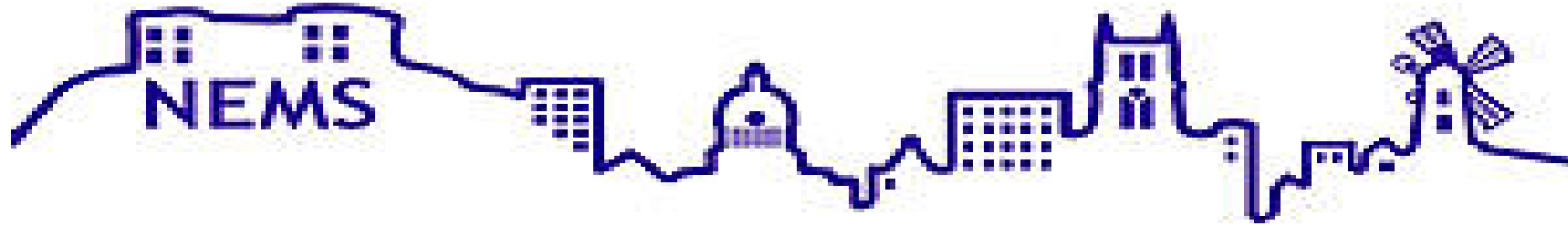
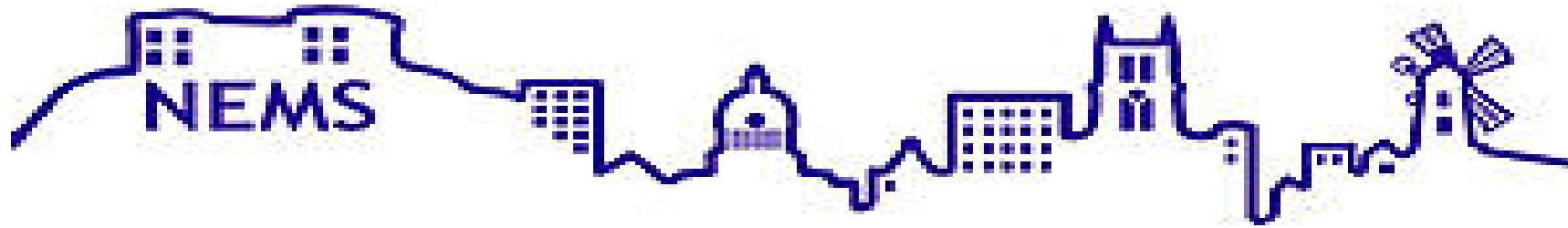


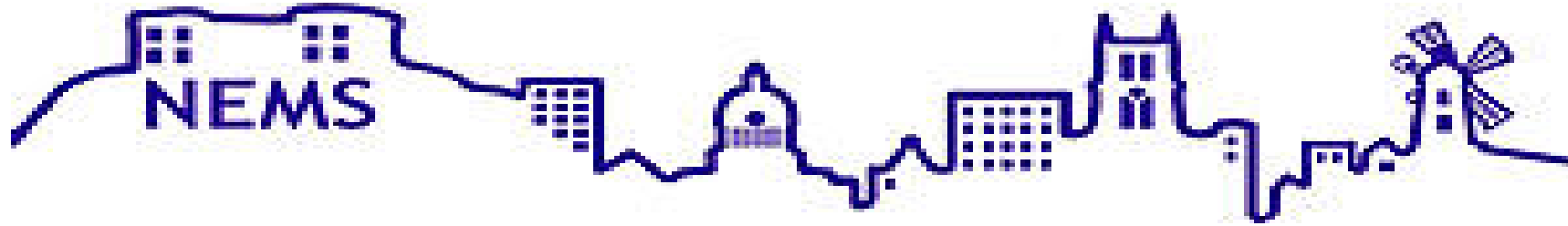
- What is Out of Hours?
- When is Out of Hours?
- Number of patients
- Operational times



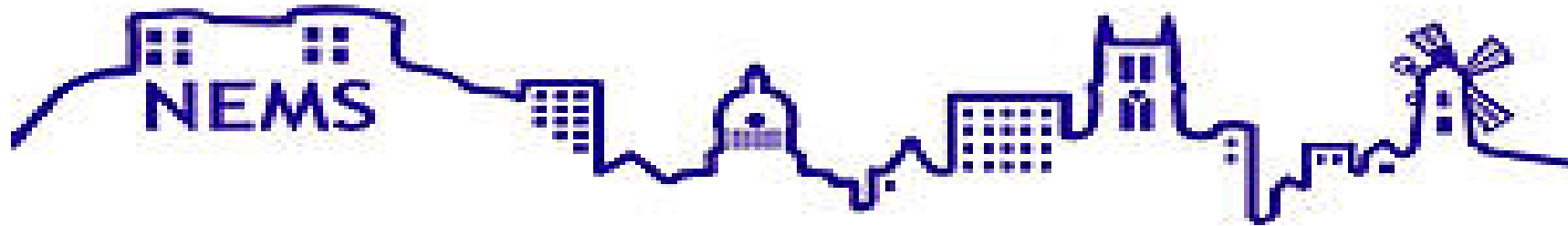
- Definition of Out Of Hours (OOH) Primary Care.
- Care that cannot safely wait until the patients own surgery is next open



- Currently care for 707,000 patients throughout Nottingham City and South of County



Opening times 1830 – 0800 Monday  
to Friday and every weekend and  
Bank Holiday



- 65% of the total week is OOH
- 168 hours in a week
  
- 115.5 hours a week is OOH!!!!



NEMS & NHS DIRECT SPECIAL NOTE INFORMATION (Community Matrons/Specialist Nurses)

Please complete the details below, giving as much information as you feel is necessary.  
**It is the responsibility of the originator to ensure patient consent is obtained.**

|  |            |          |                                 |                      |           |
|--|------------|----------|---------------------------------|----------------------|-----------|
| <b>Patient Details:</b>  |            | Surname: |                                 | First Name:          |           |
| Gender:  | Ethnicity: | DOB: / / | NHS No. _ _ _ / _ _ _ / _ _ _ _ |                      |           |
| Address:   |            |          |                                 |                      |           |
|  |            |          |                                 |                      | Postcode: |
| Tel No:  |            |          | Patient's GP & Surgery:         |                      |           |
| Diagnosis:   |            |          |                                 |                      |           |
| Current Medication:  |            |          |                                 |                      |           |
| Family Contact:  |            |          |                                 | Tel No:              |           |
| Consultant:  |            |          |                                 | Tel No:              |           |
| Care programme co-ordinator  |            |          |                                 | Tel No:              |           |
| <u>Special Patient Information</u> eg Treatment Plans/Crisis Plans (Continue overleaf if necessary)  |            |          |                                 |                      |           |
| <p>PLEASE pass DIRECTLY through to NEMS<br/> as URGENT FIRST CONTACT ASSESSMENT</p> <p>- <b>Community Matron / Specialist Nurse</b></p> <p><b>Patient Care Plan held at NEMS</b></p> |            |          |                                 |                      |           |
| Patient Aware: YES/NO  |            |          |                                 | Carers aware: YES/NO |           |
| Consent obtained: YES/NO<br><i>(If No, state justification for breaching confidentiality)</i>  |            |          |                                 |                      |           |
| Expiry Date (MUST BE SPECIFIED – MAX 12 MONTHS)  |            |          |                                 |                      |           |
| Form completed by: (PLEASE PRINT)  |            |          |                                 |                      |           |
| Address:   |            |          |                                 | Contact Tel No:      |           |
| Position:  |            |          |                                 | Date:                |           |

On completion of the form please fax to 0115 9133007..... Contact Number ...0115 9166063.....  
On receipt at NHS Direct – For immediate attention of team leader/shift supervisor/operations manager. Unless all patient details are provided the information cannot be entered onto NHS CAS.

**COMMUNITY MATRON/SPECIALIST NURSE  
PATIENT CARE MANAGEMENT PLAN - ON-GOING CONDITION**

Nottingham Primary Care Trusts

Community Matron/Specialist Nurse - Please complete Pages 1 & 2 - fax to NEMS on 0115 9133007  
**NEMS - Please enter both pages on Aadastra – Fax Page 1 only to NHSD**

|  |        |  |                         |   |  |
|--|--------|--|-------------------------|---|--|
| Patient's Name:  |        | Address:                               |                         |   |  |
| DOB:   |        | Postcode:                              |                         |   |  |
| Phone Number:  |        | Carer: Relationship and Contact Number |                         |   |  |
| Lead GP:   |        | NHS Number: / /                        |                         |   |  |
| Active Medical History:  |        | Agencies/ Professionals Involved:      |                         |   |  |
| <b>Relevant Medication Issues/Allergies:</b><br><i>(full list of medication in patient home)</i>   |        |  |                         |   |  |
| <b>Treatment Plan/Alternative to Admission:</b>  |        |  |                         |   |  |
| <b>Normal baseline observations:</b>   |        |  |                         |   |  |
| BP:  | Pulse: | O2 Sats:                               | Temp:                   | Resp:   |  |
| <b>Consent obtained: YES / NO</b> <i>(if NO state justification for breaching confidentiality)</i> |        |  |                         | <b>Expiry date:</b><br><i>(MUST BE SPECIFIED - MAXIMUM 12 MONTHS)</i> |  |
| <b>Form completed by:</b><br><i>(Please print)</i>   |        |  |                         |   |  |
| Address:   |        |  | Work Hours for contact: |   |  |
|  |        |  | Contact Tel No:         |   |  |
|  |        |  | Fax No:                 |   |  |
| Position:  |        |  | Date:                   |   |  |
|  |        |  |                         |   |  |