# Urgent/Unscheduled Care (UUC) Evidence of Capability

## Please list the evidence available on your e-portfolio for each of the areas listed below.

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| **UUC capability area** | **UUC capability evidence** |
| **1. Ability to manage common medical, surgical and psychiatric emergencies**  The GPST should be able to manage common medical, psychiatric and social emergencies they are likely to encounter during UUC experience. They should be able to recognise and manage critical situations using available resources and facilities. Examples are listed.  The GPST should be able to recognise the ill child and manage common paediatric emergencies such as meningitis; croup/asthma; febrile convulsion; gastro-enteritis and dehydration; and non-accidental injury.  The GPST should be able to manage such mental health problems as often present as a crisis during UUC. They should be competent to perform a suicide risk assessment and be aware of the procedures for assessment and implementation of detaining /admitting patients under the Mental Health Act. |  |
| **2. Understanding the organisational aspects of NHS out of hours care, nationally and at local level.**  The GPST should be aware of the processes that are in place both locally and nationally and understand the context of the provision of UUC in the Primary Care setting. They should understand the relationship between GP practices, OOH providers and PCTs, their roles and responsibilities.    The GPST should have an understanding of how emergencies and health initiatives can impact on UUC providers and be aware of procedures and policies in place to deal with them, for example, the CMO cascade system for national drug/infection alerts, how to deal with a local outbreak of an infectious disease, flu epidemics and managing a winter bed crisis.  They should be aware of the communication channels required for UUC and the IT systems to support them. |  |
| **3. The ability to make appropriate referral to hospitals and other professionals.**  The GPST should be aware of the range of and referral facilities and professionals available to patients out of hours. They should be able to communicate effectively and with courtesy to all other professionals involved with the care of the patient making prompt and appropriate referrals with clear documentation and arrangements for follow up.  The GPST should respect the roles and skills of others and can engage effectively and refer to other sources of care, such as ambulance and paramedic services, and those in secondary care (hospital where appropriate). |  |
| **4. The demonstration of communication and consultation skills required for out of hours care.**  The GPST should be competent in communication and consultation skills for the different types of consultations required in the context of out of hours care e.g. telephone consultations and triage skills. They should be patient centred and should demonstrate understanding of consultation models and their relevance to UUC, such as breaking bad news, the limitations of telephone consultations and the absence of non-verbal communication.  The GPST should have some understanding of teamwork, be aware of the roles and responsibilities of the UUC team and be able to work and communicate with them effectively. |  |
| **5. Individual personal time and stress management.**  The GPST should be able to manage their time and workload effectively; demonstrating good timekeeping, problem solving and the ability to prioritise cases appropriately.  The GPST should be aware of the difficulties working in UUC, working antisocial and long hours and sometimes with overnight shifts. They should recognise when they are not fit to work because of tiredness, physical or mental ill health and take appropriate action. They should be aware of their personal needs and abilities and learn to develop the necessary strategies to avoid stress and burnout and maintain good health.    The GPST should be aware of their duties and responsibilities regarding the health, safety and performance of their colleagues. |  |
| **6. Maintenance of personal security, and awareness and management of security risks to others**  The GPST must consider the implications of taking controlled drugs on home visits and recognise the risk that this may place on them and colleagues.  The GPST should be able to deal with emergency situations ensuring that they are aware of resuscitation guidelines relating to personal and colleague safety when engaging with patients in dangerous situations including defibrillation.  The GPST should seek additional advice or specific security advice when considering a home visit in areas that have been identified by the UUC service as potentially dangerous. This may include but is not limited to a chaperone and a driver. |  |