INTEGRATED URGENT CARE SERVICE DELIVERY UNIT

Operational Staff Workbook

V1.7

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Contents

1. Introduction

This workbook is intended to provide operational staff with a comprehensive outline of policies, procedures and guidelines related to calls made to the Health Care Professionals Line (HCPL). The workbook will ensure compliance with statutory requirements and best practice.

2. Purpose

The purpose of this workbook is to support the IUC Department by providing instructions and guidance to operational staff, which will ensure robust processes are in place and consistently followed.

- To ensure consistency in respect of referrals made by health care professionals, accounting for the patients' needs and conforming to National Quality Requirements
- To ensure prompt case delivery and commencement of the processes of triage and consultation
- To ensure complete documentation of actions related to patient cases, to promote transparency and ensure robust audit trails
- To ensure that cases of different origins take appropriate pathways for as long as Primary Care 24 is responsible for them, to promote congruous relationships with other services and ensure a positive patient experience with the Out of Hours service

3. Guidance

This workbook will offer support and guidance to operational staff to ensure, all actions are recorded and documented within the patients record.

In all instances actions should be recorded or documented within the patient record.

Referrals will only be accepted from health care professional's where a face-to-face assessment has been undertake or by telephone triage.

If a patient, non-clinical health care worker or a nursing/care home staff member contacts Primary Care 24 via the HCPL, they are to be advised to call NHS 111.

Calls that have NOT had an assessment by a Clinician must be handled by NHS 111 before PC24 can take ownership of the call.

4. Inclusion Criteria

Referrals via the Health Care Professional Line are accepted from:

- Walk-in Centre Nurses
- Pathology Labs
- Pathfinder – Paramedics, EMTs and Ambulance Control Room Clinical Staff from North West Ambulance Service (NWAS)
- Pharmacy queries / Community Pharmacy Consultation Service (CPCS)
- District / Community Nurses / COPD team / Adult Social Care (St Helens) / Heart Failure Team (St Helens) / Halton Mental Health Team
- Midwives
- Health Visitors
- GPs
- Knowsley and St Helens IV Therapy Clinical Teams
- Airedale Hub / Tele Med Service
- Other Health Care Professionals
- HMP Walton and HMP Altcourse Clinical Teams

5. Exclusion Criteria:

- 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.

4. Nursing Home and Care home clinician and non-clinician Staff, must be advised to call NHS 111 for assessment.

All patient information to be phoned through to Wavertree HQ by clinically trained staff only 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. THIS NUMBER MUST NOT BE GIVEN TO PATIENTS.

6. The Health Care Professionals Line (HCPL)

6a. Answering the HCPL / Adastra Demographics

The following script will be used for all calls answered via the HCPL:
"Good morning / afternoon / evening, Primary Care 24, you are through to a referral coordinator, my name is (say name,) can you please confirm which service you are calling from? Can I please take the telephone number you are calling from?"

If the caller is not a clinically trained health care professional, the caller should be advised to contact NHS111.

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.

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 have not been provided by the referring health care professional, must be removed on the Adastra record.

A Patient Demographic Service (PDS) search must be carried out for each case. The PDS system ensures that patient encounters with our service are amalgamated with their healthcare records. Demographic information, such as the patient's name and NHS number, that is entered into the new case must match the records found on the PDS spine.

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.

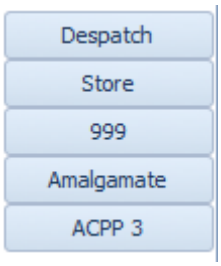
Additionally call takers must ensure **that all contact telephone numbers on an existing record, which have not been provided by the referring caller, are removed** to ensure Information Governance protocols are adhered to. Failure to do this may result in a breach of patient information to an unknown person.

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.

Document the patients' 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. Some heath care professionals, such as pharmacists or laboratory staff, may not be aware of the patients' condition and for these cases you should documents the other relevant details.

Ask the referrer if the patient or their carer has any communication or sensory problems. Document as 'Access – Nil' or 'Access – e.g. impaired hearing' or 'Access – Unknown' in the 'Symptoms' section of Adastra.

After these details are recorded, proceed with dispatching of the call to the relevant despatch destination using the despatch options in the bottom-left of the “Details” screen.



NQR call-back timeframes are as follows:

Emergency – 15 minutes

Urgent – 15 mins Pathfinder, 20 mins all other urgent calls

White Calls (Less Urgent) – 1 hour

7. Walk in Centre Referrals

Follow points documented with 6a. Answering the HCPL / Adastra demographics

Document the referring nurse’s first and surname in the ‘Caller’ section of Adastra case entry.

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.

Select case-type of ‘On Call Centre’.

Ask the referring nurse for the clinical priority of the call. The three priorities offered by PC24 are:

- **Emergency** – appointment within 1 hour
- **Urgent** – appointment within 2 hours
- **Less Urgent** – appointment within 6 hours

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.

Liaise with the Urgent Care Centre Co-ordinator regarding location and appointment time and inform the referring nurse of the booking information.

8. Pathology Lab Results

Follow points documented with 6a. Answering the HCPL / Adastra demographics

Document the referring pathology lab staff member’s first and surname in the ‘Caller’ section of Adastra case entry, along with the lab they’re calling from (e.g RLUH

Biochemistry). The ‘Access’ information question does not need to be asked for pathology lab calls.

Select a caller origin of ‘Pathology Lab’ in the ‘Relationship’ section.

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:

- What clinical information is on the request for the test?
- Are there any previous results? (document date as well)

Log the responses given as per example below:

1 – Diabetes

2 – No previous results

Select case-type of ‘Doctor DCA’ and prioritise as ‘Urgent’. Dispatch the case to the ‘DCA Pool’. **Do not use ACPP**.

Advise the referring Pathology Lab staff member that a member of the clinical team will aim to contact the patient within 20 minutes.

NOTE – Pathology Lab referrers may not always have all patient demographic information available to pass to Primary Care 24. It is essential that operational staff make every effort to obtain the information needed. If information can still not be obtained the operational staff member should advise the Pathology Lab referrer that the case cannot be accepted and seek advice from the Shift Manager or Senior Urgent Care Coordinator on how to proceed with the case.

9. Pathfinder

PC24 will accept calls from NWAS Paramedics to the NHS 111 First CAS, (formerly known as Pathfinder).

In Hours (All areas including the whole of St Helens). Call to be received into PC24 and logged onto Adastra as Pathfinder. If Paramedic on scene and remaining with the patient - 20 min call back. If Paramedic not on scene or not remaining with the patient – 60 min call back. Call to be completed by NHS 111 First CAS GP. If face to face needed, this needs to be arranged via own GP practice.

Out of Hours (All areas including but only PC24 9 St Helens practices). Call to be received into PC24 and logged onto Adastra as Pathfinder. If Paramedic on scene and remaining with the patient - 20 min call back If Paramedic not on scene or not remaining with the patient – 60 min call back. Call to be completed by NHS 111 First CAS GP. If face to face needed, this needs to passed to the most appropriate service and if that is OOH then PC24 can complete the face to face in the usual way.

Information only calls (In-Hours) – NWAS to pass the call to the surgery

Information only calls (OOHs) - log call with all information to be passed to surgery onto Adastra as Pathfinder. Mark on the patient record 'message passed to surgery'. The call can then be finished by a Shift Manager as 'message to surgery'. These calls will have a 1-hour disposition.

Follow points documented with 6a. Answering the HCPL / Adastra demographics

Document the referring NWAS staff member's first and surname in the 'Caller' section of Adastra case entry.

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.

Select a caller origin of "Ambulance on Scene" or "Ambulance Call Centre" in the "Relationship" section.

Document the NWAS eight digit incident number in the 'Symptoms' section of Adastra.

Select case-type of 'Pathfinder' and prioritise as 'Urgent' for call received from "Ambulance on Scene". Dispatch the case to the 'DCA Pool'.

Calls received from "Ambulance Call Centre" after documenting the patient symptoms, use Adastra Case Prioritisation Protocol (ACPP) to prioritise the urgency of the call.

Advise the referring NWAS 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

If the NWAS referrer is reporting a death ACPP must be used to prioritise the call.

10. Pharmacist Calls (CPCS)

Follow points documented with 6a Answering the HCPL / Adastra demographics.

Document the referring Pharmacist staff members first and surname in the "Caller" section of Adastra case entry.

Select a caller origin "CPSC (NUMAS) in the "Relationship" section.

Select case-type "Doctor DCA" and prioritise as "Less Urgent" Dispatch the case into the DCA pool.

Advise the referring Pharmacist, that a member of the clinical team will aim to contact themselves or the patient (whichever is requested) within 60 minutes.

Calls received from Pharmacists can only be taken on the Health Care Professional Line, if the patient has previously been assessed.

If the query is regarding a patient who requires a prescription for which they haven't had an assessment, the caller is to advise to re-direct the patient to the NHS 111.

Please note ACPP must not be used to prioritise the call.

11. Other Health Care Professionals

Follow points documented with 6a. Answering the HCPL / Adastra demographics

Document the referring staff member's first and surname in the 'Caller' section of Adastra case entry.

Select a caller origin from the 'Relationship' section of Adastra for the following list:

- District Nurse / Community Nurse / Midwife / Health Visitor / COPD team / Adult Social Care (St. Helens) / Heart Failure Team (St. Helens) / Halton Mental Health Team – **select 'District Nurse / Midwife'**
- GP / Extended Access GP – **select 'Own GP Practice'**
- Knowsley IV Therapy Team – **select 'Knowsley IV Therapy Team'**
- Airedale Hub/Tele Med – **select 'Airedale Hub'**
- Other Health Care Professional – **select 'Other'**

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.

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:

- Emergency – within 20 minutes
- Urgent – within 20 minutes
- Less Urgent – within 60 minutes
- Repeat Prescription – within 6 hours

If the case is an expected death the referrer should be advised that a clinician will visit within the next 2 hours.

Calls can be accepted on the HCPL line from any **Health Care Professional** that is not documented in the exclusion criteria in the 'Purpose' section of this workbook.

12. Calls received from HMP Walton and HMP Altcourse

Follow points documented with 6a. Answering the HCPL / Adastra demographics

Document the referring prison staff member's first and surname in the 'Caller' section of Adastra case entry.

Select a caller origin of 'Other' in the 'Relationship' section.

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 operational staff should enter one of the following:

- Case received from HMP Walton – enter 'HMP Walton' into the surgery field

- Case received from HMP Altcourse – enter 'HMP Altcourse' into the surgery field

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.

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:

- Emergency – within 20 minutes
- Urgent – within 20 minutes
- Less Urgent – within 60 minutes
- Repeat Prescription – within 6 hours

If the case is an expected death the referrer should be advised that a clinician will visit within the next 2 hours

13. Expected Death Process

All cases reported as an expected or unexpected death must be processed through ACPP regardless of the organisation the caller is contacting from. Patient demographic information is taken and confirmed as usual.

When the caller is reporting an expected death, ACPP will used to process the case to an urgent priority home visit. The caller should be advised that a clinician will aim to visit within the next two hours.

14. Unexpected Death Process

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 operational staff should contact 999 and complete the call as appropriate.

In some cases the caller may refuse an ambulance or it is possible the call may be passed via the ambulance services as a Pathfinder call. If this is the case the operational staff 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.

15. Anticipatory Care Plans / Patients Dying Wishes

If an existing Adastra record has a Special Patient Note (SPN) attached, it will appear overlaying on the demographics screen. Operational staff should check whenever opening an existing Adastra case record with an existing special patient note, highlighted at the top of the screen under the "Notes" button. All special patient notes, are critical pieces of information that all clinicians and operational staff **must** adhere to and account for.

Operational staff should **always** read all special patient notes, that appear on Adastra. If a special patient notes relates to a patient who is palliative care, has a terminal illness, end of life, advanced care plan, under a local hospice , or is a case managed patient, the case is to dispatched using ACPP and selecting "special patient note". If ACPP suggests the case is to be passed to the ambulance service, this should be overridden if the contents of the special patient note indicates that the patient is not for hospital admission.

16. Safety Netting Advice

Patient terminates a call

Out of Hours: Clinician will document concise details on patient record, forward call to the Advice Pool and pass the case number to Shift manager to organise a further call. If no reply or patient does not wish to engage the call is to be safety netted and closed.

In-Hours Practices: Practice manager calls patient back to seek feedback, provide safety netting if appropriate and to offer a further consultation if desired by patient.

Shift / Practice manager to action or escalate any concerns or issues as needed. Upload Datix if necessary

Before disconnecting all calls, ask the referrer to provide the patient with the appropriate safety-netting advice. The patient must be advised to contact NHS 111 if there is any change or deterioration in the patient's condition.

17. Adastra Non-Disclosure Calls

If a patient does not wish for their Adastra case report, to be shared with their registered GP practice, this must be respected. The caller will make operational staff

aware, that this is a non-disclosure call. Operational staff must ensure that the e “Non-disclosure Box” on the Adastra demographics screen is ticked, to action this request.

If the caller or patient requests that their Adastra case report, is not be sent to the patient’s GP surgery following the call being completed, operational staff should use the “Case Edit” function within Adastra, select “General Edits” and use the “Confidential” option to action this request.

The shift manager should be informed of all requests for non-disclosure, to be included in their report.

18. Receipt of Calls from NHS 111/ NHS 111 Online Self-Referrals

NHS 111 cases will be automatically received via the electronic link and operational staff will be alerted to this by an ‘alarm’ sounding in the call centre. The call will appear in ‘111 Cases Awaiting Confirmation’ screen located in the Adastra main menu. Should the electronic link fail, a verbal transfer of information from NHS 111 will be accepted.

Once the call has been electronically received, operational staff will ensure the dispatch of all NHS 111 calls, carrying out a PDS search.

If the results found on the NHS spine are different to the demographics provided by NHS 111, operational staff are to the contact the patient / representative, to confirm the patient demographics. The operational staff should call and say:

“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.”

If any of the demographic information is incorrect, operational staff are to amend the Adastra record as required and ensure a health care professional feedback (HCP) form is to be completed and recorded on Datix system for follow up with NHS 111.

Once the demographics has been confirmed, operational staff are to dispatch the call into the DCA pool, advising the patient or representative of the call back timeframe. Providing appropriate safety netting advice “Should your symptoms worsen whilst waiting for a call back please contact us by calling NHS 111”

If a case is received from NHS 111 for a patient who is not registered with a GP practice within the Primary Care 24 catchment area, but is currently staying within the PC24 catchment area, operational staff are to record this within the Adastra demographic screen as a 'Immediate Necessary Treatment' (INT) ensuring that the surgery field contains "PC24 in House Practice"

If a case is received from NHS 111 for a patient who is registered with a GP practice outside of the Primary Care 24 catchment area, but is staying within the PC24 catchment area, operational staff are to record this within the Adastra demographic screen as "Temporary Resident" (TR) ensuring that the surgery field contains "PC24 in House Practice"

Calls received from NHS 111, which Primary Care 24 do not provide out of hours cover for, are to be verbally transferred to the correct out of hours provider. Once the call is completed a health care professional feedback (HCP) is to be completed and recorded on Datix system for follow up with NHS 111.

ACPP is **NOT** to be used on all calls received from NHS 111, except if the patient reports ILTC symptoms, an expected death or a repeat prescription with a disposition of 2 hours or more.

19. **NHS 111 Online Self Referrals**

The NHS 111 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.

If after three failed attempts to contact the patient/representative is made, the call should be risked assessed base on the information available. The call is to be either stood down on or sent for a home visit on patient safety grounds by a clinician, and the shift manager must be informed.

Please note wrong numbers must be reported to the shift manager / Senior Urgent Care Coordinator immediately.

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/representative advising them the call has been sent to the incorrect out of hour's providers, confirm if they hare any changes to their condition and rule out any immediate life threating conditions. Advise the patient/representative to contact NHS 111 for the call to be reassessed and passed to the correct out of hour's service.

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.

NHS 111 Despatch Options

Cases dispatched to the ‘DCA’ pool will have the following dispositions attached:

NHS 111 disposition:	20 / 30 minutes
Primary Care 24 disposition:	Urgent priority within 20 minutes
NHS 111 disposition:	1 / 2 hour
Primary Care 24 disposition:	Less Urgent priority within 60 minutes
NHS 111 disposition:	6 / 12 / 24 / 48 / 72 hours
Primary Care 24 disposition:	Call-back within 6 hours

Prioritise the case in-line with the disposition provided by NHS 111.

20. Duplicate Calls received from NHS 111

If a case sent from NHS 111 is a duplicate of a call that is already live on the PC24 Adastra system, operational staff should confirm demographic information and perform a PDS search. Within the “Details” tab on Adastra, operational staff should document “Duplicate Call” followed by the case number of the other live call within the PC24 Adastra system.

Operational staff are to inform the Shift Manager or Senior Urgent Care Coordinator of the duplicate call received from NHS 111.

21. NHS 111 - Ambulance Calls and Exceptions to ACPP

Patients who are referred to Primary Care 24 by NHS 111 who are presenting with Immediate Life Threatening Conditions (ILTCs) must be dealt with in accordance to policies and procedures related to:

- Patients accepting ambulances
- Patients refusing ambulances
- Patients wishing to call ambulances for themselves
- Patient deteriorating with ILTC symptoms
- Patients with Special Patient Notes / Anticipatory Care Plans
- Patient’s dying wishes

If a call is received from NHS 111 stating that a patient with an existing case has deteriorated or their condition has changed and they fall into the ILTC criteria, the NHS 111 heath advisor must be asked if they have re-assessed the patient based on the new symptoms.

If the re-assessment has taken place and the call has not needed an ambulance, then the new symptoms should be documented on the case and the Senior Urgent Care Coordinator or shift manager should be informed of the changes. The Shift Manager or Senior Urgent Care Coordinator will alert a triaging clinician of the changes in the patient's condition immediately.

If when calling a patient back to confirm their demographics they disclose that they have a new symptom which may be ILTC in nature, complete ACPP function to determine if an ambulance is required.

If an ambulance is required and the patient accepts that they need to be seen in a Emergency Department but are ADAMANT that they will call the ambulance for themselves, operational staff must continue with the call documenting the patients decision in the comments box within "ACPP" and select 'No' to the suggested ambulance. The call will be then passed through to the 'DCA' pool prioritised as an 'Emergency'. The clinician will complete the call in accordance with the recommendations outlined in the RCGP toolkit in relation to safety-netting.

22. Dealing with Unacceptable Behavior

On many occasions unacceptable behavior from patients/representatives happens because they are extremely worried about their illness. People also become angry or difficult if they perceive their needs are not being met. Under circumstance where unacceptable behavior is occurring it is important for all staff at Primary Care 24 to remain respectful to the patient/representative.

What is defined as violence or aggression at the work place?

Any incident where staff are verbally or physically abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health. This includes:

- Loud or intrusive conversation or shouting
- Threatening or abusive language involving excessive swearing or offensive remarks
- Racial or sexual remarks
- Malicious allegation relating to members of staff, other visitors or patients
- Abusing alcohol or drugs whilst on the practice premises
- Drug dealing
- Wilful damage to practice or staff property
- Violence
- Threats of violence and or threatening behaviour

Four Basic Rules:

- Politely asking the offending person to calm down
- Politely asking the offending person to stop doing the undesirable behaviour
- Advise them you are only trying to help them
- Keep yourself safe at all times, always ensure you are positioned closest to the exit point, be familiar with the security processes at the site you are working from .e.g. panic alarms

If the behaviour continues, inform the patient that you will not tolerate continued unacceptable behaviour and you will terminate the consultation unless the behaviour stops.

If there is any further unacceptable behaviour you should close the conversation and tell the patient you are doing this. If there is an outstanding medical issue which needs to be addressed, during the out-of-hours period you should inform the patient/representative that another member of staff will contact them to discuss an appropriate solution to address their medical problem.

In instances of a consultation being halted please make a note on the Adastra system when completing the call and inform the Shift Manager or Senior Urgent Care Coordinator.

If the patient wishes to complain about our service you should inform them of the complaints policy. They can complain in writing or verbally to Primary Care 24, or via PALS at their local CCG or their own GP Practice. The details should be reported within the agreed process and the patient advised that they will be contacted within 3 working days. This information should be given in a non-confrontational way.

Report any incidents of unacceptable behaviour from patients/representatives by completing a Datix incident form. Operational staff should inform the Shift Manager for this to be documented with their report.

The incident will be investigated by a Service Manager. Details may also be recorded as a ‘Special Patient Note’ (SPN) on the Adastra system so that all operational staff and clinicians are aware in the event of any future contacts with our service.

After the incident, it is advised that any member of staff involved should have a discussion with a Shift Manager or Service Manager. This is to ensure discussion of the incident, supporting staff involved, identify the need for further counselling, and evaluate the situation to inform future instances of dealing with unacceptable behaviour.

23. Immediate Necessary Treatment (INT) Temporary Resident (TR)

Definition of a Temporary Resident (TR)

A patient who is registered with in a GP practice outside of Primary Care 24's catchment area. The patient has contacted Primary Care 24 as they require medical advice or treatment.

Definition of Immediate Necessary Treatment (INT)

A patient who is not currently registered with a GP practice anywhere in the country.

25. Appendix 1 – Expected Death Process

EXPECTED DEATH PROCESS