

ASHFIELD SURGERY

8 Walmley Road
Sutton Coldfield
B76 1QN

Appointments: 0121 351 7955
Telephone: [REDACTED]
Fax: 0121 313 2509
Practice Manager: [REDACTED]

[REDACTED]

Your Named Accountable GP is: - [REDACTED]

Practice Code: M85026

25 February 2021

Our Ref: [REDACTED]

Emma Brown
Area Coroner
Birmingham & Solihull Coroners Court
50 Newton Street
Birmingham
B4 6NE

Dear Emma Brown

RE: The late Mr Pardeep Plahe – DOB: 02-Feb-1988 DOD 12.8.20

Thank you for your request for further information in the Regulation 28 Report to see how we are trying to prevent further recurrence of problems with Emis appointment screens not refreshing.

I have enclosed our Induction Pack, which Page 4 highlights the issues with EMIS and the steps that we take at Ashfield Surgery to address this. This is to ensure that all new members of staff are aware of this. We have also discussed this with our nursing staff and our long-term locums. This information has also been shared with our Primary Care Networks that use EMIS currently, following the Coroners case.

Please find enclosed a Significant Event Analysis that was done shortly after the event. The altered induction pack was updated IN January 2021. We have yet to receive a solution from EMIS.

Yours sincerely



Dr [REDACTED]

ASHFIELD INDUCTION 2021

Induction Process

On your first day you will have an induction with either the practice manager or deputy practice manager. You will then have an induction with [REDACTED] one of the admin staff who will go through the IT systems and ensure you have your logins and passwords. Following that there will be time for you to sit with one of the doctors usually a salaried GP and also to observe a trainee clinic.

Schedule

Surgeries/Clinics

- All trainees will have their own patient lists
- Currently during Covid these consultations will all be via telephone/video consultation
- Appointment times will vary depending on your level of experience:
 - GP trainees**
 - Start on 30app minute appointments depending on level
 - Reduce depending on level of experience in consultation with supervising doctors or clinical supervisor
 - Aim for ST2s to get to 15/20 minutes, for ST3s to get to 15 minutes prior to CSA/RCA
 - After passing exams ST3s should be reducing to 10 minutes to help prepare for future clinical practice.
- When you are seeing patients the supervising doctor is available to review cases
 - **GP Trainees**
 - This may vary depending on your level of experience. We would suggest for the first few weeks debriefing at the end of the clinic to ensure that you are familiar with local procedures and protocols.
- Following each clinic you will have time allocated to complete administrative tasks for the surgery such as referrals.
- You may also be allocated other tasks such as letters to review, results management and medication management depending on your stage.

Private study

- GP trainees will have weekly sessions for private study.
 - You are encouraged to complete portfolio, audit or arrange attending secondary care clinics
- **Audit**
 - Potential topics can be discussed with your clinical supervisor or the on-call doctor

- [REDACTED] is available to support with developing data searches
- These are then presented at the clinical meeting or other practice meetings and are a good opportunity to get involved with a topic you are interested and helping to improve services
- Other suggestions that may be of interest:
 - Observing specialist clinic within the practice can help to understand chronic disease management, health promotion and prevention. This could include:
 - Asthma/Diabetes or other chronic disease reviews
 - Smears by the nurses
 - Child imms clinic
 - 6-week Baby checks or maternal postnatal checks
 - For GP trainees this is a good way to observe prior to doing the checks on your own if you aren't already familiar with the process
 - You can also liaise with secondary care or community services to consider opportunities for observing other specialist services or clinics

Meetings

- Practice meetings
 - Take place every Friday from 1-2;30pm which you are expected to attend
 - MDT meeting attended by all DNs staff and representatives from hospices
 - There is a standard agenda which includes discussion of cases, safeguarding issues, significant events and any other information which may need to be communicated or discussed with the clinical staff
 - Clinical cases discussed are usually complex cases where wider team input is needed
 - The supervising doctor may suggest you bring cases you review with them to be discussed at the clinical meeting
 - You are also free to bring any complex patients you think need a wider review
 - When discussing a patient please try to bring their EMIS number so they can be recorded in the minutes in a partially anonymised way.

Tutorials

- Tutorials take place following morning clinics on Tuesdays with Dr [REDACTED] and on Thursdays with Dr [REDACTED]
- GPs are keen to cover topics of interest and related to General Practice
 - Please feel free to make suggestions regarding areas you would like to cover in future sessions

Clinic Guidance

Coding

- Coding in records helps to ensure there is a clear record of what has happened
 - Using set codes helps with audit
 - It is also used to help with monitoring achievement in domains which affect payment i.e.QOF/or ACE
- Because of this it is important that certain things are coded in the records such as:
 - Clinical Problem
 - This is within the consultation – it records the issue as an active problem in the patient notes
 - This helps with audit but also gives a useful indicator if a patient may have been seen for the same issue before and may help to search what has been done
 - Chronic diseases
 - This is important as it ensures patients get appropriate follow-up for their long-term conditions
 - Certain reviews – such as chronic disease/medication reviews
 - This helps us to ensure that we are appropriately monitoring /managing patients with various conditions
- Below is a list of some particularly relevant areas to be aware of with coding. If you are unsure about any chronic disease coding please discuss it with the supervising doctor as this will help us to ensure safe patient care.
 - **DNA/Failed Encounter**
 - If patients DNA, ensure these are documented onto their notes- “Did not attend-no reason given”. Patients should be discussed within the clinical meeting if they DNA 3 appointments in 1 year. This is to determine how to action their DNA appointments.
 - **Carers**
 - If someone is a carer it needs to be coded as they will then be offered support and an annual review
 - Use the code-“Is carer”.
 - **Mental health**
 - if not sure what exactly the patient is presenting with code as depressed mood, anxiety state, stress related problem or mental health problem
 - However if previous Dx on notes ensure when coding them that the code is put in as a “review” and not “first episode”, found under main problem.
 - When coding an initial depression diagnosis the patient must have a review coded within 10-56 days so ensure that you book follow-up or advise the patient accordingly
 - **Asthma**
 - If a new diagnosis of asthma is being made patient should have spirometry performed (*during Covid Peak flow diary showing diurnal variation is sufficient*)

- If coding an old diagnosis please ensure the year of diagnosis is correct otherwise this will flag as a new problem
- FGM
 - if new must be coded. Discuss with Duty Dr to determine how to code, review degree and report to outside agency.

Pink Pop up box

- Seen in right bottom corner during consultations
- Indicates if patients need:
 - Long-term condition/Mental Health reviews
 - Please note the depression review needs to be done between day 10 and 56 after diagnosis
 - This needs to be coded as depression interim review +/- depression medication review
 - Cervical screening
 - Please code as "Health education – cervical cytology" when advising
 - Immunisations
 - Please code "Health education – imms" when advising
 - Medication Monitoring
 - Please advise patients if they need BP check, bloods or other investigations
 - If it is for diabetes please leave for routine diabetic check which is being organised by the diabetic team (if you are unsure then task/discuss with nurse Jo)
 - During Covid - If BP check needed encourage to buy home monitor but can be booked with HCA in purple clinic
 - Smoking status/cessation advice
 - Please code into notes and if smoking discuss cessation and code that advice was given
 - Please check this box during clinic and advise patients Check date of last review in case is more recent and can advise to book in if over
- that they are due for the relevant investigations/reviews and document in notes
- Note annual review needed for some long-term conditions resets in April

EMIS Not refreshing

PLEASE ENSURE when you sign off,
that you log back in to ensure that you haven't had any other patients added to your list as there can be late additions

Medication reviews/Repeat prescriptions

- We have a repeat prescription process and medication review process at the practice

- This is in the process of being updated but please see the attached policy for the current procedures
- **Key points**
 - When setting up a repeat prescription please ensure patients are stable on the medication and up to date with relevant monitoring
 - Ensure that a clear review date is indicated and there are an appropriate number of issues to last until that time
 - If a medication requires monitoring or a condition review please note the date of when that is due in the pharmacy/patient text when setting up to enable colleagues to identify this easily
 - Advise patients of the 48 hour turn around rule when requesting medication and the need to attend for reviews when advised to ensure safe prescribing
 - If you are doing a medication review with a patient in clinic please ensure that you have followed the process in that policy

Type 2 Diabetes diagnosis

- HbA1c cannot be used to diagnose or monitor type 2 diabetes for patients with thalassaemia, any haemoglobinopathy/Hb variant, HIV, end stage CKD or significant anaemia (Hb<100)
- To diagnose T2DM in the above situations use fasting plasma glucose.
 - If asymptomatic and FPG is >7 a second test is needed to confirm. This can be done the next day or anytime after (there does not need to be a delay).
 - If symptomatic and FPG is >7 then diagnose T2DM
 - If FPG is 5.6-7.0 then code 'at high risk of diabetes'. Annual monitoring of FPG will be required.
- For patients with diagnosed diabetes who cannot be monitored with HbA1c for the reasons above use fructosamine tests to monitor diabetes. The fructosamine test looks at control over last 2-3 weeks.

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Prediabetes

If HbA1c is between 6.0 and 6.4

Please code as pre-diabetes. They will need to be invited for an education session and formally invited for a repeat HbA1c in 12 months

Use a template

These are available within EMIS and help to ensure all relevant or important information is being gathered. They can also be useful for calculations such as QRISK or predicted peak flow when relevant information has been input.

Most are optional but some (highlighted) should be used to ensure a complete review is carried out or to ensure appropriate follow-up.

- **Antenatal template** – for all pregnant patients. Make sure to code the date for pertussis vaccination (approximately 16/40) to ensure that we call the patients in at the right time. Check their BMI any newly pregnant patient with a BMI \geq 30, should be prescribed 5mg folic acid for the first trimester.
- **Mental Health Care Plan** - This is an annual QOF requirement for all patients on the Severe Mental Illness (SMI) register. If you are asked to speak to a patient for a mental health care plan they should have been seen first by the HCA for a physical health check which is also required. Please use the template to ensure that all elements of the review are carried out and that it is correctly coded.
- **Contraceptive template** – optional – useful to make sure you get appropriate information. There is a separate one for emergency contraception.
- **Asthma template/Peak flow template** – useful for predicted peak flows
- **PHQ-9/GAD/6CIT** – mental health assessments – useful to calculate and record in emis
- **QRISK2** – used to calculate and record in EMIS

During Clinic

Equipment

- In each clinical room there should be:
 - Scales
 - Height measure
 - BP Cuff
 - Thermometer
 - Ophthalmoscope/Otoscope
 - Peak flow and disposable mouthpieces
 - Urine dipsticks
 - Swabs and a selection of sample bottles
 - Blood form paper
 - Sample bags
 - Couch Rolls
 - Spare gloves
 - PPE Equipment for when seeing purple clinic patients
 - Speculums

Telephone Triage/Consultations

- Currently due to Covid all appointments will be via telephone or video consultation unless otherwise specified by a doctor.

- The below resources may offer useful guidance on remote consultation:
 - E-lfh modules
 - <https://portal.e-lfh.org.uk/Component/Details/634669>
 - <https://portal.e-lfh.org.uk/Component/Details/634673>
 - <https://portal.e-lfh.org.uk/Component/Details/634689>
 - RCGP guidance
 - <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0479-principles-of-safe-video-consulting-in-general-practice-updated-29-may.pdf>

Practice process

- Patients should be called twice with a minimum of ten minutes in between and leave a voicemail if possible:
 - If they do not answer or call back then they will need to rebook
 - Document in the notes that the encounter was failed and any follow-up if needed
 - Please consider if there is an urgent need for the appointment or a need to contact the patient to remind them they need a review – mental health with suicidal ideation, safeguarding issue, young child
- When calling a patient please check their DOB and address to confirm the identity
- We would suggest that you document that it is a telephone consultation due to Covid in case of any future issues. (#telcov is a quick shortcut)
- If an interpreter is required then this should be done via language line (discuss with reception managers)
 - the patient should be booked as a double appointment once your appointments are less than 40 minutes
- Patients can be called in for examination at our AMBER clinic if required (see below for process)
 - Please discuss all patients that you will be bringing in with the supervising doctor to check it is appropriate prior to doing

Prescriptions

- Scripts are predominantly done via EPS (electronic prescribing) direct to a nominated pharmacy.
- Scripts can also be sent electronically without a nomination to any pharmacy
- Each printer has a stock of FP10s in case paper prescriptions are needed
 - Spare FP10 sheets are located in each clinical room in cupboard. Place some into top draw of printer-FACE DOWN AND UPSIDE DOWN.
 - If these run out then please liaise with admin re: further supply

Examinations/AMBER clinic

- You may be able to do some initial examinations remotely:
 - Consider asking patients to self-examine:
 - Basic obs – Pulse/BP/Temp/Resp rate
 - May need support or equipment
 - Cap refill – parents can do in children
 - Peak flow

- Consider using photos for:
 - Rashes
 - Lumps/bumps - unless intimate
 - Swollen joints
 - Wounds
- Consider video for:
 - Brief neurological examination
 - Joint pain to assess movements/gait
 - Assessment of acutely unwell patient (particularly children)
 - Can check cap refill, respiratory rate, see if sunken eyes or distressed
- If you think a patient needs to be brought in for examination following a telephone consultation this will be done at the practice within our AMBER site.
 - We have 2 rooms running – one doctors, one nurses/HCAs
 - PPE is required when seeing these patients
 - Visor and Mask – sessional use (if seeing more than one patient in a row please leave on)
 - Apron + Gloves – to be removed between patients
 - Donning and doffing of PPE will be discussed in your induction
 - Rooms and equipment should be cleaned down with Clinell Wipes/room spray between patients
 - Doctors are using
 - Basic supplies/equipment should be in the room
 - If possible then patients should be seen by the doctor who assessed them on the phone
 - The appointments are 20 minute slots to allow for cleaning down the room and documentation (at present the computer in the room is not being used)
 - Please keep assessment and explanation in the room to a minimum – a follow-up telephone consultation can be arranged if needed
 - When arranging the appointments
 - Screen patients for Covid Symptoms
 - Fever, Cough, Anosmia
 - Check household contacts
 - Advise patients:
 - Not to attend if they develop Covid Symptoms
 - They will be screened again at the door with a temperature check
 - Ask them to bring a face covering/mask
 - Let them know they may have to wait outside if another patient is in the room
- Chaperones are still advised where appropriate:
 - Only members of the admin staff who have completed chaperone training should be asked to chaperone
 - Ensure you acquire a chaperone for all intimate examinations. Ensure that the chaperone is informed of what examination you are planning to perform.

Ensure you gain consent from the patient and explain the exam to the patient and in front of chaperone.

Investigations

Lab Tests and Bloods

- If a patient wishes to have their bloods done at the practice, please discuss it with the supervising doctor unless there is a note on the records.
- For patients having bloods at the practice :
 - Complete the form via Test request section in EMIS (ICE)
 - Test request> online test request> then select all bloods/Swabs/Stool/GU/MC+S>fill out box with reason> continue with request (bottom left green bottom)
 - prior to printing and click proceed so that tests requested are filed in the notes
 - The results will automatically come back to the practice if we have requested them
 - Advise patients it may be 1- weeks to get the results and they will only be contacted if there is a problem
 - If they want to contact us to check the results, they can request online access by emailing the practice and admin can arrange (please encourage this as then they will be able to review bloods, request scripts and book appointments) or they can call the results line between 13:30-14:30 daily (note this is manned by a HCA so they may not be able to answer all the questions).
- If patients need to do a sample during Covid
 - Request using ICE as above
 - **NB**
 - Requests for MSU with just haematuria written will be rejected so if querying UTI then indicate
 - GU swabs should be requested as HVS so that they will test for conditions other than thrush
 - ENSURE SAMPLES ARE LABELLED AND ADEQUATELY FILLED AND CLOSED
 - Print form (*sticker paper goes in face down with stickers at the back*) and leave at reception with bottle/swabs
 - If sample bottle please label, If swabs remind patient they must label after they have done the sample
 - The sample and the accompanying form should then be placed into a plastic collection bag and to be sealed.
 - Advise patient to drop sample back
 - What to use?
 - Stool sample pot-blue, sample needs to be up to second line
 - Urine MC+S- red top bottle (full to 10mls)

- Urine for ACR/Chlamydia - white top bottle
- White top bottle – universal collection – can be used for nail clippings, sputum etc.
- swab – for wound swabs for ?infection
-
- These samples can be returned to reception
 - *NB – please ask patients to drop off between 12 and 3pm to allow for social distancing with purple clinic*

Sample Collection

- Samples are collected ~16:00 everyday
- Samples received after this must be stored in the patients own fridge as we don't have refrigeration on site
- X-rays
- Currently due to Covid all X-ray's are appointment based
- If referring to GHH please ensure all forms are SIGNED as otherwise patient will be turned away
- See locations below for latest guidance during Covid
- **Birmingham Chest Clinic**
 - **Heartlands Hospital**
 - Patients must be referred
 - Complete BHH radiology request form in documents
 - Print and sign form
 - Once completed give to referrals team to send

Ultrasound

- All except obstetric US are done via GHH
- H
- If US type not on the form you can free text and they will do
 - If unsure if it's appropriate check with the supervising doctor
- Advise patients once US is done results should be back at the practice within ~2 weeks

CT/MRI

In response to the pressures of the radiology department at UHB following the COVID-19 pandemic, UHB restricted access to imaging for practices. The current access to imaging is:

- *All valid plain film requests are given appointments*
- *All US requests need to comply with the new UHB imaging guidelines for ultrasound scans*
- *No fluoroscopy (Barium studies), CT or MR requests directly into radiology*

In response to recurring themes and discussions between UHB and the CCG, it is recognised that there are some patients who do not fit into any specialty that you can contact to get advice and guidance from secondary care colleagues. Examples for such cases include: patients with weight loss not able to ascribe to any organ system; night sweats; and a

patient with complex issues where an imaging, such as a CT scan, may help decide further referral routes/management plans.

IF MRI SCAN

the safest way to request a scan is to either:-

(1) Contact Radiology secretary on 424 9416 between 1.00 and 3.00 (Mon-Fri) and ask for Radiologist and discuss most suitable scan.

OR

(2) Send all requests via A & G.

Acute referrals

Self-referrals

Patients can self-refer for specific services and do not require a Dr referral letter.

- Minor Eye Conditions Service
- Mental Health Talking Therapies)
 - During COVID – central triage number for all talking therapies
 - 0121 262 3555 - Open: 9am-11pm
- Screening and triage - Provided by Birmingham Healthy Mind Birmingham Healthy Minds referral please contact 0121 301 2525

- Reach out recovery for Drug and alcohol services in Birmingham.
 - <https://www.changegrowlive.org/drug-alcohol-service-birmingham/central-west>
- Termination of Pregnancy
 - Via BPAS – Patients to call 03457 30 40 30 – to book appointment or make an enquiry

A+E referral

- If a patient needs to be seen in A+E then it is helpful to send a letter or copy of the consultation to help the doctors when seeing them
- For Brief Summary -
 - complete consult, document and save findings.
 - Brief summary from Emis: Summary tab>Print>brief summary
- For Letter -
 - Write using general referral template in documents and save to notes
- During Covid
 - Print whichever option used to PDF

- Save into AccuRx documents folder in Coronavirus folder on shared drive
- Use AccuRx to text to patient to take to hospital with them

Acute Medical/Surgical Referral

- Via Single Point of Access
 - 0121 507 3301
- You will speak to an ANP who will confirm details + where you want referral directed
 - If possible provide observations
 - Ensure patients mobile number is correct before calling
 - They will then text patient with details of where to go
 - Email them a letter
- Can also be used for ENT hot clinic referrals

Mental Health Crisis Referrals

- **Under 25s**
 - Refer to Forward Thinking Birmingham
 - Call crisis team on
 - Follow-up with letter – can write free text in comments section and task to referrals team to send
- **Over 25s**
 - Needs to be discussed via telephone via Mental Health SPA
 - 0121 301 400 – Mon-Friday 8am-7pm (see form for OOH number)
 - If under CMHT already – speak to duty team for that area
 - Complete SPA referral form and task to referrals team to send

After Clinic

Referrals

- When referrals are via digidictate
- **2WW**
- Use NICE NG12 to help assess what meet the criteria for 2WW and discuss with the supervising doctor if unclear
 - <https://www.nice.org.uk/guidance/ng12>
- Forms to be completed under document>create letter>search 2ww
- Some of the 2ww referral letters have an information sheet for the patient which they advise should be given to them prior to being seen. I also explain what the clinics entail. Especially the breast Ca clinic; consultant r/v and ex, then USS/mammogram (depending on age), +or – biopsy then final r/v with the consultant.
- Hand the form to Secretary to be faxed and scanned on

General Referral

- Can be written in comments for general referral to a department.

- Address generally to the department you are writing - ie "Dear Oncology Colleagues...."
- Ensure that the referral is only written in one comment bullet point.
- **Referral Forms**
 - Some departments/clinic have specialist referral forms to make it easier to complete
 - Find these from Document>create document>search... the below
 - Antenatal Referral Form
 - Need EDD
 - Relevant PMH
 - weight
 - Musculoskeletal
 - BCHC - MSK Physiotherapy Referral Form
 - MSK Low Back pain Triage
 - Mental Health
 - Birmingham Healthy Minds Referral Form- for talk therapy
 - Mental health psycho-geriatrician referral - need to arrange demetia screening blood
 - Community Clinic forms
 - ENT (hawthorns)
 - Gynae
 - Dermatology
 - Cardiology
 - Palpitations referrals need ECG and baseline bloods including
 - Heart Failure referrals need BNP
 - There is also a separate form for Direct Access investigations
 - Acute Clinics
 - Rapid Access Chest Pain Referral UHB
 - TIA_Clinic_Referral_Form_update GP

Advice and guidance

- during Covid to all referral or further investigations done via A&G
- Can be written in comments as per general referral or use advice and guidance template in documents
- The response usually comes back within 1 week and will be sent to the requesting doctor initially and forwarded to the referring doctor to action if it is not urgent.

Private referral letters

- We have a number of patients at the practice who have private health insurance and they may ask for a private referral letter
- There is no charge for these letters, and we advise a turnaround of 7 working days.
- These documents are created DIGIDICTATE

- These can then be printed out and left at reception for patients to collect or tasked to admin to send on to patient electronically.

Other Clinic Administration

TWIMC letters

- These letters are for outside agencies such as universities, employers, council, etc.
- These can be written using the Document>create document>TWIMC
- There is a standard cost of
 - Letters are only completed after patients have paid and they should be advised it is a 7 day turn around once this has happened.
- If a patient has financial issues and is unable to pay they should be advised to email the practice for the attention of the management team and they can waive the cost if appropriate.

Forms and certificates

- Patients may ask you about these during clinics
 - Includes things such as medical certificates (not sick notes)/forms/insurance forms
- These are completed by Salaried GPs but need to be priced by admin, then allocated to one of the GPs
- If a patient gives you a form they want completing/asks about one these should be handed reception
 - Advise patients that they will be contacted regarding the cost and if they are happy to pay that then they will be advised regarding the turnaround time.

Other Administration

LETTERS WORKFLOW

- This is a program used to process the documents that the practice receives from secondary care and other outside agencies
- Each piece needs to be reviewed by a member of the Practice.
- The pieces sent to the doctors are clinical in nature and may require some form of action.
- Prior to being allocated D you should have an opportunity to sit with one of the senior GPs who can explain the process of filing and actioning documents
- You should expect to be allocated 15 letters/session
 - When starting this will be a reduced amount
- When reviewing letters please also review notes on Emis to determine if requests have already been actioned/coded
- **Actions**

- If following review of the letter a patient needs to book an appointment
 - Add comment as to what it is regarding in free text and use the task feature to either a secretary or Mrs abnormal results (who can then arrange an appointment
 - This will forward to admin who will then message the patient to book an appointment
- **Medication Reconciliation**
 - Please note if patients have had medication changed whilst in hospital
 - Ensure this is reflected in their repeat prescriptions
 - Document in the notes what changes have been made
 - **Other admin**
 - Cervical SMEARS should be forwarded to Julie Merritt for action
 - Filled out medical forms/certs/insurance forms-should not come to Drs - forward to admin

Lab Results

You will receive specific training in a tutorial on managing lab results before you start doing this. If you order a test you are expected to review

- **Key notes:**
 - Please review notes when looking at results to help inform decision making and to check initial treatment hasn't been started
 - If results are abnormal
 - Comment on what is abnormal and plan so that reviewing doctor can action
 - Send a task to Mrs Abnormal Results to book an appointment OR
 - Send SMS via AccuRx asking to book a routine appointment
 - If more urgent indicate time scale in message to help admin
 - If cannot wait then call patient that day/discuss with supervising doctor
 - NB – If bloods have been done as part of an annual diabetic review please do not message them to book a review unless urgent or a condition that cannot be managed as part of the DIABETIC nurse review appointment
 -
 - Self-treatment
 - Patients with Vitamin D insufficiency/Thrush etc can be sent a message advising to pick up an OTC script with a patient information leaflet regarding the condition
 - If you are allocated smear results — please forward to [REDACTED]
- **Lab results coding**
 - Bowel cancer DNA's

- Please send AccuRx “bowel screening test not done” template message to patient
- Task results to [REDACTED] for follow-up

Medicine Management

- **For GP trainees –**
 - During your placement you will receive training in how we issue repeat prescriptions
 - Once you have had training you will be allocated repeat scripts to issue with a maximum of 10/day
 - If you are unsure of whether to issue a repeat or have any questions please discuss with the supervising doctor or your trainer.

Useful Links

- Medicines complete
 - Has online BNF and clinical calculators
 - <https://www.medicinescomplete.com/#/>
- Birmingham formulary
 - <http://www.birminghamandsurroundsformulary.nhs.uk/>
- NICE CKS
 - Summaries on diagnosis/management of various conditions based on NICE guidance
 - <https://cks.nice.org.uk/#?char=A>
- Patient.info
 - Useful professional guidance and also good for patient leaflets
 - <https://patient.info/>
- Primary Care Dermatology Society
 - Useful guidance on diagnosis, investigation and management of various skin conditions
 - <http://www.pcds.org.uk/>
- FSRH
 - Guidance on contraception
 - General Guidance
 - <https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/>
 - MEC – contraception risk assessment
 - <http://ukmec.pagelizard.com/2016>

- COVID guidance
 - <https://www.fsrh.org/fsrh-and-covid-19-resources-and-information-for-srh/>
- Versus Arthritis
 - Useful patient exercise leaflets
 - <https://www.versusarthritis.org/about-arthritis/exercising-with-arthritis/exercises-to-manage-pain/>

Useful Numbers

- SPA (OT, Physio, DNs, Bed bureau)- 0300 555 1919
- Mental Health SPA – 0121 301 4000 (8am-7pm)
- Forward Thinking Birmingham - 0300 300 0099
- Queen Elizabeth Hospital - 0121 371 2000
- Birmingham Children's Hospital - 0121 333 9999
- Good Hope Hospital - 0121 424 2000

COVID REFFERAL CENTRE.

The CRC is in the grounds of Highcroft Hospital and access is via Highcroft Entrance C which is on the East side of Slade Road just North of the junction with Fentham Road. The address and other instructions are on the booking confirmation after you have made the booking and you need to pass this information to the patient.

- Please note there are currently no patient toilets on the site. Patients should be warned about this and asked to bring a specimen of urine with them if possible, in a clean container (if you think it is necessary).
- To book your patient in, click on this link: https://www.drivethrucare.uk/gp_book.php and then click on the button to log in

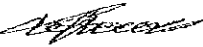
PRACTICE NUMBER M85026

LOG IN password [REDACTED]

REFERAL for pulse oximetry- for covid at risk groups and >65 COVID [REDACTED]



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| | <p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO: EMIS, Ashfield Surgery Sutton Coldfield, CCG, NHS England</p> |
| 1 | <p>CORONER</p> <p>I am Emma Brown Area Coroner for Birmingham and Solihull</p> |
| 2 | <p>CORONER'S LEGAL POWERS</p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.</p> |
| 3 | <p>INVESTIGATION and INQUEST</p> <p>On 19 August 2020 I commenced an investigation into the death of Pardeep Singh PLAHE. The investigation concluded at the end of the inquest.</p> <p>The conclusion of the inquest was Misadventure 1a HYPOXIC BRAIN INJURY 1b SELF INFLICTED INJURY TO NECK 1c II</p> |
| 4 | <p>CIRCUMSTANCES OF THE DEATH</p> <p>The Deceased died at the Queen Elizabeth Hospital on the 12th August 2020 after he inflicted a catastrophic injury to his neck with a decorative samurai sword. He had become increasingly concerned over recent weeks about a physical health complaint which had been discussed with his GP on the 6th August and had caused him to attend the emergency departments of the Good Hope and Queen Elizabeth Hospitals on the 8th, 9th and 10th August 2020. This culminated in a Urology Review on the 10th August 2020 where he was advised that further investigations were required and would be arranged but there was no immediate cause for particular concern. Mr. Plahe had appeared to understand the situation and had not given health care professionals any reason to suspect he would harm himself. However, he had still appeared extremely anxious to his family. There was a missed opportunity to review Mr. Plahe at 17:30 on the 10th August when he had been booked to have a telephone review with a General Practitioner but due to a technical problem with the surgery's computer system, the practitioner was not aware of the appointment and therefore did not make contact. It is not known what difference this review would have made</p> |
| 5 | <p>CORONER'S CONCERNS</p> <p>During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The MATTERS OF CONCERN are as follows. –</p> <p>1. On the 10th August at 17:30, hours before he inflicted the fatal wound to his neck, Mr. Plahe had a telephone consultation scheduled with his GP at the Ashfield Surgery. The appointment had been booked by his sister that afternoon. Due to a technical issue with the EMIS system the consultation list of the GP due to speak to Mr. Plahe did not update so he did not realise the appointment had been added to his list and did not call Mr. Plahe. Practitioners at the surgery had realised that the system was intermittently not updating consultation lists on or around the 30th July 2020 and had raised the issue with EMIS on the 4th August 2020. To date a solution to correct this intermittent problem has not been identified. Evidence was given at inquest that it does not just affect the Ashfield Surgery but has occurred at other surgeries across the country.</p> |

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| | <p>2. Particularly for telephone consultations (where there will not be a patient physically present in the surgery to query why they have not been seen), the fact that the consultation lists do not always update creates a risk to life as a consultation could be missed for a patient with a medical emergency.</p> <p>3. It is not known whether all GP Surgeries using EMIS have raised an alert that this error can occur.</p> <p>4. To mitigate the risk of missing appointments the Ashfield Surgery has identified that if practitioners log out of the EMIS system and then log back on the consultation list will update. Therefore, all practitioners are advised to log out and log back in before completing their consultation lists. However, on one occasion since Mr. Plahe's death a locum GP carrying out a list at the surgery did not know to do this and missed an appointment.</p> <p>5. The methods to mitigate this risk are vulnerable to human error if the practitioner is unaware of the need to log out of EMIS and log back in or if they forget to do so.</p> |
| 6 | <p>ACTION SHOULD BE TAKEN</p> <p>In my opinion action should be taken to prevent future deaths and I believe you have the power to take such action.</p> |
| 7 | <p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by 1 March 2021. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p> |
| 8 | <p>COPIES and PUBLICATION</p> <p>I have sent a copy of my report to the Chief Coroner and to the Interested Persons.</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p> |
| 9 | <p>4 January 2021</p> <p>Signature </p> <p>Emma Brown Area Coroner Birmingham and Solihull</p> |

Significant Event Analysis

Incident Title: Suicide Patient and missed appointment due to EMIS not refreshing

Date of Review: 14/8/2020

Date of Incident:
10/8/2020

Present:

Brief Overview of Incident:

32 yr patient PP, Patient's sister called for telephone appointment after a 111 call on 10/8/20 with anxiety relating to his pelvic issues having attended AE.

A telephone appointment was booked at 17:30 with [REDACTED] to discuss anxiety. Due to technical issues the appointment for [REDACTED] didn't refresh on [REDACTED] appointment screen. The patient appointment was missed.

We were contacted by the family on 13.8.20 and family discussed with [REDACTED]. They informed that missed appointment and subsequently the PP committed suicide later that evening with a samurai sword and had been admitted to UHB.

[REDACTED] informed [REDACTED] who contacted [REDACTED] on evening 13.8.20. [REDACTED] referred urgently to Cruise Bereavement counselling. [REDACTED] issued sedatives for family

Reviewing notes available

He had a pelvic, prostate problem and had been phoned on 6/8/20 and discussed with [REDACTED]. [REDACTED] recorded some anxiety nothing to suggest he would self harm- needed to distinguish if musculoskeletal or pelvic and arranged a face to face appointment was arranged with [REDACTED] on morning of 10/8/20. ([REDACTED] tried to contact patient 2 x - no answer)

PP didn't attend the appointment.

We had AE notifications that he attended GHH AE on 8/8/20 and 9/8/20.

Apparently on his own antibiotics and painkillers. Not clear what he was on or who prescribed this. He also had a urology appointment and not clear from records who arranged this.

Patient may have been in pain and concerned about sexual dysfunction but had seen a urologist at UHB on 10.8.20 and referred for further investigation.

UHB report states known " Peyronies disease as stated by patient, not seen a urologist for this previously. Not in retention, tender over perineum/ bulbar urethra and referred for cystoscopy"

10.8.20 111 report - sister called report discussed anxiety didn't declare any thoughts of Self harm, no previous records of anxiety apart from stress in 2008 prior to an exam.

Some concerns about genitals in 2004 but no urology referral.

Actions & Learning Points:

Investigation

Not clear what prompted this 32 yr old to take his life. No clear documented factors that can explain why this happened.

At time of booking appointment issue was regarding anxiety relating to pelvic problems. No references to self-harm.

Discussion

Discussion amongst clinicians about whether further referral would be beneficial as patient had seen a urologist at UHB. Patient likely wanted further reassurance due to anxiety related to this condition

Need notes from hospital regarding admission after he self-harmed. We haven't been informed by hospital of death. Unclear when he actually died in hospital.

Family requested notes, [redacted] agreed, discussed with [redacted]. notes need to be checked to remove any references to 3rd party.

Second issue was the problem with EMIS and not refreshing the appointments. [redacted] had highlighted this on 30.7.2020. Even manually refreshing the screen didn't highlight new patients added and literally had to log on and odd the system and only then did patients appear. There have been other bugs with the IT system. [redacted] pointed out these were escalated to EMIS on 4/8/20 by [redacted]. They suggested to check computer ports were open.

Action

We checked the ports were open with [redacted] and [redacted] after meeting but needed independent check from IT department [redacted] to get notes for family after check notes as soon as possible

Chase up IT desk/Further escalation to IT desk.

Need notes relating to actual time of death to be chased up.

Bereavement card to family

Outcome

Manually need to log on and off as refresh the screening isn't reliable to ensure appointments not missed.