	SCAFT Shift Team Leader - **Sickness** - **Safeguarding** - **Issues on shift**	**01133 035 820** You are also able to instant message the Team Leader through the Adastra system. The shift leader may write instant messages to you during the shift which pop-up in a small box. The Team Leaders may also put up a message of the day on Adastra. This is found on the original log in screen. Please check the messages for any updates.
	IT Helpdesk - **IT and telephony issues**	**0300 5611 999 option 2**
	Testing Contact	Patients can visit www.nhs.uk/coronavirus or call **119** for testing. Patients with hearing or speech difficulties can call : **18001 0300 303 2713**
	Safeguarding	If you need to raise a safeguarding concern then the Safeguarding form can be found here https://future.nhs.uk/NHSEIcovid19/view?objectId=20424272 Here you will also find a useful bitesize video about the safeguarding process. 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.
	Clinical Governance Team	The Clinical Governance Team can be contacted on this email : scas.hcp.ccasenquiries@nhs.net
	Smartcards	Smartcards enable viewing of the Summary Care Record (SCR) booking into GP Connect via the appointment button and prescribing (if have correct authorisations). 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.

	Training System	There is a training system available on Adastra. 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. The details of the training system and the log in and passwords and some case scenarios you can work through available here on the forum. https://future.nhs.uk/NHSEIcovid19/view?objectId=21532912
	Language Line	There is a language line service (LLS) available. 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. The language line numbers and codes are as follows : **0800 077 8423 PIN 289 473** **0800 085 0630 PIN 289 472** 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. There is a word document on the forum on how to do this through Webex and a youtube clip. Interpreters_How_to _contact_and_do_cor
	Previous Encounters	This tab will only present if the patient has had previous contact with the CCAS service. It will not present if it is the first time they have been assessed by this service, or if their previous 111 contact did not end up getting sent to the CCAS queue.111 case records are held by the 111 service that receives and processes the call. Sometimes patient's calling 111 from the same geographical location will be passed to non-local 111 centres due to national resilience. In these cases, the record for that contact will be held by the national111 service that processed the call and will not be accessible by the local 111 service.

	Failed Contact **How many times should you try to call a patient?** **= 2 times** (minimum 15 minute gap between calls)	The information and flow chart for the process to follow if you have a failed contact is in the SOP here https://future.nhs.uk/NHSEIcovid19/view?objectId=69452549 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.
	Directory of Services (DOS)	The calls into CCAS can be coming from anywhere in the UK. The DOS directs to the local services available to that patient. The box on the right hand side is imperative that you read the instructions as this will tell you how to refer to that service. There is a bitesize video that explains the DOS this can be found here https://future.nhs.uk/NHSEIcovid19/view?objectId=81536389

	PRINCIPLE Trial	The CCAS service is assisting Oxford University in recruiting to the current PRINCIPLE trial for potential treatments for COVID-19. **After reaching the end of your consultation you will be prompted to ask the patient if they wish to receive a text in order to opt to receive further information regarding the trial.** **PRINCIPLE** **Platform Randomised trial of INterventions** **against COVID-19 In older peoPLE** They are aiming to recruit the following groups who describe symptoms consistent with COVID-19: • Patients aged ≥50-64 years with any of the following listed comorbidities: • Known weakened immune system due to a serious illness or medication (e.g. chemotherapy); • Known heart disease and/or hypertension; • Known asthma or lung disease; • Known diabetes not treated with insulin; • Known mild hepatic impairment; • Known stroke or neurological problem OR • Patients aged ≥65 with or without comorbidity **There is further recruitment assessment made by the research team for compatibility. <u>Do not be concerned as to whether a patient might be appropriate as this will be determined by the research team.</u>** **If you miss the prompt in Adastra then you can let the patient know that they can access the trial details here :** principle@phc.ox.ac.uk or telephone 0800 138 0880
	20 second wrap up time	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.
	What does the Practice GP see ?	• 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. • Refer to the DOS to find out which OOH to refer to. • The referral goes electronically to OOH and they will call the

		patient. Please do not give the OOH number to patients. • 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 GP or wherever you refer the patient to. The GP also gets a courtesy electronic record ITK message which is like a fax/email and 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 monitor the messaging and inform the GPs. Whereas others may not have capacity to monitor continuously so they may not see these forms straight away. • For this reason we suggest that a courtesy call to the GP may be appropriate if you have any concerns.
	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 follow the DOS instructions as to what to tell the patient to do.
	Locking cases – how do we do it?	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 be able to touch that case, but you must 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 which can be found here : https://future.nhs.uk/NHSEIcovid19/view?objectId=70577573
	What if the patient is end of life / not for	You can refer to palliative care through the DOS, including a palliative care home team.

	escalation?	
	Should we be notifying PHE about COVID cases?	No, you do not need to notify PHE. All calls into CCAS are logged with the Covid DX Code. The DX code will log the case as COVID automatically, and is reportable to PHE.
	What do you do if a possible COVID symptom patient has just ran out of their regular medications?	Clinicians can use the DOS to make referral to the local pharmacy. Or you can speak to the Team Leader about whether PharmCAS could help with this case. **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): These can be delivered to Covid or potentially Covid patients.