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SevernSide

Integrated Urgent Care

Adastra Administration Tasks Handbook

Version:	Owner:	Created:
V1.1	Dan Cotton	August 2024
Published:	**Approving Manager:**	**Next Review**
06.11.2024	Lucy Grinnell	29.08.2027

Contents

Purpose

The purpose of the Handbook is to describe the processes for managing administration tasks associated within Adastra.

Retrieval and Management of Failed Post Event Messages (PEMs)

Adastra will direct the failed PEM to the brisdoc.failedmessages@nhs.net account.

This may be accessed from any site with a HSCN connection.

The failed message will be an email with the Case Report Attachment.

To process the failed PEM, follow the steps below.

Roles and Responsibilities

WPL Call handlers – issuing failed PEMS to the Practice through Adastra 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.

Setting email and Adastra Access

1) Log into the email account above.

2) Scroll to the bottom of the inbox and select the oldest email - which then gives the case number.

3) Login into Adastra.

4) Useful 'Tabs' to have open in Adastra to deal with the messages are:

- Case Search,
- Case Edit,
- Patient Edit,
- Look-up Patient Details

5) To manage the messages also open up Practice Messages and Message Re-Issue 'Tabs'

Note: Each Practice has a different way they receive their PEM messages from us. See appendix one.

Reviewing a Failed Message

In Case Search, enter the relevant Case Number that needs checking and search. Click the active time to filter the cases so that the most recent cases show at the top in date order, this means that your case should now be at the top of the list. Click into the case to see why this case has landed in the failed message email, there several reasons why this may have happened.

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

By looking at the record you should hopefully be able to see the reason the message has failed.

Processing a Failed PEM – Weekday daytime call handlers

The failed message inbox 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.

Tag the oldest failed message in the mailbox with your initials using the categories to show you are working on this message and avoid duplication.

Check through the notes to see if there is any easy to identify 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.

BNSSG patients

- If the patient is registered with a BNSSG Practice, the PEMS should be re-issued via Adastra. To do this check the Practice details are correct and has the correct registration type, if not please update through case edit, then reissue the message to the Practice. See appendix one. Please recheck the message queue to check the reissue message has sent.

Out of area patients

- If 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).
- 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.

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, please note this on the Adastra case via Case Edit. You will not be able to send the notes anywhere.

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 Adastra case via Case Edit. You will need to move the email into the ‘Follow Up’ Folder, For the Rota Team to monitor and send when registered.

Once sent, record the action taken on the case record in Adastra via Case Edit using the drop-down wording where appropriate.

When amending the Practice information, you need to action this in the specific case via Case Edit and update Patient Edit if the change needs to be carried forward to future encounters.

Once the case record has been sent to the correct GP Practice, or the notes cannot be sent as they are for an overseas or unregistered patient, the email can be deleted from the email inbox.

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 processing a failed PEM process.

If, for any reason, we are not able to resend the PEMS, the email should be added to the Follow up folder in the email account with a note added for review by the rota team.

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 following the ‘Processing a Failed Message (WPL)’ section.

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Practice Liaison Service (PLS)

The purpose of the Practice Liaison Service (PLS) is to highlight patients urgently to their own GP practice following contact with SevernSide.

To have a patient flagged to their own GP Practice via PLS is simple. The Clinician just needs to select 'yes' to the practice liaison question on Adastra at the end of the consultation.

A report will be automatically generated at the end of each out of hours period from Adastra. The report will be sent via to the designated secure Care Plan email account, which is: brisdoc.careplan@nhs.net This may be accessed from any site with a HSCN (secure internet) connection.

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 we have received the report from Adastra there are an unusual number of cases and you don't think we will be able to process in a by 10am, 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 report will need to be grouped by Practice to allow each Practice to be completed with one call.

The first task will be to call the Practice on either the bypass or main phone number. These can be accessed via MIDOS (via BrisDoc Weblinks). Please see the below scripts to use when making the phone call.

Before calling the GP Practice the case should be reviewed to identify the reason for the call. To do this add the Adastra case number into the **Case Search** option on Adastra. Select the relevant patient, this will bring up all the required information to pass onto their GP Practice.

Standard PLS Call Scripts

"My name is ____, I am a 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. "

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.

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 MIDOS and with the approval of the Rota Team Manager/Rota Team Supervisor.

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

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.

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.

Notes not sent

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

We will re-send the message through Adastra. 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 Adastra and they have still failed to receive them. Please check with the Rota Team Manager or Rota Team Supervisor before emailing patient notes.

Recording

Record the action taken on the case record in Adastra via Case Edit using the drop-down wording where appropriate

Special Notes

Special notes can be added to a patients Adastra 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 the addition of special notes and should ideally be input onto Adastra 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 to Adastra until the next working day.

Setting email and Adastra Access

1) Log into the email account above.

2) Scroll to the bottom to the oldest email.

3) Login into Adastra.

4) Useful 'Tabs' to have open to deal with the messages are:

- Case Search,
- Case Edit,
- Patient Edit,
- Look-up Patient Details

Processing a Care Plan

Select the email you are dealing with.

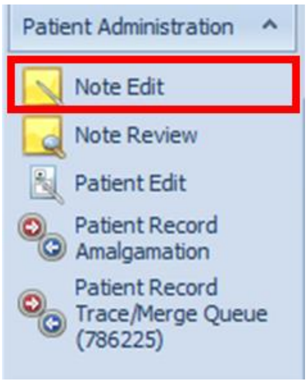
Place a Category on the email with your name so that we know who is dealing with this and to save duplicating work. To do this right click on the email select category and then your name.

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…'

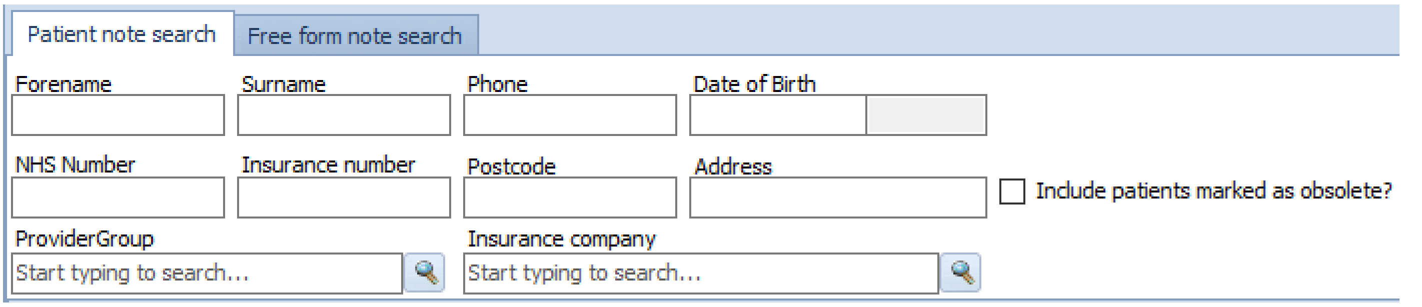
In this case a note still needs to be added but can just use the 'EMIS template'.

Open Adastra, navigate to 'Patient Administration menu and select 'Note Edit'.



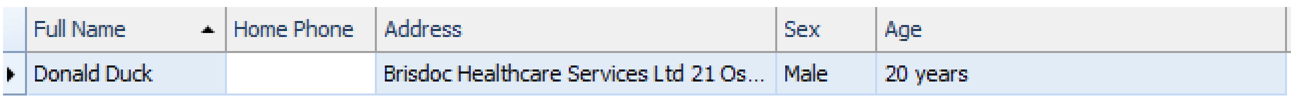
Then click 'Advanced' in the top right-hand side.

Search for the patient you are looking for, ideally the Practice should have included an NHS number, input the information and press search. If you do not find the patient using the NHS number, search by the name and DOB.



You need to be confident that the patient you are adding is actually the patient, does all the information match?

Select the correct patient and make sure they are highlighted.

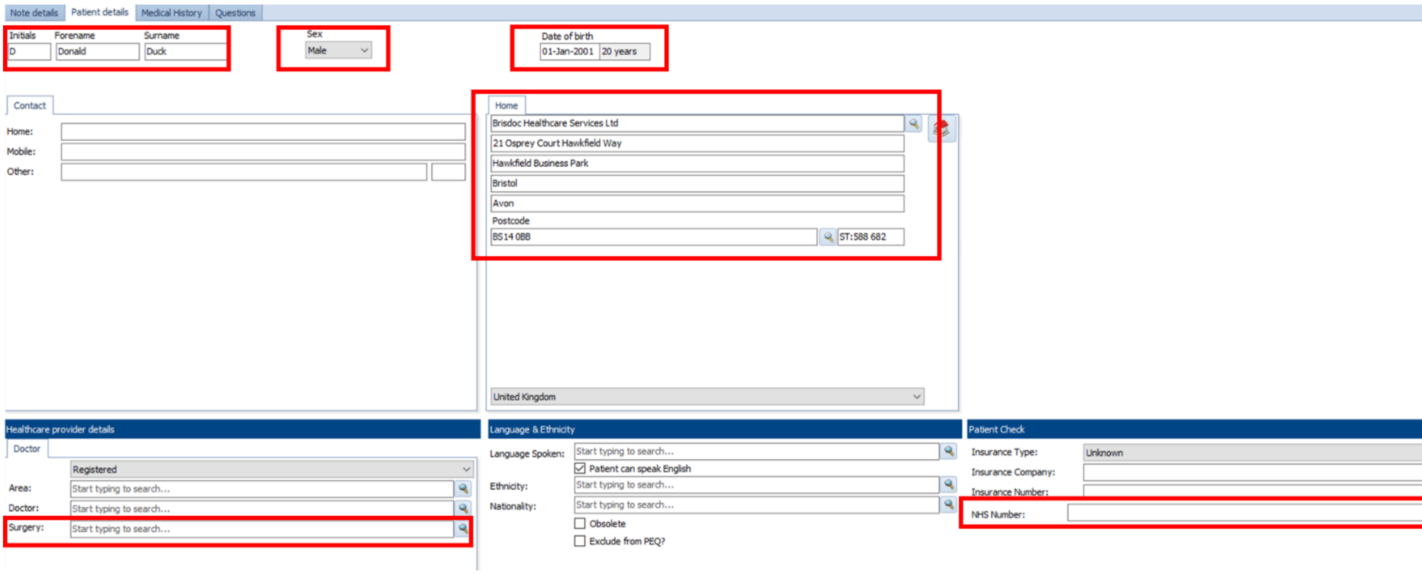


Click 'New note…'.

The new note template will automatically default to ‘Basic note’, please ensure this is the template you use.

Make sure you tick ‘Share when attached to a case’.

Go to the ‘Patient details’ tab and confirm the demographics are correct. Have they changed Practice or address?



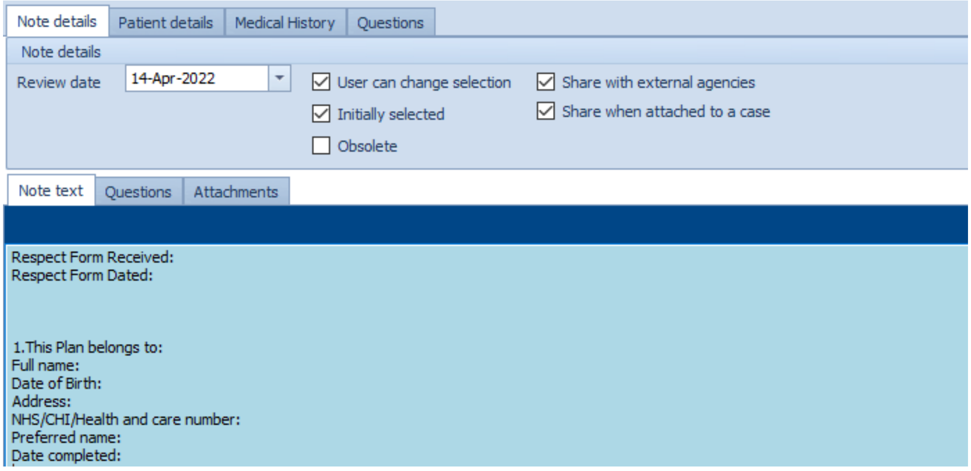
Download the template wording document from Radar


*** RESPECT FORM 2 ** ADDED 15.10.2020 **

Respect Form Received:

Respect Form Dated:

Copy and paste the relevant template into the special note using the ‘Note details’ tab.



Using the attachment emailed to us to either copy and paste the information or type ensuring that all information is copied across and is clear what we have added.

The main points to note:

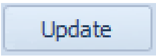
- If information is unclear, do not guess
- If there is an abbreviation, leave it as an abbreviation
- Use each other, if you are unsure then ask

Try to make the information as clear as possible, below is an example of how to make the information to stand out.

1. This Plan belongs to:
Full name: **DONALD DUCK**
Date of Birth: **01/01*2020**

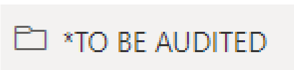
Once you are happy that all the information has been completed, go back over and double check to see if there is anything you can see that does not match.

Once complete press ‘Update’ in the bottom left of the screen.



Reply to the sender letting them know the records have been updated.

The email needs to be moved from the Inbox to the ‘TO BE AUDITED’ folder.



Amalgamations

Duplicate Patients are created in Adastra because there are slight variations or miss spellings in a patient's name or address details when case entry is performed by BrisDoc or patients received from NHS111.

To ensure notes are consistent and available for a patient, the patient's record needs to be amalgamated.

To complete this task the Patient Record Amalgamations Menu Item must be used, this allows you to search for and subsequently, if required, amalgamate duplicate patient records.

You must have a SmartCard to enable access to PDS to use this module.

Using the Patient Amalgamation Module

The patient amalgamation module allows you to search for a patient record on a number of different criteria;

- Forename
- Surname
- Phone
- DOB
- NHS Number
- Postcode
- Address
- Provider Group

Once you have added the search criteria click the 'Search' button. A list of records that match the criteria will be displayed on the left side of the screen.

To select the patient record that you want to amalgamate, highlight the record and click the 'Add' button which is at the bottom right of the screen. (Only one record can be added at a time)

Once you have added the records that you wish to amalgamate, you will need to select which of these records will be the 'Master' record (the record that you will amalgamate the other records to) by clicking and therefore checking the Master box for that record.

Click the amalgamation button at the bottom of the screen to start the amalgamation process. You will receive a message once the amalgamation process is complete.

Patient Record Trace / Merge Queue

Overview

The Patient Record Trace / Merge Queue is a list of cases (patient records) that have been sent here to be potentially amalgamated. The cases can still be completed in the usual way, but the record will remain in this list until it is either amalgamated or the 'no amalgamation' button is selected. You must have a SmartCard to enable access to PDS to use this module.

Using the Patient Record Trace / Merge Queue

In the Patient Record Trace / Merge Queue, there will be a list of cases that have been selected that may need to be amalgamated. Double click on a case to enter the amalgamation module.

By entering the module from a case record, the list of records to be amalgamated will have already been populated. This record has also been selected as the Master record by default (this can be changed if necessary, by unticking the appropriate check box).

On the left-hand side of the screen, any possible record matches are shown.

It is still possible to search for other patients to add to the amalgamation list. This is done by changing or amending the search criteria at the top of the screen. If you want the search criteria to revert to being as it was when you entered the module, click the 'Populate from Patient' button.

If the user decides that the record does not need to be amalgamated, the 'No Amalgamation Required' button can be selected, this then removes the case from the Patient Record Trace/Merge queue

Obsoleting Patient Records

A patient record can ben obsoleted in Adastra to prevent the patient returning as an option when the same date of birth is search on case entry. Patient records are usually obsoleted after a patient passes away to prevent errors moving forward. Notifications of a deceased patient can come by PLS or directly from GP practices.

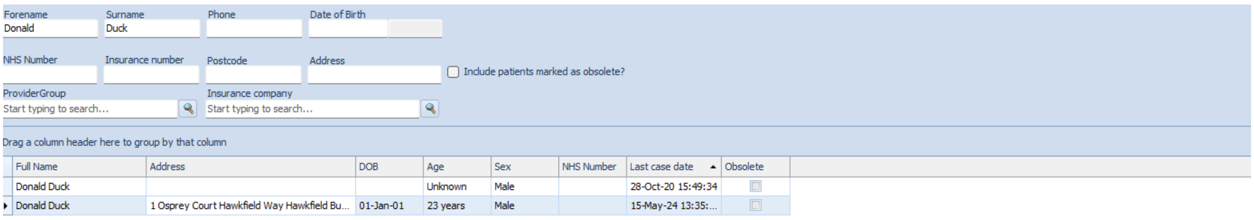
It is important to note obsoleting a record does not delete a specific case, it only prevents the patient from returning in searches.

Obsoleting patients process:

Place a Category on the email with your name so that we know who is dealing with this and to save duplicating work. To do this right click on the email select category and then your name.

In Adastra Under OOH Operations, select Patient Edit.

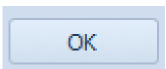
Search for the patient.



Click on patient's records and check the details match – i.e. spelling of patient's name, DOB, address, NHS number, GP Practice.

Tick Obsolete and Exclude from PEQ.

Press ok,



If the pt has any special notes, Adastra will ask if you wish to obsolete all of the notes, press yes to obsolete all of the special notes.

If received on email reply to the email "thank you, we have updated our records".

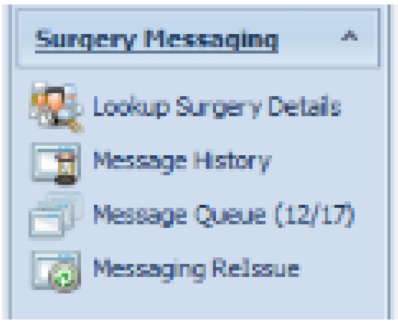
Audits

To ensure process are being completed to the required quality standard there are a number of quality audits that are carried out. Audit frameworks are in place for the following processes and the full frameworks can be found in the appendices:

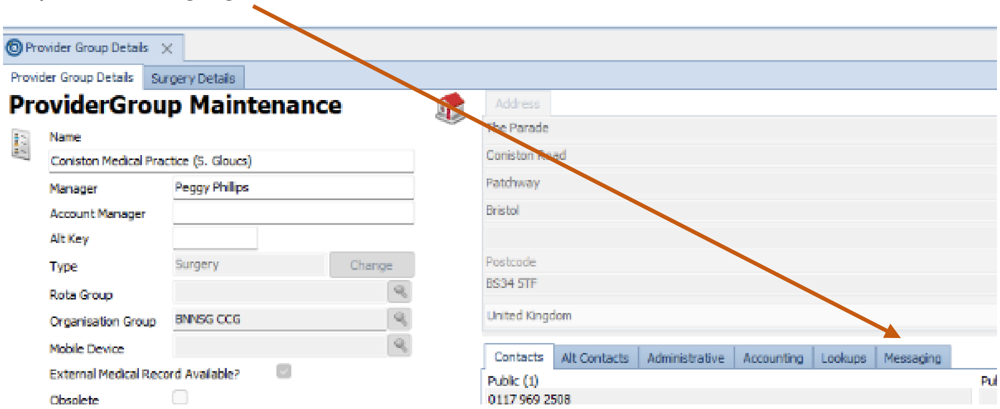
- Failed PEMs (appendix 4)
- PLS (appendix 5)
- Care plans (appendix 6)

Appendix one – Reissuing failed PEMS

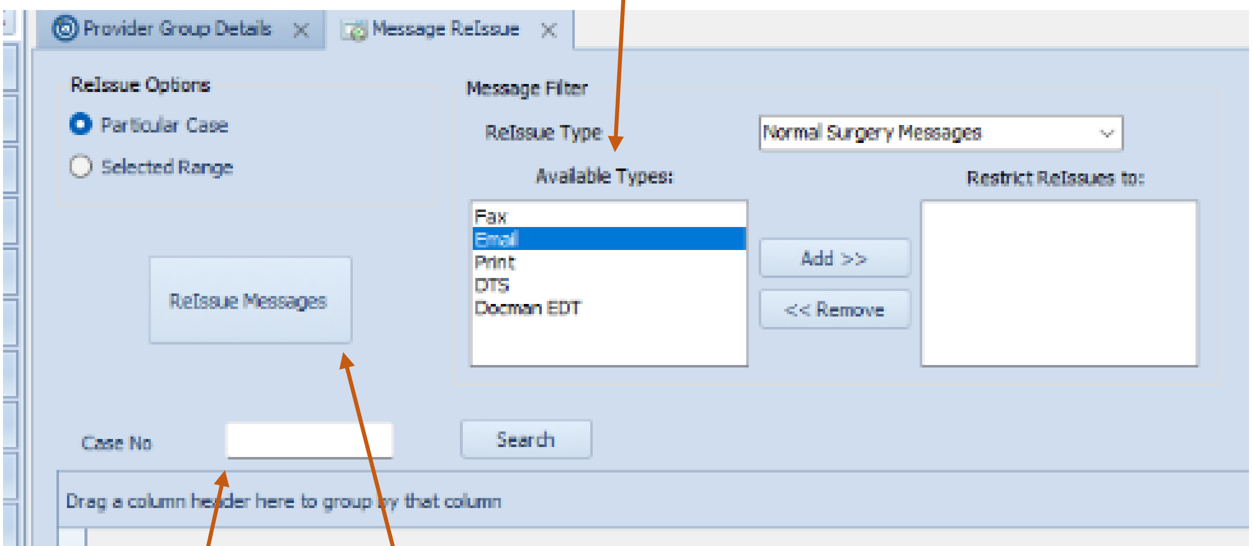
1. Go to Practice Messaging on the left hand Adastra Tabs – open Lookup the relevant GP Practice Details



2. Open Messaging tab



3. Check the **Messaging Type** – Either **Email** or **DTS**
4. Go to Messaging **ReIssue** on the **Practice Messaging** Tab
5. Click Available types and chose **Email** or **DTS**

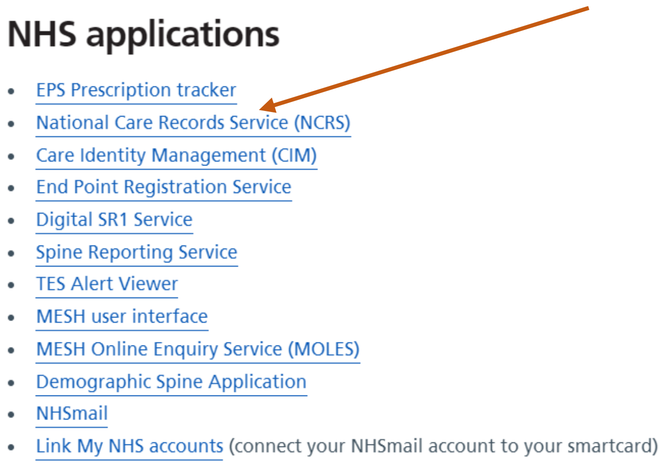


Enter the **Case Number** and **ReIssue Messages**

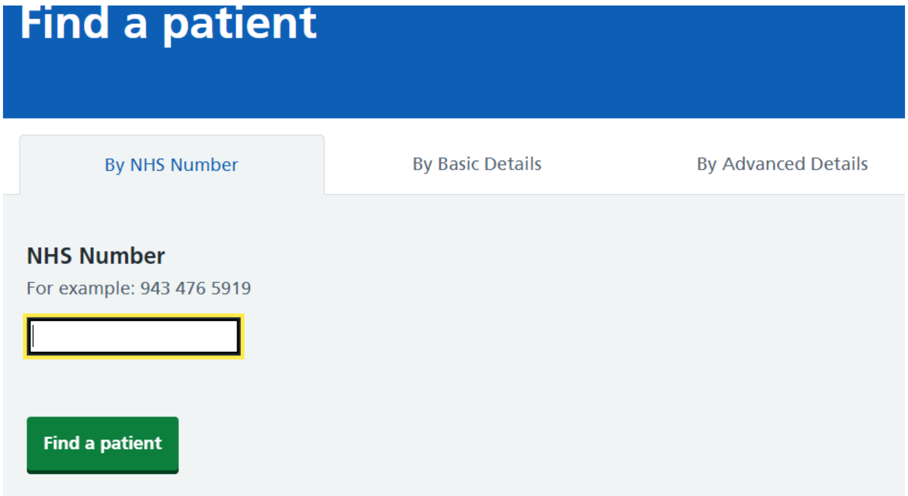
6. Once the message has been re-issued you can delete the message from the failed messages inbox.
7. Complete the process for all messages in the failed contact inbox.

Appendix two – National Care Record Service (NCRS)

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



- 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



- 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

SevernSide
Integrated Urgent Care

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Because inclusivity leads to better healthcare

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 with 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

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 – 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.

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%	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

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.

Appendix Six – 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.

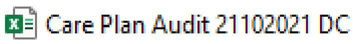
Audits need to be completed by a different person than the person completing the special note.

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

Locate the 'Care Plan Audit Template'.

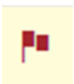
Save a copy of the file into the Audits folder under in the correct month.

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.

Adastra Administration

Patient information		Effecive 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

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 Seven – 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

BrisDoc

Supporting Pride
Because inclusivity leads to better healthcare

Change Register

Version	Date	Author	Comments
DRAFT 0.1	17.01.2023	DC	Document created, Merging PEMS, Amalgamations, Care plans and PLS SoP into one SoP.
1	29.08.2024	DC	Document published
1.1	06.11.2024	SE	Clarification of PEMS process for WPL teams and Rota team, to include the action required around GP replies and deleting sent items Page 5 – Clarification of re-issuing PEMS within Adastra Page 6 – Process for deleting emails for sent emails/overseas/unregistered patients Page 6 – Practice replies clarification of process Page 6- Follow up folder (Rota team) process Page 20 – Auditing Failed PEMS