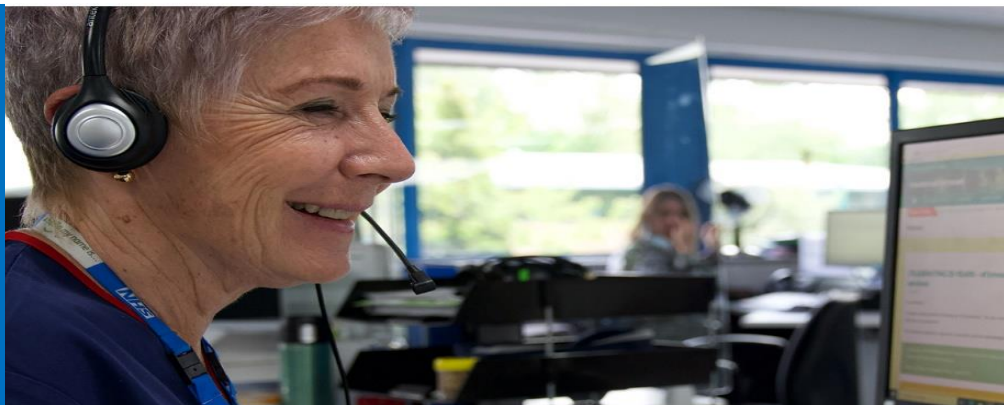


At a glance

CAS Outcomes
ED avoidance Schemes
Booking into UTCs/ UCCs
Odyssey Update
Think Delirium
Reording of safety netting advice
CAS educational events



CAS SERVICE UPDATE:

CAS OUTCOMES

We have recently undertaken an audit and found that some clinicians are using the wrong outcome codes. Please ensure you use the correct outcome to ensure we have accurate data. For example, if you are sending a patient to ED, please book them an arrival time and choose 'referred to ED (booked)'. Please use 'referred to UTC' and not ED if sending to a UTC.

It is important that we can demonstrate the value of the CAS service which means considering alternative outcomes to ED/ 999. Where clinically appropriate it is important you consider if the person can attend ED by their own transport or offer an NWS taxi (if appropriate) as each ambulance we save can potentially help save a life as it means a quicker response for cat 1 and 2 ambulances.

Please note we are running monthly audits and will be monitoring this and feeding back to individual clinicians where we feel there have been missed opportunities for alternative services or where clinicians continue to use the wrong clinical outcome codes.



THINK ED AVOIDANCE SCHEMES

Please remember there are lots of appropriate alternatives to ED and where possible consider these when you are on shift. In the recent audit we have seen an increase in cases sent to ED that could have been managed by other services. Remember each missed opportunity to refer a patient to an alternative service means a potential worse outcome for patients, with increased waiting times in ED and increased demands on ED colleagues.

GP CONNECT

For in hours, please use GP connect where available to directly book remote consultation slots with the person's registered GP practice.

If you have any issues accessing GP Connect e.g., identify a GP practice that never has slots available please let the CAS shift lead know at the time.

OUT OF HOURS SERVICES (OOHs)

Please utilise the Out of hours for cases that can be managed within primary care and that do not require any investigations. Remember you can forward cases directly to local providers Bardoc, Gtd, Mastercall, Salford.

However, wherever possible, please use video consultations and prescribe using EPS i.e., symptoms of a UTI (as per NICE guidance), tonsillitis using Fever pain score. skin conditions. This not only helps your fellow colleagues but also provides a better patient experience and removes unnecessary steps in a patient's journey.

Please note: All OOHs have now confirmed that no referrals will be rejected from CAS. If you experience any problems, please contact rachaelingram@nhs.net

MINOR EYE CONDITIONS SERVICE <https://primaryeyecare.co.uk/services/minor-eye-conditions-service/>

What Conditions Can Be Treated by the Service?

- Red eye or eyelids
- Dry, gritty or uncomfortable eyes
- Eye irritation and inflammation
- A lot of recent discharge from the eye or watery eye
- Recently occurring flashes or floaters
- Painful eye
- Ingrowing lashes
- Recent and sudden loss of vision
- Foreign body in the eye

GREATER MANCHESTER MINOR AILMENTS SCHEME (MAS)

<https://greater-manchester.communitypharmacy.org.uk/greater-manchester-minor-ailments-scheme/>

Please note that service support is currently being updated by NHSE and will be uploaded to this page once available. Please use the NHS service finder for up-to-date details on Minor ailments schemes using <https://servicefinder.nhs.uk/location>

SEXUAL HEALTH CLINICS

<https://thenorthernsexualhealth.co.uk/>

Think: URGENT CARE RESPONSE SERVICES WHICH CAN PROVIDE 2HR RESPONSES

They provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours. This includes access to physiotherapy and occupational therapy, medication prescribing and reviews etc. UCR services are across GM.

Details of these services can be found on the NHS service finder.

URGENT TREATMENT AND CARE CENTRES:

We have pre-bookable slots in: Stockport, Trafford, Leigh, MRI, Rochdale which are visible using the UEC button.

MENTAL HEALTH 24hr Helpline

Consider referring to GM and Pennine 24hr MH helplines rather than advising ED. Referrals can be made electronically using the MH referral button but if you have any questions or want to discuss a referral, please call them on the numbers below:

GM Mental Direct Number **07435927273**

Pennine Mental Health helpline **0800 014 9995**.

BOOKING SLOTS IN UTCs and UCCs

Please consider informing the CAS clinicians to advise patients to attend 15-30 minutes before their appointment/ arrival time to ensure the team can see them as near to their arrival time as possible as the UTC can be very busy.

UPDATE FOR ODYSSEY USERS

We have had an Adastra upgrade to 3.44 installed this week. We have been advised from a couple of users re issues when starting an Odyssey assessment this shrinks the Adastra screen. There is a way to temporarily resolve this for the main part of the screen by reducing the screen size and then maximising again. BUT this still keeps the menu items small so the only way to full resolve is shutting down Adastra and re launching. We have reported this to Advanced and are awaiting a fix.

As part of the upgrade there was a fix applied to resolve the error message when starting an Odyssey assessment that the age/gender of the patient has been altered. If you received this error, you were unable to continue into the assessment and potentially would happen throughout the shift even after closing and re-opening Adastra.

If you have any of these issues or any other issues regarding Odyssey, please let us know date, time and case number this has affected and email this to servicedesk@mastercall.org.uk



THINK DELIRIUM

Delirium is an acute and common condition characterised by disturbances in attention, awareness and cognition, that affects roughly 23% of older inpatients. Patients with delirium are at a higher risk of adverse health outcomes, including increased risk of death, cognitive decline, and prolonged hospital length of stay. Despite the known consequences of delirium, current studies suggest that it is grossly under-reported in medical records and discharge summaries.

We would encourage **all** clinicians to download the [Greater-Manchester-community-delirium-toolkit-contents August 2023](#) and complete the delirium e-learning module.

The individual documents which make up the toolkit can be found below, along with optional resources. The links will lead directly to the named documents.

1. [Key document 1 How to identify and manage delirium](#)
2. [Key document 2 The 4AT assessment tool for delirium](#)
3. [Key document 3. Greater Manchester community delirium TIME bundle](#)
4. [Key document Greater Manchester Management of delirium guidance](#)
5. [Greater Manchester Delirium Leaflet Short Version June 2023](#)
6. [Greater Manchester Delirium Leaflet Long Version June 2023](#)

If you are dealing with any cases where it is reported the person has a new onset of confusion, please consider delirium as a cause and code accordingly even if the source of the delirium is known i.e., chest, urinary infection, dehydration, constipation etc. For example, please code delirium and the suspected reason UTI.

Please also ensure if the person needs admission to hospital that you state delirium to the paramedic/ onward referrer as this will trigger the use of the hospital delirium pathway.

How common is it?

Up to 50% of over 65 yrs in hospital, long term care over 5 yrs 10 – 40%, community 2-14% (higher in older age groups).

National

2019/2020
97,678 patients over 90yrs
discharged with any delirium
code in England – 12% of all
discharges at the same age 4

Greater Manchester

2019/2020
9,186 patients over 65yrs with
any delirium code admitted via
Emergency Department – 6% of
all admissions at the same age 7

Please **think Delirium and code it** as it may help save someone's life.

We will be arranging a Delirium training event on **10th October via teams 6.30pm-8pm**. It would be great to have as many people as possible attend this event.

RECORDING SAFETY NETTINGS/ WORSENING ADVICE

It is important that safety netting advice is recorded in your consultation notes, so it is clear the patient/ carer has been given appropriate advice on what to do if symptoms worsen.

NEXT EDUCATIONAL EVENTS: Booking and Referral Standard (BaRs)

The next educational event will be on the Booking and Referral Standard which is an interoperability standard that enables booking and referral information to be sent between service providers quickly and safely. This is very exciting and will help improve patient care as it will make it easier, faster and safer to forward patients to the most appropriate service.

We are currently undertaking the final stages of testing with NWS which will allow clinicians to pass cases back electronically and for the CAS to receive cases without the need of a phone call.

We have arranged 2 events to roll out BaRs and it is important that clinicians attend so they can have an opportunity to see how it works and ask questions.

The planned training dates are **13th Sept 12.30pm-1.30pm**

14th Sept 6.30pm-8pm

Please contact your training departments to book on to these sessions.

SEPTEMBER EVENING EVENT: Importance of documentation

29th September 12.30pm-1.30pm via Teams

Details of this event will be sent out in the next few weeks.

We hope you have found this bulletin useful. If you have any suggestions for future topics, please contact Rachael Ingram rachaelingram@nhs.net