

Information for Remote GP

1.0 Clinical System

EMIS Web

2.0 Appointment Schedule

The working day is 9am to 5pm

There are 12 appointment slots in the morning and 10 in the afternoon

We will have a named Receptionist for contact on your schedule

Face to face slots will be available for you to book on the Urgent Team (you have access to the appointment diary)

As remote GP sessions and ACP sessions increase there will also be more availability to book routine appointments

If the remote GP is doing regular sessions we can set up capacity for review appointments

3.0 Remote Access

You will be set up for remote access via BSO IT we will require some details from you to do that e.g. national insurance number

You will be able to download an app to your phone

You will be given an IP address to access a PC in the Practice

We will share our remote access instructions with you

The management team will support you throughout this process

4.0 Issuing prescriptions/Sick Notes

You can issue prescriptions to STORE, reception staff will then print off and GP on site will sign or alternatively you can print and they will be picked up by reception staff. You can print sick notes and they also will be picked up and signed by GP on site. Please inform patients that their prescription will be collected by the pharmacy but it will be after 4pm before this is ready for collection.

5.0 AccuRx

We use AccuRx software where patients can send in photographs and we can also send out information.

6.0 Multi-disciplinary Team

As well as GPs we have Advanced Clinical Practitioners, Pharmacists, First point of contact Physiotherapist, Mental Health Worker, Practice Nurses and Phlebotomists. We have a GP consultant/helicopter GP who oversees the MDT and can provide support to remote GP.

7.0 Communication

Management Team

Practice Manager – [Insert Contact Details]

Reception

Direct line for healthcare professionals – **[Insert Contact Details]**

Other

EMIS Screen message (click on icon top left of screen beside house) – this will send a message to the screen of the person you wish to communicate with. You can choose to send to one or more members of staff.

EMIS task – you can send an admin or patient task to any member of the team or to a group within the team. If you send a patient task this will be recorded in the patient record under diary.

If someone is suspected or known covid that really needs seen they are seen at the practice in the red zone. The remote GP can book the appt with the GP or Advanced Nurse Practitioner.

The patient is to be given the mobile number **[Insert Contact Details]** which they ring when they arrive at the Health Centre. They should be told to park at the front of building, wait in the car and ring the mobile to say they have arrived. Details of car colour/make and reg number must be noted by the receptionist at the front desk and the patient is told that the clinician will come out and get them.

XRAY REFERRALS

Any radiology requests needs to be on sectra to ensure appropriate follow up.

As the remote GPs do not have a cipher number, the referral needs to come from a GP here.

The remote GP tasks the GP group with the referral details and the test needed (linked to the patient).

If an urgent same day test request, this needs to be sent urgently and might therefore need

The remote GP to speak with the helicopter/duty GP.

Paper referrals are no longer accepted. The direct line for healthcare professionals is **[Insert Contact Details]** incase they need to contact the practice urgently.

Telephone numbers and referrals

We use a standard CCG referral letter in most circumstances.

We refer to radiology through SECTRA.

We delete any information from the standard CCG form if not relevant.

We clearly indicate the urgency of the referral.

Patients are informed to contact the practice if they haven't heard anything within 2 weeks of RED FLAG referral.

We refer internally when appropriate: skin, family planning, joint injection, minor surgery, ENT etc.

We follow local referral guidance including agreed referral pathways (eg. VV, DVT etc.)

We take part in peer review of our referrals.

Ordering Investigations

For blood investigations use List on EMIS to indicate which tests you want to do, consider printing this out and giving it to the patient, organise an appointment with the phlebotomist/TR (HCA)
ECG: Organise an afternoon appointment with the Treatment room. If urgent contact TR there and then.
Xray: Referrals done online via SECTRA. Inform the patient to go to x-ray department between 9am-1pm 2pm-4pm unless very urgent. Please do the referral while the patient is present.
Blood tests: ask practice nurse to do tests
SCANS; via SECTRA
Spirometry: practice nurse – make appointment through (send task or ask patient to ring in) (NOT BEEN DONE DUE TO COVID-19 AT PRESENT)
Cardiac Echo: refer via CCG to cardiology
Assessment for Chest pain: refer via CCG to rapid access chest pain clinic
Pregnancy tests: available in room or TR if clinically indicated. Otherwise done by patient.
Suspected UTI; proforma is filled in by reception/other and left in folder at Doctors tray to be actioned
QFIT Test: give to patient there and then with instructions or request as part of eg. Blood investigations (phlebotomist/TR will give to patient)

Emergency admissions

Procedure (e.g. ring hospital switch board / DR on call for specialty)

Medicine/ Geriatric Medicine: Ring hospital & speak with Doctor on call, give referral letter to the patient.
Psychiatric including how to contact Social Worker for mental health act section. Community Mental Health Team: [Insert Contact Details] If same day ask to speak with crisis intervention team
Paediatrics: [Insert Contact Details] ring hospital & speak with Doctor on call.
General Surgery: [Insert Contact Details] ring hospital & speak with Doctor on call, Give referral letter to patient
Vascular: [Insert Contact Details] ring hospital & speak with Doctor on call
Urology: [Insert Contact Details] ring hospital & speak with Doctor on call
Threatened miscarriage: Early pregnancy Clinic [Insert Contact Details]
Gynaecology: [Insert Contact Details] ring hospital & speak with Doctor on call
Obstetric: [Insert Contact Details] ring hospital & speak with Doctor on call
ENT: [Insert Contact Details] ring hospital & speak with Doctor on call
Eyes: [Insert Contact Details] ring hospital & speak with Doctor on call
Neurological: [Insert Contact Details] ring hospital & speak with Doctor on call.
Orthopaedics: [Insert Contact Details] ring hospital & speak with Doctor on call
Home Detox- ring detox team

In-house services and Follow up

FP services (Nexplanon or IUCD)_ offered in house- Task to [Insert Contact Details] Or refer to GPEC- [Insert Contact Details]
Depo contraception injection: Available in practice- Treatment room (needs negative PT)
Letters from Outside service providers (mainly hospitals) are received electronically or scanned on to the system. Some letters will be sent to the doctors using Apollol for further action

Non urgent referrals

(hospital, do not specify consultant)

CCG:

Medicine

Care for the elderly

Psychiatry

Addiction

General Surgery

Paediatrics

Community paed

MSK

Gynaecology

Obstetrics (antenatal)

ENT

Dermatology

Rheumatology

Vascular: **[Insert Contact Details]** via CCG

Urology: **[Insert Contact Details]** via CCG

Dietician: Referral via ccg

Physiotherapy: refer via CCG to **[Insert Contact Details]** (not Rheumatology)

Community physio: via CCG

Also special clinic for PFE MSK

Chiropodist/podiatry: for diabetics to Diabetic clinic, general (eg. Ingrowing toe nail)
paper referral

Neurological: **[Insert Contact Details]** via CCG

Pain Clinic: **[Insert Contact Details]** via CCG

Social Prescribing: paper referral to **[Insert Contact Details]**

Examples: 24 hr BP, Falls revention, living with dementia, dealing with stress etc.

GPEC clinics (minor surgery, FP/rings/HRT, vasectomy, dermatology): CCG- under regional services- **[Insert Contact Details]**

Diabetic clinic: Refer via CCG to Community Diabetes team

Warts: private referral

Earwax: olive oil. For microsuction refer privately:

Counselling: Refer to **[Insert Contact Details]**

Smoking cessation: ECR referral

SAMPLE

Prescribing

The practice has a practice formulary based on the Northern Ireland Formulary and we are all expected to abide by it. There must be good reason when you defer from the NI Formulary. We prescribe generically. There are only a few exceptions as per Board:

1. Drugs with narrow therapeutic index:
 - i. Aminophylline
 - ii. Ciclosporin
 - iii. Lithium
 - iv. Theophylline
2. Certain indications e.g. Epilepsy:
 - i. Carbamazepine
 - ii. Lamotrigine
 - iii. Phenytoin
 - iv. Sodium Valproate
 - v. Topiramate
3. Certain Modified release preparations:
 - i. Diltiazem
 - ii. Mesalazine
 - iii. Nifedipine
 - iv. Tacrolimus
 - v. Methylphenidate
4. Certain Controlled Drugs incl. patches (Schedule 2 and 3)
 - a. Buprenorphine (Butec- current cost effective choice and should be initial choice)
 - b. Fentanyl (patch)
 - c. Morphine
 - d. OxyCodone
5. Certain inhaler devices
6. Multi-ingredient products
 - a. e.g. Stalevo/HRT/Oral cotraceptives/GI preps, multi ingredient ENT preparations,
7. Sando-K etc.)
8. Specific brands for specific indications eg. Duloxetine eg Yentreve or Cymbalta, Sildenafil, Buprenorphine etc.
9. Cost effective choices as per Board eg Vensir, Longtec, Maxitram etc.(see laminated list in each consultation room)
10. Miscellaneous e.g. Antipsychotic depot injections

We put a stamp 'controlled drug' on scripts for Class C drugs (Community pharmacists sign them out)

If you make a change to a Batch or a weekly dispense prescription it has to be communicated to the Community Pharmacist using the appropriate Proforma which is printed and left in the Doctors Tray at the Doctors desk for the CPs to collect.

We support and refer patient to the local pharmacists for “Minor Ailments” (See HSCB intranet)

We adhere to all the prescribing indicators.

We aim to reduce:

- healing strength PPI as percentage of all ulcer healing drugs
- expensive PPIs
- effervescent paracetamol and co-codamol
- 30/500 mg co-codamol
- COX 2
- benzo’s and Z drugs
- antibiotics in general
- second and third line ab
- Dihydrocodeine
- ARB as percentage of ACE/ARB
- pregabalin/gabapentin as first line for neuropathic pain

We consider deprescribing especially when in a case of poly-pharmacy. We consult our GPP with a special interest (Fintan) regarding this

We prescribe contraceptives only as acutes and would give a prescription for up to a year if the patient fills in the CHC patient proforma (prints automatically when prescribing eg. 3 months CHC)

We never or seldom:

- add hypnotics or anxiolytics on repeat (if we do we set an appropriate review date)
- issue NRT if they haven’t been seen for smoking cessation (preferable refer to community pharmacist for smoking cessation)
- issue RED listed drugs
- issue warfarin on Batch, or in 5mg and 0.5 mg
- issue Methotrexate in any strength other than 2.5mg
- initiate anti-dementia drugs

We try to avoid:

- Pregabalin/Gabapentine as a first line anti-neuralgia drug
- Anxiolytics
- Dianette long term without review
- Depot-provera under 20s and over 40s and longer than 2 years
- Robaxin long term
- HRT long term (> 5 yrs if over 50)
- Anti-psychotics in elderly patients
- Meetings with drug reps

We prefer:

- code for ‘patient advised to defer collection of script’ for antibiotics whenever possible
- issue drugs in cycles of 28 to 56 days

- put repeat requests on 'medicine management' if medication review is overdue
- not to prescribe items that have little evidence base or have no clear indication documented in the medical records (eg. Glucosamine, sudocream, Bonjela, shampoos, Robaxin, Quinine, emollients- see COMPASS report)
- patients on Batch dispensing if their medication has been stable for a while and they attend their reviews
- review patients' medication when they attend in surgery even if it is for another problem

We always:

- document any item prescribed
- use EMIS web to prescribe (even after Home visit)

We issue private prescriptions for:

- ED drugs if not prescribable on NHS
- flu vaccinations if not in risk groups
- travel vaccinations (outside DTP/Hepatitis A and Thyphoid) and malaria tabs (refer to appropriate clinic/chemist)(see protocol for Travel vaccinations)
- fertility drugs that have no evidence base (should be prescribed by treating private doctor)

Our GPPs have special interests and we make internal referrals (add to GPP list) to use their expertise:

- Jonathan/Ruth: CVD and hypertension- optimizing control eg. lipids and BPs
- Ruth: osteoporosis
- Fintan: deprescribing, chronic pain and diabetes
- Nialin: hypertension

