14th March 2024

ATTENTION! BOOKING AND REFERRAL SCHEME (BaRs) Update

We have made some changes to BaRs. It is important that all CAS clinicians are aware of these as these developments have been made for safer transfer of cases between NWAS and Cas and vice versa.

We have now changed these cases:

	Validation Request	
1	to	
ł	BARS Validation	

To avoid confusion as these are Bars cases.

From 29th February if you have a failed contact <u>do not write</u> in the <u>patient records</u> and then update the record as this incorrectly sends a message to NWAS that CAS are dealing with the case. We have included this pop-up alert to remind clinicians <u>not</u> to do this.

Please note these changes will affect <u>all BaRs cases</u> (GM and Out of area).

🕲 adastra
🕜 Warning!
Do not select the 'Current Consultation' tab until you have the patient on the phone.
If you have a Failed Contact, please log this within the Patient Details tab.
I have read and understood the above.
Next > Cancel

For failed contacts you should record this on the **patient details screen**. Choose the number(s) you have tried.

000527 t	esting mcTestFace		Male	01-Jan-97	27 years		1 last week			
ive date		Entry date				·				
2-Feb-24 10:2	2:21 GMT ~	22-Feb-24 10:25:2	5 GMT \vee							
ontact	0151 147 1471						Dial	5	Status	
ome:	0151 147 1471						Dial	~	GMA - Greater Ma	nchester Alliance / GP CAS Adv
obile:									Waiting for clinicia	n
ur. loc:									After assessment	ROUTINE
ther:	0151 147 1471						Dial		Cover	ROOTINE
									NHS Number:	
									NITS Number.	
mail										
Doctor										
Unregistered (INT)									

Patient contact attempts	-				
			0	adas	tra
S Patient	contact attempts				
Entry Date (GMT)	Event description				
141 44 4 Record 0 of 0 >	he het d				
Comments					
		(Remove	Add	ок

Then select the outcome, for example voicemail left.

Record contact attemp	t		23
		6	adastra
Comments			
Failed contact will tr	y again		
Contact	0151 147 1471	Dial	No answer
Home:	0151 147 1471	Dial	Voicemail - left message
Other:	0151 147 1471	Dial	Voicemail - no message left
			Wrong number
			Engaged
			Call barred
			Other - no contact
Other phone:		Dial	
other phone.			
			Cancel

This will record the failed contacts. If 3 failed contacts, then please follow the 3 failed contacts procedure and pass back BaRs cases back to NWAS with the priority unchanged.

If passing the case back to NWAS via BaRs you should not need to contact the CAS coordinator or HCP line as these cases have been passed electronically. In rare occasions if you have a query then please speak to them via the HCP line.

Ensure you explore other means of transport where clinically appropriate. Consider NWAS taxi (HP4T) or record VAS (voluntary ambulance) may be suitable if you do not feel any medical intervention is required during conveyance to ED.

REMEMBER categories of ambulance

CAT 1: life threatening emergencies/ there is an immediate threat to life such as cardiac arrest, patient is not breathing
CAT 2: stroke, non-stop heavy bleeding, seizures, DKA
CAT 3: abdominal pain
CAT 4: non urgent cases

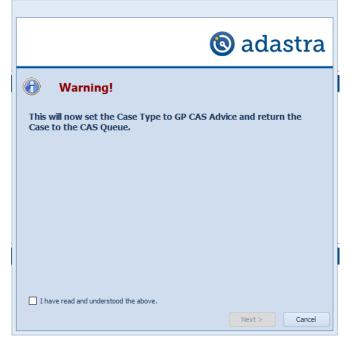
Do not upgrade cases unless clinically indicated. Do not upgrade due to waiting times. Please note we are auditing upgrades to ensure we are not compromising other cat 2 cases.

The next changes come into effect 14th March

If you want to send the case for GP advice select the GP Advice button on the right-hand side, this will now take you through the process to send the final response for BARs back as you have decided to send for GP Advice so the final response is CAS closure.



An alert will then advise you the case has been sent to the CAS queue for GP CAS Advice. Tick you understand.



	🕲 adastra
Modify Priority After assessment Priority	Usage
eme emergency urg urgent Rou routine	Routine After Assessment
	Next > Cancel

For non-ambulance cases we have now created a default C5 to avoid cases being sent back to NWAS incorrectly with a different category.

dastra	3			
				🕲 adastra
А	mbulance I	Response	U	sage
	Code	Display		Usage
•	C5	Non Ambulance	,	Non Ambulance
				OK Cancel

An alert will then appear and click ok

Adastra	22
	🕲 adastra
	The Final Validation Response has been successfully sent back to the originating ambulance service. They have been advised to stand down the ambulance as no further action is required on their part. OK

NWAS will then receive a notification that an ambulance is not required, and that CAS are dealing with case and will close the case of their system.

Please ensure you select the correct outcome as some clinicians have used 'referred to ED' when they have 'referred to UTC'. Please note we have also added 'referred to UCR'. Please ensure you use the correct outcome to ensure we have accurate referral data.

		🕲 adastra
forn	national Outcomes	
	CAS - Appointment Arranged Own GP	*
	CAS - Case Cancelled	
	CAS - Home Visit Arrange Own GP	
	CAS - Home Visit Required - Local Provider	
	CAS - NWAS crew already on scene	=
	CAS - Pt has self-presented to UTC/ED	
	CAS - Referred to 24Hr MH Helpline	
	CAS - Referred To Another Service	
	CAS - Referred To ED - Patient Making Own Way	
	CAS - Referred to GM Mental Health Trust	
	CAS - Referred to NW Borough NHS Trust	
	CAS - Referred To NWAS - Patient Choice	
	CAS - Referred to Pennine Care NHS Foundation	
	CAS - Referred to Police	
	CAS - Referred to Social Services	
	CAE Deferred to VCE	
ge		
5 only		
litional	Comments	

REQUIRES AMBULANCE AFTER NEXT ASSESSMENT

If after subsequent triage it is felt the patient **does** require an ambulance, (for example deterioration in condition) you will not be able to send the case back via BaRs as it will have been removed from the system.

An alert will appear as below

le adas	stra
 Warning!	
is not a BARS case, so if an Ambulance is required you wi ise one.	ill need
Next >	Cancel

A new ambulance request will need to be created. Please contact the HCP line on 0345 140 0144 and advise on the category of ambulance response as you would do for all non-BaRs validation cases.

If you have any issues or require any additional training, please contact your CAS service lead in the first instance.

Kind regards

Rachael Ingram (UEC Programme lead and Clinical Safety Officer).