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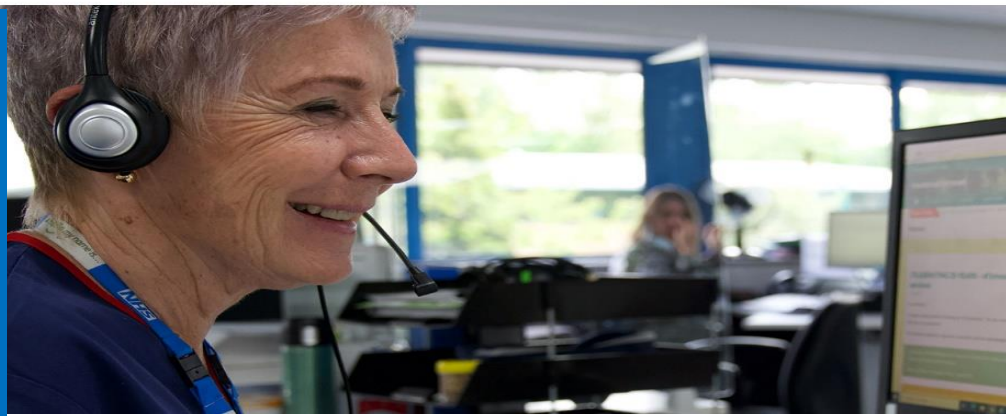


Joint statement on behalf of Go To Doc, BARDOC, Mastercall and Salford Primary Care Together regarding Greater Manchester Primary Urgent Care Alliance services.

Dear Colleagues

We hope everyone is well. As part of our clinical governance programme, you will be aware that there is a clinical audit process for all our clinical teams. This is to ensure that we provide the highest possible levels of care, ensuring that our patients receive the right care, at the right time by the most appropriate person.

In line with this, we are aware that there are times where it is clinically appropriate for us to return cases back to NWAS either increasing or decreasing the priority, raising an NWAS Taxi or alternatively asking patients to attend the Emergency Department. We would always request colleagues to ensure that they have explored all alternatives, using service finder, UEC Adastra end points, PaCCS and BaRS (if indicated) to ensure we get to the most appropriate outcome.

We are also aware that some case types, especially mental health presentations, can be more complex and consultations can be longer in duration. As such, Mental Health cases are reviewed in isolation and are excluded from any general case outcome auditing (including the above).

As always, we hope that you find all feedback helpful and supportive, and we would welcome any thoughts around further support that we could provide. This includes any suggestions for future teaching, training, and education events.

We would like to thank you for your ongoing hard work, dedication, and commitment.

Dr Dawood Anwar

Clinical Performance lead for GMUPCA

CAS UPDATES

VIDEO CONSULTATIONS

It has been noted from clinical audit that some cases had the potential to be closed in the CAS with a video consultation and EPS rather than forwarding on to other services for face-to-face consultations. Cases have included a paronychia, rashes, inflamed eczema. Please consider the patient journey and also the impact onward referrals have on other services and your fellow colleagues.

CATEGORY OF AMBULANCES

NWAS have reported that at times cases have been upgraded when they do not meet the criteria for a cat 2 ambulance. We appreciate there are times when upgrades are clinically appropriate and provide better outcomes for patients, however, please do not request upgrades purely when you have concerns about ambulance response times when the system is busy. Please consider each upgrade that isn't clinically appropriate means a delay in another patient's care. For example, if we upgrade to a Cat 2 because someone is in pain this may stop an ambulance going to someone who is having a stroke.
We will be monitoring this as part of our clinical audit programme.

Category one is for calls about people with life-threatening injuries and illnesses to ensure the quickest response to improve chance of survival. For example, cardiac arrest.
They aim to respond to these in an average time of 7 minutes and at least 9 out of 10 times within 15 minutes.

Category two is for emergency calls.
For example, strokes, seizures.
They aim to respond to these in an average time of 18 minutes and at least 9 out of 10 times within 40 minutes.

Category three is for urgent calls.
For example, abdominal pain.
They aim to respond to these within 120 minutes at least 9 out of 10 times.

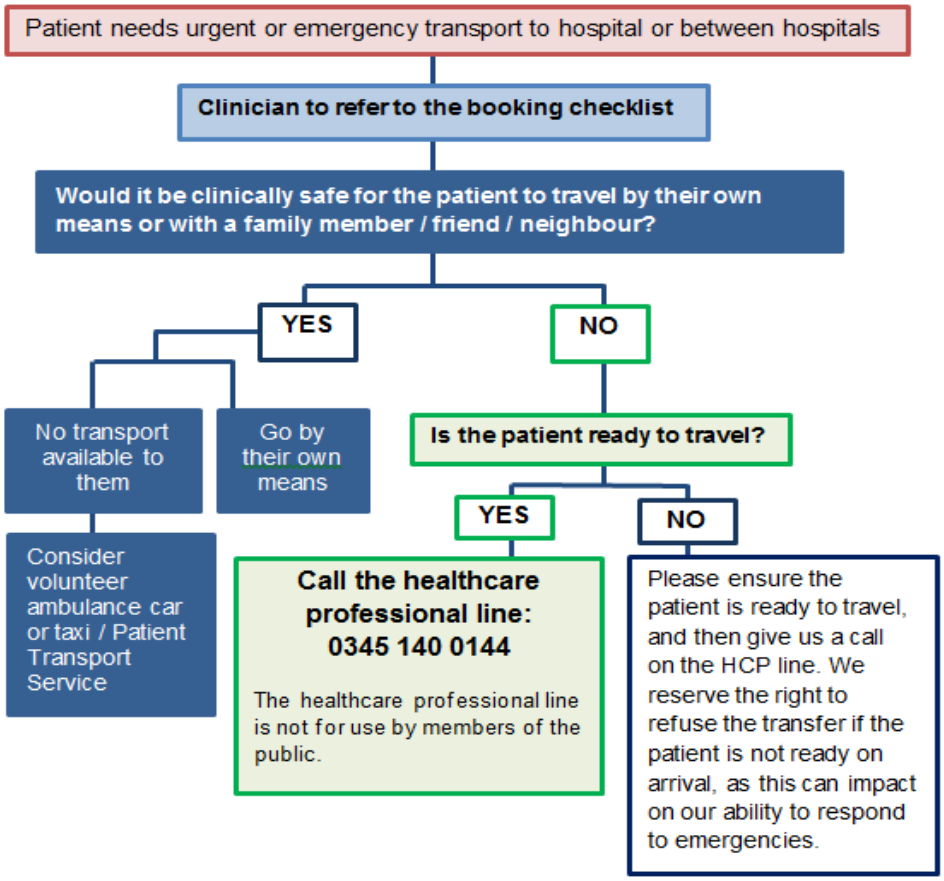
Category four is for less urgent calls that are not urgent. They aim to respond to these at least 9 out of 10 times within 180 minutes

Please also note we've now included and extra outcome code **'cas- nwas passback downgrade'**.

https://www.england.nhs.uk/urgent-emergency-care/improving-ambulance-services/arp/

VCAS and NWAS Taxi

Please wherever possible, consider alternatives to emergency ambulances when clinically appropriate. Please record this in your records when passing back or when contacting the HCP line as this can free up ambulance capacity. We hope the guide below will assist with this. If you are requesting NWAS taxi they can convey to **ED only.**



In immediately life-threatening emergencies, you can always reach us on 999.

There is also a useful link to this and more guidance
https://www.nwas.nhs.uk/services/professionals/emergency-ambulance/

NON-FATAL STRANGULATION

Section 70 Domestic Abuse Act 2021 introduced non-fatal strangulation and non-fatal suffocation as a serious offence. Strangulation is defined as asphyxia by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck. Non-fatal strangulation is where the patient has not died. Strangulation is common in interpersonal violence with 44% of victims reported being strangled. Recognising non-fatal strangulation is important as it increases the risk of a victim being killed. Homicide reviews show that victims who have previously

reported being strangled are 7 times more likely to be killed at a later date. Therefore, safeguarding patients who report this is crucial. If a patient or child reports being the victim of non-fatal strangulation, 'choked' or being grabbed by the neck, a referral to the police, social care and the hospital safeguarding team must be completed. A referral to the Multi-Agency Risk Assessment Conference (MARAC) should also be completed, regardless of the Domestic Abuse, Stalking & Harassment (DASH) score. If a patient does not have children and is deemed to have capacity and declines police or social care involvement, please take the time to encourage police reporting with an explanation of risks.

Further information regarding non-fatal strangulation can be found via the following links:

Guidelines for clinical management of non-fatal strangulation:
guidelines_acuteemergency_feb241.pdf (entuk.org)

Manchester Foundation Trust study on non-fatal strangulation:
'I thought he was going to kill me' – UK's largest study on non-fatal strangulation during sexual assault finds more than a third thought they were going to die - Saint Mary's Hospital (mft.nhs.uk)

URGENT CARE RESPONSE TEAMS UPDATE:

You can now book into an Urgent community response (UCR) teams in Bolton and Tameside and Glossop using the UEC button. For all other UCRs please contact the services via telephone for a verbal handover. We will be monitoring utilisation of these services as currently we are not referring many cases and there are suitable patients that could be seen by UCRs as they will provide a 2hr response.

NEXT EDUCATIONAL EVENING EVENT:

21st March: Lunch and Learn safeguarding event with speakers from the safeguarding leads across the alliance. It is an opportunity to discuss cases. If you have a case you wish to present or discuss please contact your safeguarding lead or bring it to the session.

If you would like to attend this event, please contact your training department for the link.

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