



STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

| comments box on ACPP and select no of Refused. The call will 24 Referra | OP218 | | | | | |
|---|-----------|--|--|--|--|--|
| GUIDELINES Must be read in conjunction with SOP OP010 Use of Telephone Advice F SOP OP016 Logging Call Backs in Adastra and SOP OP216 Comfort Ca PROCEDURE RESPONS 1 If the patient meets the criteria of an Immediately Life Threatening Condition, the referral coordinator is to follow the ACPP procedure. Under no circumstance may you offer the patient or their representative the choice of calling the ambulance themselves. Primary Ca Referral Coordinator 2 If ACPP suggests the call is passed to the ambulance service but the patient is reluctant or hesitant in accepting the ambulance, the referral coordinator should follow the ACPP procedure by selecting 'No' or 'Refused'. Primary Ca Referral Coordinator is to document that the patient has refused the ambulance in the comments box on ACPP and select 'No' or 'Refused'. The call will Primary Ca | | | | | | |
| SOP OP016 Logging Call Backs in Adastra and SOP OP216 Comfort Call PROCEDURE RESPONS 1 If the patient meets the criteria of an Immediately Life Threatening Condition, the referral coordinator is to follow the ACPP procedure. Under no circumstance may you offer the patient or their representative the choice of calling the ambulance themselves. Primary Call Referral Coordinator 2 If ACPP suggests the call is passed to the ambulance service but the patient is reluctant or hesitant in accepting the ambulance, the referral coordinator should follow the ACPP procedure by selecting 'No' or 'Refused'. Primary Call Referral Coordinator is to document that the patient has refused the ambulance in the comments box on ACPP and select 'No' or 'Refused'. The call will Primary Call Primary | nbulances | | | | | |
| 1If the patient meets the criteria of an Immediately Life Threatening Condition, the referral coordinator is to follow the ACPP procedure. Under no circumstance may you offer the patient or their representative the choice of calling the ambulance themselves.Primary Ca Referral Coordinato2If ACPP suggests the call is passed to the ambulance service but the patient is reluctant or hesitant in accepting the ambulance, the referral coordinator should follow the ACPP procedure by selecting 'No' or 'Refused'.Primary Ca Referral Coordinator1If the patient refuses the ambulance, the Referral Coordinator is to document that the patient has refused the ambulance in the comments box on ACPP and select 'No' or 'Refused'. The call willPrimary Ca Referral Coordinator | | | | | | |
| 1Condition, the referral coordinator is to follow the ACPP procedure. Under no circumstance may you offer the patient or their representative the choice of calling the ambulance themselves.Primary Ca Referral Coordinato2If ACPP suggests the call is passed to the ambulance service but the patient is reluctant or hesitant in accepting the ambulance, the referral coordinator should follow the ACPP procedure by selecting 'No' or 'Refused'.Primary Ca Referral Coordinator2If the patient refuses the ambulance, the Referral Coordinator is to document that the patient has refused the ambulance in the comments box on ACPP and select 'No' or 'Refused'. The call willPrimary Ca Referral Coordinator | ISIBILITY | | | | | |
| patient is reluctant or hesitant in accepting the ambulance, the referral coordinator should follow the ACPP procedure by selecting 'No' or 'Refused'. If the patient refuses the ambulance, the Referral Coordinator is to document that the patient has refused the ambulance in the comments box on ACPP and select 'No' or 'Refused'. The call will | | | | | | |
| document that the patient has refused the ambulance in the comments box on ACPP and select 'No' or 'Refused'. The call will 24 Referred | | | | | | |
| document that the patient has refused the ambulance in the | | | | | | |



| | falls into the ILTC criteria the referral coordinator will call an ambulance, (OP016), document the ambulance log number and log change in symptoms. The referral coordinator will alert the shift manager who will amend the call, requesting a clinician to safety-net the call in DCA. The call should not be removed from DCA. If the call does not fall into the ILTC criteria but condition has deteriorated, the referral coordinator should document the deteriorating symptoms and alert the shift manager or team leader immediately. The shift manager or team leader will alert a triaging clinician of the changes in the patient's condition immediately. | |
|---|---|---|
| 4 | If the patient accepts that they need to be seen in hospital but are ADAMANT that they will call the ambulance for themselves, the Referral Coordinator must continue with the call documenting the patient's decision in the comments box on ACPP and select 'No' or 'Refused' to the suggested ambulance. The call will be then passed through to the 'DCA' pool prioritised as an 'Emergency'. A clinician will complete the call in accordance with the recommendations outlined in the Royal College of General Practitioners (RCGP) toolkit in relation to safety-netting. | Primary Care 24 Referral Coordinator / Clinician |
| 5 | A patient or third party caller may ask the Referral Coordinator to call an ambulance on their behalf. If the symptoms do not indicate an ILTC the Referral Coordinator will advise the patient accordingly and inform the caller that the case will be passed for a Clinician to contact them. The priority will be set in accordance with the presenting symptoms using the ACPP. | Primary Care 24 Referral Coordinator |
| 6 | If a patient has been assigned a home visit and prior to the Clinician attending, the patient or their representative contacts Primary Care 24 stating that the patient's condition has deteriorated and that they now require an ambulance, the patient's condition falls into the ILTC criteria - the Referral Coordinator will call an emergency ambulance and then 'Case Edit' the call documenting any further symptoms and with a note of the ambulance log number. The Referral Coordinator will inform the Shift Manager or Team Leader who will edit the case type to 'Doctor Advice', ambulance called and forward to the 'Advice' pool for safety-netting by a Clinician. The Shift Manager will inform the Home Visit Dispatcher of the changes. | Primary Care 24 Referral Coordinator / Shift Manager / Clinician |



| 7 | If a patient has been assigned an appointment and contacts Primary Care 24 and states that the patient's condition has deteriorated and now requires an ambulance and the call falls into an ILTC criteria, follow the procedure in part 6. The Shift Manager will inform the Dispatcher of the changes. | Primary Care 24 Referral Coordinator / Shift Manager / Clinician |
|---|---|---|
| 8 | If any contact is made with a patient through a comfort call, logging call backs, managing calls in the advice pool or any other reason for contact the person taking / making the call must enquire as to whether the patient's condition has deteriorated. If the patient meets the criteria of an Immediately Life Threatening Condition, the referral coordinator is to follow the ACPP procedure. Under no circumstance may you offer the patient or their representative the choice of calling the ambulance themselves. The Referral Coordinator will inform the shift manager or team leader who will edit the case type to 'Doctor Advice', ambulance called and forward to the 'Advice' pool for safety-netting by a clinician. If the call does not fall into the ILTC criteria but condition has deteriorated, the referral coordinator should document the deteriorating symptoms and alert the Shift Manager or team leader immediately. The Shift Manager or Team Leader will alert a Triaging Clinician of the changes in the patient's condition immediately. | Primary Care 24 Referral Coordinator / Shift Manager / Clinician |





STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

| Title | | Patien | ts with D | eteri | orating Condition | | Doc. No. | OP218 | |
|--|---|-----------|-----------|-------|-------------------------|---|-------------|---------|--|
| Version | | | | | V3 | | | | |
| Supersedes | | | | | V2 | | | | |
| Approving Managers/Committee | | | | | Head of Service | | | | |
| Date Ratif | ied | | | | 14.08.15 | | | | |
| Departme | nt of C | Driginate | or | | Out-of-Hours SDU | | | | |
| Responsil | ole Ex | ecutive | Director | | Chief Operating Officer | | | | |
| Responsil | ole Ma | nager/S | Support | | All Service Managers | | | | |
| Date Issue | ed | | | | 14.08.15 | | | | |
| Review Date | | | | | September 2021 | | | | |
| Target Audience | | | | | Operations / Clinical | | | | |
| VersionDateControl ReasonAccountable Person for this Version | | | | | | | | or this | |
| V1 14.08.2015 Produced to support OP010 / OP016 / OP216 Head of Out-of- Hours | | | | | | | | | |
| V2 | 18.01.2017Reviewed and updated as requiredHead of Service | | | | | | | | |
| V3 | 05.09 | 9.2019 | | | | Service Manager | | | |
| Reference documentsElectronic LocationsLocations for Hard Copies | | | | | | | | | |
| OP010 OP016 OP216 | 5 | | | Prin | nary Care 24 Intranet | Standard Operating Procedures File in the Call Centre | | e Call | |
| Document Status: This is a controlled document. Whilst this document may be printed, the electronic version maintained on the PC24 Intranet is the controlled copy. Any printed copies of the document are not controlled. | | | | | | | | | |