# Patient Contacts with NHS Direct (Category C)

**Agenda Item: 9**
**Reference: 10B.071**

**Board Meeting: 14 June 2010**

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| **Summary** | This paper provides details of two recent contacts with NHS Direct through our Category C service. Following the example provided of patient experience of Category C service at a previous Board meeting, this paper and associated CD is provided in support of the wider report on the review of the Category C service.<br><br>This paper and the associated CD include an example of a rare occasion when we do not provide the high quality of service we normally offer and one showing the benefits of the high quality of service we are able to provide in the majority of cases.<br><br>(This report should be read in conjunction with the CD of recordings of calls labelled: Board Calls June 2010) |
| **Issues to be considered by the Board** | The Board is asked to consider:<br>• The expectations of patients we call following referral of Category C calls to us from Ambulance Services;<br>• The implications of not handling these calls well; and<br>• These calls in the context of the wider report on the review of Category C service. |
| **Action required by Board** | The Board is asked to receive and note this report and the associated call recordings |
| **Accountable Executive Director** | Helen Young, Executive Clinical Director / Chief Nurse |
| **Author of Paper** | David Foord, Associate Director of Clinical Governance |
| **Date prepared** | 8 June 2010 |

## *1. Introduction*

As part of the agenda to improve the patient and / or caller experience of our services, this report to the Board includes an example of contacts with patients through our Category C Service. This report contains a description of the calls included on the associated CD (labelled: Board Calls June 2010). The call process and other elements of the service are detailed in the wider report on the review of the Category C service. Appendix 1 of this report provides the patient experience elements of the call review tool to allow Board Members to form their own views of the quality of the calls from the patient's perspective.

## *2. Service Contacts*

| **Track 1 (8 minutes)** |
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| **Call Details**: Wednesday 2 June 05:06<br>**Outcome:** Good Call<br>**Summary of call: (Outbound Cat C Call from NA to Patient)**<br>A computerised record relating to a Category C call was electronically received from an Ambulance Service and a Nurse Advisor (NA) called the patient directly upon receipt of this record.<br><br>The NA gave a good explanation of the service and provided a good level of empathy and reassurance to the patient. She appropriately confirmed the patient's details to ensure safety and confidentiality.<br><br>The patient advised the NA of the symptoms he was experiencing and she undertook a thorough clinical assessment, including appropriate medical history. The assessment indicated that the patient needed to speak to a GP urgently. The NA promptly transferred the patient's record through to his local GP out of hours (OOH) service.<br><br>Before ending the call the NA provided further reassurance of the urgency with which this was being transferred and gave advice to the patient as to what to do if the situation worsened while he was waiting for a call from the GP OOH service. |
| **Track 2a (8 minutes)** |
| **Call Details**: Friday 9 April 19:03<br>**Outcome:** Unsatisfactory Call<br>**Summary of call: (Outbound Cat C Call from HA to Patient)**<br>We received a very brief call from an Ambulance Service providing the telephone number for a patient who had made a 999 call that was passed to us to assess and advise as a Category C call.<br><br>A Health Advisor (HA) called the patient to collect further demographic information. She did not provide a good explanation of the service and did not provide empathy towards the patient.<br><br>Because the HA did not provide a good explanation of the service and empathy the patient became angry that he was not getting an ambulance.<br><br>Without undertaking any kind of assessment of risk the HA asked the patient if he could transport himself to A&E.<br><br>The HA sought advice from a Clinical Team Leader (CTL) who gave good advice to the HA. |

Good practise was displayed by the HA in seeking CTL advice by phone on a recorded line even though the CTL was physically present with the HA at the time of the call.

The HA warm transferred the call to a Nurse Advisor (NA) making inappropriate comments during the transfer.

**Track 2b (2 minutes)**

**Call Details**: Friday 9 April 19:07
**Outcome:** Good Call
**Summary of call: (HA Seeking CTL Advice)**
During the HA's initial call with the patient she put him on hold to seek advice from a CTL. The CTL gave good advice and support to the HA and advised her to warm transfer the call to an NA for a clinical assessment.

**Track 2c (6 minutes)**

**Call Details**: Friday 9 April 19:17
**Outcome:** Poor Call
**Summary of call: (NA call with patient following Warm Transfer from HA)**
The NA did not appear ready to take the call and therefore did not make the HA feel supported. She also made a remark about assessing clinical need, which was not appropriate or helpful to the HA.

The patient continued to be irate that an ambulance is not being sent to him. The NA failed to adequately control the call and offered little explanation of the service.

The NA agreed to 'log a complaint' for the patient, but did not give any explanation of how this complaint would be handled and what the patient should expect to happen next.

There was no attempt to undertake a clinical assessment for the patient and the NA appeared to just accept that the patient had arranged his own transport to A&E without exploring alternative options such as a Walk-in-Centre or establishing where the patient was planning to attend to advise of the most appropriate place for him to be seen.

**Track 2d (1 minute)**

**Call Details**: Friday 9 April 19:24
**Summary of call: (NA call to CTL to feedback)**
After passing details of the patient on to a Team Leader to handle the complaint*, the NA called the CTL who originally gave advice to the HA for feedback regarding the outcome of this call to be passed on to the HA.

(*The Team Leader attempted to contact the patient to resolve the complaint, but got no response and this was then passed to the Regional Clinical Governance Lead to handle)

## *3. Actions*

The Board is asked to receive and note this report and the associated call recordings

| **Accountable officer:** | **Author of paper:** |
|---|---|
| **Helen Young,** | **David Foord,** |
| **Executive Clinical Director / Chief Nurse** | **Associate Director of Clinical Governance** |

## 4. Appendix 1. Patient Experience Factors from Call Review Tool

Provided below are the Empathy elements taken from the call review tools to assist Board members in considering the quality of calls from the patient's perspective.

| *Factor 7: Rapport | |
|---|---|
| 7.1 | Mirrors (matches) tone and pace of caller |
| 7.2 | Reflects callers language appropriately |
| 7.3 | Treats caller as an individual |
| 7.4 | Gains co-operation of caller by keeping them informed |
| 7.5 | Shows interest in caller |
| 7.6 | Validates or educates caller on their actions where appropriate |
| 7.7 | Reassures caller |
| 7.8 | Uses humour appropriately |
| Note | |

| Factor 8: Questioning | |
|---|---|
| 8.1 | Personalises questions to caller / person being called about |
| 8.2 | Adapts language used in question to aid callers understanding without changing meaning / context of question |
| 8.3 | Uses tone / pitch of voice effectively to deliver questions in a spontaneous fashion |
| Note | |

| Factor 9: Approach | |
|---|---|
| 9.1 | Positive and confident attitude and language. |
| 9.2 | Demonstrate willingness to help and a 'can-do' attitude |
| 9.3 | Polite and courteous |
| 9.4 | Demonstrate sensitivity and a non-judgemental approach to the caller's need |
| 9.5 | Be Honest |
| Note | |

| Factor 10: Active listening | |
|---|---|
| 10.1 | Reflect back and confirm understanding of the caller's response |
| 10.2 | Use verbal nods appropriately |
| 10.3 | Allow the caller time to respond |
| 10.4 | Picks up / responds to non-verbal cues |
| Note | |

| Factor 11: Call control | |
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| 11.1 | Use the conversation cycle to control the call |
| 11.2 | Identifies key elements of caller's symptoms to focus the call |
| 11.3 | Gives a good explanation of the assessment process |
| 11.4 | Appropriate adaptation of speed for the callers needs |
| 11.5 | Positively manage the caller's expectations |
| Note | |

(*Sections 1-6 not provided in this part of the report relate to patient safety and adherence to policy and procedures. These areas are detailed in full in the call reviews provided for the calls included within this report.)