

## STANDARD OPERATING PROCEDURE DOCUMENT

Title	Calls from Health Care Professionals			Doc. No.	OP102
Scope	Operational Directorate				
Purpose	<p><b>Referrals via the Health Care Professional Line are accepted from:</b></p> <ul style="list-style-type: none"> <li>• Walk-in Centre Nurses <b>(Points 1 to 4 and point 5)</b></li> <li>• Pathology Labs <b>(Points 1 to 4 and point 6)</b></li> <li>• Pathfinder – Paramedics, EMTs and Ambulance Control Room Clinical Staff from North West Ambulance Service (NWAS) - <b>(Points 1 to 4 and point 7)</b></li> <li>• Pharmacy queries / Community Pharmacy Consultation Service (CPCS) <b>(Point 8)</b></li> <li>• District / Community Nurses / COPD team / Adult Social Care (St Helens) / Heart Failure Team (St Helens) / Halton Mental Health Team <b>(Points 1 to 4 and point 9)</b></li> <li>• Midwives <b>(Points 1 to 4 and point 9)</b></li> <li>• Health Visitors <b>(Points 1 to 4 and point 9)</b></li> <li>• GPs <b>(Points 1 to 4 and point 9)</b></li> <li>• Knowsley and St Helens IV Therapy Clinical Teams <b>(Points 1 to 4 and point 9)</b></li> <li>• Airedale Hub <b>(Points 1 to 4 and point 9)</b></li> <li>• Other Health Care Professionals <b>(Points 1 to 4 and point 9)</b></li> <li>• HMP Walton and HMP Altcourse Clinical Teams <b>(Points 1 to 4 and point 10)</b></li> </ul> <p><b>Exclusion Criteria:</b></p> <ul style="list-style-type: none"> <li>• Emergency Department Clinical Staff – must be advised to book the patient a face-to-face appointment via PC24's 'Primary Care Streaming' service offered within RLUH, Aintree and Alder Hey Emergency Departments. Where there is no capacity for this service the clinician must be advised to contact NHS 111 if wishing to refer a patient to PC24</li> <li>• Nursing Home Clinical Staff – must be advised to call NHS 111 for assessment</li> </ul> <p>All patient information is to be phoned through to Wavertree HQ by <b>clinically trained staff only</b> to the Health Care Professional Line (HCPL) on 0151 221 5835 to ensure that a clinical priority after assessment can be recorded on the Adastra system. <b>THIS NUMBER MUST NOT BE GIVEN TO PATIENTS.</b></p>				

<b>Guidelines</b>	<ul style="list-style-type: none"> <li>• In all instances actions should be recorded or documented within the patient record</li> <li>• Referrals will be accepted from an external health care professional where an assessment has taken place either face-to-face or by telephone triage</li> <li>• If a patient, non-clinical health care worker or a clinician documented as part of the exclusion criteria, does contact through the 'HCPL', the instruction must be to call NHS 111</li> <li>• Calls that have <b>NOT</b> had an assessment by a clinically trained healthcare professional must be handled by NHS 111 before PC24 can take ownership of the call</li> </ul>
<b>PROCEDURE</b>	<b>RESPONSIBILITY</b>
<p>1</p> <p>The following script will be used for all calls answered via the HCPL:</p> <p>"Good morning / afternoon / evening, Primary Care 24, you are through to a referral coordinator, can you please confirm which service you are calling from? Can I please take the telephone number you are calling from?"</p> <p>If the caller is a clinically trained health care professional, and <b>not</b> documented as part of the exclusion criteria list in the 'Purpose' section of this SOP, continue to point 2.</p>	<p>Primary Care 24 Operational Personnel</p>
<p>2</p> <p>Take all patient demographics and GP surgery and confirm in full to ensure accuracy. Spellings of both first and surnames must also be confirmed. Confirm and document the patient's current location if different to the patient's home address.</p> <p>Demographics stored in the patient's Adastra record must match those provided by the referring health care professional. Any differing information should be checked with the referring health care professional and updated accordingly. Any telephone numbers for the patient, stored from previous encounters, which are not provided by the referring health care professional, must be removed.</p> <p>Follow <b>point 10</b> for entry of GP surgery details for HMP Walton and HMP Altcourse which differs to the generic process.</p>	<p>Primary Care 24 Operational Personnel</p>

	<p>A 'PDS' search must be carried out for each case.</p> <p>Information governance is of paramount importance when handling patient information. Call takers must ensure that they do not divulge any information, from a previous Adastra encounter, to the referring health care professional. If the patient does not wish their current encounter to be shared with their registered GP practice, this must be respected and the call taker should select the 'Non-disclosure' box, on the Adastra 'Case Entry' screen. This will ensure that the consultation notes are not shared.</p> <p>Additionally call takers must ensure that all contact telephone numbers on an existing record, which have not been provided by the referring caller, are removed to ensure Information Governance protocols are adhered to. Failure to do this may result in a breach of patient information to an unknown person.</p>	
3	<p>Confirm with the health care professional if the call-back is to themselves, or to the patient / carer, where appropriate. Log the number for call-back by selecting the 'radio' button next to the relevant contact number.</p>	Primary Care 24 Operational Personnel
4	<p>Document the clinical condition in the 'Symptoms' section of Adastra as given by the health care professional. Include the length of time the patient has had symptoms for.</p> <p>Ask the referrer if the patient or their carer has any communication or sensory problems. Document as 'Access – Nil' or 'Access – e.g. blind' or 'Access – Unknown' in the 'Symptoms' section of Adastra.</p>	Primary Care 24 Operational Personnel
5	<p><b>Walk-in Centre Referrals:</b></p> <p>Follow points 1 to 4 as documented above.</p> <p>Document the referring nurse's first and surname in the 'Caller' section of Adastra case entry.</p> <p>Select the relevant caller origin in the 'Relationship' section. For example 'Old Swan Walk-in Centre Referral' would be entered for a referral from a nurse based at Old Swan Walk-in Centre.</p> <p>Select case-type of 'On Call Centre'.</p>	Walk-in Centre Nurse / Primary Care 24 Operational Personnel

	<p>Ask the referring nurse for the clinical priority of the call. The three priorities offered by PC24 are:</p> <ul style="list-style-type: none"> <li>• Emergency – appointment within 1 hour</li> <li>• Urgent – appointment within 2 hours</li> <li>• Less Urgent – appointment within 6 hours</li> </ul> <p>Once the referring nurse has confirmed the clinical priority, arrange an appointment within the appropriate time-frame at the centre. Depending on case volume the patient may need to see a clinician based at another urgent care centre.</p> <p>Liaise with the urgent care centre dispatcher regarding location and appointment time and inform the referring nurse of the booking information. Complete the call as usual.</p> <p><b>SAFETY-NETTING</b> – Before disconnecting, ask the referring nurse to provide the patient with safety-netting advice. The patient must be advised to contact NHS 111 if there is any deterioration in their condition before their appointment.</p>	
6	<p><b>Pathology Lab Results:</b></p> <p>Follow points 1 to 4 as documented above. The 'Access' information question does not need to be asked for pathology lab calls.</p> <p>Document the referring pathology lab staff member's first and surname in the 'Caller' section of Adastra case entry.</p> <p>Select a caller origin of 'Pathology Lab' in the 'Relationship' section.</p> <p>Document the current results as given by the path lab staff member in the 'Symptoms' section of Adastra. In addition ask and document the following information:</p> <ul style="list-style-type: none"> <li>• What clinical information is on the request for the test?</li> <li>• Are there any previous results? (document date as well)</li> </ul> <p>Log the responses given as per example below:</p> <p><b>1</b> – Diabetes  <b>2</b> – No previous results</p>	Pathology Lab Staff / Primary Care 24 Operational Personnel

	<p>Select case-type of 'Doctor DCA' and prioritise as 'Urgent'. Dispatch the case to the 'DCA Pool'. <b>Do not use ACPP.</b></p> <p>Advise the referring Pathology Lab staff member that a member of the clinical team will aim to contact the patient within 20 minutes.</p> <p><b>SAFETY-NETTING</b> – Worsening advice is not required for Pathology Lab calls as the referrer will not be in contact with the patient. However before disconnecting the referral coordinator must advise the Pathology Lab referrer to contact Primary Care 24 again if needed.</p> <p><b>NOTE</b> – Pathology Lab referrers may not always have all patient demographic information available to pass to Primary Care 24. It is essential that call takers make every effort to obtain the information needed. If information can still not be obtained the call taker should advise the Pathology Lab referrer that the case cannot be accepted and seek advice from the Shift Manager or Team Leader on how to proceed with the case.</p>	
7	<p><b>Pathfinder (see SOP OP218):</b></p> <p>Follow points 1 to 4 as documented above.</p> <p>Document the referring NWS staff member's first and surname in the 'Caller' section of Adastra case entry.</p> <p>Document the referrer's PIN number either next to the referrer's full name. Please note, if the call is received from the control room the referrer may not have a PIN number (e.g. the referrer is a nurse rather than a paramedic). In these circumstances only it is acceptable to not document a PIN number.</p> <p><b>Call Origin</b> Select a caller origin of "Ambulance on Scene" or "Ambulance Call Centre" in the "Relationship" section.</p> <p>Document the NWS eight digit incident number in the 'Symptoms' section of Adastra.</p> <p>Select case-type of 'Pathfinder' and prioritise as 'Urgent' for call received from "Ambulance on Scene". Dispatch the case to the 'DCA Pool'.</p>	NWS Staff / Primary Care 24 Operational Personnel

	<p>Calls received from “Ambulance Call Centre” after documenting the patient symptoms, use Adastra Case Prioritisation Protocol (ACPP) to prioritise the urgency of the call.</p> <p>Advise the referring NWS staff member that a member of the clinical team will aim to contact either themselves or the patient (whichever is requested) within 15 minutes or 60 minutes depending on the priority of the call</p> <p>If the referrer is reporting a death ACPP must be used to prioritise the call as described in point 11.</p> <p><b>SAFETY-NETTING</b> – Before disconnecting, ask the referrer to provide the patient with safety-netting advice. The patient must be advised to contact NHS 111 if there is any deterioration.</p> <p><b>St Helens CCG</b> Pathfinder calls received for St. Helens residents, between 08.00 till 18:29 Monday to Friday, will be dealt with by St. Helens Rota. During this time, any calls received which require either a face-to-face appointment or home visit will be seen by St. Helens Rota. Primary Care 24 will be responsible for St. Helens Pathfinder calls, for the registered eight practices, Monday to Friday after 18:30, including weekends and Bank Holidays.</p> <p><b>Knowsley EA</b> Pathfinder calls for registered patients put through between the hours of 0800 – 1830 which relate to mental health issues. These calls should instead be redirected to the patient’s own GP or Five Boroughs (Knowsley CCG patients only)</p>	
8	<p><b>Pharmacy Queries:</b> For Community Pharmacy Consultation Service (CPCS) calls please follow <b>SOP OP262</b></p> <p>Calls regarding queries from pharmacies can be taken on this line only for patients who have previously been assessed.</p> <p>If the query results in a patient requiring a prescription for which they haven’t had an assessment, the caller is advised to re-direct the patient to the NHS 111 service.</p>	Pharmacy Staff / Primary Care 24 Operational Personnel

9	<p><b>Other Health Care Professionals:</b></p> <p>Follow points 1 to 4 as documented above.</p> <p>Document the referring staff member's first and surname in the 'Caller' section of Adastra case entry.</p> <p>Select a caller origin from the 'Relationship' section of Adastra for the following list:</p> <ul style="list-style-type: none"> <li>• District Nurse / Community Nurse / Midwife / Health Visitor / COPD team / Adult Social Care (St. Helens) / Heart Failure Team (St. Helens) / Halton Mental Health Team – <b>select 'District Nurse / Midwife'</b></li> <li>• GP / Extended Access GP – <b>select 'Own GP Practice'</b></li> <li>• Knowsley IV Therapy Team – <b>select 'Knowsley IV Therapy Team'</b></li> <li>• Airedale Hub – <b>select 'Airedale Hub'</b></li> <li>• Other Health Care Professional – <b>select 'Other'</b></li> </ul> <p>After documenting the patient's symptoms use Adastra Case Prioritisation Protocol (ACPP) to prioritise the urgency of the call. Ask all questions presented by ACPP and select the answer as given by the caller. If the caller does not know an answer always process ACPP answers with a 'worst case' scenario.</p> <p>ACPP will select the case-type and priority automatically and will forward the call to its required destination. As per ACPP priority advise the referrer that a member of the clinical team will aim to contact either themselves or the patient (whichever is requested) within the following timeframes:</p> <ul style="list-style-type: none"> <li>• Emergency – within 20 minutes</li> <li>• Urgent – within 20 minutes</li> <li>• Less Urgent – within 60 minutes</li> <li>• Repeat Prescription – within 6 hours</li> </ul> <p>If the case is an expected death the referrer should be advised that a clinician will visit within the next 2 hours (see point 11).</p> <p><b>SAFETY-NETTING</b> – Before disconnecting, ask the referrer to provide the patient with safety-netting advice. The patient must be advised to contact NHS 111 or the original service they contacted if</p>	<p>Health Care Professional / Primary Care 24 Operational Personnel</p>
---	---	---

	<p>there is any deterioration. For deaths – advise the referrer to contact Primary Care 24 again if needed.</p> <p>Calls can be accepted on the HCPL line from any <b>Health Care Professional</b> that is not documented in the exclusion criteria in the 'Purpose' section of this SOP.</p>	
10	<p><b>Calls Received from HMP Walton and HMP Altcourse</b></p> <p>Follow points 1 to 4 as documented above.</p> <p>Document the referring prison staff member's first and surname in the 'Caller' section of Adastra case entry.</p> <p>Select a caller origin of 'Other' in the 'Relationship' section.</p> <p>HMP Walton and HMP Altcourse have a specific surgery set-up in Adastra. When a call is received from either of the above the caller should not be asked which surgery the patient is registered with. Instead the referral coordinator should enter one of the following:</p> <ul style="list-style-type: none"> <li>• Case received from HMP Walton – enter 'HMP Walton' into the surgery field</li> <li>• Case received from HMP Altcourse – enter 'HMP Altcourse' into the surgery field</li> </ul> <p>After documenting the patient's symptoms use Adastra Case Prioritisation Protocol (ACPP) to prioritise the urgency of the call. Ask all questions presented by ACPP and select the answer as given by the caller. If the caller does not know an answer always process ACPP answers with a 'worst case' scenario.</p> <p>ACPP will select the case-type and priority automatically and will forward the call to its required destination. As per ACPP priority advise the referrer that a member of the clinical team will aim to contact either themselves or the patient (whichever is requested) within the following timeframes:</p> <ul style="list-style-type: none"> <li>• Emergency – within 20 minutes</li> <li>• Urgent – within 20 minutes</li> <li>• Less Urgent – within 60 minutes</li> <li>• Repeat Prescription – within 6 hours</li> </ul>	<p>Prison Health Care Professional / Primary Care 24 Operational Personnel</p>



	<p>If the case is an expected death the referrer should be advised that a clinician will visit within the next 2 hours (see point 11).</p> <p><b>SAFETY-NETTING</b> – Before disconnecting, provide the prison referrer with safety-netting advice. The referrer must be advised to contact PC24 again if there is any deterioration in the patient's symptoms. For deaths – advise the referrer to contact Primary Care 24 again if needed.</p>	
11	<p><b>Deaths:</b></p> <p>All cases reported as an expected or unexpected death must be processed through ACPP regardless of the organisation the caller is contacting from. This is the only exception to the above points.</p> <p><b>Expected Deaths:</b></p> <p>When the caller is reporting an expected death, ACPP will process the case straight to an urgent priority home visit. The caller should be advised that a clinician will aim to visit within the next two hours.</p> <p><b>Unexpected Deaths:</b></p> <p>When the caller is reporting an unexpected death ACPP should still be used. In the first instance ACPP will suggest that 999 is contacted to arrange an emergency ambulance. If the caller accepts this disposition the referral coordinator should contact 999 and complete the call as appropriate.</p> <p>In some cases the caller may refuse an ambulance or it is possible the call may be passed by the ambulance services themselves (Pathfinders). If this is the case the referral coordinator must select 'No' to the ambulance suggestion and the case will be automatically be despatched to the 'DCA Pool' with an emergency priority. In this instance the caller should be advised that a member of the clinical team will aim to contact the caller by telephone within 20 minutes.</p> <p><b>SAFETY-NETTING</b> – Although safety-netting is not relevant as the patient is deceased, the caller must be advised to call Primary Care 24 back on the HCPL if needed.</p>	Health Care Professional / Primary Care 24 Operational Personnel

## STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title		Doc. No.	OP102
Calls from Health Care Professionals			
Version	v19		
Supersedes	All previous versions		
Approving Managers/Committee	Head of Service		
Date Ratified	September 2007 (originally)		
Department of Originator	Out-of-Hours Service Delivery Unit		
Responsible Executive Director	Director of Service Delivery		
Responsible Manager/Support	Service Managers		
Date Issued	September 2007 (originally)		
Review Date	March 2021		
Target Audience	Operational and Clinical Staff		
Version	Date	Control Reason	Accountable Person for this Version
V1 - V7	2007 - 2015	Reviewed and updated as required	Various
V8	October 2015	Reviewed and updated as required	Service Manager
V9	Dec 2016	Reviewed and updated as required	Shift Manager
V10.1	January 2017	Reviewed and updated as required	Head of Service
V10.2	January 2017	Reviewed and updated as required	Head of Service
V10.3	23.01.2017	Reviewed and updated to include job role in call greeting	Urgent Care Centre Manager
V10.4	13.04.2017	Reviewed and updated to match call audit	Call Quality Auditor
V10.5	18.08.2017	Reviewed and updated as required	Call Quality Auditor

<b>V10.6</b>	12.10.2017	Updated as per new service request	Call Quality Auditor
<b>V11</b>	31.07.2018	Updated as per Head of Service request	Call Quality Auditor
<b>V12</b>	06.09.2018	Updated as per IUC Service Manager request	Call Quality Auditor
<b>V13</b>	06.05.2019	Updated the Referral Co-ordinator script	Service Manager
<b>V14</b>	29.05.2019	Updated to include St Helens IV Therapy team	Service Manager
<b>V15</b>	07.06.2019	Updated to include St Helens addition services and Pathfinder Calls	Service Manager
<b>V16</b>	29.08.2019	Updated with minor grammatical changes and additions in-line with new call audit	Service Manager
<b>V17</b>	30.10.2019	Updated with Community Pharmacy Consultation Service (CPCS)	Service Manager
<b>V18</b>	19.12.2019	Updated SOP number with Community Pharmacy Consultation (CPCS)	Service Manager
<b>V19</b>	Sept-20	Updated NWAS Pathfinder Calls	Service Manager

Reference documents	Electronic Locations	Locations for Hard Copies
<b>OP218</b> <b>OP231</b>	Primary Care 24 Intranet	Standard Operating Procedures File in Call Centre

**Document Status:** This is a controlled document. Whilst this document may be printed, the electronic version maintained on the UC24 Intranet is the controlled copy. Any printed copies of the document are not controlled.