

INITIAL ASSESSMENT OF ALL PATIENTS

ALL patients assessed initially via phone consultation

Business as usual

Suspected COVID

Well enough for phone only advice OR needs transfer to hospital

Needs further assessment

Video assessment

Still needs further face to face assessment

Speak to EITHER dirty hub GP OR home visit GP before referring

Plan mutually agreed with referring GP

Mobile sats monitoring

Seen at dirty hub

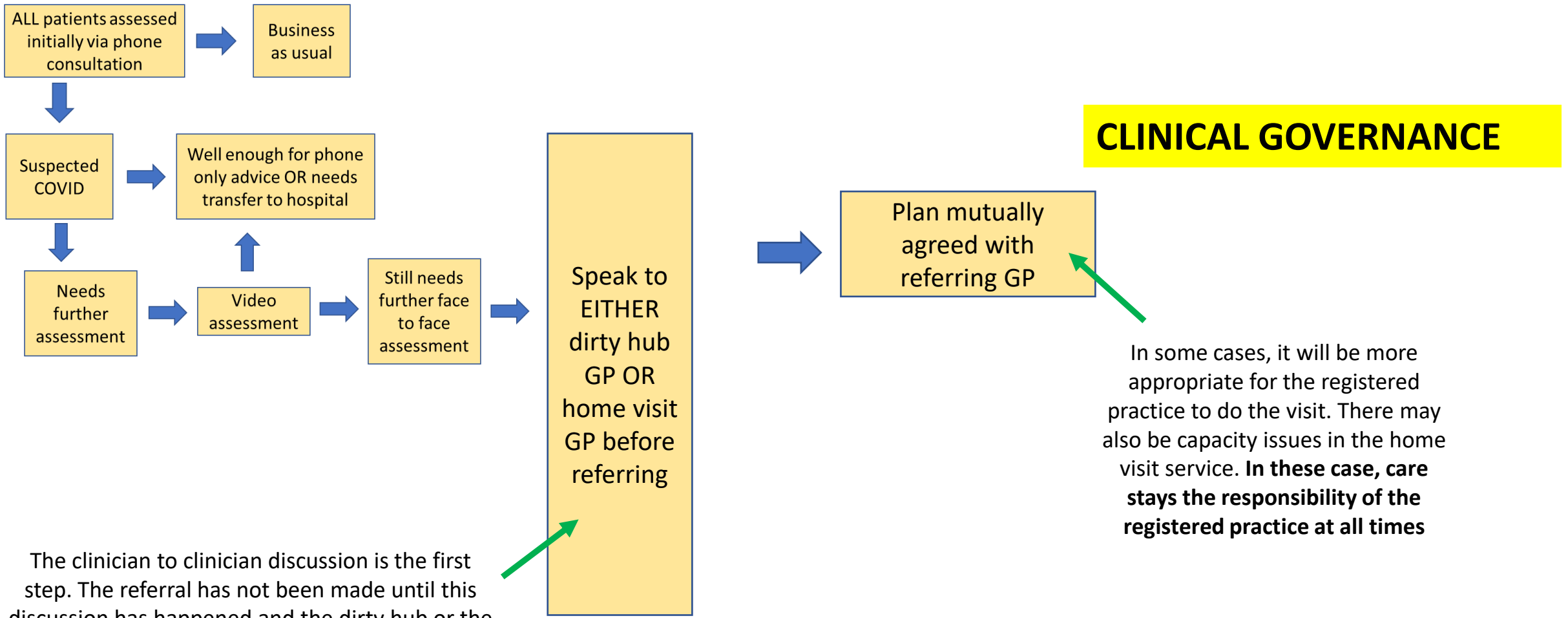
Seen by home visit service

Ongoing care handed back to registered practice

All registered practices in Hammersmith & Fulham

Hub(s) services for Hammersmith & Fulham

The registered practice is clinically responsible for overall care. The Hub services are only responsible for the single patient interaction (blue)

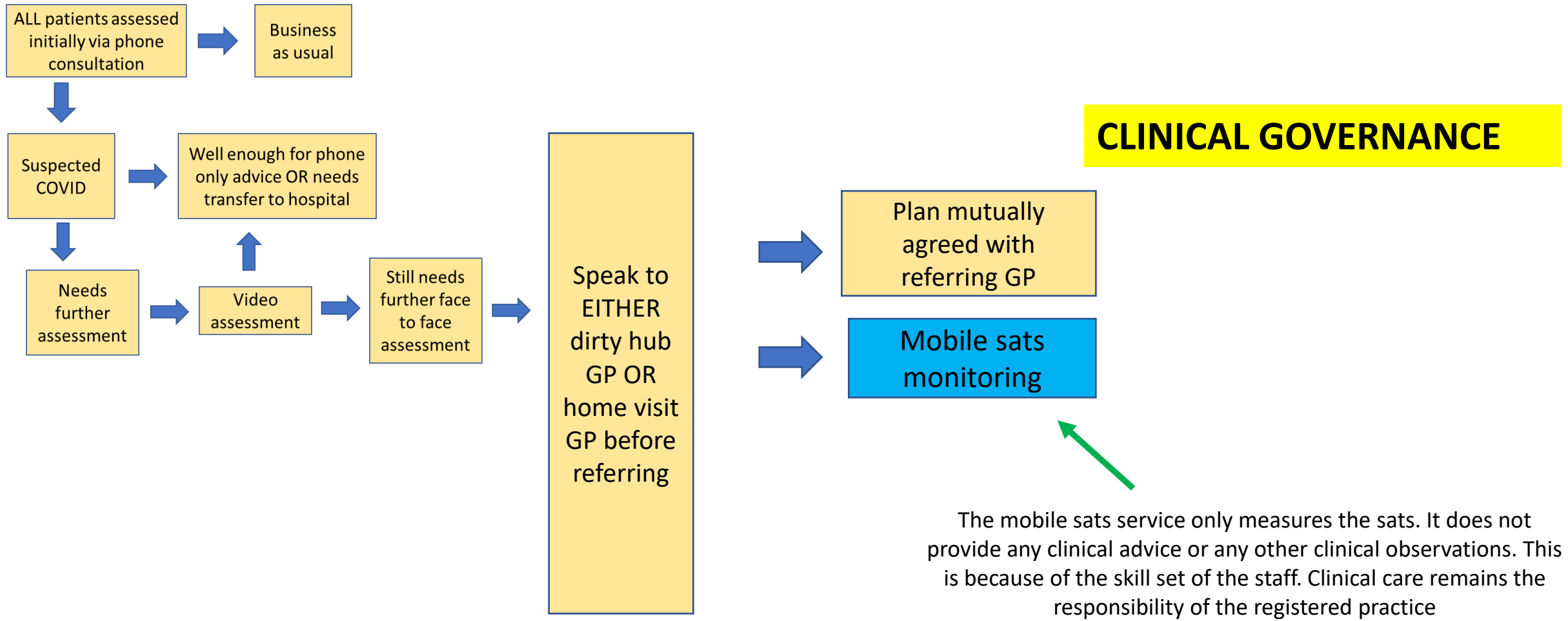


The clinician to clinician discussion is the first step. The referral has not been made until this discussion has happened and the dirty hub or the home visit has confirmed acceptance

The referring GP must have excluded an emergency condition that needs immediate treatment or an ambulance

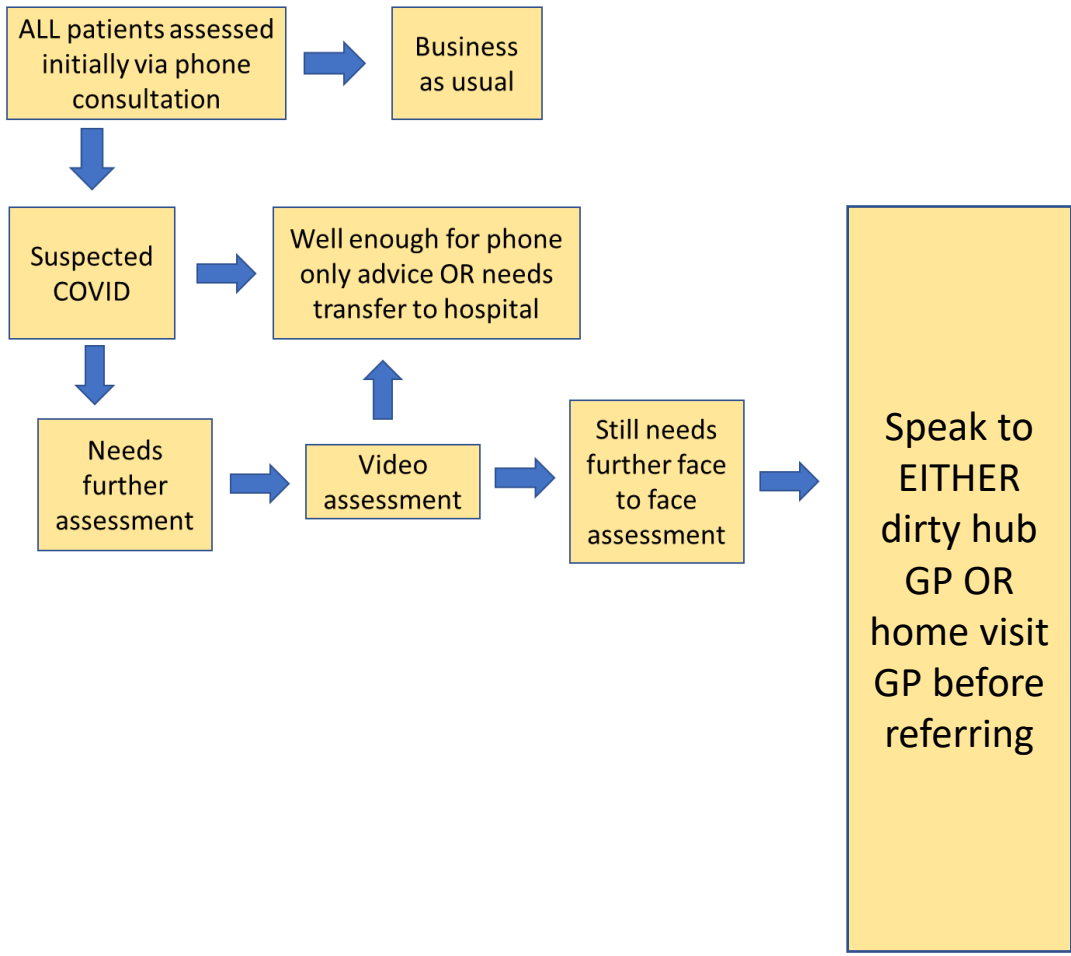
CLINICAL GOVERNANCE

In some cases, it will be more appropriate for the registered practice to do the visit. There may also be capacity issues in the home visit service. **In these case, care stays the responsibility of the registered practice at all times**



The mobile sats service needs to have the correct patient address. After each visit they record patient initials, time, and test result and phones the sats result through to the dirty hub

The dirty hub phones it through to the referring GP. This maximises efficiency of the mobile worker, and provides a daily failsafe mechanism as the hub and mobile worker can cross check that all results have been relayed on to the referring GP



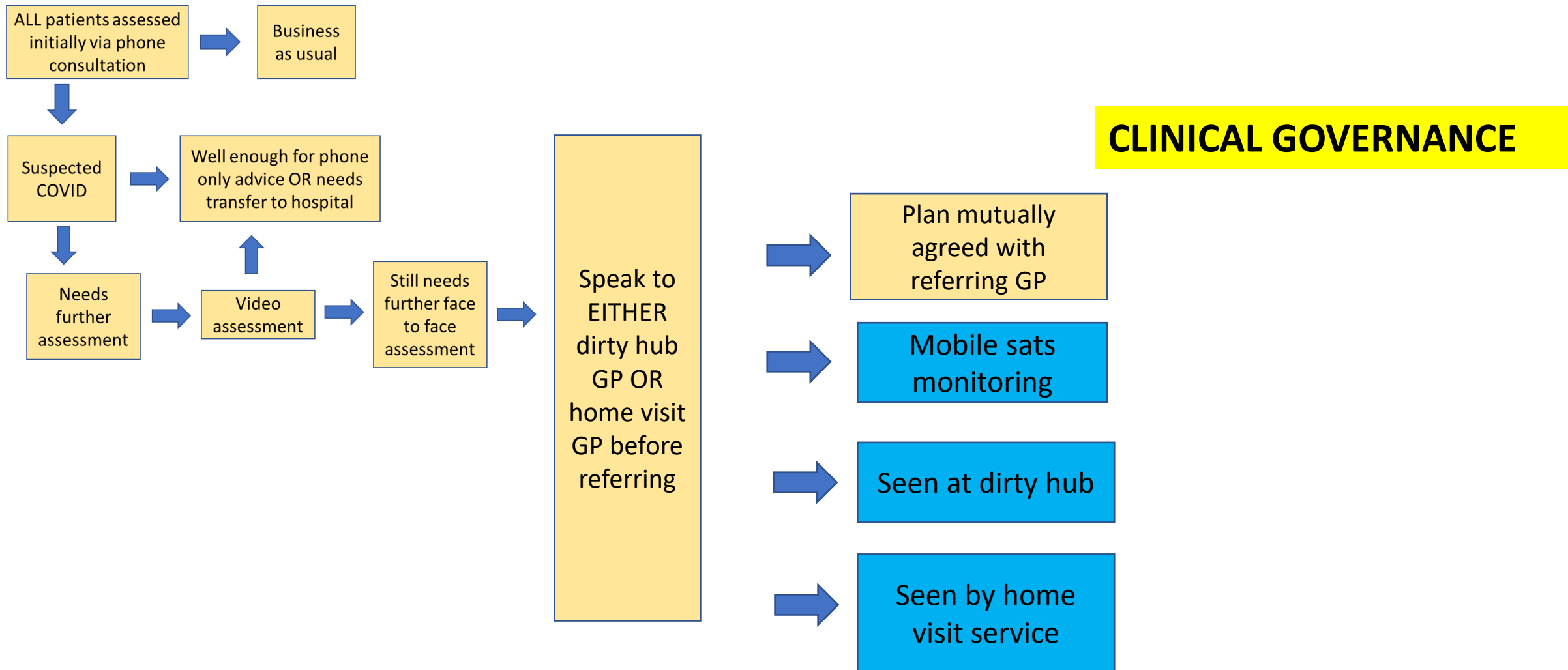
CLINICAL GOVERNANCE

- ➔ Plan mutually agreed with referring GP
- ➔ Mobile sats monitoring
- ➔ Seen at dirty hub

The dirty hub sees patients only if a phone and video consultation has not enabled a clinical decision and sats monitoring is not sufficient

The dirty hub can do sats monitoring for ambulatory patients that can get to Brook Green

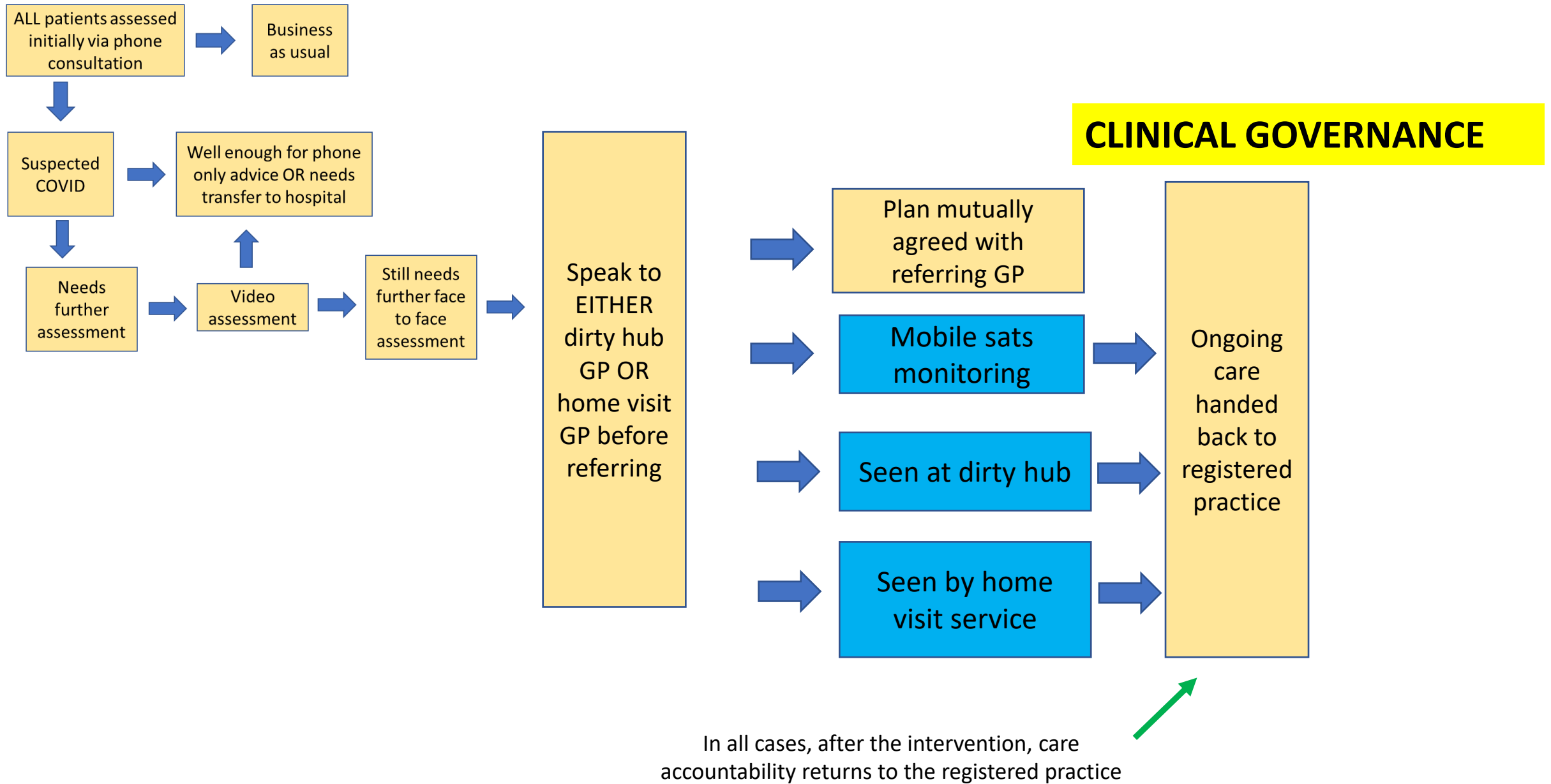
Once a dirty hub patient has been assessed, the attending GP will call the referring GP, provide a verbal report and pass back care to the registered practice



When the home visit service has accepted the referral, they will schedule and carry out the visit, and then call the referring GP back, discuss the case, and care accountability will revert to the registered GP

The referring GP must have excluded an emergency condition that needs immediate treatment or an ambulance. **The home visiting service is not an emergency response service and is only responsible from when their visit starts NOT from when the referral is made**

When the home visit service takes blood or urine, the samples will be returned to the registered practice for processing and pick-up



CLINICAL GOVERNANCE

In all cases, after the intervention, care accountability returns to the registered practice

SCOPE OF HUB SERVICES

Suspected COVID

Not suspected COVID but
difficult for registered practice
to deal with

Housebound with complex
needs

New DNARs

Where clinician
continuity is
paramount

No home visits for
addresses outside
borough

RESOURCING HUB SERVICES

GP partners/salaried from all
local practices

No trainees