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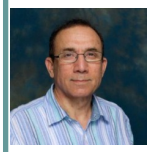
CLINICAL

A NEWSLETTER FOR SELDOC GP's

MAY 2016

Inside this issue:

Home Visiting and Triage



Dr Kishor Vasant
Chair of Clinical Governance Committee

A complaint was received by the Patient Experience and Quality (PEQ) team alleging that a doctor refused a home visit following a call by an elderly patient's husband for a possible chest infection.

Triage & Re-triage Issues

The patient initially called at about 9pm with the story that his wife suffered from COPD, and her cough had got worse. The initial conversation was with a doctor who sanctioned a routine home visit. Subsequently another doctor called the patient at about 3am and re-triaged the call, but now assessed the patient as not requiring a home visit, but to see own GP. This resulted in a complaint.

This complaint raises the difficult issues that may arise from a re-triaged call.

We realise there are bound to be slight variations and subtleties in a doctors assessment and in picking up cues when triaging any requests for home visits. This is compounded by the passage of time difference between the two assessments. Should you ever re-triage a call already assessed by a previous clinician? We feel that this may sometimes be necessary, but one must exercise due caution in reversing a decision made by a previous GP for the reasons mentioned above. I quote from


Classification: Official

NHS England

Patient Safety Alert

Stage One: Warning

Risk of death from failure to prioritise home visits in general practice

30 March 2016

Alert reference number: NHS/PSA/W/2016/002

Alert stage: One - Warning

Actions

an external investigation carried out in September 2015 for 111 calls: **"calls received from a Health Care Professional (HCP) should not be called back with the aim of down-grading the call.** The patient and/or caller may be called back for welfare reasons, and if their condition has changed the call may be re-assessed or re-triaged. I feel that this advice applies to us here at SELDOC too.

Recent Patient Safety Alert

When a request for a home visit is made, it is vital that general practices have a system in place to assess:

• Whether a home visit is clinically necessary; and

• The urgency of need for medical attention.

This review which was published on 30th March 2016 highlights the importance of ongoing training and review. SELDOC already has a system in place to prioritise urgent calls for home visits. This has been a contractual requirement and has seen frequent review. However, as the above incident illustrates, we need to be on constant guard during the implementation of this system, a timely reminder for clinicians to be aware of the risk in re-triaging a call.

Additionally in the light of this warning the CGC of SELDOC will soon be revising their home visiting guidelines. Meanwhile here are tips for effective telephone consultations.

Telephone Consultation

Stage 0 Preparation (study information about caller, note down time delay, prepare for note taking)

Stage 1 Trust (Identify yourself, tone of voice, caller's emotions, letting them know they are heard, empathy)

Stage 2 Exploration (Open and closed questions, probing through reflection)

Stage 3 Clarification (caller's agenda, caller's understanding, Reflecting, summarising and paraphrasing, using silence)

Stage 4 Action (empowering, clarify what action you will take, Check understanding)

Stage 5 End call (when patient feels understood, end call for caller not yourself!)

Sage 6 After the call (time to reflect, note taking, other action)

Changes to the Patient Experience and Quality Team

The Patient Experience and Quality Team (PEQT) would like to Welcome:

- Dr Farhan Rabbani as our new Interim Medical Director
- Dr Asma Khalid as our new Interim Deputy Medical Director
- Rahina Amadu as our new Interim Pharmaceutical Advisor

Dr Farhan Rabbani

Dr Asma Khalid

Rahina Amadu

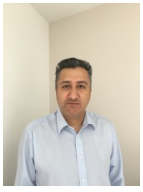
Compliments

Thanking Dr Sera Shoukru

Patient Wrote:

A big thank you to the doctor who gave singer (me) clarithromycin on Sunday 10/4 for a chest infection. Now on my way to orchestral rehearsal feeling like it's possible. Huge relief. I'm so grateful. You're brilliant!

Thanking Dr Desh Virdi



Patient Wrote:

The patient received a feedback form but the patient and her husband are both partially sighted so they can't see the form well but want to feed back that they are very pleased with the service they received.

For contributions or feedback on the newsletter, please email seldoc.clingov@nhs.net
or write to Clinical Governance Committee, SELDOC Ltd, Dulwich Community Hospital, East Dulwich Grove, London, SE22 8PT
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Antibiotic Prescribing at SELDOC

Dr Kishor Vasant, St Giles Surgery, SE5

Mail Online health

Out-of-hours GPs 'are fuelling a huge rise in drug-resistant bacteria': Number of antibiotics handed out at evenings and weekends up by a third since 2010

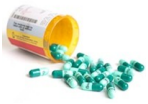
- Prescriptions for antibiotics have risen by 6 per cent in four years
- Number given on nights and weekends has increased by a third since 2010
- Health experts say locums are more likely to give antibiotics as a quick fix
- Chief Medical Officer Dame Sally Davies says threat is 'as big as terrorism'

By SOPHIE BORLAND FOR THE DAILY MAIL

PUBLISHED: 00:13, 10 October 2014 | UPDATED: 00:13, 10 October 2014

Dr Paul Heenan, Clapham Family Practice, SW4

Reports such as these and more recently some feedback from our GPs, has led the CG Committee to do more to address the issues of antibiotic over prescribing. We will be hoping to carry out an antibiotic audit soon. This will be done by our new resident pharmaceutical adviser, Rahina Amadu who joined our team in May. Meanwhile we thought we would summarise some of the problems of overprescribing:



- Antibiotic resistance is one of the most significant threats to patients' safety in Europe. It is driven by overusing antibiotics and prescribing them inappropriately. The inappropriate use is just as applicable to OOHs prescribing.
- To slow down the development of antibiotic resistance, it is important to use antibiotics in the right way – to use the right drug, at the right dose, at the right time, for the right duration. Antibiotics should be taken as prescribed.
- Antibiotic resistance is an everyday problem in all healthcare settings across England and Europe. The spread of resistant bacteria in hospitals or community healthcare settings is a major issue for patient safety.

Prescribing encourages re-attendance.
A randomised trial of prescribing approaches to sore throat among 716 patients in primary care in Wessex in 1997 showed that those who received antibiotics were more likely to present in the future.

The Value of Audit
In the UK the 'Stemming the Tide of Antibiotic Resistance' (STAR) programme has been developed. Building on behaviour change theories, the programme integrates a blend of learning techniques online and within the general practice setting, including promotion of the evidence base and reflection on practice.

STAR now forms a central component of the Royal College of General Practitioner's (RCGP) multifaceted intervention known as 'TARGET'

The Value of Online Commentary
Online commentary is a technique whereby clinicians describe their clinical findings as they go about the physical examination. The findings of this study show a strong association between a commentary of negative physical findings and lower antibiotic prescription rates. **The suggestion to arise from this work is that the physical examination may be a place to issue reassurance to parents and thereby neutralise the expectation of antibiotics.**

Delayed Prescriptions
Back-up prescribing (sometimes termed delayed prescribing) describes a range of interventions that create a delay for patients between prescription and collection of drugs. Back-up prescribing is first reported in work from Southampton published in 1997.

Since then several studies have demonstrated variable success with reduced prescribing. Yet back-up prescribing is not without its critics. While some GPs feel it is an appropriate strategy for patients with the early signs of bacterial infection, others suggest it is an approach to be used to placate the demanding patient.

Pooled data evaluating five trials, including some of those above, suggest that the rate redemption of a delayed prescription was around 24% for acute otitis media, and 54% in the case of a cold.

Cognitions that promote prescribing

- The dominant theme to emerge from the literature review was the issue of prescriber anxiety. The anxiety relates to what might happen to the patient if an antibiotic prescription is not issued – both in clinical terms as well as general dissatisfaction caused by disappointment.
- Patients expect doctors to produce a management plan that involves actions. Writing a prescription, traditionally the exclusive capability of the medical practitioner, is a significant and valued event
- While for the most part, GPs are knowledgeable about antibiotic resistance as a concept, it remains abstract and distant to the daily pressures on their workload.
- As for patients, plentiful antibiotic prescriptions and the resolution of symptoms for most patients can lead to attribution bias (subconsciously or otherwise).

Adapted from: Behaviour change and antibiotic prescribing in healthcare settings Literature review and behaviouralanalysisfile:///C:/Users/user/Documents/Seldoc/Clinical%20Newsletters/2016/April%202016/Behaviour_Change_for_Antibiotic_Prescribing_-_FINAL.pdf