

CLINICAL

A NEWSLETTER FOR SELDOC GP'S
OCTOBER 2015

Inside this issue:

GP Access : A Better Way?	1
Compliments	1
Guidance for Learning	1
Learning from Incidents	1
Patients Requesting Prescriptions	2
CMC	2

GP Access : A Better Way?

As I sit here slumped over my desk in a pile of emotionally depleted jelly I reflect (as encouraged by the RCGP of course) on what just happened.

Its 11.57am and I've just finished Monday morning surgery. Well no I haven't – there are a myriad of prescriptions to sign, blood results to check and hospital letters to peruse in a semi-comatose state. I'm a 36 year old GP and I feel burnt out.

The surgery appointment list was full and the telephone callback slots were full. But strangely thinking over the last 3 hours 57 minutes it wasn't the volume of patient contact that drained the life force out of me. Dammed - I worked in hospital before EWTD kicked in so I know what hard work is.

It was the banality of what I was dealing with that's "killing me softly" (nod to favorite song ever).

Reflecting deeper (again as encouraged by those wise folks at the RCGP) on my out of hours shift I did yesterday evening – I really enjoyed my shift. Why? Because almost all the patients I



saw needed to see me. They were sick and needed medical care. I had to use my clinical skills to diagnose and treat patients because they were ill.



So what is the key difference between out of hours and in hours? Well simply it's the fact that in the out of hours model, the patients have already had a telephone consultation by a GP who has either given advice over the

phone or if clinically indicated, booked the patient for a face to face assessment, either in base or as a home visit. This makes the use of GP time highly efficient and relevant to the patients problem.

So, can we adopt this model for in hours Primary Care? Well it turns out you can. And better still there's help available to do it. The two most well known companies who facilitate Practices to make the transition are Doctor First and GP Access (Google them if you want to know more).

The fundamental difference is that there are no prebookable appointments. The patient rings the surgery and speaks to the receptionist who logs it as a clinical query on the GPs list. The GP rings back and assesses the patients needs to ascertain if the query can be dealt with over the phone or whether the patient needs to be seen. All the GPs do this simultaneously and the whole Surgery works as a team to meet the patient demand. No more dumping on one poor on-call GP.

Ok...time for a little confession. The story at the beginning of this piece was me...a year ago.

Our Practice hired GP Access to make the transition to a telephone based appointment system that mimics what we do OOH and the difference is night and day. We still work our cotton socks off mind you. But each session is so much more fulfilling as a GP because we see the patients who need us. And as we see less patients we can offer more time for complex cases. We feel in control and for the first time our A&E attendance rates are dropping.

So is there a better way of working in hours? You bet there is...and its not as hard as you may think.

Farhan Rabbani
Sutton Board Director
Wallington Medical Centre

Compliments

Dr Phyllis Woodford



Patient wrote in to say that they had been in considerable discomfort for 4 days prior to calling SELDOC.

The duty doctor arrived quickly (home visit) explaining the procedure clearly and kindly. The doctor recommended action to

help the patient manage their condition and the patient writes they cannot give enough thanks for the help received.

Dr Hope and Sabrina Madigan



Patient dropped and broke her 3 month old baby's antibiotic bottle and was anxious to replace this.

SELDOC staff were very helpful and caring in helping her find a pharmacy that stocked the items she needed.

Welcome our New Patient Experience & Quality Manager

Claudette Parchment

Patient Experience and Quality Team



Guidance and Learning

Guidance for Speakers

If you would like to lead in an Educational evening for SELDOC GP's please email as at seldoc.clingov@nhs.net

1. Presentations specific to the topic
2. Interactive group tasks (specific to real scenarios that have been encountered by our SELDOC

duty doctors in OOH) Educational Speakers are not asked to provide these

3. Questions and Answers



Thelma Essien
Patient Experience & Quality Coordinator

Learning from Incidents

Incidents reported in Sept 2015 from dispatch driver:

- Patients records being left in dispatch cars after home visits
- Sharps have been found in dispatch cars after home visits.

Key Messages to Duty Doctors

- Staff must never take records home, nor leave them in a vehicle unattended.
- Disposal of sharps should be done by using the sharps boxes provided (sharp boxes are provided in the equipment bags)



Welcome to Joseph Oseghale
Pharmaceutical Advisor

Patient Experience and Quality Team

Duty doctors have identified some specific prescribing scenarios as particularly difficult to resolve.

Patients sometimes request an emergency out of hours prescription of medication for use when travelling abroad. Sometimes these are drugs specifically for travel and at other times these are routine repeat prescriptions.

The usual reason for emergency request that is given by the patients is either a failing on the part of own doctor's surgery or of their pharmacists. The requests are one of the following:

- Antimalarials
- Antibiotics or creams for dealing with possible use when abroad
- Routine supply of usual drugs for chronic conditions such as hypertension and or diabetes

None of SELDOC guidelines really do cover these situations. What should the duty doctor do?

At a prescribing out of hours meeting which was attended by about 25 duty doctors this case scenario led to a lively debate.

Some duty doctors did not feel that it was their role to deal with these problems. Most however were prepared to give a small supply of perhaps 5 days. Some felt it was ok to prescribe the whole course.

SELDOC policy on prescribing dated January 2015 states:

- If you are the doctor administering, or authorising the supply by another of, a medicine, you bear the legal and professional responsibility for that treatment
- You should consider if the medicine is required before the next working day



- Consider the risks associated with the medicine, i.e. risk of side effects, interactions or abuse (see linked Prescribing Policy for High Risk Medicines)
- In the exceptional circumstance that administration of a medicine is warranted, the doctor must have sufficient knowledge and expertise to administer the medicine safely and confidently
- Only medicines for acute symptoms should be administered by a doctor providing urgent care
- The responsibility for administration of on-going or long term medication lies with the doctor that is responsible for on-going care, not with doctors providing urgent care. In view of these policies we would suggest that doctors should take treat each request for such a prescription carefully and refrain from prescribing for

the whole of the holiday period. We do realise that some patients will be inconvenienced.

References:

<http://www.seldoc.co.uk/sites/default/files/Controlled%20Drug%20Prescribing%20Policy.pdf>



Dr Kishor Vasant
Chair of Clinical Governance Committee
St Giles Surgery SE5

Owner	Responsibilities
<ul style="list-style-type: none"> • SELDOC Duty Doctors 	<ul style="list-style-type: none"> • Review CMC records online before contacting or seeing the patient • Follow the care plan • Contact the supervisor on duty if you cannot access the CMC record
<ul style="list-style-type: none"> • SELDOC Supervisors 	<ul style="list-style-type: none"> • Assist the Duty doctors if they are unable to access CMC
<ul style="list-style-type: none"> • SELDOC Administration 	<ul style="list-style-type: none"> • Create SPN flags to make doctors and staff aware that patient has CMC record • Ensure Duty doctors and staff have login details

908 patients with a CMC record made contact with SELDOC in 2014/2015. Only 20 CMC records were reviewed; that's only 2% of CMC records available!

In 2014-2015 only 55 SELDOC members of staff (including duty doctors) had a CMC login username and password. In May 2015, SELDOC administration logged an incident after confirming that CMC flags had not been created to alert duty doctors staff that a named patient had a CMC care plan over a 4 month period. This matter has now been rectified and is being monitored regularly.

Coming soon.....

SELDOC administration will be sending CMC user request to all duty doctors who do not have a username and password. Duty doctors should sign these forms and return them back to SELDOC.

Training can be provided by watching a 10 minute CMC video accessed online. After this login details will be issued.

CMC We MUST do better for our patients!



If you have any problems using or accessing CMC during your shift please contact the duty supervisor at Dulwich base.

Dr Belinda Coker
Medical Director
SELDOC