

Stockport Medical Group



16/10/18
17th October 2018

Dear Sir,



Re: Andrew Arthur DICKSON

Your Ref: 9588/CH

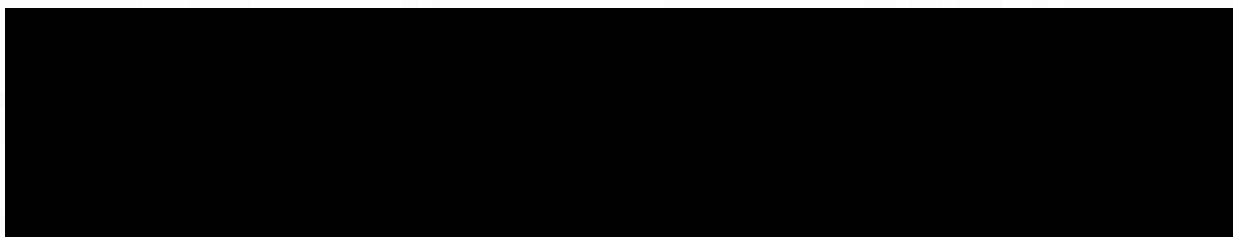
We write in response to your letter dated 3rd September 2018 enclosing a Regulation 28 report following the inquest into the sad death of Mr Dickson.

We note the matters of concern stated in the report and would like to outline the action Stockport Medical Group has opted to undertake in response in order to ensure patient safety in the future.

The partners of the practice have discussed this matter at length and we accept the need for a robust system to record clinical information from reception or the triage list in the patient records. This information needs to be readily visible to any doctor that may then subsequently see the patient after a triage assessment, regardless of their location, to ensure a clear handover of clinical information and that an appropriate assessment is carried out. There also needs to be an audit trail, should there be a need for scrutiny as to individual actions and specific timeframes.

Currently, the information recorded by receptionists in relation to triage calls is only visible to the triage doctor if he or she specifically finds the patient on the triage list and hovers over the slot with a mouse cursor. The information then briefly appears. This often includes a telephone contact number to help the doctor managing the triage list on that day. However, this information does not appear in the patient's clinical records.

The partners' discussion centred around the need to achieve a balance between the need for all pertinent clinical information to be visible in the clinical records on the one hand, and the need to avoid unnecessary or administrative entries that can clog up the notes and may potentially make it more difficult for a clinician to be able to identify relevant clinical information. We decided that it would be unreasonable and potentially unsafe to expect staff taking these calls, who are not medically trained, to decide what information is clinically relevant. It was therefore agreed that the practice should adopt a policy that all information recorded by reception staff from patients or carers' initial calls, along with any subsequent notes made by the triage doctor, should be recorded in the clinical notes. These notes are available for clinicians to consult across all practice locations.



We have instructed staff to use a template that we have added to EMIS for booking patients onto the triage list. An example of this system is enclosed. The template contains free text data which can be saved onto the clinical records. Since they do not contain coded problem headings, they can also be used by non-clinical staff. The only aspect that can be coded is if the patient is 'signposted' to other services such as community physiotherapy. Once saved, they are readily visible on the clinical notes and subject to an audit trail, should this be required.

We have organised training with the reception supervisors in order to ensure that this new EMIS template is being used whenever patients are booked onto the triage list. This training is scheduled to take place over the next 4 weeks. Our reception supervisors will subsequently inform and train staff at each of our 3 sites, explaining that this is now the standard format for adding patients onto the triage list. We therefore expect that all notes will now appear on the EMIS clinical records.

Our practice currently uses the EMIS Web clinical system which is used nationally. This system does not currently have the means to automatically pull information across from triage or appointment slots into the clinical notes. We consider that it would be preferable for this to be automated, removing the manual part of the process outlined above. We have written to EMIS on 21st September 2018 (reference ECR 10381933) requesting this addition to their software. We have highlighted why there is a need for this and the potential implications of an omission of this software capability, as clearly outlined in your letter.

We recognise that software changes and improvements in systems of this scale may take some time. We intend to adhere to the above policy pending a suitable adaptation to the EMIS software.

I trust the above is satisfactory. Please contact me if you require any further information on the measures we have implemented or this matter in general.

This letter has been approved by all members of the partnership.

Yours faithfully,

Stockport Medical Group

cc CQC and CCG