Clinical Governance Bulletin

Winter 2018

Introducing Medicus – the practices division of CBC Health

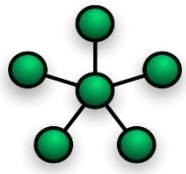
Anna Sives

CBC's new Medicus division comprises 4 primary care sites - Grange Road Medical Practice, Blaydon Medical Centre, Crawcrook Medical Practice and Rowlands Gill.

We are developing a fantastic team of staff and have welcomed many new members to the team over the last few months.

We recognise there are still many challenges in primary care but are also optimistic that with the innovative support we are able to offer the sites and a focus on the multidisciplinary team, we will develop a sustainable primary care model that puts the patient at the centre of everything we do.

Hub Developments



Plans for the creation of administrative hubs to support Medicus are well established and services will go live in January 2019. This will create teams of experts across the practices in telephone triage, medicines and data management, and a team of staff in each practice site who will deal with the patients face to face at individual receptions.

Clinical Reference Group

The Clinical Reference Group for Medicus has now been formed and has held its inaugural meeting. This is a multi-disciplinary team of health professionals who will provide clinical leadership and support for Medicus. The CRG members are:

Emily Hadaway (GP and chair)
Nicola Grant (NP)
Annette Oppong (PN)
Lisa Ledgerwood (HCA)
Richard Sproat (Primary Care Paramedic)
Catherine Armstrong (Lead Pharmacist)
Anne Grieve (Practice Development Manager)
Mel Shotton (Contracts & Finance Monitoring Manager)

Lead Professionals

An important next step in the development of the clinical leadership team is to appoint lead professionals who will oversee care across Medicus practice sites. Examples of these roles would be a Palliative Care Lead, Child Health and Safeguarding Lead, Elderly Care and Adult Safeguarding Lead, Mental Health and Dementia Lead, Education and Mentoring Lead, and leads in the different areas of Chronic Disease.

Improving Quality in Urgent & Unscheduled Care

Dr Gerard Reissmann

Over the past 10 years I have been privileged to listen to over 500 recordings of consultations by GPs Out of Hours and seen the records of Face to Face work, using them for routine audit. I have also looked at records and recording when a complaint occurs.

Complaints are rare; the vast majority of consultations are excellent - safe, effective, caring and responsive. However; on those rare occasions when we do receive a complaint, it helps to have good systems in place to support our clinicians. The MDU recently said that a GP practising for 40 years can expect to be sued four times on average. Even though 80% are not upheld, it is always a very stressful process for the GP.

I hope to give regular feedback in future editions of this newsletter. To start here are my top six tips

Introductions & the "Golden Minute" on the Phone

Patients are confused by the Out of Hours service and most don't use it enough to understand it fully. So, when ringing back give a clear indication of who you are as, to them, you could be admin, 111, telesales?? After this, the Golden Minute can be more golden than with face to face, as we are working on fewer clues and so letting them get it all out is vital. Listening to calls I find that it is unusual for someone to speak more than 30 seconds without pausing. Worth the wait…

Accessing Patients' Record

We are all finding this increasingly useful. Cutting and pasting them into the notes helps the face to face GP. Don't forget to ask the patient (not the carer) for permission.

Lowering Expectations

When there is a negative outcome for a patient they are more likely to complain if they were unhappy about some earlier aspect of the process of care. So, for example, a patient told on the phone that they will *" …be seen quickly"* might find the wait more irritating than someone told that the wait could be up to 6 hours. It is easier for the Home Visiting GP to face a patient with realistic expectations and for the Triaging GP deal with the flak and adjust their triage accordingly i.e. with supplementary Qs as to why (medically) that timescale might be difficult

Starting Off on the Wrong Foot

Some of the most frustrating calls I hear is when a GP starts the consultation with the carer/partner/ daughter/son who has picked up the phone. The GP checks the patient's ID and then starts taking a history from that person.

Apart from the issue of consent, which must be sought, there is a lot of information that can be gained from a brief word, even to an elderly confused patient. Even if the caller says it is difficult for you to speak to the patient, be insistent that you need to have (at least) a quick word. I hear many long drawn out calls where a GP is told that *"the patient can't come to the phone"* but there is an echoed consultation where everything the GP asks is relayed to a patient 3 feet away*…."the doctor wants to know, does it hurt when you go for a wee?"*

What you see is all there is

WYSIATA – this is the bias identified by Daniel Kahneman where we fall foul of our inherent human optimism; the parent on the phone sounds calm and relaxed so the baby should be OK, right? As you put the phone down are you sure the patient isn't doubled up in pain, exsanguinating, drowsy? Unless you have asked about specifics…how can you be sure? Summarising is a great tool on the phone – not only do avoid misconstruing a story, but we get time to think as we order the events.

Recording Our Calls

I would say that in almost every complaint involving a telephone call, having the recording has helped the GP defend/justify their care. This is true with calls to the patient but don't forget calls to other agencies. If you want to speak to anyone within the QE, and to record your call, you will have to ring the switchboard on 0191-4820000 and ask to be put through. This is because the record button won't then allow the internal/short codes.