Greater Manchester
Urgent Primary Care Alliance

CAS Bulletin

SEPTEMBER 2021

IN THIS ISSUE

SAFETY NETTING

Please remember to document safety netting advice from each clinical triage/ encounter.

Safety netting advice can protect both the patient and the clinician. It can help to ensure that a patient with unresolved or worsening symptoms knows when and how to access further advice. It is an important way of reducing clinical risk and the risk of receiving a complaint.
Communicating well with patients and providing them with appropriate advice is a key part of being a safe clinician.

Poor documentation of the advice given can cause problems for medical professionals. For example, if a complaint is received several months after the clinical encounter, or a claim is received regarding the care given to a child many years previously, the doctor's actions may be scrutinised.
We need to be clear on what the purpose of medical records are, which are often heavily utilised in medico-legal cases. It is unfeasible to record every single word of a consultation, however, please record the salient safety netting/ red flag advice
Another option for improving documented safety-netting advice is utilising pre-defined templates in Adastra.

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.
https://www.bristol.ac.uk/primaryhealthcare/news/2021/safety-netting-and-medico-legal-risk.html

Useful websites for safety netting advice:

For Parents:
https://what0-18.nhs.uk/professionals/gp-primary-care-staff/safety-netting-documents-parents

https://pathways.nice.org.uk/pathways/fever-in-under-5s

These two websites provide useful information or parents and carers on childhood illnesses and symptoms.

Mental health:
https://stayingsafe.net

The website provides vital 'Safety Plan' guidance tools with easy to print / online templates and guidance video tutorials purposefully designed to help people through the process of writing their own safety plan to build hope, identify actions and strategies to resist suicidal thoughts and develop positive ways to cope with stress and emotional distress.

CATEGORIES OF AMBULANCES

Some of you may have heard about the death of Dr Kailash Chand this summer. His son, Dr Aseem Malhotra, wrote about how he watched attempts to resuscitate his father by medics as they waited 30 minutes for a category 1 response on a Monday afternoon.

https://inews.co.uk/opinion/my-father-died-because-paramedic-staff-shortages-covid-public-should-know-about-crisis-1180379
This highlights the immense pressure that the paramedics are facing on a daily basis and reinforces the importance of the Clinical Assessment Service (CAS). This service applies enhanced clinical judgement and risk assessment to help ensure patients in greatest need receive a timely response. To support you to do this we wanted to share information on the ambulance categories following Dr Johnson's work on the Ambulance Response Programme.

There's more about each category on the NHS England website about the ARP 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. - 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 90th 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.
	
	- MI
	- Stroke – symptom onset **within** 4 hours
	- Shock
	  - Catastrophic bleeding
	  - Septic (reduced conscious level etc.)
		Lights +/- sirens
		
		18-minute mean response
		
		90th centile 40 mins

	- Severe burns, or smoke inhalation - Respiratory distress (becoming exhausted) - Reduced conscious level	(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. - 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. - 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.

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.

CAS EVENING EVENT

The next Cas evening event via teams will be on **21st October** 2021 at 6.30pm. We will have input from NWAS and Mental health Practitioners. Please contact your organisation's training department to book on.to this session.

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 or bulletin articles, please contact rachaelingram@nhs.net