Greater Manchester
Urgent Primary Care Alliance

At a glance

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CAS SERVICE UPDATE:
Bolton ED has now been reinstated for GM CAS and 111 direct booking. You can access the appointments via the UEC button.

CAS OUTCOMES

We continue to monitor CAS outcomes and undertake regular audits. We have seen an improvement in outcomes which is really positive for patients, system partners such as NWAS and the commissioners. Please note we will continue to monitor outcomes and undertake audits and provide feedback to clinicians where we feel there have been missed opportunities to manage a case differently or the wrong clinical codes have been chosen.

Please consider the below when deciding on the next course of action if the person needs to be seen.

Here are some key considerations:

Booking ED slots
If the person does need to be seen in ED, please ensure you book an arrival time so the case can be followed up if they do not arrive. If a slot can't be booked, please add your reason in the consultation notes, for example patient needs to arrange transport and cannot state time of arrival.
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 NWAS 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.

Alternatives to ED
There are still some cases being referred to ED when we feel alternatives could have been considered. These include referring to other services in hours such as Urgent treatment centres, urgent care response services.

Please use NHS service finder wherever possible (this is extremely useful for out of area patients)
You will need to create your own personal log in. This must be done <u>before</u> a live shift.
Please use the link below:https://servicefinder.nhs.uk/login
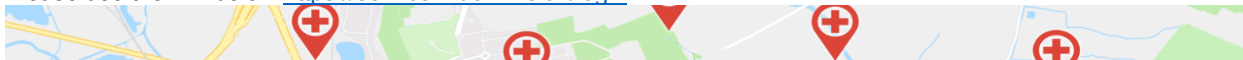
Sign in

Email address

Password
Password cannot be blank

☑ Remember email

Forgot your password

Sign in ➤

New to NHS Service Finder?

Create an account ➤

If you created an account, but did not verify it from the email we sent you within 24 hours, you must request a new verification link.

You must verify your account before you can use the service.

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Once you have been signed in you will be remain signed in for your CAS session so you can use service finder for any cases.
There will be a button in Adastra called Service Finder (as below) which will launch the website from within the call and allow you to search for local services using the Directory of Services (DOS), such as Urgent care response service, district nursing service etc.
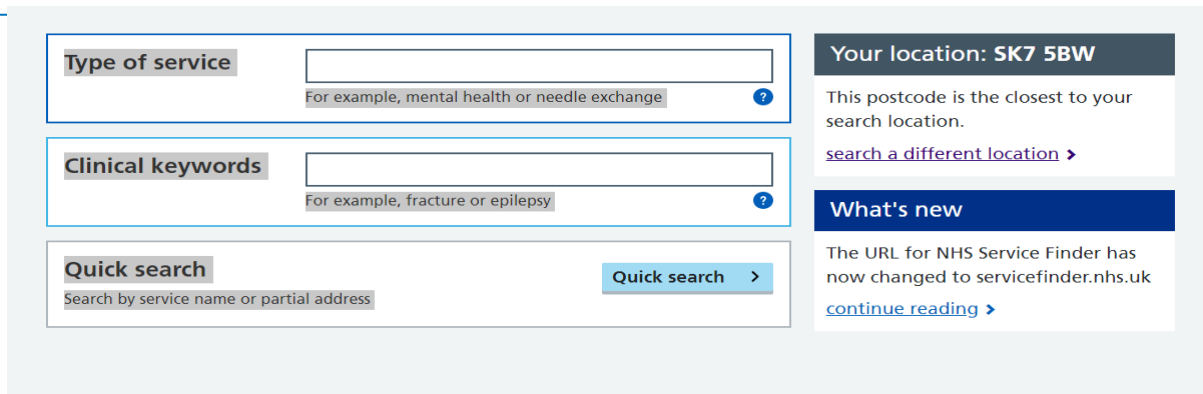

Enter a search location

Choose a new location

Start typing an address or postcode
We display information for services in England only

SK75BW

Hazel Grove, Stockport SK7 5BW, UK

⊕ Use my current location

Please add the patient's current postcode to search for the nearest services

Information about services will be displayed with opening hours.

NHS Service Finder supports 'Hear and Treat' and 'See and Treat' which reduced the need to convey or refer to Emergency Departments

Direct Electronic referrals
For services that accept direct electronic referrals **you must use the** UEC booking button and book an appointment slot whilst on the call to the patient/ carer. For example, local ED and this will ensure that the case will be followed up if they DNA. Please ensure you give clear worsening advice.

Please note: Post event messages will be sent to the onward referral service as well as the GP practice once the case is closed.

Please note we have pre-bookable slots in **Urgent Treatment Centres** in: Stockport, Trafford, Leigh, MRI, Rochdale which are visible using the UEC button.

Telephone referral
For services that require a telephone referral, please advise the patient/ carer that you will ring them back once you have spoken to the service. Please ensure you give clear worsening advice.

Other referrals (email)

The referral button will allow you to enter an email address so you can send a copy of the case notes to any other external provider email address (i.e. the local district nurses email address) when you have referred to the service. Please ensure you have contacted the service prior to this and sought advice on when the person may hear from the service. You must double check the email address before you send the case notes.
To utilise this function, you need to complete all the case notes and then click on the button, enter the external email address and finish the case as usual.

This should only be used when making a referral and you need to verify the email details prior to sending.
Please contact the patient/ carer to make them aware you have completed the referral and expected time frames. Please ensure you give clear worsening advice.

If you require further support with any of the above, please do not hesitate to contact your line manager.

SMART CARDS
It is important that all clinicians use their smart cards at all times when working on the CAS service as the smart card allows you to use EPS and GP connect. If you have any problems with your smart card please contact your line manager or the IT team as soon

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GP CONNECT VIEWER: PATIENT RECORD ACCESS IN ADASTRA

We are able to use GP connect to see the GP record for GM and Out of Area patients, and this should be accessible for most cases unless the GP surgery has not given access rights.

The GP connect tab will provide much more useful information that the EHR tab as it will contain information on recent consultations, investigations, medications and referrals etc..
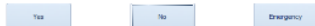
This should aid your decision making and management plans. GP connect is visible from the tabs at the **top** of the consultation screen.

Once selected 'GP Connect' you must ask the person for consent to access their medical records or provide a reason if you select emergency.
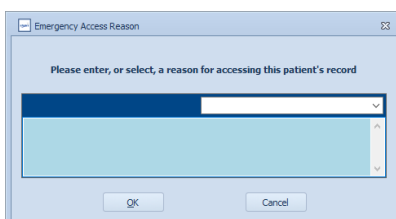

When you click yes this will open up the record.

If you click **no** access will be denied.

Consent has been denied - Unable to display the patient details from GP Connect

You can click **emergency** if you are unable to get consent from the person, for instance if they have advanced dementia and select from the drop down the most appropriate option.

Please note these will be auditable.

The following options will appear on the left-hand side of the screen.
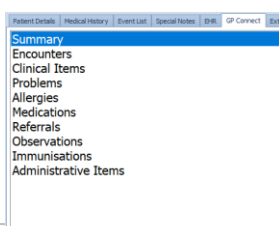
Some of the functions such as administrative items are not currently working but appear to be in development so you cannot see Docman attachments (i.e. hospital discharge letters) or advanced care plans but you can see GP consultations, medications, allergies, blood results, when referrals to specialities have been made etc.

In some of the fields you can also select a date range which may be useful.

From:	31-May-1823	▼	To:	31-May-2023	▼	Search

Please utilise GP Connect Viewer and please let rachaelingram@nhs.net know if there are any issues so we can feed this back.

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 . For example, symptoms of a UTI (as per NICE guidance), tonsillitis (using Fever pain score). This not only helps your fellow colleagues but also provides a better patient experience and removes unnecessary steps in a patient's journey.

INCIDENT LEARNING

Incident overview
A case was passed to *gtd healthcare* (*gtd*) from North West Ambulance Service (NWAS) regarding a patient with back pain. The patient was called and assessed via telephone, with most information being relayed by the patient's daughter. The patient was in severe pain with repeated vomiting and a raised temperature. A category 3 ambulance was booked by *gtd* to transport the patient to hospital, with an expected wait of 2.5 hours. 3.5 hours after the end of the call, NWAS received a 999 call for the same patient and transported him urgently to Royal Oldham Hospital, where he sadly died. A post-mortem report has identified the cause of death as bilateral adrenal haemorrhage.

Summary of key findings

- The telephone clinical decision support tool (Odyssey) was correctly used.

- Unless a patient is unable to communicate themselves, the clinician wherever possible should direct their questions to the patient rather than using a third party (relative), to ensure that a full clinical picture of the patient's condition is captured.

- The clinician correctly identified that the patient required an ambulance, however on the basis of their symptoms, a category 2 ambulance with a faster expected response time, would have been a more appropriate disposition than a category 3.

- Decisions on the ambulance category should always be taken based on the clinical need of the patient and not influenced by potential waiting times

- Safety netting advice with regards to when to call back if the patient's symptoms deteriorated, was given appropriately.

- The response from *gtd* to NWAS was delayed by 21 minutes beyond the expected pass back time. *gtd* did not find that this delay was likely to have altered the patient's outcome.

- An incidental finding of the investigation established that there was a lack of clarity amongst staff working in the CAS service regarding the precise detail of the response times.

- All staff working on CAS need to be aware of and fully understand the red flag discriminators that would necessitate a clinical upgrade to an ambulance category. New staff should be supported in using their clinical judgement to be able to map a patient's condition to the appropriate ambulance categorisation.

Summary of areas for improvement and safety actions

To ensure that all staff who support the CAS service, understand the red flags/criteria for the ambulance dispositions to support their decision making when determining what ambulance priority is required.

Highlights the importance of using clinical judgement in addition to the clinical decision support tool when determining the priority of ambulances required when passing back a patient's care to NWAS.

Highlights the importance of speaking directly with a patient during assessment and observing clinical signs to ensure a full clinical history is captured.

NEXT EDUCATIONAL EVENTS:
We will be sending out information about BaRs (booking and referral standard) training shortly.
Provisional dates will be 19Th Oct 6.30pm and 20th Oct lunch time event.

The events will an opportunity to see the new BaRs process which will allow digital referrals from NWAS to CAS and vice versa without the need to make a phone call. It is vital you attend one of these sessions to see a demonstration and to ask questions.

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