

CLINICAL

A NEWSLETTER FOR SELDOC GP'S
 DECEMBER 2015

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Assessing fever in children

Initial Call

SELDOC recently received a call from a mother of a 5-week old baby with a fever. The mother reported a fever of between 39 and 40 degrees Celsius using a forehead thermometer and irritability over the preceding 24 hours. No other symptoms were apparent according to the mother. The mother's call was primarily relating to the administration of paracetamol and the appropriate dose. The mother questioned if paracetamol could be safely given to a child of this age. A duty doctor performed an advice call and it was concluded that the child had a likely viral illness and the mother was advised to call back in the event of deterioration.

Further Developments

A few hours later the mother became more concerned and called SELDOC again. A further advice call was undertaken by a doctor and the patient was invited for a face-to-face



Dr Mark Daniels
 Deputy Medical Director
 Patient Experience & Quality Team, SELDOC

appointment. The patient was ultimately seen by a doctor at a Treatment Centre who arranged an admission under the paediatrics team. The baby was subsequently diagnosed with viral meningitis after a several-day hospital stay. A complaint letter was subsequently received from the mother who felt that there had been a delay in the assessment of the fever and expressed concern that if the case had been bacterial meningitis this would have been potentially even more serious.

Assessment of Fever

The assessment of a child with fever over the telephone can be extremely challenging. Parents frequently call SELDOC reporting children with acute febrile illness. How can duty doctors adequately exclude life-threatening illness in these situations? Is it possible to

assess children exclusively over the telephone? What are the perils of advising parents about antipyretics over the telephone without completing a face-to-face clinical assessment?

The NICE clinical guidance 'Fever in under 5s: assessment and initial management' should be used.

This guidance suggests that the management of children with fever should be directed by the level of risk.

NICE proposes a 'traffic light' system with Green, Amber and Red features for assessing clinical risk. The full table for this can be found in the guidance document.



The following information below taken from NICE guideline (CG160 - Fever in under 5's assessment and initial management) is particularly relevant to the above situation:

Management according to risk of serious illness

Healthcare professionals performing a remote assessment of a child with fever should seek to identify symptoms and signs of serious illness and specific diseases.

- Children whose symptoms or combination of symptoms suggest an immediately life-threatening illness should be referred immediately for emergency medical care by the most appropriate means of transport (usually 999 ambulance).
- Children with any 'red' features but who are not considered to have an immediately life-threatening illness should be urgently assessed by a healthcare professional in a face-to-face setting within 2 hours.
- Children with 'amber' but no 'red' features should be assessed by a healthcare professional in a face-to-face setting. The urgency of this assessment should be determined by the clinical judgement of the healthcare professional carrying out the remote assessment.
- Children with 'green' features and none of the 'amber' or 'red' features can be cared for at home with appropriate advice for parents and carers, including advice on when to seek further attention from the healthcare services.

Other learning points:

- Duty doctors must recognise that children younger than 3 months with a temperature of 38°C or higher are in a high-risk group for serious illness.
- Clinicians must not always assume that a problem can be managed safely over the telephone.
- GPs working largely in primary care may have a 'wellness bias' as they usually work in an environment with a lower prevalence of serious /immediately life-threatening disease.

References: <http://www.nice.org.uk/guidance/cg160/chapter/1recommendations#clinical-assessment-of-children-with-fever>

Compliments

Thank you Dr A Kunde

Patient wrote:

"I would like someone to pass on my thanks to Dr Kunde who treated me this morning. She was reassuring and efficient in dealing with my problem and providing the necessary medication. I was in great discomfort and much appreciated the helpful and efficacious response from the doctor. Thank you."

Thank you Dr E Hope



Patient wrote:

"I would just like to pass on my thanks regarding the excellent service we received on Sunday. My daughter was in a lot of distress and pain with a bad throat and needed to see a doctor as soon as she could. Everyone we spoke to on the phone was helpful and we only had to wait a couple of hours before she was seen by a doctor and given antibiotics. The out of hours service is excellent and I really appreciated how quickly we were able to see the doctor."

Thank you Sabrina Madigan



Patient wrote:

"I unfortunately had to bring my daughter into the unit last night at 10pm. The whole experience was simply made less stressful by the professional and friendly manner of the young woman receptionist whose name I unfortunately didn't get. I was very impressed with her caring approach particularly in regard to a vulnerable young woman with a very young child. What a delightful and competent member of your team. An asset to be nurtured. Well done"



Joseph Oseghale
Pharmaceutical Advisor,
SELDOC

Prescribing Controlled Drugs

SELDOC conducts regular prescribing Audits as part of good medical practice and also to meet the requirements of commissioners and the Care Quality Commission (CQC). Each prescription for a controlled drug is reviewed by the Clinical Governance Committee and fed back to prescribers as appropriate.

From January to July 2015, 33 prescription items were issued for controlled drugs.

All 33 prescriptions met the legal requirements for writing a controlled drug prescription, however 2 items did not meet the requirements set in Seldoc Repeat Prescribing Policy that the smallest practical amount must be prescribed to cover treatment until the next working day. This will not usually exceed 5 days' supply or an original pack.

When prescribing for a Controlled drug in SELDOC, it is important to adhere to the

- High Risk Medicines Prescribing Policy
- Repeat Prescribing Policy
- Controlled Drugs Prescribing Policy

All of which are available on Seldoc website (<http://www.seldoc.co.uk/node/143>)

Key points to remember from Controlled Drugs Prescribing Policy for Controlled Drugs

- **Substance Dependence**
Never prescribe drugs for substance dependence- all prescribing must occur within a management plan by the responsible clinician e.g. buprenorphine (Subutex), buprenorphine with naloxone (Suboxone) or methadone

- **Central Nervous System Stimulants**

do not *initiate* a prescription for central nervous system stimulants e.g. dexamfetamine, methylphenidate (Ritalin, Concerta XL, Equasym XL, Medikinet XL)

- **Non Cancer pain**

do not *initiate* a prescription for strong opioids for chronic non cancer pain e.g. buprenorphine, diamorphine, morphine, oxycodone, pethidine

- **Cancer pain or Palliative Care**

do not *initiate* a prescription for cancer pain or palliative care unless this is detailed in the patient's care plan or you have sought specialist advice

Key points for doctors who wish to **continue** supply of controlled drugs as a repeat prescription. SELDOC expects the following principles to be followed by all prescribing doctors:

The Repeat Prescribing and High Risk Medicines Prescribing Policies must be followed at all times.

In the exceptional circumstance that a prescription for a controlled drug is warranted, the doctor must see evidence of use of the medicine either in the form of an old prescription, used bottle



For ALL staff and Doctors who Celebrate Christmas have a Very Merry Holiday.



And a Happy New Year...

or gain verbal confirmation from patient's dispensing pharmacist, doctor, district nurse, hospice, spouse or carer **and** have sufficient knowledge and expertise to prescribe the medicine safely and confidently, minimising potential for harm or abuse.

The patient or carer **must** attend the base to collect a prescription, bringing proof of identification and evidence of previous supply unless the prescription is issued during a home visit

BNF

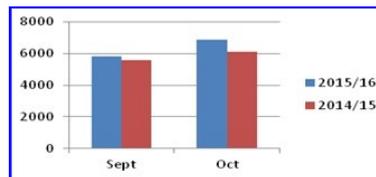


SELDOC Performance

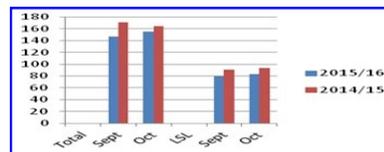
NQRs

Requirement	Oct-15	Sep-15	
	SELDOC	SELDOC	
QR8 Call answered within 60secs (95%)	95.30%	95.20%	
QR9 Urgent Calls within 20mins (95%)	97.20%	97.00%	
	Routine calls within 60 mins (95%)	95.90%	98.50%
QR12	• Urgent: within 2 hours (95%) - Treatment Centre	99.20%	100.00%
	• Urgent: within 2 hours (95%) - Home Visit	96.60%	96.60%
	• Less urgent: within 6 hours (95%) - Treatment Centre	99.70%	100.00%
	• Less urgent: within 6 hours (95%) - Home Visit	96.30%	96.90%

Number of Patients contacting SELDOC



Duty Doctor Numbers Actively working for SELDOC



Dr Kishor Vasant

Chair of CGC, SELDOC



SELDOC is required by the commissioners to meet certain targets (National Quality Standards. We are pleased to report that over the years SELDOC has been able to meet them, due to the commitment and the hard work of the duty doctors. We would like to share our figures with you. At SELDOC we are thankful to a dedicated bunch of duty doctors who have provided excellent service to patients over the years.

- This has meant leaving surgery and often rushing to get to a SELDOC base for their session. There are going to be times when our service is under stretch and supervisors may request you to stay a bit longer to help.
- You have no obligation to do this except in an emergency situation, but we wish to say thank you to most of you who have been so flexible and helped out at short notice. We do have to meet our targets and do hope you can help.
- We cannot however for operational reasons return this flexibility to duty doctors who may want to leave early, except for emergencies.
- In order to provide a reliable service, we expect duty doctors to complete their shift as booked, and take all calls that reach us in their booked shift.