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South Warwickshire



# INDUCTION PACK AND GUIDANCE FOR CLINICIANS

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<b>Service manager:</b>	Diane Spreadborough

**GP+**  
**South Warwickshire GP Extended Access Service**

**Introductory Information for Clinicians**

Thank you for working with us to deliver the GP extended access service for South Warwickshire. It is delivered by SWGP which is the federation of GP practices in South Warwickshire.

The delivery of safe, high quality general practice is our main goal. Retaining the contract for Extended Access services is vital for the growth and support of the wider general practice community in South Warwickshire. It is therefore extremely important that we provide an excellent service for the patients in this setting. We expect all our clinicians to be professional, polite and reasonable in their manner as well as practising high quality and safe medicine.

The aim of the service is to provide an almost seamless extension of routine general practice services for our patients. You will be able to access all the patients' usual electronic notes including consultation, medications, results and documentation.

Initially all appointments are pre-booked, face to face and telephone and 15 minutes in length. In time we plan to introduce some video consultations.

We do not routinely accept walk in patients. However, in the interests of clinical safety if a patient does self-present and there are appointments available we consider it appropriate for these patients to be booked in to see an appropriate clinician. If there are no appointments available it is incumbent on the clinician to ensure that if they turn the patient away they are satisfied that it is clinically safe to do so. This would usually include an assessment of the patient. Whilst the service is establishing itself we would ask clinicians to be flexible and consider seeing these patients if time allows. If you are unable to see patients that self-present you should ensure they are safely directed to an appropriate service including their own GP, 111, GP OOH or A&E.

We do not do home visits. If requests for these arise patients should be directed to 111 or the GP out of hours service.

We do not carry out minor surgery, joint injections or other minor surgical procedures during extended access surgeries.

**Clinical Approach**

You should aim to work as closely as possible to how you would in an in-hours general practice setting. This includes carrying out a thorough and safe history and examination, making a safe and reasonable diagnosis and management plan. You should aim to minimise, as far as is practical and safe, the number of hand offs to patient's usual GP. You should aim to prescribe all necessary medication, direct to services and request investigations without the need for the patient to come back to see their own GP. The only exception to this is referrals and this is explained overleaf.

## **Calling in Patients on EMIS**

Unfortunately waiting room call systems are not compatible with EMIS shared appointments so patients will need to be manually fetched from the waiting room. In EMIS appointments please use 'S' to denote patient being seen and 'L' when the consultation has finished to mark the patient as left.

## **Note Keeping**

As in all settings it is important to keep clear and precise clinical notes that can be easily understood by other clinicians. Please set out your consultations note in a tidy manner that the patient's usual GP can follow and, if needed, easily confirm what happened during the consultation including what diagnosis and information you gave the patient.

Please remember to adequately safe net consultations and briefly document this in your clinical note.

## **Prescribing**

As with all prescribing, the responsibility ensuring the appropriateness and safety of a medication is the person issuing the prescription even if that medication has previously been initiated by another clinician.

Please take particular notice of drug allergies, adverse reactions and medication interactions.

At present we do not have the facility to use the Electronic Prescribing System (EPS) so all prescriptions must be printed out on paper. Prescriptions will print with the name of the GP nominated by their own practice when setting up EMIS shared appointments.

It is advised that if you are starting new medication, even if it is likely to be a long term prescription, you should issue it as an 'acute' prescription. The patients' usual GP can then add this as a repeat prescription if they feel this is the right thing to do when the patient next requests the medication.

Medications that are higher risk or that need a review by a GP should be issued only as acute prescriptions. Examples of higher risk medications would be strong analgesics, sedatives, drugs with addictive potential, drugs that require monitoring, drugs with known severe side effects.

If you advise changing or removing a medication from a patient's repeat prescription (for example you increase the dose of an antidepressant) please ensure that this is changed in the repeat medication on EMIS to avoid prescribing errors.

If you need to reauthorise a repeat prescription in order to issue it you should only authorise it for one prescription. This avoids medication being repeatedly issued without the oversight of their usual practice.

You should avoid prescribing large doses or high quantities of potentially addictive medications or medications that have a high risk of abuse unless these are under review by the patient's usual GP and on repeat prescription. However, this does not preclude you prescribing such drugs if they are clinically appropriate.

## Prescribing Formularies

There is a preferred prescribing list on the Coventry and Warwickshire APC website that should be adhered to wherever possible. There are also prescribing guides for all key areas including antibiotic guidance.

## Investigations

Following negotiation with the LMC it has been agreed that extended access clinicians will not arrange any investigations or make any referrals. All requests for further investigations or referrals MUST be passed back to the patient's own practice.

Explain to the patient that you feel further investigations are required and that they should to contact their own practice **within 3 working days** to discuss with their usual GP whether they agree with the need for further testing and that their usual GP will arrange any tests that they feel are appropriate. **Please impress on the patient that further tests are with the agreement of their usual GP.**

Send an EMIS task to the practice (see technical guide) ensuring the following:

- Task is sent to the '**Extended Access**' Task Group
- Subject: **SWGPA EA Investigation Request**
- Provide as much detail as possible to help the practice consider your request

Provide clear, contemporaneous notes in your consultation clearly recording your investigation request and rationale with clinical plan in EMIS

Do not 'promise' the patient a specific investigation - this decision rests with their practice

**Log the request on the Investigation and Referrals Log Sheet for the SWGPA+ admin team to follow up with the practice the next working day. This can be found in your resource pack and MUST be completed for ALL investigation and referral requests.**

*NB: There is currently no facility to provide ECGs, spirometry, ear irrigation or any other diagnostic measurements in the extended access service. If you feel a patient needs an immediate ECG you should arrange for them to be seen in the A&E department.*

## Referrals

### Self-referrals

If you feel that a referral to physiotherapy, the drug and alcohol service, GUM or the IAPT service is appropriate you should provide the patient with relevant self-referrals forms or contact details that are in the Extended Access resource folder. Give this to the patient and inform them how to make a self-referral.

## **2 week wait referral and other referrals**

Following negotiation with the LMC it has been agreed that extended access clinicians will not arrange any investigations or make any referrals. All requests for further investigations or referrals MUST be passed back to the patient's own practice.

Explain to the patient that you feel further investigation may be required, Advise the patient to contact their own practice within **3 working days** to speak with their own GP about the possibility of a referral.

Send an EMIS task to the practice (see technical guide) ensuring the following:

- Task is sent to the '**Extended Access**' Task Group
- Subject: **SWGP EA Referral Request**
- Provide as much detail as possible to help the practice consider your request

Provide clear, contemporaneous notes in your consultation as this will likely be used by the patient's practice in the referral letter to secondary care

**Log the request on the Investigation and Referrals Log Sheet for the SWGP+ admin team to follow up with the practice the next working day. This can be found in your resource pack and MUST be completed for ALL investigation and referral requests.**

The usual practice will then pick up this task and consider your recommendation for a referral and will either a) send your referral in the usual way or b) contact the patient if they feel your referral is not the preferred course of action.

*NB: In all cases the final decision to refer lies with the usual practice and you should tell the patient that you are recommending a referral and their own practice will finalise it as described above.*

## **Fit/Sick Notes**

You should issue fit/sick notes as you feel is appropriate for the patient and their condition. You should avoid doing unreasonably short notes that require a patient to come back to their usual GP unless you have a specific concern about issuing a longer note.

## **QOF Prompts**

You will see prompts for QOF targets appear from time to time in some patient records. Whilst not a requirement if you can easily complete a QOF prompt, for example recording a patient's blood pressure, during the consultation this would be greatly appreciated by practices.

## **Requests for Letters/Insurance etc**

Requests for letters of support, for insurance or any other letter that would usually be considered not part of core general practice to provide should be directed to the patient's usual practice. We do not have the facility to take payments for private letters/payments in extended access.

## **Clinic Equipment**

The service will provide the required clinical equipment that would be expected to be used in a usual GP consultation. You will be asked to sign equipment in and out if you need it. Please notify us any shortfalls or low stock levels. You may be asked to reimburse the service for any equipment that is not accounted for at the end of your shift so please make sure you remember to sign things in and out.

## **Medical Emergencies**

The host surgery will provide access to basic life support equipment and defibrillator. You should familiarise yourself with this equipment and its location.

Because you may be the only and most senior clinician in the building, in the event of a clinical emergency you are strongly advised to call for 999 paramedic backup at the earliest opportunity. It is best to turn the paramedics away if they are not required rather than allow a situation to deteriorate.

## **Handover**

If you feel that any particular issue needs to be handed over to the patients usual GP you should send a patient task to "Extended Access" which will be picked up by the usual practice usually the next working day. Please see the "How to add a task" standard operating procedure on how to do this.

A communications log is available to all staff working in extended access.

## **Chaperones**

You should offer a chaperone for all intimate examinations where you feel this is appropriate. If a patient declines a chaperone you should document this in the notes.

It is strongly advised that all male staff have a chaperone for female breast and chaperone for vaginal/pelvic examinations. If a chaperone is not available then you should defer the examination aside for truly exceptional circumstances.

Please refer to the chaperone policy for more details.

## **Supporting Other Clinical Staff**

The GPs in the extended access service are usually the most senior clinicians available. All clinical staff are expected to work within their competencies. We expect to foster a collaborative team based approach that replicates in hours usual GP care as much as possible. On occasion clinical staff may feel the need to ask the opinion of another clinician for either a second opinion or where the issue at hand falls outside their competence. We would generally encourage this but it is up to the clinician being asked for advice as to whether they feel able to offer this help based on their own competency and whilst managing their own workload. We would expect advice to be offered if the issue was felt to be immediately necessary for clinical safety and quality. None urgent issues that can be managed by the patient's own GP can be delegated back to the home practice if clinically safe to do so.

However, the GPs in the service are not there to provide clinical supervision of other staff and it is each clinician's responsibility to work within their own competency. Any clinician offering advice or a second opinion must ensure this is recorded in the consultation note.

If a second opinion is not available for whatever reason then the patient should be referred to the most appropriate service which would usually be their own GP or hospital if an emergency.

### **Immunisations**

Immunisations should be given in line with the national immunisation schedule only.

Immunisations should be taken from the Extended Access fridge only and not the host surgeries supply.

Please complete the EMIS child immunisation template to ensure that all information is recorded correctly.

See the immunisation standard operating procedure for more information.

### **Cervical Smears**

Cervical smears should be undertaken in line with the cervical cancer screening programme only.

Practice nurses working for the extended access service will be provided with enhanced South Warwickshire Open Exeter access enabling you to print HMR101 forms for any patient registered in the county.

Please use the EMIS code 'cervical smear taken' (7E2A2) and complete the Extended Access cervical smear log found in your resource folder for audit purposes.

### **Dressings**

Patients are asked to bring their own supply of dressings. However, we do keep a small emergency stock of dressings and these should be used where appropriate to manage the needs of the patient.

If you require a dressing that is not in stock then you may issue a prescription for the patient to collect from a pharmacy and bring to an appointment.

There is no need to issue a prescription for dressings that are used from the stock.

### **Depot Injections and Vitamin B12**

Patients are asked to bring their own injections as the extended access service is not able to claim these back from the PPA. These injections should be given in accordance to the directions recorded in the patient record and the following read codes used:

- Neuroleptic depot injection - 7L18C
- Intramuscular injection of testosterone - 7L18A
- Intramuscular injection of Vitamin B12 - 7L185

## **Safeguarding**

If you have a safeguarding concern you must raise it with a relevant person.

If there is no immediate risk to the individual and the risk is judged to be minor you should send a task to the usual practice.

If there is immediate risk then you should contact the safeguarding hub via Warwickshire County Council switchboard on 01926 886922 and inform the duty manager.

## **Near misses/Significant Events/Causes for Concern**

You must report any near miss, significant incident or cause for concern if you encounter one.

You should report them immediately to the duty manager.

Please refer to the significant event policy for more details.

## **Patient Feedback and Friends and Family Test**

The service is expected to support the NHS 'Friends and Family Test' and we would encourage all extended access staff to hand these to patients when they visit the service. Cards can be found in your resource box.

## **Clinical Audit**

We will perform a random peer view audit of 5% of all clinical notes to ensure quality and safety. In the event that any concern regarding a consultation is highlighted it will be raised with you directly by the medical director.

## **Managerial Support**

If you need admin or managerial support whilst working please contact the duty manager.

## **Extended Access Team Meetings**

We will hold a monthly Extended Access team meeting where the federation senior management team will meet with extended access staff to discuss the service, share learning from performance data and any incidents and support the development and improvement of the service.

## Useful Telephone numbers

<b>Name</b>	<b>External number</b>
Service Manager - Diane Spreadborough	01926 458368 (office hours) 07879 873523 (out of hours)
Medical Director - Dr M Caley	07779 152369
Managing Director - Tim Morris	07810 797051
Outside Line	9
Coroner	01926 684228
Ambulance - GP urgent line	01785 270320
Police	101 (less urgent crime)
Out of Hours - Health Professionals Line	0118 990 2142
Warwickshire Safeguarding Hub (MASH)	01926 414144 (office hours) 01926 886922 (out of hours)
Warwick Hospital	01926 495321 (main switch) or 01926 419439 (direct GP line)
Warwick Hospital Bed Manager	07979 705 960
UHCW	02476 964 000
Community Services Hub (iSPA)	01926 600818
CWPT Mental Health Single Point of Access	0300 200 0011 (24hrs)
Early Pregnancy Assessment Unit (Warwick Hospital)	01926 495321 and ask for EPAU



## Signature Sheet

I hereby confirm I have read and understood the South Warwickshire GP+ induction and guidance pack v1.2 for clinicians containing:

- Introductory information for clinicians
- Clinical approach
- Calling in patients on EMIS
- Note keeping
- Prescribing
- Prescribing formularies
- Investigations
- Referrals
- Fit/sick notes
- QOF prompts
- Request for letters / insurance etc
- Clinical equipment
- Medical emergencies
- Handover
- Chaperones
- Supporting other clinical staff
- Immunisations
- Cervical smears
- Dressings
- Depot injections
- Safeguarding
- Near misses / significant events
- Patient feedback and FFT- Clinical audit
- Managerial support
- Extended access team meetings

Print Name.....

Signed.....

Date.....





## Confidentiality Policy

### Policy Overview

#### **The reasons for the Policy:**

- All patients can expect that their personal information will not be disclosed without their permission (except in the most exceptional circumstances when disclosure is required when somebody is at grave risk of serious harm).
- All information held at the Company about patients is confidential, whether held electronically or in hard copy;
- Other information about the company (e.g. staff records and financial matters) is confidential;
- Staff will, by necessity, have access to such confidential information from time to time.

### Applicability

The policy applies to all Employees and also applies to other people who work for the company e.g. Locum GPs, Non-employed nursing staff, Temporary staff and Contractors (referred to as "Staff" throughout this document).

### Procedure

#### **The terms of the Policy:**

- Staff must regard all patient information as confidential and must not, under any circumstances, disclose patient information to anyone outside the Company, except to other health professionals on a need to know basis, or where the patient has provided written consent;
- Staff must not, under any circumstances, disclose other confidential information about the Company to anyone outside the Company, unless with the express consent of the Company Manager / Senior Partner;
- Staff should limit any discussion about confidential information only to those who need to know within the Company;
- Staff must be aware of and conform to the requirements of the Caldicott recommendations;
- Electronic transfer of any confidential information, once approved by the Company Manager / Senior Partner, must be transmitted via the NHSNet;
- Staff must take particular care that confidential information is not transmitted in error by email or over the internet;
- Staff who suspect a breach of confidentiality must inform the Company Manager/Senior Partner immediately;
- Any breach of confidentiality will be considered as a serious disciplinary offence and may lead to dismissal;
- Staff remain bound by the requirement to keep information confidential, even when they are no longer employed at the Company.

All Staff will be required to sign the Company's Confidentiality Statement, as detailed overleaf.



**Staff Confidentiality Agreement**

I understand that all information about patients held by SWGP is strictly confidential.

I will abide by the terms of the Confidentiality Policy.

I have read the Staff Confidentiality Policy and fully understand my obligations and the consequences of any breach of confidentiality.

I understand that a breach of these obligations may result in dismissal.

I understand that any breach, or suspected breach, of confidentiality by me after I have left the Company's employment will be passed to the Company's lawyers for action.

If I hold a professional qualification and my right to Company depends on that qualification being registered with a governing body, it is my responsibility to have read and understood their advice on confidentiality.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

South Warwickshire



**Induction Programme  
for  
Extended Access Service**

	<b>Signed and dated by employee / contractor</b>	<b>Signed and dated by Manager</b>
<b>Layout of the Hub Practice - Premises tour</b>		
<ul style="list-style-type: none"> <li>• Staff and toilet facilities</li> </ul>		
<ul style="list-style-type: none"> <li>• Fire alarms, exits and assembly point</li> </ul>		
<ul style="list-style-type: none"> <li>• Extended access stores</li> </ul>		
<ul style="list-style-type: none"> <li>• Emergency equipment and drugs</li> </ul>		
<ul style="list-style-type: none"> <li>• Panic alarm systems</li> </ul>		
<b>The GP Federation</b>		
<ul style="list-style-type: none"> <li>• Medical director and management leads</li> </ul>		
<ul style="list-style-type: none"> <li>• Duty manager and on call rotas</li> </ul>		
<b>Standard Operating Procedures</b>		
<ul style="list-style-type: none"> <li>• Starting / Finishing procedures</li> </ul>		
<ul style="list-style-type: none"> <li>• Arranging investigations and referrals</li> </ul>		
<ul style="list-style-type: none"> <li>• Incident reporting and significant events</li> </ul>		
<ul style="list-style-type: none"> <li>• Managing spills and PPE</li> </ul>		
<ul style="list-style-type: none"> <li>• Safeguarding adults and children</li> </ul>		
<ul style="list-style-type: none"> <li>• Whistleblowing procedure</li> </ul>		
<ul style="list-style-type: none"> <li>• Violent or aggressive patients</li> </ul>		
<ul style="list-style-type: none"> <li>• Medical emergency / patient collapse</li> </ul>		
<ul style="list-style-type: none"> <li>• Unregistered / walk in patients</li> </ul>		
<b>Practice Nurses Only</b>		
<ul style="list-style-type: none"> <li>• Cervical screening (smears)</li> </ul>		
<ul style="list-style-type: none"> <li>• Child immunisations</li> </ul>		
<ul style="list-style-type: none"> <li>• Depot injections and B12</li> </ul>		
<ul style="list-style-type: none"> <li>• Medicines management and PGDs (PNs)</li> </ul>		



## HEALTH AND SAFETY INDUCTION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Health and Safety Area	Initial to Indicate that this item has been Covered
<b>Housekeeping</b>	
1. To keep walkways, stairways and doors clear.	
2. Not to leave material / equipment / objects lying about, after use.	
3. To always remove spillage from floors in accordance with procedures.	
4. To place waste materials in the appropriate receptacles	
<b>Protective Clothing and Equipment</b>	
1. How and where to obtain / replace protective clothing and equipment.	
2. The correct protective clothing and equipment to be worn.	
<b>Lifting and Handling</b>	
1. The correct method of manual handling.	
2. Not to lift beyond their capacity but to but to seek assistance from others.	
3. To be aware of other articles when removing items from the work areas e.g. shelves, racks etc.	
<b>Safety Practices</b>	
1. To stack items so that they will not fall.	
2. To never leave materials or work equipment on overhead structures or on top of cupboards.	
3. To report defective equipment immediately.	
<b>Lone Working</b>	
1. To keep doors to staff areas locked and not to share access codes	
2. Panic alarm systems	
<b>Fire Precautions and other Emergencies</b>	
1. Action in case of fire and other emergencies.	
2. The location of the nearest fire alarm.	
3. Location and use of firefighting equipment.	
<b>Reporting of Accidents and Injuries</b>	
1. How and where to report an accident.	
2. Location of first aid facilities.	
3. That all accidents, however minor, must be reported.	
<b>Hazards</b>	
1. To report all hazards that may lead to an accident.	
<b>Hygiene</b>	
1. Hand cleansers and alcohol gels are available and should be used.	
2. The location of washroom facilities.	

Signature \_\_\_\_\_ Date \_\_\_\_\_