

# SevernSide

## Integrated Urgent Care

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

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# Failed contact with cases within the clinical advice queue – Version 7.2

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## 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.

## Definitions

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

## 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.
- **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, WACC or Call Handler.
- **Clinician;** to call patients back and ensure reasonable attempts (as described below) are made to make contact the patient. To take reasonable action as a result of information being presented to them. To decide if appropriate to close a case, given the clinical details provided, and to record their decision making on the clinical system. If further action required, then appropriate steps to be taken.

## 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

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## 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 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

## Clinician role

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, 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 the number is unobtainable try another number if available on Adastral, if no other contact details, please alert Shift Manager

Please note: the phone must ring for at least **30 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.)

The screenshot shows the BrisDoc Healthcare interface. On the left, a menu lists various functions, with 'Contact' highlighted in a red box and a red arrow pointing to it. The main area displays patient details for Joe Bloggs, including Case # 92800, Patient Name, Phone, and various tabs for Patient Details, Medical History, etc. The 'Contact' field is located next to the phone number fields.

- 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

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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.
- If the patients' numbers cannot receive calls from a withheld number, please try calling from a number which is not withheld, i.e. a base mobile phone
- 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.
  - Guidance by the ICB BNSSG for vulnerable adults and children who 'did not attend' or 'was not bought' can be used in terms of risk stratification and this could form part of the management plan for closing a case:

[bnssg-vulnerable-adult-wnb-policy-v3-jan25.pdf](#)

[bnssg-childrens-wnb-policy-v3-jan25.pdf](#)

- 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 and/or text message should be left indicating that the Adastra case has been closed and the patient **now needs to call NHS 111/use NHS111 online again to initiate further action by Severnside if they still require clinical advice**,
  - **Example voicemail/text message:** "Hello this is the Urgent Care service, we have been trying to call you following your contact with NHS111. We are sorry that we haven't been able to reach you, so we have closed your case. If you still need medical advice you will need to contact NHS111 by phone or online as we will not make further attempts to call"
  - If a text message cannot be sent another telephone attempt must be made and voicemail must be left where available.
- 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/Senior Clinician for advice about the next steps.
  - Please liaise with the Shift Manager for operational support finding additional/alternative numbers
  - 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.
  - Where there are significant concerns about the patient consider sending a text message and/or leave a voicemail advising the patient to contact us using the Patient Line number (in the out of hours period). Document in Adastra that you have asked the patient to call so the patient is not redirected to NHS111.

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## Operational Team:

### Following up Clinical failed contact

- Where a clinician has been unable to make contact with a patient on the first attempt, the following actions should then be taken;
  - Operational team to make a further attempt to contact the patient. If contact is made 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)
- If no contact is made:
  - A voicemail should be left stating, "Hello this is the Urgent Care service, we have calling you following your contact with NHS111. We are sorry that we haven't been able to reach you. If your symptoms worsen or you are more concerned, please recontact NHS111"
  - Every failed attempt to contact the patient should be recorded clearly on the "failed contact" button on the patient's demographics page. Select the correct option whether a voicemail has/has not been left and log in your comfort call notes
  - If there is clinical safety concern consider checking if patient has presented at A&E or called an ambulance
- If the number is incorrect/not recognised:
  - Try any other number on the case record
  - If the case originated as email check patient details were transferred correctly from the original referral form
  - If electronic transfer from 111 then operational team to call 111 to ask for details to be checked
  - If new, valid contact details are found, 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
- If after 3 attempts/investigate no contact is made with the patient; a note of failed attempts/investigation should be added to the case requesting a clinician review

### Failed contact during safety calling\operational calls

- If during an operational call the patient does not answer the phone this can be counted a failed contact. Please leave a voicemail as detailed above
- All failed operational calls can be managed with the above process (excluding when calling to book a F2F following clinical consultation)
- If the operational team has three failed contacts the clinician can review the case without a further attempt being necessary. If the clinical review deems it safe to close the case a text message **must** be sent with the wording suggested in the above clinical section. If a text message cannot be sent another telephone attempt must be made and voicemail must be left where available.
- The operational team can support by sending the text message following the clinical review and clinician closing the case on Adastra, if needed and operational capacity allows

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## Escalation

The Shift Manager can reduce the number of required attempts to contact a patient from three to two. This is only in periods of high demand/long waits, 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 are 'black' on the performance status

Everything else remains as per the above process including clinical review, telephone to ring for at least 30 seconds.

All instances of use of this escalation plan should be noted on the shift report.

## Extreme Escalation

We have a process for extremis which has the option to reduce to one failed contact. Please see Severnside IUC Escalation SOP for full details and sign off process.

Everything else remains as per the above process including clinical review, telephone to ring for at least 30 seconds.

All instances of use of this escalation plan should be noted on the shift report.

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## Appendix one - Closing failed contact cases

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.

The screenshot displays a software interface for managing clinical cases. A modal window titled 'Add clinical code' is open, showing a search for 'failed'. The search results are displayed in a table with two columns: 'Code' and 'Description'. The results are:

Code	Description
9N4C.	Failed encounter - no answer when rang back
9N4G.	Failed Encounter - phone number unobtainable

Below the table are 'Add code' and 'Close' buttons. The background interface shows a 'Code' and 'Description' table, a '<< Coding' button, a 'Remove' button, a 'Search' button, and a 'Prescribed Drugs' section. On the right side, there is a vertical stack of buttons: 'Finish', 'Forward', 'Lock', 'Prescribe', and 'Admin'.

## Tables

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
05/07/2022	5	Lucy Grinnell	Amendment to ringing time to 30 seconds and escalation process to include close with text message
30/12/2022	7	Lucy Grinnell/Anne Whitehouse	Full SoP review, update and addition of operational section



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03/02/2025	7.1	Lucy Grinnell	Full review and removed reference to Guide to managing the advice queue
12/03/2025	7.2	Renuka Suriyaarachchi	Addition of BNSSG ICB guidance for adults & children Was not brought / did not attend guidance