INTEGRATED URGENT CARE SERVICE DELIVERY UNIT

DCA Workbook Clinician / Operational V1.6

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THE SHIFT MANAGER BASED AT HEADQUARTERS WILL HOLD A HARD COPY. AN ELECTRONC COPY OF THIS DOCUMENT CAN ACCESSED VIA PC24 INTRANET.

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Contents

1. Introduction

This Workbook forms an integral part of the management and governance arrangements of the Definitive Clinical Assessment (DCA) procedure. The workbook procedures will ensure compliance with statutory requirements and best practice.

2. Purpose

The purpose of this workbook is to support the IUC Department by providing instruction and guidance to Operational and Clinical staff, which will ensure that robust processes are in place and consistently followed by staff

3. Guidance

This workbook will offer support and guidance to staff to ensure:

- Adastra Definitive Clinical Assessment (DCA) pool management
- Adastra Advice pool management
- Adastra Call Centre pool management
- Adastra Extended Access (EA) pool management
- Adastra Home Visits pool management
- Adastra Repeat Prescriptions pool management

4. Adastra Pool Management – Definitive Clinical Assessment (DCA)

It is the responsibility of the Shift Manager or Senior Urgent Care Coordinator, to ensure that calls placed into the Adastra “DCA” pool are actioned within a timely manner and that patient’s do not experience a long wait for a second or third clinical contact.

It is important to ensure that all calls within the ‘DCA’ pool are clinically assessed in a time order in-line with the National Quality Requirements (NQRs) or as directed by a Shift Manager or Senior Urgent Care Coordinator. Operational staff will carry out patient demographic searches (PDS) in all instances and forward the call into the DCA pool for clinical assessment. If a PDS search is not possible, the Shift Manager or Senior Urgent Care Coordinator should be informed, to advise the call has been sent to the Adastra trace queue.

The Shift Manager has the ultimate responsibility for all the calls into the service. However, the Senior Urgent Care Coordinator will be responsible for overseeing the DCA pool and direct ALL clinicians to the appropriate calls.

Calls received at Primary Care 24 via the Health Care Professional Line or NHS 111 are to be dealt within the following time frames:

Emergency	To be contacted within **20 minutes**
Urgent	To be contacted within **20minutes**
Less Urgent	To be contacted within 60 minutes
Less Urgent	To be contacted within **six hours**
CAS Urgent	To contacted within **20 minutes**
CAS Less Urgent	To contacted within **60 minutes**

Once calls have been triaged within the DCA pools, the following actions will be completed by a clinician:

- Call completed at triage – No further action required
- Call forwarded for a Urgent Care Centre appointment
- Call forwarded for a Home Visit.

Calls forwarded from the DCA pool, are to be dealt within the following time frames:

Emergency	To be completed within **one hour** from triage consultation finish time
Urgent	To be completed within **two hours** from triage consultation finish time
Less Urgent	To be completed within **six hours** from triage consultation finish times

5. Adastra Pool Management - Advice Pool

It is the responsibility of the Shift Manager or Senior Urgent Care Coordinator, to ensure that calls placed into the Adastra “Advice” pool are actioned within a timely manner and that patient’s do not experience a long wait for a second or third clinical contact.

Following a DCA assessment further action maybe required for a patient, for the following reasons:

- The patient no longer requires a home visit or UCC appointment, despite the recommendation of the DCA clinician (in most calls this will be a refused UCC appointment/home visit)
- The patient may require a second telephone advice consultation prior to a UCC appointment or home visit.
- The patient may require a further advice call and not to close the call at the DCA stage.

- A Pharmacist or other Health Care Professional forwards the call into the “Advice” pool for the attention of clinician. .
- The patient wants to cancel a call because their condition has improved.

If the call is placed in the ‘Advice’ pool for any of the reasons above, then the same timescales detailed below still apply.

Shift managers and Senior Urgent Care Coordinators must scan the ‘Advice’ pool once every 15 minutes for any calls placed into this pool.

Calls within the ‘Advice’ pool will then require the following action:

- If a Clinician is to stand down on the call this must be completed within one hour of the call being dispatched into the ‘Advice’ pool
- If a Clinician would like a patient to be seen face to face, due to clinical need, the call must be forwarded by the Clinician as a home visit or UCC appointment within one hour of the call being dispatched into the ‘Advice’ pool

If a Clinician feels that a second clinical consultation needs to take place with the patient **MORE THAN ONE HOUR** after the initial DCA call, the clinician must inform the shift manager or Senior Urgent Care Coordinator, who will then input a new call for the patient on the Adastra system and defer it until the contact time required by the Clinician. The call will need to be “Dispatched” into the DCA pool where normal DCA time limits apply.

6. Adastra Pool Management - Call Centre Pool

It is the responsibility of the UCC Dispatcher or Shift Manager to distribute all UCC appointments for patients, who have been triaged by a clinician within the DCA or Advice pool. The Dispatcher or Shift Manager is guided by the time frames from the passing of a UCC appointment by a Clinician and these calls will be dispatched to a relevant UCC centre within the NQR time frames.

The UCC Dispatcher or Shift Manager, are responsible for the setting up of all UCC centres on the Adastra system.

Calls forwarded from the DCA pool, as a UCC appointment are to be dealt with in the following time frames:

Emergency	To be completed within **one hour** from triage consultation finish time
Urgent	To be completed within **two hours** from triage consultation finish time
Less Urgent	To be completed within **six hours** from triage consultation finish times

7. Adastra Pool Management - Home Visits

It is the responsibility of the Home Visit Dispatcher or Shift Manager to distribution all Home visits for patients, who have been triaged by a clinician within the DCA or Advice pool. The Dispatcher or Shift Manager is guided by the time frames from the passing of a visit by a Clinician and these calls will be dispatched to a relevant visiting clinician within the NQR time frames.

The Home Visit Dispatcher or Shift Manager, are responsible for the setting up of a visiting Clinician on the Adastra system and the supplying of any relevant visiting equipment a GP may require with the relevant driver.

Calls which have failed or have not been completed on the Adastra Aremote system, will be forwarded to the Home Visit pool, for a clinician to complete.

8. Adastra Pool Management - Repeat Prescription

It is the responsibility of the Shift Manager or Senior Urgent Care Coordinator, to ensure that calls placed into the Adastra “Repeat Prescription” pool are actioned within a timely manner within the relevant NQR time frames.

Calls which have been dispatched into the “Repeat Prescription” pool, are for patients who required medication within the next 2 hours or more. Requests received from patients, for palliative or controlled medication, are to be dispatched into the DCA pool and completed within the relevant NQR time frames.

Advanced Nurse Practitioners can complete any repeat prescription requested with the exception of Controlled Drug requests – Controlled drug requests must be referred to a GP

9. Advanced Nurse Practitioners – Out of Hours

Advanced Nurse Practitioners can see any clinical priority outside of the exclusion criteria below including emergencies. The patient's record will be marked by the triaging clinician following the DCA as either 'Suitable for ANP' or 'Not suitable for ANP'
The Dispatcher or Shift Manager will then make the relevant referral to Urgent Care. Those patients falling within the Exclusion criteria below will not be referred for a nurse appointment

Exclusion Criteria

- End of Life
- Pregnancy
- Acute Mental Health where patient is on more than 3 medications (poly pharmacy)
- Children under 6 weeks (exception AHCH)
- Drug and Alcohol dependent where patient is on more than 3 medications (poly pharmacy)

Repeat Prescriptions
Advanced Nurse Practitioners can complete any repeat prescription request with the exception of Controlled Drug requests – Controlled drug requests must be referred to a GP

Advice Pool – Not DCA
Advanced Nurse Practitioners can complete calls from the Advice Pool outside of the exclusion criteria below including emergencies.

If an ANP requires a Clinician to Clinician discussion they can contact the Shift Manager who will route the call to an available GP.

ANP's can directly refer to Medical and Surgical Assessment Units. Should the ANP require further clinical advice they can contact the shift manager and request a clinical discussion with a GP

Following ANP assessment the case needs to be forwarded to a GP for further advice/consultation, the ANP must contact the Shift Manager/Team Leader. ANP must complete their notes from the patient consultation and forward the case as directed by the Shift Manager/Team Leader. They will then ensure this episode of care is completed by a GP.
ANPs should always have access to a GP via telephone/face to face. Should circumstances arise were an ANP is operating without access to a GP escalate to the Manager on Call.

10. Comfort Calls

At times of escalation or increased activity call-back times to patients may fall beyond the expected National Quality Requirement timeframes, 20 / 60 minutes, or 6 hours. It is important to ensure that patient safety is not compromised during periods of increased activity.

At these times, the Shift Manager or Senior Urgent Care Coordinator will be responsible for making a timely decision to instruct operational staff to inform patients that call back times **will be 1, 2 or 3 hours as appropriate**. Actual time will be dependent upon the live calls at the time of decision-making. At times of escalation comfort calls should be completed before midnight were possible.

The Senior Urgent Care Coordinator will identify a Clinician to monitor the 'DCA' pool and identify any calls that are clearly more **clinically urgent,** as well as **prioritising patients under 5 and over 75 years of age** as per the 'Managing NQR Compliance and Demand' procedure.

The shift manager/Senior Urgent Care Coordinator will be responsible for identifying and instructing either a referral coordinator or reception staff to carry out comfort calls to all patients who have not received a call from a Clinician within the initially expected call back time, **starting with the Emergency Priorities, Urgent Priorities, Patients under 5 and Over 75 years (regardless of priority) and then less urgent calls**.

11. Logging a Call Back (deteriorated in symptoms)

Once a call back has been logged on the Adastra system, it is important that any further contacts made into the service relating to an active call in the system for a patient are logged and documented.

For any call backs received for a patient, whose case is no longer active in the system. Operational staff are to request a new call to be sent from NHS 111 or request the details of the patient when call is received via the Health Care Professional line

When contacting a patient and logging a call back on Adastra, if the patient reports a change or deterioration in her condition, operational staff are to document this within

the comments box on Adastra. If a patent reports an Immediate Life Threatening Condition (ILTC) operational staff are to follow the ILTC training document.

12. Failure to Contact Patients

Clinicians must contact the patient within the DCA timeframe. The Shift Manager or Senior Urgent Care Coordinator must be informed immediately if there has been a fail to contact a patient, so steps can be taken to locate an alternative means of contact or if the patient has attended a local Emergency Department or Walk in Centre.

Emergency	To be contacted within **20 minutes**
Urgent	To be contacted within **20minutes**
Less Urgent	To be contacted within 60 minutes
Less Urgent	To be contacted within **six hours**

After the first failed attempt, a further attempt to contact must be made within the following time frames

Emergency	To be contacted within **15minutes**
Urgent	To be contacted within **20minutes**
Less Urgent	To be contacted within 60 minutes
Less Urgent	To be contacted within **two hours**

If after three failed attempts no contact is made with the patient/representative (i.e. engaged, no answer, voicemail) the call should be risk assessed based on the information available and either stood-down or sent for a home visit on patient safety grounds by the Clinician and the Shift Manager must be informed.

13. Patient's with Deteriorating Symptoms

For patients whos condition has deteriorated and who require an emergency ambulance response, due to a deteriorating condition, a clear procedure must be followed by operational and clinical staff. If a patient meets the criteria of an Immediate Life Threatening Condition, operational staff are to follow the ACPP procedure.

Under no circumstance are you offer the patient/representative the choice of calling the ambulance themselves.

There are various scenarios which may occur when offering a patient an ambulance:

- **The patient/representative may refuse the ambulance**

If the patient refuses an ambulance, operational staff are to document that the patient has refused the ambulance within the comments box on Adastra. Operational staff are to alert the Shift Manager / Senior Urgent Care Coordinator, of the refusal of the ambulance, who will then alert a triaging clinician of the changes in the patient's condition immediately.

- **The Patient is Adamant They Want to Call the Ambulance Themselves**

  If a patient accepts they need an emergency ambulance, but are adamant they want to call it themselves, operational staff are to document this within the comments box on Adastra. Operational staff are to alert the Shift Manager / Senior Urgent Care Coordinator, of the refusal of the ambulance, who will then alert a triaging clinician of the changes in the patient's condition immediately.

- **The Patient/Representative Requests an Ambulance**

  The patient or representative may specifically request for an ambulance to be called. If the symptoms do not indicate an ILTC condition, operational staff will advise the patient/representative accordingly, advising a clinician will contact the patient/representative to discuss their request.

- **Deteriorating in Symptoms Whilst awaiting a Home Visit**

Prior to a clinician attending a home visit, the patient/representative may contact Primary Care 24 stating that the patient's condition has deteriorated and that they now require an ambulance. If the patient conditions falls into the ILTC criteria, operational staff will call an emergency ambulance, document the deteriorating symptoms and the ambulance reference number. Operational staff are to alert the Shift Manager or Senior Urgent Care Coordinator, that an ambulance has been called for the patient.

- **Deteriorating in Symptoms prior to attending a UCC Appointment.**

If a patient has been assigned an appointment and contacts Primary Care 24, stating that the patient's condition has deteriorated and that they now require an ambulance. If the patient conditions falls into the ILTC criteria, operational staff will call an emergency ambulance, document the deteriorating symptoms and the ambulance reference number. Operational staff are to alert the Shift Manager or Urgent Care Coordinator, that an ambulance has been called for the patient.

14. Call back - ILTC

If contact is made with a patient/representative through a comfort call, logging call backs on Adastra or managing calls within the Adastra advice pool, operational staff **MUST** confirm is there is any change in the patient's condition

If the patient meets the criteria of an ILTC, operational staff must follow the ACPP procedure.

Operational staff must inform the Shift Manager or Senior Urgent Care Coordinator and edit the case type, confirming if an ambulance called for the patient.

If a patient's condition has deteriorated but does not fall into ILTC criteria, operational staff are to document the deteriorating symptoms and alert the Shift Manager / Senior Urgent Care Coordinator immediately.

15. Duplicate Calls

The Senior Urgent Care Coordinator or Shift Manager is to inform a clinician, if there is a duplicate call for a patient on the Adastra system. Both calls are to be dealt with at the same time by locking each case within the DCA pool. The initial call into the service is the call to be stood down on, as the second call will have updated information attached. Also, the first call will be attached as a previous encounter, which can be viewed using the online Clinician tabs on Adastra.

16. Out of Area calls to Primary Care 24

It is important that calls made to Primary Care 24 are treated appropriately and professionally at all times. PC24 has a duty of care for every patient received into the service, it is not appropriate for PC24 to refuse patient access to a Clinician.
Some patients may be registered to an 'In-Area' surgery, but are currently out of the area. Similarly, some patients may be registered to an 'Out of Area' surgery, but are currently in PC24 Catchment area. It is important that these calls are handled correctly.

If the patient's home address is **"inside"** the PC24 catchment area, but their current location is outside, the call is accepted. For this scenario, the current contact details are checked with the patient. This is to be logged using the patient's own GP

Practice in the normal way and should NOT be logged as Temporary resident on the Adastra system.

Calls received from NHS 111 or on the Health Care Professional line, for patients identified as “Not Registered” (INT) within the PC24 catchment area should be referred back to NHS 111 or the referring Health Care Professional.

If the Out of Hours Provider covering the current location **refuses to take the call**, see if it is logistically feasible for PC24 to see the patient. If it is not feasible, contact should be made to the On-Call Manager to discuss further options.

17. Receiving Calls from a Public Telephone Box

Calls received from patients at a public telephone box, are to be treated appropriately and professionally at all time. PC24 has a duty of care for every patient received into the service, and it is not appropriate for PC24 to refuse patient’s access to a Clinician. Operational staff are to establish if the patient has access to a landline or mobile number for a clinician to contact them. .
It is possible that a patient has contacted NHS 111 from a public telephone box. It is important the patient is treated in a professional manner, and not left isolated and vulnerable.

18. Clinical Advice Service (CAS)

Clinical Advice Service (CAS) has been introduced to ensure patients receive the right care earlier in the care pathway which reduces the potential of the patient accessing high acuity services unnecessarily.

The service is designed for patients in the Halton, Knowsley and Liverpool CCG areas, who originally dialled NHS 111, and whose assessment using the NHS Pathways system was suggestive of the need to attend at an Emergency Department (ED) for face-to- face assessment and treatment. These patients will normally have received telephone advice to attend at their nearest ED within a given timeframe, most commonly within 60 minutes, but sometimes 240 minutes.

CAS is operational 24 hours a day, 7 days a week. Calls received before 18:30 will be managed by the in-hours team. Calls received before 08:00 will be managed as per standard process with ‘Pathfinder’ calls.

‘CAS’ is subject to a 3 phase process setting out clear pathways for patients in each phase. Escalation processes are included within the SOP.

19. Post Referral/Pass Back Process

When a call has been referred to PC24, via either NHS 111 or 999, and the PC24 assessment suggests that an ambulance response is necessary, PC24 will make the call to NWAS via their normal emergency contact route.

When the call is being made to NWAS, the PC24 clinician will detail the clinical outcome of their assessment and make it clear that the call has already been managed by NWAS. The original incident number should be logged, and notes entered into the Adastra call to highlight that the call is a PC24 pass back.

When a call is being passed back to NWAS, but meets the normal criteria for a UCD intervention, NWAS will not seek to re-triage the call, instead they will proceed to deploy an ambulance response within the timeframe requested by the PC24 clinician.

Calls may be referred back to PC24 after an ambulance response or face-to-face assessment, using the ‘Pathfinder’ referral route. It is important to ensure that when referring back to PC24, that PC24 Clinician ensures the initial assessment is logged and referenced clearly in the patient record.

20. Operational Staff – GP Home Working

All home working clinicians will be provided with all the necessary equipment to undertake triage sessions from home. This will include a laptop computer, a security key token to allow them access to Adastra system, mobile telephone with a secure dial through capacity and a copy of the latest BNF.

There is no facility for home working clinicians to fax prescriptions to any pharmacy. Therefore any items of medication prescribed, should be sent to the pharmacy using EPS (Electronic Prescription Service) In the event of EPS failing, the home working clinician will liaise with the Shift Manager to ascertain if there is a clinician either at base or at one of the UCC centers who will be willing to sign a prescription on their behalf. If there is a clinician available, the Adastra consultation notes will be documented accordingly and the call dispatched in the advice pool.

If after consultation with the Shift Manager, there is not a clinician on duty willing to sign the prescription, the home working clinician will be informed. If this is the case, the home working clinician will select calls from the DCA pool which they feel condiment in closing as self-care advice or if a prescription is required, the call will be set to a UCC appointment and forwarded to the dispatch screen.