



Greater Manchester
Urgent Primary Care Alliance

CAS Bulletin



JULY 2022

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EDUCATIONAL EVENT

The next educational evening event '**CASE STUDIES**' Learning together is on 21st July 6.30pm-8pm via teams. Please contact your training department for more details. The evening will be an opportunity to discuss some cases. If you have any cases, you wish to discuss please contact Rachael Ingram rachaelingram@nhs.net

We would encourage clinicians to take an active part in this session to share experiences. Remember these are your events.

**THANK
YOU!**

SURVEY MONKEY RESULTS

Thank you to those that completed the CAS survey monkey on CAS evening events. Sadly, we only had 4 responses but based on the responses there was a request to cover what SDECs will/ won't accept, NWS categories of ambulances and what to do re: welfare checks.

These topics have been added to this bulletin.

If you have any suggestions for future events, bulletin articles, please get in touch with Rachael.

There was also a suggestion for quarterly meeting and to try and alternate between evening and lunch time meeting. We have arranged the next meeting for September and then next one is planned for December, unless others feel they would like the evening events to be monthly or bi-monthly. Remember these are your opportunities to share learning, receive updates and provide feedback.



CAS SERVICE UPDATE: 999 NHS PATHWAYS

Dear All,

From the week commencing **25th July 2022** there will be an additional CAS type in CAS known as **999 PATHWAYS**. This is to reflect the 999 cases that have gone through NHS Pathways and will not have generated an ambulance response and will not be an open case in 999. If, after your clinical assessment you feel a patient does need an ambulance, you must call the HCP line **0345 140 0144** to request an ambulance and state the category of ambulance you require. If you are unsure, please discuss with the NWAS coordinator.

STEPPING HILL PRE-BOOKABLES

From 18th July Stepping Hill Hospital UTC will allow you to book patients into their GP-lead UTC which is operates from 10am-10pm 7 days a week.

We are going to initially start by offering 4 arrival slots each day (11am, 1pm, 3pm and 5pm) and we will monitor their use over the next few months.

Please use the UEC signposting tab on the right of the Aadastra screen and select SHH UTC calendar. Please note the exclusion criteria which are also listed below.

Exclusion criteria for booking into SHH UTC

Aged under 16 (all paediatric patients are seen in the paediatric department and then if stable can be referred to the UTC list)

NEWS2 >3 or 1 parameter >3 or clinically unstable

ACS/Trop positive

DKA

Suspected TIA/Stroke

Confusion, Dementia, No mental Capacity

Acute shortness of Breath

Large volume GI bleeding

GCS<15

Mental health crisis including Substance misuse or self-harm

Pain score >5 out of 10

Likely to require admission/speciality assessment eg SDEC/MDEC.

POLICE AND NWAS WELFARE CHECKS

We would like to offer some further guidance on arranging welfare checks for those cases where you feel there is a clinical concern.

Police 101 welfare checks (for 111 cases)

If you have a patient that you have been unable to contact (please try three times) and you feel there is a clinical concern i.e. elderly person living alone, please contact the Police on 101 and request a welfare check. Please state you have a clinical concern and that we are a remote clinical assessment service so unable to arrange a visit.

NWAS welfare checks (where there is a clinical concern)

If we have been unable to contact the patient (three attempts) please contact NWAS and passback for a welfare check and state the clinical concern, the actions you have taken to try and contact the patient.

For all failed contacts please check Aadastra and EMIS records for any other contact numbers. See below how to access EMIS relevant info (if this is available):

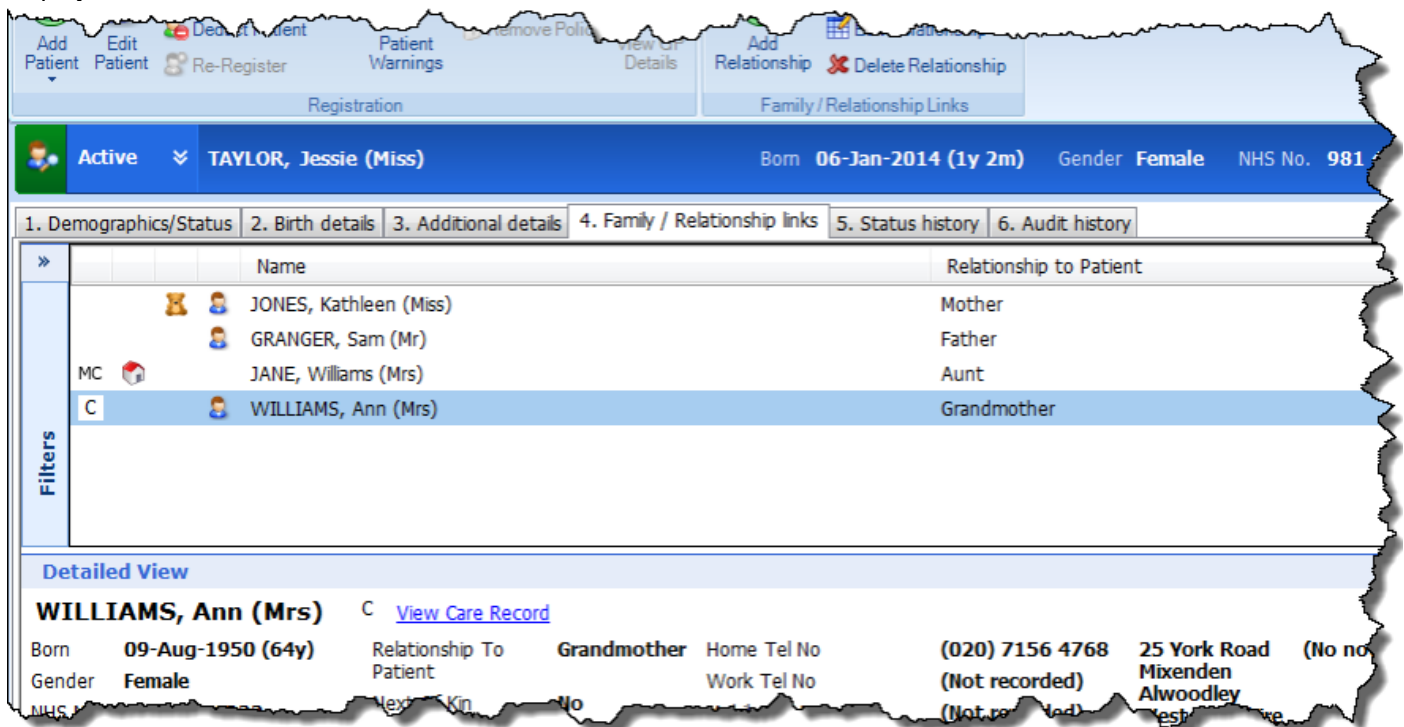
View family/relationship links in Emis

Access Registration.

Click , point to **Registration**, and then select **Registration**. The Registration screen is displayed.

Select the required patient.

Click the **Family/Relationship Links** tab to enable the Family/Relationships Links tab and Family/Relationship Links ribbon options and view a list of the patient's family/relationship links in the main pane. When you select a person on the list, their details are displayed in the Detailed View pane at the bottom of the screen. One or more icons may be displayed beside each name.

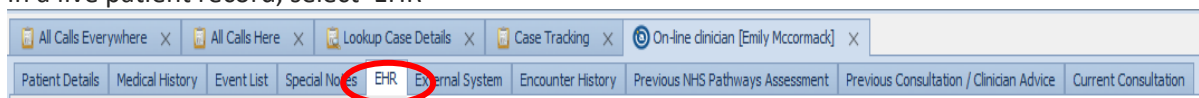


If no other contacts or failed encounters with next of kin, please ask Shift leads to check local ED depts (if clinical concerns).

ACCESSING LIVE EMERGENCY DEPARTMENT ATTENDANCE FEED.

In E.H.R there is a function to see if a patient is in an ED department. This may be useful for failed contacts or when patients have been passed back to CAS in the DNA safeguarding queue.

In a live patient record, select 'EHR'



Click 'Search' and select the appropriate drop-down option. This will load the patient's Emergency Health Record as below:

Care Provider:	Merged / Minor Record:	Local Identifier:
Tameside and Glossop Community Services		500038140
Pennine Care NHSFT Community		6518204125
Stockport NHS Foundation Trust Community		EM10013342124
Pennine Care NHSFT		6518204125
Stockport NHSFT		00842414

Scroll down this page to 'Hospital Activity Summary' to see a live feed of hospital activity. In this example you can see the patient attended the Emergency Department on 26th February 2022 at 12:52.

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Date	Time	Specialty	Outcome
13-Aug-2021	10:00	DR OWEN FRI AM OBSTETRIC	FU OBSTETRIC SCAN
30-Jul-2021	13:17	PHYSIOTHERAPY	DISCHARGED
26-Feb-2022	12:52		
31-Jul-2021	14:21	Admission Source Specialty OBSTETRIC	
29-Jul-2021	09:58	Admission Source USUAL ADDRESS/NFA Specialty OBSTETRIC	

If no significant clinical concerns and it is a 111 or a 999 NHS pathways case, where possible leave a voicemail and close the case advising to contact 111 or own GP if further medical advice required. Please note all 999 cases must be passed back if we are unable to contact the patient.

If significant clinical concerns refer to above for either a Police or NWS welfare check.

SDEC (Same Day Emergency Care) are available for pre-bookable appts via the UEC button:

Stepping Hill SDEC Medical can book directly into slot

SDEC Surgical can book directly into slot

Wythenshawe – AMRU require a clinician-to-clinician referral.

Wigan – SDEC require a clinician-to-clinician referral.

HMR – SDEC: ACU require a clinician-to-clinician referral.

Stockport MEDICAL SDEC Exclusion criteria:

NEWS2 >5

ACS/Trop positive

GI Bleed

DKA

Suspected TIA/Stroke

SURGICAL SDEC Exclusion criteria:

Diarrhoea and Vomiting

Confusion, Dementia, No mental Capacity

Poor Mobility-unable to walk to and from the Surgical Assessment Unit

Acute shortness of Breath

Acute chest pain

Jaundice

Pregnancy

Haematemesis (vomiting blood)

Rectal Bleeding

Vaginal Bleeding

NEWS SCORE > 5

Large volume GI bleeding

GCS<15

Non-general surgical problem suspected, e.g., pneumonia, MI, etc.

Wythenshawe Same Day Emergency Care: Exclusion Criteria:

NEWS2 >3 or clinically unstable, Covid positive/symptoms or isolating, immobile unless can safely transfer without the use of aids or significant assistance, requires ambulance transport after 15:00.

Patients with dementia or advanced learning difficulties that require support need to be accompanied as AMRU cannot accommodate 1:1 patient requirement.

HMR

SDEC – 9am – 6pm – 1 slot per hour

Stockport

Medical SDEC – 12pm – 4pm 1 slot per hour

Surgical SDEC – 8:30am – 12:30pm and 1pm – 3pm 2 slots per hour

Wigan

SDEC – 9am – 9pm – 1 slot per 90mins

Please check each SDECS on CAS for their exclusion/ inclusion criteria (this is found on Aadastra under the service description).

Other services available on UEC are:

HMR Paediatric Nurse Practitioner – 10am – 4pm – 5slots per hour

Bolton Community Hub – 8am – 6pm 2 slots per hour

NWAS CATEGORIES OF AMBULANCE

As we all know there is immense pressure on the ambulance service and this reinforces the importance of the Clinical Assessment Service (CAS) and the benefit the service has to reduce demand on NWAS and improve response times for Cat 1 and Cat 2. To support you to do this we wanted to share information on the ambulance categories. Please note this is guidance.

There's more about each category on [the NHS England website about the Ambulance Response Programme](#) but this summary should help support an understanding of the clinical picture or case-mix in each category along with some common response types and expected timings. Enhanced triage supports our colleagues in the ambulance service to reach those who most need them first. Thank you for your ongoing commitment to this endeavour.

Category	Types of calls	Response
Cat 1: Life-threatening event	An immediate response to a life-threatening condition, e.g. <ul style="list-style-type: none"> - Stopped breathing/cardiac arrest - Choking - Unconscious – (unable to rouse) - Agonal breathing (not expected) - Continuous fitting or fitting child - Anaphylaxis + breathing problems 	Lights & sirens 7-minute mean response 90 th centile – 15 mins (8-minute target) 2 x ambulance response - trained crew, 2 x ambulance or one ambulance and 1 x advanced paramedic RRV.
Cat 2: Emergency	Potentially serious incident where deterioration will lead to significant harm or death , or treatment is time critical . E.g. <ul style="list-style-type: none"> - MI - Stroke – symptom onset within 4 hours - Shock <ul style="list-style-type: none"> o Catastrophic bleeding o Septic (reduced conscious level etc.) - Severe burns, or smoke inhalation - Respiratory distress (becoming exhausted) - Reduced conscious level 	Lights +/- sirens 18-minute mean response 90 th centile 40 mins (19-minute target) 1 x ambulance response (trained) Either ambulance + trained crew, or advanced paramedic RRV, with conveying response to follow.
Cat 3: Urgent	Urgent response for serious conditions where there is more time to act. E.g. <ul style="list-style-type: none"> - Severe abdo pain (no signs of shock) - Blood sugar problems (not unconscious) - Serious breathing problems, but stable (no signs of exhaustion) - Overdose (without shock/conscious-level change) * - Stroke – symptom onset > 4 hours 	(40 mins target) Maximum 120-minute response 1 x ambulance response (trained) Either ambulance + trained crew, or advanced paramedic RRV, with conveying response to follow where appropriate.

Cat 4: Less urgent	A medical problem that is not as urgent. E.g. <ul style="list-style-type: none">- transfer to hospital- Vomiting or diarrhoea- HCP admission	Maximum 180 mins 1 x ambulance response – technician crew may be appropriate to convey – may be worth adding in notes if appropriate for tech crew.
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24/7 MENTAL HELPLINE

We are not utilising the Mental health resource we have access to as they only receive approx 1 case per day from CAS. Please consider referrals to the MH helpline when dealing with mental health cases. They can also offer the following:

- 1) If the person is known to services such as CMHT, they can liaise directly with their Care Co/Team requesting follow up contact either face to face or via telephone consultation.
- 2) They have the option of referring unknown Service Users into CMHT's/GP/telephone consultation with a mental health practitioner from the helpline.
- 3) They can refer into the Crisis cafes/recovery lounges.
- 4) They have access to IAPT services if indicated
- 5) If clinically indicated, they are able to initiate an assessment of the Mental Health Act although this will more than likely mean an A&E attendance.
- 6) They also have access to voluntary sectors partners
- 7) Referrals can be made to the Home-Based Treatment Teams for immediate crisis interventions.
- 8) They have links into CAMHS services both community and in-patient, wrapped around these is the Rapid Response Team for Children and Young Persons.



If you have any ideas about future training events or bulletin articles, please contact rachaelingram@nhs.net