



COVID PRIMARY CARE ASSESSMENT SERVICE WARRINGTON

End of service report

[Abstract](#)

Review of the service commissioned in Warrington by the CCG in response to the Covid pandemic.

DKJ Support Services



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Summary

The Covid Primary Care Assessment Service (CPCAS) was well-utilised with over 2300 referrals and has been a robust element of healthcare in the Warrington area during the pandemic.

- 25 out of 26 practices used the service
- 2352 referrals
- 202 admissions
- 182 Pulse oximeters handed out

Positive feedback from patients, practices and the clinicians working in the service include:

- “An excellent and invaluable service in these very difficult times”. [Practice]
- “Patient feedback to me positive and appreciative”. [Practice]
- “We have prevented many patients from a trip to A&E and facilitated the patient access to care, which during the pandemic they would not have gotten ultimately saving lives and making people more comfortable”. [Paramedic]
- Very happy. Professional and quickly sorted. Thank you. [Patient]

1. Background

The CPCAS was commissioned by Warrington CCG in response to the Covid-19 pandemic in 2020 and was provided by Warrington CIC using paramedics to deliver the clinical element of the service.

Warrington Health Plus was established by its members as a Community Interest Company (CIC) to oversee the implementation of the primary care transformation programme in Warrington in 2014. Warrington Health Plus has allowed GP practices to test how extended services will work through practices collaborating to share and develop services. The CPCAS is an example of this with the service available to patients of the 26 participating practices.

Covid Assessment Units or ‘hot hubs’ allowed areas to reduce infection risk to general practices by serving Covid positive or Covid symptomatic patients in a limited number of locations within a geographical (often PCN/PCH) area. This enabled practices with access to such services to reduce the impact of the pandemic on their own operation – practices did not have to run their own red zones allowing them to optimise floor space (an important consideration in maintaining social distancing within the building), reduce the potential for infectious patients entering the building thereby protecting both staff and patients.

The relationship with the patient was maintained as practices acted as gatekeepers with access to the clinical notes of any CPCAS consultations.

Patients with Covid or suspected Covid had access to a bespoke assessment service following a telephone/video consultation with their own practice.

Patients could be booked for an appointment by their practice using remote booking.

The assessment would then provide the patient with advice as to next steps.

The service commenced October 2020 and ended June 2021.

Practices covered by this service are shown in Appendix 1.

The following Standard Operating Procedure [SOP] is designed to give clear guidance on how all staff are to adhere to the guidance given to protect themselves and patients from 30th September 2020, this SOP will regularly be reviewed

COVID PRIMARY CARE ASSESSMENT SERVICE

1.1 AIM OF THE SERVICE

To deliver a bespoke assessment service to people with symptoms of Coronavirus where the Clinician in general practice has completed a telephone/video assessment and considers further assessment is required to reach a clinical decision.

This service is available to all GP Practices in Warrington, the patients MUST have been triaged by the patient's GP or Clinician.

1.2 PRIMARY PATIENT COHORT

- Adults or children (over 3 months) with symptoms of Coronavirus and who are deemed to be infectious as per current COVID-19 guidance who require a primary care clinical review (face to face) due to their condition. Patients in this category may not have had a SARS COV-2 (COVID) test
- People who are symptomatic and/or COVID positive or patients who reside in a household where there is at least one person who has symptoms and/or are COVID positive who after triage from their registered practice have a primary care medical illness/condition that needs an examination/treatment plan.

Exclusion Criteria

None COVID patients
Palliative Care, end of life patients
Febrile Children < 3 months
Verification of Death
Digital rectal examination
Routine home visits

2. Methodology

This report has been created from a review of the following data sources:

- COVID Primary Care Assessment Service SOP V1.3
- COVID Primary Care Assessment Service short version
- CPCAS_WHAS Practice Feedback
- Paramedic survey
- Contract meeting minutes (5 sets plus exit plan)
- Contract schedule 6
- Capacity and usage spreadsheets
- Patient survey
- 10 CPCAS Issues 2021



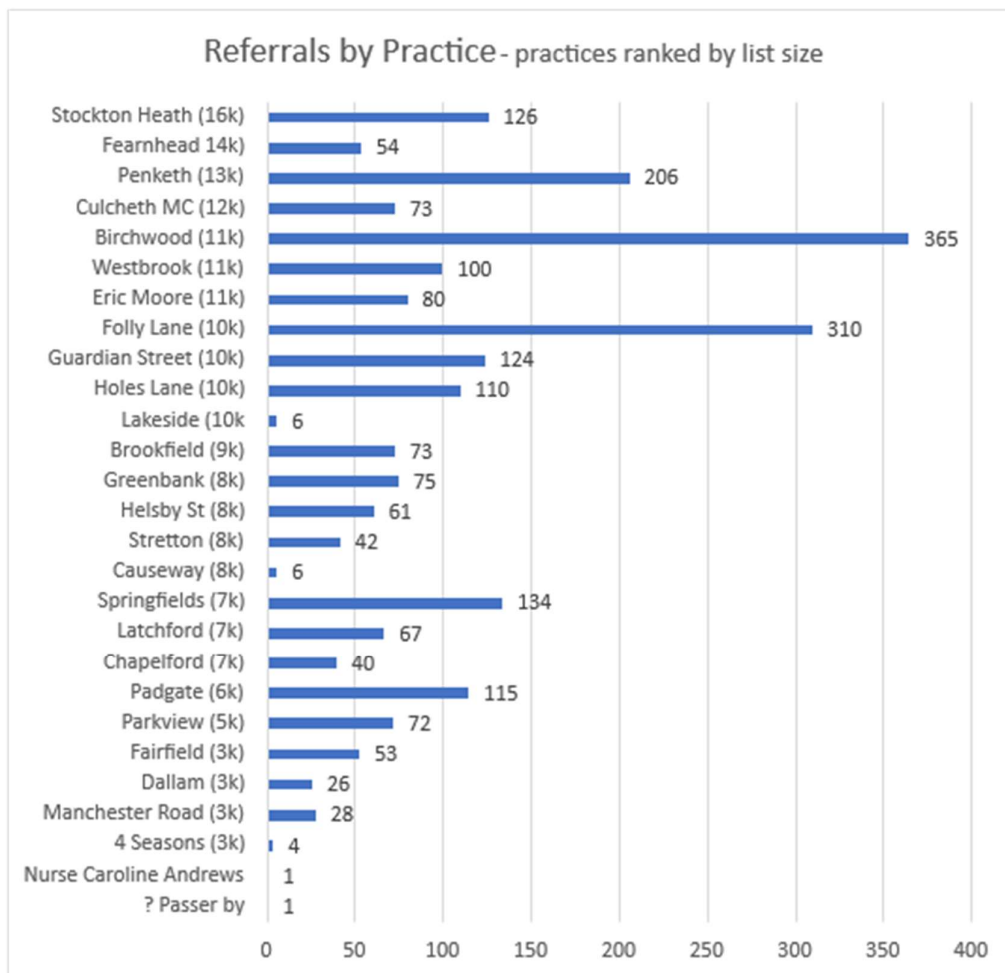
3. Findings and Analysis

Service usage

Patients were referred into the service by their practice – all but one practice (Cockhedge*) have used the service. The chart below shows the number of referrals by practice. Practices are shown in list size order (source NHS digital; the figure in brackets is the list size).

* During the scheme’s operation the CCG engaged with Cockhedge who confirmed they were aware of and happy to use CPAS if they needed to.

When list size is considered, Padgate and Springfields had the highest usage with Fearnhead and Lakeside the lowest. Birchwood and Folly Lane were the two practices who used the service the most: together accounting for 29% of referrals and (other than Cockhedge) Lakeside and Causeway used the least.



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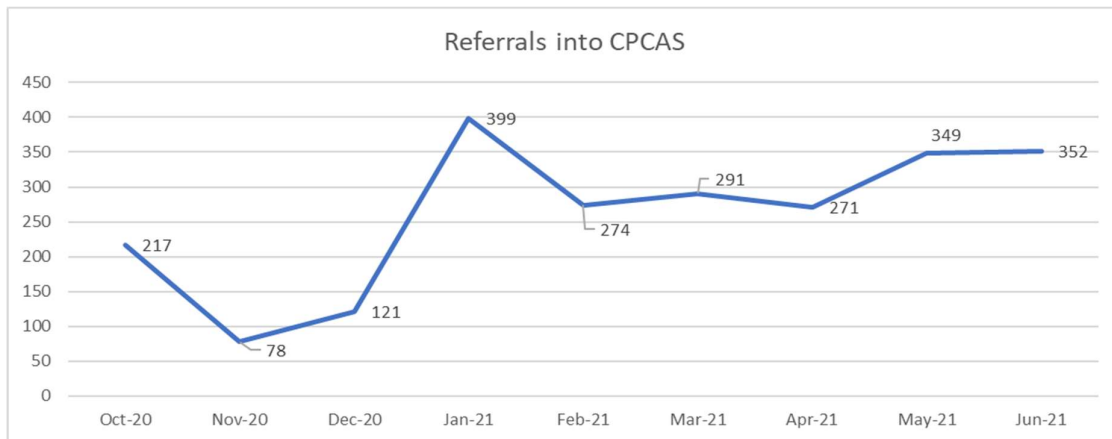


The service received **2352 referrals** between October 2020 and June 2021 and **335 (14%)** of these were patients where 'confirmed Covid' was recorded.

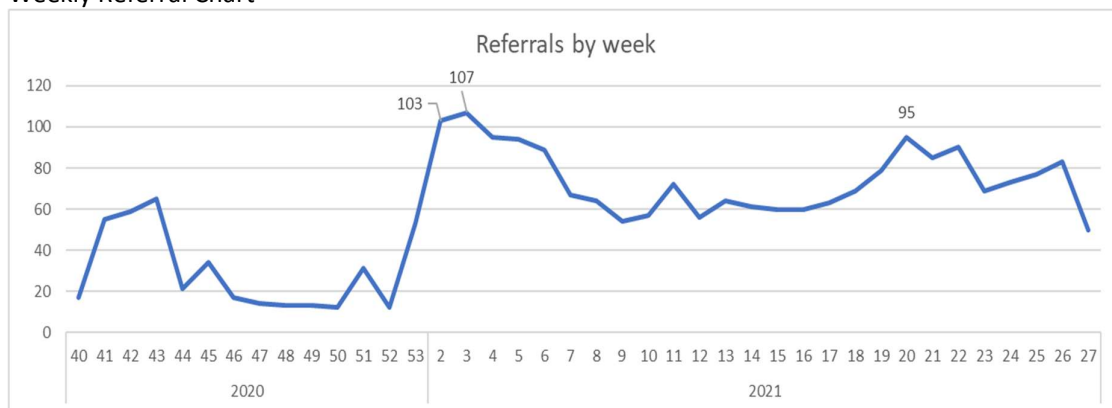
Referrals	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	All
Total	217	78	121	399	274	291	271	349	352	2352

January 2021 was the busiest month; the two busiest weeks are in this month both with over 100 referrals. The third busiest week was the w/c 10th May. See charts below:

Monthly referral chart



Weekly Referral Chart



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Data is available to calculate utilisation for the period below and shows an overall rate of 60% with face-to-face appointments having the highest utilisation.

Utilisation by month and service		Apr-21		May-21		Jun-21 (to 18/6)		Overall	
Covid Home visits	Booked	92	36%	78	40%	38	76%	208	42%
	Capacity	253		193		50		496	
Non Covid Home visits	Booked	110	44%	137	60%	80	59%	327	53%
	Capacity	251		228		135		614	
F2F	Booked	192	61%	284	84%	189	77%	665	74%
	Capacity	314		337		247		898	
Overall	Booked	394	48%	499	66%	307	71%	1200	60%
	Capacity	818		758		432		2008	

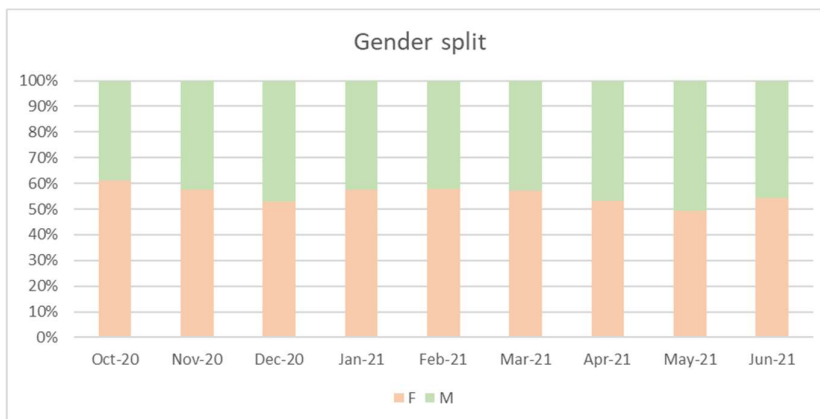
In January 2021, in response to high levels of demand, appointments were reduced from 45 minutes to 30 minutes to provide additional capacity.

Gender and Age split

The overall split was 55% female and 45% male. There was variation between the months – notably October with 61% female patients. Table 1 Gender split by month shows the percentage split each month.

Perhaps of more interest is gender within age distribution shown in Table 2 Age by Gender. This clearly shows that a higher percentage (56%) of males under 5 were referred into the service.

1. Gender split by month

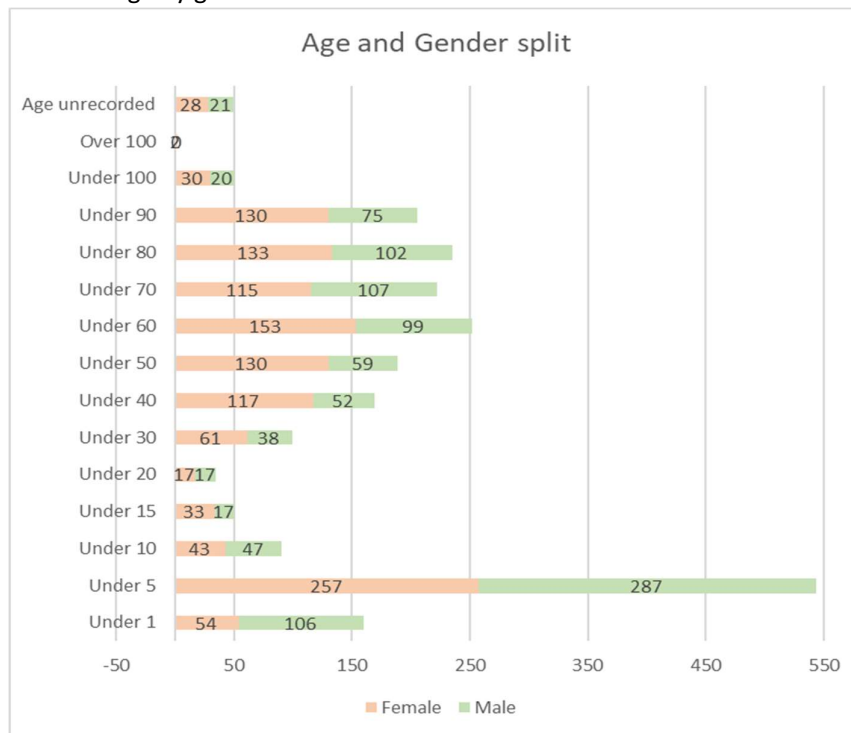


Month	F	M
Oct-20	61%	39%
Nov-20	58%	42%
Dec-20	53%	47%
Jan-21	57%	42%
Feb-21	58%	42%
Mar-21	57%	43%
Apr-21	53%	46%
May-21	49%	51%
Jun-21	54%	46%
Total %	55%	45%
Total #	1303	1047

No gender recorded in 2 cases



2. Age by gender



The age bands are 10 years other than under 20 where the split is more detailed and confirms that the under 5s are a significant percentage of demand.

Under 10s account for 35% of all referrals. Infants under one accounted for 160 referrals or 7% of patients and one- and two-year-olds account for most (399) of the under 5 band.

Age not recorded in 49 cases.

The table below shows the age breakdown and percentages. The shaded columns are a subsection and covered by the appropriate ten-year band. Only the unshaded columns contribute towards the totals. The oldest patients were both 102.

Please note that totals are not always 2352 as 49 patients did not have an age recorded and two did not have a gender recorded.

Age band analysis	Aged Under at time of appointment														Over 100	TOTAL
	1	5	10	15	20	30	40	50	60	70	80	90	100			
Patients	160	544	794	50	84	99	169	189	252	222	235	205	50	2	2301	
%	7%	24%	35%	2%	4%	4%	7%	8%	11%	10%	10%	9%	2%	0%	100%	

Outcomes

202 patients were admitted and 1753 referred to their GP. The age profile of the admissions is shown below (4 patients excluded as no age recorded).

The same format table as above has been used to demonstrate that older patients were more likely to be admitted – patients in the age bands 50-59, 60-69, 70-79 and 80 -89 accounted for 40% of patients and 57% of admissions, children under 10 accounted for 35% of patients and 22% of admissions.



Admission analysis	Aged Under at time of appointment													Over	TOTAL
	1	5	10	15	20	30	40	50	60	70	80	90	100	100	
Patients	11	31	43	0	5	7	14	11	29	27	28	28	5	1	198
%	6%	16%	22%	0%	3%	4%	7%	6%	15%	14%	14%	14%	3%	1%	100%

182 pulse oximeters were handed out allowing patients to monitor their oxygen levels and understand when they needed to take action. The table below shows the age distribution, clearly showing the bulk (65%) were handed out to adults from 40 -69, these patients accounted for 29% of the referrals (see Age Band table).

Pulse oximeter	Aged Under at time of appointment													Over	TOTAL
	1	5	10	15	20	30	40	50	60	70	80	90	100	100	
Patients	0	1	3	0	2	13	13	33	46	38	20	13	0	0	181
%	0%	1%	2%	0%	1%	7%	7%	18%	25%	21%	11%	7%	0%	0%	100%

Issues

CPAS was a new service and introduced at speed during a pandemic.

There were 86 issues raised, these were recorded in a log and regularly reviewed by the Senior Management Team.

The table to the right shows the distribution of issues raised over time. The table demonstrates the reduction in issues raised during the latter months of service operation.

Details of most recent issue raised currently unavailable.

Month/Year	Issue rated				Grand Total
	High	Low	Medium	(blank)	
20/12		2			2
21/01	17	1	15		33
21/02	18		6		24
21/03	7		3		10
21/04	7		2		9
21/05	7			1	8
Grand Total	56	3	26	1	86

Issues have been ‘themed’, and the recurring issue was bookings:

- patients inappropriate for the service (not within service specification e.g. child too young, 999 more appropriate)
- patients being booked into one clinic but told another (face to face vs. home visit), a number of these were managed by the admin team preventing patient’s wasted journeys
- patients who were not suspected or confirmed Covid being booked into Covid positive appointments and vice versa

The admin team’s review of bookings enabled issues recorded in the log to be resolved before any impact on the patient as the team contacted practices/patients ahead of appointments.

In response to issues raised the SOP was revised and reissued and ad hoc communications sent to practices.

There was one complaint from a patient regarding a home visit and assessment of a child – this complaint was reviewed at a clinical meeting and the complaint upheld.

Contract meetings

Contract meetings were held fortnightly via Teams; there was also a weekly service team meeting.

The contract meetings followed a standard agenda (see Appendix 2) with risk and action logs regularly reviewed.

In January 2021 in response to high levels of utilisation the decision was made to reduce the length of face-to-face appointments from 45 minutes to 30 minutes. This prevented the need to employ an additional paramedic.

In April 2021 exit planning commenced and the service ceased operation 31st July 2021.

4. Feedback

Practice feedback

Practices were asked to complete a survey. 16 responses were received between December 2020 and February 2021; all those who responded had used the service.

The overall average response was 92% with only 3 responses under 7 (see table below). The highest response was for “how valuable....” with 153 points out of 160 (96%). The next highest was for the support of the admin staff with 11 responses to this question.

Practice survey	Rating scale 0-low, 10 high										Responses & % of maximum achievable	
	1	2	3	4	5	6	7	8	9	10		
How valuable has the service been to your every day work?								1	5	10	16	96%
How useful have you found the role of the paramedics?					1		1	2	5	7	16	89%
How easy did you find booking into the service?							2	1	3	10	16	93%
If you have called or emailed for further assistance, how helpful did you find the administration staff?							1	1	1	8	11	95%
How satisfied were you with the care your patient recieved?		1					1	3	4	7	16	87%
How likely are you to recommend us to a friend or colleague?					1		1	1	5	8	16	91%

Respondents could also provide free text comments (see Appendix 2 for details).

The vast majority of the comments were very positive:

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"This service has been invaluable during the pandemic, the booking is easy, the communication back from the paramedics is just what is requested - I tried to put what my differential was and what particularly I wanted checking - this was great. General practice can no longer go out and do emergency visits and a fully packed clinic. PLEASE PLEASE LET US KEEP THIS SERVICE Also big well done to all involved - thank you WL "

"Patient feedback to me positive and appreciative. Thanks "

"Overall good service and helpful. Thank you for all your hard work and help lessen pressure on primary care. Your service is valued. "

"Very happy with the service. Had some sensible conversations with the Paramedics who have come across as motivated competent practitioners. I feel they have hugely benefitted Warrington Primary care and the Warrington populace. Well done to everyone involved in this project."

Being able to use GP Connect (introduced part way through the operation) was seen as a positive as was notes being updated into the clinical system. There are a couple of comments around a preference for telephone conversations between paramedic and GP rather than messages although one comment does refer to a conversation. Other comments around prescribing and children under 3 months reflect the design of the service rather than its operation.

See Appendix 3

Patient feedback

A survey was sent to patients accessing the service during a specific week. Seven responses were received. All respondents gave the highest score around satisfaction:

- Q. How happy were you with the assessment you received today?

and the two additional comments received are shown below:

- Very happy. Professional and quickly sorted. Thank you
- Really nice doctor, made my son feel at ease and was very clear with information

There were five responses to the question 'where would you have gone if CPAS had not been available'; four mentioned their GP surgery and one A&E. Practices and A&E were protected by CPCAS and appropriate patients were able to access an assessment either at home or at the dedicated clinic.

See Appendix 4

Paramedics feedback

A survey was sent to the paramedics and all four responded. Appendix 4 details the questions and responses.

It is very clear the team felt the service was important and that they themselves worked well as a team and were able to build productive relationships with practices and other health organisations.

The team were asked to describe the benefits of the service and one response was:

“We provided reassurance to many isolated patients, organised assessments and referrals for vulnerable people to enable them to carry on living safely at home, avoided hospital admissions and conversely ensured many people that were in need of hospitalisation went in good time, indeed I recall a number of Covid-19 positive patients with sats of less than 75% who didn't realise how critical their condition was”.

There were areas where improvements could have been made – access to kit such as 12 lead ECG and sats monitoring and communication of changes to the service specification. One of the responses referred to seeing paediatrics.

See Appendix 5

Appendix 1 – Practices covered by service

Practices in CPCAS:

4 Seasons Medical Centre	Guardian Medical Centre
Birchwood Medical Centre	Helsby Street Medical Centre
Brookfield Surgery	Holes Lane Surgery
Causeway Medical Centre	Lakeside Surgery
Chapelford Medical Centre	Latchford Medical Centre
Cockhedge Medical Centre	The Surgery (280 Manchester Road)
Culcheth Medical Centre	Padgate Medical Centre
Dallam Lane Medical Centre	Parkview Medical Practice
Eric Moore Partnership Medical Practice	Penketh Medical Centre
Fairfield Surgery	Springfields Medical Centre
Fearnhead Cross Medical Centre	Stockton Heath Medical Centre
Folly Lane Medical Centre	Stretton Medical Centre
Greenbank Surgery (274 Manchester Road)	Westbrook Medical Centre

Appendix 2 – Standard Agenda



Warrington Primary Care Contract Meeting
 26th February 2021
 Teams Call

A G E N D A

1	Housekeeping
	a) Welcome and apologies for absence
	b) Declaration of any interests
2	Minutes and Matters Arising from the Meeting held on 29th January 2021
	<ul style="list-style-type: none"> • Patient - 22nd January 2021 <p><i>(Previous notes to be inserted)</i></p>
3	COVID PCAS Activity/Update
	<ul style="list-style-type: none"> • Concluded by the service and or <u>other's</u> transferred elsewhere (i.e. hospital)
4	Issues
	<ul style="list-style-type: none"> • Patient Incidents • Safeguarding • Clinical Governance • Complaints
5	Silent hypoxia/COVID Oximetry at home pathway
6	EMIS Records
7	Feedback from staff and/or patients
8	Non-COVID Service Incidents
9	AOB
	<ul style="list-style-type: none"> • Comms
10	Date and time of next meeting
	26 th March 2021 – 1.30pm

Appendix 3 – Practice Feedback

13 responses identified the practice – A response was received from: Birchwood, Causeway, Fearnhead, Guardian, Parkview, Stockton Heath, Springfield and two responses each from Folly Lane, Holes Lane and Penketh.

"Paramedics can examine the patient but then send them home again- despite what the patient's observations are, or the differential diagnoses. Paramedics don't always call the clinician to discuss- they send a message to them instead. I would expect that paramedics in a clinic like this would make a management plan for the patient and communicate this to the patient- not just do obs and an examination. I am concerned that we are supposed to admit all babies under 3 months old with a cough or a temp as the clinic cannot see them."

"It would be good if the paramedics could be prescribers. I would always recommend the basic observations are always recorded. They must have sufficient knowledge for paediatrics as one occasion it was difficult to come to a management plan on a child. The booking has become easier but on some days this week particularly GP connect did not work. I like that the consultations go directly onto our records. Overall good service and helpful. Thankyou for all your hard work and help lessen pressure on primary care. Your service is valued. "

"Excellent paramedics. Very skilled and helpful. Worth showing them how to make referrals for suspected NAI in CYP."

"Very happy with the service. Had some sensible conversations with the Paramedics who have come across as motivated competent practitioners. I feel they have hugely benefitted Warrington Primary care and the Warrington populace. Well done to everyone involved in this project."

"This is a genuine service that takes a lot of pressure off GP workload. It has also made it safer as the doctors don't have to go out to assess these patients. Booking into the system is easy and feedback very quick and notes are updated straight away into records. Very slick and avoids unnecessary forms being filled. The paramedics going out to see the patients appear to use good clinical judgement and follow pathways. Wouldn't mind them speaking to me and discussing patients. Do really feel the service needs to continue."

"I like that we can book on GP connect because previously other services have denied EMIS practices this option so thank you for this. The admin lady is very quick to reply if you send a query. The patient I referred was appropriately reviewed."

"Please continue this service"

"Used several times. Efficient service."

"An excellent and extremely valuable service"

"An excellent and invaluable service in these very difficult times."

"Really useful service, Have not needed to contact admin team. Patient feedback to me positive and appreciative. Thanks "

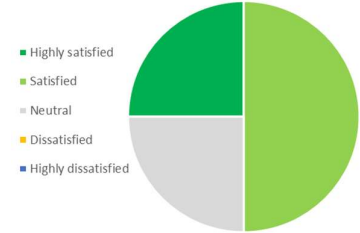
"This service has been invaluable during the pandemic, the booking is easy, the communication back from the paramedics is just what is requested - I tried to put what my differential was and what particularly I wanted checking - this was great. General practice can no longer go out and do emergency visits and a fully packed clinic. PLEASE PLEASE LET US KEEP THIS SERVICE Also big well done to all involved - thank you WL"

Appendix 4 – Patient feedback

Response	Question 1: How happy were you with the assessment you received today?	Question 2: If the COVID Primary Care Assessment Service (for patients with symptoms associated with COVID) had not been available, where would you have gone?	Question 3: Any other comments?
1	10		Very happy. Professional and quickly sorted. Thank you
2	10	A&E	
3	10	My doctors.	
4	10		
5	10	Westbrook medical centre	Really nice doctor, made my son feel at ease and was very clear with information
6	10	My G P. I suppose	No
7	10	Wherever my drs surgery directed me to go	

Appendix 5 – Paramedic Feedback

How many shifts did you work in this service?	3-4 shifts per week June 2020 to June 2021
	Lots :) I worked Monday to Friday
	most
	Approx. 160

How would you rate your satisfaction with the organisation of the service?		<p>1- Highly satisfied 2- Satisfied 1- Neutral</p>

If you want to add an explanation for your rating please use the box below.	<p>It was overall well run and had a very accessible, flat leadership team and I will take very positive memories forward. I haven't given "highly satisfied" as changes were often made without any warning, consultation or planning meaning on the day we had to run around and firefight. This meant patient appointments and home visits were cancelled to allow us to make last minute plans. This could have been avoided completely by just communicating with us paramedics on the ground actually delivering the service. I also have not scored the maximum due to the many miles put on my car and high repair costs incurred - the 40p a mile doesn't cover the tyres, brakes and other maintenance my car required through the year, when it was used exclusively for the service, perhaps a service vehicle would be better? Due to the equipment, sharps bin and PPE etc in the boot, I didn't have use of my own car boot space for the duration of the service.</p>
	<p>Everything changed on the day so some days could be really hectic and some not so hectic but ultimately we were given the ability to put in a block if needed, so we had the ability to organise and make sure we weren't over run. When there were changes to the rota, we were informed but at times not fully informed of when these changes would be implemented.</p>
	<p>The service at times abused from clinical staff, suggestions for a smoother service not listened too at times</p>

What do you feel were the benefits of this service? You might want to consider impact on local hospitals and practices, patient access to care etc	<p>I am proud to have been part of a service that enabled those needing assessment with or without symptoms of Covid-19 to be seen at a time when primary care had closed the doors to surgeries. We provided reassurance to many isolated patients, organised assessments and referrals for vulnerable people to enable them to carry on living safely at home, avoided hospital admissions and conversely ensured many people that were in need of hospitalisation went in good time, indeed I recall a number of Covid-19 positive patients with sats of less than 75% who didn't realise how critical their condition was. We built strong links with other community services and came to be called upon regularly for support, second opinions and advice. A small number of patients became regular visits and it was encouraging to see improvements and be part of their health journeys.</p> <p>As a clinician I found the regular and immediate feedback on my patient consultations from experienced, senior clinicians invaluable - this year has undoubtedly sharpened my</p>
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	assessment skills, tightened my documentation and made me more aware of subtle red flags and a range of health conditions and presentations that I wasn't always considering.
	Allows extra F2F assessment for patients during the pandemic that would not normally be seen due to symptoms. Frees up more time for GPs for other assessments
	We have prevented many patients from a trip to A&E and facilitated the patient access to care, which during the pandemic they would not have gotten ultimately saving lives and making people more comfortable.
	Working with the practices I feel like we have been an invaluable service and the team work from ourselves and the practice staff have made sure that a greater access to healthcare has been provided.
	seeing patients that the GP could not see due to restrictions

<p>Is there anything you would have changed? Improved? Please describe what and why.</p>	<p>I didn't understand the reasons for stopping the phlebotomy aspect of the service, indeed I wasn't told for some weeks until I offered a GP to take bloods as part of a visit and the GP advised me they'd received a new SOP and it was no longer part of the service. It was embarrassing to be completely unaware the service specification that I was delivering had again changed! This meant that another service had to be called in to just do bloods, which risks unnecessary exposure of infection, delays patient care and simply duplicates efforts.</p> <p>Opening up the hot hub clinic resulted in us seeing high numbers of paediatric patients and although paramedics are trained to assess patients of all ages in an emergency scenario, not all colleagues were appropriately trained to assess these patients in a primary care setting. This was flagged up, but the position was that the service had to continue and we had to see these patients regardless. We therefore had to do peer-to-peer training on otoscopy and paediatric assessment ourselves to ensure we were safe.</p>
	<p>Inappropriate referrals and complicated chronic conditions were sent to the clinic across all ages, when pushed back it was common to have the GP advise the patient would need to attend ED instead, even when not really warranted.</p>
	<p>I would have liked a working 12 lead from the onset of the service as the one we did have was not reliable and therefore we as paramedics didn't use it.</p> <p>We were also seeing a lot of paediatric patients without a sats probe that was capable of taking a reading from these patients - this was rectified but it was months down the line, for a service that was reliant on oxygen readings this we should have insisted on much sooner.</p>
	<p>Staffing different hours allow the assessing staff to more resources to cut down on interaction times Location not ideal Problematic tech issues</p>



<p>Reflecting on your time in the service are there any "stand out" moments you wish to share?</p>	<p>All of the CIC office team were incredibly strong, adaptive and resilient, always available for conversation and advice and their troubleshooting skills were second to none. Special thanks to Amanda and Emma, our paramedic handlers! As well as to Diane who was instrumental at the start.</p> <p>I am personally very proud of the links and reputation we built up, particularly with the way we worked with the Rapid Response team and the community matrons. One patient I was called to alongside the intermediate care team was a difficult and complicated case of self-neglect, leveraging the relationships we'd built with rapid, the patient's GP and the community intermediate care OTs meant we could help this patient overcome her fears and accept help and support as well as agree to the urgent hospital admission that she needed.</p> <p>I have been to some fantastic patients and had so many positive experiences that I am pleased and proud to stand by and say I have been a large part of this project. I have had patients thank me for saving their life, I have had those that are really ill laugh and held there hand during a time where nobody had much contact. I have comforted patients and their families and facilitated further healthcare for them.</p> <p>But for me the stand out moment has to be coming together as a team, working through any problem and supporting one another. We all have had days during this service where we just wanted to breakdown but as a team we have picked each other up and kept each other going.</p> <p>One fantastic colleague told me at the start of this service 'everything you do, make sure it passes the sleep test' this advice has sat in the back of my mind and if I know I have done all I can for the patient then it passes the sleep test and if not then I need work out what I need to do whether it be refer onto another service so that I can go to sleep without worrying about the patient.</p>
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