

GP PAG BITES – November 2018 Issue 1

Bringing you snippets to share learning from the GP Performance Advisory Group meeting in the SW, where concerns raised about GPs are reviewed, including information from serious incidents, SEAs and complaints.

Be aware of the requirement to inform NHSE if your performance or conduct has been criticised during an inquest: support and advice prior to an inquest can be obtained from the NHSE SW Medical Directorate.

Remember the 4 'P's for ischaemia:

Pale
Painful
Pulseless
Perishingly cold

Recordkeeping: If it's not documented there's no evidence that it happened!

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Learning and information to share or remind:

1 - Be aware of the requirement to inform NHSE if your performance or conduct has been criticised during an inquest: support and advice prior to an inquest can be obtained from the NHSE SW Medical Directorate.

GPs may be required to provide evidence to the Coroner following the death of a patient under **Rule 20(2)(d) Entitlement to examine witnesses - any person whose act or omission ... may in the opinion of the coroner have caused, or contributed to, the death of the deceased or Rule 24 - Notice to person whose conduct is likely to be called into question** of the Coroners Rules (1984).

A GP on the Medical Performers List is required to inform NHSE under the Performers Lists Regulations (2013 - amended) **9(2)(h)** of involvement in an inquest 'as a person who has been found by a coroner to have caused, or contributed to, the death of the deceased or otherwise had their conduct brought into question'.

Providing evidence at an inquest can be a very difficult and distressing experience for GPs: By informing NHSE of a forthcoming inquest, GPs can access support in relation to providing a statement, communications, media handling, or peer and professional support. GPs can phone the team at NHSE and we will be pleased to discuss the help we can provide. Please contact **Dr Liz Thomas, 079007 15320** or Liz.thomas2@nhs.net

Just a reminder that GPs can also get support from their LMC and GP Health, in addition to NHSE.

2 - Remember the 4 'P's for ischaemia: Pale, Painful, Pulseless, Perishingly cold.

PAG reviewed a case recently involving a telephone consultation relating to sudden onset leg pain. Whilst an exacerbation of pre-existing arthritis and DVT were both considered, ischaemia and arterial occlusion were not. The question "Is the leg hot?" was posed to which the reply was "no" - unfortunately the "Perishingly Cold" limb was beyond salvage some 12 hours later, resulting in amputation.

The 4 P's: Pale, Painful, Pulseless & Perishingly Cold

3 - Recordkeeping: If it's not documented there's no evidence that it happened!

PAG often discuss cases where a lack of documentation or poor record keeping is noted and a need of improvement is identified following a clinical review. Whilst it's understandable with increasing pressures on workload that things can be missed or forgotten, documenting a patient's consultation is important to protect yourself as well as the patient. In the **GMC's Good Medical Practice (2013)** it states in **Domain 1: Knowledge, Skills and Performance** – "Documents you make (including clinical records) to formally record your work must be clear, accurate and legible...at the same time or as soon as possible after the event." So, if it's not documented there's no evidence that it happened and make sure the notes are contemporaneous!