SevernSide IUC

Standard Operating Procedure for failed contact with cases within the clinical advice queue

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1. Introduction

The purpose of this document is to set out the standard operating procedure (SOP) for all staff at Brisdoc on how to manage cases within the IUC advice queue for which a clinician has attempted to make contact with the patient, but failed.

This SOP supersedes all previous guidance relating to this matter in the SOP "Patient Cancellations" created Jan 2013; Items: 2.4/ 2.5.

2. Definitions

- **Failed contact**; 3 or more separate attempts to make contact on all numbers available at reasonable intervals (at least 15 minutes).

3. Roles and responsibilities

- **PPG** - to take all necessary information from the patient at the initial contact, and pass this to Severnside IUC accurately, with appropriate indication of the level of urgency.

- **Clinicians** - to call patients back and ensure reasonable attempts (as described below) are made to make contact, in accordance with BrisDoc's "Guide to managing the advice queue" document. To take reasonable action as a result of information being presented to them.

- **Shift Manager or other operational staff** - to investigate failed contacts with PPG/SWAST/ hospitals or district nurses. To ensure correct contact details have been taken, and passed to the clinicians. Where needed, to discuss with the clinician next most appropriate steps to be taken where no contact has been made with the patient, or where there is no identifiable way of contacting the patient by phone. During busy shifts (such as Saturdays and bank holidays) there will be additional operational resource on shift to undertake this function for the Shift Manager so this role can be delegated to the Assistant Shift Manager or a WACC.

- **Clinician**; to decide if appropriate to close a case, given the clinical details provided, and to record their decision making on the adastra system. If further action required, then appropriate steps to be taken.

4. Objectives of the procedure

By having an agreed protocol, we will achieve the following:

- Improved patient safety by defining a clear and consistent timescale for return calls to be made
- Fewer, if any, failed contacts remaining unresolved on the advice queue for long periods
- Reduction in wasted clinician time in chasing unresolved contacts OOH.. Improved team efficiency as a result of clearer roles and responsibilities
- Reduced risk of clinical incidents through failed contacts, with more consistent and reasoned decision making
- Improved patient satisfaction

5. The Standard Operating Procedure

Severnside IUC is required to call back and provide advice/ treatment or continuing care arrangements to all those placed in the "Advice" queue on the adastra clinical system by PPG. This standard operating procedure aims to clarify the procedures required by clinicians and administrators for calls attempted but where contact is ultimately not made.

The current key performance indicators (KPIs) are;

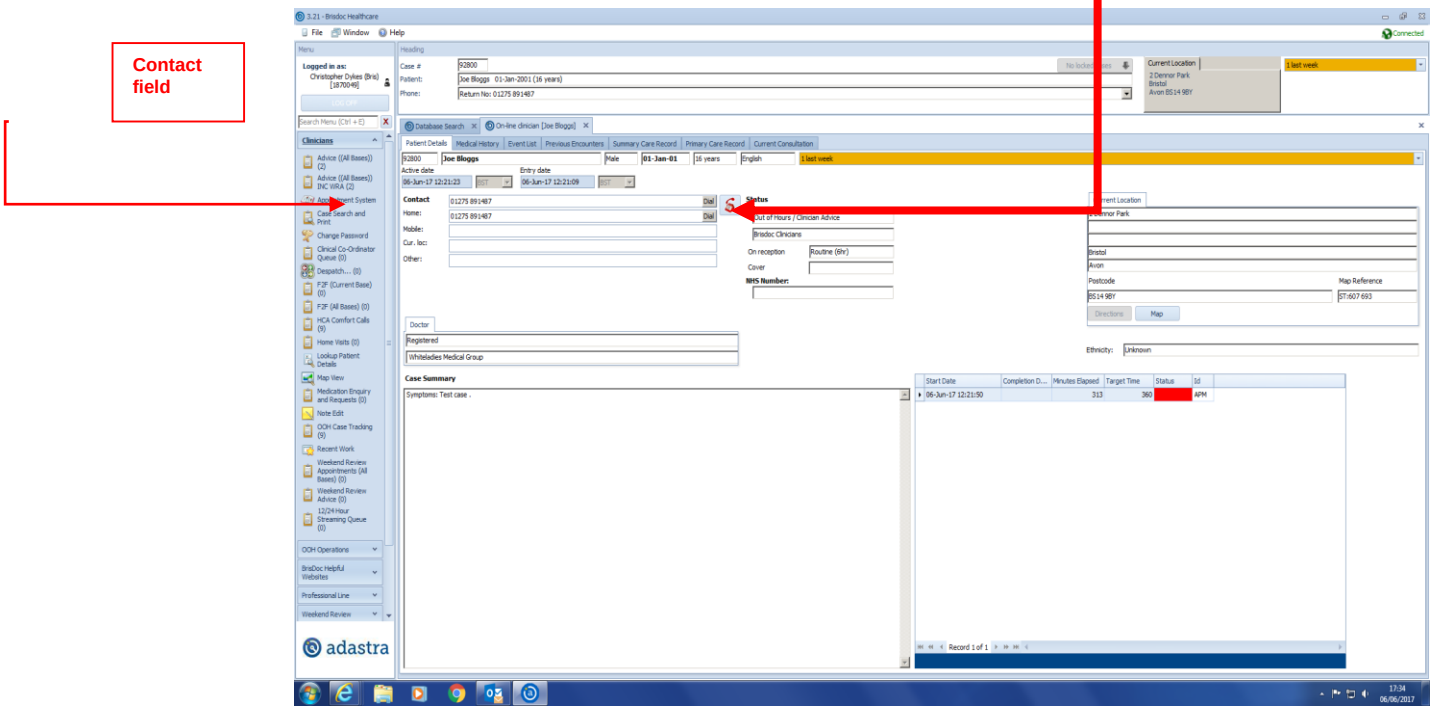
- 24-hour disposition (Dark Grey)
- 12-hour disposition (Light Grey)
- 6-hour disposition (White) cases the call should be made within 6 hours
- 2hr/1hr/30/15 mins (yellow) cases the call should be made within specified timeframe

When the clinician first attempts contact with the caller they should initially use the "***Contact***" field (see figure below) in the first instance-

- If the number rings and there is no answer, then another **immediate** attempt should be made on the same number (unless number unobtainable (particularly if it is an elderly patient, or a mobile phone)), and where there is still no answer, a message should be left on the patients answer machine (if available) indicating that Severnside IUC will try again to contact the patient shortly, (nb: it is important not to leave patient identifiable information on the answer phone message, or details of the clinical problem itself)
- If contact is not managed with this number, then the same clinician should then try any other numbers on the patient's adastra record, this may include calling the "**caller**" number, or others.

Please note: the phone must ring for at least **45 seconds** to be counted as a failed contact.

Every failed attempt to contact the patient should be recorded clearly on the "failed contact" button on the patient's demographics page- for each number tried. (Situated to the right of the telephone number fields), with a clear indication of the outcome of each attempt (e.g. "no answer/ message left/ wrong number" etc.)



- If there are no correct contact numbers, then the clinician should flag the case for investigation, with the shift manager
- It is acceptable for the clinician to access EMIS and Connecting Care for the purpose of cross-checking a phone number or seeking an alternative number, or that of a relative if the situation appears urgent. Numbers may be visible in the blue bar at the top of the EMIS screen, or next

of kin details may be in a pop up box seen when opening the EMIS record. It can be worth scrolling down the consultation page, as contact numbers are sometimes visible here.

- After the first clinical failed contact, the Shift Manager will organise for the operational team to attempt the next two contacts – see Shift Manager section below.
- On the third unsuccessful attempt to contact the patient, a clinical review of the case is required to determine the next steps. This aims to assess the degree of clinical concern, and whether it is appropriate to close the case. The clinical review should include:
    - Review of the NHS Pathways assessment to understand more information about the reason for this contact, and whether red flags/ concerning features were present.
    - Review the EMIS record for background issues which may increase the level of concern eg safeguarding concerns, acute illness, cognitive impairment.
    - The information gleaned should be logged in the Adastra record to evidence the decision to close the case, or for further attempts to follow up the patient.
- If the clinical decision is that it is safe/ appropriate to close the case, then a voicemail should be left indicating that the patient **now needs to call NHS 111 again to initiate further action by Severnside if they still require clinical advice,** example message**:**
    - "Hello this is the Urgent Care service, we have been trying to contact you as a result of your call to ***, we are sorry that we haven't been able to reach you today after several attempts on the numbers supplied. We will not make any further attempts to contact you. If you still need medical advice you will need to call NHS 111 again, and let them know that we've been trying to call you."
- If the clinical review at the third failed contact highlights concern that means it is not appropriate or safe to close the case, the clinician should log the nature of the concerns and the planned next steps. Options may include consideration of:
    - Discussing the case/ history with the Clinical Coordinator for advice about the next steps.
    - Calling 999 if there is immediate concern for the safety/ welfare of the patient. Please ensure that the shift manager is alerted if you have immediate concerns about the safety/ welfare of a patient.
    - Arranging a home visit to the patient.
    - Further telephone calls to the patient to continue. If overnight, it may be appropriate to consider further attempts the following morning.
    - Consideration of closing the case but using the PLS function to alert the patient's practice.
    - Consider sending a text message on closing if there are any concerns. Example message
        - "This is the Urgent Care service, we have been trying to contact you as a result of your call to ***, we are sorry that we haven't been able to reach you today after several attempts on the numbers supplied. We will not make any further attempts to contact you. If you still need medical advice you will need to call NHS 111 again, and let them know that we've been trying to call you."
        -

Shift Managers:

- Where a clinician has been unable to make contact with a patient, the following actions should then be taken;

    - Shift Manager/Assistant Shift Manager/WaCC to make a further attempt to contact the patient. If contact is made the WaCC should request that the patient remains by their phone. A note should be added to the case 'Successful contact with pt at TIME' (visible on the advice queue) and the case added to Message of the Day (MOTD) to request that a clinician re-contact the patient.
- If no contact is made:

- No voicemail should be left by an operational member of staff,
- If the case originated as an email or fax referral from PPG then Shift Manager/WaCC to check details transferred correctly from the original referral form,
- If electronic transfer from 111 then Shift Manager/WaCC to call 111 to ask for details to be checked,
- Shift Manager/WaCC to check if patient has presented at A&E or called an ambulance, or consider asking a clinician to access EMIS.
- If new, valid contact details are discovered, the new details should be added to the case and contact made with the patient. If contact is made, a note should be added to the case and returned to the advice queue.
- If after 3 attempts/investigate no contact is made with the patient; a note of failed attempts/investigation should be added to the case and the case should be flagged on Message of the Day (MOTD), requesting a clinician close or advise of action required accordingly.

Where operational capacity allows at the weekend, the ASM/Call Handler is also responsible for proactively looking for failed contacts in the advice queue. These cases will be managed using the above process.

6. Escalation

The Senior On-Call Manager can approve reducing the number of required attempts to contact a patient from 3 to 2. This is only in periods of exceptional demand, for example:

- the service is declaring OPEL3/4 and the advice queue has 140+ cases and still growing
- 100+ on the advice queue at 10pm entering the reduced clinical workforce period,
- or, a significant number of the cases in the advice queue is 'black' on the performance status

Again, each attempt to contact the patient requires the telephone to ring for at least 45 seconds.

This reduced number of attempts should only be applied for lower risk patients, and a voicemail should be left to advise we are closing the case and to contact 111 again if further help is required. The option of send a text message should also be considered. Once the advice queue has reduced to a safe level, this should be agreed with the On-Call/Senior On-Call, the usual process of 3 attempts should be reinstated and communication to the clinicians.

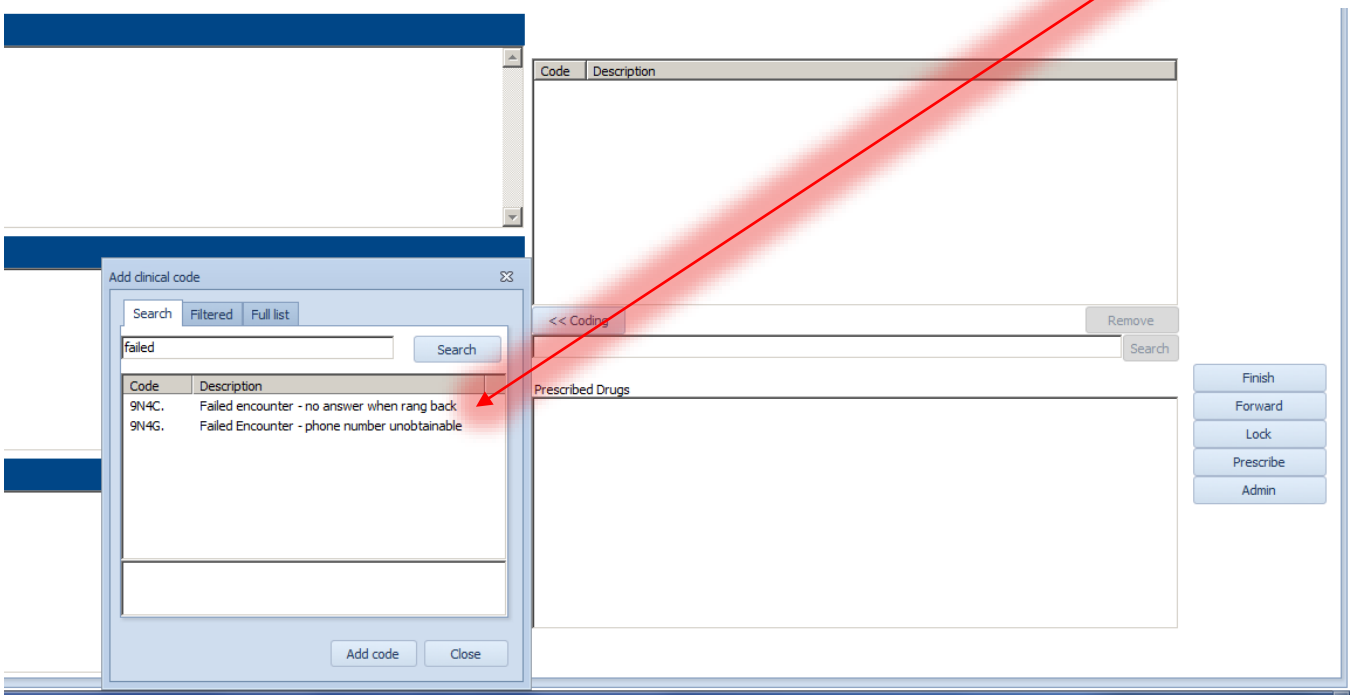
The operation teams can support this process. If during the 'safety calling' process the patient does not answer the phone this can be counted as the first contact. Meaning the clinician's call is the second attempt.

The last attempted contact should always be made by a clinician.

All instances of use of this escalation plan should be noted on the shift report, including who authorised use of this escalation measure and the start/end times for when it was in place.

7. Monitoring

If all attempts to contact the patient have failed, all reasonable measures having been taken to make contact, and the final outcome is that the clinician finds it reasonable to close the case without further action (e.g. home visit), then the case should be coded as "failed contact" to enable monitoring of this SOP to enable monitoring of consistency.



Date	Version	Author	Change
20/9/2017	Final	Chris Dykes/ Lucy Grinnell	
19/12/19	2	Lucy Grinnell/Anne Whitehouse	Addition of escalation plan
15/12/2020	4	Lucy Grinnell/Chris Dykes	Amendments to the escalation plan and addition to of text message option