

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	Receipt of Calls from NHS 111 Incorporating Patient Demographic Search (PDS), On line self-referrals	Doc. No.	OP029
Scope	Operational Directorate		
Purpose	To ensure that all calls transmitted from NHS 111 are dealt with in a professional, timely and appropriate manner once received by Primary Care 24.		
Guidelines	From 1 st October 2015, calls will be automatically received via the electronic link. Should the electronic link fail a verbal transfer of information from NHS 111 will be accepted. In all instances actions should be recorded or documented within the patient record.		
PROCEDURE		RESPONSIBILITY	
1.	NHS 111 cases will be automatically received via the electronic link and you will be alerted to this by an ‘alarm’ sounding on the system in the call centre. The call will appear in ‘111 Cases Awaiting Confirmation’ screen located in the Adastra main menu.	Primary Care 24 Shift Manager / Operational Team	
2.	Once the call has been electronically received, operational personnel will ensure the dispatch of NHS 111 calls. Check the patient is covered by Primary Care 24. If not contact NHS 111 and provide the ‘External Case ID’ number and ask them to take the call back. NHS 111’s contact number is located under the ‘Agency’ tab in Adastra. Click into the call and perform a PDS search. Ensure all patient demographics provided from NHS 111 match the results found on the NHS spine. If the re sults match the demographics provide by NHS 111 attach the NHS number only. If the results found on the NHS spine are different to the demographics provided by NHS 111, please contact the patient / representative to confirm the patient’s demographic details.	Primary Care 24 Shift Manager / Operational Team	

	<p>The operational team member should telephone the patient and say:</p> <p>“Hello, I am calling from your local GP out-of-hours service. I have received your call from NHS 111. I will need to confirm some demographics with you before I place this call on our system for one of our clinicians to call you back.”</p> <p>If any demographic information is incorrect amend the Adastra record as required and ensure a Datix is completed for follow-up with NHS 111 by a member of the administration team.</p> <p>Once the demographics have been confirmed please carry out a ‘PDS’ trace to confirm the NHS number.</p> <p>Do not ask the patient regarding their symptoms in this instance.</p> <p>Inform the patient a call-back from a clinician will be within twenty or sixty minutes depending on the call priority, or within six hours for green cases and dispatch the case to the ‘DCA’ pool.</p> <p>Before ending the call use the following script <i>“should your symptoms worsen whilst waiting for the call back please contact us by calling NHS 111</i></p> <p>If the patient informs they have an ILTC symptom, such as chest pain, the ACPD algorithm can be used in these circumstances. Select the answer for each question presented by ACPD and process the case in-line with the outcome, for example, calling an ambulance.</p> <p>ACPD is NOT to be used on calls passed by NHS 111 (except in the case of an ILTC symptom being described, an expected death or a repeat prescription with a disposition of 2 hours or more – see point 4).</p>	
<p>3.</p>	<p>Please note: It is important that operational personnel ensure that they do not take too long in confirming details with the patient as this may result in a delay in the clinician calling the patient back.</p> <p>If the patient / representative cannot be contacted to confirm demographics a note should be made on the patient’s record and the case dispatched as sent from NHS 111.</p>	<p>Primary Care 24 Shift Manager / Operational Personnel</p>

	<p>If the case from NHS 111 is for an 'Immediate Necessary Treatment' (INT) or 'Temporary Resident' (TR) patient the team member processing the case must ensure that the surgery field in the demographics screen contains 'Urgent Care In-House Practice' before dispatching.</p>	
4.	<p>Additionally cases received for an expected death and repeat prescriptions with a disposition for two hours or more should be processed using ACPP. The process for each is as follows:</p> <p>Expected Deaths:</p> <ul style="list-style-type: none"> • Is the caller reporting a death? – select 'Yes' • Is it an expected death? – select 'Yes' • Case will automatically be sent to the dispatch screen <p>Repeat Prescription:</p> <ul style="list-style-type: none"> • Is the caller reporting a death? – select 'No' • Is the person responding normally to you? – select 'Yes' • Please choose the problem area – select 'Repeat Medication' • Are you requesting palliative care medication or a controlled drug? – select 'Yes' or 'No' depending on the medication described – select 'No' if the medication required is not documented within the case • Case will be dispatched automatically to either the 'DCA' pool (for palliative or controlled meds) or to the 'Community Pharmacy' pool for all other medication – please note, if the call is dispatched to the 'Community Pharmacy' pool it is the responsibility of the operational team member completing the case to then forward the case to the 'Repeat Prescription' pool <p>Before ending the call use the following script <i>"should your symptoms worsen whilst waiting for the call back please contact us by calling NHS 111"</i></p> <p>ACPP SHOULD NOT BE USED IN OTHER INSTANCE.</p>	<p>Primary Care 24 Shift Manager / Operational Personnel</p>
5.	<p>Cases dispatched to the 'DCA' pool will have the following dispositions attached:</p> <p>NHS 111 disposition: 20 / 30 minutes Primary Care 24 disposition: Urgent priority within 20 minutes</p>	<p>Primary Care 24 Shift Manager / Operational Personnel</p>

	<p>NHS 111 disposition: 1 / 2 hour Primary Care 24 disposition: Less Urgent priority within 60 minutes</p> <p>NHS 111 disposition: 6 / 12 / 24 / 48 / 72 hours Primary Care 24 disposition: Call-back within 6 hours</p>	
6.	<p>If the link fails a verbal transfer of information should be accepted. Complete demographic and symptom taking with the NHS 111 health advisor as per call-taking training.</p> <p>Prioritise the case in-line with the disposition provided by NHS 111.</p>	Primary Care 24 Shift Manager / Operational Personnel
7.	<p>Duplicate NHS 111 Calls</p> <p>Duplicate calls received from NHS 111, confirm the demographics by carrying out a PDS search to trace the NHS number. If the results match the demographics provide by NHS 111 attach the NHS number only.</p> <p>If the results found on the NHS spine are different to the demographics provided by NHS 111, please contact the patient / representative to confirm the patient's demographic details</p> <p>If the patient / representative informs they have an ILTC symptom such as chest pain continue using the ACPD algorithm.</p> <p>Before ending the call use the following script <i>"should your symptoms worsen whilst waiting for the call back please contact us by calling NHS 111"</i></p> <p>The ACPD should not be used in any other instance, except for repeat medication requests over 2 hours.</p> <p>Document within the case "Duplicate Call" proceed to despatch the call to the DCA Pool.</p> <p>Inform Shift Manager or Senior Urgent Care Coordinator of duplicate calls received from NHS 111.</p> <p>All cases despatched into the DCA pool are to be actioned within the NQR time frame. Informing the Doctor there is a duplicate call for the patient to be dealt with at the same time by locking each case.</p> <p>Operational staff not to stand down on duplicate calls</p>	Primary Care 24 Shift manager / Primary Care 24 Operational Team

8.	<p>NHS 111 on Line Self-Referral</p> <p>The on line service relies on users entering information correctly to be able to be contacted. There currently is validation in place on the page to make sure numbers are identified as a UK number.</p> <p>If after three attempts no contact is made with the patient or representative (i.e. engaged, no answer or voicemail) the call should be risked assessed base on the information available. The call is with stood down or sent for a home visit on patient safety grounds by the clinician, the shift manager must be informed.</p> <p>Please note wrong numbers must be reported to the shift manager / Senior Urgent Care Coordinator by the clinician immediately.</p> <p>On line referrals received from NHS 111 digital for patients currently outside of Primary Care 24 catchment area e.g. Liverpool, Knowsley, Halton and St Helens. Contact to be made with the patient or patient's representative advising them the call has been sent to the incorrect out of hour's providers, confirm if they are any changes to the patient's condition and rule out any immediate life threatening conditions. Advise the patient or patient's representative contact NHS 111 for the call to be reassessed and passed to the correct out of hour's service.</p> <p>Third party calls received into the service from other out of hour's provider's .e.g. Go to Doc or St Helens rota. The patient's demographics are to be recorded within the Adastra demographic screen, select "NHS111" call origin, document the caller name and service within the "name" field. Within the details field document the patient's symptoms, how long they have had the symptoms for and if the patient has any sensory or communication needs. Ask the caller for the call priority received from NHS Digital and despatch the call into the DCA pool.</p>	<p>Primary Care 24 Clinician / Shift manager / Senior Urgent Care Coordinator</p>
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Title		Receipt of Calls from NHS 111 Incorporating Patient Demographic Search (PDS), On line self-referrals		Doc. No.	OP029
Version			v7		
Supersedes			v6		
Approving Managers/Committee			Integrated Urgent Care		
Date Ratified			07.02.2014 (original)		
Department of Originator			Operations		
Responsible Executive Director			Director of Service Delivery		
Responsible Manager/Support			Service Managers		
Date Issued			12.02.2018		
Next Review Date			January 2021		
Target Audience			Out-of-Hours Operations		
Version	Date	Control Reason		Accountable Person for this Version	
V1	27.01.2014	Amended procedure		Service Manager	
V1.1	05.02.2014	Amended procedure		Service Manager	
V2	11.12.2015	Amended procedure		Service Manager	
V3	20.12.2016	Amended procedure		Shift Manager	
V4	12.02.2018	Amended procedure		Call Quality Auditor	
V5	01.07.2018	Amended procedure		Training Manager	
V6	17.09.2018	Amended procedure to include NHS 111 on line self-referrals		Training Manager	
V7	January 2020	Amended procedure to include out of area on line referrals received into the service		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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