INTEGRATED URGENT CARE SERVICE DELIVERY UNIT
Shift Manager Workbook
Clinician / Operational

V1.5

This Workbook is available electronically via PC24 Intranet

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1. Introduction

This Workbook forms an integral part of the management and governance arrangements of the Shift Manager shift 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 Clinician staff, which will ensure that robust processes are in place and consistently followed by staff

3. Guidance

This workbook will provide operational guidance to Shift Managers to ensure that:

1) The service can manage demand and pressure,
2) Comply with appropriate levels of escalation management
3) Patients are managed correctly, and procedures follow operational protocol.
4) Clinical rota is managed effectively.

4. Passing Calls to GP Surgeries

The Out of Hours service is operational from 18:30 each weekday and finishes at 08:00 each morning. Any calls active within the DCA pool or awaiting a home visit, which have been received during this time and not actioned by Primary Care 24, these calls will be passed back verbally and electronically on Adastra to the patient's registered GP surgery. Appendix 1

5. Passing Patient Information to GP Surgeries

The National Quality Requirement (NQR 2) relating to communication of patient encounters to the patient's own surgery states that information must be relayed by 08:00 on the next working day.

Adastra is configured to automatically transmit patient encounters in time to meet this NQR requirement, either by fax, Document Transfer Service (DTS), Electronic Document Transfer (EDT) or via a NHS.net email address. All transmission methods described above follow the same process of steps in the event of failure of patient encounters not being sent to the surgeries.

In the event that patient Adastra consultation fails to send automatically through on Adastra, Shift Managers should follow either the protocol shown in the Appendix 2, or manually send the patient information to the relevant patient GP surgery using a secure NHS email address.

6. Follow up on Expected Death Calls

In the event of an expected death during the out of hours, it is important that accurate information is received by the patient GP surgery in a timely manner. It is important that the correct protocol is followed on Adastra – Appendix 3

7. Knowsley First Response Team (KURT)

The Knowsley First Response Team (KURT) provides Out-of-hours cover for residents of Knowsley who require social care, hospital diversion or emergency respite care. The team do not provide any medical intervention. For patients who live outside of Knowsley but are registered with a doctor in Knowsley this service is unavailable to them. Support will have to be provided from the relevant out-of-hour's service within the area that they reside. There are a number of reasons patients may need support including:

- Disability or learning difficulty
- Hearing or visual impairments
- Respite care or caring for an adult
- Difficulties in managing at home
- Family difficulties
- Help or alcohol abuse.

In order to access this service, PC24 clinicians will need to make a referral via Unplanned Care Direct (UCD), who provide administrative and clinical triage services.

8. Community Respiratory Team (CRT)

The Community Respiratory Team (CRT) provides hospital at home 2-hour rapid response service for patients with acute exacerbation COPD or Bronchiectasis. This service is available for patients registered with GP within the Liverpool CCG area only. This service is available Saturday, Sunday and Bank Holidays 9am till 4pm. The Community Respiratory Team (CRT) protocol and referral system can be found in Appendix 4 and 5

In order to access this service, PC24 clinicians will need to make a referral via Unplanned Care Direct (UCD), who provide administrative and clinical triage services.

9. Escalation Management System (EMS)

The Escalation Management System (EMS) is an early warning system of demand and capacity pressures within all aspects of urgent and emergency care across the health economy and wider. EMS updates are to be completed regularly throughout each shift to provide a true reflection of pressures within the system.

The Shift Manager is responsible for monitoring service escalation and must ensure EMS updates are completed as demand on service changes.

All EMS triggers must be recorded accurately based on the current service performance and EMS trigger guidelines

At times of escalation, Primary Care 24 may need to inform NHS 111 of call back delays and changes to call back times MUST be agreed with the manager on call, reviewed regularly and for a minimum amount of time.

Following each EMS update an automated email will be sent to all managers and executives that participate in the on-call rota informing them of the latest service update –Appendix 6

Access EMS using the following link: emsplus.nhs.uk

10. Managing Clinical Cancellations

It is important to ensure safe management of the clinical rota following cancellations from clinicians who do not attend without notice.

Clinical cancellations should be reported, giving as much notice as possible. When a cancellation is received during the out-of-hours period, this is to be reported to the Shift Manager immediately. If a clinician is cancelling due to sickness, the Shift Manager will need to ascertain when their next shift is and if they believe they will be well enough to attend.

For clinicians who are salaried, an absence form should be completed and sent to the relevant line manager and manage on call, in-line with the Primary Care 24 Absence Management Policy. The absence should be recorded within the Shift Manager.

Process for Managing Clinician Cancellations during an Overnight:

- If there is a standby available, call them in to shift.
- If no standby, escalate to on-call manager / on-call executive to agree what calls to prioritise within the service, according to escalation process.
- The Shift Manager to contact all home-working clinicians by text message to request any additional hours throughout the overnight or early the following morning.
- The Shift Manager to consider booking UCC appointments for later in the morning, when morning resources start shift. If it is a Sunday overnight, pass any home visits not completed back to patients own GP surgery.

Process for Managing Clinician Cancellations during the Out of Horus

- The Shift Manager / Senior Urgent Care Coordinator will review the rota as a whole and block UCC appointments to allow for additional triage resource. This process will help, by staggering the hours available within Urgent Care Centres to allow for breaks.
- The Shift Manager / Senior Urgent Care Coordinator will consider sending triage clinician out on the road to do home visits, or if no available resource to close a UCC and use a UCC clinician instead.

- The Shift Manager / Urgent Care Coordinator, to consider moving a clinician from a triage resource and consider moving the Clinician to a Urgent Care Centre.
- Priority Urgent Care Centres, which require clinical cover at all times. Following the cancellation, ensure the Emergency Department are aware there is currently no cover. Move any available clinical resource to resume service as soon as possible.
- The Shift Manager or Senior Urgent Care Coordinator to ask all clinicians on shift to extend their shift to replace the lost hours.
- It is important to consider the safety of the clinicians who is running the service. The Shift Manager is to keep in regular contact with on-call manager.
- Shift Managers are to record all decisions made within the Shift Manager Report and keep EMS updated.

11. Clinician Who Do Not Attend for Shift (DNA)

In the event a clinician does not attend for shift without notification, the Shift Manager must be informed immediately. It is the responsibility of the Shift Manager, to contact the Clinician and ascertain why the clinician has not attended for shift. This DNA absence should be recorded within the Shift Manager Report and updates made to EMS where necessary.

12. Clinician Lateness

The Shift Manager must be informed of any clinicians who are late for shift or who are likely to be late for their session and reasons for this will only be acceptable if this is beyond the control of the clinician.

13. Agency Clinicians

Agencies can be contacted during the out of hour's period for a clinician cancellation or clinician who DNA's for a session. It is the responsibility of the Shift Manager to contact the relevant agency, using the agency office number which will divert to the person on call. Once the agency is aware, they will endeavour to contact the clinician or backfill the session with another clinician.

Any changes to rates of pay should be agreed with the on-call manager and on-call executive before being confirmed with the agency when necessary

14. Stand-By Clinicians

The standby clinicians will be available for the duration of the session required and will be paid a standby rate for the whole session, but should their services be called upon they will be paid at the full hourly rate for the time they are required.

Once the necessity for the standby clinician to stand down has been reached, the Shift Manager will advise the clinician accordingly but will also advise that they may be required again during their shift allocated time.

15. Clinicians Home Working - Prescriptions

There is no facility for the home-working clinicians to fax prescriptions to any pharmacy. Prior to the commencement of session, the clinician will liaise with the Shift Manager / Senior Urgent Care Coordinator to ascertain if there is a clinician either at base or at one of the centres who will be willing to sign a prescription on their behalf. If there is a clinician available, the notes will be documented accordingly, and the call dispatched to the 'Advice' pool

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

16. Influenza Outbreak in Care Homes

In the event that Public Health England assess and declares outbreak in a care home, it is important to contact the relevant CCG. If necessary, the CCG will notify Primary Care 24 of the need for 'Flu Treatment Plan' to be activated.

Procedure:

- The IUC Service Manager or Manager on Call (OOHs) will be notified of flu outbreak in care home
- The IUC Service Manager/Shift Manager will contact the Care Home to attain the number of current residents.

- ❖ The IUC Service Manager / Shift Manager will reassure the home that PC24 will contact within 48 hours. If a resident becomes more unwell during that time, to following the usual processes – own GP or NHS 111.
- ❖ The IUC Service Manager / Shift Manager to advise the home to stat to compile a list of symptomatic residents and eGFR results for all residents.
- ❖ Primary Care 24 are to source a clinician to contact the care home within 48hours supported by the Shift Manager and Rota Team.
- ❖ The Shift Manager is to inform the care home of the name and time of the allocated clinician.

The Clinical Pathway – Appendix 7

- Please note this pathway applies to **ALL** residents of the affected care home, whether or not they have been vaccinated.
- The pathway only applies to **RESIDENTS** in care homes. Prophylaxis for staff should be arranged via their own GP, though not usually needed
- This is a remote consultation and there is no requirement to enter the home
- It is **ESSENTIAL** that the clinician assess the patient's eGFR prior to prescribing treatment and adjust the dose as below. If the eGFR is not available, ask care home staff to arrange via patients own GP surgery. Once this information is available, the care home staff are to contact PC24
- Clinicians can send a prescription via EPS to the patient's nominated pharmacy ensuring SLS is visible on the script.
- If during the OOHs period Shift Manager to record start and end time of clinician within the Shift Managers' report.

17. How to Access Online Policies and Workbooks

It is important that all operational staff have staff have access to policies and workbooks when there is no internet access. Copies of the workbooks and policies can be access via the Primary Care 24 Intranet, which can be accessed via a link on the computer's desktop. The log in should be automatic, but should operational staff require to enter a username or password, staff are to contact the Shift Manager or Senior Urgent Care Coordinator.

All copies of policies and workbooks are kept in a folder by the Shift Managers desk.

18. Unable to Access on-line Policies and Workbooks

Should staff require access to a policy or workbook, in the first instance, this will be available via the Primary Care 24 intranet.

The Primary Care intranet is automatically assessed via a link on computer desk tops.

Should the internet be unavailable and staff require access to a policy or workbook, the Shift Manager will be able to access a paper copy.

All paper copies of policies and workbooks are kept in a folder by the Shift Manager's desk.

19. Not our Patient Cases (NOPs)

When a GP surgery returns a patient encounter, detailing that it is for a patient who is not registered at their practice, it is necessary to ensure the details are forwarded to the patient's correct GP practice.

Identifying the correct GP practice should be investigated using a "PDS" search and/or Open Exeter by the Shift Manager. Should the correct GP practice be identified, the details on Adastra should be amended using "Case Edit" a copy of the Adastra report to be scanned to the correct GP practice, using a secure email address for the practice.

20. Appendix 1- Passing Calls to Surgeries

All calls received from NHS 111 or a healthcare professional will be processed by Primary Care 24 operational staff until 08:00. Calls or home visits that are currently active in the DCA after 08:00 are to be passed back to the patient's registered GP Practice.

Once the call has been updated, document with the 'General Edits' call to be passed back to the patient's registered GP Practice

The call will then appear on the dispatch screen on Adastra. Then you should:

1) Double click onto the call and select "Message Handling"
2) Select "Verbal"
3) Once this option has been selected, document within the Notes box "Call to be passed to on GP surgery"

Adastra will confirm once call has been completed and will provide a call number as a reference. From this point, the call will be electronically transferred to the patient own GP practice to follow up on the patient's care.

21. A

Log into Adastra, go into '**Dispatch**' menu and select the **'Message Queue'**. If there are any patient encounters that have failed to be sent to the surgery, they will be listed under the message queue. If the message queue lists are collapsed, click the '+' symbol to expand the list to see all of the individual queue entries. The message queue will only be collapsed if cases exist in the queue from a previous day.

Each fax batch represents a list of cases to one surgery that PC24 have dealt with since the last batch of faxes was processed for faxing. Therefore, over a weekend period, because fax batches are processed every few hours, one surgery may appear several times in the failed fax queue. Also, one fax batch to a single surgery may contain any number of encounters/cases.

Right click on each queue entry/fax batch and select **'Retry Failed Event'**. This will tell the Adastra system to attempt to send the fax batch to the surgery again/ If it successfully sends the fax batch will disappear from the message queue. However, it is likely that the fax attempt will fail again, in which case the fax batch will remain in the message queue.

22. Appendix 3 -Follow up on Death Cases

Notes completed by visiting clinician. **'Death Confirmed**' must be documented and clinical code **'O/E Dead'** selected from codes list on Adastra. In-addition, follow-up message of **'Patient Deceased'** must be selected.

Following completion of calls on the system after 08:00 weekdays, the Shift Manager to go to **'Reporting'** on the Adastra main menu, select 'Run User Reports' located in folder named **'Local PC24 Reports'** and run the report titled '**Death and Revisits'**. Input the appropriate start and finish date/time before running report.

Before contacting individual surgeries to inform them of a death of their patient and to confirm receipt of faxed case details, the visiting clinician's consultation notes must be reviewed by the Shift Manager or nominated colleague to confirm that the notes match the clinical codes and informational outcomes.

Once all the surgeries have been informed the relevant paperwork must be placed in the **confidential waste bin.**

In the event that the clinician's consultation notes do not match the code of **'O/E Dead'**, the Shift Manager or nominated administrator

23. Appe

Referral Criteria:

- Clinician identifies a patient with a confirmed diagnosis of COPD or Bronchiectasis
- The patient has been assessed within the last 4 hours as having an acute exacerbation and is at risk of needing hospital admission
- Patient is medically stable to wait of up to 2 hours for a nurse to attend

If the referral is accepted by CRT in error and the patient does not meet the criteria, they call will be passed back to PC24 via the HCP line

Referrals can be made by clinician only via Unplanned Care Direct

CRT will ensure patients are seen within 2 hours of referral. If the timeframe cannot be met CRT will contact PC24 on the HCP Line, to determine it is appropriate for the patient to wait for the visit or for the case to be passed back to PC24 for re-assessment.

If the patient's condition deteriorates or if the patient is not well enough for home care, CRT will arrange an acute admission to hospital. If the patient refuses admission to hospital, CRT will contact PC24 via the HCP line to discuss with a clinician.

24. Appe

Clinician makes call to UCD: Answered by UCD call handler

Will be asked- 'Are you a clinician Calling'

Yes

Has the patient got a confirmed diagnosis of COPD/ Bronchiectasis Has the patient been assessed in the last 4 hours as having an acute exacerbation at risk of needing hospital admission?

Is the patient medically stable and able to wait for up to 2 hrs for nurse to attend?

Is the patient alert and orientated?

No

SPC Call handler unable to accept referral. Clinician to consider hospital admission or home visit for the patient.

Yes

Demographics taken

Are you aware that the patient has any of the following?

- New arrhythmia, heart rate below 60 or above 120 beats per minute?
- Systolic blood pressure less than 100?
- Respiratory rate greater than 30 respirations per minute?
- New Chest Pain
- New or increased peripheral oedema
- New confusion or impaired conscious levels conscious level
- Oxygen saturations below 85% if measured.

Yes

SPC Call handler unable to accept referral. GP to consider hospital admission or home visit for the patient.

No

Referral Accepted

Are you aware of any hazards that

25. Appendix 6- Escalation Management System

EMS Triggers	Level 1 - Planned Operational		Level 2 - Moderate Pressure		Level 3 - Severe Pressure		Level 4 - Extreme Pressure	
	OOH		OOH		OOH		OOH	
Clinical Staffing	1	Staffing levels 90% and above to Rota profile requirements	1	Staffing Levels 80% - 90% to Rota profile requirements	1	Staffing Levels 70% - 80% to Rota profile requirements	1	Staffing Levels 70% and below to Rota profile requirements
Operational Staffing - Skill set	2	Monday to Thursday - Staffing Levels 90% and above to Rota requirements Friday to Sunday - Staffing Levels 95% and above to Rota requirements	2	Monday to Thursday - Staffing Levels 80% - 90% to Rota requirements Friday to Sunday - Staffing Levels 85% - 95% to Rota requirements	2	Monday to Thursday - Staffing Levels 70% - 80% to Rota requirements Friday to Sunday - Staffing Levels 75% - 85% to Rota requirements	2	Monday to Thursday - Staffing Levels 70% and below to Rota requirements Friday to Sunday - Staffing Levels 75% and below to Rota requirements
NQR Compliance and Demand - DCA	3	DCA pool within expected levels and matches capacity	3	25% of cases in the DCA pool are expected to breach	3	50% of cases in the DCA pool are expected to breach	3	75% of cases in the DCA pool are expected to breach
Urgent Care Centres	4	25% of Urgent Care Centres booked 2 hours in advance.	4	45% of Urgent Care Centres booked 2 hours in advance.	4	55% of Urgent Care Centres booked 2 hours in advance.	4	70% of Urgent Care Centres booked 2 hours in advance.
Home Visits	5	Visits awaiting to dispatch match capacity to deal with these within NQR timeframes	5	Expect to breach more than 25% of visits awaiting dispatch	5	Expect to breach more than 50% of visits awaiting dispatch	5	Expect to breach more than 75% of visits awaiting dispatch
Technical Issues	6	No technical issues	6	Some technical issues causing moderate impact to service delivery	6	Some technical issues causing severe impact to service delivery	6	Technical issues causing extreme impact on service delivery. Eg. Wavertree HQ with loss of IT.
Enviromental Issues	7	No Environmental factors affecting service provision	7	Environmental factors causing moderate pressure on service provision	7	Environmental factors casuing severe pressure on service provision	7	Environmental factors causing extreme pressure on service provision

25. Appendix 7- Influenza outbreak clinical pathway

CKD Stages	Creatinine Clearance (eGFR)	Testing Time	Oseltamivir (Tamiflu®) dose	
			Prophylaxis	Treatment
Stage 1	>90 ml/min	Annual	75mg once per day for **10** days	75mg twice daily for **5** days
Stage 2	60-89 ml/min	Annual	75mg once per day for **10** days	75mg twice daily for **5** days
Stage 3	30-59 ml/min	Annual (known to be stable) 6-monthly (progressive)	30 mg once per day for **10** days	30 mg twice daily for **5** days
Stage 4	15-29 ml/min	6-monthly (stable) 3-monthly (progressive)	30mg every 48hrs for **10** days	30 mg once per day for **5** days
**Stage 5	<15 ml/min	monthly	Seek specialist advice.	Seek specialist advice.

** Source BNF, NICE CKD Guidance 2014, Mersey Renal Units*
http://www.merseyrenalunits.nhs.uk/proforma/managementofckd/measureserum.asp