Core Case 4

(12 sections)

Please consider this case as if you were a GP working in current times.

In this scenario, NHS pressures and waiting times are the same as they are currently.

Learning Objectives

- **Explain the appointment and referral system in General Practice**
- **Manage acute Loss of Vision**
- **Revision of M.S**
- **Explain the pain ladder and managing pain in General Practice**
- **Recognise the alarm systems available and ensure safety in General Practice**
- **Discuss patient confidentiality and safeguarding concerns**

Patient: Shania D'Costa (F)
DOB: 21.5.89
PMH: Nil
Social Hx: Single mum of 1 year old. Works in supermarket.

1. System 1 Consultation: Dr Smith 10.3.20

You are in your Monday morning clinic and about midway through when you notice an extra patient booked by NHS 111.
It asks the 'GP to call back within 2 hours' for a patient with 'funny vision'
You click on the patient records and cannot see a summary from NHS 111, the last pieces of documentation were her postnatal check roughly 10 months ago.

Discussion Section 1

- How does the appointment booking system work in your practice?
- Have you noticed anything that works well? Or considered how it could be improved. *This can be both with your student surgeries or what you have noticed across the other GPs in the practice*.
- Do you know how NHS 111 and external agencies can book into GP clinics?
- How should a clinician prioritise their call list in clinic?

✓ Explain the appointment and referral system in General Practice

You phone the patient back:

Consultation:
Problem: Funny Vision
History:
Patient reports episode of funny vision
3-4 day hx vision progressively worsening in left eye
Feels she cannot see clearly in that eye, unable to ascertain if double vision.
Right eye is ok
Painful to move, not red, no flashers or floaters

No associated headache/neck stiffness or fever
Audibly distressed on phone as worried about going blind

Discussion Section 2

- What are your next steps?
- Does this patient need to be seen F2F or can she be managed remotely?
- Are there any other questions in the hx you would want to ask?
- What sort of examination would you do?
- What differentials are running through your mind?

✓ Manage acute Loss of Vision

Consultation continued:

The patient cannot come into the surgery as is on holiday with mum and daughter in Cornwall.
She wants you to give her some treatment to fix her eyesight.
Explained to pt needs to be seen urgently in eye casualty locally and urgently examined, pt does not want to sit in A&E due to waiting times.
Pt hangs up phone.

Discussion Section 3

- How would you encourage the patient to attend A&E for review? What might you say to the patient? Is there anything you can do remotely to help?
- How do you manage the uncertainty of knowing whether she is getting help or not?
- How would you feel after the patient hangs up the phone?

✓ Manage acute Loss of Vision

Year 4 Revision Qs:

- 'Acute vision loss' history
- What are the 'red flags' in the history?
- In this case, what is important to examine in General Practice?
- What is your differential diagnosis for acute loss of vision?

Revision Points:

- 'Acute vision loss' history
- What are the 'red flags' in the history?
- In this case, what is important to examine in General Practice?
- What is your differential diagnosis for acute loss of vision?

Useful Resources

https://bestpractice.bmj.com/topics/en-gb/960
https://www.gponline.com/examining-eye/ophthalmology/article/893039
https://www.racgp.org.au/afp/2013/januaryfebruary/sudden-loss-of-vision/

2. Outpatient letter sent to practice from Eye Casualty

Patient Name: Shania D'Costa DOB: 22.05.2989 CNN: 2787899

Head and Neck Department
Saint Augustus Hospital
Prince Henry Row
Cornwall CU2 9PT

Dr Smith
30 Flouders Road
Sadleworth
S5 9FT
General Clinic Date: 11.3.20
TC/sek/CNN2787899

Dear Dr Smith

RE: Shania D'Costa
Address: Flat 3, 13 Sunrise Lane, Sadleworth, S5 87T NHS no: 894894789456

This 31-year-old lady attended eye casualty on 10.3.20. Shania lives in a flat with her 1-year old daughter and works in a local supermarket. She is usually fit and well and is not on any medications.

She tells me that she has been experiencing worsening vision loss in her left eye over the last 3-4 days. She describes pain behind the eye and on movement, but it was not sore to touch. She had not noticed any redness/discharge or flashers/floaters. There was no headache or migrainous symptoms. She did not have any double vision. She did not describe any neck stiffness, photophobia or fever. She has had one episode previously which self-limited and she did not seek medical advice.

On further questioning she has not had any paraesthesia, or motor symptoms such as weakness. There are no urinary symptoms, or cerebellar symptoms.
O/E:
Reduced visual acuity with scotoma
Decreased ability to differentiate colours (On Ishihara)
RAPD noted
Fundoscopy shows disc swelling
Dx: Optic Neuritis

GP ACTION: I am concerned this lady has M.S, GP please **urgently** refer to Neurology locally for further investigations.

Yours sincerely

Checked and electronically signed

Mr Stephen Rimmer
Ophthalmology SpR
Tel: 0208 510 6789
Fax 028 510 7279

Discussion Section 4

- You receive this letter in clinic, what do you do next?
- How urgently does Shania need to be seen by Neuro?
- Do you need to see her in clinic first?
- What else might you do for this patient (apart from referral to Neurology) as the GP?

✓ **Revision of MS**

Revision Points:

- What is an RAPD?
- What is Optic Neuritis?
- What is the pathophysiology behind Optic Neuritis?
- What are the causes for Optic Neuritis?
- How can it be diagnosed?
- Why has the Ophthalmologist referred to Neurology?

Useful Resources

https://www.mstrust.org.uk/a-z/optic-neuritis
https://www.healthline.com/health/optic-neuritis#outlook

3. Follow up consultation with Shania and Dr Smith

System 1 consultation: Dr Smith 31/3/20

Problem: Suspected M.S
History:
Pt vision was getting worse, attended Eye Casualty in Cornwall.
Told needed urgent referral to Neuro – Done by Dr T.M last week
Asking when she will be seen.
Eyesight improved but very worried about M.S
Aunty has M.S and is in a wheelchair.
Very distressed as noted some pain and weakness in legs
Asking if can drive as needs to get to work

O/E
LL Neuro exam
Power 4/5 left leg 5/5 right leg
Tone normal, reflexes intact
Gait normal

2. Developed an itchy scaly rash on the elbow

Discussion Section 5

- What is your clinical assessment of this presentation?
- What is the DVLA guidance with driving?
- How do you counsel Shania on a possible M.S diagnosis and help her deal with the uncertainty of not knowing what is wrong?

✓ Revision of MS

Revision Points:

- What is Multiple Sclerosis?
- What are the different types?
- Why might Shania be experiencing weakness in her legs?
- How would you explain this condition to the patient?

Useful Resources

https://cks.nice.org.uk/topics/multiple-sclerosis/
https://pathways.nice.org.uk/pathways/multiple-sclerosis
https://www.gov.uk/multiple-sclerosis-and-driving
https://www.gov.uk/browse/benefits

4. Follow up with GP in 31/3/20: Shania DNA appt

Discussion Section 6

- What are the reasons that Shania may not have attended her follow up appointment?
- Would you be concerned that Shania has not attended her follow up and why?
- What would you do in this situation?

✓ Explain the appointment and referral system in General Practice

5. **Hospital Admission letter received: 7/4/20**

NHS

Beaverbrook Hospital
NHS Foundation Trust
Inpatient Discharge Summary – Finalised (Consultant Authorised)

GP: Dr Smith 30 Flouders Road Sadleworth S5 9FT	**Patient:** Shania D'Costa Flat 3, 13 Sunrise Lane, Sadleworth S5 87T
GP Tel: 08457823891	**Home/Mobile Tel:**07837769911

Consultant at Discharge: (General X) **Tel:** Not Recorded
Admitted:
Ward:
Discharged:
Discharge Method: Normal Discharge

Acute/Chronic Problems

Acute Problem(s)	Chronic Problems
• Pain and weakness in legs • New dx M.S	

Clinical Presentation:
This pt was seen by Ophthalmology in March in Cornwall for Optic Neuritis.
Has been referred to Neuro but not seen.
Since then, she has developed pain and weakness in legs. Unable to walk.
Admitted to neuro ward for IX.
MRI scan, bloods and L.P done and patient was diagnosed with M.S.
She has been started on co-codamol for pain.

GP to please review pain
GP to chase Neuro OP referral
GP to refer for physio/OT.

Significant Investigations:
MRI Spine

Clinical Course:
Responded to analgesia and discharged on co-codamol
GP to review

Drug	Verified	Supplied	Comment
Co-codamol 30/500mg	Yes	Yes	GP to review

Discharge medications have NOT been verified by a pharmacist

Procedures/Investigations Done
MRI spine (Scheduled: Date)

Discussion Section 7

- What are the clinical issues presented in this letter?
- How and when would you review Shania's pain?
- Is the pain relief offered appropriate?
- What do you think of this discharge summary?
- List 3 changes that you would like to see as the GP in this discharge summary
- What holistic support would you offer the patient?

✓ **Explain the pain ladder and managing pain in General Practice**

Useful Resources
https://cks.nice.org.uk/topics/multiple-sclerosis/management/managing-complications/#pain
https://www.mssociety.org.uk/care-and-support/ms-helpline

6. Letter from Neuro OP: 23/4/20

Neurology Department
Saint Augustus Hospital
Prince Henry Row
Sadleworth S5

Dr Smith
30 Flouders Road Sadleworth
S5 9FT
General Clinic Date: 23.4.20 TC/sek11/CNN2787899

Dear Dr Smith

RE: Shania D'Costa
Address: Flat 3, 13 Sunrise Lane, Sadleworth, S5 87T NHS no: 894894789456

Problems:

1. Multiple Sclerosis

Thank you for referring Shania to us.
We have tried to contact Shania on multiple occasions and have been unable to get through to her. I can see from the notes she was diagnosed by the ophthalmology team with Optic Neuritis. She has since been seen in A&E with pain and weakness in her legs and was admitted to our ward. She underwent investigations and was diagnosed with M.S.

Ideally, we would like to work her up for IV immunoglobins but as we have been unable to get hold of Shania we will be discharging her back to your care, please refer back if needed.

Yours sincerely
Checked and electronically signed

Dr Shamila Gupta
Neurology Consultant
Tel: 0208 510 6789
Fax 028 510 7279

Discussion Section 8

- What do you think about the referral system between primary and secondary care?
- Has this patient's pathway worked for Shania? What could have been improved?
- Sometimes letters are filed by other GPs in the surgery and not seen by the referring GP - Have you any thoughts about how the referring GP could see clinic letters of the patients they refer?
- How does the system in your practice?

Useful Resources
https://bnf.nice.org.uk/treatment-summary/multiple-sclerosis.html
https://pathways.nice.org.uk/pathways/multiple-sclerosis

7. **Shania turns up at reception asking for co-codamol. When the receptionist says it will take 48 hours for her request to be processed she starts shouting and becomes agitated. The reception team asks you to see her as you are on duty.**

Problem: Requesting Co-codamol
History: Diagnosed with M.S on admission, recent OP Neuro appt DNA
Says she did not go to the Neuro appt as she did not think they could help and 'what's the point'
Been using cannabis to help with pain, using co-codamol 12 tablets a day.
Asking for me to prescribe more co-codamol and cannabis on NHS.
Lost job due to sick leave so ex- boyfriend has been helping out with looking after daughter.

Discussion Section 9

- How can you encourage Shania to engage with the Neurology team?
- Would you issue co-codamol?
- How can you assess her pain?
- What analgesia would you prescribe?
- Can GPs prescribe medical cannabis?
- What are the social issues here and how can you help?

✓ Explain the pain ladder and managing pain in General Practice

8. A medical student is on placement at your GP practice and witnesses the above encounter. She confesses that she is nervous about working in community practice as she's heard that a lot of patients who may be angry against NHS take it out at primary care staff. She admits this deters her from pursuing a career as a GP

Discussion Section 10

- What steps - and when - could the staff undertake if they are subjected to any abuse by the public or other members of staff?
- Are you aware of the 'alarm systems' on EMIS/System 1 in your own practice? How do you use these? What would you do if you felt unsafe in practice?

✓ **Recognise the alarm systems available and ensure safety in General Practice**

Useful Resources
Managing Aggression and Violence – QM Plus

You are on duty in a busy Friday afternoon clinic. Reception asks to put through an urgent phone call from Shania's mother.

Problem: Telephone conversation with patient's mother:
History: Worried about daughter. Says she has lost job and spends all day in flat smoking weed. Mother is helping to care for 2-year-old daughter when she can but cannot cope as has a bad back herself. Worried about Shania. Wants to know when she last saw us and what is going on with her condition. Thinks she is hanging around with her ex again.

Discussion Section 11

- What are the issues around patient confidentiality in this phone call between Shania's mother and the GP?
- What information is the GP able to disclose?
- What issues does this phone call raise?
- How should you proceed in managing Shania's case now?

✓ **Discuss patient confidentiality and safeguarding concerns**

Useful Resources
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality

9. Follow up with Shania

System 1 consultation: Dr Patel 10/7/20
Pt known to Dr Smith – currently on leave.
F2F Review Shania attended with daughter
Pt called for review due to phone call from mum – worried about pt
Chronic pain in legs asking for diazepam as had in hospital and helped.
Sounds flat
Asked about mood – says it is fine.
Noticed bruise across pt eye? black eye.
Asked pt how she got black eye – says she fell down stairs due to leg pain, req more pain relief.
Says she cannot walk.

Child is with mum, happy and smiling, looks clean and well kept.

Checked daughters notes and notice there is a flag on the system saying 'family is a cause for concern', a few years ago there is an entry showing police called to the house due to DV against mother from her ex-boyfriend.

Discussion Section 12

- What are the clinical and ethical issues here?
- What would you do next?
- Which other members of the MDT may be able to help?
- Is safeguarding indicated here? Do you know how to refer in your practice? How urgently would you need to act in this instance?
- How do we take a history and enquire about Domestic Violence?
- Under what circumstances could you break patient confidentiality when it comes to domestic violence?
- What are the safety concerns for mum and daughter, how can clinicians help?
- What about Covid lockdown and DV rates?

✓ **Discuss patient confidentiality and safeguarding concerns**

Revision Points:

- How do you take a depression history?
- What questions should you ask in a mental health risk assessment?
- What is a PHQ-9 form? Are there any other questionnaires used in primary care for mental health?
- Are there any other factors that you may ask about?
- What medical therapeutic options are available for depression?
- Considering the different anti-depressant drug options and Shania's medication history of diazepam and co-codamol use, set out the advantages and disadvantages for her of the anti-depressant options available (you can consider these by drug group/ class)
- What non-drug related options are there for patients with depression?
- Do you know of any lifestyle interventions, books or apps that you can signpost patients to?
- What would you do if this patient was at risk of immediate crisis?

Useful Resources

http://www.bristol.ac.uk/media-library/sites/medical-school/migrated/documents/resourcepack.pdf https://geekymedics.com/depression-history-taking/ https://www.mssociety.org.uk/about-ms/signs-and-symptoms/pain https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health- problems-introduction/self-care/ https://patient.info/doctor/generalised-anxiety-disorder-assessment-gad-7 https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/child-safeguarding-toolkit.aspx https://www.nspcc.org.uk/what-is-child-abuse/ https://www.england.nhs.uk/personalisedcare/social-prescribing/ https://www.mssociety.org.uk/about-ms/treatments-and-therapies/complementary-and- alternative-therapies https://healthtalk.org/chronic-pain/nhs-pain-management-programmes