

At a glance

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CAS SERVICE UPDATE:

CHERRY PICKING CASES

Please be aware that we must take cases in time and priority order. Unfortunately, we have reports that clinicians are 'cheery picking' cases, for example leaving Mental health cases. Whilst we appreciate people need to work within their scope of practice as most nurses and AHPs may not be able to manage mental health cases, we also need to ensure we meet the needs of our patients and leaving cases can be detrimental and may lead to patient harm. If there is a case you cannot do, please message the shift lead so they are aware and understand why you are taking a case out of time/priority order.

TRAFFORD UEC SERVICES

As from 2nd August there will be a few name changes for Trafford services to try and improve and ease the booking of patients into the appropriate diaries at Trafford. The 8-8 Centre WIC Trafford diary will be renamed the 8-8 Primary Care Centre Diary. This is to try and distinguish the 2 services at Trafford (as per previous comms sent).

111 Direct booking Diary for use by NHS 111 directly only will be re-named **111 Primary Care Trafford direct booking** and is for use by NHS 111 only. The remaining diaries for Trafford will remain the same. Please ensure you use the correct diary, for example use ENP diary for an injury.

We hope that this will improve the process. Any problems please contact the CAS shift lead in the first instance or rachaelingram@nhs.net

UNSURE OF SERVICES?

If you are unsure of what services are in the area, please use the UEC button as this will display the services that we can directly book into or accept referrals from CAS. If you are unsure of what services are available or how to use UEC function, please contact the CAS shift lead for advice or seek advice from fellow colleagues on shift using the instant messaging facility in Adastra. The NHS service finder is also another great resource to use.

https://digital.nhs.uk/services/nhs-service-finder

IMPORTANCE OF BOOKING ED SLOTS SO PATIENTS APPEAR IN THE DNA QUEUE

Please ensure you book ED slots at all times when you have advised a patient to attend ED. This is important so cases can be followed up if they do not arrive and we can ensure appropriate actions are taken.

In cases where an ambulance has been requested or the case has been passed back to NWAS, please record in your notes whether alternative means of conveyance have been offered/ considered and the rationale for an ambulance.



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.

GREATER MANCHESTER RESILIENCE HUB

In this month's bulletin I wanted to draw your attention to a new brave face campaign launched by the Greater Manchester Resilience Hub to encourage health and care staff across Greater Manchester to reach out for support.

We all do it, we all have a tendency to put on a brave face to keep working through incredible pressures and challenges and, as healthcare professionals, you are the ones who often have to maintain stability, keep calm and stay in control. We also need to appreciate the challenges of working remotely without the support of colleagues next to you when you manage difficult cases. So I encourage you to check out the emotional support that is available to all health and care workers, and your families, who are living or working across Greater Manchester through the GM Resilience Hub.

SAFEGUARDING CASE

Safeguarding lead, Vicky Brown, wishes to highlight a safeguarding case which was managed by our colleague. A call was taken on GM CAS from the friend of a 40-year-old man who was reported as being intoxicated, displaying odd behaviours, and making threats to others.

The man had turned up at his friend's house drunk with his 7-year-old son. Our colleague managed to gather the name and age of the child and established that he had been taken to his grandmother's house, so he was currently safe. Our colleague spoke to the child's grandmother to confirm that the child was safe.

At the time, the patient was lay on the floor saying he wanted to kill himself. There were concerns re: threats to other people also.

Our colleague upgraded the case to an emergency response with the police in attendance. He completed a Trafford child safeguarding referral by phone and confirmed this with an online referral form. He also completed a Ulysses form and informed Vicky Brown by email of events.

It is evident that our colleague took steps to not only safeguard his patient but also the children who were involved and his colleagues who would need to attend the address.

Knowledge of using a "whole family approach" and the "trio of vulnerabilities" was evident in this case. Our colleague went over and above his duties to manage this case to an excellent standard.

PATIENT FEEDBACK

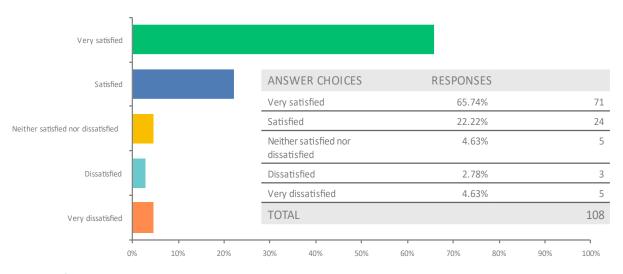
We wanted to share the positive feedback we have received from patients who have used the CAS service. Below is a summary of the written comments we have received from the survey monkey (April-June 2023).





With regards to the call back you received from a clinical (not the call into 999 or 111), overall, how was your experience of our service?

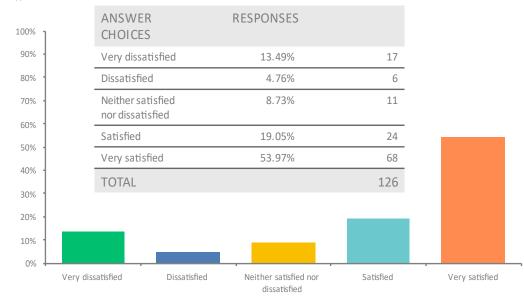
Answered: 108 Skipped: 18



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Thinking specifically about the call back from the clinician:(these questions are related to your interaction involving the clinical call back process and not111 or 999 call handler experientee)w satisfied were you with the time taken to receive the call back?:



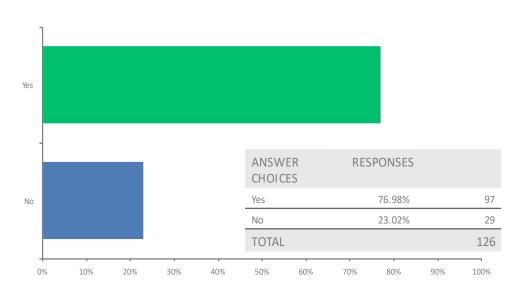


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Did the clinician help you to understand what was wrong with you?

Answered: 126 Skipped: 0

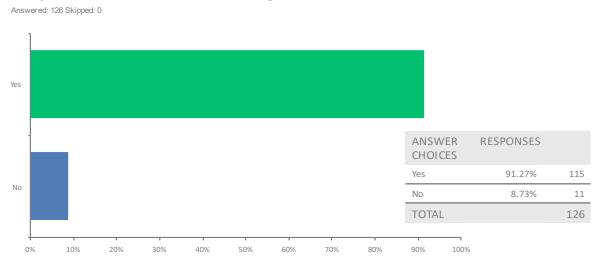


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ANSWER RESPONSES At the end of the call what was the outcome? **CHOICES** Answered: 126 Skipped: 0 Advice given 19.84% 25 to manage symptoms independently Advice given to manage symptoms independently Appointment 11.11% 14 arranged with my own GP Appointment arranged with my own GP Advised to 33.33% 42 attend an Accident and Emergency Advised to attend an Accident and Emergency Department Department 11.90% 15 Ambulance arranged Ambulance arranged Other 23.81% 30 **TOTAL** 126 Other 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

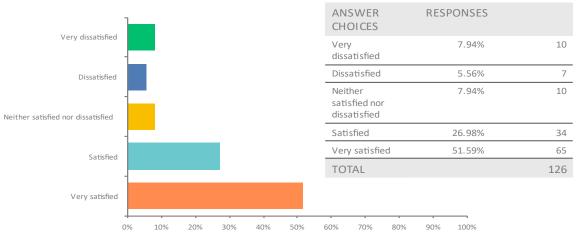
Did you follow the advice/outcome given?





Are you satisfied that this met your requirements





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NEXT EDUCATIONAL EVENT: Booking and Referral Standard (BaRs)

Apologies that we have not had an educational event in July. 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 NWAS which will allow clinicians to pass cases back electronically and for the CAS to receive cases without the need of a phone call.

We will arrange 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.

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