



A day in the life of an urgent care practitioner

Urgent care practitioners provide face-to-face or remote clinical assessment for patients and decision making support for clinicians. The role was initially a pilot scheme, with nurses and paramedics becoming urgent care practitioners (UCPs) in three sites across the North West. The pilot proved so successful that the UCP is now a substantive role within the trust.

The UCP is a rotational role with the clinician splitting their working week between the clinical hub, providing telephone triage and advice, and on the road, responding to less urgent calls and incidents in order to provide care on scene and refer patients to local community and primary care provision. It supports the delivery of increased hear and treat and reduced see and convey where clinically appropriate.

Clare Carrie is a registered nurse, working at NWAS as a UCP.

“My role ultimately is to ensure that those patients who do not need immediate or lifesaving treatment, receive the most appropriate care within a community or primary care setting.

“My background is that I qualified as a nurse in 2005, after spending the previous 12 years in emergency care. I was working as a band 7 senior sister before I moved to the 111 service where I worked as a clinical advisor. I enjoyed the telephone triage aspects of my 111 role but I really missed the personal interaction and contact with patients, so I jumped at the chance of working in a role that provided me with the opportunity to do both.

“A typical week is two 12 hour shifts within the clinical hub, triaging non-urgent category 4 calls. I am also available to support clinicians and volunteers such as community first responders, who may need support and advice on scene. This is a really important aspect of the role. Sometimes they just want to explain the patient’s presenting condition and the outcome of their clinical ‘eyes on’ on scene, to see if we are thinking along the same lines and if their proposed course of action is the best plan for the patient. For the remainder of the week, I will visit patients in person, in a UCP (non-emergency) vehicle, at their home but also care homes, attend incidents where the patient has fallen in a public place or road traffic accidents where people have sustained minor injuries or are in shock.

“One of the things I like best about my role is that I have the opportunity to provide holistic nursing care without feeling under pressure; when you work in A&E you’re juggling multiple patients with different needs whereas in the UCP role, it is one patient at a time and I can give the right care without being pulled in different directions. You can spend time with your patient and they are your sole focus.

“Some patients do still have to go to hospital, but if someone just needs an X-ray we are aware of other facilities in the area that are able to X-ray and so prevent an unnecessary trip to an accident and emergency department. We also work closely with other community and primary care provision such as out of hours GP services.

“People tend to presume they are going to be transported to hospital but are quite surprised at the things that can be done in their own home. Most of the time the patient and their family, carer etc. are relieved that they don’t have to go to hospital, or that they don’t need ‘life or death’ care and can access alternatives within their local community.

“Taking fewer people to A&E helps ensure that emergency resources are available for those patients who are in a life threatening situation.”

