

**GP UPDATE**



# Medical Indemnity policy

- The introduction of the Clinical Negligence Scheme for GPs (CNSGP) in April 2019 means that GPs are now covered by NHS Resolution for clinical negligence claims arising from NHS work. However, the CNSGP does not cover GPs for non NHS-funded work, including reports, private immunisations etc, nor does it cover complaints, GMS proceedings or, in some cases, inquests. The CNSGP does not provide advice or guidance on medico-legal issues.
- For the protection of GPs, patients and GDoc, GDoc will continue to require that GPs provide evidence of membership of a medical indemnity organisation, in order to undertake work for us. This ensures that GPs are supported in the event of a complaint or GMC referral and that they have access to medico-legal advice.





# Adult Safeguarding Training (1) : Action needed

Training requirements have now changed to match those for child safeguarding, so all GPs will require Level 3 training. Only 50% of the training can be e-learning, so you will need to attend a face-to-face session

GDoc is working towards all our GPs having Level 3 training by the end of March 2021, as required by the CQC. However, there are limited places on the local training courses, so we would advise you to book a place ASAP via [proudtolearn@gloucestershire.gov.uk](mailto:proudtolearn@gloucestershire.gov.uk)

For the e-learning element, the RCGP has produced resources: <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx>





# Adult Safeguarding Training (2) : Refresher training



For both adult & child safeguarding, GPs should be participating in 8 hours of refresher training (8h for adult, 8h for child) over the course of every 3 years. This includes meetings and discussions about safeguarding, so is usually easy for GPs who work in practices, as long as you attend MDTs, clinical governance meetings etc. It is harder for GPs who only do sessional work.

Katy McIntosh, the Glos Safeguarding Named GP, recommends that you keep a log of any discussions you have about safeguarding – including referrals etc, as these count towards the training. Katy will also be providing an hour's update at each annual locum training day – the next one is on 10 October, contact [diane.scurr@nhs.net](mailto:diane.scurr@nhs.net) to be added to the invitation list.



# Notes audit 18/19: learning points



If you have worked for the Countywide Improved Access Service or the Improved Access Shared Provision service, you will get your individual results shortly.

The quality of your record-keeping is impressive. Of the over 100 sets of records audited so far, only 3 consultations were graded as being below an acceptable standard. However, there are still a few areas for improvement, to ensure that you are protected, in the event of a complaint or negligence claim. Please make sure that you record:

- Offers of a chaperone
- Visual acuity in unilateral red eye
- Fluid balance in acutely ill children
- Whether women of child-bearing age could be pregnant, if they have symptoms that could relate to pregnancy, or if you are prescribing.
- PEFr in asthma

# + Prescribing audit 18-19:

Individual results will follow shortly. Some learning points from this years audit include:

Some GPs are still prescribing antibiotics for dental abscesses outside of the NICE CKS guidance:

<https://cks.nice.org.uk/dental-abscess#!scenario>

In the great majority of cases, GPs should not be prescribing for dental abscess, both because it is often not the correct treatment (many require incision & drainage and are not helped by antibiotics) and for medico-legal reasons: GPs do not usually have the expertise in oral medicine to judge whether antibiotics are appropriate.



# Learning from significant events and complaints:



The great majority of our significant events this year have arisen from IT issues, not clinical care. However, one learning point from SEAs was the importance of considering whether presenting symptoms may indicate more than one acute issue, thinking especially of conditions like diabetes, leukaemia & immunosuppression, which may present via an associated self-limiting viral illness. It is important to:

- Have a low threshold for testing for diabetes (using a fingerprick blood glucose, as opposed to a urine dip)
- Safety-net all consultations, including apparently minor illnesses.

# + MHRA: Carbimazole

The MHRA has strengthened its warnings about the use of carbimazole in pregnancy (it is not absolutely contraindicated but must only be used under specialist guidance). It has also reminded prescribers that:

- Carbimazole is contraindicated if there is a history of acute pancreatitis while taking it
- Because of its bone-marrow suppressing effects, a WCC should be performed if there is any evidence of clinical infection, and carbimazole stopped if there is neutropenia.



# + MHRA: Drugs with teratogenic potential

On the subject of drugs with teratogenic potential, the MHRA has produced some helpful guidance that advises on when pregnancy testing is required and what forms of contraception are appropriate.

Details here: <https://www.gov.uk/drug-safety-update/medicines-with-teratogenic-potential-what-is-effective-contraception-and-how-often-is-pregnancy-testing-needed>





# MHRA: fluoroquinolone antibiotics



Please be aware of this strong warning from MHRA about fluoroquinolone antibiotics (ciprofloxacin etc.)

Key points are:

- They can cause disabling, long-lasting or potentially irreversible adverse reactions affecting musculoskeletal (including tendonitis and tendon rupture) and nervous systems.
- The indications for fluoroquinolone antibiotics have been restricted and they should not be used in non-severe or self-limiting infections, non-bacterial conditions, or some mild to moderate infections.
- Prescribers and dispensers of fluoroquinolone should advise patients to stop treatment at the first signs of a serious adverse reaction, such as tendinitis or tendon rupture, and to contact their doctor immediately for further advice.

# + MHRA: SGLT2 inhibitors

There are reports of Fournier's gangrene (necrotising fasciitis of the genitalia or perineum) associated with the use of sodium-glucose co-transporter 2 (SGLT2) inhibitors

Fournier's gangrene is a rare but serious and potentially life-threatening infection. Urogenital infection or perineal abscess may precede necrotising fasciitis. Obviously patient must be admitted urgently if it is suspected.

Advise patients on SGLT2 inhibitors to seek urgent medical attention if they experience severe pain, tenderness, erythema, or swelling in the genital or perineal area, accompanied by fever or malaise

# + MHRA: DNP poisoning

- 2,4-dinitrophenol is a highly toxic industrial chemical used illegally in food supplements marketed as fat burners and for weight loss, particularly to body builders. Though cases of poisoning are still rare, they have increased markedly over the last few years.
- Acute poisoning can cause multiple symptoms, including fever, flushing, sweating, agitation, headache, hyperpyrexia, seizures & death.
- Chronic lower dose ingestion can cause cataracts, skin lesions and damage to the CVS & CNS.

If you suspect DNP poisoning, the patient needs immediate admission,

# + MHRA: More info



Full details of all MHRA updates & alerts can be found at:  
<https://www.gov.uk/drug-safety-update>

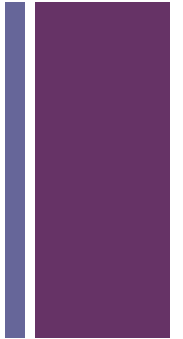
You can also register for email alerts via  
[https://subscriptions.mhra.gov.uk/accounts/UKMHRA/subscribe/new?topic\\_id=UKMHRA\\_0012](https://subscriptions.mhra.gov.uk/accounts/UKMHRA/subscribe/new?topic_id=UKMHRA_0012)

# + NHSE Serious Care Review: translation

A recent SCR has highlighted the risks to people with hearing loss and other communication difficulties of being unable to access healthcare.

All GDoc hubs have access to telephone translation: receptionists have details of the code for each site. In A&E, please ask the nurse in charge of Majors for the details.

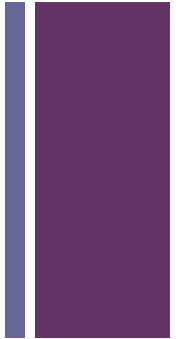
British Sign Language translation is more difficult in GDoc services as appointments have to be made well in advance. However, please ensure that, if you are unable to access a BSL translator, the patient is not disadvantaged or put at risk. For example, if you feel a follow up appointment with a BSL translator is necessary, please make the registered practice aware so that this can be arranged.



# + NICE: Combined Pill

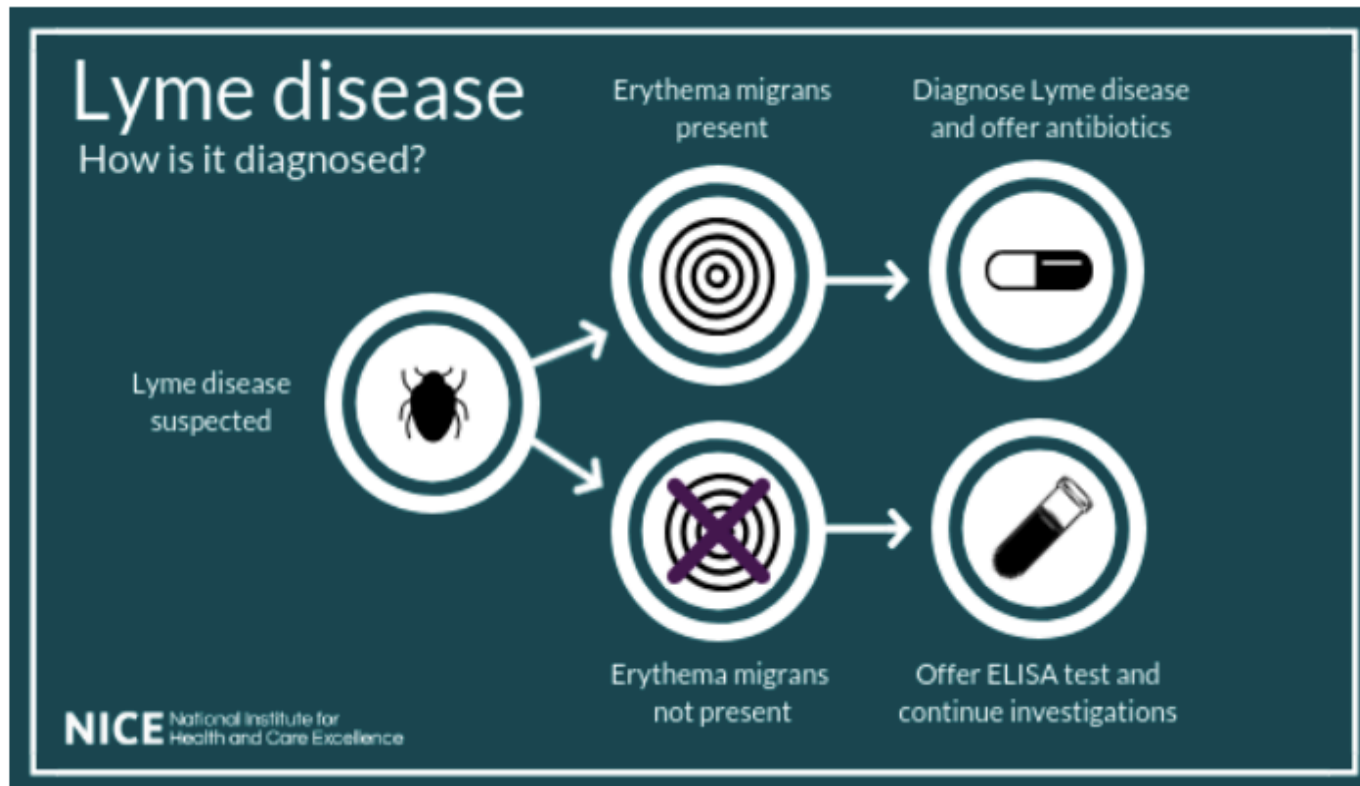
The NICE CKS on combined oral contraception has been updated to reflect the latest Faculty of Sexual and Reproductive Healthcare (FSRH) guideline *Combined hormonal contraception*, including information that:

- There is no health benefit from the seven-day hormone-free interval.
- Women can safely take fewer (or no) hormone-free intervals to avoid monthly bleeds, cramps and other symptoms.
- If a hormone-free interval is taken, shortening it to four days could potentially reduce the risk of pregnancy if pills, patches or rings are missed.
- Consultations about CHC do not necessarily have to be face-to-face; online CHC provision is possible.
- At the first consultation, many women can safely be prescribed a one year supply of CHC instead of the current three month supply.



# + NICE: Lyme Disease (draft)

Currently draft guidance only, but it seems unlikely that it won't be ratified: NICE is recommending treating erythema migrans without waiting for testing:





# + BNF updates: Pregabalin & Gabapentin

A reminder that, as of April, they have been re-classified as Class C and Schedule 3 Controlled Drugs.





# CCG Updates: Just in Case Meds for Palliative Care



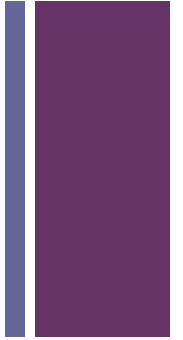
'Just in Case' boxes (or bags for patients in care homes) can now be prescribed for Gloucestershire patients in their last 6 months of life. They contain the patient's customised anticipatory medications.

Clinicians working in GDoc services are unlikely to be asked to prescribe for the boxes/bags, as this should usually be done by the registered GP, but you may find it useful to ask whether a patient already has a box/bag if prescribing for patients receiving EOL care.

Full details here: <https://g-care.glos.nhs.uk/pathway/872/resource/10>

# + CCG Updates: X-rays in community hospitals

The times that x-ray is available are subject to change. You can check the current availability via: <https://g-care.glos.nhs.uk/pathway/209/resource/5>





# CCG updates: Clostridium difficile



The CCG has produced new guidance on managing C diff: <https://g-care.glos.nhs.uk/uploads/files/Clostridium%20difficile%20infection%20Information%20for%20GP%20Practices%20Part%20of%20Loperamide%20Guideline%20Final.pdf>

The key points are to suspect it if recent hospital stay or antibiotics and, if you suspect C diff:

When CDI is suspected:

- Start treatment immediately: do not wait for stool result. (treatment options are detailed within the Gloucestershire Joint Formulary; chapter 5)
- Send stool specimen asap.
- Review and stop other treatments likely to increase the risk to patients (e.g. PPIs and antibiotics not prescribed for CDI.).
- Loperamide and anti-diarrhoeal medication must not be prescribed until CDI is eliminated.



# Resources for patients: support for children/YP and their families



There is a new support advice line and online text chat service for parents and carers of children and young people with emotional wellbeing and/or mental health issues. Full details of the opening times & how to contact them here:  
<https://ticplus.org.uk/parents-carers/parent-and-carer-support/>



# Resources for patients: new Carers Hub details



There is a new provider, and therefore new contact details for the Carers Hub. The provider is now PeoplePlus, based at The Gloucestershire Carers Hub, Conway House, 31 Worcester Street, Gloucester, GL1 3AJ

Referrals to The Gloucestershire Carers Hub can be made via: [www.gloucestershirecarershub.co.uk](http://www.gloucestershirecarershub.co.uk) or 0300 111 9000

For general enquiries email: [carers@peopleplus.co.uk](mailto:carers@peopleplus.co.uk)



# Resources for patients: palliative care



- Sue Ryder Leckhampton Court Hospice is offering its patients access to a Sue Ryder Patient Line which provides palliative care support and advice from 8am until 8pm, 7 days a week.
- This phone line is available to patients, families and carers of people receiving care from, or being referred to, Sue Ryder Leckhampton Court Hospice and any of its services.
- Hospice patients are being given leaflets explaining how and when to call. The phone line is NOT an emergency service and patients are advised that should they need urgent medical attention, they should contact their GP or District Nurse in the first instance, or if outside their GP's working hours, call NHS 111.

# + GDoc: useful information



All our clinical and administrative policies are on our website:

<https://gdoc.org.uk/member-page/>

Clinical Lead: Jo Bayley

Safeguarding Lead: Richard Probert

Freedom to Speak Up Guardian: Chris Goldie

We can all be contacted via the GDoc office or, if you prefer to contact Dr Goldie in confidence, please email [chrisgoldie@nhs.net](mailto:chrisgoldie@nhs.net)



# + Support for Appraisal

GDoc provides individual audit results for every GP who works for the Countywide IA Service or IA Shared Provision. We are unable to audit other services (PCN-based IA) because we are not entitled to access their patient data.

As well these audit results, we are happy to provide a structured reference for appraisal on request, as long as you give at least one month's notice.

If you work in the GP in A&E service, Rob Stacey is happy to provide a structured reference on request. Please contact his PA on [sarah.perry18@nhs.net](mailto:sarah.perry18@nhs.net), giving at least one month's notice.

# + Useful contacts

Healthcare professionals can obtain advice for a patient's palliative care needs from the Community Specialist Palliative Care Team based at GHNHSFT on 0300 422 5370 8am until 5pm; and via 0300 422 2222 at other times.



# + Safeguarding Contacts



## **Children's Practitioner Advice Line**

If you wish to speak to a qualified social worker for advice, please call 01452 426565 (option 1)

Full details of Gloucestershire's policies and processes are available at <https://www.gscb.org.uk/i-work-with-children-young-people-and-parents/front-door-services/>