



Greater Manchester
Urgent Primary Care Alliance

Local and GM Clinical Assessment Service (LCAS/CAS) Standard Operating Procedure & Clinical Manual VS15

Provided by GMUPCA - Greater Manchester Urgent Primary Care Alliance (BARDOC, gtd
Healthcare & Mastercall Healthcare)

Commissioned by GM CCGs & NWAS in partnership with the GMHSCP- Greater Manchester
Health & Social Care Partnership

DOCUMENT HISTORY

Document Storage

Location Original – Corporate Drive / SMT / SOPs / CAS

Location PDF – Information Drive / Clinical Information / Clinical Manuals and service info / CAS

Change History

Version	Owner	Author	Change Summary	Document Date
1.0	Gemma Lister	Gemma Lister	New document	Nov 2020
2.0	Rachael Ingram	Gemma Lister	Revised document	Dec 2020
3.0	Rachael Ingram			
4.0	Gemma Lister	Gemma Lister	Addition of Covid provisions	18.1.2021
5.0	Gemma Lister	Gemma Lister	Further Covid provisions	10.2.21
6.0	Gemma Lister	Gemma Lister	Oldham Covid provision, Urgent Eye care service info, HMP PNP info added	01.03.2021
7.0	Gemma Lister	Gemma Lister	Further Covid provisions added. Referrals to HMR MH services.	25.03.21
Retitled vs 1 2021	G. Lister & T Davison	Combined	Integrating SOP and Clinical Manual into slimmer SOP	09/04/2021
Retitled vs 2 2021	G. Lister & T Davison	Combined	UEC programme, home visiting process, clinical performance, and DNA & service suspension procedures updated	16/04/2021
Retitled vs 3 2021	G. Lister & T Davison	Combined	Provider feedback to DOS	20/04/2021
Vs4	G. Lister & T Davison	Combined	Wigan and Warrington OOHs numbers added. DX333 process edited, MH Note on finishing cases and ext triage times note	06/05/2021
Vs5	G. Lister & T Davison	Combined	Salford post codes	28/05/2021
Vs6	G. Lister & T Davison	Combined	Change to NWAS extended triage times protocol and Trafford and tameside postcodes	03/06/2021
Vs7	G. Lister & T Davison	Combined	Changes to NWAS numbers, DNA Case closure process and Change to NWAS extended triage times protocol, Case Cancellation protocol	30/06/2021
Vs8	T Davison	Combined Slim	Changes to UEC and clarity on all forwarding processes with new MH config	10/12/2021
Vs9	T Davison	Combined Slim	Changes to Mental Health and advisory notes on zero case locking and other shift lead monitoring protocols	10/12/2021
Vx10	G Gray	Combined Slim	New MH clinician manual and comms replaced due to new process and new code inclusion from 24/12	22/12/2021
Vs11	T Davison	Combined Slim	Changes to cat 3 response time to 30mins as per MOU and contract	17/01/2022
V12	G Gray	Combined Slim	ETT Addendum / Update to shift lead and ops responsibilities / Useful contacts MH in clinician's manual	04/04/22
V13	G Gray	Combined Slim	BCDR processes embedded Update on NWAS 999 Pathways Update to clinical manual – welfare checks and HER tab	
V14	G Gray	Combined slim	Updated failed contacts procedure Update on nhs 111 covid codes New Adastra process for Opel/PSP levels	22.12.22
V15	G Gray	Combined Slim	Inclusion of BARS quick look manual for clinicians and shift leads Inclusion of service finder options for clinicians Update on partner forwarding may result in re-triage/alt outcome	07/12/23

Responsibility for distribution of this document

GMUPCA Operational Management Team

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Section 1: Quick Guides/Manuals:

General Clinical User Guide for CAS/LCAS



CAS Clinician How
To Manual.pdf

[Update, please note that at times of pressure CAS forwarding to partners for face-to-face provision **may** be re-triaged for alternative outcomes for capacity management]

Clinical Mental Health Call Guide (updated 04.04.2022)



CAS Mental Health
Calls.pdf

Clinical Guide to Using BARS (07/12/23)



CAS BARS Overview
-Clinical23.pdf

CAS Bulletin Oct 23 _Introducing Service Finder and GP Connect



CAS
Bulletin-October 23.

Section 2: Introduction to Service

There are 4 aspects to the Service:

- **GM CAS:** NWAAS 999 cases (including Mental Health); 'hear and/or see & treat' (and forwarding).
- **GM LCAS:** NWAAS 111 & 111 online cases (including Covid & 'DX333' 111 online CAT3&4 Ambulance outcomes); 'hear and/or see & treat' (and forwarding).
- **Adastra UEC Programme:** Emergency Department patient DNA call backs & safety netting (**non-clinical**) for ED Adastra queues provided by the Alliance.
- **Adastra UEC Programme:** DNA Safeguarding (**clinical**) for point 3 above.

The Greater Manchester Integrated Urgent Care Clinical Assessment Service (GM IUC CAS – known as CAS) aims to reduce avoidable emergency admissions, readmissions and emergency ambulance activity whilst improving the patient journey through delivery of high quality safe clinical service. In Adastra, cases transfer to this service from 111 are dubbed 'LCAS' cases, cases transferred from 999 are dubbed 'CAS' cases; it is however one macro-CAS service.

Following Northwest Ambulance Service (NWS) 999 pathways assessment, cases which have been allocated a Green 3 or 4 (low acuity) ambulance response outcomes are electronically sent to the GM Alliance AdastrA where skilled triage clinicians will triage and signpost locally as appropriate. Any 999-call transferred to the CAS WILL NOT be closed on the NWS system (unless they are cases transferred from 111 online with a CAT 3 or 4 Ambulance Response Time/Target- ARP; these cases are flagged red in AdastrA as DX333). For regular, non DX333 cat 3 and 4 999 cases, the case will remain open until the CAS confirms that they have dealt with the case. Since November 2020, this service includes Local Clinical Assessment Service (LCAS) and Covid Clinical Assessment Service (CCAS) cases. These are NHS111 pathways assessment calls with an ETC outcome of 'Advised to attend ED' (within a pre-approved code set) which are electronically sent to the GM Alliance AdastrA where we will triage (and signpost locally if not closed at advice). We largely, previously triaged these under the APAS scheme.

Update 07/12/23

The introduction of BaRS (Booking and Referral Standard) on 28/11/23 allows the NWS 999 system to interact directly with AdastrA. 999 Validation cases will remain open however CAS can now automatically update the status of the ambulance electronically.

All 10 GM CCGs are included: Salford, Wigan, Bury, Rochdale, Bolton, Tameside and Glossop, Manchester, Oldham, Trafford, and Stockport. NWS referrals are based on patient location at time of referral, not the patient's registered GP location, although the converse is true for 111.

Senior CAS Service Leads

The clinical service leads within each Alliance members Clinical Hubs will provide day to day operational support to the clinical team to ensure that targets, KPIs and service objectives are met, whilst also investigating and overseeing clinical incidents and complaints. Day to day queries or concerns should first be raised with Shift Lead on duty then escalated to Clinical Service Lead if not resolved.

Mastercall

- Gemma Lister – gemma.lister1@nhs.net
- Mastercall Shift Lead – 0161 477 9190

GoToDoc

- Audrey Leech – Audrey.leech@nhs.net / 07342947183
- In Hours clinical shift lead – 0161 934 2820 ▪ OOH shift lead – 07395885688

BARDOC ▪ Dr Chauhan –

- OOH shift lead – 0161 763 8547 / 07912732063

Salford Provider

- Louise Smith – louise.sith@srft.nhs.uk / 0161 206 2296 (Emergency point of contact)
- Salford Provider DIRECT DIAL - 0161 206 6666

Wigan Alliance

- Lisa McChrystal – lisa.mcchrystal@nhs.net
- GP Alliance - 0772406309

Further Senior GMUPCA Contacts for escalation:

- Dr Chauhan GMUPCA Chief Clinical Officer
- Tim Davison GMUPCA Chief Operating Officer tdavison@nhs.net 07921137585

- Gemma Gray GMUPCA Interim Head of Operations gemma.gray4@nhs.net 07948724388

IT Support


Support for UEC sites/ Aداstra use






- Please urgent issues call 0161 476 9656 24/7 or for non urgent issues please email gma.servicedesk1@nhs.net

Support for Alliance Providers

- Please contact your respective organisations IT teams

Recent Updates to Service Leads:

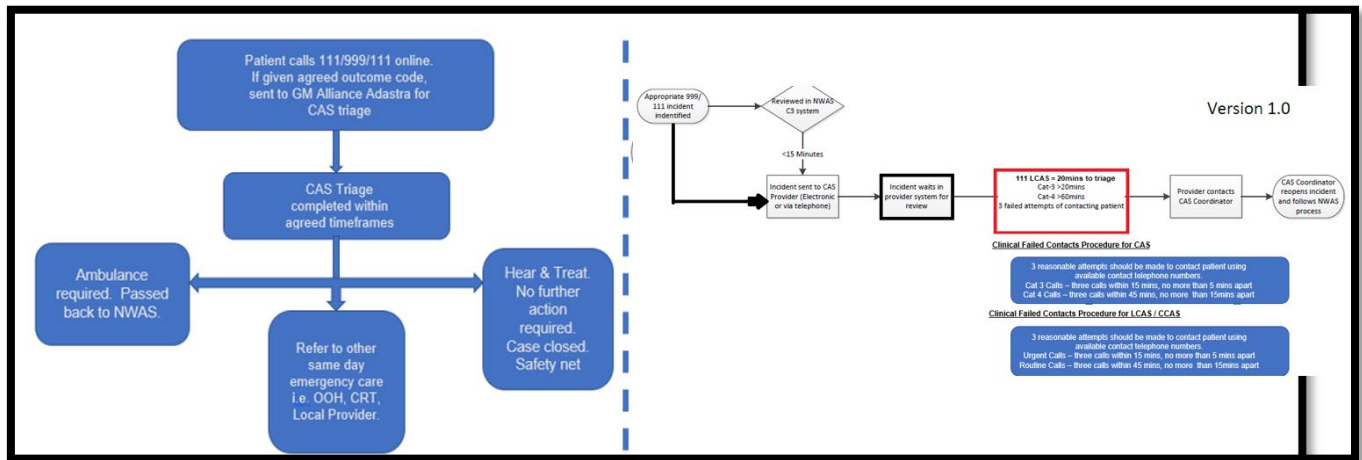
<u>Document</u>	<u>Date</u>	<u>Overview</u>
Comfort call	22.12.22	Adastra OLC and comfort calls screens have been reconfigured to show where the calls originated and when the last comfort call was made
Removal of NHS111Online covid codes	22.12.22	DX1112,1113,1115,1116,1117 codes that came from NHS111 online have been re routed to primary care – these codes will still come into CCAS from 111 telephony
New Case Type 999 NHS Pathway cases (added July 2022)	26/08/2022	NWAS now use Pathways in the 999 call handling processes. There is an additional CAS type in CAS known as 999 PATHWAYS . This is to reflect the 999 cases that have gone through NHS Pathways and will <u>not have</u> generated an ambulance response and will not be an open case in 999. If, after your clinical assessment you feel a patient does need an ambulance, <u>you must</u> call the HCP line 0345 140 0144 to request an ambulance and state the category of ambulance you require. If you are unsure, please discuss with the NWAS coordinator
 Shift Lead Comms .pdf	17/12/2021	Case locking, ETTO, failed contacts, comfort calling, long breaches and MH pathway changes.

 Ops comms re MH.pdf	23/12/2021	MH update on code inclusion and case management
 GP details PDS look up .msg	04/04/2022	Comms to shift leads re PDS look ups
 B9210025.msg	20/07/23	Warm transfers from NWS
 PSP email shift leads .pdf	04/04/2022	Email re PSP timeframes to shift leads
 CAS BARS Overview - Shift Leads.pdf	07/12/23	Training delivered to CAS op staff and shared via email to all parties regarding management of BARS cases

Section 3: Service Overview & Controls

This service will run 24hours a day, seven days a week, initially until 31st March 2022.

Basic 999/111/111 online Patient Flow:



Triage Time Frames SLAs:

- **CAS 999 Cat 3 triage time within 30mins**
- **CAS 999 Cat 4 triage time within 60mins**
- **LCAS 111 have a variety of time frames from 20mins-6hrs but are flagged as such in Adastra**

NB: During times of high demand at NWS, NWS may wish to extend call back times (ETT: Extended Triage Times (see Extended Triage Time))

Exclusion Criteria

Patients excluded from this service are outlined below:

- Patients with a life-threatening emergency, of category 2 or above.
- Patients under 2 yrs. from 999 (any age is permitted from 111)
- Patients in a public place/ exposed to elements
- Patient without contact details
- Anyone immobilised (stuck in chair/bed/bath etc)

Service Volume Controls:

There are 3 ways to cease new case volumes to the stack:

1. Suspend the 999 flows of cases to CAS
2. Stop 111 'batching' of cases to CAS (call 111 desk and suspend the automated ETTO Early Transfer Codes via NHS Middlebrook 111 supervisor 01204 479 311)
3. Suspend the 111 service completely; this can only be achieved via escalation to the COO or MD on call in agreement with the lead CCG, GM and DOS.

There are many factors to considering the safe delivery of CAS cases levels:

Forecasting/calculation matrix; NB this is a mathematical and experiential decision:

1. *With 17mins average handling time and i.e., 15heads complete c45cases every hour.
NB: If 15heads have been working on cases for i.e., 12mins then in 19mins 30cases will complete
so a shift lead must make a calculated decision based on:*
 - i. *Case mix acuity*
 - ii. *Breaches on stack*
 - iii. *Cases on stack- 30cases in queue may have 4hr SLAs so it's not case volume is breach issues*
 - iv. *Incoming clinicians re: vol of heads*
 - v. *Outgoing clinicians re: vol of heads*
 - vi. *Predicted incoming demand*

Further clarity on mitigations and actions for the shift lead (with support from the senior CAS clinicians on rota, and Ops management including the Alliance Senior Management Team) these are found in the below:



Alliance performance protoc



Memo for CAS shift leads.msg



Shift Lead escalation.pdf

999 CAS Service Suspension:

If the clinicians on rota cannot handle the volume of demand from NWS the Shift Lead and/or Service Lead on duty **must first seek *resilience**, and then contact the Contact NWS Clinical CAS coordinator on 0151 432 5578 to discuss the situation and jointly review the risks- NWS may choose to extend triage times as above (but must cite Level 4 through official channels as above) rather than suspend.

***Resilience:** *The CAS is trending at 400 cases with 500 case rota capacity. If there is a suspension, then the service is likely understaffed due to absence or late notified illness. CAS Shift leads should immediately engage spare capacity in all partner hubs by contacting partner shift leads and/or Ops managers and service leads outlined below (to get clinicians to log onto the CAS stack), and given the rota partial fill bring in the on call were*

the budget allows¹ (or engage the escalation procedure budget within this SOP for resilience were demand requires- but the COO must be notified within 24hrs or the shift lead will be held responsible for an retrospectively unchecked/unsanctioned overspend).

If a joint decision to suspend the service is made, the service will be closed after 15 minutes to allow sufficient time for the Shift Duty Manager to make all Clinical Hub staff aware. Once flow has returned to a manageable rate the Service Lead on duty should inform the NWS dispatcher to recommence dispatch to the CAS. A service aspect suspension report must be completed and shared with Tim Davison, GMUPCA COO (tdavison@nhs.net the service suspension form is found in the gm.cas@nhs.net inbox documents folders).

0151 432 5575 (NWS performance manager- general info) should be used as a contingency if there are unacceptable wait times/ no answer from 0151 432 5578.

NWS CAS Coordinator- 0151 432 5578 – CAS referral pass backs

NWS Performance Manager – 0151 432 5575 – General information

NB: 0151 432 5578 for 999 pass backs or the HCP line on 0345 140 0144 for LCAS cases requiring an ambulance (as a case will not already exist at 999 for a 111 LCAS case).

111 LCAS Suspension:

Again, LCAS cannot be suspended without the temporary suspension of the service on the DOS (with the assistance of the DOS team); it would be **highly irregular**, to suspend both flows of 111 and 999 due to rota capacity and the shift lead should contact the GMUPCA, COO and/or local partner clinical Service Leads to discuss.

Extended Triage Times

On 14th February 2022- NWS invoked a system wide plan that allows for extended triage times on the CAS service in accordance with their internal Patient Safety Plan within both the 111's and 999 calls. CAS therefore will extend triage times on received cases in line with the current PSP levels communicated by NWS. During PSP1 and above calls will not breach or need to be passed back to NWS within usual operating parameters.



Signed ETT
Addendum Agreement

22.12.22

Update on Management of cases during Opel/ PSP levels – new Adastra functionality to update breach times



ETT NEW ADASTRA
FUNCTION FOR BRE

¹ CAS shift leads have the weekly rota fill rates provided via the gm.cas inbox. They will be able to see the staff vacancies and ascertain the rota slippage available for ad hoc resilience.

Section 4: Alliance UEC programme:

The Alliance has partnered with the GMHSCP and Adastral to install our Alliance (CAS) instance of Adastral in every, Greater Manchester:

1. ED reception (completed in January 2021); CAS forwarding to ED queues
2. Urgent Treatment Centre (part way through); CAS appointment booking to UTCs
3. SDEC (same day emergency care facility i.e., SACRU- surgical unit); CAS appointment booking in SDECs (pending)
4. Community SPOA (Single Point of Access); CAS appointment booking in community (pending- one PNP/Paed's service live in Bury via UEC forwarding function).

As this service is run on Adastral, the Alliance is funded to provide a patient DNA (Did not attend) safeguarding service to chase DNAs both non-clinical and clinically where appropriate. The process is outlined below:



GMA DNA Case Management.pdf



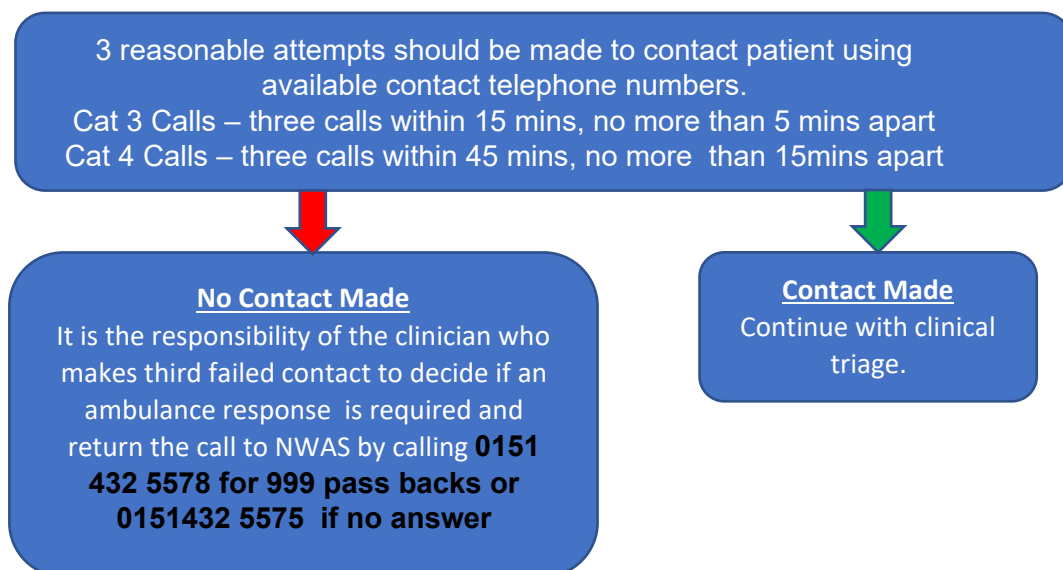
Adastral 111 First .pdf



ED Comms - TD.pdf

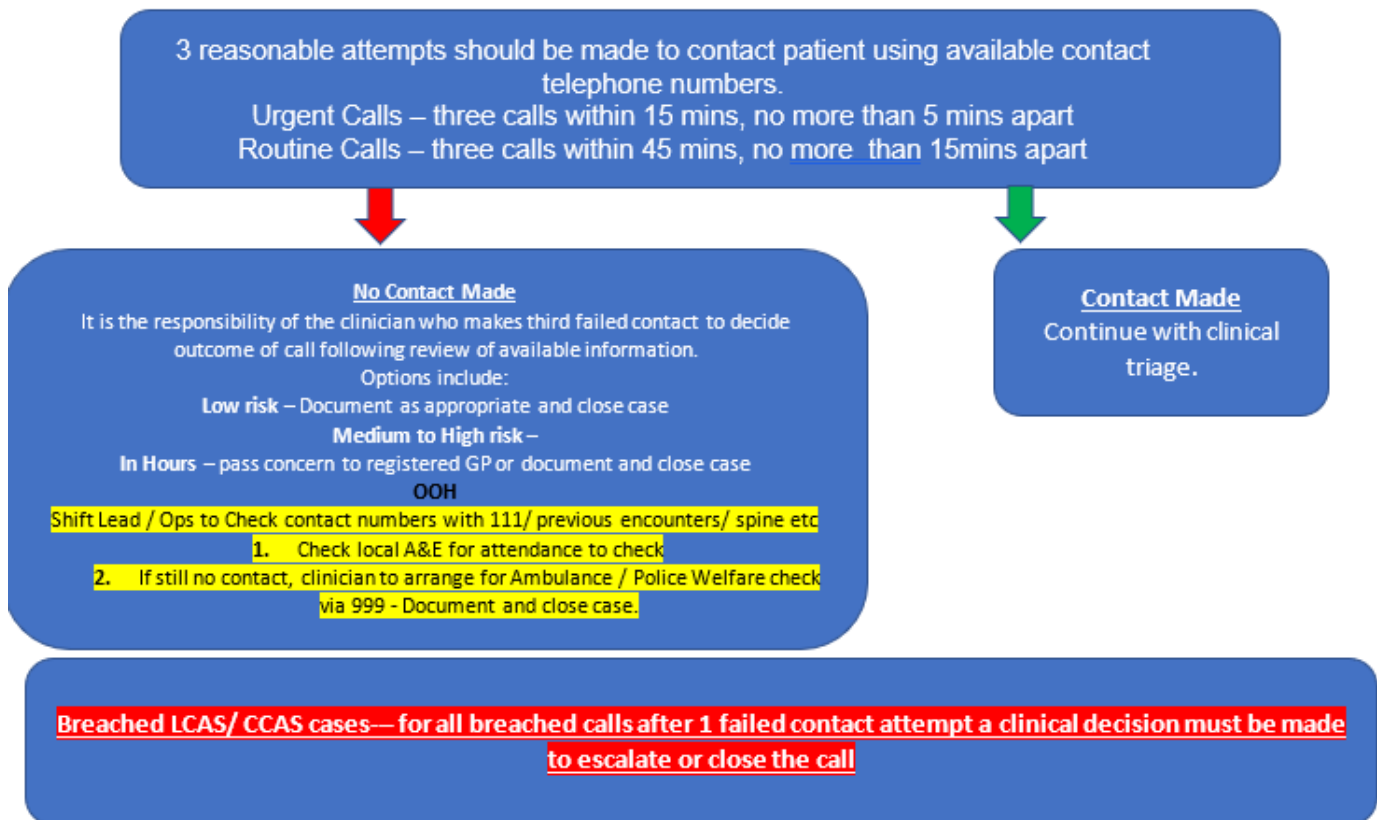
If the call handler cannot contact the patient who DNA'd the case will be transferred to the CAS clinicians for a safeguarding decision. If the clinician cannot contact the patient (1 immediate attempt or straight to decision), then as per the standard failed contact procedure (outlined fully in the document below) the clinician must assess the patient risk and respond as per the below:

Clinical Failed Contacts Procedure for CAS



Breached calls should be passed back to NWAS by the Shift Lead

Clinical Failed Contacts Procedure for LCAS / CCAS



30/06/21 UPDATE:

We have now added the option to close a case from the comfort call screen. This can be used by Shift Leads to close off cases from the DNA queue where you have confirmed that a patient has attended for an emergency appointment, however the ED have been unable to arrive them, or they have attended another department. This will hopefully stop the cycle of unarrived calls bouncing from ED back into the CAS. Please read the attached for further guidance.



CAS close call-
comfort call.pdf

22.12.22

FAILED CONTACTS

Please ensure that if you pass a failed contact back to NWS, consider if the priority of the call, after a clinical review of information available to you i.e upgrade/downgrade the response as appropriate.

Please be aware **3 attempts** to contact the patient should be made, unless the call has breached.

Failed contacts and Breaches

If the call has breached, please **only make one call**, if no answer then pass back to NWS.

If LCAS call make a decision after one failed contact i.e, if a clinical concern either contact 999 or 101 (police welfare check), close the case and provide a rationale i.e voicemail left and given presenting complaint safe to close

Section 5: Mental Health Cases

CAS MH GP Rep Note

- Please ensure these cases are dealt with by GPs (and ACPs who feel competent) in priority and time order as sadly we are seeing cases left on screen and not actioned.
- We understand that they may take longer than other calls but please consider these as vulnerable people in need of support. In a time when we should treat mental illness the same as physical illness, we would not leave a patient who reported central chest pain on the stack for hours.
- A MIND survey has indicated that around 40 per cent of GP appointments now involve mental health.
- The Covid 19 pandemic may add to these pressures. The experience of isolation, anxiety and bereavement, the effect on people’s ability to access health care and other services, and the direct effects of the virus itself may together lead to increased mental health needs in the population. GP practice and the CAS will often be the place where these needs are felt first so let us all do our bit to look after these vulnerable patients.

Mental Health cases which call 111 or 999 are pushed to the stack after being pre-validated as suitable by an NAWAS mental health practitioner. These cases present in the GMUPCA Adatastra marked as ‘CAS MH’ in purple. GPs (and competent APs) **must** triage mental health cases the CAS stack within 30minutes. Triage clinicians should not undertake these triage cases unless competent and discussed with line manager. Please note it is not currently possible to differentiate MH cases in the LCAS stack so communication with colleagues to highlight MH cases may be necessary.

- **NB:** If 3 failed contact attempts are made, follow the ‘Failed Contacts’ process.

See Mental Health Guide (Section 1 [MH](#))

23.12.21

Inclusion	of	extended	MH	Codes	(Card	25	with	exclusions	as	below)
DEF	25B04	Jumper Threatening						CAT3	CAT3	no
DEF	25B04B	Jumper Threatening - Violent & Weapons						CAT3	CAT3	no
DEF	25B04V	Jumper Threatening - Violent						CAT3	CAT3	no
DEF	25B04W	Jumper Threatening - Weapons						CAT3	CAT3	no

Section 6: Referral and Partner Services Information

Local Provider Navigation Resource - DOS

The GMUPCA has access to the Directory of Services via Service Finder . This allows users to search for local health services based on the patient’s location postcode.

This can be found in the ‘Resources’ tab of Adatastra.

Additional, useful end points can be found in the below:



UEC signposts.pdf



Covid referral endpoints.pdf



Partner Services .pdf



Urgent Eye Care.pdf



Paediatric Nurse Practitioner Service .

SDEC Information



SDEC Information
.pdf

Stepping Hill Pre-Bookables

Stepping Hill Hospital UTC will allow you to book patients into their GP-lead UTC which is operates from 10am-10pm 7 days a week.

We are going to initially start by offering 4 arrival slots each day (11am, 1pm, 3pm and 5pm) and we will monitor their use over the next few months.

Please use the UEC signposting tab on the right of the Adastra screen and select SHH UTC calendar. Please note the exclusion criteria which are also listed below.

Exclusion criteria for booking into SHH UTC

Aged under 16 (all paediatric patients are seen in the paediatric department and then if stable can be referred to the UTC list)

NEWS2 >3 or 1 parameter >3 or clinically unstable

ACS/Trop positive

DKA

Suspected TIA/Stroke

Confusion, Dementia, No mental Capacity

Acute shortness of Breath

Large volume GI bleeding

GCS<15

Mental health crisis including Substance misuse or self-harm

Pain score >5 out of 10

Likely to require admission/speciality assessment e.g., SDEC/MDEC.

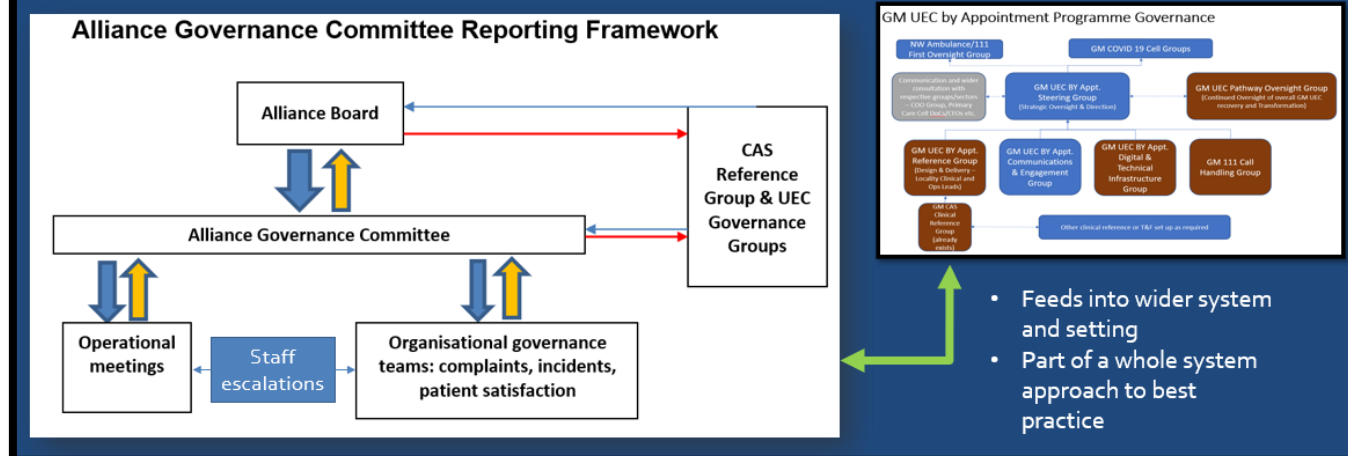
Section 7: Governance and Incident Reporting

Please refer to the document below in relation to Alliance Clinical Governance arrangements:



Alliance Clinical
Governance v11.pdf

REPORTING LINES



As per the above document, all incidents/complaints regarding any aspect of services provided by any Alliance member should be recorded on the handling organisations incident register i.e., Datix (or for GTD, an appropriate other Risk and Incident reporting system) in a timely manner as per the ‘handling’² organisations incident and reporting policies.

If your reporting system is not available, please contact the Mastercall Q&S team via 0161 476 7001 or via email gands.mastercall@nhs.net immediately.

Risks/incidents and lessons learned must be escalated appropriately according to the handling organisations Incidents policy.

Call Recording:

NB: VOICE RECORDING (VR)

- All cases whether closed at advice or forwarded for further intervention must have every clinical telephony intervention recorded on VR.

Safeguarding Concerns

All safeguarding concerns must be raised immediately by the assessing clinician as per local policy and any actions taken/outstanding MUST be recorded on Ulysses.

² When the case is on Mastercall’s Adastra stack for Triage it is the responsibility of the Triage GMUPCA or Alliance Member’s clinician(s) on shift as soon as the call handler has added it to the Online Clinician (OLC) queue. Once a case has been sent off this queue to another service or system it falls under the governance arrangements of the receiving provider. Incidents regarding inappropriate triage are covered above.

Sickness and Absences

In the event of and staff absence/sickness please contact your respective organisational HR and Rota teams as soon as possible:

Mastercall:

In hours: Mastercall HR team (0161 476 7006)

Out of hours: Shift Lead (0161477 9190)

CCS Management will escalate appropriately to the Clinical lead, Suzanne Curtis.

GTD:

In hours – Rota Team (0161 337 2256)

Out of hours – Clinical Shift Lead (0161 934 2820)

BARDOC:

In Hours Rota Team – 0161 763 8520

Out of hours shift lead 0161 763 8547 / 07912732063

Section 8: Business Continuity and Disaster Recovery Processes

In the case of Adastra downtime



CAS BCDR
Process.pdf

Actions within first *60 mins

- As per local procedures for Adastra downtime (either call Advanced or notify your line manager/IT on call) to report the outage and ascertain the nature and extent of the issue immediately.
- Take note of when the service went down and agree a time for next update from your point of contact (Adastra/ IT etc)
- Inform NWAS coordinator and suspend 999 CAS cases
- Inform 111 and if 111 are able to enact BCDR processes by sending emails; if ITK Adastra sending fails this should happen by default
- If so please move to email / nhs.net based system as per the above document
- Speak to your line manager to ensure all calls currently on the system are dealt with by checking and taking information on existing cases from your organisations Adastra Service Continuity Tracker
- If downtime is less than 1 hr please collate all consultation managed in BCDR and enter the cases onto Adastra, then email details and suspension forms to tdavison@nhs.net and gemma.gray4@nhs.net
- Ensure all information including Adastra helpdesk job numbers are documented on the Shift Report

***If downtime exceeds 1 hour please follow the below escalation, in the first instance please contact Tim Davison (07921137585) or Gemma Gray (07948724388) who will liaise with the command group comprising of CCIO, CIO, COO, Ops Manager, IT and CEO Reps.**

For telephony downtime, please contact your local IT service

Section 9: Appendices & Further IMPORTANT INFORMATION

Appendix 1: Cancelling Cases

In situations where you are closing cases in the GMA CAS (either because NWAS have advised call back no longer needed or you have passed breached calls back to them and cancelled from our screen) we need to cancel as **complete** so there is still a record of the case on our Adastra system.

Please use the following process.

Go to case edit, click 'complete case',



Click next on the warning pop up and then at the bottom of the outcome list please choose either S/L breached call passed back to NWAS or closed at NWAS request.

<input type="checkbox"/>	S/L Breached - Passed back to NWAS
<input type="checkbox"/>	S/L Closed at NWAS request

Document any relevant notes.

Appendix 2: Quick reference postcodes and GM Map

Reference Post Codes (june 2021)

Bardoc		GoToDoc		Mastercall		Salford Care Alliance		Wigan GP Alliance			
Post Code	Nearest Hospital	Post Code	Nearest Hospital	Post Code	Nearest Hospital	Post Code	Nearest Hospital	Post Code	Nearest Hospital		
BOLTON		MANCHESTER		STOCKPORT		SALFORD		Wigan			
BL1	Royal Bolton Hospital	M1	MRI	SK1	Stepping Hill Hospital	M5	Salford Royal Hospital	WN1	Royal Albert Edward Infirmary		
BL2											
BL3											
BL4											
BL5											
BL6											
BL7											
M26											
M38											
BURY		M18		SK2		M27		WN2			
BL8	Fairfield General Hospital	M19		SK3		M28 - LITTLE HULTON OR WORSLEY		WN3			
BL9											
BL10											
M25											
M45											
HMR		M20		SK5		M30		WN4			
BL9	Fairfield General Hospital	M21		SK6		M38 - LITTLE HULTON OR WORSLEY		WN5			
OL10											
OL11											
OL12											
OL15											
OL16											
M24											
		M22	Wythenshawe	SK7		M44 - IRLAM OR CADISHEAD		WN6			
		M23		SK8		Salford Royal Hospital		WN7			
		M4	NMGH	Tratford				M28	Royal Bolton		
		M8			M41	MFT and Salford acutes (WA post codes likely Wigan Acute)				M29	
		M9			M17					M46	
		M35			M32					WA3	Warrington
		M40		M31							
		M34	Tameside	M33							
		M43	Tameside General	WA13							
		OL5-7		WA14							
		SK14-16		WA15							
		OLDHAM		m16							
		OL1	Royal Oldham								
		OL2									
		OL3									
		OL4									
		OL8									
		OL9									

This link can provide quick reference to find which CCG the patient comes under to guide referral decision also: <https://stephenkeable.github.io/ccg-lookup/>

