# Urgent and Unscheduled Care – A Summary for Trainees

## Introduction

In August 2019 “Out of Hours” changed to “Urgent and Unscheduled Care”. Previously trainees were required to complete 6 hours per month whilst in a GP training post, but this changed with the acknowledgement that demonstration of capability was more important than exposure per se. Urgent and unscheduled care is now one of the RCGP clinical experience groups. Evidence of capability should be gathered throughout the entire training programme and within different urgent and unscheduled care environments, including, but not limited to, acute medical/psychiatric/surgical on call duties, duty doctor in hours in GP surgeries, extended access hubs, urgent care centres and traditional out of hours settings.

Although no one specific type of experience is likely to demonstrate capability in isolation the national guidance is that you will need to undertake at least 72 hours within a traditional out of hours setting by the end of training. Ultimately, it will be your responsibility to demonstrate your capability to your educational supervisor.

## What are the Urgent and Unscheduled Care Capabilities?

The Royal College of General Practitioners has revised its curriculum recently in conjunction with COGPED. The previous six urgent and unscheduled care capabilities mapped to the old curriculum and these have now been re-aligned. The clinical experience group of urgent and unscheduled care incorporates all 13 professional capabilities, grouped into five areas. Further information on this and potential evidence for demonstrating it can be found in Appendix A with a quick reference guide in Appendix B.

* Knowing yourself and relating to others
* Applying clinical knowledge and skill
* Managing complex and long-term care
* Working well in organisations and systems of care
* Caring for the whole person and the wider community

## Gathering Evidence of Capability

Capability should be demonstrated across a range of environments and throughout your training. This will be assessed at each ESR and ARCP panel. Evidence should come from reflective case logs, WPBA and uploaded “Urgent and Unscheduled and Care Session Records” (Appendix C).

Some of you will already have undertaken out of hours training in previous years. This will count towards your overall capability assessment, but you will be expected to continue to undertake at least 4 hours per month pro rata (whilst in a GP post) moving forwards. All evidence relating to urgent and unscheduled care should be linked to the clinical experience group within your e-portfolio.

## Booking Sessions in Out of Hours

In addition to undertaking on-call duties in primary and secondary care you can gather evidence of capability in urgent care treatment centres and in traditional out of hours sessions. As your training progresses you must demonstrate development from more passive encounters, for example, observing other health professionals and attending relevant courses, to more active ones, whereby you are consulting almost independently. It is likely that to demonstrate this you will need to undertake at least 4 hours per month, whilst in GP placements, within a traditional out of hours setting.

The aim should be, where possible, to be undertaking near and remote sessions whilst in ST3. It is expected that in ST1/2 observational and direct supervision sessions should be undertaken, although near supervision sessions could be undertaken if your clinical out of hours supervisor feels this is appropriate. There is no longer a maximum limit to how many hours of courses count towards your urgent and unscheduled care capability; however, it should be noted that these are unlikely to demonstrate sufficient progression if excessive.

When booking out of hours sessions you should be mindful of the impact that this may have on your training practice. The sessions should be spread throughout the placement and you should give enough notice such that the practice is able to plan for this. Practices should release you for sessions and should, ordinarily, give you time off in lieu, where indicated, within two weeks of having worked the session in out of hours. Please note that some practices have built this time off into your contracted working hours.

Some trainees may enjoy working in the out of hours environment and wish to work many more than the suggested minimum number of hours. Whilst this is commendable excessive shifting of your training towards the out of hours environment is liable to be detrimental to the rest of your training experience and should be avoided.

## Types of Session

Please note that all sessions must be undertaken in HEE approved training sites.

Observational – Trainee observes health professional consulting in urgent and unscheduled care but has no input into patient management. Includes relevant courses. The time comes out of protected learning time during the normal working week and will make only a very limited contribution to demonstrating overall capability.

Direct – Trainees consult patients with an approved supervisor present. This could include a joint surgery on call in the practice as part of the weekly tutorial. For sessions undertaken in settings outside of the normal training practice and working hours, time off in lieu should be granted.

Near – Approved clinical supervisor is readily available in the same building. Time off in lieu must be given for sessions undertaken outside of normal working hours.

Remote – Approved clinical supervisor available by phone. Time off in lieu must be given for sessions undertaken outside of normal working hours. These sessions should only be undertaken when having completed a minimum of 6 months whole time equivalent of “near” supervision sessions.

## Process for Sessions in Urgent and Unscheduled Care

## Process for Demonstrating Urgent and Unscheduled Care Capability

## Further Information

Further information can be seen in the Top Tips for Urgent and Unscheduled Careand in the FAQ document <https://heeoe.hee.nhs.uk/general_practice/gp-trainees/urgent-and-unscheduled-care>*.*

## APPENDIX A – Areas of Capability as Applied to Urgent and Unscheduled Care

Working in urgent and unscheduled care requires the ability to manage common medical, surgical, and mental health emergencies. It is essential to understand the organisational aspects of NHS urgent and unscheduled care, both nationally and at a local level, and be able to make appropriate referrals to hospitals and other professionals. Communication and consultation skills need to be adapted to the different clinical contexts. Self-management including safety, time, and stress management are also important capabilities.

The table below provides guidance for trainees and trainers, as well as ARCP panels, in assessing appropriate urgent and unscheduled care experience. It highlights the relevant learning outcomes within the RCGP curriculum. Evidence may come from a variety of sources, for example, workplace-based assessments, reflective case logs and the Urgent and Unscheduled Care Session Record. This evidence should be recorded within the Urgent and Unscheduled Care Capability Form, which should be completed prior to each ARCP panel and uploaded to an appropriately titled learning log so that this is visible to the educational supervisor at the time of the ESR.

*Please note some are abbreviated. The list should not be considered exhaustive or exclusive, and these examples of learning outcomes should be considered in the context of the curriculum as a whole.*

**Area of Capability – 1. Knowing yourself and relating to others**

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| Core capability | Specific capability | Learning outcomes relevant to urgent care |
| **Fitness to Practice** | Manage the factors that influence your performance | * Comply with professional demands whilst showing awareness of personal needs and preserving your resilience and health * Anticipate and manage factors that influence you day to day performance including your ability to perform under pressure. |
| **Communication and Consultation Skills** | Establish an effective partnership with patients | * Flexibly and efficiently achieve consultation tasks in the context of limited time or challenging circumstances, using a range of communication skills tailored to each patient’s needs in the clinical context. |

**Area of Capability – 2. Applying Clinical Knowledge and Skill**

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| **Data Gathering and interpretation** | Apply a structured approach to data gathering and investigation | * Make appropriate use of existing information about the problem and the patient’s context. * Tailor your approaches to the contexts in which you work such as the predictive value of investigations |
| Interpret findings accurately to reach a diagnosis | * Demonstrate proficiency in interpreting the findings that may signify potentially significant health conditions requiring further action * Recognise ‘red flags’ and indicators of high risk, responding promptly and effectively. |
| **Clinical Examination and Procedural Skills** | Demonstrate a proficient approach to clinical examination | * Perform and accurately interpret focused examination in challenging circumstances eg. Emergencies * Demonstrate the ability to perform a variety of procedures according to your training, working circumstances and capability, and the patients’ preferences * Use equipment safely and effectively and in accordance with best practice guidelines eg. defibrillators |
| **Making decisions** | Adopt appropriate decision-making principles | * Recognise the inevitable uncertainty in general practice problem solving, sharing uncertainty with the patient where appropriate * Develop skills in rapid decision-making required for managing urgent, unfamiliar, unpredictable and other high-risk clinical situations. |
| **Clinical Management** | Provide general clinical care to patients of all ages and backgrounds | * Develop the knowledge and skills to provide high quality, holistic and comprehensive care to patients who have needs that require you to adapt your approach, such as acutely ill people. |
| Adopt a structured approach to clinical management | * Develop and implement management plans and monitor patients’ progress to identify unexpected deviations from the anticipated path. * Give appropriate safety-netting advice * Implement adequate follow-up arrangements * Facilitate continuity of care eg. record keeping |
| Make appropriate use of other professionals and services | * Refer appropriately to other professionals and service |
| Provide urgent care where needed | * *See other learning outcomes* * Develop and maintain skills in basic life-support and AED |

**Area of Capability – 3. Managing complex and long-term care**

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| **Managing medical complexity** | Manage concurrent health problems in individual patients | * Demonstrate a problem-based approach to identify, clarify and prioritise the issues to be addressed during an interaction with a patient with multiple problems. |
| Adopt safe and effective approaches for patients with complex health needs | * Recognise that patients often present with problems that cannot be readily labelled or categorized. Evaluate how this uncertainty influences the diagnostic and therapeutic options available. |
| **Working with colleagues and in teams** | Work as an effective team member | * Seek advice from colleagues when encountering problems in following agreed protocols and policies. * Routinely prioritise and manage personal workload in an effective and efficient manner, delegating appropriately to other team members |
| Coordinate a team-based approach to the care of patients | * Demonstrate the capability to lead and coordinate care at a team level, and when appropriate, at a service level. * Anticipate and manage the problems that arise during transition in care, especially at the interface of different healthcare professionals, services, and organisations. Be able to work across these boundaries. |

**Area of capability – 4. Working well in organisations and systems of care**

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| **Improving performance, learning and teaching** | Continuously evaluate and improve the care you provide | * Regularly obtain and act on feedback from patients and colleagues on your own performance as a practitioner. * Engage in structured team-based reviews of significant or untoward events and apply the learning arising from them. |
| Adopt a safe and scientific approach to improve quality of care | * Follow infection control protocols * Contribute to the assessment of risk across the system of care, involving the whole team in patient safety improvement * Promote safety behaviours to colleagues and demonstrate awareness of human factors in maintaining safety and reducing risk |
| **Organisational Management and Leadership** | Apply leadership skills to help improve your organisation’s performance | * Acknowledge the importance to patients of having an identified and trusted professional responsible for their care and advocate this by acting as the lead professional when required. * Recognise your responsibilities as a leader for safeguarding |
| Make effective use of information management and communication systems | * Use systems effectively for clinical recording, referral and communicating with patients and colleagues |

**Area of capability – 5. Caring for the whole person and the wider community**

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| **Practicing holistically, promoting health and safeguarding** | Demonstrate the holistic mindset of a generalist medical practitioner | * Interpret each patient’s personal story in his or her unique context. * Develop the ability to switch from diagnostic and curative approaches to supportive and palliative approaches as appropriate for the patient’s needs |
| Safeguard individuals, families, and local populations | * Recognise how safeguarding concerns may present across a range of scales – individual, families, and populations. * Respond safely, promptly and effectively to the full range of safeguarding needs. |
| **Community Orientation** | Understand the health service and your role within it. | * Recognise the role of a GP as first contact clinician, patient advocate, service navigator and gatekeeper. * Identify how local services can be accessed and use this to inform your referrals * Optimise use of limited resources |

## APPENDIX B – Quick Reference Guide for UUC Activities and Evidence

The quick reference guide below is intended to help trainees identify possible activities and evidence that demonstrates development of their urgent and unscheduled care capability. This may be used in conjunction with the “Urgent and Unscheduled Care Capability” form, which should be completed prior to each ARCP panel and uploaded to an appropriately titled learning log so that this is visible to the educational supervisor at the time of the ESR. The examples below are suggestions only and trainees do not need to fulfil all of these. Trainees are reminded that they may only undertake out of hours sessions whilst in a GP post. ST3 trainees will need to provide evidence that they are functioning at the level of an independent practicing GP by the time of their final ESR and be able to fully demonstrate the five capabilities of urgent and unscheduled care. ST1 and ST2 trainees should not be undertaking remote supervision sessions for traditional out of hours providers.

## THE FIVE URGENT AND UNSCHEDULED CARE CAPABILITIES

|  |  |
| --- | --- |
| 1 | **Knowing yourself and relating to others** |
| 2 | **Applying Clinical Knowledge and Skill** |
| 3 | **Managing complex and long-term care** |
| 4 | **Working well in organisations and systems of care** |
| 5 | **Caring for the whole person and the wider community** |

## EXAMPLE ACTIVITIES (IN GREEN) AS MAPPED TO ST PHASE AND CAPABILITY

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|  | **OUT OF HOURS, URGENT, UNSCEDULED AND EMERGENCY CARE CAPABILITY BY ST PHASE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **ST1** | | | | | | | **ST2** | | | | | | | | | | | | | | | **ST3** | | | | | | | | | | | | |
| **SUGGESTED ACTIVITY** | **1** | **2** | **3** | **4** | **5** | | | **1** | | **2** | | **3** | | | **4** | | | | **5** | | | | **1** | | | **2** | | | | **3** | | | **4** | | **5** |
| Managing acutely unwell patients in secondary care |  |  |  |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  |
| Managing acutely unwell patients in training practice |  |  |  |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  |
| ALS Course (if required for hospital post) |  |  |  |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  |
| Involvement in mental health sections |  |  |  |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  |
| Out of Hours Courses |  |  |  |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  |
| Observational sessions in out of hours, urgent care centres and extended access hubs |  |  |  |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  |
| Direct supervision sessions in out of hours, urgent care centres and extended access hubs |  |  |  |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  |
| Near/remote supervision sessions with traditional OOH providers |  |  |  |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  |
| Home visits and duty days at the training practice with near/remote supervision |  |  |  |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  |
| BLS and AED Training (mandatory in ST3) |  |  |  |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  |
|  | **OUT OF HOURS, URGENT, UNSCEDULED AND EMERGENCY CARE CAPABILITY BY ST PHASE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **ST1** | | | | | | | **ST2** | | | | | | | | | | | | | | | **ST3** | | | | | | | | | | | | |
|  | **1** | **2** | **3** | **4** | **5** | | **1** | | **2** | | **3** | | | **4** | | | | **5** | | | | **1** | | | | **2** | | | **3** | | | | **4** | | **5** |
| Making/Receiving Referrals |  |  |  |  |  | |  | |  | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | |  |
| Processing OOH Correspondence |  |  |  |  |  | |  | |  | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | |  |
| Attending CCG/LCG Meetings |  |  |  |  |  | |  | |  | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | |  |
| Involvement in adult and child safeguarding |  |  |  |  |  | |  | |  | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | |  |
| Arranging urgent ambulances |  |  |  |  |  | |  | |  | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | |  |
| Liaising with other community teams e.g. DNs |  |  |  |  |  | |  | |  | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | |  |
| Ensuring effective handover |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
| Confirmation of death |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
| Review of case notes |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
| Breaking bad news |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
| Telephone consultations |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
| Telephone Triage |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
| Joint Surgeries |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
| Video Consultations |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
| Effective delegation of tasks |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
| Major Incident Training |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
| Seeking appropriate senior support |  |  |  |  | |  | |  | |  |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  |
|  | **OUT OF HOURS, URGENT, UNSCEDULED AND EMERGENCY CARE CAPABILITY BY ST PHASE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **ST1** | | | | | | | **ST2** | | | | | | | | | | | | | | | **ST3** | | | | | | | | | | | | |
| **SUGGESTED ACTIVITY** | **1** | **2** | **3** | **4** | | **5** | | **1** | | **2** | **3** | | **4** | | | **5** | | | | **1** | | | | **2** | | | **3** | | | | **4** | | | **5** | |
| Efficient consulting including where full notes unavailable |  |  |  |  | |  | |  | |  |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |
| Communicating in challenging situations with patients and their relatives |  |  |  |  | |  | |  | |  |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |
| Revision of controlled drugs rules and regulations |  |  |  |  | |  | |  | |  |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |
| Conflict resolution training |  |  |  |  | |  | |  | |  |  | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | |

## SUGGESTED EVIDENCE (IN GREEN) MAPPED TO ST PHASE AND CAPABILITY

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|  | **OUT OF HOURS, URGENT, UNSCEDULED AND EMERGENCY CARE CAPABILITY BY ST PHASE** | | | | | | | | | | | | | | |
|  | **ST1** | | | | | **ST2** | | | | | **ST3** | | | | |
| **SUGGESTED EVIDENCE** | **1** | **2** | **3** | **4** | **5** | **1** | **2** | **3** | **4** | **5** | **1** | **2** | **3** | **4** | **5** |
| Mini-CEX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| COT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Audio-COT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CBD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MSF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PSQ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CSR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Learning Log |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Course Certificates |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BLS and AED (mandatory for ST3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ALS (When required for hospital post) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| UUC Observational Record |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Educators Notes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## APPENDIX C – Urgent and Unscheduled Care Session Record

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| **Organisation………………………………….……….…Location……..…....……………**  **Type of Session** (Please circle) **Observational Direct Near Remote** |
| **Trainee Name Date of session Start Time Finish time**    **Name of OOH Trainer..……………………………………….Email ………………………………………**  **Phone……………………….** |
| **Notes on the session** (activities undertaken, cases seen, organisational structure) |
| **Significant learning points/Capability demonstrated** (how will this session help you deliver UUC including ‘Out of Hours’?) |
| **Reflection, including future training needs identified from this session** (what will you do differently as a result of this session?) |
| **OOH Clinical Supervisor Comments**   |  |  | | --- | --- | | **Relevant Capability** (please indicate with X as appropriate) |  | | **Knowing yourself and relating to others** |  | | **Applying Clinical Knowledge and Skill** |  | | **Managing complex and long-term care** |  | | **Working well in organisations and systems of care** |  | | **Caring for the whole person and the wider community** |  |   **I confirm that this represents an appropriate record of this UUC session**  **Signature of OOH CS ………………………….. Date ……………..**  **Name......................................................**  **Email or mobile.................................................** |
| **Educational/Clinical Supervisor Comments** (and suggested PDP entry)  **I confirm that this represents evidence towards demonstrating UUC capabilities**  **Signature of ES……………………….. Date…………………….** |

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| **Knowing yourself and relating to others** | | **Applying clinical knowledge and skill** | | **Managing complex and long-term care** | | **Working well in organisations and systems of care** | | **Caring for the whole person and the wider community** | |
| **Fitness to practise:**  Managing factors influencing performance  **Communication:**  Effective partnerships with patients | | **Data gathering:**  Structured approach to data gathering  Interprets findings accurately  **CEPS:**  Proficient approach to clinical examination  **Making decisions:**  Appropriate decision-making  **Clinical management:**  Structured approach  Appropriate use of colleagues and services | | **Managing medical complexity:**  Manage concurrent health problems in individuals  Safe and effective approach to complex health needs  **Working with colleagues:**  Work as an effective team member  Coordinate team-based approach to patient care | | **Improving performance, learning and teaching:**  Continuously evaluate and improve care you provide  Adopt a safe and scientific approach to quality  **Organisational management and leadership:**  Apply leadership skills to improve performance  Make effective use of communication systems | | **Practising holistically, promoting health, and safeguarding:**  Demonstrate a holistic mind-set of a generalist  Safeguard individuals, families and local populations  **Community Orientation**  Understand the health service and your role within it. | |
| **Evidence** | | **Evidence** | | **Evidence** | | **Evidence** | | **Evidence** | |
| **Type** | **Date** | **Type** | **Date** | **Type** | **Date** | **Type** | **Date** | **Type** | **Date** | |
| *Learning Log/WPBA – Urgent and Unscheduled care log* | *18.09.19* | *Learning Log/WPBA – Urgent and Unscheduled care log* | *27.09.19* | *Learning Log/WPBA – Urgent and Unscheduled care log* | *6.09.19* | *Learning Log/WPBA – Urgent and Unscheduled care log* | *12.09.19* | *Learning Log/WPBA – Urgent and Unscheduled care log* | *17.09.19* | |
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## APPENDIX D – Urgent and Unscheduled Care Evidence of Capability

*Please expand this table as needed by highlighting rows and selecting “insert rows below”.*