



Greater Manchester
Urgent Primary Care Alliance

CAS Bulletin



NOVEMBER 2021

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NHS SERVICE FINDER – A Great Directory of Service for Accessing Health Care Professionals

With the ever-increasing complexity of services on offer for patients within different localities we have located an easy-to-use website which will help our clinicians access contact details for various services. Some of you may use this but if you don't, it would be worth having a look.

GtD Medical Lead for Urgent Care Dr Usman Choudhry uses this all the time and said in a recent discussion:

"Often on the weekends, we need to refer a patient to the out of hours district nurses. I was managing a patient who had suffered a skin tear and was being attended to by paramedics at home. Rather than attending A&E, by using NHS service finder I was able to directly contact district nurses for the patient's locality, to attend and dress the wound thereby saving a conveyance to hospital. This was much simpler than having to contact the senior care coordinator who may not always have the relevant numbers to hand - as they often seem to change. On having used NHS service finder on many occasions now - it really has been a massive help in both providing better patient care closer to home as well as being very efficient."

Clinicians will need to register with the site which is quick and easy. Please find the link below:

<https://finder.directoryofservices.nhs.uk/login>

CAS SURVEY RESULTS



YOU SAID, WE DID

Thank you to everyone who completed the online survey. Please find a summary of the results and our feedback to the responses we received. We had 45 responses.

Do you currently work on the CAS service?

90% who responded work on CAS currently work in the service with **over 75%** rating their experience as 3 or above (1 being poor, 5 being excellent)

It is encouraging to see that the majority of clinicians had a good experience working on CAS. However, we are keen to hear from those who have not had a good experience to understand why it has been poor so we can learn and improve.

How supported do you feel on shift?

Over 75% felt well supported on shifts.

I know who to contact if I have a query on shift?

80% said they knew who to contact on shift if they had a query which is great. We hope the CAS shift lead role will continue to help and support our clinicians. We have advised the Cas shift lead that they should identify themselves on shift, so you know who to contact.

Also having access to a senior CAS clinician via instant messaging in Adastra we hope also helps you on shift.

Do you find the educational events useful?

60% of respondents found these have been useful. We are concerned that some reported they had not seen these advertised. The evening events are sent out via each organisation's training department and included in the Cas bulletins that are sent to all CAS clinicians. The evening events are via Teams, they are free and open to all clinicians (whether they work on CAS or not). They are an opportunity to share experiences and hear about updates.

The feedback so far has helped us change processes and drive efficiencies, for example:

- Direct electronic referrals to GMMH helpline as the referrer no longer need to ring prior to making a referral
 - The three failed contacts process has been changed
 - Increased the number of direct UEC appointments by increased awareness which allows better patient flow and provides a better patient experience
 - Electronic prescribing is now available which allows CAS clinicians to prescribe without the need to forward cases to the local provider.
- Please note if you are having any issues with any of these please contact your CAS service lead.

Do you find the CAS bulletin useful?

The majority (**80%**) responded to say they found these useful. We would encourage your feedback on future topics. We would be very happy to receive articles from CAS clinicians i.e., a case study.

What do you feel are the benefits on working on the CAS service?

The flexibility of shifts and ability to work from home were the top benefits. We appreciate the CAS shifts can work around family life.

Another reported a system benefit "helping NWAS so they can prioritise real emergency cases"

What do you feel are the challenges of working on CAS?

- **Mental health services difficult to get hold off**

You no longer need to ring the MH 24hr helpline as we can now directly refer via email so we hope this will improve efficiencies.

- **Number of cases on the stack**

We appreciate this can feel overwhelming but for every case we manage and signpost or forward to another service and not an ambulance is both better for NWAS and for our patients. We do try wherever possible to have the right number of clinicians on shift but due to last minute sickness messages for support are unavoidable as we want to support the team.

- **Knowledge of the services available**

We understand that this can be challenging as new services become available to the CAS. Please use the Directory of services as much as possible as these are updated by the DOS team.

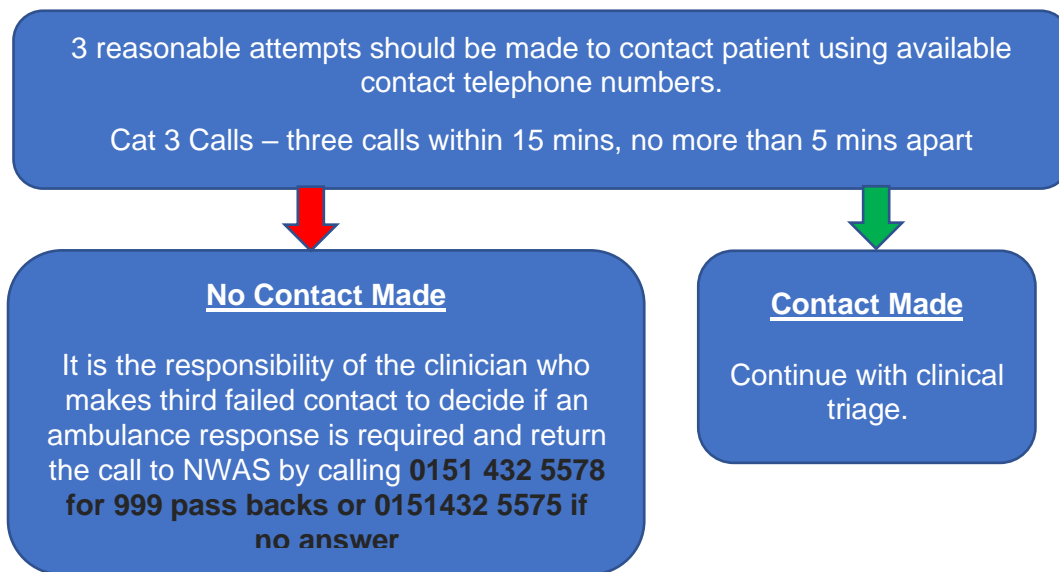


EDUCATIONAL EVENT

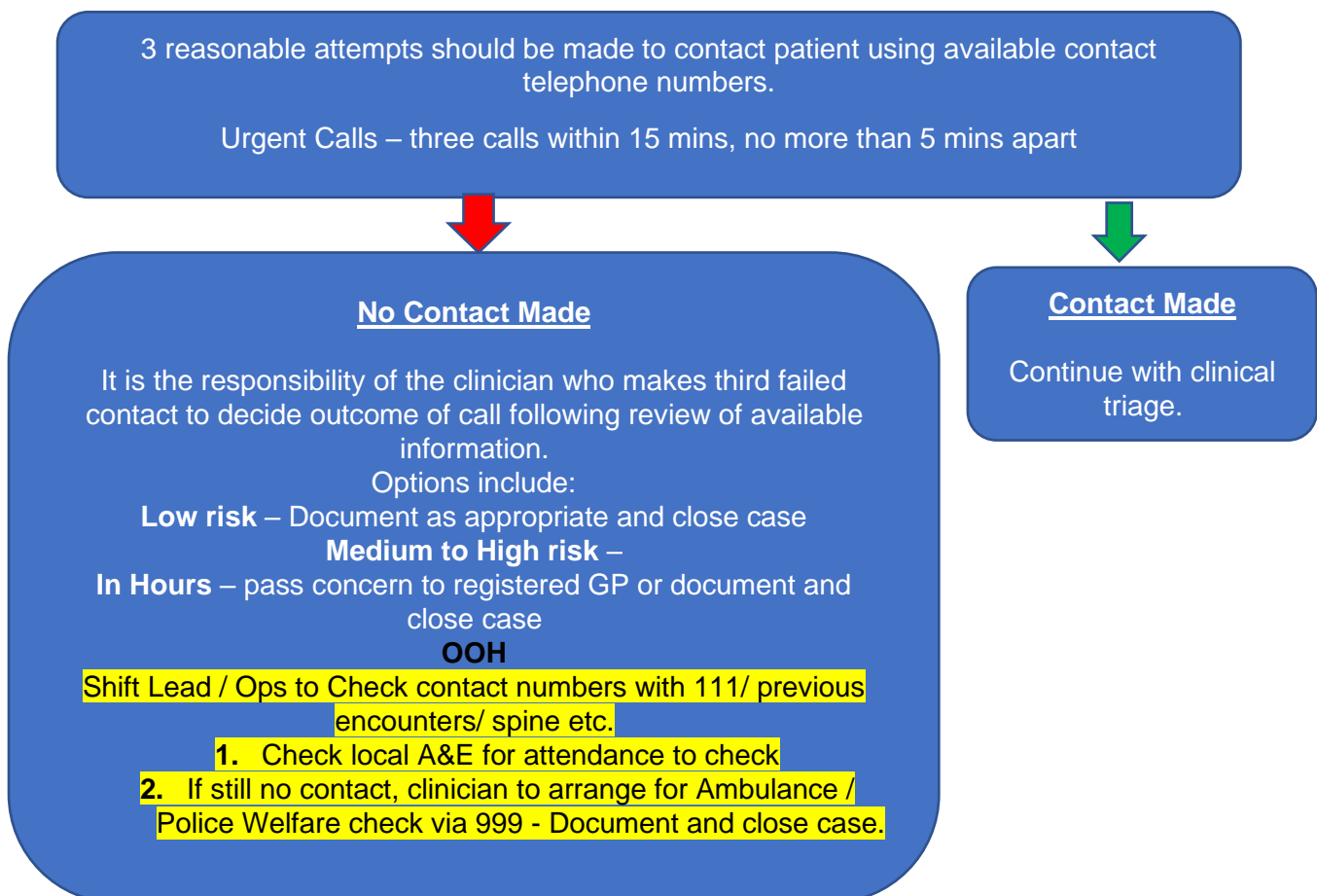
The next educational evening event ‘**Doing our best**’ will be on **2nd December 6.30pm-8pm via teams**. Please contact your training department for more details.

We welcome feedback and encourage clinicians to contact Rachael Ingram rachaelingram@nhs.net with any suggestions for future events as these are very much your events. If people would like to discuss cases as a session, please get in touch.

Clinical Failed Contacts Procedure for CAS



Clinical Failed Contacts Procedure for LCAS / CCAS





CAS SERVICE UPDATE:

Please find a quick summary on services and processes.

SDEC medical and Surgical have gone live for Stepping Hill. There are limited slots, but we would encourage CAS clinicians to use them as much as possible

Please check each SDECS on CAS for their exclusion/ inclusion criteria.

TRAFFORD GENERAL:

Please note that Trafford General Hospital where the UTC for Trafford is based is a 'COLD site'. This means no one with confirmed or suspicion of Covid19 can attend. Patients are screened at the front door and re-directed if thought to be Covid. If a patient reports respiratory symptoms a negative LFT does not rule out C19 as only a negative PCR is accepted.

Currently if the patient requires a face-to-face assessment in the Trafford area, they should be directed to the nearest **ED as the hot clinic provision in Trafford is not available to us.**

If a patient is appropriate for the UTC i.e., minor illness or injury with out suspicion of or confirmed Covid19, please forward the case to Mastercall but mark it 'FOR BOOKING AT TGH UCC' for minor injury or 'FOR BOOKING AT TGH WIC' for minor illnesses. This will prevent the patient receiving a further clinical triage and make their journey as smooth as possible.

VIDEO CONSULTATIONS

Please can we remind clinicians (GPs, ACPs and Clinical Practitioners or equivalent) 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. If you are experiencing technical issues on shift, please contact the shift lead for support.

FAILED CONTACTS

Managing failed contacts process differs depending on the source of call NWS 999 (CAS) or NHS111 (LCAS / CCAS) as above

LOCKED CASES

We have seen an increase in locked cases. Please only lock cases if you are waiting for a call back/ referring a patient to another service. Do not lock multiple cases as cases may breach and may delay another clinician trying to contact the patient. For example, if you are on a complex case and you have locked 2 other cases think of the impact this may have on the 2 other patients waiting for a call.



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