CCAS - Hints and Tips and FAQ

What are the numbers of the shift leaders - for any queries while we are on shifts ?	**Mobile 1. 077 669 903 07** **Mobile 2. 077 669 922 68** **Mobile 3. 077 669 900 92**
How do we make the calls ?	The calls are dialled on CISCO – you can cut and paste the number across from adastra but need to remove any gaps in the number as CISCO does not recognise gaps. Any jobs on the queue you have taken and called and made dispositions for will disappear off the queue. Also if phoning a nursing home / caller ID check then need to press numbers on your phone, not on CISCO.
What do we say when we ring the patient ?	Introduce yourself as an ERP for the 111 service. Need to check the patient is who you are expecting. 2 forms of ID – DOB and address. Let the patient know that you do not have access to any previous records on them. Ask them about any significant medical history.
What are the green and amber patients on the Adastra queue ?	The green ones need contact within 6 hours and the amber are needing contact within 2 hours. When you first start concentrate on the green (6 hour) ones as they are less complex calls. Then when you are more confident you can handle the green or amber. The new Adastra training video is very useful to show this.
Do patient's know we do not have access to their medical records ?	No, Some ERP's are making a point at the beginning of the call in saying : "I do not have access to your medical records" and asking about any important medical history.
Where do I find the "message of the day" on Adastra ?	This is found on the original log in screen. The three mobile phones for the shift leaders should be found in this message board. The shift leader may write instant messages to you during the shift which pop up in a small box, eg. if they want you to see a patient next.
How long should a call last ?	Everyone works at a different pace, and some calls are more complex than others. The general feedback appears about 10-12 minutes per call. Remember to take your time on the first few calls and make your notes as you go along. You can write summary also at end of call. A new case will not open up until you close a call. Keep your system on "not available" all of the time you are on the shift as you are not having incoming calls, just outgoing.

CCAS - Hints and Tips and FAQ

Can we see previous records on 111 if someone has given them safety-netting / ring back advice ?	Self care at home – but phone back if symptoms deteriorate – tabs across top – if they have previously called, it comes up under "previous encounters" and then click on left on previous cases and all previous calls will come up and can double click on each one for details. It might not come up if brought up on different number, if they called today from a different number to the previous call. If they have not had previous encounters the tab won't be there.
How many times should you try to call a patient ? **= 2 times** **(minimum 10 minute gap between calls)**	If you call a patient and they do not answer the call, leave a message giving worsening advice and saying you will call back again. "This is the GP/Clinician returning your call. This is the first time we have tried to call you back and it is (give time). We will try again shortly. In the meantime, if there are any new symptoms, or the condition gets worse, changes or you have any other concerns call 111." Document the failed attempt, with time stamp and name. Try a 2nd attempt in 15 minutes, allow the phone to ring 15 seconds minimum. On the second call, if it is not answered, leave a message "This is the GP/Clinician returning your call. This is the second time we have tried to call you back and it is (give time). We are now going to close the call but if there are any new symptoms, or the condition gets worse, changes or you have any other concerns call 111." Log the failed attempt, go into the record and select "early exit" function to close the case.
	Call the shift lead on the mobile number if you are worried and they can leave them on the queue to allocate them another call, or escalate for a welfare call, or may decide that warrants a call to the police/ambulance if you and they feel uneasy about the call.
What if the calls keep dropping out ?	You will need to call the IT Helpdesk on **03005611999** for telephony issues as SCAS use a different telephony system to us.
Calls – asking about their family too, should we be dealing with these too ?.	Unless symptomatic do not need anything, except for general stay at home advice. If others in the house are unwell, then the ERP needs to phone the Team Leader who will contact the patient and create jobs for each individual patient. The TL will then allocate each of these jobs utilising the pass provider function to the ERP who can then assess each of the patients.

CCAS - Hints and Tips and FAQ

What if the patient speaks little English ?	There is a language line service (LLS) The ERP will be asked which language they require, a short pause will occur while the operator contacts the relevant interpreter. The ERP will then conduct a 3-way conversation including the interpreter and the caller. The language line numbers and codes are as follows : **0800 077 8423 PIN 289 473** **0800 085 0630 PIN 289 472** **P**lace the caller on hold, ERP then dials LLS access number, operator asks for required language, ERP confirms language, operator connects user to available interpreter.
What do we do if the patient on the adastra queue has no NHS number ?	Leave any patients that do not have NHS numbers. For those patient's an operator in the background is trying to spine match that patient. You may be given a patient in the "pass provider" column who does not have an NHS number – just take the call as they may not be able to find an NHS number and patient still needs a call. If you need assistance you can call the shift leader. Eg. Foreign nationals will not be registered with a GP and will need to take ID to a local GP and sign up as a temporary resident. The NHS number speaks to the DOS and so won't bring up appropriate resources if there is no NHS number.
What do we do about safeguarding concerns ?	During the call take thorough notes of any concerns. Call the shift leader on their mobile to tell them your concerns. They will take all the details. There is a safeguarding form which will be e-mailed, if you give all the information to the shift leader they can help you to complete it. These safeguarding concerns will need raising onwards appropriately according to the disposition.
What do we do about a vulnerable case / shielding ?	You can flag these up for a follow up. If they need a further call the disposition may be to refer to their GP for follow up, you can select "speak with GP within 12-24 hours".
These calls are national so we are relying upon the DOS to direct us to the services local to the patient ?	Yes, the calls can be coming from anywhere in the UK. The DOS directs to the local services to the patient. The box on the right hand side is imperative that you read instructions as will tell you how to refer. This may be referring to the patient's own GP, in which case the patient phones their GP. Or you may refer to a hot hub. If the disposition is not appropriate then there is a drop down list of other dispositions eg. Speak to primary care. In hours this would be to call their own GP. OOH this would be an OOH GP.

CCAS - Hints and Tips and FAQ

Why is there a 20 second wrap up time – I don't need that long ?	You can click on the clock countdown during the wrap up time and it ends the call so you can go onto the next call without waiting for the wrap up time. You are in control of calls so if need longer to finish notes you make the next call when you are ready.
What do you do if you want the patient's own GP to review ?	Request into your case – GP to review – pass onto GP. Tell the hub, you want GP to follow-up the following day. There is no direct way, if "in hours" and the GP practice is open then the patient needs to contact the GP practice. Select disposition as "inappropriate", select non-urgent GP appointment, refer to hub within timeframe. If the patient rings the GP surgery and says they have already been through 111 and give them the disposition timeframe, then the GP practice knows they have been triaged. You can also tell the patient to say that what the ERP wanted reviewed eg. Sats, auscultation, asthma meds.
Does the GP see our notes, when we refer for patient to call GP ?	If it is OOH (18:30-08:00) then the OOH service will get a report and the GP surgery would get a courtesy copy of that report. OOH you will find which OOH to refer to on the DOS. The referral goes electronically to OOH and OOH will call that patient as OOH do not want their number available for patients to call. With some of the OOH you are able to book into an appointment slot.
What information on the adastra system goes to the GP ?	All of the history, examination, diagnosis and treatment notes goes to the hot hub or GP or wherever you refer the patient to. The GP also gets a courtesy electronic record ITK messaging service like a fax/email goes instantly. They see the call handlers report, and the clinicians report.
	The GP may not get this information instantly as there are different set-ups for the messaging service in GP practice. Some GP surgeries are aware of messaging and someone monitors and informs GPs. Whereas others are so busy that they may not see these forms straight away, but it is important as part of your assessment.

CCAS - Hints and Tips and FAQ

If sending a patient under their own steam to hospital ED – how do we do this ?	"Reject disposition" for ambulance and fill in reason as "patient going to make their own way to ED". Then the DOS brings up the hospital details / phone number and any instructions to patient's going there. Some hospitals want a call from you before sending them to tell you the system for COVID patients, others just say just follow the signage outside ED for covid and non covid. Select the ED, information then comes up in the box on the top Right. eg. Go to the car park and a nurse will come out and assess you, or there may be a phone number to phone the department to let them know the patient you are sending is query COVID. You ring ED if the instructions are advising you to ring, it will give you a phone number. Either call ED through your own phone, or close the call and call via CISCO/Adastra
What do you do if you need to call the shift leader about something (eg.failed ambulance) ?	You need to finish the call to the patient (put it on hold), and say you will call the patient back. Then call the shift leader from your phone, do not text. Call the shift leader with your problem. Then call the patient back. The numbers are at the top of this.
What do you do if you want a patient reviewed in an hour ?	Sometimes GP like to use "wait and see" or time as a diagnosis. If you want a patient reviewed in say an hour, you can lock the job to yourself, and then make another call back to the patient in 1 hour or at the end of the shift. You cannot do "days" of lock – if you want the patient reviewed in a day this would need to be by the GP surgery. You can give the patient clear safety-netting advice with clear parameters and timescales.
If we feel a face to face is required for SOB/ hypoxia do we call an ambulance or send to ED in own transport ?	It depends on your clinical judgement and the patient's mobility, if they have anyone to take them etc. If want to send them via their own transport then need to "reject dispositions" of ambulance and it will come up with the details of the local ED on the DOS and then give patient the details for access. Also you need to phone the ED to expect that patient and check route in. It is easier in the system to call an ambulance but we should not be using this, if you are stuck how to get to the patient make their own way there then phone the shift leader to help you. There might be a method to mobile text the information to the patient about where to go.
Locking cases – how do we do it ?	You can lock cases to ring them back in an hour, or at the end of your shift. You may want to lock a case if you want to speak to someone else about it, or if you want to call back later to check they are ok, or if you did not get an answer on two calls you may want to call again. Your name remains attached to that job and nobody else wil touch that case, but you can go back into it.

CCAS - Hints and Tips and FAQ

What do we do with a patient with normally stable asthma but now needs a new inhaler – do you do that coding it as home care or clinical assessment service ?	If in-hours is own GP and the patient to call their own GP. It doesn't always direct them to their own GP on the system. Daytime the DOS should direct you to their own GP. Can click on "reject disposition" and type in – advised to call own GP. Disposition = speak to primary care service within 24 hours. It should present with their GP. If need an inhaler – they can call Pharm ++ to get a routine repeat prescription.
	"Disposition considered inappropriate" brings a drop down menu of lots and lots of disposition eg. Starting with most urgent for worst case scenario disposition eg immediate ambulance, then moves through all other sorts of dispositions eg. Dental, primary care, non-urgent appt, call a midwife, etc. if you scroll all the way down you should find their GP.
	****If this occurs then contact team leader and let them know you rejected all the dispositions on the DOS and that the team leader will have to manually contact GP ****
What if the patient needs anti-biotics ?	Refer to "other dispositions" and ask the patient to call their GP within 1 hour or 4 hours. There is no prescribing facility on adastra for ERP's.
What if the patient is end of life / not for escalation ?	You can refer to palliative care through the DOS, including a palliative care home team.
What are we doing about testing ?	There is currently no testing for the general public so it is not on the DOS. If the DOS provides details of a service you can use this, but it is not currently appearing much. If a member of HCP/nursing home staff need a test they need to go via their employer.
Should we be notifying PHE about COVID cases ?	SCAFT are not notifying PHE on any of their calls. All of the calls we are taking in the CCAS are suspected COVID, if a courtesy message is going to the GP then they have data of suspected COVID cases that can be reported to PHE. The DX code will log the case as COVID automatically.
What do you do if a possible COVID symptom patient has just ran out of their regular medications ?	They need to speak to their GP, sometimes the DOS only brings up ED as GPs are trying not to see COVID patients. You can reject the disposition of ED and select "speak with primary care within __ hours" In hours = speak with GP for repeat prescription, some pharmacies can do this directly without GP input. Just document well in your notes. This puts the onus onto the patient to phone their own GP.

CCAS - Hints and Tips and FAQ

What do we do with a patient with potentially non-covid symptoms eg. Chest pain ? Chest Infection ?	You need the GP to see or ED review if thinking cardiac chest pain. Would need GP to prescribe antibiotics. You may also have patients with COVID symptoms + other symptoms which could or couldn't be COVID. You can refer through the DOS to the covid assessment centre, you can call them to refer a patient. On the DOS there are some we ring, some the patient rings and some we do an automatic referral. Some patients think they will be tested at the covid Ax centre but this is not currently the case. They are more for patients who needs face to face observations – sats, HR, BP, temp, auscultation. Every hot hub seems to work slightly differently to others.
What do we do for non-COVID that need OOH assessment for asthma ?	On the screen is this patient suspected COVID – say No. Then refer to another service eg. Primary care. Then select – Illnes or health problem Then select body part – chest Then click on the chest issue that comes up in the top R box eg. Wheeze Then the OOH or GP services will come up from the DOS. Choose which service you want to refer to off the DOS and close the case. In hours – patient contacts their own GP and GP gets a copy of the report. OOH – OOH service calls the patient. The report which goes to the GP includes all the clinical notes automatically. The OOH GP are able to use Adastra too and a copy of the notes goes to the GP. The GP always gets a courtesy copy of any notes send to any services. It is an instant ITK message – like a fax but sent immediately like an email. It goes to the GP surgery and then into the patient's records.