

SevernSide

Integrated Urgent Care

CLEO Administration Tasks Handbook

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Purpose

The purpose of the Handbook is to describe the processes for managing administration tasks associated within CLEO and Share My Care.

Retrieval and Management of Failed Post Event Messages (PEMs)

CLEO will direct the failed PEM to the PEM queue in CLEO. This can be accessed from any site with a HSCN connection.

There are several reasons why a PEM may have failed:

- a) The patient is unregistered and has no GP (this should be highlighted in the notes somewhere so that it's obvious they have no GP)
- b) The patient is 'out of area' meaning they are registered with a GP Practice outside of BNSSG
- c) BNSSG patients who Practices have been entered incorrectly by 111 and not corrected
- d) BNSSG patients with a BNSSG Practice entered but unregistered instead on registered has been ticked
- e) Overseas patients
- f) System error where our system has failed to send the PEM. The record will look correct and all information added. Open up the case and click into all events and this will show that the message failed.
- g) Very young babies who have not been registered to a Practice yet

To process the failed PEM, follow the steps below.

Roles and Responsibilities

WPL Call handlers – issuing failed PEMS to the Practice through CLEO and via email.

WPL Shift Manager – monitoring failed PEMS to ensure they are being completed in a timely manner and escalating as appropriate.

Rota Team Administrator – monitoring replies from Practices, dealing with queries and ensuring replies for all PEMS received via email or phone.

Rota Team Manager – providing support to the WPL team in times of higher volumes, conducting audits and escalating to the Head of IUC if PEMS are unable to be completed in a timely manner.

Processing a Failed PEM – Weekday daytime call handlers

The CLEO PEM queue should be monitored and actioned between 8:00-18:30 hours Monday to Friday to ensure patient notes are getting to the patients OGP in a timely manner. Work from the oldest date first.

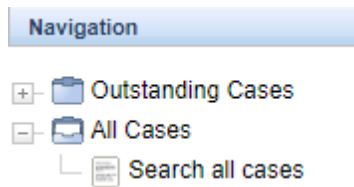
Check through the notes to see if there is any information showing the reason for the PEM failing (as per the list above). If this does not give you a clear reason you will need to search on the National Care Record System (NCRS) to identify if the patient is registered with a GP and which GP Practice they are registered with. See appendix two

If the patient cannot be found on the NCRS or the practice showing is incorrect, please call the patient to find out which Practice they are with.

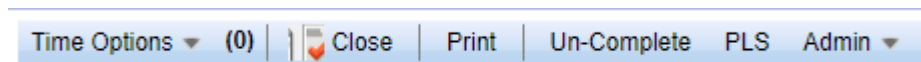
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BNSSG patients

- If the patient is registered with a BNSSG Practice and the practice is correct on the CLEO record, the PEM should then be re-issued via CLEO. See
- If the GP practice is not correct, you can update this by:
 - Make a note of the Case Reference number
 - Access the “Search all cases” view within the “All Cases” section of the Navigation menu



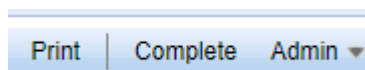
- Open the case by double clicking on the record
- Select **Uncomplete** in the top toolbar, then press **Close** to save the change



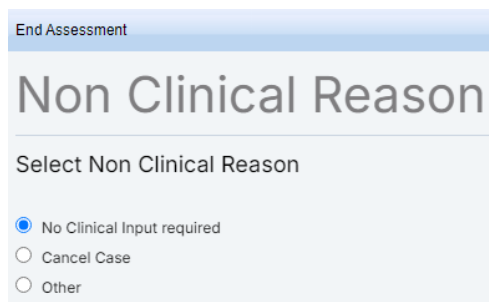
- Double click to reopen the case
- Press **Select** next to the **Registered Surgery** field

Registered Surgery [Select](#)
ShareMyCare
Patient Instructions

- Search for the correct surgery and confirm the details. The new surgery will show next to the **Registered Surgery** field
- Select **Complete**

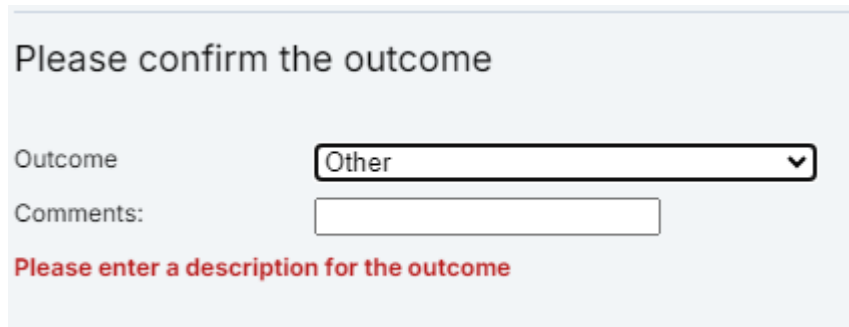


- Select **Non Clinical Input required**

A screenshot of a form titled 'End Assessment'. It has a large heading 'Non Clinical Reason'. Below it is a section 'Select Non Clinical Reason' with three radio button options: 'No Clinical Input required' (which is selected), 'Cancel Case', and 'Other'.

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- Select the outcome of **Other** and note “PEM reissued” in the **Comments** box



Please confirm the outcome

Outcome

Comments:

Please enter a description for the outcome

- Select **Complete**. This process will trigger a PEM to be issued
-

Out of area patients

- If the patient is registered out of area, find the practices NHS e-mail address either from, NHS Service Finder (<https://servicefinder.nhs.uk/login>), the Practice website, by calling the practice or MIDOS (practices are unlikely to be on Mi-DoS outside of BNSSG).
- In CLEO print the case to PDF and send the PEM to the practice via NHS e-mail address from the brisdoc.failedmessages@nhs.net account using the correct email template, see appendix three. The email will request the Practice to confirm receipt.
- To remove the case from the CLEO queue
 - Click on the Case in the PEM queue
 - at the bottom of the CLEO window select the **Messaging** option
 - Select **Resolve Messaging** this will clear the case from the failed PEM queue

Overseas/unregistered patients

- If the patient informs you, they are not registered with a GP Practice in this country either as a permanent or temporary resident, You will not be able to send the notes anywhere. Please:
- Add a **Non Clinical Note** on the CLEO case by:
 - Opening the case
 - Selecting **Add Comment**

Comments (NON CLINICAL) Add Comment

- Add your comment and press **OK**, then select the **Close** button in the top toolbar
- Remove the case from the CLEO queue
 - Click on the Case in the PEM queue
 - at the bottom of the CLEO window select the **Messaging** option
 - Select **Resolve Messaging** this will clear the case from the failed PEM queue

Very young babies not yet registered

- If the patient is a very young baby and has not yet been registered with a GP, please note this on the CLEO case via a **Non Clinical Note** (see above). You will need to email the PEM via print to PDF from and to the failed message email account. Then move the email into the 'Follow Up' Folder, for the Rota Team to monitor and send the PEM when registered.

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Practice Replies

Should you receive a reply from a practice these emails should be actioned as follows:

- If the practice sends an automated response or confirms receipt of patient notes the email can be deleted.
- If the practice advises that the patient is not registered with them, please try to resend by following the above processes

Weekday Shift Manager Escalation

The Weekday Shift Manager is responsible for escalating to the Rota Team Manager if they think at 12pm, the team are not going to be able to clear the Failed PEMS from two working days before. The Rota Team Manager will discuss a plan with the Weekday Shift Manager which could be allocating extra resource or monitoring.

Time	Escalate if still failed PEMS from
Monday 12pm	previous Thursday
Tuesday 12pm	previous Friday
Wednesday 12pm	previous Monday
Thursday 12pm	previous Tuesday
Friday 12pm	previous Wednesday

The Shift Manager should escalate earlier than the above agreed times if there is significant demand, this could be after an exceptionally busy weekend or Bank Holiday.

If the Rota Team Manager is unable to resolve as above, they will discuss escalate to the Head of IUC.

Processing the Follow Up Folder (Rota Team)

The Follow Up folder will be monitored daily by the rota team and actioned as appropriate; this includes patients who are not yet registered with a practice, these patients will be checked regularly for registration and notes will be re-sent.

Practice Liaison Service (PLS)

PLS involves the Rota Team calling to the patients' own GP to highlight cases requiring urgent follow up the next working day. PLS is reserved for patients where the clinician deems their own GP surgery needs to urgently contact the patient **and** they are concerned the patient may not be able to independently contact the surgery.

To have a patient flagged to their own GP Practice via PLS is simple.

To highlight a patient for PLS during the **End Assessment** process the clinician selects **GP to contact patient** on the **Further action required** page.

These cases alongside any patient deaths will appear in the PLS queue in CLEO.

Allocation

Each morning there will be a member of the Rota Team who will be rostered to undertake the duty of alerting the practices of any information relating to their patient's. If when reviewing the case list there are an unusual number of cases, and you don't think we will be able to process everything by 11am, please inform either the Rota Team Manager or Rota Team Supervisor who will assist in adding resource to allow the PLS to be completed in a timely manner.

Contacting each Practice

The first task will be to call the Practice on either the bypass or main phone number, which can be found on RADAR or via the NHS Service finder.

Please see the below scripts to use when making the phone call.

Standard PLS Call Scripts

"My name is ____, I am calling from SevernSide Urgent Care.

One of your patients have been through our service and our clinician has asked if we could give you a call and flag their details as they may need an urgent review by their own GP.

Can I check you have received the case details from us please."

Each Practice may ask different questions but usually they will ask for details to look up the patient on EMIS. Once they have found the patient, please ask them to confirm they have the post event message (PEM). Confirm they have the notes by either the case number or date and time of consultation. Please note there may have been more than one case, therefore it is necessary to check all PEMS have been received.

Once confirmed we need to follow this up by asking the Practice to flag for urgent review.

"Thank you, please can you pass to the Duty Doctor or whoever you need to pass to for an urgent review. "

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Patient Death Call Scripts

“My name is ____, I am a calling from SevernSide Urgent Care.

Unfortunately, one your patients has passed away during the out of hours period and we are just giving you a call to highlight the notes from one of our clinicians.

Can I check you have received the case details from us please.”

Each Practice may ask different questions but usually they will ask for details to look up the patient on EMIS. Once they have found the patient, please ask them to confirm they have the post event message (PEM). Confirm they have the notes by either the case number or date and time of consultation. Please note there may have been more than one case, therefore it is necessary to check all PEMS have been received.

Once confirmed we need to follow this up by asking the Practice to flag to their correct department.

“Thank you, please can you inform the Doctor/ team that need to know.”

No answer from Practice

If the Practice can't be contacted on the first attempt the practice will be called again until contact is made.

This then allows you to move on to the next Practice and during this time they may respond.

If at 11am we are still in the process of completing PLS, please inform the Rota Team Manager or Rota Team Supervisor who will then make the decision on if additional resource is required to assist with PLS.

If after 11am you have not made contact with the Practice, we may decide to email the Practice asking for confirmation, this must be completed via NHS mail only with confirmed NHS email addresses taken from the NHS Service Finder and with the approval of the RotaTeam Supervisor.

If by the time we have completed the rest of the patients on the PLS report you have still not received a reply from the email sent, please then continue to call until we get an answer.

Notes not sent

In the event of the Practice stating they have not received the patient notes: -

We will re-send the message through CLEO. This is the preferred option. (See Appendix 1)

OR

We will ask for a secure nhs.net email address for the Practice and the patients notes will be scanned and e-mailed to the Practice. This should only be completed if we have tried to reissue the notes via CLEO and they have still failed to receive them. Please check with the Rota Team Manager or Rota Team Supervisor before emailing patient notes.

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Patient Special Notes

Special notes can be added to a patients record to hold important information regarding a patient and/or their care. All notes should be added within 24 hours, but ideally on the same working day.

Patient information is sent to brisdoc.careplan@nhs.net and can be received in different formats.

- Care plans
- Respect forms
- DNAR's
- SWAST Repeat Caller
- Advanced Decision to Refuse Treatment
- Treatment Escalation Plans (TEP)

This may be accessed from any site with a HSCN (secure internet) connection.

The Rota Team are responsible for adding special notes and should ideally be input onto Adastra and Share My Care the same day. Acknowledging the Rota Team work primarily Monday to Friday 9am to 5pm, special notes received after 4pm Monday to Friday and during the out of hours periods will be uploaded until the next working day.

For full details of the process please refer to the Special Patient Notes SOP on RADAR.

If at any point we require confirmation on anything, reply to the email.

It is useful to put a tag on the email 'Returned for further...'

Returned for further ...

Audits

To help maintain consistency and support the delivery of high-quality processes, a number of quality audits are carried out. These audits provide an opportunity for continuous learning and improvement across the team.

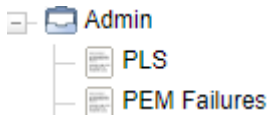
Audit frameworks are in place for the following processes, and the full frameworks can be found in the appendices:

- Failed PEMs (appendix 4)
- PLS (appendix 6)
- Special Patient Notes (appendix 7)

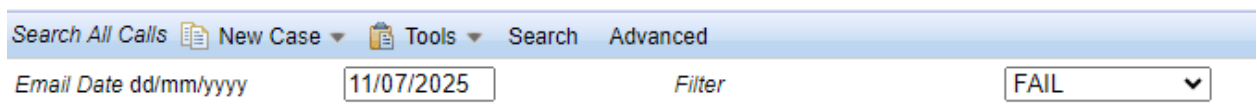
Appendix one – Reissuing failed PEMS

Managing Failed Messages

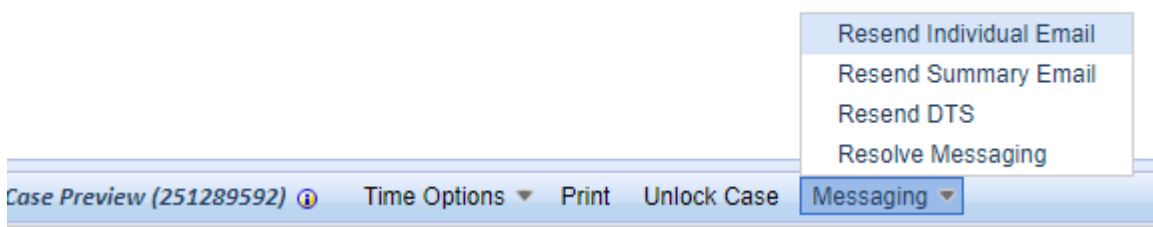
- Log into CLEO
- Select the **PEM Failures** queue



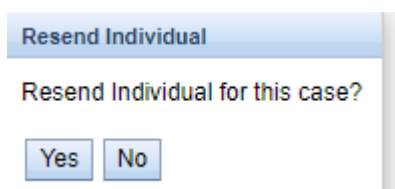
- Set the date to the relevant period (you can set a date range using the Advanced button) and press Search



- Failed PEMs will show in the queue. You can sort the queue based on the column headers. We suggest this is done by practice so you can deal with one practice at a time
- To reissue a message, highlight the case by clicking on it once. To select multiple cases, tick the box at the far right of each row
- In the toolbar at the bottom of the page select **Messaging** and then the message type required



- Select **yes** to the confirmation box



- The message should now be reissued

Appendix two – National Care Record Service (NCRS)

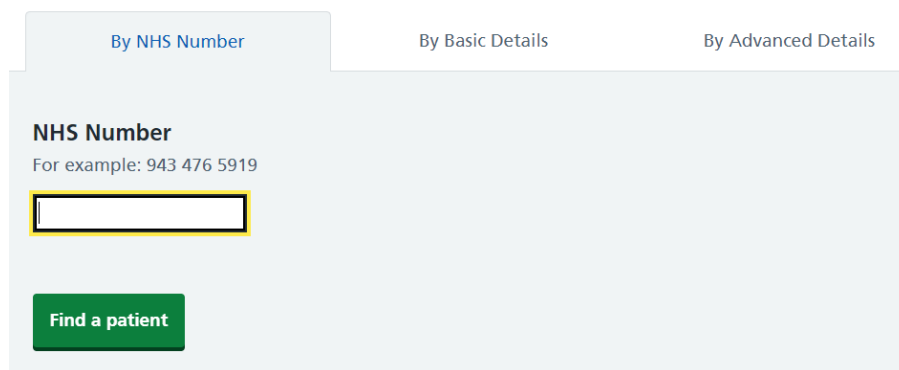
- Open **Smartcard Management** from Weblinks – **National Care Record Service** – <https://portal.spineservices.nhs.uk/nationalcarerecordsservice/app/landing>

NHS applications

- [EPS Prescription tracker](#)
- [National Care Records Service \(NCRS\)](#)
- [Care Identity Management \(CIM\)](#)
- [End Point Registration Service](#)
- [Digital SR1 Service](#)
- [Spine Reporting Service](#)
- [TES Alert Viewer](#)
- [MESH user interface](#)
- [MESH Online Enquiry Service \(MOLES\)](#)
- [Demographic Spine Application](#)
- [NHSmail](#)
- [Link My NHS accounts](#) (connect your NHSmail account to your smartcard)

- using the patients NHS number (if available), or patient details (using the basic or advance details tabs) search for the patient and look for their GP Practice

Find a patient



By NHS Number By Basic Details By Advanced Details

NHS Number
For example: 943 476 5919

Find a patient

- If a GP Practice is shown on the **NCRS**, edit the case and add the GP Practice to the record – Go to **General Edits** – using the dropdown menu chose one of the following responses, and **Update**.

Appendix three – Failed PEMS email template

All emails should be marked as **high importance**, with the subject line **URGENT – Patient notes attached**.

The template for the body of the email should read as follows:

Good morning/afternoon,

Please find attached patient notes for one of your patients, who has had contact with us during the out of hours period or through our daytime remote clinical assessment service.

Please confirm receipt of these patient notes by replying to this email.

Thank you

(NAME)

BrisDoc Healthcare Services

T: 0117 937 0900

A: Unit 21, Osprey Court, Hawkfield Business Park, Whitchurch, Bristol, BS14 0BB

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Appendix four – Failed PEMS Audit Framework

Audits will be performed to ensure that we are ensuring a high level of Quality Care and Patient Care on every call with accurate data being collected and the appropriate action requested.

Audit Criteria

Emails will be audited monthly, with 2 emails being checked for each person. The team will be audited against 6 criteria, and will come out with an overall percentage score for each call which will demonstrate their performance level.

- Identified correct process (Reissue, out of area, unregistered)
- The correct Practice has been contacted and NHS mail used to send.
- The email contains the case number, no other personal identifiable information and has been signed off by the sender.
- Notes on Adastra cases

Results will be logged on the Failed PEM audit log.

Feedback

Feedback will be shared with individuals monthly via email copied to their Line Manager. This email will contain the overall score gained for each email, the average score of the individuals for the month as well as the average team score. There is also a 'comments' column where specific feedback can be addressed. The Line Manager will be copied into the feedback email so that they can keep track of their team member's progress and can address feedback with them.

Scoring

The various criteria have different weightings, with some being worth a maximum of 2 points, and others 4. Criteria worth 2 points can be scored at either 2, 1 or 0, and criteria worth 4 points are scored at 4, 2 or 0. Overall points are totalled and a percentage score assigned.

The overall scores are colour-coded as follows:

100%	Caller displaying exemplary performance
95-99.9%	Caller displaying good performance
80-94.9%	Caller needs to work on weaker areas
<80%	Line Manager to review to two more emails. If overall score remains red, immediate feedback will be given and to have four emails reviewed the following month

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Audit reporting

The audit is carried out by the Rota Team Manager. Once the audit is complete, update the Dashboard with results of the audit. These results are then reported at the IUC Operational SDT QPR Meeting.

Appendix Five – Practice Liaison Service (PLS) CLEO process

This guide outlines the PLS process within the Cleo Application to support our team in contacting the patient's GP surgery for additional input, as recommended in the clinician's consultation

PLS cases are determined by two options chosen within the End Process of a Clinical Consultation;

1. Clinician has selected an outcome indicating the patient has passed away
2. Clinician has selected 'GP to contact patient' within the Further GP Action question

Login to Cleo

To login to Cleo double click the Cleo Icon on your desktop.

This will bring up the Cleo application, where you can login



using your credentials

Please log in to CLEO



Smart Card Authentication

Log in with NHS Smart Card

Username and Password Authentication

Username

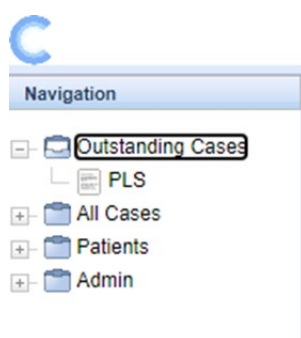
Password

The next page will let you choose your login. Click **I Agree**.

Accessing the PLS queue

Navigate to the PLS Queue in the left-hand navigation panel.

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Queue Layout

Call Practice	NHS No	Patient	Age	DOB	CallNo	Further Action	GP Action
BRISDOC UAT PRACTICE		BOOK-APPT, 6	36 yrs	30/06/1989	250683030	2-GP to contact Patient	Please Kindly review patients m
BRISDOC UAT PRACTICE		BOOK-APPT, 27	37 yrs	30/06/1988	250683037	2-GP to contact Patient	Routine appointment required
GP - KMSS TEST GP		TEST, 19	16 yrs	29/06/2009	250683010		
LODGESIDE SURGERY		HARRISON, James	86 yrs	25/06/1939	250682728	2-GP to contact Patient	Please contact nursing home re
WESTCLIFFE MEDICAL C...	9448969759	ELANGO, Chann	50 yrs	16/03/1975	250683023		

PLS queue layout from left to right;

- **Padlock Icon** – This indicates someone is actively in the case.
- **Call Practice** – This is the name of the patients GP surgery. This queue will be grouped by surgery to enable you to easily identify multiple cases for the same surgery.
- NHS Number
- Patient Name
- Age
- Date of Birth
- **Call No** – This is the Cleo case ID
- **Further action** – This column will show either;
 - GP to contact patient – Our Clinician has requested own GP input after the consultation
 - Blank – This is a patient who has passed away
- **GP Action** – This will be the free text our Clinician has entered, indicating what is required from the GP Surgery (full details will be in their Consultation notes)
- **PLS Action** – This will populate if you select 'Unsuccessful contact – will try again' from the dropdown menu – This will let other users know an attempt for PLS has been made on this case, but a further attempt is still required.
- **PLS Comment** – This will be any free text notes added by the Rota team if they have been unable to get through to the GP Surgery.

Information within the case

Double click into the case.

Here you will see the patient demographics;

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CLEO - Case: 250682726

Time Options (0) | Close | Print | Un-Complete | PLS | Admin

Case Ref 250682726 Service CAS / PATIENT LINE

NHS Confidential: Personal data about a patient

BROWN, Jane Born 24-Jun-1957 (68 yrs)
Callers Name - Patient

Address BRISDOC HEALTHCARE... Return Number 01233 123123

Current Address [Edit](#)
BRISDOC HEALTHCARE SERVICES LTD
21 OSPREY COURT
HAWKFIELD WAY
HAWKFIELD BUSINESS PARK
BRISTOL
BS14 0BB

Return Number 01233 123123
[Edit](#) [Call](#)

Current Tel Number 01233 123123
Alternative Number -
Mobile -
Email -
Comfort/Courtesy -

Usual Address
BRISDOC HEALTHCARE SERVICES LTD
21 OSPREY COURT
HAWKFIELD WAY
HAWKFIELD BUSINESS PARK
BRISTOL
BS14 0BB

Symptoms PLS TEST -THIS IS A TEST PATIENT
CAD Case Id

To view the Clinical consultation, navigate to the bottom of the page and expand the Consultation panel;

25-Jun-2025 18:51 - Chelsea Stevens [GP] | Advice (Not Urgent) | Smart Card: YES

History
Patient details confirmed: YES.
Spoken to: Daughter - Charlotte
Patient presenting with: Spoke to patient initially and then her daughter, Charlotte. Charlotte feels her mum is not able to look after herself, Dementia, List of Medications here List of Medications here List of Medications here

Examination

Diagnosis
Pt is deteriorating and may benefit from carers or considering a nursing home

Treatment
Will ask Patient GP to follow up and discuss the need for additional support
Safety netting: Call back if worsening

Prescribing

Actions within the case

Click the PLS button on the top toolbar

CLEO - Case: 250682726

Time Options (0) | Close | Print | Un-Complete | PLS

This will bring up a new window. Make one selection out of the three options available;

Process PLS Case

Select an option:
Select an option

Select an option
Successful Contact - Own GP to follow up
Unsuccessful contact - Will try again
Unsuccessful Contact - Email sent

Exit Save

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- If you have spoken to the patient GP Surgery and handed over the relevant information, select;
Successful contact – Own GP to follow up. The case will then be removed from the PLS queue
- If you have not been able to get through to the patients own GP and need to move on to another PLS case, select;
Unsuccessful contact – Will try again. The case will remain on your PLS queue and the 'Select option' text will be populated in the PLS Action column. Any additional free text added in this window will be populated in the PLS Comment column. If you hover over this note, you will be able to see the user who tried to make contact & the date and time this action was carried out.
- If you have not been able to get through to the patient own GP by the time detailed in the PLS SOP, select the print button and save the document as outlined in the PLS SOP. Then select;
Unsuccessful contact – Email sent. Select Save and the case will be removed from the PLS queue.

Once you've completed the PLS, your PLS queue will be clear of any cases requiring action.

Appendix Six – Patient Liaison Audit Framework

Audits will be performed to ensure that we are ensuring a high level of Quality Care and Patient Care on every call with accurate data being collected and the appropriate action requested. We aim to call with the utmost professionalism and customer service, leaving the Practice confident with the actions they have received.

Audit Criteria

Calls will be audited monthly, with two calls being checked for each person in the team. The team will be audited against 6 criteria, and will come out with an overall percentage score for each call which will demonstrate their performance level.

- Introduction – introducing themselves using their name and the service name.
- Accurate demographics – giving correct details as directed by Practice (e.g. NHS number or DOB)
- Call details – informing of correct details about passing case over
- Phone manner - represent SevernSide with professionalism and have a polite and pleasant phone manner. Building rapport with the caller.
- Next steps – should clearly explain to the Practice the process of what will happen next, including passing over for urgent review as appropriate
- Confidence – The Call Handler should handle the call confidently, leaving the caller satisfied with the management of the call.

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Scoring

The various criteria have different weightings, with some being worth a maximum of 2 points, and others 4. Criteria worth 2 points can be scored at either 2, 1 or 0, and criteria worth 4 points are scored at 4, 2 or 0. Overall points are totalled and a percentage score assigned.

The overall scores are colour-coded as follows:

100%	Caller displaying exemplary performance
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95- 99.9%	Caller displaying good performance
--------------	------------------------------------

80- 94.9%	Caller needs to work on weaker areas
--------------	--------------------------------------

<80%	If Call Handler is red, Line Manager to listen to two more calls. If overall score remains red, call handler to receive immediate feedback and to have four calls listened to the following month
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Feedback

Callers will receive feedback on their audits monthly via email. This email will contain the overall score gained for each call, the average score of the individual's audited calls for the month as well as the average score for the month across all Callers. There is also a 'comments' column where specific feedback can be addressed. The Line Manager of each Caller will be copied in to the feedback email so that they can keep track of their team member's progress and can address feedback with them.

Dashboard and Reporting

The audit is carried out by the Rota Team Manager. Once the audit is complete, update the Dashboard with results of the audit. These results are then reported at the IUC Operational SDT QPR Meeting.

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Appendix Seven – Care Plan Audit Framework

Audits are completed on 5 care plans per person of the special notes entered.

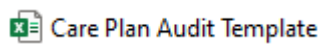
The Rota Team Manager is responsible for ensuring the audits are completed monthly. Either by completing them themselves or delegating to a team member.

Audits need to be completed by a different person than the person completing the special note.

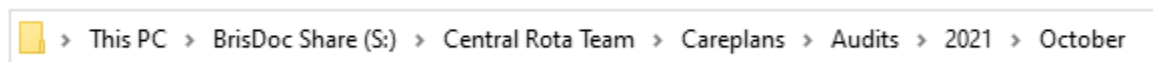
The template for auditing can be found in the S:Drive



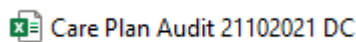
Locate the 'Care Plan Audit Template'.



Save a copy of the file into the Audits folder under in the correct month.



Save the file as 'Care Plan Audit DDMMYYYY' followed by your initials.



Open the mailbox and go to the '*TO BE AUDITED' folder.



Flag five emails per person to identify for audit.



On the audit spreadsheet, complete the name of the person being audited, the auditor and date of the audit.

The various criteria have different weightings, with some being worth a maximum of 2 points, and others 4. Criteria worth 2 points can be scored at either 2, 1 or 0, and criteria worth 4 points are scored at 4, 2 or 0. Overall points are totalled, and a percentage score assigned.

CLEO Administration

Patient information		Effective notes				General		
Patients Details Correct (Name, Address, DOB)	Surgery Correct	Identified need to go back to Surgery	All notes added correctly	Easy to read notes	Supplementary Information recorded	Share Ticked	Pt only record	Reply to Sender
Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Criteria 6	Criteria 7	Criteria 8	Criteria 9

Criteria 1

Does the patient's demographics match?

Criteria 2

Is the patient's Practice correct?

Criteria 3

Have we identified the need to go back to the Practice? (If there is no need then =3)

Criteria 4

Have all notes been entered correct an no sections missed?

Criteria 5

Are the notes added easy to identify? Have we spaced information out?

Criteria 6

Has any supplementary information been recorded? (If there is no need then =3)

Criteria 7

Has the 'Share when Attached' box been ticked?

Criteria 8

Is this the only patient record? There should be no duplicated records.

Criteria 9

Have we replied to the sender informing them we have updated our records?

If there is anything that does not match or needs updating, this can be recorded in the comments section.

Comments

All correct

Please correct any errors identified in the comments section confirm complete in the actions column.

Actions

None

CLEO Administration

Finally, check if the special notes have been actioned within 24 hours during the week. If received between 4pm on a Friday and 4pm on a Sunday need to have been input by 4pm on a Monday.

Within 24
Hours?

Yes

Appendix Eight – Care Plan Email Template

The template for the body of the email should read as follows:

Good morning/afternoon,

We have updated our records.

Thank you

BrisDoc Healthcare Services

T: 0117 937 0900

A: Unit 21, Osprey Court, Hawkfield Business Park, Whitchurch, Bristol, BS14 0BB

SevernSide
Integrated Urgent Care



CLEO Administration

Change Register

Version	Date	Author	Comments
0.1	01/07/2025	DC	Document Created
1	01/08/2025	Lucy Grinnell	Document Published