

GP Study Day
Communication! Communication!
Communication!

Dr Lisa Goldsworthy

Hospital communication to GP practices

- Emergency Department letters
- ICE discharge summaries
- OP letters
- CDS/emails/telephone
- ED GP advice line
- Other specialities?
- Choose and book (grrrrrr)
- Specific child protection issues?

Your feedback required

- What can/should we do better?
- How do we make the patient journey and our ability to 'follow' it both efficient and seamless

Reminder to self: communication involves more than one person (usually)

Certain frustrations

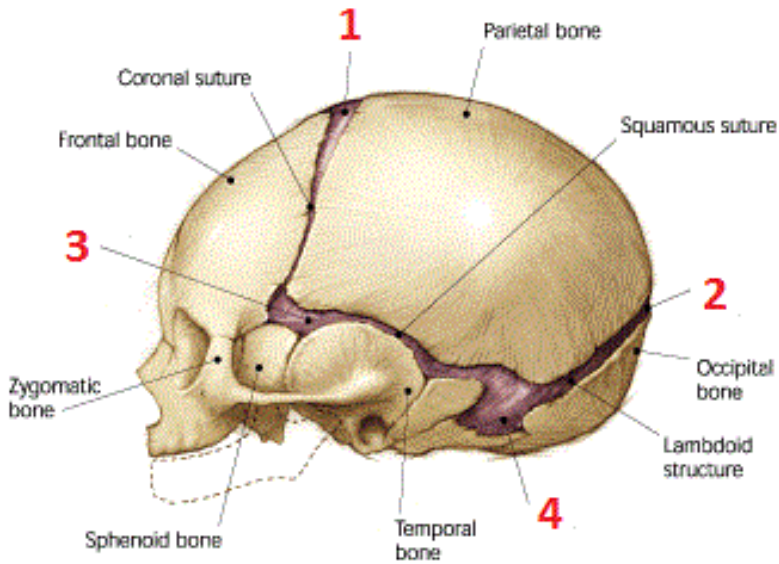
- Penicillin V prescribing
- Difficulty to talk to you (lunchtimes!)
- Duplication of information
- Streamlining and standardising the advice
- Allowing ourselves not to lose the ability to be doctors

GPSI patient

- Seen in Yate, oddly shaped head, organised CT head, referred to neurosurgery. All happened within a month. No hospital attendance other than for CT until the OP with neurosurgeon
- All important and needing sorting, family gave hospital secretary a really hard time!

PS – do you all use the GPSI service – promote development?

Baby with lump



- Tell the story

Dermoid info

Head and neck

- Cutaneous cysts most commonly occur on the head (forehead), mainly around the eyes. Occasionally, they occur on the neck or in a midline region. When on the head, dermoid cysts are often adherent to the periosteum. The usual diameter of the lesions is 1-4 cm.
- In one study, 25 benign tumors on the forehead and brow of children and adolescents were successfully removed by means of endoscopic excision. Of these, 6 were classified as dermoid cysts. Dermoid cysts on the forehead and brow are known to cause pressure-related erosion of the underlying bony tissue, and surgical intervention may be helpful.

Cancer two week 'wait'

NHS B&NES & Wiltshire Two Week Wait Referral Process

August 2010 (revised Mar 11)

**Guidance for children with suspected cancer in
accordance with NICE 2005**

Please DO NOT refer children with suspected cancer by the two-week wait process. Please ring the RUH switchboard on 01225-428331 and ask to speak to the on-call paediatric registrar or on-call paediatric consultant for same day assessment.

CLINICAL INFORMATION: You might find it beneficial to look at the following and tick all applicable entries in preparation for your discussion with the children's team at the RUH.

SUSPECTED DIAGNOSIS:

- Leukaemia
- Brain tumour
- Lymphoma
- Neuroblastoma
- Wilms' tumour

CLINICAL EXAMINATION:

- Lymphadenopathy
- Soft tissue mass
- Fever
- Abdominal mass
- Hepatomegaly

Reg's local info

Update from Dr Bragonier:

Local analysis of 5 years to end of 2013 completed. National figure have dropped from 1% detection to 0.5% detection. Local figures – 200 seen in 2013 and none diagnosed with cancer.

See handout

What we need to do

Act upon this

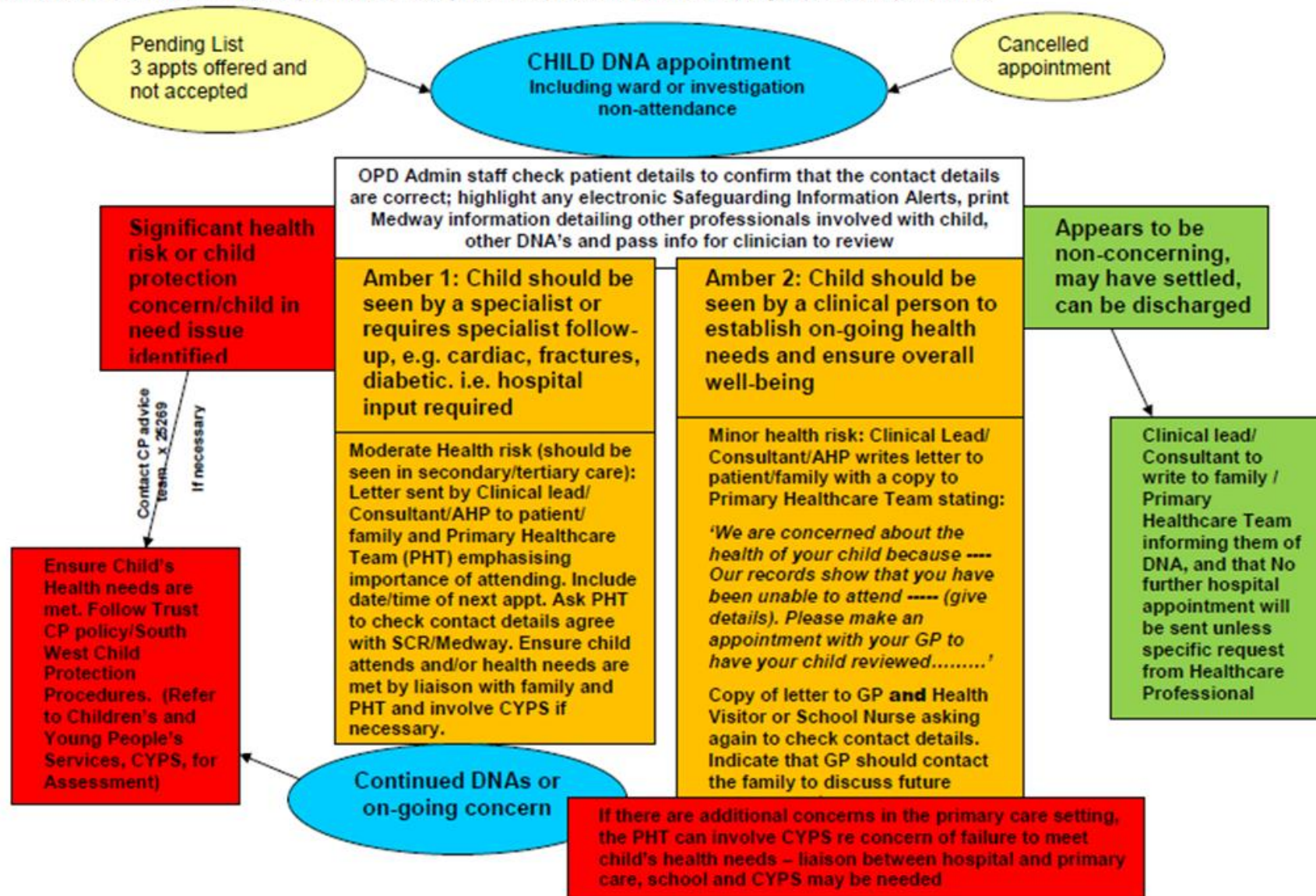
Validate a better system

Suggest National Implementation

next: did not attend OP

APPENDIX A: Management of Outpatient DNA flowchart

Note: This flowchart should be printed separately, laminated and displayed in all clinical areas where children and young people attend outpatient clinics.



Did Not Attend (ED: DNW)

- Why is it important?
- Pattern recognised in serious case reviews following child death – not just in the CP arena!
- Importance of communication
- How is it for you?

Child Death (unexpected)

- Awareness
- Age?
- What is GP role?

Can you give examples?

What is unexpected death in a life-limiting illness?

Child Death

- Bereavement issues
 - Society and Expectation
 - Multinational society
 - False reassurance
- SUDI
Overlying
Co-sleeping
Sepsis
Raised ICP
Trauma
Congen/Met

Confusion in multiple processes

Child death process

Mary Gainsborough

Vicky Sleaf

Rapid response to all

- Local CDR – all professionals involved
- RCA/SCR – hospital based
- Coroner Inquest - adversarial
- CDOP Child Death Overview Panel

Child Death Bereavement

Lullaby Trust, largely for babies

child death review guide

Bereavement support leaflet

Child death helpline

email address and website

discussion forum

Process information from UHBristol

Bereavement for families - Need to be proactive?

PTSD and trauma/ resuscitation events

Families present at resuscitation?

Helping children to rebuild their lives

enabling them to face the future with confidence and hope

[Find out more](#)

**We are
Winston's Wish**

Winston's Wish is the leading childhood bereavement charity in the UK.

Support

Families

- ☀ Understanding grief
 - ☀ Helping yourself through grief
 - ☀ How men and women grieve
 - ☀ Supporting bereaved friends and family
- ☀ Helping children and young people deal with death
 - ☀ When your partner dies
 - ☀ After a death
 - ☀ When someone is not expected to live
 - ☀ School
 - ☀ Children and funerals
- ☀ Death of a child
 - ☀ Post mortem examination

Helping children and young people deal with death





Questions?

Importance of allowing ourselves to be doctors

Decisions do not always have to be immediate

- History and Examination and discussion
- Advice is available (and will not always be right!)

Educated research – we have a yardstick to gauge medical conditions by – our experience fills in the scale.

Communication! Communication! Communication!

The exchange of thoughts, messages, or information, as by speech, signals, writing, or behaviour.

Biology: The transfer of information from one molecule, cell, or organism to another, as by chemical or **electrical signals** or by behaviours.

Anatomy: An opening or connecting passage between two structures.

courtesy of 'the free dictionary', with English spelling