

# CAS SERVICE UPDATE:

### PATIENT FEEDBACK

In the recent CAS Patient experience survey Jan – March 23 we have had 100 respondents.

Greater Manchester Urgent Primary Care Alliance		Exp	ert a	ligned	<b>Gre</b> care, enablii	<b>ater Mancl</b> ng greater i	-			
	ANSWER CHOICES	RESPONSES		100% -	Q2: Thinking specifically about the call back from the clinician:(these questions are related to your interaction involving the clinical call back process and not 111 or 999 call handler experience) How satisfied were you with the time taken to receive the call back?:					
<ul> <li>CAS Patient Feedback</li> <li>100 respondents</li> <li>97% did as advised; 82% were satisfied to do so</li> <li>47 people want to tell us more about their experience</li> </ul>	Advice given to manage symptoms independently	12.00%	12	90% - 80% - 70% -						or 999
	Appointment arranged with my own GP	11.00%	11	60% - 50% -						
	Advised to attend an Accident and Emergency Department	44.00%	44	40% - 30% -						
	Ambulance arranged	7.00%	7	20% -						
	Other	26.00%	26	· 10% -						
	TOTAL		100		Very dissatisfied	Dissatisfied	Neither satisfi dissatisfi		Satisfied	Very satisfied
	Very dissatisfied	Q4: How satisfied we consultation with the			telephone Q3: you	Did the clinicia ?	n help you to u	nderstand	what was wron	g with
	Dissatisfied				Yes					
	Veither satisfied nor dissatisfied				-			ANSWER CHOICES	RESPONSES	
	Satisfied				No			Yes	75.00%	75
					No			No	25.00%	25
	Very satisfied							TOTAL		100

- 95% of respondents had used 111 or 111 online. Sadly, we only received 5% of responses from those that had
  accessed 999.
- 84% were either satisfied or very satisfied with the call back times.
- 75% felt the clinician helped them understand what was wrong with them.
- 80% were satisfied or very satisfied with their remote consultation.
- 81% felt satisfied or very satisfied the service met their requirements.
- 97% stated they followed the advice they were given.

#### This is fantastic feedback, so well done.

However, as we are always striving for improvements, we have some areas that would be good to improve:

- i. Consider alternatives to ED: Approx 45% of cases were advised to attend ED. Whilst this is positive news that we have saved an ambulance, please consider alternative services such as the Urgent care response teams, Crisis teams, Urgent Treatment centres etc.
- ii. Worsening advice: Please ensure we are giving good safety netting and worsening advice, so we are assured the person knows when to seek help and advice.
- iii. Video consultations: Please consider video consultations to aide your management plan I.e. if the person reports swelling can we assess how severe it is? If the person has a rash, can we manage it in CAS?
- iv. **Prescribing:** If you feel you can complete the case with a prescription please do as this saves the patient and the onward service further steps in their journey. When prescribing please check, where possible the pharmacy opening times





**BE PREPARED!** 

Please test your connection and IT equipment well before the start of your shift. We advise at least 15mins before the start of your shift.

Please make sure you are using the VPN before the log in process, this will ensure the new updates and licence are pulled through to reduce the risk of any issues or having to contact IT support. If you are contacting IT and haven't attempted VPN before log in you may be asked to start there.

Before a clinical shift make sure you know your passwords for Adastra/ EMIS/ X-on systems. Do not leave it to the start of your shift as this negatively impacts your contribution to the shift.



### **CAS REQUESTS FOR HELP**

Thank you for your continued support with the CAS rota and your support with this has enabled the service to support NWAS in improving response times, reducing the unnecessary need for hospital conveyances and admissions, signposting people to more appropriate services, managing people remotely with EPS etc and by default giving patients better outcomes. Thank you as each consultation makes a difference.

However, at times we have had issues contacting clinicians on shift. We have even had some fall asleep!

Please ensure when you are working on CAS that you are well rested before the start of the shift and that you are fit to work and to complete your shift.

Please consider the impact this can have on your fellow colleagues and our patients if you are not working to your best ability.

Please be aware we are monitoring performance and if there are any issues raised, we will speak to clinicians individually.

#### **SMART CARDS**

Please ensure you use your smart cards when on shift so you can use GP connect, Electronic prescribing etc.

#### ADASTRA UPGRADE

We have had an Adastra upgrade to 3.43.

If you notice any issues, please contact Rachael Ingram as soon as possible. rachaelingram@nhs.net

Further information and links to training will be sent out individually very shortly.





# TRAFFORD URGENT CARE CENTRE (UCC)

When booking appointments at UCC please remember there are 2 different options:

2 x ENP 8am-7pm (2 slots per hour\*) 1 Physio 8am-7pm (2 slots per hour\*)

\* Inclusion criteria are available in the service information in the direction tab.



### **NHS SERVICE FINDER AND Q&A**

18th APRIL 6.30pm via teams.

We will be discussing how to use NHS Service finder and having an opportunity fo a Q+A session.

Please contact <u>rachaelingram@nhs.net</u> if you would like to be involved in the next event or have any suggestions for future topics.

If you want to book a place, please contact your training department.

National Institute for Health and Care Excellence

NICE GUIDANCE UPDATE

New quality standard identifies improvements in UTI diagnosis

NICE <u>updated quality standard on urinary tract infections (UTI) in adults</u> says healthcare professionals should diagnose women under 65 with a UTI if they have 2 or more key urinary symptoms. Women who present with 2 or more key symptoms should not require a dipstick test. Professionals should exclude any other causes of urinary symptoms and consider warning signs of other conditions such as sepsis and cancer when diagnosing a UTI.

#### Sore throat guidance updated Dec 22

Antibiotic recommendations updated in line with the UKHSA *Group A* streptococcus in children. Interim clinical guidance summary *issued on December 16*. <u>https://cks.nice.org.uk/topics/sore-throat-acute/</u>