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**Thelma Essien**  
 Patient Experience and Quality Coordinator  
 SELDOC

### Why are Call Audits done?

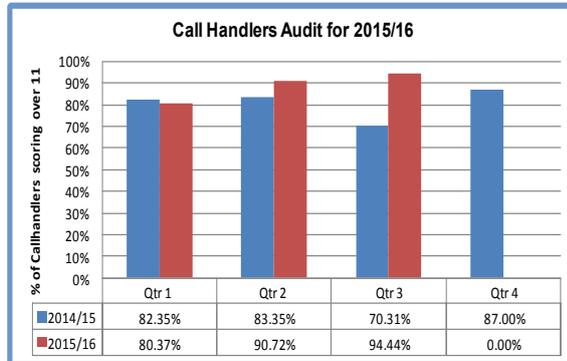
**"Quality is never an accident; it is always the result of intelligent effort."**

The call handlers are the ambassadors of SELDOC because they are the ones who give our patients their first impression of SELDOC. That one single conversation has got the potential of creating a happy or disgruntled patient. It is difficult to realise that it is not easy to make a suffering patient or their carers smile but it is the call handlers who ensure that this happens.

It is important for a patient to be assured that they have come through to the right service and know what to expect; it is also important to make sure that all information required are obtained in a timely fashion, aiming to achieve a high level of professionalism. It takes great skill to manage our patients expectations and ensure that they are kept well informed about the treatment or advice they will receive. Call handlers achieve this by using care and compassion.

SELDOC is required to regularly audit the clinical quality of the service by auditing the work of both Clinicians and Call

## Call Handler Audit Scores Have Improved



**Natasha Mitchem**  
 Operations Support

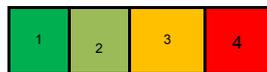
handlers each month. In order to achieve this 'The SELDOC Way', a manual for training for call handlers was created in 2007.

All Call handlers working for SELDOC have to follow this protocol to ensure that they take calls professionally and most importantly accurately. The audit results have been encouraging as shown above.

### Methodology and scoring

The call handler audit questions are scored using 3 evaluations; Call handlers are required to score 11 or more to pass the audit. The overall scores for each audit are then categorised via 4 ratings and colours, call handlers have their monthly progress easily visible through the grading system as shown below.

Key:



1. Score 18—16 Outstanding
2. Score of 15—11 Good
3. Score of 10—6 Requires Improvement
4. Score of 5—0 Inadequate

Every month, each call handler is emailed a 'balanced score card', so that the call handler can clearly see their progress and take note of the questions where improvement is required. It also includes their 'average score' over the 3 months and the 'SELDOC average score', for easy comparison.

### Why call handler audits have improved?

The overall call handler audit scores have improved since the introduction of the new audit tool.

1. Regular audit and balanced scorecards has created an awareness of how important call handlers can review, reflect on their own performance and seek to proactively improve on their work on a regular basis.
2. The balanced scorecard as a tool providing constructive feedback and gives the individual validation of their improvements which in turn improves

3. The audits and balanced scorecards together have proved to be a powerful feedback tool for personal and organisational reflection of performance to improve the quality of service.

4. Performance can now be monitored with more clarity and in a timely and appropriate way. The impact of this process is usually reflected in individual call handler performance which generally improves in the following months as they have immediate feedback on the quality of their audit.

5. The questions in the Call handlers audit toolkit has been review to keep them updated, concise and current.

6. The new audit tool is more robust and uses a set of specific criteria to score the call handler

## Compliments

### Thanking Dr Helen Butler



### Patient Wrote:

I have had to see a lot of doctors over recent years for different things and the Dr I saw at SELDOC has to be the best doctor I have ever seen and I will explain why.

She sat facing me, made eye contact, listened to everything I said and gave really good advice but above all she had great manners and was awesome with patients and there is not many doctors out there like this any more.



**Claudette Parchment**  
**Thelma Essien**

## Patient Engagement

The Patient Experience and Quality Team (PEQT) wanted to share with you that they facilitated their first patient engagement event on the 27th January 2016 at South Lewisham Group Practice, where they gave out information leaflets and told patients about SELDOC. They also gave away a few SELDOC souvenirs which went down well. Overall they were well received.

The PEQ team are booked to be at South Lewisham Group Practice every month for the next six months as part as their aim to engage with patients, and are also in the process of arranging similar events for Southwark, Lambeth and Sutton.



**Joseph Oseghale**  
Pharmaceutical Advisor,  
SELDOC

## Prescribing Antibiotics

The Antimicrobial Stewardship in Primary Care (ASPIC) collaboration which includes Public Health England developed a TARGET antibiotic toolkit to address the issue of inappropriate prescribing of antibiotics in the Primary Care Setting. A key requirement of the toolkit is to conduct an audit of antibiotic prescribing in all healthcare settings including Urgent care. SELDOC completed the TARGET antibiotic audit on 15/12/2015 with the key findings discussed at the Clinical Governance Committee on

12<sup>th</sup> of January 2016.

The Audit focused on prescribing in 4 conditions (Acute Cough, Sore Throats, Acute Otitis Media and Uncomplicated Urinary Tract Infections) against NICE Guidelines CG69 and Public Health England (PHE) Management of infection guidance for primary care. The Audit Criteria involved evaluating a minimum of 20 consultations to determine overall compliance with NICE and PHE recommendations on the following outcomes

- No Antibiotic Prescribed
- Back up/Delayed Prescription Given
- Immediate Antibiotic Prescribed
- Self-care advice given
- Leaflet shared with patient/carer
- Safety netting advice given
- Antibiotic Choice Correct, Dose Correct, Duration of Antibiotics course correct

The recommended target for compliance with NICE and PHE guidelines are 80-100%. SELDOC compliance is included in the table below:

Condition	% Compliance with NICE	% Compliance with PHE
Acute Cough	67%	0%
Sore Throats	85%	25%
Acute Otitis Media	60%	50%
Condition	% compliance with PHE UTI diagnostic guide	% compliance with PHE antibiotic Primary Care guidance
Uncomplicated UTI	32.5%	59%

The Audit results highlight the need for improvements especially around:

- Recording on Aadastra when Self-care advice and Sharing Patient information leaflets with patients is provided to patients.
- Recording on Aadastra the presentation of urine when dip stick is done
- Prescribing the right Antibiotic choice, dose and frequency
- Appropriate Duration of treatment

For a more detailed look at the audit, read SELDOC (Target Antibiotic Audit, January 2016)



**Claudette Parchment**  
Patient Experience and Quality Manager  
SELDOC

## Equality and Diversity

### Learning From Incidents and Complaints



Patient wrote into formally complain about the surprise and shock they felt and experienced when the duty doctor proceeded to talk about the atrocities that very sadly happened in Paris November 2015 during the patients face to face consultation with her child.

Patient complained that the duty doctor then proceeded to talk about the German Chancellor's policy on receiving asylum seekers, and continued making broad assumptions simply because the patient notably spoke to their child in German.

At SELDOC we have an equality and diversity policy which we ask all of our duty doctors to refer to. We are committed to our values, aims and goals, which can be located on our SELDOC website. We would also like to remind SELDOC doctors that medical training includes having respect for all cultures, beliefs and lifestyles, we ask that these values are always considered when treating our patients. [www.seldoc.co.uk](http://www.seldoc.co.uk)



**Dr Belinda Coker**  
Medical Director  
SELDOC

## Clinical Evening Update

### Palliative Care and CMC Update



On the 27th January 2016 we held a duty doctor event on palliative care and CMC. The event was well attended by both duty doctors and other local GPs who were very enthusiastic. The evening was facilitated by Dr Emma Hall and Dr Shaheen Khan. We had a matron, a nurse consultant, a specialist nurse and CMC trainer.

Teaching covered administration of subcutaneous injections, understanding how to turn off syringe drivers, details of the pal@home service, case reviews and training on CMC. The evening was well received and there was a flavour for more. Future sessions will focus on more case scenarios and simulations.

**The Palliative Team's Contact Details for support for out of hours care are below:**

- St Christopher's:** 020 8768 4500  
**Lewisham Macmillan team :** Mon—Fri 08:30-17:00 020 8333 3017  
**Outside these hours - via University Hospital Lewisham Switchboard on** 0208 333 3000  
**GSTT Palliative Care team:** 0207 1884754 (9am-5pm Mon to Fri) 0207 1882255 (all other times)