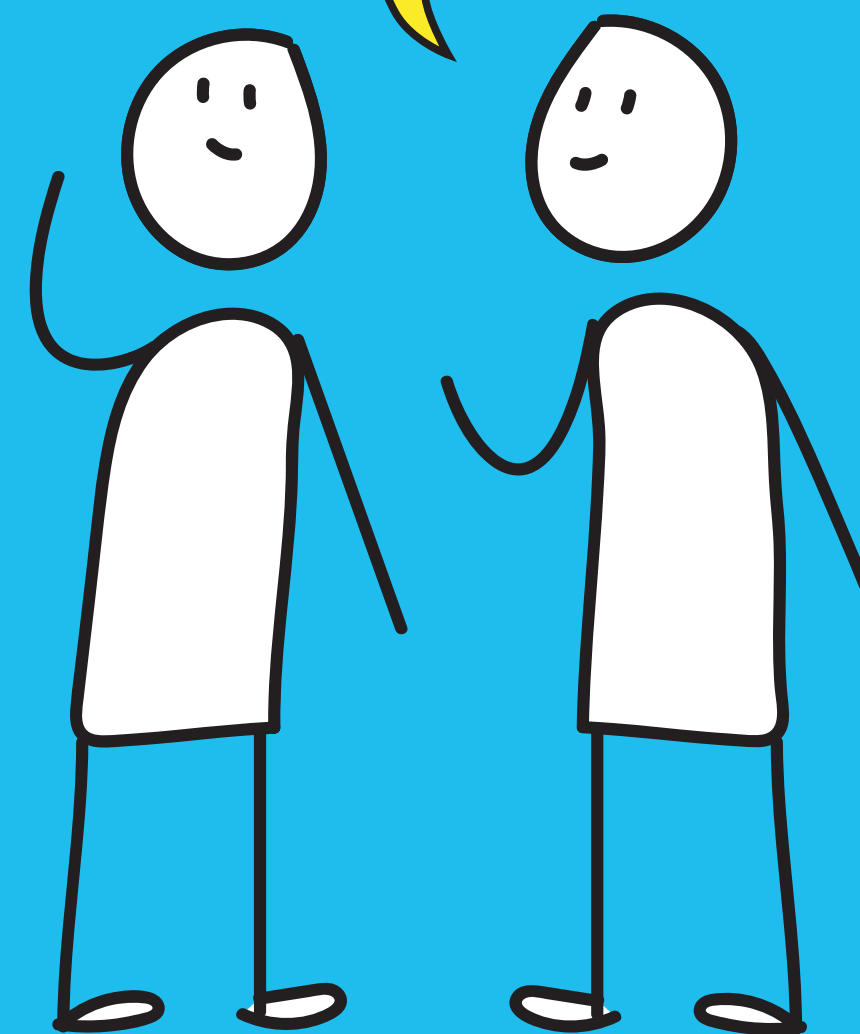


Are you putting the ace into interface?

*A helpful quiz brought to you by
primary and secondary care clinicians
in Berks, Bucks and Oxon.*



Find out more www.bbolmc.co.uk

Q1: Your patient needs a test. What do you do?

- Order it
- Ask the GP to order it
- Nothing



Q1: Your patient needs a test. What do you do?

- Order it
- Ask the GP to order it
- Nothing





Great stuff! If you can, please do. It helps all of us get more done and more patients get more help. It also means the result comes back to you, rather than the GP.



Q2: You need to speak to a GP about something time sensitive or sensitive generally. What do you do?

- Phone the GP surgery using the number in electronic patient records
- Try the above, get put in an automated queue and give up. You'll just write a letter instead
- Phone switchboard and ask to speak to the operator. They hold the bypass numbers and can get you through to a duty doctor quickly.



Next

Q2: You need to speak to a GP about something time sensitive or sensitive generally. What do you do?

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Your colleagues in general practice really appreciate a call when needed and so have helpfully given swithcboard their easy access numbers so you can always speak to a duty doctor when you need to.



Q3: You've ordered a test for an outpatient. Who picks up and actions the results?

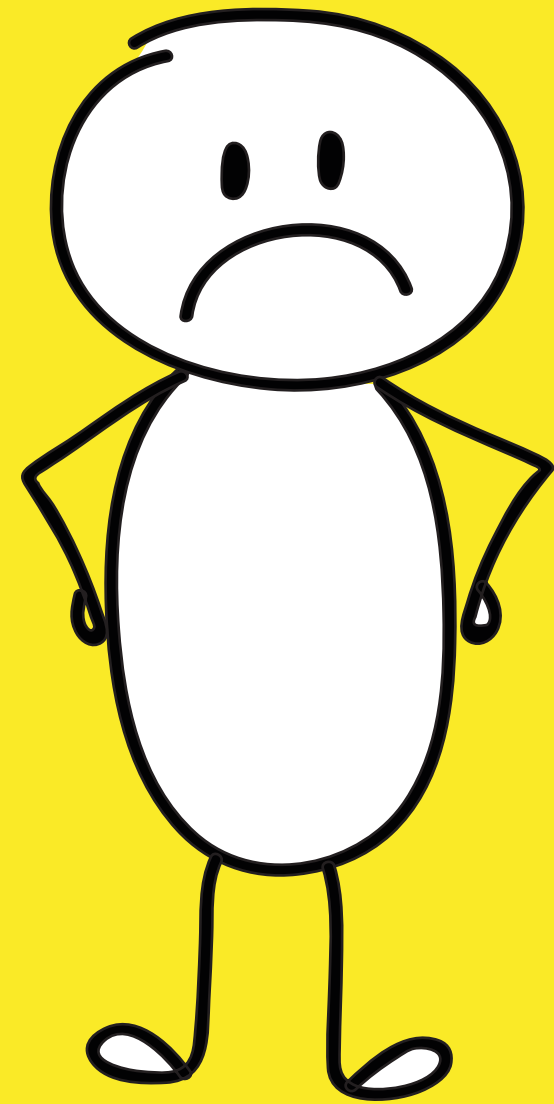
- Not sure, probably the GP
- You
- The magic unicorn fairy



Q3: You've ordered a test for an outpatient. Who picks up and actions the results?

- Not sure, probably the GP
- You
- The magic unicorn fairy





Sadly not. If you have ordered a test, it's up to you to interpret and communicate the results. If you don't, not only will no-one else know the results or why it was tested in the first place - plus it will definitely create frustration for the GP and possibly even patient safety issues.



Q4: A patient you're treating for rheumatoid arthritis has a scan that suggests their arm pain is in fact due to spinal stenosis. Should you:

- Make a mental note of it
- Refer on yourself
- Tell the GP to refer on



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Excellent. There is no need to go back to the GP for a related condition, and referring directly will get the patient seen more quickly in the right place. Only send back to the GP to refer if the condition is entirely unrelated or if it's something that's managed in primary care - and it's not urgent.



Q5: When talking about your colleagues in front of patients, what's the best way to refer to them?

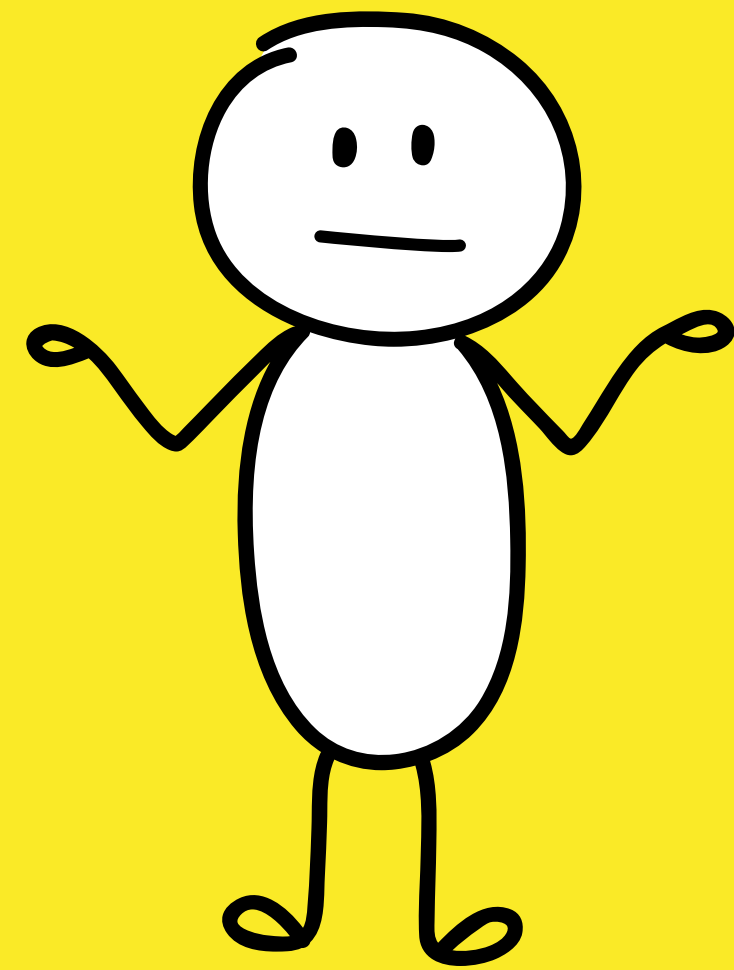
- It doesn't really matter, as long as we get the information across and the job done.
- Be sure to point out when, why and how they are wrong
- With good manners and understanding, like your mum was watching



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- With good manners and understanding, like your mum was watching





In some ways, getting the information across is the most important thing. But it's important to understand that the patients relationship with the GP is enduring, so try not to undermine confidence.



Q6: When you're handing a patient to the care of a colleague, which of these is best?

- You're all busy people, so communicate as little as possible.
- Tell them all the key facts they need to know, succinctly and clearly and leave contact details for your service.
- Make sure not to leave any contact details

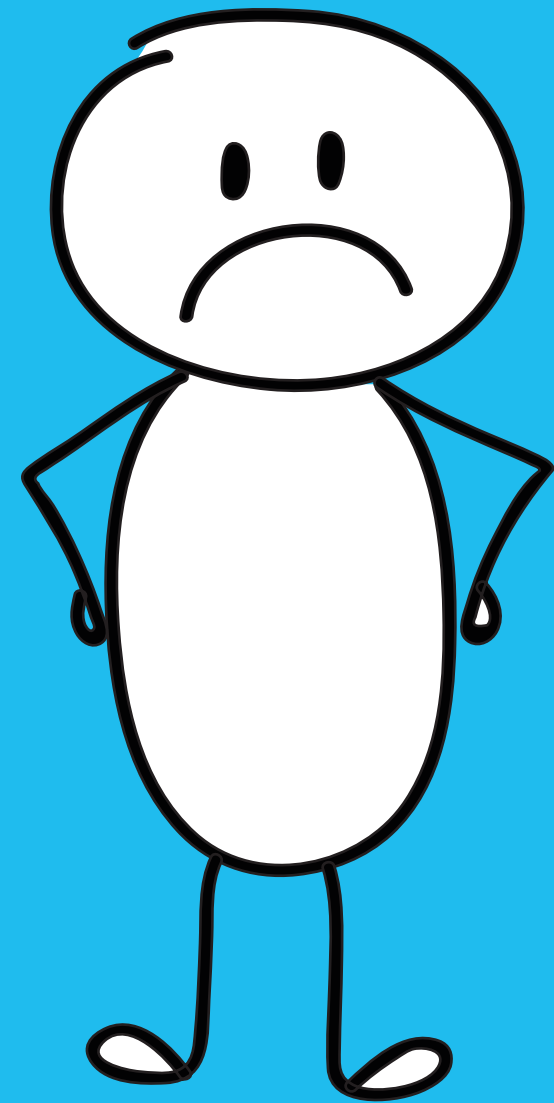


Next

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Not at all. Please always always make sure you leave relevant and accessible contact details so that people can find you if they need to ask you something!



Q7: You are sending a letter to a GP, what number and email address is it essential to include:

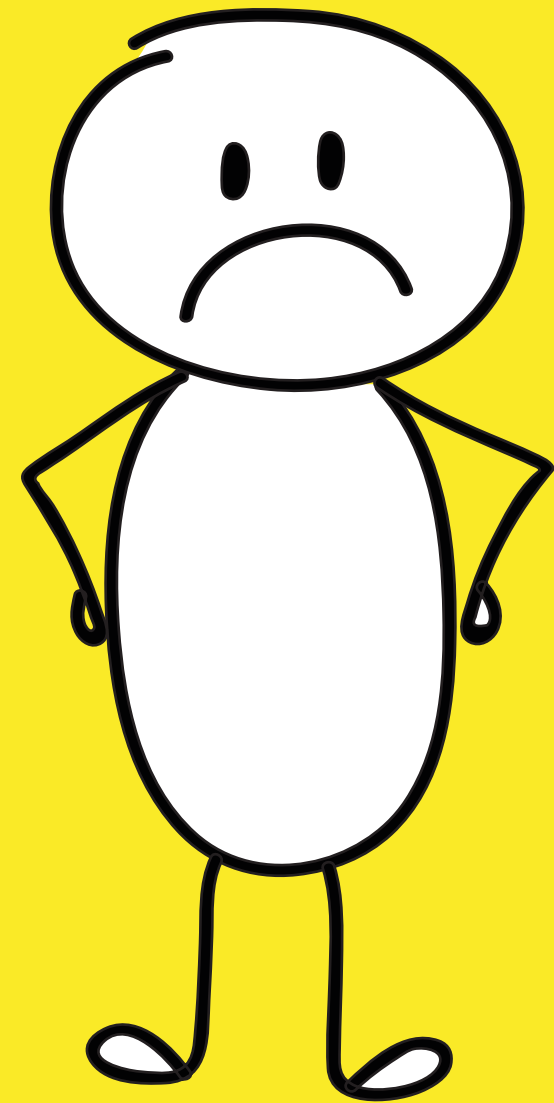
- Yours: it's good to be available
- Your department's admin team
- The patient's: just in case they don't have it



Q7: You are sending a letter to a GP, what number and email address is it essential to include:

- Yours: it's good to be available
- Your department's admin team
- The patient's: just in case they don't have it





What if you are not at work when the GP wants to speak to you? Send your departments admin teams email and number - and make sure it is always correct on your template



Q8: You are discharging a surgical patient who needs a fit note for 6 weeks. What do you do?

- Do a fit note for 2 weeks and ask the GP to follow it on
- Do a fit note for the whole time the patient is going to need to be off work
- Tell them to go to their GP to get it



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Yes, totally. Why would you not do this?



Q9: Your patient needs a new drug starting straight away. The medication is green on the local formulary. What do you do?

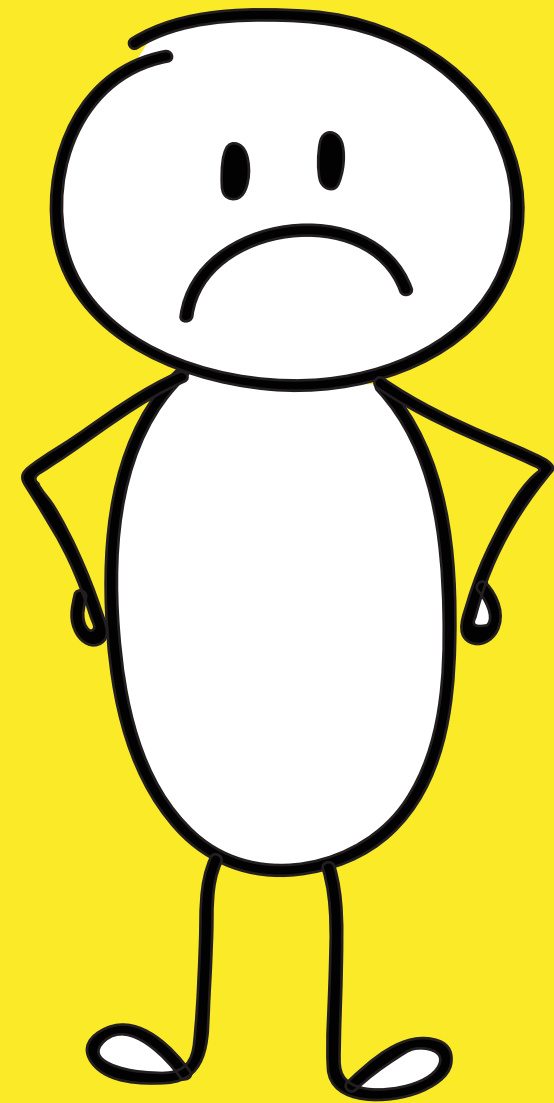
- Prescribe it for the first 14 days and write to the GP urgently if it needs continuing beyond that.
- Give the patient a handwritten note to the GP, tell them to get it prescribed there.
- Tell the patient the name of the drug, dose and duration, and that they must go urgently to their GP to get it prescribed.



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By the time you've written the note, you could have done it yourself, so please do!



Q10: You see a patient in clinic who needs a medication that is red on the local formulary. What do you do?

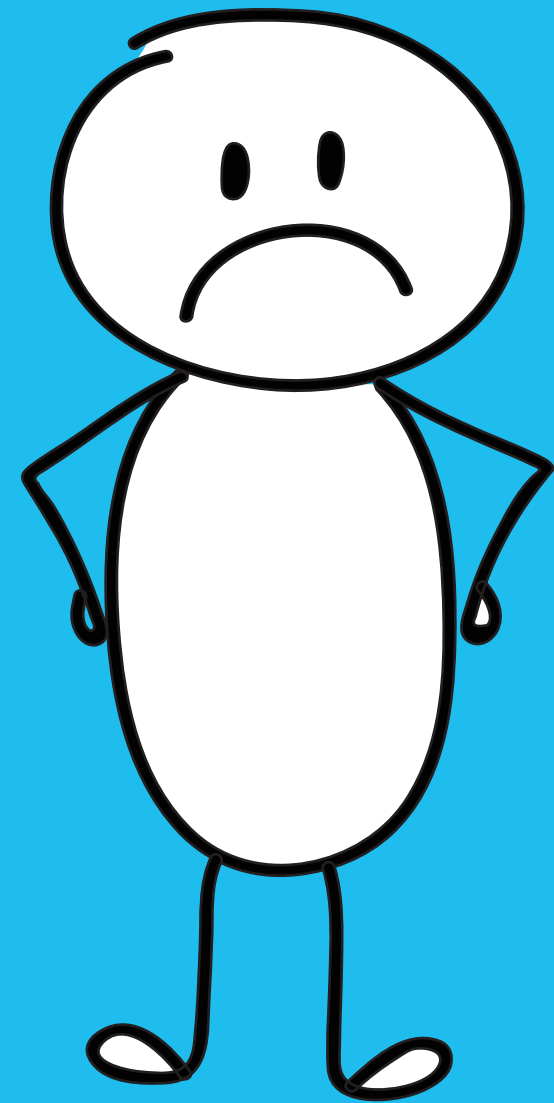
- Prescribe it and arrange appropriate follow up so you can continue to prescribe it. Write to the GP in detail to explain next steps
- Prescribe it for a month - someone else will continue it, right?
- Relax, take it easy. That was a very hard clinic



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- Relax, take it easy. That was a very hard clinic





If you do this, not only will the GP not be able to prescribe it, but it will also guarantee a tricky conversation between the GP and the patient trying to explain why they can't have their medication.



Q11: you see a patient who needs a drug that requires shared care monitoring and prescribing. Do you:

- Refer to the local shared care protocol and follow it to the letter.
- Prescribe the drug and hope for the best
- Prescribe the drug and ask the GP to continue it.



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Perfect - simple and clear.



Q12: A GP writes to you for advice and guidance regarding a patient. How should you respond?

- Ask them to arrange a full body MRI, midnight serum rhubarb and to let you know the outcomes so you can tell them the next steps.
- Let the GP know if there are sensible steps they can deliver. If not, convert it into a referral, arrange an appointment, and order the specialist tests you need.
- Park this for your next free moment to respond in 6 months time.



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Nailed it! Sometimes the GP just needs some simple advice and reassurance. But if the patient needs your assessment, let's keep things streamlined and also ensure test results go straight to the person who wants them.



Q13: A patient DNA's a clinic appointment, what do you do?

- Discharge them, what a waste of time. The GP can re-refer – that's our policy.
- Look at the referral and consider the impact, make a clinical decision. This might be to re-book the appointment, or write to the patient with a contact address for your service so they can request another appointment if they need to. It's OK to put a time limit on this.



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Correct! Discharging is a clinical decision for which you take responsibility. Was there an administrative error? What is the impact of discharge for the patient's condition? Re-referral by GP causes delays to care, avoidable extra consults in General Practice, and patients can fall through the net. If a patient DNAs, it's up to you to decide if they should be offered another appointment. Blanket departmental discharge policies frequently cause both patient and GP upset.



**Q14: A GP calls to refer a patient to your on-call team.
What should you do?**

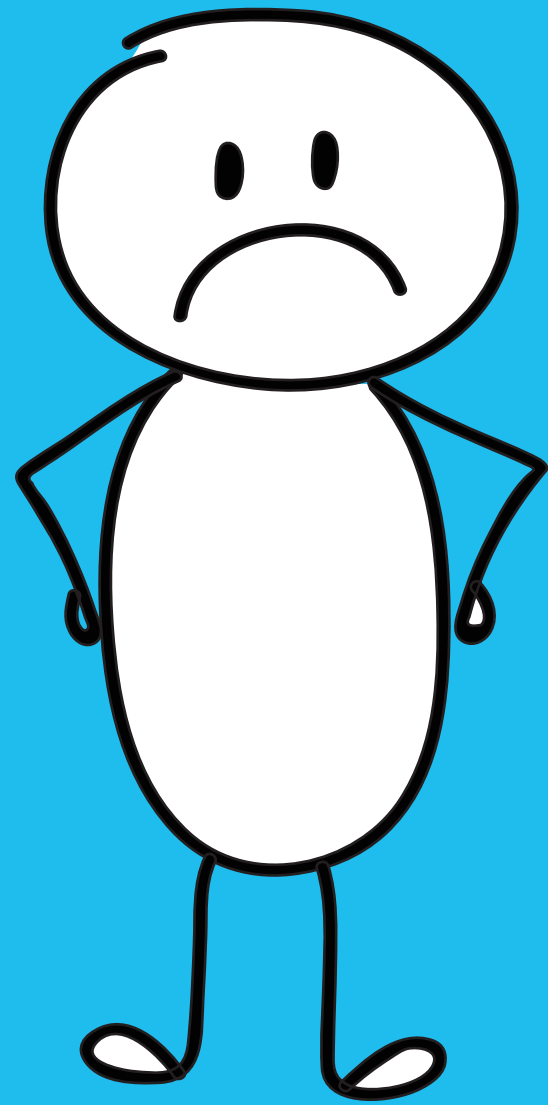
- Take the referral - the GP has assessed the patient and knows what they're talking about
- Challenge the GPs opinion - they have likely made the wrong diagnosis and should re-consider.
- Tell the GP to call the med reg, gynae, surgery, and orthopaedics for their opinion first and, if they say no, A&E will accept anything.



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Putting your heads together is fine, of course, but remember, it's the GP with the patient and the GP who knows the patient. They will probably have referred to you for a good reason.



Q15. A GP refers a patient to you through advice and guidance. They have done everything necessary and you can't add to their management. What do you do?

- Reject the referral. No need to give a reason. There is really nothing more you can do
- Reassure the GP that they have done everything necessary and share any useful resources. Advise that although you don't need to see the patient, you could if it would help. Share any useful resources which might help the GP.
- Offer an appointment. It's quicker to cut out the middle man



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Advice and guidance is just a new way of communicating effectively with colleagues. We used to call it email or phone. Make sure you share your expertise and resources as best as you can. It is quicker for the patient and frees up time to see patients who need seeing quickly.



Q16. You are a primary or secondary care clinician and you are royally fed up with people not doing all of the above correctly. What should you do?

- Lose the will to live, count your pension, and retire ASAP
- Grit your teeth and do the needful, yet again
- Stay patient and as positive as possible. Most of the time it sort of works and we are all committed to making it better.

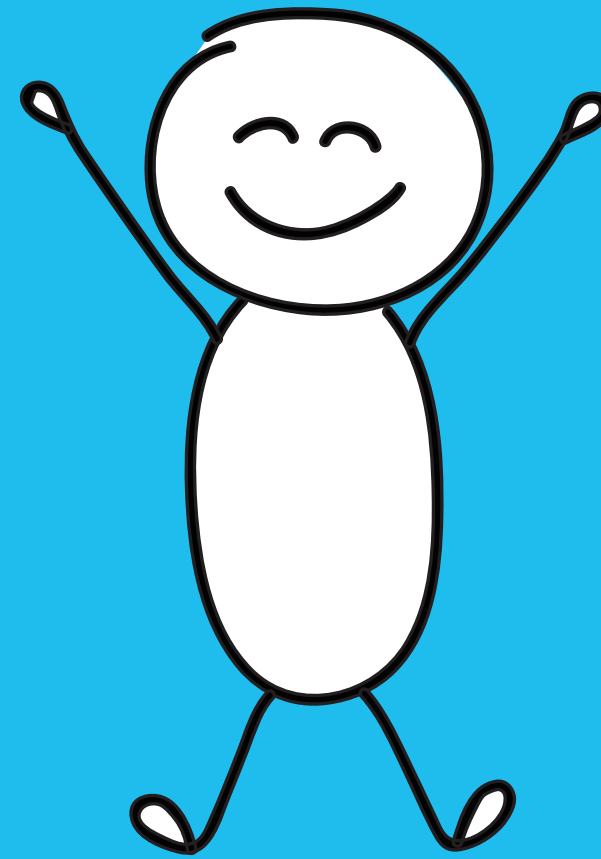


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We know we're all doing our best for patients, no matter which bit of the NHS we work in.

Really we are together.