

North West NHS primary care Dispelling the myth-towards safer practice

Webinar two: Helping general practice manage and learn from
claims part 1

Wednesday 15th May , 1pm-2pm

Chris Dexter , Partner, Weightmans

Alison Brennan, Legal Director, Weightmans

Dr Anwar Khan, Senior Clinical advisor for General Practice, NHS Resolution

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nhsr.safety@nhs.net

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North West Regional Team, NHS Resolution

Introduction

North West 3 (GPI)

**Operational Team
Leader**
Andrea Leng

Technical Leaders
Sam Berry
Lisa-Marie Musgrave

Senior Case Managers
Nicola Kehoe
Amy Steele
Glen Upton

Case Managers
Claire Allanson
Robert Chard
Rakinder Dosanjh
Alex Lee
Jessica Ridley

Overview

- Learning from claims
- Insights
- Practical approach
- Reflection on your own practice
- Patient safety and reducing harm

Case Study - Background

- Young person attended GP complaining of headaches and blurred vision
- Assessment revealed a high blood pressure, but no obvious cause
- Routine blood pressure monitoring showed systolic reading 165mmHg and diastolic 100 or more.
- Referred to cardiology for further tests
- Referred back to GP but ambiguous whether the GP should have provided medication

Case Study Background (cont)

- Discussions about anti-hypertensive medication
- BP monitored
- Contacted GP again a few years later
- Suddenly collapsed and died
- Claim brought against treating GP

Documentation

- Purpose of health records is to keep a record for clinical purposes but also:-
 - Non-clinical evidence for medico-legal purposes
 - Records can only be a representation or summary of reality.
 - Particular care needed to ensure that the recording of inpatient contact is made as explicit and unambiguous as possible.
 - Includes
 - The consultation itself
 - Speaking to reception/their notes
 - Triage calls
 - Text messages to the patient



Documentation

- Documentation short-hand
- Can the following clinician understand what happened?
- Issues in our case were:-
 - The coding
 - The noting of the discussion about the patient not wishing to take medication

 Claimant
 NHS

Safety netting

- Purpose
- How to safety net to assist lawyers in a claim
- What to record

Safety netting

- Purpose and how to do it
 - To ensure the patient knows when, if and why to return for follow up due to uncertainties in condition progression or in diagnosis.
 - Make it patient centric – specific for that patient
 - Build it into the whole consultation.
 - Actively check the patient's understanding. Agree the plan.
 - It should be “comprehensible, memorable, accompanied by materials to allow the patient to revisit it and given consistently when there is uncertainty - irrespective of the perceived risk of the clinical presentation”.
 - Should you book an appointment for them or leave it to them?

Safety netting

- What to record?
 - Accurately include the advice given in the medical record.
 - So other clinicians seeing the patient can know what care and advice was given.
 - Particularly important when you have not been able to examine the patient - eg remote consultation
 - Document sufficient detail so that those that follow you can understand the plan for continuity of care
 - Examples – and link with scenario

Experiences, questions and general discussion

