

Response to Freedom of Information Request

Response Coordinated on: 6 August 2015

Q3. What specific protocols are used by the SSAFA-GSTT Telephone Advice Service to deal with patients presenting with chest pain?

Q3. Call Centre Response

Telephone assessment in BFG is an effective mechanism by which patients presenting with acute medical problems can be assessed and thus directed to the most appropriate service in a timely manner. In order to support clinicians decision-support software is provided. The tool in use is known as Odyssey Telephone Assessment originally developed by an organisation named Plain Software. It is internationally validated by a panel of expert clinicians and serves to ensure that assessments are robust and reflect current evidence based practice. The software providers regularly review clinical evidence and amend the clinical pathways as necessary to ensure that they reflect current practice standards. Telephone assessment has been successfully used to support primary care services in BFG since 2006. The same system is in use in many health service call centres across the UK.

Access to services follows a simple but effective pathway. When a patient is acutely unwell and wishes to access urgent medical services, they contact the telephone assessment service. The patient call is received by a non-clinical call handler who will take patient details and, using the decision-making support software, will ask a series of questions relating to the presenting problem in order to prioritise the nursing response. The call will be graded accordingly and the nurse will return the call within the specified time.

The nursing assessment is guided, rather than directed, by the software such that the individual nature of each patient's presenting problem can be effectively managed to ensure, with the minimum of inconvenience, the patient receives; quality care, from the most appropriate practitioner, in a timely manner.

Q4. What specific training is provided for receptionists in medical centres managed by SSAFA-GSTT Healthcare and Call Centre Operators in the TAS Medical Call Centre in how to deal with Patients reporting chest pain/discomfort, and how is this training validated and recorded?

Q4 Call Centre Response

Call handler staff are recruited, from the dependent population, reflecting the skills/knowledge and attributes detailed in the person specification of the SSAFA Call Handler job description, using standard recruitment processes in accordance with HR policy – **Annexe A:** Call Handler Job description.

Following recruitment staff undergo a standardised system training programme, validated by the software supplier and delivered by accredited trainers. This training lasts 1 day and is supplemented by 6 hours observation of an experienced call handler at work in the call centre. A programme is attached at **Annexe B**. This programme facilitates understanding of the service provision, understanding of the role and responsibilities of the post and assists in developing the communication skills necessary to ensure accurate information is

taken from the patient and recorded in the appropriate places. When patients present with emergency care needs the system is sufficiently sensitive and with relatively low thresholds for referral that calls can be terminated by the call handler and patients directed to hospital care without the need to wait for a nursing assessment. This requires that the question process is completed. Patients presenting with chest pain, depending on additional information provided – nature of the pain, duration intensity onset triggers and relievers will often come into this category of response.

This training is supplemented by Defence Medical Information Capability Package (DMICP) training which lasts 2 days. Additional training includes HR/call centre processes, organisational awareness and effective use of the telephone system takes a further two days.

Completion of the initial training is followed by a period of 4 weeks supervised practice, in which new staff are supernumerary and work under the direct supervision of a senior member of the team. This allows each individual to achieve the requisite competency level as described in the Call Handler competency framework **Annexe C**.

There is a robust induction programme in place for all members of staff, which for call handlers, is monitored by qualified nursing staff and signed off as competencies/learning has been undertaken and standards met **Annexe D**.

Once competency has been achieved there is a system in place to ensure standards continue to be met by call centre staff. This includes weekly review of calls taken using a standard assessment tool along with management review of live calls. The call centre team meet weekly as a team; the agenda reflects the domains of the Common Assurance Framework (CAF). Call handler staff are all included in the review and after actions of complaints or incidents reported **Annexe E**. Additionally a monthly review is undertaken comparing call handler activity and outcomes which informs discussion with individual staff as necessary and is also reflected in staff training programme **Annexe F**.

All staff have annual appraisals during which personal objectives are established which are monitored throughout the year. Continuing development planning is one element of the appraisal/review process. This is recorded on the SSAFA HR system and reviewed by HR Teams. The information is used to inform service development planning and the annual training plan.

There is an additional mandatory training requirement which all staff are required to meet reflective of their role and responsibilities.

The decision making support software system directs the call handlers to ask a range of questions relating to the presenting patient problem. This is to prioritise call back or to fast track patients to emergency care services– ambulance or self referral to hospital. It is likely patients presenting with chest pain; depending on the history and description of the problem – onset, triggers, relievers etc, age and medical history, that on completion of the initial questions; the outcome would be for the patient to be directed to hospital rather than to wait for a call back from the nurse.

Medical Centre Receptionist Training

Reception staff are recruited, from the dependent population, reflecting the skills/knowledge and attributes detailed in the person specification of the SSAFA Medical

Administrator job description, using standard recruitment processes in accordance with HR policy. This is an administrative rather than clinical role however all health service staff are trained in basic life support. This training is provided annually; attendance is mandatory, and is provided by accredited trainers. Attendance at training is recorded by and the detail held by the practice manager.

It is not recommended, and is outside the role responsibilities for administrative staff to make clinical judgements which would give rise to significant risk to patient safety. Where patients require urgent care receptionists are directed to refer patients to the call centre. In emergency situations reception staff are directed to request support from a senior clinician and/or to call for an ambulance. Patient information available to the population – leaflets, **patient-wise.de** and local briefings encourage patients with urgent care needs to contact the call centre to facilitate initial assessment such that care can be appropriately directed in a timely and effective manner. Emergency care is always delivered through hospital services.

The LLP have a care pathway for reception staff which details how to manage patients who have emergency and urgent care needs which reflects the description in the paragraph above.