



Handbook

DUTY DOCTOR

Version 7

January 2015

This document has been prepared to provide duty doctors with an outline of the way SELDOC operates. The information contained within it will change continually, so please let us know if any part of the document is out of date or if there is additional information you would like us to include.

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About SELDOC

South East London Doctors' Cooperative

SELDOC is a not-for-profit social enterprise and limited company. It was started in February 1996 as a GP co-operative for the provision of out of hours services to all the patients of Lambeth, Southwark and Lewisham (LSL) and Sutton.

SELDOC's business model comprises local ownership from GP practice members and the provision of medical care from duty doctors who are on the performer's list of the LSL commissioning PCTs and working within local practices. The government, the GPC, the NHS Alliance and the RCGP all support close involvement from local GPs in the way local out-of-hours services and unscheduled care are run.

SELDOC has Board of 6 GP directors, who with the Medical Director, provide on-call support and can be contacted through the Shift Supervisor.

Mission Statement

The provision of out-of-hours primary medical care that exceeds the standards set by our commissioners and the expectations of members, delivered through nurturing a culture of co-operation and continuous development

SELDOC Duty doctor shifts- a guide to what's involved!!!

Types of Duty doctor shifts

There are a number of shifts available for duty doctors:

Advice/Base:

Duty doctors are required carryout phone consultations and see patients for a consultation at base.

Advice/Base/Mobile :

Duty doctors are required primarily to carry out home visits but if the service requires they will also be requested to carry out telephone consultations and see patients for a consultation at base.

Overnight (Red-eye)

Duty doctors are required to carry out the full range of activities as required by the service demands. They will undertake advice calls (this may be at base or whilst mobile in cars) home visits and see patients for a consultation at base.

Home Worker:

Duty doctors are required to follow the Home working policy. This requires an internet connection at home and initial training on using the equipment issued to carry out the shift from home. Home workers are required to be logged onto the system for the whole shift and be ready to take calls as and when directed by the duty supervisor.

Gracefield Gardens:

Duty doctors are required to see walk-in patients and those directed by SELDOC base supervisors to the location by appointment. The doctor may also be required to carry out advice calls for SELDOC patients.

Lewisham:

Duty doctors are required to see patients directed to the service by SELDOC base Receptionists by appointment. Doctors will also be required to provide advice calls for SELDOC patients.

Guys Hospital

Duty doctors are required to see walk-in patients and those directed by SELDOC base to the location by appointment. Children under 1 can not be seen at Guys UCC.

Standby:

The duty doctor may be required to cover any of the shift types listed above although home working will only be an option if the standby is in possession of a home working laptop. Doctors will be required to cover shifts as directed by the duty Supervisor, to meet the service delivery requirements. There may also be a requirement to attend a base/treatment centre at anytime during the shift.

SELDOC Main Base- Dulwich Community Hospital

Patient Activity

Doctors in Dulwich are required to provide advice calls and, as appropriate, see patients for a face to face consultation as booked appointments.

Doctors undertaking a mobile shift start and finish their shift at Dulwich. This is also the base for 'mobiles' when not undertaking visits as doctors can 'log on' to provide advice at base or in their car through the Tough Book.

Operational Hours-

Medical services

Weekdays	18.30 - 08.00
Weekends and Bank Holidays	24hrs

Operational staff on site

- Duty doctors
- Call Handlers
- Receptionist (Weekends and Bank Holidays)
- Supervisor
- Dispatcher / Drivers

Address;

SELDOC Ltd
Dulwich Community Hospital
East Dulwich Grove
East Dulwich
SE22 8PT

Telephone number

Patient line	020 8693 9066
Admin line	020 8299 2619

Fax Number 020 8693 5512

Directions

The building is served by Bus 37

The nearest train station is East Dulwich.

Other SELDOC Bases: Opening times, addresses and transport to sites

SELDOC has satellite bases

University Hospital Lewisham (UHL)

Patient Activity:

Doctors in UHL are required to see SELDOC patients for a face to face consultation as booked appointments sent following an advice call to SELDOC and may be requested to provide advice calls.

Doctors will treat patients appropriately directed from the A&E into the primary care suite.

Operational system: Aadastra system (for SELDOC patients) and EDIS for A&E patients.

Operational Hours:

Weekdays	20.00 – 00.00
Weekends and Bank Holidays	10.00 – 22.00

Staff on site:

- Duty doctor

Address:

Lewisham Hospital NHS Trust
University Hospital Lewisham
Lewisham High Street
SE13 6LH

Telephone number: 020 8333 3357

Fax Number: 020 8333 3358

Direction:

The hospital is served by buses 47, 54, 75, (24hrs service) 122, 136, 199, 208, 284, 484, P4 bus routes

Nearest train station is Ladywell.

Gracefield Gardens

Patient Activity:

Duty doctors are required to provide primary medical care services for:

- Walk in patients
- Face to face consultations for patients with booked appointments
(*Appointments may be booked by the patient's surgery or by patient or by SELDOC Dulwich base*)
- SELDOC advice calls

Operational system: Aadastra

Operational Hours:

Weekends and Bank Holidays **08.00 – 20.00**

Staff on site:

- Doctor (1-2) *can vary according to demand*
- Receptionist (1) *can vary according to demand*

Address:

Gracefield Gardens
2 – 8 Gracefield Gardens
Streatham
SW16 2ST

Telephone number: 020 3049 5000

Directions:

The building is next to the Odeon Cinema.

It is served by 59, 109, 118, 159, and 250

The nearest train stations are Streatham Hill and Streatham

Guy's UCC

Patient Activity

Doctors in UCC are required to see SELDOC patients for a face to face consultation as booked appointments sent following an advice call to SELDOC and may be requested to provide advice calls.

Doctors will need further induction at Guy's to be arranged with the Operations Team.

Operational system: Adastra/Southwark Adastra/PIMS

Operational Hours:

Saturday	08.00 – 20.00
Sunday & Bank Holidays	08.00 – 20.00

Staff on site:

- Duty doctor

Address:

Guy's Hospital
Great Maze Pond
London SE1 9RT

Telephone number: 0203 049 8970

Fax Number: 0203 049 8971

Direction: The Hospital is served by the following buses, trains and tube.

Buses:

Please allow 15 - 20 minutes to get from the bus stop to where you need to be in the hospital. The following buses stop at London Bridge, London Bridge station or near Guy's hospital:

17, 21, 35, 40, 43, 47, 48, 133, 141, 149, 343, 381, 521, 701, RV1, C10.

Night buses stop at or near London Bridge: N21, N35, N47, N133, N343 and N381.

The nearest train & tube station:

London Bridge is the nearest railway station and is 5 minutes' walk.

St Thomas' UCC

Patient Activity

UCC only

Doctors will need further induction at St Thomas' to be arranged with the Operations Team.

Operational system: Symphony

Operational Hours:

Weekdays	20.00 – 00.00
Weekends and Bank Holidays	20.00 – 00.00

Staff on site:

Duty doctor

Address:

Westminster Bridge Road
London
SE1 7EH

Telephone number: 020 7188 6182

Fax Number: 020 7188 2132

Direction: The Hospital is served by the following buses and tubes.

Buses:

Allow 15 - 20 minutes to get from the bus stop to where you need to be in the hospital. The following bus routes serve St Thomas':

12, 53, 148, 159, 211, 453, C10 - stop at Westminster Bridge Road
77, 507, N44 - stop at Lambeth Palace Road
3, 344, C10, N3 - stop at Lambeth Road (15 minutes' walk)
76, 341, 381, RV1 - stop at York Road
N44, N155, N159, N381 - Night buses stop at Westminster Bridge Road
N3 Night bus - stops at Lambeth Road

The nearest tube stations are:

Westminster - District, Circle and Jubilee lines (10 minutes' walk)
Waterloo - Bakerloo, Jubilee and Northern lines (15 minutes' walk)
Lambeth North - Bakerloo line (15 minutes' walk)

Sutton - St Helier Hospital

Patient Activity:

Doctors in Sutton OOH are required to see SELDOC patients for a face to face consultation as booked appointments sent following an advice call to 111 and may be requested to provide advice calls.

Doctors will treat patients appropriately directed/streamed from the A&E and Pediatrics departments also via the appointment system.

Operational system: Adastra system

Operational Hours:

Weekdays	19:00 – 23.00
Weekends and Bank Holidays	08:00 – 23:00

Staff on site:

- Duty doctor
- Receptionist
- Driver

Address:

St Helier Hospital
Wrythe Lane
Carshalton
Surrey
SM5 1AA

Telephone Number	020 8296 2000 (switchboard)
SELDOC Reception Direct	020 8296 2555
Fax Number Direct	020 8296 3508

Directions:

The nearest train stations are:

Carshalton – 157 bus to hospital

St Helier – 154 (to Rose Hill Roundabout then 5 minutes walk to the Hospital)

Sutton – 280, 164 and S1, night bus N44 to Rose Hill Roundabout then 5 minutes walk to the Hospital).

Call Grading / Priority

SELDOC grades all calls in the following priority

Priority on telephone contact – *Prioritised by the Call Handler*

Call Priority	Details	Advice Doctor Response time	Adastra colour coding
'A'	Emergency 999 calls	-	
'B'	Urgent calls	20mins	
'C*'	Routine	60mins	
'C'	Routine	60mins	
'D'	Death	-	
'P'	Psychiatric	60mins	

Priority on assessment – *Prioritised by the Advice Doctor*

Call Priority	Details	Base / Visiting Doctor Response time
Emergency 999	Emergency 999 calls	-
'B*'	Emergency calls	1hour
'B' Urgent	Urgent calls	2hours
Less Urgent	Routine	6hours

Priority on follow on – *Prioritised by the Base / Visiting Doctor*

Call Priority	Details
Emergency 999	999 called
Emergency B*	On examining the patient, the condition required a 1hr face to face response time
'B' Urgent	On examining the patient, the condition required a 2hr face to face response time
Less Urgent	Not meeting any of the above criteria

All Out of Hours Providers are measured against National Quality Requirements (NQRs). The SELDOC team need to work together to ensure we achieve compliance and maintain high quality patient care.

How the SELDOC team can help you during your shift: The roles of the Supervisor and Dispatcher

Supervisor

- a) To supervise the smooth running of a shift, working with the duty doctors and staff, recording their attendance, providing equipment, allocating monitors, rooms, checking and resetting their log-ins, if required
- b) To support the staff in answering and handling of incoming telephone calls ensuring this is approached in a sensitive and professional manner
- c) To ensure all calls are dealt with promptly, prioritising urgent calls and recording them onto the Aadastra system and passing on accurate timely messages, when required
- d) To fully understand the importance of NQR Targets and ensure where possible these are met, taking action as appropriate to prevent breaches of standards by calling in additional medical manpower, support staff or escalating to the on-call managers
- e) To ensure the safety of patients whilst attending the base, monitoring waiting areas routinely
- f) To organise the prescriptions service, providing medication for dispensing as requested by medical staff
- g) To ensure the safe handling and adequate recording of controlled drugs, in line with SELDOC policy
- h) To ensure there is minimal duplication of patients' information by following the correct processes and appropriate record amalgamation using your Smartcard
- i) To ensure all relevant patient information is passed to the GP practice in a timely manner
- j) To work with other agencies as required, including NHS direct, the ambulance service, coroner, SLAM, Marie Curie, community nursing

Dispatcher

- a) To provide drivers with information on routes, journeys and locations as appropriate
- b) To provide audits of car and fuel usage as required
- c) To undertake a check on all cars and complete the required documentation, at the beginning and end of the shift, ensuring that any vehicle taken out and returned is in an undamaged condition, with adequate fuel
- d) To organise the refueling of vehicles when required
- e) To support the supervisor, when required
- f) To undertake driving and call handling responsibilities in periods of high demand

Telephone Consultations

All patients who contact SELDOC directly are initially assessed by a SELDOC call handler before being entered onto the OLC queue for duty doctor advice.

SELDOC is an urgent care service. SELDOC does not provide routine General practice care to patients. Routine repeat prescriptions should not be prescribed unless absolutely necessary.

- All patients who are assessed by a SELDOC call handler and all LSL (Lambeth, Southwark & Lewisham) NHS 111 calls will speak to a duty doctor for a telephone consultation.
- Before you speak to the patient review any information held on the Aadastra system such as Special Patient Notes or previous encounters. If the patient has a CMC record, access the CMC website and review the information
- Call the patient and introduce yourself to the patient
- Conduct a clinical assessment ensuring that you enquire about red flag symptoms, drug history and allergies.
- Enquiring about the patients ideas, concerns and expectations can help avoid conflict and reduce the change of dysfunctional telephone consultations. Please remember that SELDOC deals with acute and urgent problems that can be attended to by a GP. Many patients will not be aware of what services SELDOC can and cannot provide.
- Decide whether the problem can be concluded by telephone advice and management or whether the patient requires a face to face assessment (at a SELDOC base or home visit*)
- Document the consultation in the Aadastra record
- If the call can be concluded as telephone advice select 'end' to close the case
- If the patient requires face to face assessment select 'forward' to send the case to the SELDOC admin team to book the appointment or visit.
- Complete the informational outcome so that SELDOC can monitor the type of cases that we receive

If you are unable to reach a patient follow the flow charts in SELDOC's Failed Contact Standard Operating procedure (available on Aadastra- Policies & Standard Operating procedures)

Recording of Advice Calls

- In the interest of patients, staff /GP members and the high level of service we provide, all calls are recorded.
- In order to audit calls taken by staff and doctors it is SELDOC policy that on a regular basis, via the SELDOC Voice Recorder System, calls taken will be listened to by the Operations Manager (in the presence of another Senior Member of Staff).
- Doctors working on remote sites (Gracefield Gardens, Lewisham, Guys, Sutton, Mobile doctors and Homeworkers) who are performing advice calls

should activate the telephone call recording system before speaking to patients.

- For all of the above workers (with the exception of homeworkers) firstly dial into OPEX 01324 745202, wait for a dial tone and then call the patients number.
- For homeworkers activate the soft phones for call recording (see homeworker policy). If the soft phones are faulty please dial into OPEX (as above)

- Based on the audit, the Operations Manger will undertake to do the following:-
 - (a) use the information to retrain staff on ongoing customer care or otherwise
 - (b) Forward any calls of concern about a doctor to the Medical Director
 - (c) assess both the quality and ability of staff and doctors taking and responding to calls from the public
 - (d) Listen to the GP's consultations at the request of GPs or patient requesting transcript under the Access to Health Act.

- Whilst audit of calls is an excellent option to identify ongoing training needs within the organisation, this would be carried out at the discretion of the Operations Manager and form part of staff /Doctor audit.

Base Consultations

As a general rule patients must be invited to attend our base by the duty advice doctor. SELDOC is not a walk-in service for patients.

Information to the Advice Doctor –Arranging patients to be seen by a doctor at a SELDOC base

At the end of your consultation with the patient, in Adastra Online clinician (OLC), the call should be 'forwarded' to base. This will send the call to the Receptionist who will contact the patient to arrange a suitable appointment time.

Please inform the patient that someone will call them back to arrange an appointment.

We sometime have situations where patients do not attend their appointment, therefore when advising the patient please give them adequate advice to minimise the risk.

The receptionist will contact the patient to book an appointment. The appointment time given will depend on the priority that you assign.

B*(Emergency 1hr) will be given the first available appointment (should be within the hour)

B (Urgent 2hrs) - will be given the first available appointment (should be within 2hrs)
C, C*, P (Routine 6hrs) – Will be given an appointment time within 2hours from the time the call was forwarded for a base appointment.

**SELDOC aims to see all patients on arrival*

When the patient arrives

When the patient arrives, this will be logged by the receptionist, the patients arrival time will be indicated in Adastra OLC.

Length of Consultation

Your base consultation length should be within 15mins (*please be aware that other patients may be waiting to be seen or waiting for a call back*).

Home Visits

Home visits must be arranged for the following patients

- The terminally ill patient (B call – Urgent within 2 hours)
- Bedbound patients in whom travel to premises by car would cause a deterioration in medical condition or unacceptable discomfort (B call or C call within 6 hours depending on the outcome of the clinical assessment)

Where a home visit for assessment is essential it must be provided.

Home visits cannot be offered to all patients who want one.

Reasons are outlined below:

- SELDOC bases have the equipment and staff assistance available to provide the environment for the most effective assessment and treatment. Patient's homes are not equipped for clinical assessment and examination. E.g. Light may be poor, the bed too soft/high/low, lack of furniture to place equipment, handwashing facilities suboptimal, lack of assistance/trained chaperone
- The service is most efficient if our resources are used properly. i.e. home visits are restricted to those patients who really need it. This means that patients can be seen at base sooner and it prevents a delay to those patients that need to be seen at home.

Language support services

Language Line

Patients who are unable to communicate in English, by reason of language or hearing problems, often find it difficult to access appropriate health care, particularly over the telephone. They and health care providers usually depend on relatives/friends or children of patients to act as interpreters. This is unsatisfactory as frequently these individuals are unable to interpret medical terminology correctly.

Language line is a telephone interpreting service that is available 24 Hours a day, 7 days a week

If when working on duty it is apparent that you are unable to communicate effectively with a patient due to language problems, the following interpreting service will be the most effective for out-of-hours healthcare.

- Establish the language the patient speaks – write it down on the notes.
- Assure the patient/relative that the interpreter is a trained professional and the service is free and confidential.
- Inform the patient that an interpreter will call them as soon as possible
- ‘Lock’ the patient’s medical record and contact the supervisor who will call language line to request the interpreter.
- There may be a delay in obtaining the interpreter so you can continue to take further calls from the OLC in the meantime.

It may not be possible to use this service for the initial triage of ‘urgent’ calls (*these need a doctor call back within 20mins*)

If a home visit is then arranged, the visiting doctor can then organise a telephone interpreter prior to arrival at the patient’s home.

Type talk – hard of hearing/deaf

We do have an account with Type talk for those patients who have access to this service. The patient will usually ring Type talk who will then call us on behalf of the patient. When you call the patient back for a telephone consultation this will be done via Type talk. Type talk communicates with the patient via a PC and with you via the telephone.

When calling the patient please dial – 18002 followed by the full number you wish to call. You will get a recorded message, when the patient answers the call,

The type talk operator will join the call.

The type talk operator will type your conversation to the patient who will read it on a display screen

The patient will either speak directly back to you if they use their voice or type their response back which the type talk operator will relay.

Etiquette

Please **speak directly to the text phone user** (the patient) and not the type talk operator. Therefore you **avoid** phrases such as ***'tell them'*** or ***'can you ask her'***

Say 'Go ahead' at the end of your sentence so that the operator knows you have finished speaking.

If type talk user is able to use their voice and decides to speak directly to you, please do not interrupt as they are unable to hear you.

Once the call has ended say 'goodbye' which will inform the type talk operator you have finished the call.

If you encounter any problems please ring Type talk customer support number on 0800 731 888.

Quality of language support services provided:

SELDOC is monitoring the quality of this contract. Please let the Operations Manager know if the service does not meet your requirements in order that we can provide feedback and improve quality.

Sharing Important Clinical Information: Special Patient Note (SPN)

There are often circumstances where it is extremely useful for SELDOC duty doctor to be forewarned of significant circumstances pertaining to a patient. Examples include:

- Individuals with special needs, unusual or dangerous illnesses.
- Violent patients.
- Frequent callers
- Care plans for those with mental illness.
- Patients who may call for drugs of dependence.
- Those subject to Child Protection legislation.
- An alert to inform you of patients with a Coordinate my Care record (Palliative Care patients and patients with an advanced care plan)*

These are stored on the system and called up when a call is received from the patient. The notes are added directly to our database by the patients registered doctor and in future other carers of the patients like palliative care teams, district nurses etc.

In the case of non-registered patients, any health professional may post this note. Urgent cases should be brought to the attention of the Supervisor, who must inform the on-call Manager for urgent and non-urgent requests.

The instruction on the special notes must be followed at all times.

The special note shall remain in force as until it gone passed its review date and where no further instructions are received the note on the system will lapse after the review date.

All Surgeries are sent reminders to review the notes on their patients.

*CMC is a web based information sharing service accessible to a number of healthcare services. It contains care plans for patients with Long-term conditions and who require End of Life Care who have consented to this information being included. The link to the website is available in Adastra 'Clinical links'. You will need a CMC username and password to access the system.

Hospital Pathology lab results

SELDOC quite often receives Hospital Path Lab results. All results are accepted by the service and are rung through by a clinician from any Hospital Path Lab.

The results are sent electronically or faxed to the duty Supervisor, who will try to obtain all patient information and log it on the computer in the normal way.

Email: seldoc.supervisors@nhs.net

Safehaven Fax: 0208 299 2534

If the patient details are incorrect i.e. patient has no telephone number and all other means of contacting the patient fails it is the duty doctor's decision what action to take. The patient may require a home visit to ensure that there is no clinical risk.

In the instances where we have no details on the patient, the call is passed to the patient's own GP, who may provide the details for SELDOC to follow up the patient.

It is normally the case that the Lab only passes on the results to SELDOC when they think the patient cannot wait to be clinically assessed until the next day or after the weekend when the surgery re-opens.

Although it can be very frustrating when SELDOC gets these calls from the Lab with little patient information, our priority is our duty of care to the patient.

Responsibilities of Mobile Doctors

Whilst at base, mobile doctors will be expected to perform the functions of base doctors.

If the demand is excessive you may be called back from a visit or held back at base.

Mobile Doctors are strongly advised not to refuse home visits that have been agreed by Base Doctors.

Please return to base once the visits are concluded.

IN CAR

- Please deal with any rubbish you generate.
- Sharp boxes are in the bag. Please take the box to the needle and NOT vice-versa.

VISITS

- Please ensure that you have with you the visiting bags and that they are appropriately stocked.
- On arrival the driver will escort you to the door and remain with you if you consider this necessary.
- You may decide to take the tough book with you into the patients' home and enter the consultation details whilst the consultation is going on.
- If you decide to leave the tough book in the car and enter the consultation after the visit, **please be sure the take note of the consultation start and end times. This should be entered into the tough books. (this will impact on or National Quality requirements)**
- Please enter details of any drugs used on the sheet provided so it can be restocked for the next visiting doctor. .
- All equipment should be used and guarded as if they are yours; doctors will be charged for the cost of any equipment left in the patient home.

Dealing with Calls to verify death

If you have to deal with a death during your shift it is your responsibility to complete the Verification of Death confirmation sheet and hand over to the Supervisor who will ensure the patient's own GP is informed

Copies of the Verification of Death forms are in the bags /Cars. Please refer to SELDOCs Verification of Death Policy

At the end of the shift (Mobile Doctors)

Please ensure that you log out of the tough book and ensure the supervisor signs you out.

Completion of Drivers Signature Sheet for Medical Bags

All medical bags will be signed out for each visiting Doctor by the driver in each vehicle. The bags will be issued as follows:

There will be a signature sheet for the medical bags which will be held by the Dispatcher on duty

- The driver concerned must fill out the form completely.
- The Driver is responsible for the safe keeping of the medical bag whilst the Doctor is on a visit if it is left in the car.
- The bag will be stored in the boot of the car. Only when the Doctor needs something from the bag it is to be opened.
- When a driver finishes his duty session he then returns the bag to headquarters and signs it back in.
- The Dispatcher on duty is to witness this and will sign the signature sheet as a witness to the bag being returned.
- If a Doctor has used the daily drugs in the bag the insert for the daily drugs will need to be replaced before the next doctor uses the bag.

Safety

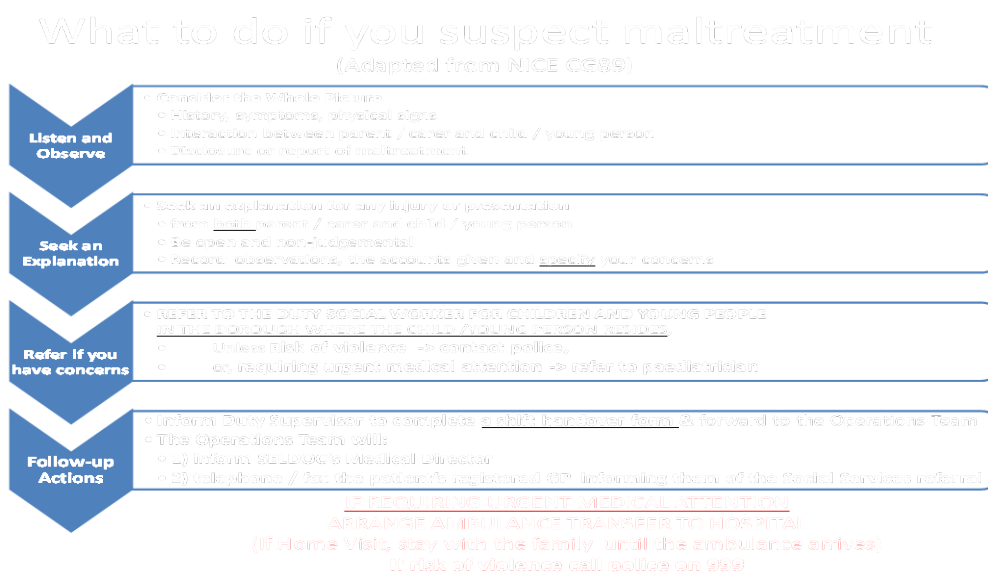
- Take precautions to optimize your safety during your time at SELDOC.
- The consultation rooms have emergency alarms.
- If you are concerned during a home visit the driver (mobile shifts), receptionist or supervisor (base) can be present during your consultation.
- If a patient is verbally or physically abusive to you and there is an immediate risk to yourself or another member of staff; call the police. Inform the duty supervisor. Complete a feedback form or contact Operations team to let us know.

Safeguarding

The safeguarding of vulnerable adults, children and young people is paramount and an essential part of ensuring that we are delivering safe and effective care for our local population.

If you are speaking to a representative of the patient; ensure you document their full name and the nature of their relationship with the patient

Refer to SELDOC's safeguarding policy for Children & Young people for more detail



Refer to SELDOC's safeguarding policy for vulnerable adults for more detail

Safeguarding Adults Referral Process

• Inform line manager or duty supervisor

• YES
Dial 999
for police or ambulance

- Lewisham 020 8314 6000
- Southwark 020 7525 5000
- Lambeth 020 7926 1000
- Sutton 020 8770 5000

IF REQUIRING URGENT MEDICAL ATTENTION
ARRANGE AMBULANCE TRANSFER TO HOSPITAL

Duty doctors must take responsibility for discussing and referring safeguarding concerns to social services.

Mental Capacity Act

The Principles of the Mental Capacity Act 2005

The main principles of the Mental Capacity Act should be used when making decisions on patient care.

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because they make an unwise decision.
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interest.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

You should never base your assessment of capacity of a person simply on a person's age, appearance, assumptions about their condition, or any aspect of their behaviour. Instead apply a two- stage test:

- Does the patient have an impairment of, or a disturbance in the functioning of the mind or brain? If the answer is 'no', the person has capacity and the MCA becomes irrelevant to the situation. If yes proceed to the next stage:
- Does the impairment or disturbance mean that the patient is unable to make a specific decision when they need to? If no, then the Mental Capacity Act does not apply, and the patient makes the decision for themselves. The assessment relates to a particular decision at that time and the inability to make the decision must be due to the impairment or disturbance of mind or brain.

If the patient is unable to make a decision if they cannot do one of the following:

- Understand information about the decision to be made
- Retain that information in their mind*
- Use or weigh that information as part of the decision making
- Communicate their decision.

* Only for long enough to use or weigh the information and communicate their decision

The first three criteria are assessed by:

- Presenting the information
- Asking them questions after a few minutes to check they have remembered and understood it
- Asking them their decision and how they have reached it.

If after assessment it is decided that the patient does not have capacity consider making a decision in the patients best interests by asking 'what would the patient have decided were they still able to make a decision for themselves?' Encourage participation from the patient who may still be able to express an opinion on the matter. Where possible speak to their named representative/lasting power of attorney or relatives, carers taking care not to share confidential information. Avoid restricting the person's rights - the decision taken should be the least restrictive

Advance Decisions

Where an advance decision may exist, reasonable efforts should be made to find out what it is; in emergencies whether to try to find an advance decision will depend on the urgency. Advance decisions may be verbal, except those about life sustaining treatment, which must be in writing and signed by the patient and a witness, and include a statement that the decision is to apply even if life is at risk.

Is it valid?

The following things would invalidate an advance decision:

- Made by someone under 18
- Reasonable grounds to suspect the person lacked capacity when making the advance decision (for example advance decisions to refuse life sustaining treatment made when suicidal would raise suspicions)
- Decision withdrawn or amended when the person still had capacity
- Creation of lasting power of attorney with powers to make same decision after they made the advance decision
- Actions suggesting they changed their mind after they made the advance decision.

Is it applicable?

An advance decision may not be applicable if:

- The treatment to be refused in the advance decision does not correspond to the treatment that the doctor is currently proposing
- The circumstances in which the advance decision is to apply do not correspond to the present circumstances
- Circumstances (which would have affected the advance decision when it was made) have changed since the advance decision was made. For example changes the person could not have anticipated have occurred, such as unforeseen advances in medical treatment.

Always document your actions, discussions and decisions in the patients medical record.

Compulsory admission under the Mental Health Act

There are two Sections of the Mental Health Act which allow emergency admission of patients whose mental health issues put them at immediate risk to themselves or others.

Section 4 allows patients to be admitted and detained for up to 72 hours after one doctor has said that urgent admission is needed. An application for a Section 4 admission is usually made by an approved mental health professional (AMHP) i.e. the on-call Social Worker.

Section 136 of the Mental Health Act allows the police to take a patient from a public place to a place of safety, if they think he or she needs immediate care or control. A 'place of safety' might be a police station or the nearest A&E Department. People can be held under Section 136 for up to 72 hours, during which time they should be seen by a doctor and by an approved mental health professional (AMHP).

If the attending duty doctor thinks that a patient requires emergency admission following assessment they must seek consent of the patient to be admitted. If the patient declines or is unable to give consent the GP must then contact the On-Call Approved Social Worker to undertake admission via Section 4.

If the patient appears threatening in any way, the GP must use extreme caution and contact the Police for assistance. The Police can facilitate admission through the application of Section 136 if they feel the patient presents an immediate risk to themselves or others.

Important Points

- It is always good Practice to involve family members and next of kin in decisions to admit patients under the Mental Health Act
- Always document as fully as possible in your notes reasons why it was felt admission under the Mental Health Act was required
- These situations can be stressful. Please liaise with the on-call Clinical Director if you need further support.

Patients outside SELDOC area

Not applicable to Gracefield Gardens

Some surgeries have registered patients who live on the boarder or just out of SELDOC operational area. To cover such patients SELDOC has a 2mile radius policy

It is no longer sufficient to tell a patient, just by their post code that we do not cover them.

Patients who fall within the above category can receive advice and be invited to Base.

The 2 mile radius policy kicks in when a home visit is required.

2 MILE RADIUS FOR HOME VISITING

SELDOC will undertake a home visit for all patients that live within the London borough of Lambeth, Lewisham, Southwark and Sutton and who live within 2 miles of the GP surgeries that border these boroughs.

If the patient lives outside the 2 mile radius the supervisor and dispatcher will ensure the action outlined below in the Cross Border Policy will be undertaken.

Walk in patients

Not applicable to Gracefield Gardens

As a general rule, patients must be invited to attend our bases (*except at our Gracefield Gardens base*) by the duty advice doctor.

SELDOC is not a walk-in service for patients and patients should not be told they can turn up whenever it suits them.

All walk in patient will be turned away except at the discretion of the supervisor / Doctor.

Patients who arrive without being invited should be treated with the same courtesy as expected patients.

It is important to explain sympathetically to them the way in which the Co-operative works and provided that they are in reasonable health and are not acutely unwell (see below), they should be informed of the most appropriate way of accessing the service i.e. Return home and telephone their doctor in the usual way.

Exceptions

It is imperative that we do not turn away patients who fall into the following categories:

Patients complaining of severe pain, difficulty in breathing, chest pain etc.

Parents who present with children who are obviously unwell, screaming or crying in pain.

Patients who become particularly distressed at being turned away, or who refuse to leave.

A patient who is incapacitated and not capable of walking to the nearest payphone.

Patients who fall into this category should be invited to have a seat and an appointment set for the doctor to them.

Major Incident Protocol

SELDOC is not an emergency service, and as such has no official role to play in any major incidents.

The vast majority of the doctors on call do not have the necessary training to deal with major trauma, and the Co-op cars carry only very basic resuscitation equipment

The general policy will, therefore, remain to act to support the needs of primary care (which may become more intense following, for example, a terrorist outrage), rather than involve itself in the 'front line'.

It has been agreed that the Minor Injuries Unit at Kings College Hospital may triage Primary Care patients to SELDOC if they are a support receiving hospital for Minor Injuries in the event of a major incident.

Therefore, before volunteering our service in any major incident, the supervisor should first contact the on call Manager (who will liaise with the director on call) as to whether it is appropriate for the SELDOC to be involved in any particular incident.

Whistle Blowing

Whistle-blowing is defined as:-

The disclosure by an employee or doctor of confidential information, which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace, be it of the employer or of a fellow employee(s).

A whistle blower is not a "sneak" or a "trouble maker" but someone who comes to a decision to express a concern after a great deal of thought. The law only requires that there be a genuine doubt – the individual is not expected to produce unquestionable evidence to support the concern.

Applicability

The policy applies to all employees and Partners, and also applies to other people who work at the Base e.g. locum GPs, non-employed nursing staff, temporary staff and contractors.

Summary of SELDOC's Policy (please refer to SELDOC's Whistleblowing policy for full details)

- SELDOC has a duty to conduct its affairs in a responsible way.
- SELDOC encourages openness, freedom of speech and the voicing of concerns as a contribution towards maintaining and enhancing quality and ensuring high standards of governance and accountability.
- SELDOC wishes to encourage and enable employees to raise genuine and legitimate concerns internally, confidentially, and without being subject to disciplinary action or any other detriment.
- SELDOC wishes to provide an opportunity for those concerns to be investigated and for appropriate action to be taken to ensure that the matter is resolved effectively within the Practice wherever possible.
- SELDOC wishes to enable employees to raise concerns with appropriate outside bodies in the event that the concerns are not dealt with satisfactorily internally.

Examples of serious concerns covered by the Policy

- An offence under, or breach of, any statutory instrument or legal obligation
- Fraud, financial irregularity, dishonesty
- Malpractice, corruption, bribery
- Unethical conduct
- Medical or prescribing errors
- Breach of confidentiality
- Miscarriage of justice
- Danger to the health or safety of any individual or the environment
- The deliberate concealing of information about any such matter.

Procedure

- If you identify a matter of serious concern, you should in the first instance notify the Director of Operations in writing.
- The Director of Operations will investigate the matter promptly and inform you of the findings in writing, and a copy will be sent to the member of staff who is the subject of the allegation.
- If appropriate, Practice's disciplinary procedure will be invoked to discipline the offender.
- Where there is evidence of criminal activity, the Police will be informed.
- If you are dissatisfied with the outcome of the investigation you may notify the local Primary Care Organisation, or other relevant outside body such as the Health and Safety Executive or H.M. Revenue and Customs, depending on the nature of the matter.
- Any victimisation of an employee who raises a concern, or any attempts to deter him/her from raising a legitimate concern, will be regarded as a serious disciplinary offence.
- The raising of false or malicious concerns or complaints will be regarded as a disciplinary offence.

Quality and Patient Experience

SELDOC are committed to delivering high quality care for our patients. Your contribution towards this goal is crucial.

Standards Set by the Department of Health: National Quality Requirements (NQRs)

Following the review of out of hours services by the Department of Health, commonly known as the "Carson Review", a set of standards were developed for providers. These were revised in October 2004 and renamed the National Quality Requirements.

There are 13 requirements, ranging from speed of access to the quality of care and arrangements for "special" patients. (A full copy is available on the intranet).

Key requirements for clinicians are;

1. **NQR 4** – Audit 1% of all Clinicians work and report findings to the PCTs
2. **NQR 9** – Start Definitive Clinical Assessment (doctor call backs/ Patient waiting time to speak to a doctor).
This measure the length of time it took for a clinician to contact the patient after the call handler completed the call taking process.
Requirement -

1st Call Back (Doctor Advice)

		<i>requirement</i>
<i>B (urgent)</i>	<i>20mins</i>	<i>100%</i>
<i>C, C* & P</i>	<i>60mins</i>	<i>95%</i>

**any call that goes over the requirement is classified as a fail, even if it's only a minute over!*

3. **NQR 12** – This measures the waiting time for base and home visit patients *Requirement -*

Start of face to face consultation (Base and Home Visits)

Start of Consultation		<i>requirement</i>
<i>B* (Emergency)</i>	<i>1hour</i>	<i>100%</i>
<i>B (urgent)</i>	<i>2hours</i>	<i>100%</i>
<i>C, C* D & P</i>	<i>6hours</i>	<i>95%</i>

B* Emergency calls are those that do not requirement 999 response but cannot wait for 2hours.

SELDOC's performance is reported at our quarterly monitoring meeting to our PCTs.

To help us meet these requirements we have estimated the following average times per consultation;

Call type	Average consultation time
Advice	10mins
Treatment Centre / Face to Face	15mins

It is essential that you adhere to these timeframes so that we can meet these quality requirements

Improving patient safety and service delivery through feedback

Patient Feedback

SELDOC routinely sends patient questionnaires to proportion of our patients seeking to find out how we have performed. Questionnaires are also available in the waiting room. Patients can complain or provide feedback via the internet or in writing via post or e-mail.

SELDOC will be exploring other modes of obtaining feedback. If you have any ideas please contact seldoc.clingov@nhs.net

Your Feedback

If you have an informal complaint, would like to give feedback or need assistance regarding any of the following,

- **Clinical equipment/drugs/service delivery/communication regarding a patient/handover to GP:** During OOH period speak to the supervisor and/or complete a Feedback form and hand to supervisor. During office hours (**Monday –Friday 09.00 – 17.00**) you can speak to the Operations Manager (Direct line – 020 8299 5501)
- **Sessions/duty allocation/rotas/:** Contact the Operations Manager during office hours (Direct line – 020 8 299 5502).
- **Accounts queries:** Contact the Finance Department (Direct Line – 020 8299 5503).
- **Changes to personal computer information:** Fax or email changes to the main Fax no 0208 693 5512 during office hours, email to seldoc.enquiries@nhs.net .
- **A member of staff:** Contact the Operations Manager

- **A Colleague:** Speak to the Supervisor on duty, Operations Managers or Director On-call during operational hours; alternatively you can put the concern in writing. **This letter can be anonymised if the doctor wishes.**
- **Inappropriate visit requests from base doctor:** as point above.
- **Any other problems:** Contact the office staff

SELDOC contact details

<i>Admin telephone</i>	<i>020 8299 2619</i>
<i>Fax</i>	<i>020 8693 5512</i>
<i>Email</i>	seldoc.enquiries@nhs.net .
<i>Address</i>	<i>Dulwich Community Hospital, East Dulwich Grove, SE22 8PT</i>
 <i>Office hours</i>	 <i>9am to 5pm</i>

Please refer to the complaints policy for more formal complaints

Quality Audit, Performance Reports & Training

SELDOC's clinical Governance team regularly review the quality of consultations between patients and the duty doctors. Information about the quality of the consultations audited is included in your quarterly performance report.

You will also receive a monthly performance report which includes details on your productivity, prescribing and patient feedback is also sent
All duty doctors are required to keep their knowledge and skills up to date.

Duty doctors must adhere to the mandatory training requirements which are outlined in the duty doctor Service Level agreement

SELDOC provides Basic Life support renewal courses. Safeguarding courses are available on-line and SELDOC hopes to provide safeguarding courses in the new future.

SELDOC aims to host four evening training sessions each year for duty doctors based on hot topics related to OOH service delivery.

TELEPHONE NUMBERS

DISTRICT NURSES

LAMBETH	020 3228 6000
SOUTHWARK	020 7403 7771
LEWISHAM	020 7403 7771
SUTTON	Office: 0208 254 8488 Mobile: 0750 010 1424

Community Nursing Information

When contacting the District Nurse please call to the telephone number relating to the Borough in which the Patient resides.

Pass the operator name, address, and telephone number of the patient, GP and address and request that the details be passed to the District Nurse team.

SOCIAL SERVICES

LAMBETH	020 7926 1000
SOUTHWARK	020 7525 5000
LEWISHAM	020 8314 6000
GREENWICH	020 8319 3666
WANDSWORTH	020 8871 6000
Sutton & Merton	0208 770 5000

POLICE

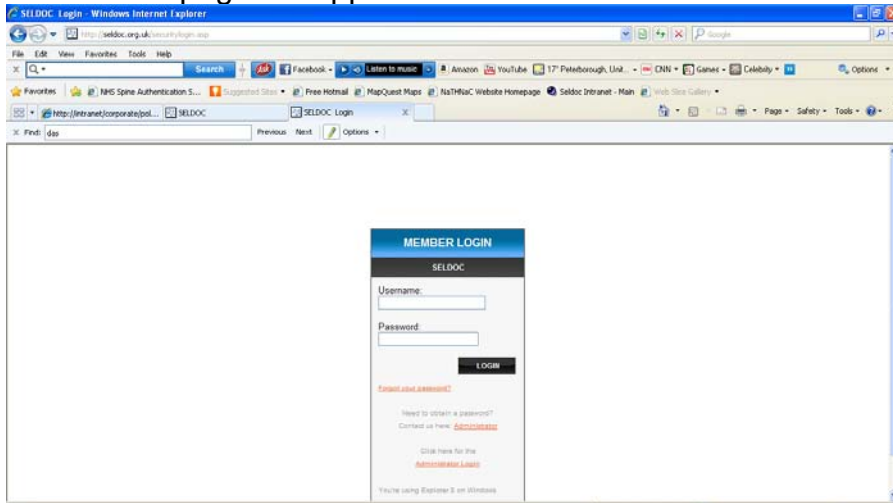
Non-urgent calls dial	101
Emergency calls dial	999

Applying for Shifts Online

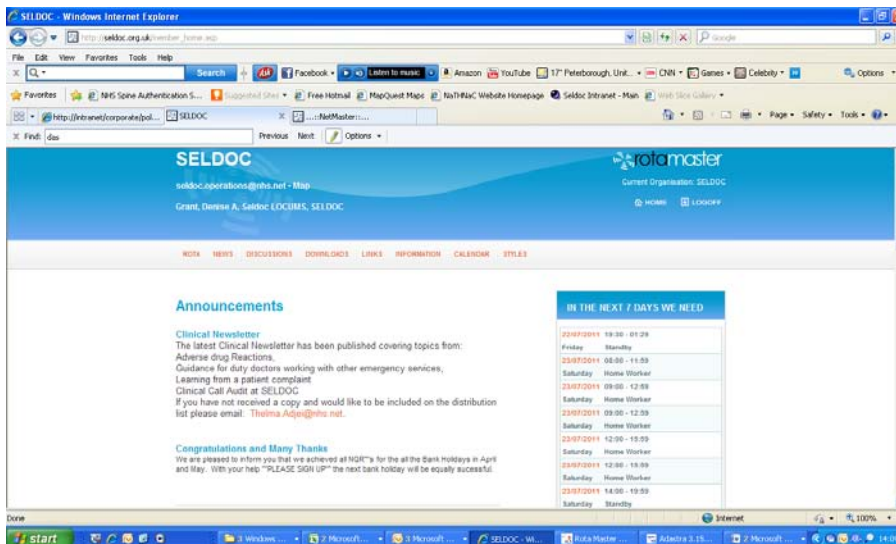
All duty doctors will be issued with a user name and password to access the members' website once they have been approved as eligible to participate in the rota by the Clinical Governance Committee.

The site address: www.seldoc.org.uk

The access page will appear as below:



Once you have typed in your user name and password the next window you will see the homepage:



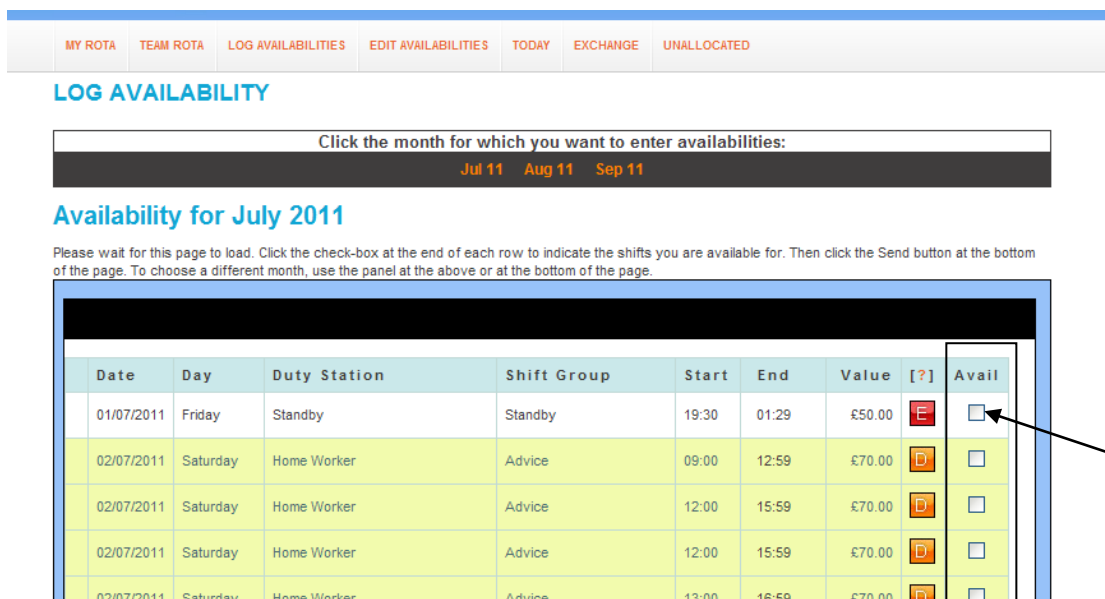
Click 'rota' to view the rota which will give a summary of all shifts allocated to you.



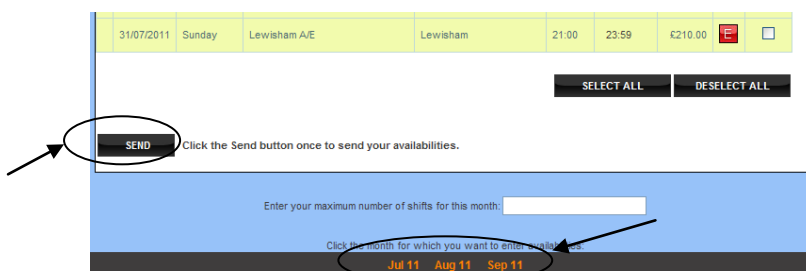
By selecting the option Log Availabilities, this will list all the available shifts.



Select shifts by clicking in the box in the avail column next to the preferred shifts.



When you are happy with your selection then select send and your availabilities will be emailed to the rota administrator.



You will need to select your availabilities for each month.