07/04/2022

Dear EA and MI team,

I hope you are well, general practice still seems extraordinarily busy to me so I hope you are all managing some time off over Easter. I try not to email too often to avoid email fatigue but when I do so the emails cover a range of topics.

In this update:

- Reflection from SE/ Complaint.
- Covid 19 treatments
- Service changes
- MHRA update

Significant Event/ Complaint

We have recently had a significant event/ complaint which has highlighted some areas we can improve upon.

- A parent contacted their practice early in the morning via footfall requesting a consultation for their 4 year old son who had a cough. Their practice booked an EA appointment at 19.20 hrs.
- Parent contacted practice to say that child had worsened, time was difficult for 4 year old, and to see if they could have an earlier appointment. Practice advised them to contact Chambers team to discuss.
- Chambers team contacted patient's mother for triage who expressed a desire to be seen F2F but as infective symptoms kept as remote but note added to call patient earlier if possible
- Dr' made call at 19.40 by which point it sounds as though mother was very hostile and attempts at remote consultation futile. Demanding immediate F2F appointment – was advised by doctor not enough time left to see F2F so to contact 111 or ?own practice next day
- Mother phoned chambers team immediately after the call very angry – felt inappropriate to be denied F2F and expressed desire to make a complaint.

Things to consider

1. Is it best practice for the pts own GP to book into EA appt at the end of the day, and, when contacted again by the mother was it appropriate to defer to Chambers team?
2. Could Chambers team have better flagged this case to the doctor so it could have been made as an earlier call and can we flag those who feel a F2F may be needed but can't be booked directly so the GP can call earlier
3. Should the doctor have seen the patient F2F rather than sending to NHS 111/ AE?

Following this complaint the Chambers team have reviewed how messages are communicated with doctors. Notes will be added to the screen that are visible straight away (not just in slot properties). This should help guide you as to which to call first etc.

Covid -19 treatments

I have heard reports that patients are being signposted to the Chambers Services under the expectation that they will receive antiviral therapy. Nothing has changed since my update in January.

Eligible patients should have already been informed of how to access treatment directly should they prove positive but some may not have - these patients are advised to contact the GP/ 111 where a brief triage of eligibility takes place before an urgent referral is sent via email to:

covid.mdu@stgeorges.nhs.uk

Details should include:

- Date of + test (PCR/ LFT)
- Condition you think makes them eligible
- Medication/ allergies
- Preferred method of contact and contact details

Direct F2F bookings & extra patients

I do understand that the changes to clinic structures/ direct F2F bookings and requirement to stay until 8pm on weekends has caused some discontent and I have spoken and corresponded to a number of the team. These changes were only made to allow the services to run in the way they are contracted to be and monitored against. We continue to monitor and audit how the processes and clinics themselves are working.

In my letter dated 12/02/2022 I wrote:

Please ensure that you stay on site until the end of the booked shift. We are commissioned to provide extended access care until 8pm, our phone lines are on until that time and we expect that patients who need to be seen are seen if time allows (even if all appointments are booked – reception will squeeze pts in if needed).

I have clarified that the intention here is simply that we provide a high quality service. If the afternoon session has gone well, and you have time before the clinic end, patients who have an **urgent medical need** to be seen could be squeezed in rather than the reception staff having to send them to our A&E colleagues. There has never been the expectation or intention that clinics are endless, or anyone who phones is bought in and any extra patients would be discussed with you by reception.

MHRA update

Metformin and pregnancy – just confirmation that there are no safety concerns

A large study has shown no safety issues of concern relating to the use of metformin during pregnancy. The licence for metformin now reflects that it can be considered for use during pregnancy and the periconceptional phase as an addition or an alternative to insulin, if clinically needed. This is consistent with current clinical guidance

https://dx.doi.org/10.1136%2Fbmjdrc-2021-002363

Hydroxychloroquine, chloroquine: increased risk of cardiovascular events when used with macrolide antibiotics; reminder of psychiatric reactions

Carefully consider the benefits and risks before prescribing systemic azithromycin or other systemic macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine. An observational study in patients with rheumatoid arthritis has shown that co-administration of azithromycin with hydroxychloroquine is associated with an increased risk of cardiovascular events and cardiovascular mortality.

https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(20)30276-9/fulltext

Next audit - Branka (clinical lead for KEC) and I will be looking at again at antibiotic prescribing (amoxicillin) and will share learning in due course.

Happy Easter!

Regards,

Richard Hughes, Clinical Lead