

29<sup>th</sup> February 2024

## **ATTENTION! BOOKING AND REFERRAL SCHEME (BaRs) Update**

We have made some changes to BaRs which come into effect shortly. 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.

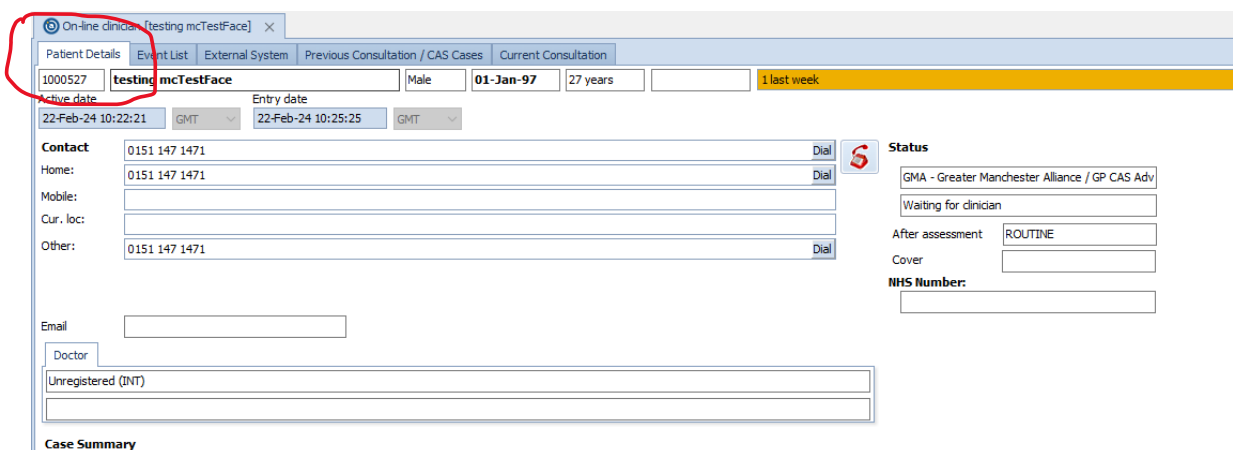
**From 29<sup>th</sup> February** if you have a failed contact do not write in the patient records and then update the record as this incorrectly sends a message to NWAS that CAS are dealing with the case. We have included this pop-up alert to remind clinicians not to do this.

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

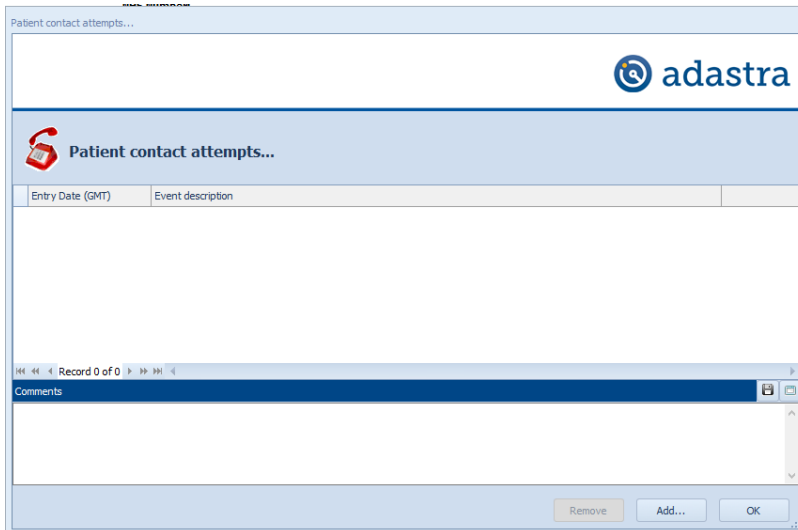


The image shows a warning dialog box from 'adastra'. At the top right is the 'adastra' logo. Below it, a blue header contains a warning icon and the word 'Warning!'. The main text reads: 'Do not select the 'Current Consultation' tab until you have the patient on the phone. If you have a Failed Contact, please log this within the Patient Details tab.' At the bottom left, there is a checkbox labeled 'I have read and understood the above.' At the bottom right, there are two buttons: 'Next >' and 'Cancel'.

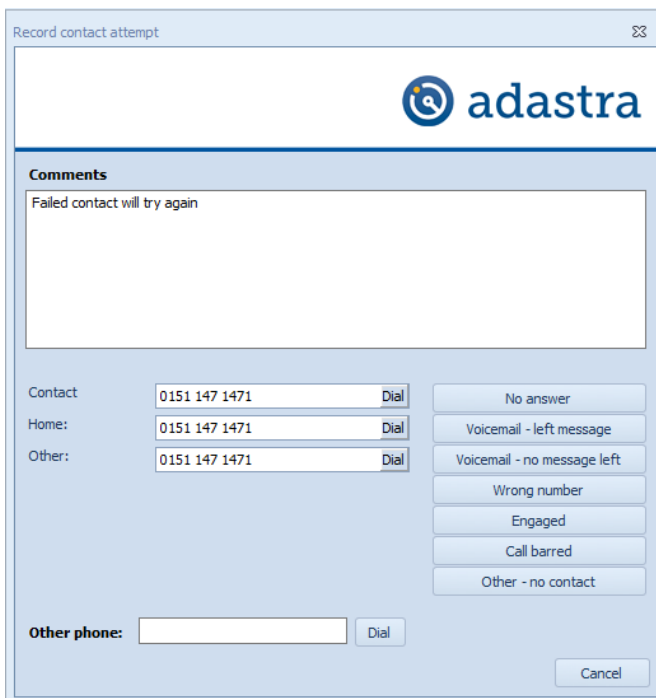
For failed contacts you should record this on the **patient details screen**. Choose the number(s) you have tried.



The image is a screenshot of the 'adastra' patient details screen. The browser tab is 'On-line clinician [testing mcTestFace]'. The page has several tabs: 'Patient Details', 'Event List', 'External System', 'Previous Consultation / CAS Cases', and 'Current Consultation'. The 'Patient Details' tab is active. The patient's name is 'testing mcTestFace', ID is '1000527', gender is 'Male', and date of birth is '01-Jan-97'. The 'Active date' is '22-Feb-24 10:22:21' and the 'Entry date' is '22-Feb-24 10:25:25'. There are several 'Dial' buttons next to phone numbers. The 'Status' section shows 'GMA - Greater Manchester Alliance / GP CAS Adv' and 'Waiting for clinician'. The 'After assessment' is 'ROUTINE'. The 'NHS Number' field is empty. The 'Doctor' dropdown is set to 'Unregistered (INT)'. The 'Case Summary' section is partially visible at the bottom.



Then select the outcome, for example voicemail left.



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**

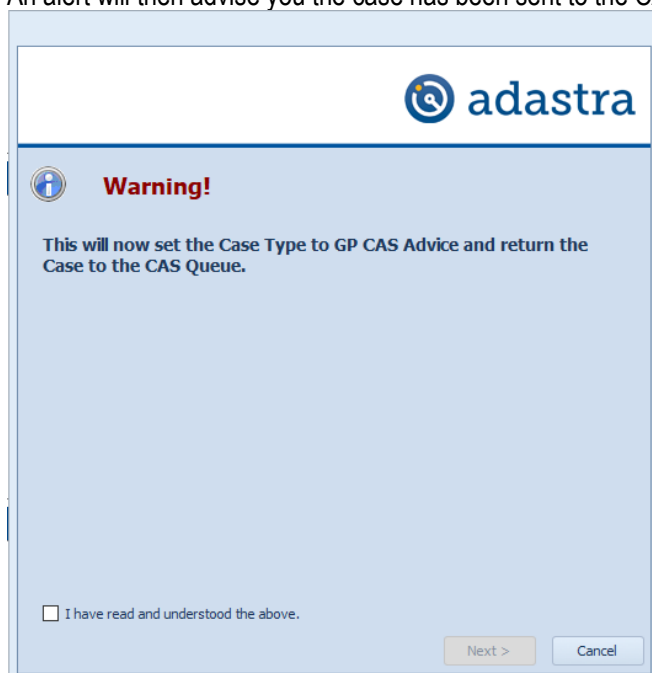
**Do not upgrade cases unless clinically indicated.** Do not upgrade due to waiting times. Please note we are auditing upgrades to ensure we are not compromising other cat 2 cases.

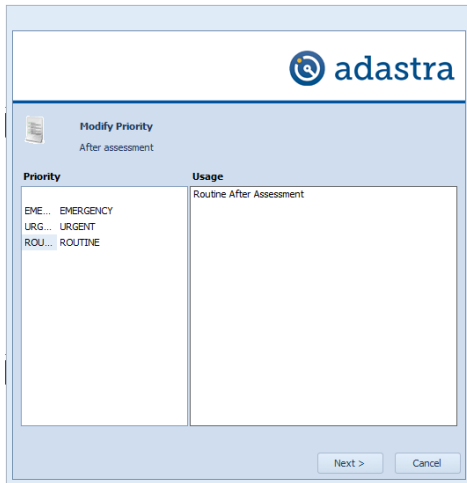
**\*The next changes come into effect 7<sup>th</sup> March\***

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.

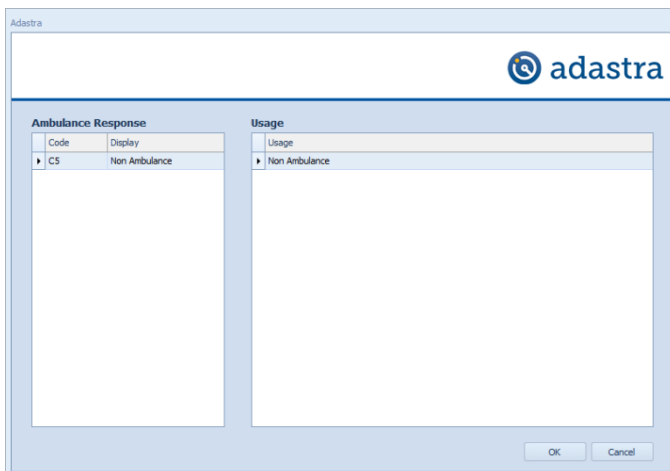


An alert will then advise you the case has been sent to the CAS queue for GP CAS Advice. Tick you understand.

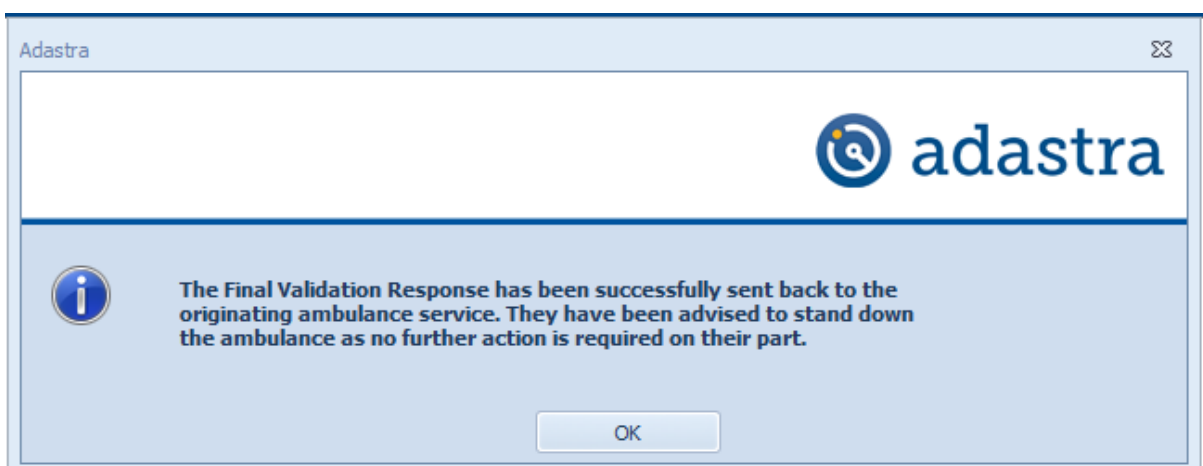




For non-ambulance cases we have now created a default C5 to avoid cases being sent back to NWS incorrectly with a different category.



An alert will then appear and click ok



NWS 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'.

The screenshot shows the 'Informational Outcomes' selection screen in the adastra system. The list of outcomes includes:

- 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
- CAS - Referred to VCS

Below the list, the 'Usage' field contains 'CAS only'. The 'Additional Comments' field is empty. At the bottom, there are 'Next >' and 'Cancel' buttons.

### 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

The screenshot shows a warning alert in the adastra system. The alert has a blue header with the adastra logo and a red 'Warning!' icon. The main text reads: 'This is not a BARS case, so if an Ambulance is required you will need to raise one.' At the bottom, there are 'Next >' and 'Cancel' buttons.

A new ambulance request will need to be created. Please contact the HCP line on **0345 400 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).