Learning Line

The medical directorate at NHS England (South East) 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.

Receiving gifts from patients

From time to time patients choose to express their gratitude to practice or an individual practitioner by making a financial donation or in some circumstances a legacy. The requirement to register gifts was introduced by the Health and Social Care Act 2001. The current regulations apply to both performers and contractors and require individual GPs and contractors to keep a register of gifts from patients or their relatives which have a value of £100 or more unless the gift is unconnected with the provision of services. The BMA provide useful guidance on some of the requirements and considerations. A safeguarding alert was raised when a third party became aware of such an act of generosity from an elderly patient with some evidence of cognitive decline. In this case the practitioner had behaved correctly and made the necessary declarations

Coroners Inquests - Notifying the GMC and NHS England

The GMC publication Good Medical Practice (2013) places an obligation (set out at paragraph 75[a]) for a doctor to inform the GMC (without delay) in circumstances when they have been criticised by an official inquiry (which would include a coroner's inquest).

A change to the National Health Service (Performers Lists) (England) Regulations 2013 places performers under an obligation to inform NHS England if the coroner has found that the performer's actions have caused, or contributed to, the death of the deceased, or otherwise had their conduct brought into question at an inquest conducted as part of an investigation under the Coroners and Justice Act 2009.

If a doctor is concerned that they may be (or have been) criticised in the context of a coroner's inquest (including in a Regulation 28 report – see section headed "Prevention of future deaths") then they should contact their medical defence organisation at the earliest opportunity to seek advice about the appropriate steps to take. The MPS provides further guidance on coroner's inquests.

Telephone consultations and abdominal pain

An increasing number of consultations are now provided remotely. As we have reported previously we do see a steady stream of complaints about failure to visit, usually following a telephone consultation. The MPS recognise the difficulty of providing care this way and provide some further guidance on triage and telephone consultations. Assessing the likely causes of abdominal pain without examining the patient is particularly difficult. In one recent case a patient in labour was incorrectly diagnosed with unfortunate consequences.

Repeat Prescribing and Controlled Drugs

All practices are expected to have repeat prescribing systems in place that govern the prescribing of regular medicines to their patients. There is no specific guidance on repeat prescribing of CDs apart from limiting the supply to 30 days (unless there are exceptional circumstances). However CDs carry specific risks and two GP Practices have received some criticism from the coroner when their repeat prescription review systems failed. How effective

is your repeat prescribing system? Do you feel confident that you would be able to identify over ordering of a CD? Would it come to your attention if a patient taking a CD had not been reviewed for 6 months?

"Blood in the Pee"

We last reported on cases relating to haematuria in July 2016. Complaints are still received from patients who feel that they have been incorrectly advised. The guidance changed in 2015:

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for bladder cancer if they are:

aged 45 and over and have:

- unexplained visible haematuria without urinary tract infection or
- visible haematuria that persists or recurs after successful treatment of urinary tract infection, or

aged 60 and over and have

- unexplained non-visible haematuria and either dysuria or a raised white cell count on a blood test. [new 2015]

It is not uncommon for patients to present with visible haematuria and have an MSU sent but do you have the checks in place in your practice that can you be assured that a negative MSU in the presence of macroscopic haematuria will trigger a 2 week referral?

https://www.nice.org.uk/guidance/ng12/chapter/1-recommendations-organised-by-site-of-cancer#urological-cancers

Recording examination findings

It isn't unusual to review a complaint or undertake an investigation and find that important information is lacking. 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. This is particularly relevant for urgent presentations whether you are seeing a patient in your surgery, on a home visit or "Out of Hours". There is a National Early Warning System (NEWS) championed by the Royal College of Physicians which is based on simple clinical observations that can help to assess the severity of the illness. The Royal College of GPs encourages use of a full set of observations when assessing deteriorating patients. Although there is currently limited evidence for the predictive value of NEWS in the community or primary care setting, it provides an objective assessment of a patient's physiological state and adds to clinical judgement. The message is obvious: unless you measure and record these observations will not be able to make an appropriate assessment and will have difficulty justifying them.

Recording the name of companions

It is not unusual to for patients to attend surgery with a companion. A recent study suggested that 1 in 3 patients attend the surgery accompanied. Companions may include friends, relatives, carers and neighbours. They can be an important source of information. We have noticed that not all GPs record the presence of a companion in the consultation notes, nor do they subsequent describe the relationship to the patient. Yet this can be important, particularly if there are complaints or safeguarding concerns to address.