Patient safety in primary care remote consultations

27th March 2024

NHS Resolution

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Advise / Resolve / Learn

Welcome to today's programme:

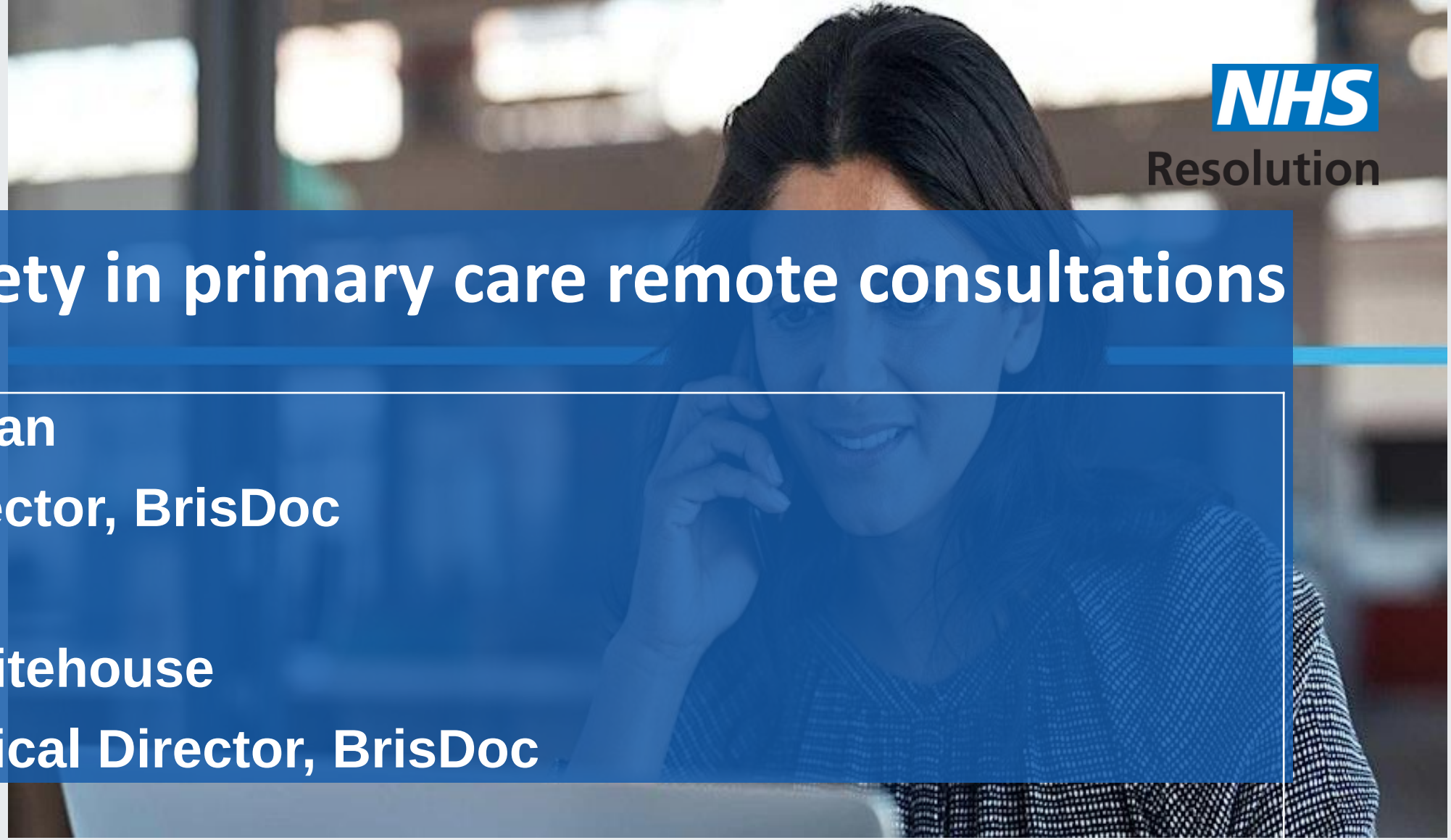
Chair: Dr Anwar Khan - Senior Clinical Advisor for General Practice |NHS Resolution

Guest speakers:

- Dr Anne Whitehouse - Deputy Medical Director, BrisDoc
- Dr Kathy Ryan - Medical Director, BrisDoc
- Dr Rebecca Payne - NIHR in-practice fellow, General practitioner |University of Oxford and Chair|NICE Quality Standards Committee
- Prof Trisha Greenhalgh - Professor of Primary Health Care |University of Oxford

Housekeeping rules for today's session

- Today's main session will be recorded
- Please note – we will be launching some polls during the session. These are for evaluation purposes, and we'd really appreciate your feedback.
- Please feel free to put comments and questions in the chat box



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Patient safety in primary care remote consultations

Dr Kathy Ryan

Medical Director, BrisDoc

Dr Anne Whitehouse

Deputy Medical Director, BrisDoc

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Remote Consulting: Tips and Trips

Dr Kathy Ryan

Medical Director, BrisDoc

Dr Anne Whitehouse

Deputy Medical Director, BrisDoc

BrisDoc Development Academy

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'David', 5 year-old, Saturday afternoon

Left ear discharge that morning, under ENT for right sided glue ear

Cough / cold symptoms for 2 days

Otherwise well, playing, bit off food but drinking normally, temp 36C

Otherwise fit and well

PMH: viral meningitis

Likely otitis media with perforation

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'David', Saturday afternoon

"delayed Abx, or watch and wait, and FU with OGP after w/e to r/v if not better / discharge not resolving

mum happy to watch and wait, and to Fu with OGP on Mon / Tues as pt well otherwise and d/c started today

cont with PCM / IBR for discomfort

red flags discussed and worsening advice given,

tcb if worsening symptoms, for consideration of Abx sooner / f2f if indicated"

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Written feedback (unsolicited) from mum

"Just wanted to let you know I had a brilliant experience with Severnside this morning.

I had a very quick call back from a really kind GP who took lots of time to talk through things with me, we agreed no need for an appointment and no need for antibiotics - but he offered me choice and listened to me."

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SevernSide IUC Top Seven Tips

1. Get the basics right
   - Listen to the patient (and/or family), both the clinical story and the level of concern, 'go to where the patient is'
   - Pay attention to detail – language and drugs
2. Keep an open mind - and beware assumptions
3. Know your fears, be courageous **and share decision-making**
4. Give specific, time-framed safety netting ('stressed')
5. Keep good (enough) records
6. Beware the last patient
7. "That's a bit odd" is a red flag; pause and *think*

SCAN ME

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Remote consulting

OOH (now IUC) bread-and-butter for many years

Semi-bespoke skillset needed but not rocket science

Enjoyable and rewarding

Safe and effective

Be vigilant for the tripwires

Enables appropriate prioritisation for face to face assessment, rather than a means to prevent people being seen

Allows workforce flexibility

Good for the environment

SCAN ME

NHS Resolution

Patient safety in primary care remote consultations

Prof Trisha Greenhalgh

Professor of Primary Health Care |University of Oxford

Dr Rebecca Payne

NIHR in-practice fellow, General Practictioner |University of Oxford

Chair|NICE Quality Standards Committee

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Patient safety in remote primary care encounters: combined Safety I and Safety II analysis

"What went wrong and why?"

"What went right and why?"

Rebecca Payne and Trisha Greenhalgh

Acknowledging the Remote by Default II team and NIHR funding

“Patients dying from remote consultations”

- Front page news in Times, Telegraph, Guardian, Sun, Mirror, Mail, Express and Independent Nov 23

- WE ACTUALLY SHOWED THE OPPOSITE!!!

MENU THE TIMES monday february 12 2024 Subscribe

Telemedicine appointments have become standard at many GP practices

GETTY IMAGES

HEALTH

Patients dying as remote GPs miss serious illnesses

12 GP practices, followed for >2 yrs

- <u>No</u> ‘never events’
- <u>No</u> major safety incidents
- <u>Not</u> even a minor safety incident or ‘near-miss’
- We changed the research question to “how do GP practices <u>avoid</u> safety incidents?”

Why don’t things go wrong more often?

Staff err on the side of caution: “bring the kid in”

Trainees and juniors are well supported, can pass problems up the line

GP practices know [most of] their vulnerable patients

Duty doctor call-back lists are used flexibly and adaptively

Staff are creative: they BREAK THE RULES, invent useful stuff, which then becomes formalised into business-as-usual

(some of many reasons)

But… some things to work on

When the telephone is your only channel, USE IT WELL!

Maybe it's time to redesign your practice workflows?

Think about ALL your vulnerable patients (look for them, adapt for them)

Train and support your staff who work remotely (it's stressful work)

Know the key clinical conditions and trajectories that are <u>unsuitable for remote</u>

(some of many things)

Extensive hunt for safety incidents

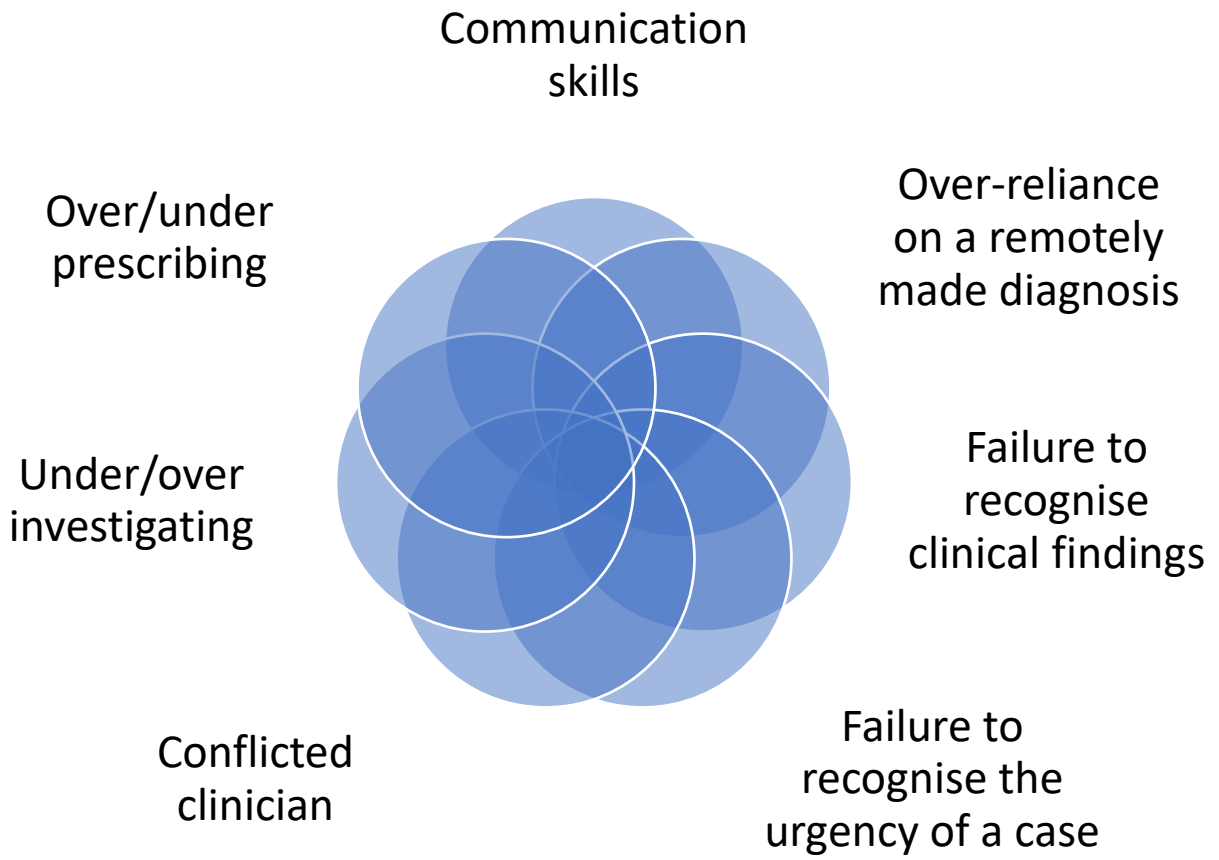
Indemnity claims (closed)

Complaints

Cases used for training

→ 95 incidents over several years

Staff factors

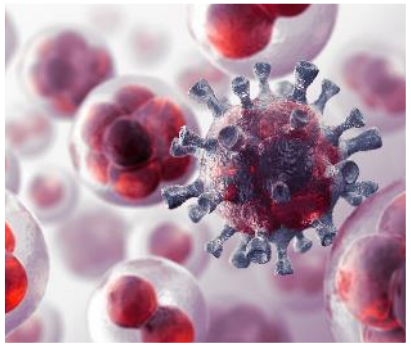


Patient factors

Impaired communication

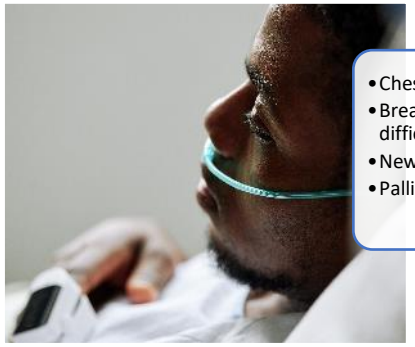
Unresolving problem

Unstable chronic disease



Pre-existing complex illness

Certain medical conditions



- Chest pain
- Breathing difficulties
- New psychosis
- Palliative care

Setting factors

- Limited telephone lines
- Not enough call handlers or clinicians
- Distractions to staff on phone
- Access to appointments restricted or hard to navigate
- Processes not adapted for remote working

Thank you for your attention

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nuffieldtrust

ORIGINAL RESEARCH

OPEN ACCESS

Patient safety in remote primary care encounters: multimethod qualitative study combining Safety I and Safety II analysis

Rebecca Payne,[1] Aileen Clarke,[1] Nadia Swann,[1] Jackie van Dael,[1] Natassia Brenman,[1] Rebecca Rosen,[2] Adam Mackridge,[3] Lucy Moore,[1] Asli Kalin,[1] Emma Ladds,[1] Nina Hemmings,[2] Sarah Rybczynska-Bunt,[4] Stuart Faulkner,[1] Isabel Hanson,[1] Sophie Spitters,[5] Sietse Wieringa ,[1,6] Francesca H Dakin,[1] Sara E Shaw,[1] Joseph Wherton,[1] Richard Byng,[4] Laiba Husain,[1] Trisha Greenhalgh [1]

USEFUL RESOURCES

- Patient leaflet/poster
- Competencies for staff providing remote care

Payne R, *et al*. *BMJ Qual Saf* 2023;**0**:1–14. doi:10.1136/bmjqs-2023-016674

Patient safety in primary care
Remote consultations – Q&A Panel

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- Dr Anwar Khan - Senior Clinical Advisor for General Practice |NHS Resolution

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Thank you