

CCAS - Hints and Tips, FAQ and updates v0.7

1.	06.07.20 What is the number of the shift leader - for any queries while we are on shifts?	This hunt number will go straight to the next available team member. The new hunt group number is 01133035820
2.	06.07.20 Do I need a Smart Card/reader for Aداstra?	We have sent out over 1400 smartcards and readers which mean clinicians can utilize GP Connect to book directly and view the Summary Care Record. If you have not received a smartcard and reader, or would like CCAS added to your existing smartcard then you can email IT on itcovid19.cas@nhs.net or you can call 0300 5611999.
3.	06/07/20 Is there a 'dummy' patient I can practice with on Aداstra?	There is a training system available on Aداstra. The log in username and passwords can be found in the key communications section of the forum. Please do not change the passwords as they have been created for use by multiple users.
4.	06/07/20 Changes in eligibility on Swab testing	Patients can visit www.nhs.uk/coronavirus or call 119 for testing. Patients with hearing or speech difficulties can call : 18001 0300 303 2713
5.	06/07/20 How do we make the calls?	The calls are dialled on CISCO – you can cut and paste the number across from Aداstra but may need to remove any gaps in the number as CISCO sometimes does not recognize gaps. From 6 th July there is also the functionality to make video calls. There is mandatory training on the forum if you plan to use this function.
6.	06/07/20 What do we say when we ring the patient?	Introduce yourself as a clinician for the 111 service. You can give your name and ask the patient to tell you their name, address, DOB etc to confirm you are talking to the correct person.
7.	18/08/2020 Do patients know we do not have access to their medical records?	No the patient would not know this, some clinicians 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. If you have a smartcard then you can access the Summary Care Record (SCR) and direct booking via GP Connect.

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8.	06/07/20 Where do I find the “message of the day” on Adastra?	This is found on the original log in screen. This is where the shift leader number is provided. Please check the messages for any updates. The shift leader may write instant messages to you during the shift which pop-up in a small box.
9.	06/07/20 How long should a call last?	Everyone works at a different pace, and some calls are more complex than others. The general feedback appears between 10-40 minutes per call. We share average call duration in the monthly newsletter. Remember 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.
10.	06/07/20 Can we see previous records on 111 if someone has given them safety-netting / ring back advice?	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.
11.	06/07/20 How many times should you try to call a patient? = 2 times (minimum 10 minute gap between calls)	<p>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.</p> <p>“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.”</p> <p>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</p> <p>“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.”</p> <p>Log the failed attempt, go into the record and select “early exit” function to close the case.</p>

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		<p>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.</p>
<p>12.</p>	<p>06/07/20 What if the calls keep dropping out?</p>	<p>You will need to call the IT Helpdesk on 0300 5611 999 option 2 for telephony issues as SCAS use a different telephony system to us.</p>
<p>13.</p>	<p>06/07/20 Calls – asking about their family too, should we be dealing with these too?</p>	<p>Unless symptomatic do not need anything, except for general stay at home advice in line with government guidance.</p> <p>If others in the house are unwell, then the clinician 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 clinician who can then assess each of the patients.</p>
<p>14.</p>	<p>06/07/20 What if the patient speaks little English?</p>	<p>There is a language line service (LLS) The clinician will be asked which language they require, a short pause will occur while the operator contacts the relevant interpreter. The clinician will then conduct a 3-way conversation including the interpreter and the caller.</p> <p>The language line numbers and codes are as follows :</p> <p style="text-align: center;">0800 077 8423 PIN 289 473</p> <p style="text-align: center;">0800 085 0630 PIN 289 472</p> <p>Place the caller on hold, clinicians then dials LLS access number, operator asks for required language, clinician confirms language, operator connects user to available interpreter.</p> <p>There is a word document on the forum on how to do this through Webex and a youtube clip.</p> <p style="text-align: center;">  Interpreters_How_to_contact_and_do_cor </p>

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<p>15.</p>	<p>06/07/20 What do we do if the patient on the adastra queue has no NHS number?</p>	<p>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 and they will label the case as COIVD, 19 if they have been unable to spine match the case but are happy for it to be taken by any clinician. The NHS number speaks to the DOS and so won't bring up appropriate resources if there is no NHS number. The calls will come into the Pass Provider column as COVID, 19 when they are available for clinicians to accept. If you need assistance with these calls – please contact the team leader.</p>
<p>16.</p>	<p>06/07/20 What do we do about safeguarding concerns?</p>	<p>During the call take thorough notes of any concerns. Call the shift leader on their mobile to tell them your concerns eg. If you need to refer to police or social services.</p> <p>The safe guarding form to complete is found on the forum under safeguarding folder. This form then needs to be emailed to the address on the top left hand side of the form. These safeguarding concerns will need raising onwards appropriately according to the disposition. If you have any problems just contact the Team Leader to help you.</p>
<p>17.</p>	<p>06/07/20 What do we do about a vulnerable case / shielding?</p>	<p>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”.</p>
<p>18.</p>	<p>06/07/20 These calls are national so we are relying upon the DOS to direct us to the services local to the patient?</p>	<p>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, unless you are able to book a direct call back from the GP through GP Connect. 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.</p>

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<p>19.</p>	<p>06/07/20</p> <p>Why is there a 20 second wrap up time – I don't need that long?</p>	<p>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.</p>
<p>20.</p>	<p>06/07/20</p> <p>What do you do if you want the patient's own GP to review?</p>	<p>If "in hours" and the GP practice is open then the patient needs to contact the GP practice, unless you are able to directly into the GP call back queue using GP Connect with your smartcard. 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 111 clinician wanted reviewed eg. Sats, auscultation, asthma meds.</p>
<p>21.</p>	<p>06/07/20</p> <p>Does the GP see our notes, when we refer for patient to call GP?</p>	<p>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.</p>
<p>22.</p>	<p>06/07/20</p> <p>What information on the adastra system goes to the GP?</p>	<p>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.</p> <p>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.</p>

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<p>23.</p>	<p>06/07/20</p> <p>If sending a patient under their own steam to hospital ED – how do we do this?</p>	<p>“Reject disposition” for ambulance and fill in reason as “patient going to make their own way to ED”. DOS brings up the hospital details / phone number and 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. 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</p>
<p>24.</p>	<p>06/07/20</p> <p>What do you do if you want a patient reviewed in an hour?</p>	<p>Sometimes GP like to use “wait and see” or time as a diagnosis, eg. you have asked them to take some medication to see if that helps. If you want a patient reviewed in an hour, you can lock the job to yourself, and then make another call back to the patient in 1 hour. 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 MUST give the patient clear safety-netting advice with clear parameters and timescales, in case they do not answer when you call back.</p>
<p>25.</p>	<p>06/07/20</p> <p>Locking cases – how do we do it?</p>	<p>You can lock cases but it should only be done if essential and with clear safety netting. You may want to lock a case if you want to speak to someone else about it. Your name remains attached to that job and nobody else will touch that case, but you can go back into it. Do not log out of adastra with locked cases. There is a bitesize video clip on the forum explaining about locking a case and when it is safe to do so.</p>
<p>26.</p>	<p>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?</p>	<p>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.</p> <p>“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, if you scroll all the way down you should find their GP.</p>

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		**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 **
27.	06/07/20 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. Prescribing should be available soon in Adastra. Pharmacists on PharmCAS cannot currently prescribe but this is coming soon.
28.	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.
29.	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.
30.	What do you do if a possible COVID symptom patient has just ran out of their regular medications?	<p>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.</p> <p>What is Pharm+, CPCS, CPCS+, CPCS++? Clinicians can use the DoS to make a direct referral to a local community pharmacist for minor illness or urgent medicines supply. The Community Pharmacist Consultation Service (CPCS) is known by the following service names on the NHS 111 Directory of Services (DoS) to reflect the two strands of the service (urgent medicine supply and minor illness): “Pharm+”, “CPCS”, “CPCS+” and “CPCS++”</p>

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31.	What do we do for non-COVID that need OOH assessment for asthma?	<p>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</p> <p>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.</p> <p>In hours – patient contacts their own GP and GP gets a copy of the report.</p> <p>OOH – OOH service calls the patient.</p> <p>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.</p>
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