

RAPID ACCESS CLINIC (RAC) SOP

Introduction:

The Rapid Access Clinic (RAC) is a general outpatient clinic for children age 0-16 years who require an acute paediatric specialist opinion within 1-2 weeks.

The clinic is for children and young people who are not unwell enough to require same day attendance at the emergency department or paediatric assessment unit but also cannot wait for a routine outpatient appointment.

Aims:

- To ensure that every child is seen in a timely manner by a suitably experienced doctor
- To enable children to be seen by a consultant promptly and prevent unnecessary emergency department or paediatric assessment unit attendances and inpatient admissions.
- To see urgent GP referrals and referrals from the emergency department of children and young people who are not acutely unwell and can be seen in 1-2 weeks.

Target patient group:

0-16 years

The service model:

- The RAC is located in Children's Outpatients (CRH)
- The clinic is face-to-face and takes place every Friday afternoon
- Face-to-face clinic every Friday afternoon (unless consultant is on leave or on call)
- 7 patients per clinic, 30 minute slot for each patient
- Referrals accepted by the consultant holding the bleep and DECT phone
- Referral form should be completed on MS Teams and submitted to the outpatient staff
- Bookings should be made within 48-72 hours of the referral being received
- The outpatient receptionist will inform the parents about the date and time of the appointment

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- Once the patient is seen in the clinic and discharged, a letter is sent to the GP
- If patients require further follow up, an appointment will be arranged in a general paediatric clinic under the consultant of the week
- The consultant running the RAC will refer patients to the inpatient ward if required.
- If clinic slots are available, new urgent general paediatric patients can be booked via CAS. This must be done no earlier than 72 hours before the clinic (therefore, expected unutilised slots can start being filled from the Tuesday afternoon the week of the clinic)

Inclusion criteria:

1. Referral from GP and ED

- Chronic abdominal pain
- Headache
- Chronic cough
- Chronic diarrhoea
- Lumps/swelling/cervical lymphadenopathy
- Blood in stool/CMPA
- Faltering growth/weight loss
- Collapse/Syncope
- Chronic vomiting/GOR

2. Urgent CAS referral that needs to be seen within 2 weeks

- 1 patient per clinic unless free slots available

3. Fast track patients

- 1 patient per clinic unless free slots available

Exclusion criteria:

1. Children with moderate to severe acute illnesses should be seen in the emergency department or paediatric assessment unit e.g.
 - Febrile illness/ Sepsis
 - Respiratory distress: exacerbation of asthma/ LRTI/ bronchiolitis/Croup
 - Dehydration/ hypovolaemia, Acute gastroenteritis.
 - Seizures.
 - Acute non blanching rash

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INVESTORS
IN PEOPLE

Silver
Until 2021



2. Surgical and orthopaedic problems.
3. Patient who already seen in children assessment unit or admitted in the ward.

Staffing:

Lead Consultant: Dr Shabnum Yasmin

Lead Staff Nurse: Meg Ahern

Outpatient Nursing Team

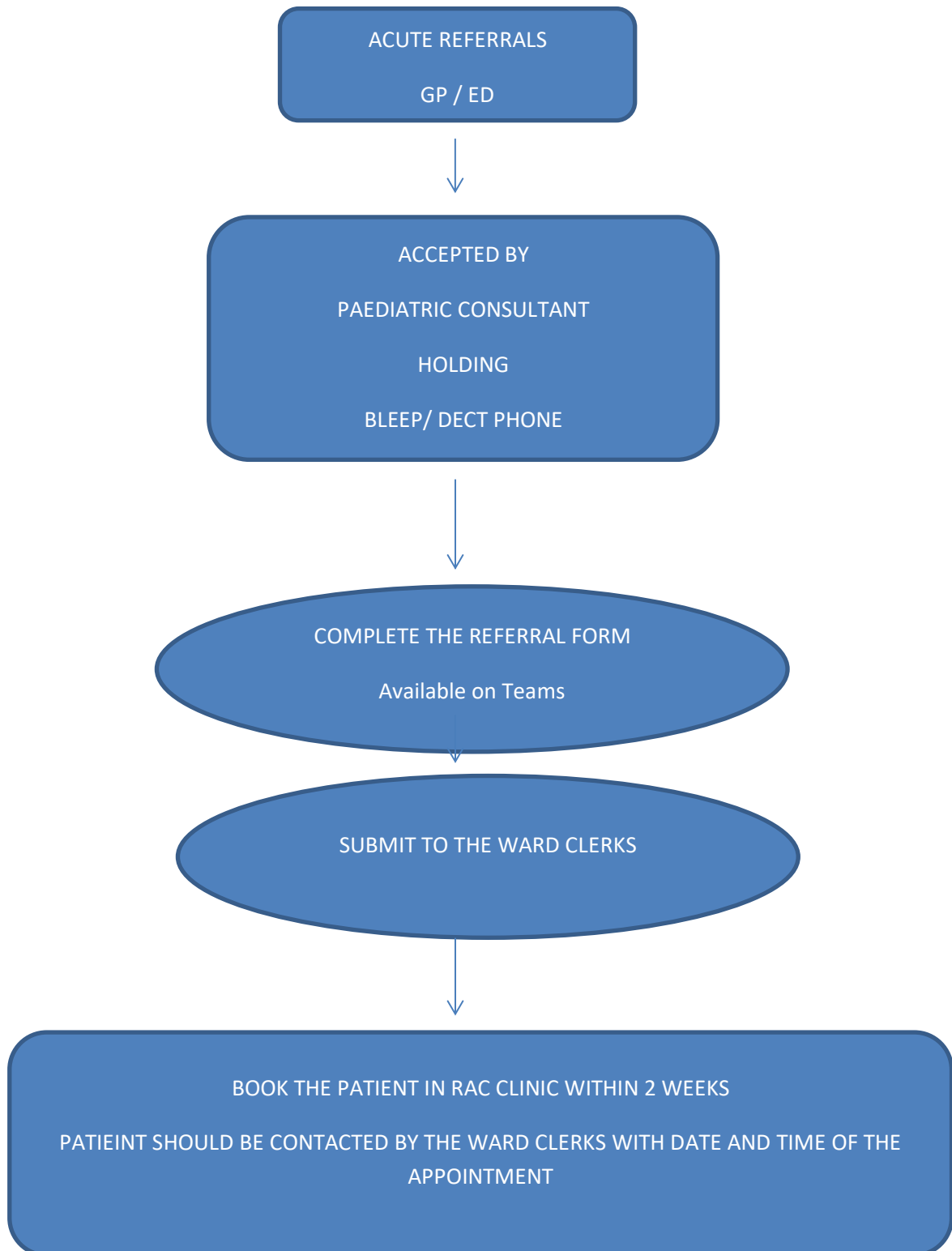
Ward Clerks

Audit

- Patient and carer feedback
- Audit – analysis of clinic utilisation

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FLOW CHART FOR RAC REFERRALS



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