

# SevernSide

## Integrated Urgent Care

# Managing Special Patient Notes

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## The Purpose of Special Patient Notes

Special Patient Notes (SPNs) are notes that are attached to a patient's IUC record. Their purpose is to make colleagues at SevernSide Integrated Urgent Care (IUC) (BrisDoc and Practice Plus Group), both operational and clinical, aware of key information that will help to improve the care of patients managed in our service and ensure patients and colleagues safety.

Some examples of SPNs are:

- Abusive behaviours care plan
- High intensity user plans
- Hospice care plan for a child
- Respect forms on patient's EMIS record

This SOP is created to ensure that SPNs are accurate and updated in a timely manner, with regular reviews. The SOP also clarifies the roles and functions across SevernSide in relation to the SPN process.

## User Access

The management of SPNs will be available to the following groups:

- Rota Team
- SPN Group
- HIU Group
- Governance Team
- SevernSide Colleagues

## Sight of SPNs

SPNs can be viewed by SevernSide IUC colleagues (BrisDoc and Practice Plus Group) who have access to the clinical system. This ensures that operational and Clinical colleagues can read the SPN regarding updates or specific care instructions for the patient.

### Creating SPNs

The creation of SPNs sits within the below groups:

#### Rota Team

The Rota Team are responsible for the addition of SPNs within 24 hours of receipt. The Rota Team work primarily from 9am to 5pm, Monday to Friday. SPNs received after 4pm, Monday to Friday and during the Out-of-Hours periods will not be uploaded onto the system until the next working day.

In order to add a SPN, the community provider will send an email to [brisdoc.careplan@nhs.net](mailto:brisdoc.careplan@nhs.net) and this will be uploaded onto the system by the Rota Team.

New SPNs (excluding ReSPECT forms) will be emailed to the SPN Group via a shared inbox.

#### HIU Group

HIU (High Intensity User) Group will add SPNs directly onto the system. SPNs are added for High Intensity User patients either following discussions in HIU meetings, highlighted by learning events, discussions with their usual GP or MDT meetings.

#### Governance Team

The Governance Team may receive SPN requests however, these will be forwarded to the Rota Team to follow the process in this SOP. The Governance Manager will retain the ability to add SPNs in exceptional circumstances.

### Reviewing SPNs

The majority of SPNs will be reviewed, updated or made obsolete by the SPN Group and, in the case of High Intensity Users (HIUs), by the HIU Group.

#### Rota Team

The Rota Team will update cases where there has been a patient death or an update regarding the Special Allocation Service (SAS).

#### Deceased Patients

Deceased patients' information updates will be provided by community providers or SevernSide. The information received will allow the Rota Team to obsolete SPNs for patients that have died.

#### SAS Patients

SAS patient information will be reviewed monthly by the Rota Team. The information received will advise if the patient has been added, removed or is continuing on the scheme. If SAS patients are removed from the scheme, the existing SPN will be obsoleted and a new SPN will be added to advise of the SAS removal. This will have a 5-year review date.

#### HIU Group

SPNs relating to HIUs will be reviewed by the HIU Group prior to expiry of the review date.

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The HIU Group will update their spreadsheet which will be used as a monitoring tool, to see whether a special note has been issued for a patient and the review date. Once these fields have been added to the HIU spreadsheet, it will provide assurance that SPNs are reviewed prior to becoming out of date and either extended or obsoleted where appropriate. This will ensure that SPNs for HIU patients are reviewed on a regular basis.

### SPN Group

The SPN Group are clinicians providing oversight who review new SPNs. The SPN Group members are as follows:

- HIU Lead GP
- HIU Lead Clinical Practitioner
- Lead GP
- Head of Nursing and AHPs SevernSide
- Head of Governance (by invitation as necessary)
- Representation by IAP (Integrated Access Partnership) (by invitation as necessary)

The SPN Group will receive a weekly update to a dedicated email box for any existing SPNs requiring review and newly created SPNs.

The SPN Group will review SPNs and update or obsolete information as necessary. All active SPNs will be allocated a further review date using Clinical discretion.

The SPN Group will work with the IAP team where the SPN being reviewed needs IAP clinical input on an ad-hoc basis.

### Review Dates and Actions

The following teams are responsible for the actions summarised below:

**Table 1**

Team	SPN type	Set Review Date	Action
Rota Team	New Clinical SPN	2 weeks	Add SPN to system and email SPN Group for clinical review
Rota Team	Death notice	N/A	Obsolete
Rota Team	New Respect Forms	5 years	Add SPN to system. No review required by SPN Group
Rota Team	SAS	6 months	Add SPN to system No review required by SPN Group
SPN Group	New Clinical SPN	Clinical discretion (usually 6 month / 12 month / obsolete)	Review and set review date
SPN Group	Existing clinical SPN	Clinical discretion (usually 6 month / 12 month / obsolete)	Review note and set review date
HIU	New SPN	Clinical discretion (usually 6 month / 12 month / obsolete)	Add note and set review date
HIU	Existing SPN	Clinical discretion (usually 6 month / 12 month / obsolete)	Review note and set review date

### Audit

The Rota Team and SPN Group will collaborate closely to ensure the efficient management and tracking of all SPNs monthly. To assure that correct process is being followed, a monthly audit should be carried out.

### SPN Group Audit

A sample of 5 random SPNs from all existing SPNs will be selected. This will be the responsibility of the SPN Team. This will be done for a trial period of 6 months and then reviewed as to whether this audit is required. The following audit criteria will be used:

- Is the review date appropriate?
- Is the SPN free from spelling mistakes?
- Is the SPN compliant with Caldicott principles which is that sharing information can be as important as the duty to protect confidentiality:
  - Is the SPN free from confidential information? Where use of confidential information is necessary, each item of information must be justified so that only the minimum amount of confidential information is included as necessary for a given function.
  - Is the SPN justified? Every proposed use or transfer of confidential information should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed by an appropriate guardian.
- Does the SPN contain a clear management plan for the patient?

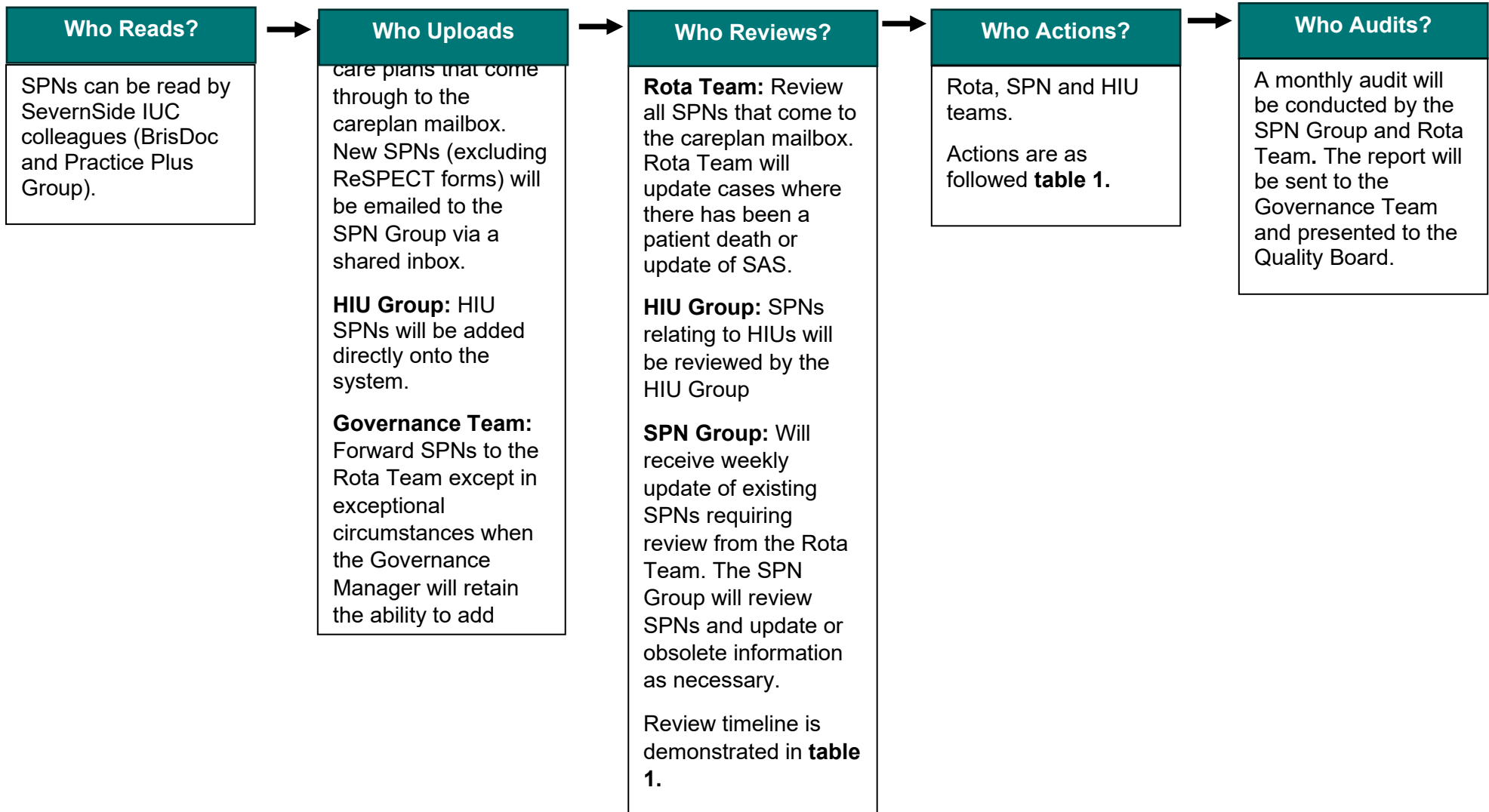
### Rota Team Audit

The number of SPNs with an expired review date and the oldest expired review date will be reported by the Rota Team as part of the audit results monthly to Quality Group.

### Audit Results

The reporting of SPN audits will be sent to the Governance Team and presented to the Quality Group for monitoring.

## SPN Process Flow Chart



## Special Patient Notes – Version 1

### Glossary

Rota Team	This is part of Severnside operational functionality. This Team work Weekday hours.
SPN Group	This Group is newly created clinical group with sole function to review Special Patient Notes weekly
HIU Group	The High Intensity User Group manage the cohort of users that use the service regularly within Severnside and is a multidisciplinary group from Practice Plus Group, Out of Hours, Governance and Integrated Access Partnership. The Group have there own Terms of Reference and Standard Operating Procedure.
Governance Team	The Governance team work ensure standards of clinical governance and patient safety for Brisdoc Healthcare Services
SAS	This is a service within the Health Authority of BNSSG – Bristol, North Somerset and South Gloucestershire for Special Allocation Patients that are unsuitable for treatment within primary care usually due to behaviours of patients.



## Change Table

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