

# Policy

## Comfort Call

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Responsible Committee: Quality  
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## Purpose

The purpose of this policy is to provide guidance to the operational staff as to when to make a comfort call and a script outlining what to say on the call.

## Definition

A comfort call is a call made to the patient or the patient's carer because the doctor has not been able to phone them or make the home visit within the allocated time frame for that case and so the case has breached. This is 20 minutes for an urgent phone call or 1h for a routine phone call and 2h for an urgent home visit or 6h for a routine home visit.

There are a number of reasons why a comfort call is necessary

- To apologise to the patient/patient's carer for the delay.
- To provide a realistic time frame for when the doctor will be making the call or visit
- To enquire to whether or not the patients presenting condition is stable or if it has worsened since the original call
- If the patient's condition has worsened to either arrange for a doctor to call or visit the patient within the next 10 minutes or advise the patient to go to A+E or call 999.

## When to make a comfort call

Type	Telephone Triage	Home Visit
Urgent telephone call within 20 minutes	No later than 10 minutes after the breach time	
Routine telephone call within 60 minutes	No later than 20 minutes after the breach time	
SWL telephone call within 120 minutes	No later than 20 minutes after the breach time	
SWL telephone call within 240 minutes	No later than 20 minutes after the breach time	
Urgent home visit within 2 hours		No later than 20 minutes after the breach time
Routine home visit within 6 hours		No later than 20 minutes after the breach time

## Call Script

*'Hello it's (name) calling from SELDOC the GP OOH service'*

*'Is that (patient/ patient's carer's name)?'*

*'I am calling first to apologise for the delay in the doctor (calling / making the home visit), this is due to a high volume of calls'.*

*'The current average call back time is now (time) rather than (original time 20 – 60 minutes) or the average length of time for a home visit is (time) rather than (2 or 6 hours)'*

Please use the accurate average current call back time or time for a home visit at the time the comfort call is made

*'Has your (patients) symptoms significantly worsened since the original call?'*  
Wait answer..... If yes say

*'I will arrange for a doctor to call you to assess the patient's condition'*

Arrange for a doctor to call the patient back as a priority (within 10 minutes) please don't put the case back into the queue. (End call)

(If you can't arrange this or if you believe that the patient needs to go to hospital say so and arrange transportation whether 999 or own transport)

If the patient's condition has not significantly worsened ask  
*'Can the patient wait for the GP to call/visit?'*  
Wait answer..... is yes say

*'If your (patients) symptoms significantly worsen before the doctor calls/visits please call us back or call 999 if appropriate (End call)'*

If no

Try to establish why they cannot wait and if they are unhappy with the wait provide details of open Walk in Centres, Urgent Care Centre's that they could attend, apologising again for the delay.

Access the response and if in doubt organise a GP to call the patient back as a priority (within 10 minutes) to assess the patient's condition. Please do not place the call back in the queue without organising the GP call back

Inform the patient/patient's carer that you are arranging for a doctor to call within 10 minutes. (End call)

## **Recording Comfort Calls**

SEL & SWL

From case tracking, right click and click on 'comfort call' this will provide the audit trail that a comfort call has been made.

If you wish to make a note of the conversation use the comment area to make your note.

Ensure that after every comfort call the above process is carried out so we are able to report and evidence that comfort calls are made.

### **Further Comfort Calling**

If the service is really under pressure and the wait times are even longer than those detailed to the patient in the first comfort call then a further comfort call should be given after that time.

This is to establish if the patient is still able to safely wait for the GP to make contact. If the patient's symptoms have significantly worsened since the last comfort call then take the appropriate action as detailed within this policy.