



# CAS Bulletin



**AUGUST 2021**

**IN THIS ISSUE**

## Thank You

### A BIG THANK YOU

This is our first Clinical Assessment service (CAS) bulletin, and we hope you find this useful. The aim will be information sharing about lessons learnt, clinical audit feedback and updates regarding the service.



### VIDEO CONSULTATIONS

Please can we remind clinicians (GPs and ACPs) that you should do video consultations if you feel it is appropriate for the case. Please do not forward these for someone else to do as this is an extra step in the patient's journey and poor patient care.

If you are experiencing technical issues on shift, please contact the shift lead for support.



### NWAS TAXIS.

Please be aware that NWAS use local taxi firms in the area the patient is in. They host taxi cases in Cleric (their clinical assessment system), therefore although the case is closed on their system, they keep track of current taxi requests. This allows NWAS to proactively chase up taxi's if the case has been ongoing for an hour or longer or if the taxi contacts NWAS to let them know the patient is refusing to go or there is no one at the address NWAS re-open the original case and a clinician will call the patient.

If there is no answer a decision will be made whether to close the incident and no further action or send an ambulance for a FTF.

They are a fantastic resource and can help to alleviate the pressure on the Ambulance service and ensure we can continue to optimise clinical care. However, please be mindful of the taxi drivers, they should not be exposed to patients with COVID symptoms. Also, patients who have consumed drugs/alcohol or with

mental health issues that could cause an altered state of consciousness **should not** be booked into an NWAS taxi.

To book a taxi for LCAS cases, please use the agency referral button and use NWAS-taxi request.



### FAILED CONTACTS

Please read the SOP, this provides essential guidance to follow when there is a failed contact.

If the number is not attainable or you want to check if there are any alternative contact numbers known, please ring the local OOHs provider. Please do not forward the case to the OOHs to try and close. It is the responsibility of the clinician who makes the third and final call to decide the outcome of the call following review of available information.

If it is a 999 CAS call, please pass back to NWAS. If it is a 111 generated case, please follow the three failed contacts procedure and decide on whether:

- a knock on by local provider (warm transfer first to assess if there is capacity to do this),

- Police welfare check
- Pass to GP (in hours)
- or if case is safe to close (i.e. voice mail with safety netting advice left).



### SAFETY NETTING ADVICE.

Patients can present at different stages of their illness, and they will have different thresholds for seeking advice. As clinicians working for CAS/LCAS we provide rapid effective clinical triage to optimise clinical care. It is essential to provide and document specific safety netting advice where risk factors and complications for a disease are identified. If a clinical encounter is reviewed months or years after the event the contemporaneous records will be invaluable. Please remember to document safety netting advice from each clinical triage.

#### Top Tips for Safety Netting:

- Be specific – if x, y, z happens please call 111/999/GP prior or en-route to your appointment and check patients understand and can access advice.
- Provide a likely timescale for symptoms to resolve or re-assess.
- Consider signposting to written advice if necessary. The Royal College of Paediatrics and Child Health provide excellent safety netting advice for health care professionals for childhood illnesses. These can be sent via

text to the parent/guardian's mobile phone.

- Use the language line if necessary. Please be familiar with your Organisations interpretation service.

**Clinical Guardian**

The panel have been privileged to read and feedback on interesting cases and examples of excellent clinical care. Clinical demand is unprecedented and the response from our clinicians has been outstanding

#### Clinical Guardian

- Total cases worked: 44,540
- Total consultations worked: 56,900

3% have been scored excellent

83% scored as good

11% satisfactory

4% reflection

Only 1 case as concern.

These results are really encouraging and demonstrate that the majority of cases (over 86% are good or excellent) so well done.

We appreciate there have been lots of changes and developments with the service.



#### UEC BOOKING SLOTS

Please utilise the booking into UEC appointments (UTC, Illness, injury, SDEC) and

arrival slots (Ed Queue). This helps the onward clinicians see the patient journey as they have access to the consultation notes and also helps with patient flow in the departments.



### EPS

Electronic prescribing is now available for CAS clinicians (GPs and non-medical prescribers and this includes paramedics).

Please review the guidance on using EPS in the SOP and clinical manual if you have not used it before. If you are still experiencing problems, please contact the Alliance shift lead.



### MANAGING MENTAL HEALTH CASES REMOTELY

The next Cas evening event via teams will be on **23<sup>rd</sup> September 2021** at 6.30pm. Please contact your organisation's training department to book a slot.

Thank you to everyone who has attending the remote training sessions so far. We hope these have been useful.

If you have any ideas about future training events, please contact [rachaelingram@nhs.net](mailto:rachaelingram@nhs.net)

We hope you find these useful updates for your practice. Please contact [rachaelingram@nhs.net](mailto:rachaelingram@nhs.net)

