

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title		Knowsley Extended Access Escalation Process and Comfort Calling	Doc. No.	OP237															
Scope		Clinical and Operational																	
Purpose		To ensure the service is delivered safely and effectively at times of a clinician absence from the clinical team at Knowsley Extended Access Service.																	
Guidelines		The shift manager will follow the process set out below during times of reduced clinical capacity.																	
PROCEDURE			RESPONSIBILITY																
1.	CURRENT UTILISATION 'Primary Care' clinician hours are 08:00 to 20:00 x1, 16:00 to 20:00 x1, 09:30 to 19:30 x1 and 10:00 to 18:30 x1 – in total 34 hours (18 hours face-to-face at centre, 12 hours home visiting + 4 hours 'Clinical Hub'). The opening hours of each site are as follows:- <table><tr><td>Centre</td><td>Times</td><td>Maximum Appointments/Home Visits</td></tr><tr><td>Huyton</td><td>08:00 – 20:00</td><td>44</td></tr><tr><td>Kirkby</td><td>10:00 – 14:00</td><td>16</td></tr><tr><td>Halewood</td><td>14:30 – 16:30</td><td>8</td></tr><tr><td>Whiston</td><td>17:00 – 19:00</td><td>8</td></tr></table>		Centre	Times	Maximum Appointments/Home Visits	Huyton	08:00 – 20:00	44	Kirkby	10:00 – 14:00	16	Halewood	14:30 – 16:30	8	Whiston	17:00 – 19:00	8	Primary Care 24 Clinicians / Shift Manager	
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2.	SHIFT REDUCTIONS Below details the impacts of loss of capacity based on level of absence: • 12 hour shift is 35% of the total shift • 10 hour shift is 30% of the total shift • 8.5 hour shift is 25% of the total shift These percentages were then subtracted to show the capacity of appointments and visits available to show the new overall total capacity available as shown at point 3 below.		Primary Care 24 Shift Manager																

3.	CLINICIAN SHIFT LENGTH OF ABSENTEE <table><tr><th rowspan="2">Centre / Home Visits</th><th colspan="3">Length of Shift</th></tr><tr><th>12 hour</th><th>10 hour</th><th>8.5 hour</th></tr><tr><td>Huyton</td><td>28.6</td><td>30.8</td><td>33.0</td></tr><tr><td>Kirkby</td><td>10.4</td><td>11.2</td><td>12.0</td></tr><tr><td>Halewood</td><td>5.2</td><td>5.6</td><td>6.0</td></tr><tr><td>Whiston</td><td>5.2</td><td>5.6</td><td>6.0</td></tr></table> These figures represent the capacity of appointments and home visits that can be offered on the day based on the reduction in clinical hours available.	Centre / Home Visits	Length of Shift			12 hour	10 hour	8.5 hour	Huyton	28.6	30.8	33.0	Kirkby	10.4	11.2	12.0	Halewood	5.2	5.6	6.0	Whiston	5.2	5.6	6.0	Primary Care 24 Shift Manager
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4.	APPOINTMENT DIARY / DAILY REPORT Appointments diaries are to be adjusted accordingly and the daily log record completed to reflect the changes. No centre is to be closed without discussion with a Service Manager and appropriate authorisation.	Primary Care 24 Shift Manager																							
5.	COMFORT CALLING At times of increased demand or pressure due to reduced clinical resources the shift coordinator will ensure comfort calls are made to home visits which have been on the system for three hours or more. The comfort call will be carried out in an empathic manner, informing the patient that they are on the list for a home visit, apologising for the delay, using the following script: “Good morning, afternoon or evening, my name is (say name) from Primary Care 24 Extended Access Service. We have your call on our system. I wish to apologise for the delay in our clinician visiting you. Please may I ask if you are experiencing any deterioration in your condition or any new symptoms?” The referral coordinator will ask the patient, or their carer, if there are any changes to their symptoms. All details are to be documented within the patient record in all instances. Follow the path below for logging and informing.	Primary Care 24 Shift Manager /Referral Co Ordinator																							

	End the call with the following script: “Thank you, our clinician will visit you in the next (state time as instructed by shift manager) and if you experience any new symptoms or your condition gets worse, changes or any other concerns, please contact NHS 111.” This will inform the patient or ensure of the following: • The renewed anticipated timescale for home visit • Identify if any worsening symptoms • Identify if any ILTC symptoms • What to do if they get new symptoms, or if their condition gets worse, changes or have any other concerns If you identify ILTC symptoms follow the scripts / instructions available on the ‘Summary Page’ (page 8) of the ‘ILTC Training Handbook’. Where it is noted that there is a deterioration or new symptoms the referral coordinator will record this and bring the record to the attention of the next available clinician for further guidance. Where a patient has deteriorated to a point of ILTC symptoms, the ‘ILTC Protocol’ is to be followed and all details recorded on the patient record (summary can be found on pages 11 and 12 of the ‘ILTC –ACPP’ booklet).	
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Title		Knowsley Extended Service Escalation Process and Comfort Calling		Doc. No.	OP237
Version			v3		
Supersedes			v2		
Approving Managers/Committee			Head of Service		
Date Ratified			July 2017		
Department of Originator			IUC KEAS		
Responsible Executive Director			Director of Service Delivery		
Responsible Manager/Support			Service Manager		
Date Issued			20.07.2017		
Next Review Date			November 2021		
Target Audience			IUC KEAS clinical and operations		
Version	Date	Control Reason		Accountable Person for this Version	
1	20.07.2017	New SOP		Clinical Lead for U&CCS	
2	18.01.2018	Review		Service Manager	
3	07.11.2019	Review		Service Manager	
Reference documents		Electronic Locations		Locations for Hard Copies	
		Primary Care 24 Intranet / Corporate Policies/ Current SOPS/		Standard Operating Procedures File in the Call Centre.	
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