

# SevernSide

## Integrated Urgent Care

# Mental Health CAS Call Handler Handbook

Version:	Owner:	Created:
1	Keiran Lengauer	1 <sup>st</sup> September 2024
Published:	Approving Head of Service:	Next Review
03.10.2024	Lucy Grinnell	03.10.2025

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## SevernSide IUC Overview

BrisDoc provides the SevernSide Integrated Urgent Care (IUC) Service for the Bristol, North Somerset, and South Gloucestershire area.

SevernSide services include the Out of Hours Urgent Care Service, facilitating hospital admissions in the in-hours period via the Weekday Professional Line, System CAS, Frailty ACE and is part of the Mental Health Integrated Access Partnership (IAP). As part of the out of hours service, we offer face to face assessment for patients in one of our five Treatment Centres, as well as a home visiting service.

## Equality, Diversity and Inclusion Vision and Aim

We are committed to equality in healthcare for the communities we serve, ensuring that everyone has access to the healthcare they need, while treating people with respect, dignity and fairness.

Every person working for BrisDoc has a personal responsibility for implementing and promoting Equality, Diversity & Inclusion.

We seek to create an environment that is inclusive and supportive for everyone where: diversity is valued and respected – an approach that embraces both visible and non-visible difference.

Our people should have a positive experience at work and are offered opportunities to meet their full potential. Both direct and indirect discrimination, harassment and victimisation will not be tolerated. Health inequality is eradicated, and everyone can access our services effectively; getting the right care, first time.

Our Inclusion aim is to integrate equality and diversity into everything we do – a natural part of everyday practice, owned by everyone

## Introduction to Call Handling

Welcome to the SevernSide Mental Health Call Handling Handbook. In this Handbook, you should find all of the information and guidance you need to support you as a SevernSide Mental Health Call Handler.

As a Call Handler, you are the first experience of SevernSide for Health Care Professionals (HCP) and Patients across BNSSG, so it is essential that you display a high level of professionalism, customer service and patient care on every call.

When Call Handling, you are also responsible for contributing to BrisDoc's Quality Care by ensuring all patient information you take is as accurate. Please be aware that the notes from our clinicians' consultations are automatically sent to the patient's own GP practice and uploaded to their medical record. In order for this to happen, we must ensure that we take the correct demographic information for every patient.

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Finally, when Call Handling, remember that you are never alone. Please use your shift managers and colleagues for support don't be afraid to ask for help. There are no stupid questions- only the ones you didn't ask!

As we are an evolving service, the Handbook will be updated regularly. You will always find the most up to date version on Radar.

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### Call Handling Competencies

Operational Systems	Team Manager comment
<b>Understanding of SevernSide Service Lines:</b>	
Weekday Professional Line	
Out of Hours	
SCAS (System Clinical Assessment Service)	
F-ACE (Frailty Assessment and Coordination for Emergency and Urgent Care)	
Mental Health IAP (Integrated Access Partnership)	
<b>Caller Awareness:</b>	
Able to access and understand the quick reference table of callers.	
<b>System Logins:</b>	
Successfully logs into:	
Adastra	
Telephone System	
<b>Adastra Demonstration</b>	
<b>Competencies in Adastra:</b>	
Case Entry	
Case Search	
Case Edit	
Case Validation	
<b>Process Understanding and Demonstration:</b>	
Handling Duplicate Cases	
Managing Out of Area Patients	
Addressing Cases with Missing Information	
<b>Record Keeping:</b>	
Recognises the importance of and demonstrates clear and accurate record-keeping, ensuring quality information is recorded in Adastra.	
<b>Handling Difficult Calls</b>	
<b>Appropriate Procedures:</b>	
Understands the process for managing difficult calls, including dealing with aggressive or abusive callers.	
Knows when and how to use Language Line, and Sign Solutions.	
<b>Referring Callers:</b>	
Identifies when to refer callers to alternative services.	
Asks if the patient would like to be transferred to their known service.	
Keeps the patient in the queue when they are known to an alternative service.	

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GP Backdoor Service Process	
<b>Understanding the Process:</b>	
Familiar with the GP Backdoor service procedure.	
<b>Incoming Calls</b>	
<b>Professionalism:</b>	
Answers the phone in a polite and professional manner using the appropriate greeting.	
<b>Patient Information:</b>	
Asks for and accurately records all patient demographics and information, verifying details without disclosing any patient information.	
<b>Call Type Proficiency:</b>	
Good understanding of all call types, including:	
The caller's needs	
The three types of scripts	
Required information	
Adding the correct timeframe	
<b>Nuance Recognition:</b>	
Knows the nuances between each caller, using the quick reference guide effectively.	
<b>Safety Calling</b>	
<b>Safety Protocols:</b>	
Knows the correct safety calling script.	
Ensures prompt safety calling of all breached cases to safeguard patient care.	
Establishes rapport with patients, treating callers with respect and empathy.	
Adds clear and detailed notes during calls.	
<b>Red Flags:</b>	
Knows the Red Flags and the required escalation	
<b>Failed Contact Procedures</b>	
<b>Understanding and Evidence:</b>	
Demonstrates knowledge of the failed contact process.	
Records failed contacts correctly using both the red telephone button and the appropriate comfort note.	
<b>Successful Contact Documentation:</b>	
Understands and documents successful contacts correctly, including:	
Breached cases (including operational safety call)	
Non-breached cases	

**Commented [OC1]:** Question: should other IAP teams now phone the MH PL in order to access GP Backdoor service?

**Commented [LG2R1]:** Yes

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<b>Administrative Duties</b>	
<b>Process Understanding:</b>	
Knows the correct process and can demonstrate the following:	
PEMS (Post Event Messaging) – Weekday call handlers only	
Patient Satisfaction Questionnaires – Weekday call handlers only	
Amalgamations	
<b>Additional Operational Tools</b>	
<b>Tool Proficiency:</b>	
Understands and can effectively use:	
EPS Tracker (Electronic Prescription Service Tracker)	
National Care Records Service (NCRS)	
<b>General Responsibilities</b>	
<b>Preparedness:</b>	
Arrives for shifts with a smartcard and headset.	
<b>Business Continuity Awareness:</b>	
Has awareness of the Business Continuity Plan (BCP) processes to ensure the smooth running of the service.	

Competency Sign Off Completed:

Date:

Call Handler Name:

Line Manager:

**Line Manager should retain a copy of the competency sign off for each Call Handler**



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### Service Users

#### Patients

##### Patients who call NHS111

Patients within BNSSG can access mental health support by calling NHS 111 and selecting option 2. They will be guided through an Interactive Voice Response (IVR) system, where they can choose the appropriate option based on their needs, such as a known service. If no selection is made, the patient will automatically be placed in a queue to speak with you.

Our goal is to answer all incoming calls promptly, aiming for an average response time of 20 seconds once the phone rings. Therefore, it is essential that call handlers prioritise incoming calls over other tasks and remain ready for the next call at all times.

Most cases will be added to the queue with a 6-hour priority. However, if a patient responds to a red flag question in a manner that requires immediate attention, you will need to take further action. This could involve:

- Highlighting the case for urgent review by the Mental Health Clinical Navigator.
- Warm transferring the call directly to a member of the clinical team.

Please refer to the Red Flag section below for specific criteria and guidance on how to manage such cases.

##### NHS111 online referrals

BNSSG patients can also access the service from using NHS111 online. These patients will land directly in the Mental Health Advice Queue for a call back.

#### Professionals

##### Emergency Services

In addition to handling calls from patients, we also support an **Emergency Services Mental Health Professional Line (MH PL)**. This line is dedicated to professionals who are either on scene with a patient experiencing a mental health crisis and require specialist advice or are making an enquiry about a patient they are not currently with.

Eligible Services and Areas Covered:

- **SWASFT** – crews on scene with patients in the BNSSG area
- **Police staff** - supporting an individual in the Avon and Somerset Police Force area (Bath and North East Somerset (BaNES), BNSSG and Somerset)
- **Fire staff** - supporting an individual in the Avon Fire and Rescue Service areas (BNSSG and BaNES)

The case will be assigned a 30-minute call-back priority and where possible warm transferred to a practitioner. If warm transfer is not available, please advise the caller someone will call them back.

If the call is regarding a routine query the caller should be directed to AWP Patient Safety Team – [awp.patientsafety@nhs.net](mailto:awp.patientsafety@nhs.net).

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### Mental Health Specialist Desk

The system used by colleagues on the **Mental Health Specialist Desk at SWASFT/999** does not automatically send patient notes to the patient's GP. As a result, they may occasionally call us to support this process. In these cases, the caller will identify themselves as part of the **IAP (Integrated Access Partnership)** team and will need to share information with the patient's GP.

#### In-Hours Process:

- Warm-transfer the caller to the backdoor number of the patient's GP practice.
- Ensure you log the interaction in the spreadsheet according to the backdoor number process.

#### Out-of-Hours Process:

- Take the patient's demographic details and add the case to the system with the caller's relationship set as "**IAP Mental Health team (AWP)**."
- You do not need to collect clinical details, symptoms, or background information, as the IAP team will retrieve notes from the AWP (Avon and Wiltshire Mental Health Partnership) system, **RIO**. These notes will be added to the Adastral record and automatically sent to the GP practice once the case is completed.
- **Symptoms Box:** Use the following drop-down text option:  
"IAP requesting to share information with own GP. Please see notes on RIO."
- **Priority:** All these calls should be assigned a **6-hour priority** in the system.

## Patients know to other MH services

### Transferring to the Patient's Known Team

- If, during the call, you identify that the caller is looking to connect with their own team and that team is operational, transfer the call. **Refer to the contact list for guidance - TBC.**

### Known to Other Services

- If the caller confirms they are known to other services, and that service is operational, ask if they would like to be transferred.
- If the caller agrees, transfer them to the relevant service.
- If they prefer not to be transferred, keep them in the queue and continue with the process.

### Known to Other Services Highlighted by Clinical Navigator

- If the caller states they are not known to other services, but the Clinical Navigator identifies otherwise, a tag will be added to the case.
- Call handlers should then contact the patient to offer a referral to their known service.

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- If the patient agrees, proceed with the referral.
- If the patient declines, keep them in the queue, add a note to the case, and remove the tag.

### Call Scripts

To help you in your role, we have developed three bespoke scripts to guide you through calls. While each of you brings a unique approach to communication, we encourage you to build rapport with callers in a way that feels natural and comfortable, while always maintaining a caring, compassionate, and professional tone.

These scripts ensure that all mandatory information and key questions are captured during calls.

The three available scripts are:

- Patient
- Third Party
- Professional Line

The **Patient** and **Third Party** scripts are very similar, with the main difference being in the use of pronouns to reflect the caller's relationship with the patient.

You can find the full scripts in the **Appendices** for reference.

### Case Prioritisation

#### Patient and Third Party Calls

All cases should be added to **Adastra** with a default priority of **6 hours**, unless any red flags are identified. For guidance on red flag criteria and when to escalate, please refer to the **Red Flag** section.

#### Professional Line Calls

If a professional is **on scene with a patient** and will be waiting for a call back, the case should be added to the queue with a **30-minute priority** and warm-transferred whenever possible.

### Red Flags

The call scripts are designed to help you identify patients who may need to be escalated for further support. The decision to escalate a case will be based on the answers provided to the closed questions in the **Information Gathering** section of the **Patient** and **Third Party** scripts.

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### Warm Transfer

If the answer to either of the following questions is **Yes**, and the answer is also **Yes** to any of the corresponding **a**, **b**, or **c** questions, you must raise the 'Practitioner Support' card to alert the Shift Manager or practitioner. Continue through the usual call script (if this is possible) and keep the patient on the line until a practitioner is available for a direct transfer. When you transfer the call also complete the case entry in Adatastra to enable the practitioner to open ready for the consultation.

1. Are you experiencing thoughts of harming yourself?
  - a. Have you already harmed yourself?
  - b. Do you have any specific plans to harm yourself?
  - c. Do you have access to any means to harm yourself?
  
2. Are you experiencing thoughts of harming others?
  - a. Have you already harmed anyone?
  - b. Do you have a plan to harm someone?
  - c. Do you have access to any means to harm someone?

### Urgent Clinical Navigator Review

If the answer to any of the following questions is **Yes**, but **No** to the corresponding **a**, **b**, or **c** questions (where applicable), an "Urgent CN Review" tag must be added:

1. Are you experiencing thoughts of harming yourself?
  2. Are you experiencing thoughts of harming others?
- 
- Are you hearing or seeing things, or believing in things that others say are not true?

Additionally, if the answer is **No** to:

- Do you feel safe right now where you are?

You will be prompted at the end of the case to add the **Urgent CN Review** tag. If you mistakenly select "No," the tag can be added retrospectively.

### Interpreter services

#### Language

If a patient requires an interpreter due to limited English proficiency or if English is their second language, you can utilise **Language Line** to access a translator. This service ensures safe and effective patient care.

For details on how to access Language Line, please refer to the **RADAR** and **Clinical Toolkit**.

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### British Sign Language

To ensure equality of access to crisis care via NHS 111, individuals who are deaf or hard of hearing can utilise **British Sign Language (BSL)** interpreters.

#### How It Works:

- Users can access the service through their computer and webcam or via the **SignVideo** app on a smartphone or tablet.
- The user initiates a video call to a BSL interpreter.
- While connected, the interpreter will then make a phone call to NHS 111 on behalf of the user.

This service facilitates effective communication and ensures that all patients can receive the necessary support during a crisis.

We can also sign language interpreters through Sign Solutions. Details of how to access Sign Solutions are on RADAR and the Clinical Toolkit.

### Physical Health needs

If, during your call, you identify that the caller is seeking assistance for a **physical health need** and does not require mental health support, kindly inform the patient that they have reached the incorrect service. Advise them to call **NHS 111** and select option 1 for physical health services.

If the patient has both a physical and mental health need, please document the physical health issue in the case notes and continue the call as you normally would.

If the caller is a professional seeking physical health advice during the out of hours period, please ask them to call the SevernSide Professional Line number on 0117 2449283. In hours, please direct them to the patient's own GP.

### Out of Area:

If a patient calls and is not located within the BNSSG area, they will need to be redirected to the **appropriate service for their location - TBC.**

**Important Note:** Some patients may be in the BNSSG area but are not registered with a BNSSG GP practice. In this instance, you should continue the call as usual.

### Duplicate Cases

If more than one case for the same patient has been received around the same time, such as one from NHS 111 online and another via a phone call, it is important to manage these efficiently to ensure the quickest and most accurate response.

#### Steps to Handle Multiple Cases:

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1. **Keep the Shortest Disposition Time:** Retain the case with the shortest call-back time to ensure the patient receives the most timely response, and cancel the remaining case via Case Edit.
2. **Consolidate Information:** Ensure the remaining case has all the relevant information from both cases. If necessary, copy and paste information from the other case into a comfort note within Adatastra.
3. **Assess New Cases with Shorter Time Frames:** If a new case appears with a shorter call-back time, this could indicate a change or worsening in the patient's condition. In such situations, review both cases and keep the one that ensures the quickest call-back outcome for the patient.
4. **Add New Information:** It is essential to document any new information received about the patient by adding a comfort note. You may also want to add a **Urgent CN Review tag** the case if the patient's condition has worsened.
5. **Handling HCP Calls:** If you take a call from a healthcare professional (HCP) and Adatastra alerts you to an existing case for that patient, ensure that you understand the status of the current case and the appropriate action to take before adding another case to the system. If unsure, discuss with the Shift Manager to determine the best course of action.

### Safety calling

Safety Calls are outbound calls made to patients who are awaiting a clinical call back. These calls are essential for all **breached (Black)** and **close to breaching (Red)** cases, serving as a safety measure to identify any concerning or worsening conditions among patients in our queue. **Green** and **Amber** cases should not receive Safety Calls.

#### Conducting a Safety Call

When making a Safety Call, you should:

- **Introduce Yourself:** Inform the patient of your name, your role within SevernSide, and the purpose of the call.
- **Apologise for the Delay:** Acknowledge and apologise for the delay in returning their call.
- **Check Symptoms:** Inquire specifically if the patient's symptoms have changed or worsened.
- **Provide Worsening Advice:** Offer guidance for any worsening symptoms.

Additionally, when appropriate:

- Inform the patient that we operate as a **24/7 urgent care service**, available during the overnight period.

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### Important Points to Note

- Clearly state to the patient that you are **not a practitioner** and refrain from giving clinical advice or anything that could be interpreted as such.
- Whenever possible, speak directly to the patient. If the caller is not the patient and is currently not with them, request an alternative contact number for the patient or another individual present.
- If you are unable to speak with the patient for any reason, document this in the **comfort note**.
- All information obtained during the call must be documented in full, including who was spoken to and any relevant information shared.
- Avoid providing a specific timeframe for the patient's call back, as this is unpredictable. Instead, reassure them that we will call back as soon as possible, but the duration cannot be specified.
- For patients with worsening symptoms or those you are concerned about, tag the case as **'Urgent CN Review'** and ensure you note all reasons and concerns.
- A **Comfort Note** should then be added to the patient's case. The process for this and an example of a safety calling note can be found in the **Appendices**.

### Validating Cases

When adding cases to **Adastra**, it is essential to validate all patient information to ensure it matches the data held by the central NHS Spine. This process helps maintain the quality of our data and ensures that our clinicians can send prescriptions accurately.

#### Key Points:

- **Smartcard Requirement:** Call handlers must log into Adastra using their smartcard to validate patient information. It is crucial to bring your smartcard to every shift.
- **NHS 111 Online Cases:** Call handlers are also required to validate all cases received from NHS 111 Online.

### Patients with Two NHS Numbers

Occasionally, patients may be issued two NHS numbers: an original temporary number and a subsequent permanent one. This can lead to the creation of two different records within **Adastra**. While this situation is rare—typically due to surgeries updating records to ensure only one is held within NHS smartcard records—call handlers should follow these steps if it occurs:

#### Steps to Follow:

- Inquire About NHS Numbers:
  - Ask the caller if they have the NHS number for the patient.
  - Confirm whether the patient has had a different NHS number previously.
- Clarify Patient Details:
  - Verify all relevant details, including the spelling of names, formally held names, and any nicknames.
- Check the National Care Records Service (NCRS):

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- Access the NCRS to identify the current record associated with the patient.
- Handling Multiple Records:
  - If two records are found on NHS Digital NCRS and there is no indication of which is temporary or permanent, select the **last NHS number** received.
  - Highlight the case details to the Shift Manager for further review.

### Smartcard Management – Unable to validate cases on Adastra

If a patient cannot be validated or found on Adastra, you can check the details held on the NHS Spine via the **Smartcard Management** system. This can be accessed through the BrisDoc weblinks page: <https://portal.national.ncrs.nhs.uk/portal/>

You will need your **smartcard** to use this application.

### Electronic Prescription Tracker

Occasionally, after a case has been completed and a prescription issued, you may receive a call querying issues with the prescription. The **NHS EPS Prescription Tracker** can assist in resolving these queries and can be accessed via:

<https://portal2.national.ncrs.nhs.uk/prescriptionsadmin/>

Alternatively, you can click the **Prescription Service** option at the bottom of the Web Links page.

#### Key Steps:

- The quickest way to search for a prescription is by the **Prescription ID**, which can be found in the Adastra record. This will provide information about the status of the prescription.
- If necessary, the **Prescription ID** can be provided to the patient. They may use it to have the prescription filled at another pharmacy, as long as it has not yet been downloaded by the original pharmacy.

#### Additional Notes:

- When searching for the case in Adastra, use the **patient's name** and avoid limiting the search by case type.
- Be aware that a new case with a new case type will open for the CAS/F2F service when forwarding a Mental Health case type.

### Failed Contacts

A failed contact occurs when we attempt to reach a patient but do not receive an answer. This situation can arise from the following scenarios:

- A practitioner has tried to call a patient but received no answer.



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- The operational team attempts to contact a patient following a clinical failed contact, yet remains unsuccessful.
- The operational team has made a Safety Call attempt to a patient and has not received a response.

When a case has been logged as a **failed contact**, it is the responsibility of the operational team to continue attempting to reach the patient until either a successful contact is made or three failed contact attempts have occurred.

### Process for Failed Contacts:

#### 1. Continued Attempts:

- The operational team will keep calling the patient until either:
  - A successful contact is achieved, or
  - Three failed contact attempts have been recorded.

#### 2. Post Third Attempt Review:

- After the third failed attempt, the practitioner will review the case to determine the appropriate course of action. Possible actions include:
  - Continuing to call the patient.
  - Checking if the patient has presented to Emergency Department (ED) or 999.
  - Assessing if the case can be safely closed.
- The decision on how to proceed is always a clinical judgement.

#### 3. Successful Contact:

- If you successfully reach the patient:
  - Advise them to keep their phone with them for any further communications.
  - If the case has breached (black) or is close to breaching (red), conduct a **safety call** during this contact.
  - Document the interaction as a “**Successful contact and safety call.**”
- If the case is not close to breaching (green or amber), simply record it as a “**Successful contact.**”

### Recording a Failed Contact:

1. **Complete All Attempts:** A failed contact should only be recorded after all phone numbers associated with the patient’s case have been attempted. Leave a voicemail where possible using the script in the Failed Contact SoP.
2. **Documentation:**
  - Use the **failed contact button** in Adatastra (indicated by the red telephone icon on the demographics page).
  - Add a note to document the contact attempt clearly:

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- For breached cases, use the note titled “**Failed contact (operational safety call) at [time]**”.
- For follow-up calls on cases that have not yet breached, use the note titled “**Failed Contact at [time]**”.

### 3. Review Process:

- Cases with multiple failed contacts will be reviewed by a practitioner.
- Under no circumstances should operational team members close these cases.

For detailed procedures related to failed contacts, please refer to the **Failed Contact SOP** available on Radar.

## Admin Tasks

In addition to handling calls, Call Handlers are responsible for completing various administrative tasks. The **Shift Manager** will guide you on which tasks need attention during your shift.

Common Administrative Tasks Include but are not limited to:

- Patient Satisfaction Questionnaires
- Post-Event Messaging (PEM'S)
- Aداstra Amalgamations
- Duplicate cases

These tasks are essential for maintaining service quality and ensuring accurate record-keeping. As an evolving service, Call Handlers may occasionally be asked to assist with additional administrative tasks as they arise. Your flexibility and support in completing these tasks are appreciated and contribute to the smooth operation of the service.

### Patient Satisfaction Questionnaires (PSQs)

Patient Satisfaction Questionnaires (PSQs) are printed surveys that are mailed to a patient's home address every two weeks after they have accessed a SevernSide service. If you are working as a Call Handler when the surveys are printed, you may be asked to assist with preparing these surveys for mailing.

Your support in this process helps ensure we receive valuable feedback from patients to improve our services.

### PEMs and Amalgamations

For detailed information on **Post-Event Messaging (PEMs)** and **Adastra Amalgamations**, please refer to the **Adastra Admin Handbook**, available on RADAR.

## Aggressive / Abusive Calls

While we are committed to providing excellent care to our patients, we will not tolerate abuse towards our staff. If a patient becomes abusive during a call, please politely remind them of this and inform them that if the abusive behaviour continues, you will terminate the call.

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### Steps to Take:

- **Remain calm and professional:** Politely remind the patient of acceptable behaviour.
- **Be open and honest:** Share your name as required, maintaining transparency throughout the conversation.
- **Seek support:** Advise the **Shift Manager** on duty about any difficult situations so they can provide support. They may also take additional steps, such as:
  - Adding the issue to the shift report
  - Raising a learning event
  - Contacting the **On-Call Manager** for further assistance, if necessary.

### Complaints Procedure

Staff can access the complaints procedure on **Radar**. Guidance for patients is available on our website under the '**Contact Us**' section at [www.brisdoc.co.uk](http://www.brisdoc.co.uk).

### Learning Events & Service feedback

Occasionally, things may go wrong during a shift, or near-miss situations may arise. It is important to report these events so we can learn from them and improve our processes. Taking opportunities to reflect and correct issues is crucial to maintaining the quality of our service.

The BrisDoc Learning Event Form can be accessed via the BrisDoc Weblinks page under **Report Form**.

#### Who is Responsible?

The responsibility for filling out these forms lies with **you**. While you are encouraged to flag issues to the Shift Manager for immediate support or resolution, completing the Learning Event form ensures a proper investigation can be conducted. This allows us to continuously enhance our service and prevent future issues.

### Report Digital Issues via the IT Support form

If you encounter any issues with digital equipment that you or the Shift Manager are unable to troubleshoot, it is important to report the problem using the **IT Support Form** available on the **BrisDoc Weblinks** page.

#### Key Reporting Tips:

- Provide as much detail as possible when describing the issue. The more information you include, the easier it will be for the Digital Team to investigate and resolve the problem.
- Remember, the Digital Team cannot see what you are experiencing, so be thorough in your descriptions. There is no such thing as too much information when reporting IT issues.

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### Business Continuity Folder/Box

We have robust business continuity processes in place to ensure service continuity during unexpected events, such as loss of access to Adastra or computer systems. While the Shift Manager will provide support during these situations, it is crucial that Call Handlers are familiar with these processes to minimise service disruption and maintain patient care.

#### Examples of business continuity events:

- **Adastra Outage (with access to computers):** In this scenario, we will use a computer-based spreadsheet system to continue operations.
- **Full Computer Failure:** If computer access is lost entirely, we will switch to working with paper records.

The Business Continuity folder/box contains everything needed to manage paper-based workflows, including the master USB stick.

For further details on business continuity, refer to the **Business Continuity Handbook** available on **RADAR**, and feel free to discuss any queries with your line manager.

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### Appendices

#### Appendix one - Call Handling Scripts

##### Patient calls to the Mental Health line:

Greeting	<p>“Good morning/afternoon/evening, you're through to the urgent mental health support line. My name is..... Please can I take your name?”</p> <p>“Thank you”</p> <p>“Are you calling for yourself or on behalf of someone else?”</p> <p>“Hello NAME, before we proceed, I want to let you know how we will support you today. I am a call handler, and my role is to collect some information from you, including your details and the reason for your call. I will then pass this information to our mental health team, who will contact you. Does that sound okay?”</p>
Demographic information	<p>“Please can I start with taking a number for us to call you back? Thank you.”</p> <p>“Can I have your date of birth? Thank you.”</p> <p>“Can I take your full name?”</p> <p>“And your postcode? “</p> <p>“Is that.....(confirm the street name)? And what number do you live at?”</p> <p>“Is this where you are now?” (if not take the details of the current location as well)</p> <p>“What GP Surgery are you registered with? Thank you.”</p>
Information gathering	<p>“And what made you call us today?”</p> <p>Ensure this section details information about questions 2,3 and 6 if answered yes. (Listen actively, take notes, and offer empathetic responses such as “I understand” or “Thank you for sharing that with me”)</p> <p>“Thank you for sharing that with me.”</p> <p>“To help our team better understand your situation, I have a few more specific questions to ask, these are questions we ask all callers. Please answer yes or no.”</p> <ol style="list-style-type: none"> <li>1. Do you have anyone with you or someone you can call for support? (please can I have their number?)</li> <li>2. Are you experiencing thoughts of harming yourself? If yes,             <ol style="list-style-type: none"> <li>a) Have you already harmed yourself?</li> <li>b) Can you tell me if you have any specific plans to harm yourself?</li> <li>c) Do you have access to any means to harm yourself?</li> </ol> </li> </ol> <p><b>If the patient answers yes to a, b or c transfer the call immediately keeping the patient on the line</b></p>

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	<p>3. Are you experiencing any thoughts of harming others? If yes,  a) Have you already harmed anyone?  b) Do you have a plan to harm someone?  c) Do you have any means to harm someone?</p> <p><b>If the patient answers yes to a, b or c transfer the call immediately keeping the patient on the line</b></p> <p>4. Have you ever harmed yourself or attempted to end your life before?  5. Have you had any recent changes in your mood, such as feeling very sad or very anxious?  6. Are you hearing or seeing things, or believing in things that others say are not true?* (not sure should count as yes)  7. Do you feel safe right now where you are? *  8. Before today have you had any mental health difficulties?  9. Are you currently receiving specialist mental health support or open to another team?  10. Do you consent to our team accessing your medical records?</p> <p>Can I ask if you have any urgent physical health needs that I need to be aware of?</p>
Close	<p>“Thank you for answering those questions and sharing that information, [Patient’s Name]. I have added your case to our queue. One of our mental health team members will review your information and call you back as soon as possible/timeframe. Please keep your phone nearby.</p> <p>If you feel worse, please give us a call back on 111.”</p>
Prioritising the case	<p>All cases will be added to Adastra with a 6-hour priority.</p> <p>Add an “Urgent CN review” tag to cases where any of questions 2, 3, 6 have answered yes, or no to question 7.</p>

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### Third party calls to the Mental Health line:

Greeting	<p>“Good morning/afternoon/evening, you’re through to the urgent mental health support line. My name is..... Please can I take your name?”</p> <p>“Thank you”</p> <p>“Are you calling for yourself or on behalf of someone else?”</p> <p>“Hello NAME, before we proceed, I want to let you know how we will support you today. I am a call handler, and my role is to collect some information from you, including PATIENT NAME details and the reason for the call. I will then pass this information to our mental health team, who will contact you/PATIENT NAME. Does that sound okay?”</p>
Demographic information	<p>“Please can I start with taking a number for us to call you back? Thank you.”</p> <p>“Can I have PATIENT NAME’S date of birth? Thank you.”</p> <p>“What is the patient’s full name?”</p> <p>“And their home postcode? “</p> <p>“Is that.....(confirm the street name)? And what number do they live at?”</p> <p>“Is this where PATIENT NAME’S is now?” (if not take the details of the current location as well)</p> <p>“Please can I take PATIENT NAME’S phone number?”</p> <p>“What GP Surgery are they registered with? Thank you.”</p>
Information gathering	<p>“And what made you call us today?”</p> <p>Ensure this section details information about questions 1, 2 and 5 if answered yes. (Listen actively, take notes, and offer empathetic responses such as “I understand” or “Thank you for sharing that with me”)</p> <p>“Thank you for sharing that with me.”</p> <p>“To help our team better understand your situation, I have a few more specific questions to ask, these are questions we ask all callers. Please answer yes or no.”</p> <ol style="list-style-type: none"> <li>1. Will you be staying with PATIENT NAME? If not, will anyone be with them or have someone they can call for support? (please can I have their number?)</li> <li>2. Is PATIENT NAME experiencing thoughts of harming their self? If yes,             <ol style="list-style-type: none"> <li>a. Have they already harmed their self?</li> <li>b. Can you tell me if they have any specific plans to harm their self?</li> <li>c. Do they have access to any means to harm their self?</li> </ol> </li> </ol>

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	<p>If the answer is yes to a, b or c transfer the call immediately keeping the patient on the line</p> <ol style="list-style-type: none"> <li>3. Is PATIENT NAME experiencing any thoughts of harming others? If yes,             <ol style="list-style-type: none"> <li>a. Have they already harmed anyone?</li> <li>b. Do they have a plan to harm someone?</li> <li>c. Do they have any means to harm someone?</li> </ol> </li> </ol> <p>If the answer is yes to a, b or c transfer the call immediately keeping the patient on the line</p> <ol style="list-style-type: none"> <li>4. Has PATIENT NAME ever harmed their self or attempted to end their life before?</li> <li>5. Has PATIENT NAME had any recent changes in their mood, such as feeling very sad or very anxious?</li> <li>6. Is PATIENT NAME hearing or seeing things, or believing in things that others say are not true?* (not sure should count as yes)</li> <li>7. Does PATIENT NAME feel safe right now where you are?*</li> <li>8. Before today has PATIENT NAME had any mental health difficulties?</li> <li>9. Is PATIENT NAME currently receiving specialist mental health support or open to another team?</li> <li>10. Does PATIENT NAME consent to our team accessing your medical records?</li> <li>11. Does PATIENT NAME know you are calling today?</li> </ol> <p>Can I ask if you PATIENT NAME'S has any urgent physical health needs that I need to be aware of?</p>
Close	<p>"Thank you for answering those questions and sharing that information. I have added PATIENT NAME's case to our queue. One of our mental health team members will review PATIENT NAME's information and call you back as soon as possible/timeframe. Please keep your phone nearby.</p> <p>If PATIENT NAME feels worse, please give us a call back on 111."</p>
Prioritising the case	<p>All cases will be added to Adastra with a 6-hour priority.</p> <p>Add an "Urgent CN review" tag to cases where any of questions 2, 3, 6 have answered yes, or no to question 7.</p>



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### Calls from professionals

Greeting	“Good morning/afternoon/evening, you're through to NAME on the urgent mental health support Line, please could I start by taking a direct contact number for yourself in case we get cut off?”
Patient demographics	“What is the patient's date of birth? “
	“What is the patient's name?”
	“Please could you confirm the first line of the patient's address? “  Search by postcode if not found on Adastral Is this address the patient's current location? Add this location if patient is not at home  Be clear in the notes if the patient is at a static location and whether inside or outside
	“Which GP Practice is the patient registered with?”
	“What is the patient's telephone number?”
Caller information	“Please can I take your name?”
	“Which service are you calling from?”  (SWAST/Fire/Police) If SWAST confirm if their call originated from a call to 111 or 999. If Police/Fire – “Please can I take your collar number?”
Call information	For Police only  1. “Are you in need of specialist mental health consultation relating to the possible use of section 136?” 2. Are ambulance on scene, or is the Mental Health Link Officer involved?
	“Please can you share a brief reason for the call today?”
	Is there anything else you want us to know?
Close	Warm transfer if possible – “Thank you, I'm going to transfer to one of our mental health team”  Warm transfer not available – “Thank you, I will add the case to the queue and one of our team will give you a call back, we aim for that to be within 30 minutes”
Prioritising	Warm transfer or 30 min call back if no warm transfer available

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### Appendix two - Safety calling script

My name is \_\_\_\_, I am a Call Handler calling from Mental Health Urgent Care, service following your contact with NHS111

I am not one of the clinical team, I am calling to apologise for the delay in us calling you back today. We are experiencing a high demand therefore our call back times are extended.

In the meantime, please can I check if your/patient's name symptoms have changed or worsened at all since your call?

When one of our practitioners call you/patient's name do you give your permission for them to access your/the medical records? **(Only for NHS111 online patients)**

If you/patients name start to feel worse, or develop any new worrying symptoms before you hear back from us, please call 111 to keep us updated"

## Appendix Two: Call Handling Quick Reference Guide

Caller		Action	Priority	Relationship to caller	Case Tag
<b>Patient</b>	No Red Flags		6 hours	Tick 'Caller is patient'	
	Red Flags requiring urgent review		6 hours	Tick 'Caller is patient'	Urgent CN Review
	Red Flags requiring warm transfer	Warm Transfer	6 hours	Tick 'Caller is patient'	
<b>Third Party</b>	No Red Flags		6 hours	Third party caller	
	Red Flags requiring urgent review		6 hours	Third party caller	Urgent CN Review
	Red Flags requiring warm transfer	Warm Transfer	6 hours	Third party caller	
<b>Professional Line calls</b>					
<b>Paramedic on scene</b>		Warm Transfer if possible	30 minute	Paramedic on scene 111/999 (select as appropriate)	Paramedic on scene
<b>Police</b>		Warm Transfer if possible	30 minute	Police	Police
<b>Fire</b>		Warm Transfer if possible	30 minute	Fire	Fire
<b>Mental Health Specialist Desk</b>			6 hour	IAP MENTAL HEALTH TEAM (AWP) - HCP	

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### Tables

Date	Version	Author	Comment
Sept 2024	DRAFT	Lucy Grinnell	Document created
03.10.2024	1	Lucy Grinnell	Published