appointments to patients registered at Kingston GP practices on weekday mornings from 9:30am-12:30pm from our consulting rooms located on the first floor of The Village Surgery. All appointments are observed by students.

## 2. Staffing and management

All services described are staffed by sessional GPs who have been recruited in line with KGPC's recruitment policy (see [Appendix A](#)), which sets out stringent requirements in respect of suitability (including background checks, training and immunity status). Suitability checks are regularly reviewed in line with KGPC's Ongoing Suitability policy (see [Appendix A](#)).

Sessions for all services are scheduled and paid by the hour (rather than being based on seeing a set number of patients). Appointment slots are assigned to sessions based on the average length of time we expect each consultation to take (see [section 4](#) for a detailed explanation) and a proportion of appointments are ring-fenced for bringing patients in face to face. Where a clinic has been booked with patients who can be dealt with more quickly than the time nominally allotted and there are patients contacting the service who need to be seen, further appointment slots will be created to accommodate these patients and to ensure that GPs' contracted time is optimised.

### Management

The KGPC Board Lead for all services is Richard Hughes.

The Clinical Lead for the Extended Access and Minor Illness Services is Rick Hughes.

The Clinical Lead for Kingston Education Centre is Branka Polomcic.

The Service Manager for the Extended Access Service is Natalie Cosgrove.

The Service Manager for Kingston Education Centre is Ann Cox.

### 3. Booking patients into the services

All Kingston GP practices have access to book patients into the EA EMIS system. A detailed guide to booking these appointments is available via the link in [Appendix A](#).

#### **Extended Access Service**

Any patient registered with a Kingston GP practice can be booked into an EA Service appointment; however, there are certain consultation outcomes that the EA Service is not able to facilitate and therefore it is important that practice receptionists ask patients for the reason for the appointment in order to avoid patients being booked in who require actions that GPs cannot provide. The EA Service cannot do the following:

- **Issue sick notes**
- **Carry-out routine scheduled appointments** (e.g. 8 week baby checks, smear tests, immunisations)
- **Phlebotomy**
- **Make referrals to other services or order tests** (EA GPs will notify patients' registered practices where a referral is recommended and the registered practice can then make the referral on the basis of the EA GP's recommendation without needing to see the patient again)
- **Issue repeat prescriptions** (where clinically indicated, EA GPs may provide a patient with a prescription for a small quantity of a long-term medication with advice to contact their registered practice for their full repeat prescription)
- **Provide any private services** such as issuing medical reports (e.g. for insurance purposes)

When booking a patient into an EA slot, the following information must be provided:

- Patient name
- DoB
- NHS number
- Contact telephone number
- Brief reason for appointment

The patient must also be notified of the location of the EA Service they are being booked into, as this is the location they will need to travel to if the GP determines that they need to be seen face to face. This information will be reiterated in the appointment confirmation text message sent to patients, where they will be advised to contact their own practice (or, at the weekends, to call the EA service back) to arrange an alternative appointment if they feel they will be unable to travel to the EA site they are booked into.

#### **Minor Illness Service**

Appointments into the MIS come exclusively from NHS 111. Referrals from 111 are made via telephone to 020 3841 9942, where the MIS receptionist will book the patient into an available telephone consultation slot.

Where a clinician carries-out a telephone consultation and decides that the patient needs to be seen face to face, they will arrange to see the patient as per the process in the [face to face appointments](#) section below.

Where it is not possible for the clinician who carried-out the telephone consultation to see the patient face to face (e.g. where the telephone consultation occurs at the end of the session and there is no time to bring the patient in), the patient should be booked for a face to face appointment with the next available clinician that day, or referred back to NHS 111 where there is no further availability on the day.

MIS has the same list of exemptions as the Extended Access Service.

### **Kingston Education Centre**

KEC has the same list of exemptions and the same process for booking as the EA Service. In addition, all consultations are observed by up to 4 students and patients must understand and consent to this before being booked into an appointment with KEC. If a patient does not consent to their consultation being observed, they must be booked into an alternative service.

Due to the educational nature of the service it is important that the students are able to gain a clear understanding of the nature of the patient's problems; therefore, patients who do not speak English should not be booked into a KEC appointment unless an interpreter has been arranged by their registered practice.

A poster for practice receptionists to refer to when booking KEC appointments is available in [Appendix C](#).

### **COVID screening and appointments:**

Receptionists must ask every patient the COVID screening questions:

Does the patient (or anyone in their household) have:

- Confirmed COVID
- Respiratory symptoms of COVID

If the patient answers "yes" to any of these questions, they must be booked into a telephone consultation. The GP will then contact them and make the decision about whether they need to be seen face to face.

Where a patient is identified as having respiratory COVID symptoms, they can be brought in for a face to face appointment where necessary, but their appointment should be scheduled towards the end of the session and the necessary wiping down of surfaces and equipment should be carried out following their appointment. All recommended PPE should be worn by staff and patients (and students) during the consultation.

## **4. Types of appointments available**

All services provide a mixture of telephone, video and face to face appointments. At weekends Extended Access patients will be given the choice of a telephone or face to face appointment when they speak to the receptionist to book the appointment. On

weekdays the type of appointment (F2F or T/C will be stated on the EMIS appointment book).

All Minor Illness appointments will begin by telephone. During the initial telephone call, the GP will decide on the most appropriate format for the full consultation.

- Where the GP decides that the consultation can be safely and effectively conducted via telephone, they will continue the call with the patient.
- Where the GP feels that there is value to be added by seeing the patient face to face, they will end the telephone consultation once that decision is made and give the patient details of the time and address to travel to for a face to face consultation.

All consultation slots are designated as 10 minutes (20 minutes in KEC) in duration and the number of patients booked into each clinic will be a reflection of this (typically, 5 patients will be booked for every hour that the clinic is scheduled for, with one 10 minute “catch up” slot). It is for the GP (with the support of the receptionist) to manage their time in order to accommodate the full consultations required for each patient booked.

To allow flexibility within the clinic, patients will be given a time range of around an hour for their initial phone call with the GP, rather than being given a specific time slot.

Below is a demonstration of how a clinic may run, compared to the way that patients are scheduled on EMIS:

<b>EMIS scheduling of clinic:</b>			<b>Actual scheduling of clinic:</b>		
08:00	Patient A	10 min	08:00	Patient A T/C	4 min
08:10	Patient B	10 min	08:04	Patient B T/C	8 min
08:20	Patient C	10 min	08:12	Patient C T/C	4 min
08:30	Patient D	10 min	08:16	Patient D T/C	4 min
08:40	Patient E	10 min	08:20	Patient E T/C	8 min
08:50	Catch up	10 min	08:28	Patient A F2F	6 min
			08:34	Patient C F2F	11 min
			08:45	Patient D F2F	7 min
			08:52	Catch up	9 min

## 5. Consultations and outcomes

As outlined in the section above, all consultations will begin as telephone calls and will be converted to face to face where there is value to be added by physically examining the patient.

A guide to remote consulting is available in [Appendix A](#).

### **Making every contact count**

Whilst the episodic nature of these services means that they are best suited to patients needing care for new acute problems, GPs should be mindful of the “making every contact count” principle. Where an EA/KEC GP either consults with a patient who is seeking treatment for a long-standing condition, or where, in the course of dealing with a presenting acute problem, the GP identifies actions required relating to the patient’s ongoing care, it is expected that the GP will take any action possible relating to these issues rather than handing back to the patient’s registered GP for action.

### **Handling of patients who arrive late for appointments**

If a patient arrives late for their appointment but the clinic is still running and a GP is still available, every effort should be made to see that patient during or at the end of the clinic. Receptionists will therefore advise patients who arrive late for their appointment that they can wait and will either be seen if there is a gap during the clinic or at the end of the clinic. The patient can then decide if they are happy to wait or wish to rebook their appointment.

### **Handling of patients who are unable to attend a face to face appointment**

As outlined in section 3 of this guide, every effort should be made to ensure that a patient is booked into an EA/KEC appointment at a site they can attend should they need to be seen face to face.

In order to ensure continuity of care, where possible, patients should be seen face to face by the GP who carried-out the telephone component of their consultation; however, it is acknowledged that this is not always possible due to the logistics of patients travelling to appointments.

During week days, where a physical examination of a patient is required but the patient refuses to attend, the EH/KEC GP should refer the patient back to their registered practice for further assessment and treatment; the MI GP should refer the patient back to NHS 111 for further advice about treatment options. GPs should ensure that this information (patient offered F2F but unable to attend) and a target timescale for reviewing the patient is included in the consultation summary.

During weekends, where a patient needs a physical examination but is unable to attend during the consulting GP’s session, the GP should book the patient in for a face to face appointment in the next available clinic (e.g. the morning GP should book the patient into an appointment with the afternoon GP; the Saturday afternoon GP should book with the Sunday morning GP, etc). All GPs should be willing to carry-out face to face appointments with patients on the basis of the clinical judgement of their colleagues, and there is no need for a further telephone consultation.

Where a patient is booked into a face to face slot for the day following their phone consultation, a text message will be sent to them prior to their appointment to instruct them not to attend (and to phone to speak to a GP) if they have developed COVID symptoms overnight. When booking a patient into a face to face slot for the following day, GPs must add a note to the appointment slot stating “Send COVID screening text”, so that the receptionist knows to send the text message at the start of the day.

It should be noted that the booking of patients by GPs into face to face slots with another GP should only be done in exceptional circumstances. This process will be audited by the management team and clinical leads to ensure that the process is not being implemented inappropriately.

### **Issuing prescriptions**

Where possible, prescriptions should be issued via EPS. A stock of prescription paper is stored at reception and is available to GPs on request where needed (see details of the process for signing-out prescription sheets in [Appendix A](#)).

### **Recommending referrals**

Where a referral to an alternative service is indicated, the EA/KEC/MI GP will state this clearly in the consultation summary and include sufficient information for the registered practice to make the referral without having to review the patient any further.

Patients will be advised to contact their practice 48 hours after their EA/KEC consultation if their practice has not contacted them in that time.

Where urgent action is required by the registered practice, or where there is a risk that the patient will fail to follow-up with their practice, the process for urgent referrals in section 8 should be followed.

## **6. Weekend and Bank Holiday monitoring of COVID patients**

NB. All COVID patients should be coded as “Suspected COVID-19” or “COVID-19 confirmed by laboratory test”

In most circumstances, responsibility for monitoring COVID patients will fall to the patient’s registered GP practice. Where a patient requiring monitoring has an EA/MI consultation and the following day is a weekend or bank holiday, responsibility for monitoring the patient will remain with EA until the registered practice re-opens. In this case, the consulting clinician should book the patient into a telephone appointment for the following day’s clinic and enter “COVID MONITORING” into the comments box on the EMIS appointment screen.

Where a patient is being monitored by their registered practice and requires monitoring to continue during the weekend/bank holiday, the practice must refer the patient to EA for monitoring by emailing the EA email address, preferably by the end of the day on Thursday for those needing monitoring over the weekend. The email address is: **swlccg.chambersextendedhours@nhs.net** and the following information should be included:

- Enter COVID MONITORING as the email subject

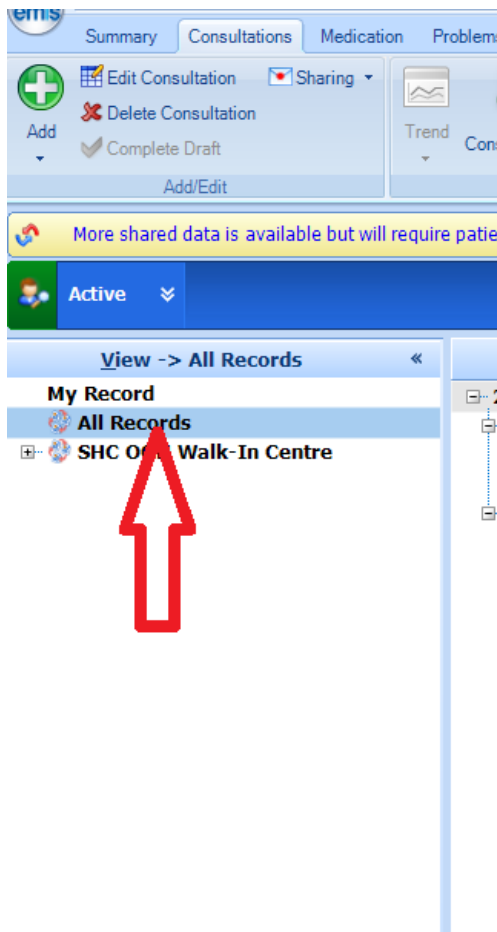


- Provide the following patient details in the email:
  - o Patient name
  - o Patient NHS number
  - o Patient DoB
  - o Brief details of any particular concerns/helpful information
- The EA administrator will monitor receipt of these emails and book patients into a telephone appointment. Once an appointment is booked, the receptionist will flag the email as “complete”.

All referring practices should note that as soon as they re-open, they resume responsibility for monitoring their COVID patients.

## 7. Information supplied to registered practices

Notes of all EA and KEC consultations are made on the EA EMIS account. The data sharing arrangements in place allow practices to view the notes of consultations with their registered patients by selecting on the “All records” in the patient’s EMIS record:



In addition, a summary of all EA/KEC/MI consultations and any resulting action required are sent by receptionists to a patient’s registered practice EMIS Workflow. All practices must have in place a process to ensure that summaries are viewed and actioned promptly (within 2 working days of receipt). KGPC requires all Kingston practices to sign a declaration to confirm that the necessary processes are in place.

A report is run daily by a member of KGPC’s administrative team to identify any consultation summaries which have not been sent to the referring practice.

## 8. Urgent referrals (including 2 week rule cancer referrals)

Where a clinician consults with a patient and identifies that an urgent (non-2WW) referral (or follow up/ investigation, etc) is required, they document the need for the referral in the patient's EMIS record and also notify the receptionist, who will contact the patient's registered practice directly to alert them to the urgency of the referral. Where the patient consultation occurs at a time when their registered practice is closed, the receptionist will send details of the patient to the EA email address (**[swlccg.chambersextendedhours@nhs.net](mailto:swlccg.chambersextendedhours@nhs.net)**), to be picked up by the EA administrative team on the next working day; the EA team will then contact the patient's practice.

For suspected cancer referrals, the process above will be followed, but the referral must also be recorded on the 2WW referral spreadsheet. For these referrals, the EA administrative team will additionally contact the registered practice the day following the consultation to check that a hospital referral for the patient has been completed.

See [Appendix D](#) for examples of urgent referrals.

## 9. COVID arrangements

Each site has site-specific arrangements in place for safely seeing patients with confirmed or suspected COVID. These arrangements are available to all staff via the online staff portal and are also available in [Appendix A](#).

Local COVID clinical guidance is provided by Kingston's respiratory lead and is summarised in the document in [Appendix A](#). This guidance is available to all EA/KEC GPs via email and the KGPC online staff portal.

## 10. Quality monitoring

Performance of all KGPC clinical services are reported to the KGPC Board and commissioners monthly.

All services have robust clinical audit processes in place, as set out in the audit policy in [Appendix A](#). An annual audit programme is in place across KGPC's services which includes regular consultation records reviews by Clinical Leads and additional audits relating to prescribing and other topics as determined by the Clinical Lead. Audit outcomes are shared with relevant staff both on a 1:1 basis and via regular email updates which are saved as an archive on the KGPC staff portal. A log of audits and learning resulting from them is maintained by KGPC's Governance and Compliance Manager and presented to the KGPC Board annually.

The EA Clinical Lead is responsible for reviewing, recording and distributing any relevant MHRA and other clinical updates to clinical staff via email.

KGPC has documented processes for handling complaints and significant events relating to both the EA and KEC services. These are monitored centrally by the Governance and Compliance Manager and reported to the KGPC Board both monthly and in an annual review statement. These processes are described in detail in [Appendix A](#).

## 11. Safeguarding











KGPC requires all staff to make themselves familiar with the KGPC Safeguarding policy for both Child and Vulnerable Adult safeguarding concerns. The policy (see [Appendix A](#)) includes contact details of safeguarding teams. This information is also displayed on the EMIS front page, and is available via the KGPC online staff portal.










## 12. Information Governance

All activity within the clinical services is subject to the Information Governance controls set out in KGPC's suite of IG policies. These are all available to staff via the staff online portal (also see [Appendix A](#)). All staff are required to agree to KGPC's confidentiality policy prior to employment.

### Appendix A – Policies and Procedures

Please note that policies and procedures can also be accessed via the staff portal on the [KGPC website](#). The website will always link to the most up to date version each policy.

A guide to booking EA/KEC appointments	 <b>Booking Cross Org Appts.pdf</b>
Remote consulting policy	 <b>Remote consulting policy - Extended Hc</b>
Process for signing out prescription sheets	 <b>Blank prescription storage and allocati</b>
KGPC Audit policy	 <b>Audit Policy (NEW).pdf</b>
Recruitment and ongoing suitability policies	 <b>Recruitment and Selection</b>  <b>Ongoing suitability during employment</b>  <b>DBS Policy (NEW).pdf</b>
Safeguarding policies	 <b>Child Safeguarding policy (NEW).pdf</b>  <b>Adult Safeguarding Policy (NEW).pdf</b>  <b>Adult safeguarding log (NEW).docx</b>
Information Governance policies	 <b>GDPR - processing personal data policy</b>  <b>IT and data security policy (NEW).pdf</b>  <b>Staff Confidentiality Polic</b>  <b>Freedom of Information Policy (f</b>
Complaints and Significant Event policies	 <b>Complaints Procedure (New).pd</b>  <b>Significant event procedure (NEW).pd</b>

COVID arrangements	<p><a href="#">Click here for latest COVID IPC Guidance (as of 1 June 2022).</a></p> <div style="display: flex; flex-wrap: wrap; justify-content: space-around; text-align: center;"> <div style="width: 30%;">         COVID policy supplement.pdf     </div> <div style="width: 30%;">         COVID Staff risk assessment guide     </div> <div style="width: 30%;">         COVID Patient appointment process     </div> <div style="width: 30%;">         COVID IPC procedure - Holmwood     </div> <div style="width: 30%;">         COVID IPC procedure - KHC     </div> <div style="width: 30%;">         COVID IPC procedure - Merit     </div> <div style="width: 30%;">         COVID IPC procedure - The Villages     </div> <div style="width: 30%;">         COVID IPC procedure - SHC     </div> <div style="width: 30%;">         COVID clinical guidance.pdf     </div> </div>
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## Appendix B

### Practice generic email addresses and buddy practice details (for sending EMIS consultation summaries)

Practice	Generic email address	Bypass phone number	Buddy
Kingston Health Centre	<a href="mailto:khadmin@nhs.net">khadmin@nhs.net</a>	0208 546 2657	Fairhill Medical Practice
Fairhill Medical Practice	<a href="mailto:kinccg.fairhillmedicalpractice@nhs.net">kinccg.fairhillmedicalpractice@nhs.net</a>	0208 546 1407	Kingston Health Centre
Claremont	<a href="mailto:KINCCG.CLAREMONT@nhs.net">KINCCG.CLAREMONT@nhs.net</a>	0208 390 8348	Hook & Chessington Park
Hook	<a href="mailto:KINCCG.HookSurgery@nhs.net">KINCCG.HookSurgery@nhs.net</a>	0208 739 1991	Chessington Park & Claremont
Sunray	<a href="mailto:kinccg.sunraysurgery@nhs.net">kinccg.sunraysurgery@nhs.net</a>	0208 330 4056	Red Lion Road
Central	<a href="mailto:kinccg.centralsurgery@nhs.net">kinccg.centralsurgery@nhs.net</a>	0208 390 7839	Langley & Brunswick
Brunswick	<a href="mailto:kingstonccg.brunswick.surgery@nhs.net">kingstonccg.brunswick.surgery@nhs.net</a>	020 8390 5321	Langley & Central
Langley	<a href="mailto:KINCCG.LMP@nhs.net">KINCCG.LMP@nhs.net</a>	0802 399 0857	Brunswick & Central
Red Lion Road	<a href="mailto:kinccg.redlionrd@nhs.net">kinccg.redlionrd@nhs.net</a>	0208 399 6638	Sunray
Chessington Park	<a href="mailto:kinccg.cps@nhs.net">kinccg.cps@nhs.net</a>	0208 739 1987	Hook & Claremont
Manor Drive	<a href="mailto:KINCCG.MANOR-DRIVE-SURGERY@nhs.net">KINCCG.MANOR-DRIVE-SURGERY@nhs.net</a>	0208 329 9921	Holmwood, Roselawn, Village, West Barnes
Holmwood Corner	<a href="mailto:KINCCG.Holmwood-Corner@nhs.net">KINCCG.Holmwood-Corner@nhs.net</a>	0208 296 0520	Manor Drive, Roselawn, Village, West Barnes
The Groves	<a href="mailto:KINCCG.groves-enquiries@nhs.net">KINCCG.groves-enquiries@nhs.net</a>	0208 336 6553	n/a Buddying across Groves group
Roselawn	<a href="mailto:KINCCG.Roselawn-Referral@nhs.net">KINCCG.Roselawn-Referral@nhs.net</a>	0208 949 1221	Holmwood, Manor Drive, Village, West Barnes

St Albans	<a href="mailto:KINCCG.st-albans@nhs.net">KINCCG.st-albans@nhs.net</a>	020 8546 3136	
Berrylands	<a href="mailto:Kinccg.berrylands@nhs.net">Kinccg.berrylands@nhs.net</a>	0208 399 9910	Canbury, Orchard and Churchill
Canbury	<a href="mailto:Kinccg.infocanbury@nhs.net">Kinccg.infocanbury@nhs.net</a>	0208 547 4275	Berrylands, Orchard and Churchill
The Village	<a href="mailto:kinccg.villagesurgery@nhs.net">kinccg.villagesurgery@nhs.net</a>	0208 296 0035	Holmwood, Roselawn, Village, Manor Drive
Orchard	<a href="mailto:Kinccg.orchard@nhs.net">Kinccg.orchard@nhs.net</a>	0208 397 9498	Churchill, Canbury and Berrylands
Churchill	<a href="mailto:Kinccg.churchill@nhs.net">Kinccg.churchill@nhs.net</a>	0203 727 2230	Orchard, Canbury and Berrylands
West Barnes	<a href="mailto:KINCCG.wbs@nhs.net">KINCCG.wbs@nhs.net</a>	0208 336 1785	Holmwood, Roselawn, Village, Manor Drive

## Kingston Education Centre

### Criteria for booking KEC GP Appointments

Practices can refer patients with acute medical problems to the Kingston Education Centre GP.

Our daily GP slots should not be used for routine GP follow-ups, medication reviews or routine referrals.

All GP consultations are observed by students, so patients must speak English –or- you must arrange for a translator, prior to booking a KEC appointment.



#### **Appropriate acute problems to book with the KEC GP**

- ✓ Ear infections
- ✓ Urine infections
- ✓ Sore throats
- ✓ Sinusitis
- ✓ New skin rashes
- ✓ Impetigo and Skin Infections
- ✓ Diarrhoea & vomiting
- ✓ Allergic reactions (severe hayfever etc)



#### **Inappropriate reasons for a KEC GP appointment:**

- ✗ Sick notes
- ✗ Medication reviews
- ✗ Repeat medication
- ✗ Routine referrals
- ✗ Blood test



#### **Checklist when booking a KEC GP appointment:**

- Appropriate acute / new medical complaint
- Patient speaks English or translator has been booked prior to booking a KEC GP slot
- Inform patients that there will be students observing
- Inform patient that if they need to be seen F2F they will have to travel to New Malden for their appointment.



#### **Remember when booking the KEC appointments in EMIS:**

- Enter the reason for the appointment (check whether respiratory COVID symptoms/confirmed COVID)
- Ensure you include the patients NHS number in the booking notes
- Confirm patient's correct telephone number

## Appendix D

### Examples of urgent referrals

Issue being referred	Fits urgent referral criteria?	Reason
2 week wait cancer referral	Yes	Time critical referral requiring robust safety netting
Follow-up of child with a high temperature, where the child is on the child protection register	Yes	Risk that parent/guardian would fail to chase practice if no contact was made regarding follow-up
Routine referral to secondary care regarding a new acute problem, where the patient has dementia/learning disability/ other cognitive impairment	Yes	Risk that patient would fail to chase practice if no contact was made regarding follow-up
Follow-up of child with heart murmur (likely flow murmur during viral illness) (appointment required within a fortnight), child otherwise well	No	No urgent clinical need, practices receive clinic letters and additional safety net of telling parent to chase up with practice if no contact made
Urgent bloods required – patient informed to attend own practice the same day to see phlebotomist	Yes	Action required by registered practice sooner than 48 hours allowed for review of consultation summaries
CTKUB needed to investigate for ? renal calculi in systemically well adult	No	Well documented appointment notes and safety netting with patients appropriate