

Learning Line

The Medical Directorate at NHS England South East (Kent Surrey Sussex) receive and respond to a wide range of clinical issues covering the scope of general medical practice. There are some recurring themes (such as the use of chaperones, record keeping and confidentiality) but some are more unusual. Below are some cases together with the lessons learnt which we can share with you. Some of the case details have been changed to maintain anonymity.

Colorectal Cancer in younger people.

Colorectal cancer increases in incidence with age and is more common in men than women. In the under 40 years age group they can be difficult to diagnose, not only because they present with nonspecific symptoms, but also when the presenting symptom is isolated rectal bleeding, this does not meet the [NICE criteria for the suspected cancer pathway](#). In one case the presentation changed after the correct non-urgent pathway was chosen, and the presence of abdominal pain with unexplained rectal bleeding should have elicited a fast track referral. In another example, a 37-year-old man returned from a holiday abroad giving a 6-month history of abdominal pain. His initial episode of rectal bleeding proved not to be caused by a co-incidental anal fissure. Following further bleeding and an iron deficiency anaemia he was correctly referred.

The diagnostics guidance now recommends [tests for occult blood in faeces](#), for people without rectal bleeding but with unexplained symptoms that do not meet the criteria for a suspected cancer pathway referral in the current recommendations (introduced 2017).

Bedside manner

Bedside manner, an old term describing how a healthcare professional handles a patient in a doctor–patient relationship. It is as important as developing clinical knowledge and skills. The complaints that NHS England receive sometimes mention a lack of empathy. In others, poor communication plays a significant part. In one recent example, a telephone consultation became dysfunctional with the patient terminating the call. Important information concerning that patient’s care was not shared. Mastering difficult interactions with patients can be a challenge, but one that is likely to benefit all, avoiding many complaints. The [Medical Protection Society](#) run a series of workshops on these and related issues.

The importance of communication – three cases

Mental health referral. A patient complained about a locum GP who had made a referral to mental health services but had failed to inform the patient about this. This was a complex case and with some justification the GP wished to discuss further management options with colleagues. The referral letter was written but the outcome was not discussed with the patient. Whilst this was an unfortunate and genuine error, the [GMC](#) offers specific guidance how referrals and transfers of care should be made. A full apology was given to the patient.

Immunisations. In another case, a GP was concerned that a parent had subsequently declined to immunise her infant following a reaction to the first vaccination. The GP wished to obtain some advice from Social Services and provided a written referral without discussing this first with the parent. Safeguarding procedures and [GMC guidance](#) state that in most circumstances the referral should be discussed with the parents whenever possible, unless of course it would be considered harmful to the child. Whilst many doctors recognise the value of immunisation, it is important to remember that parents have the right to withhold consent.

Innocent moles. A parent brought her young son to the GP asking for advice about several moles. There were no clinical concerns, but the GP believed that the parent wished for these to be surgically removed. The child was referred privately in line with the CCG guidance. The parent subsequently learnt that there were paediatric dermatologists available at the local hospital and she claimed she didn't want these removed, just an opinion on whether they were innocent or not.

Drug Monitoring Tool

Most GP Practices are involved in the monitoring of drugs, initially prescribed in secondary care, but then prescribed and monitored in primary care - using repeat prescribing systems. The demand on these processes makes it even more difficult to keep good records, particularly when continued prescribing relies on satisfactory blood tests. A GP (EMIS) practice in Kent have developed a template which may help. They are happy to share.

 Drug-Monitoring-T emplate	 Drug Monitoring XML file
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Recording physical observations

In January 2018 Learning Line reminded colleagues of the importance of recording and acting upon physical observations. Recording the history of the present complaint should be accompanied by relevant examination findings. If they are not recorded, the assumption is that these have not been done. We refer to pulse characteristics, blood pressure, respiratory rate, temperature and oxygen saturations. These are particularly important in young children and the elderly, where the early identification of sepsis can be difficult to recognise. Learning Line would recommend that colleagues were familiar with the [NICE guidance on sepsis](#). NHS England, the GMC and the Coroner can provide many examples where inadequate assessments have contributed to harm to patients.

The message is obvious: unless you measure and record these observations you will not be able to make an appropriate assessment and will have difficulty in justifying your actions should these ever be questioned.

NICE Guidance

When the CQC inspect GP practices, they are looking for evidence of high-quality patient care. The National Institute for Health and Care Excellence (NICE) provides guidance and advice to improve health and social care and how these are adopted in primary care is a key line of enquiry for CQC. Learning Line is aware of the large volume of guidance available, not all of which is relevant to GPs. Patients are also aware of this resource, and not infrequently a complainant will allege that a GP or a Practice failed to follow NICE guidance. However, guidance is exactly that, and clinical circumstances will dictate how closely the guidance can be followed. If there are significant departures from NICE guidance Learning Line would recommend these reasons are recorded in the clinical notes.

A useful summary of NICE guidance relevant to primary care is provided by the specialist pharmacy service, known as [NICE Bites](#)