

## STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	Knowsley Extended Access Clinical Hub UC24 and NWAS NHS Trust	Doc. No.	OP243
Scope	Operational and Clinical Directorates		
Purpose	Process to support the transfer of a particular group of high acuity NHS 111 and low acuity 999 patients whose case is currently delivered through other routes.  To enable the patient to receive the right care earlier in the care pathway which reduces the potential of the patient accessing high acuity services unnecessarily.		
Guidelines	For patients in the Halton, Knowsley and Liverpool areas.  Operating times Monday to Friday 0:800 – 18:30 hours.  3 phase process setting out clear pathways for patients in each phase.		
PROCEDURE		RESPONSIBILITY	
Group 1 (also known as Phase 1)			
1	Patient assessed using NHS Pathways system – outcome suggests attending ‘Emergency Department’ (ED) for face-to-face assessment or treatment, or the patient may benefit from further senior clinical assessment (usually within 60 minutes but sometimes 240 minutes).  If patient refuses the above service they are to be directed to the nearest ED.  If patient agrees – the patient will be advised to await call-back from UC24 – the call will be electronically passed to UC24 via Adastra.		NHS 111

2	<p>Once the call has been electronically received, the referral coordinator will carry out a 'PDS' search on the record to ensure all patient details are correct and check the patient is covered by Urgent Care 24. If not, contact NHS 111 and give the 'External Case ID' number and ask them to take the call back. NHS 111 contact number is located under the 'Agency Information' tab on Adastra.</p> <p>Should any patient details be incorrect, the referral coordinator will contact the patient using the following script</p> <p>"Hello, I am a referral coordinator from Urgent Care 24. I have received your call from NHS 111. I 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>Please confirm the patient is at the address given. If not document the current address location on the Adastra system.</p> <p>Referral coordinators will ensure the dispatch of NHS 111 calls.</p> <p><b>ACPP is NOT to be used on 'Clinical Hub' calls passed by NHS 111 unless the patient describes an ILTC symptom as described below.</b></p> <p><b>Do not ask the patient regarding their symptoms.</b></p> <p>If the electronic link fails the referral coordinator will accept a verbal transfer of information from the NHS 111 health advisor. The case should be processed in-line with the disposition provided by NHS 111.</p> <p>Inform the patient a call-back from a clinician will be within 20 or 60 minutes, depending on the call priority, or in the case of a 'green' priority case inform the patient that the call-back will be within six hours.</p> <p>If the patient informs they have an ILTC symptom, such as chest pain, the referral coordinator should select the ACPP algorithm. ACPP should not be used in any other instance.</p> <p><b>Before ending the call use the following script:</b></p> <p>"Should your symptoms worsen whilst waiting for the call back please contact us by calling NHS 111."</p>	Urgent Care 24 Referral Coordinator
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	Proceed to dispatch the call to the 'DCA' pool.	
3	<p>The call will be triaged within 20 or 60 minutes depending upon the 'DX' disposition as described below:</p> <ul style="list-style-type: none"> <li>• DX02 'Attend ED within 1 hour' – UC24 call-back within 20 mins</li> <li>• DX03 'Attend ED within 4 hours' – UC24 call-back within 60 mins</li> <li>• DX89 'Attend ED within 6 hours' – UC24 call-back within 60 mins</li> </ul> <p>DX94 (sexual assault) and DX118 (emergency dental) do not apply to this service and should be passed back to NHS 111 via senior staff on duty if received.</p>	Urgent Care 24 Clinician / Senior Operational Team
<p align="center"><b>Group 2 (also known as Phase 2)</b></p> <p align="center"><b>It is expected that these calls will transfer via 'electronic link in early 2018. This SOP will be amended to reflect when this happens.</b></p>		
4	<p>Patients who originally dialled '999' for an emergency ambulance, whose assessment using the AMPDS (Advanced Medical Priority Dispatch System), identified that they are suitable for management <b>without</b> the need for an ambulance response (low acuity).</p> <p>These are termed 'Omega' determinant calls in the AMPDS system which attract a 'GREEN 3' (180 minute) or 'GREEN 4' (240 minute) response window for the ambulance service.</p>	NHS 111
5	Qualifying 'Omega' assessed patients, identified by NWS, agreed ED end-dispositions, will be passed verbally by NWS UCD (Urgent Care Desk) clinician to the UC24 referral coordinator who will take the call. On completion of the call the Adastra reference number must be given to the NWS UCD clinician.	NHS 111 Urgent Care Desk Clinician / Urgent Care 24 Referral Coordinator
	Answer Urgent Care 24 telephone line with the following script:	

6	<p>“Good morning / afternoon / evening, you are through to Urgent Care 24. Can I take the contact number you are calling from? Can you confirm which service you are calling from?”</p> <p>The referral coordinator will continue to process the call in-line with ‘AVS Pathfinder’ calls.</p> <p><b>‘AVS Pathfinder’ Calls (see SOP OP218)</b></p> <p>In the ‘Relationship to Caller’ field insert the referring clinician’s full name, ensuring a log of their PIN number (if a Paramedic), incident number and contact number is also recorded. Caller origin should be ‘Ambulance’</p> <p>Continue through to dispatching call into the ‘DCA’ pool using case type of ‘Pathfinder’ with an ‘Urgent’ priority. Do not use ACPP, with the exception of a death, where ACPP must be used.</p> <p>Please note - Ambulance Control staff will have an incident number which must be logged – they may not have a PIN number unless they are a paramedic. Calls could potentially be received from other health professionals.</p> <p>The caller should be advised to call our service back if there is any change or deterioration in the patient’s condition prior to the call from a clinician.</p>	Urgent Care 24 Referral Coordinator
<b>Group 3 (also known as Phase 3)</b>		
7	<p>Patients who originally contacted NHS 111, and whose assessment using the NHS Pathways system was suggestive of the need for a <b>lower acuity</b> ambulance response for assessment and possible transport to hospital, also attract a ‘GREEN 3’ (180 minute) or ‘GREEN 4’ (240 minute) response window for the ambulance service.</p>	NHS 111
8	<p>These calls will initially transfer electronically from NHS 111 to the Ambulance service.</p> <p>The call is then reviewed by the NWAS UCD clinician and it will be passed verbally to UC24.</p>	NHS 111 UCD Clinician / Urgent Care 24 Referral Coordinator

<b>9</b>	The referral coordinator will process this call as described in Group 2 patients and in-line with 'AVS Pathfinder' calls.	Urgent Care 24 Referral Coordinator
<b>10</b>	Should electronic links be unavailable for any reason this group of calls will be passed verbally in the same way as Group 1 patients.	NHS 111 / Urgent Care 24 Referral Coordinator
<b>Post Referral / Pass Back Process</b>		
<b>11</b>	<p>Where a call has originally been passed to UC24, either via NHS 111 or 999, and the UC24 assessment suggests an ambulance, UC24 will make the call to NWS via the normal emergency contact route.</p> <p>When the call is being made to NWS, UC24 will detail the clinical outcome of their assessment and clearly inform that the call has already been managed by NWS. The original incident number should be recorded and in the notes entered 'call is a UC24 pass back'.</p> <p>When a call is being passed back to NWS in this way, but meets the normal criteria for a UCD intervention, NWS will not re-triage the call, instead will proceed to deploy an ambulance within the timeframe requested by the UC24 clinician.</p> <p>Calls may be passed back to UC24 after ambulance response and face-to-face assessment, using the normal AVS referral route. It is important when referring back to UC24 the reference number from the initial assessment is logged and referenced clearly in the patient record.</p>	NHS 111 / NWS / Urgent Care 24 Referral Coordinator / Clinician
<b>Escalation</b>		
<b>12</b>	<p>At times of service pressures, and it is identified the need to turn off the DOS due to escalation, the senior staff member on duty will inform the Head of IUC Knowsley PCS who will advise and escalate according to UC24 procedure.</p> <p>The Head of IUC Knowsley PCS will consult with the Director of Service Delivery for next steps.</p>	Urgent Care 24 Senior Operational Staff / Head of IUC / Chief Operating Officer

## STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title		Knowsley Extended Access Clinical Hub UC24 and NWAS NHS Trust		Doc. No.	OP243
Version			3		
Supersedes			All previous versions		
Approving Managers/Committee			Head of Service		
Date Ratified			February 2017		
Department of Originator			IUC KEAS		
Responsible Executive Director			Director of Service Delivery		
Responsible Manager/Support			Head of IUC		
Date Issued			18.01.2018		
Next Review Date			03.01.2021		
Target Audience			IUC KEAS Operational and Clinical Personnel		
Version	Date	Control Reason		Accountable Person for this Version	
1	21.02.2017	New service		Service Manager	
2	21.02.2017	Amendment		Service Manager	
3	18.01.2018	Reviewed		Service Manager IUC, KPCS	
Reference documents		Electronic Locations		Locations for Hard Copies	
OP218		Urgent Care 24 Intranet		Standard Operating Procedures File in the 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.					