Core Case 3

(10 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 contraceptive counselling
- Differentiate between Gillick and Fraser Competency and contraceptive use in children/adolescents.
- Discuss a MARAC form is
- Differentiate PV discharge it's investigations, treatment of common sexual health conditions.
- Discuss how complaints in primary care work
- Discuss PID, Endometriosis, Infertility
- Review the importance of a chaperone
- Explain how to complete a fit note
- Discuss the importance of reflecting and maintaining portfolio

Patient: Nicola Blacker 02.06.2005
PMH: Nil

1. EMIS CONSULTATION 3.7.20 Dr Wise

Telephone consultation
PC: Requesting
contraception 15
years old.
Says she is thinking about having sex with
boyfriend. Has not discussed with parents.
He does not wish to use condoms.
Says he goes to same school as her, is in
year above. LMP 15.6.20
Patient seemed closed upon questioning – difficult to discuss on phone.

Plan:
Discussed different types of contraception and PIL sent to
pt. Encouraged to discuss with parents.
Booked F2F to follow up

Discussion Section 1

- Are you able to give a 15 year old the pill?
- Are there any red flags in this scenario?
- What other questions would you want to ask?
- What is the difference between Fraser Competence and Gillick Competence?
- How would you support her and explain her options?
- If she wished to have a Termination of Pregnancy how would you counsel and refer for this?
- Do clinicans personal views of Termination of Pregnancy mean they can decline referring patients for them if they disagree?

✓ Explain contraceptive counselling
✓ Differentiate between Gillick and Fraser Competency and contraceptive use in children/adolescents.

Revision Points:

- How to you take a history for contraception and counsel a patient on starting the COCP
- Which STIs would you test for and how?
- Are there any examinations you need to do before starting the COCP?
- What are the contra indications for the COCP .
- What factors should be discussed in helping a patient make a choice between COCP and POP?

Useful Resources

Contraception Lecture – in Obs and Gynae section Y4 of QM plus

https://www.fpa.org.uk/

https://www.fsrh.org/standards-and-guidance/documents/ukmec-2016-summary-sheets/

https://www.bashh.org/guidelines

2. Portfolio Entry Dr Wise – 14.8.20

Description

15yr old requesting contraception – seemed Fraser Competent.
Very closed upon questioning. Difficult consultation and made me reflect upon the difficulties of consulting with adolescents. I left feeling I hadn't done a very good job.

Learning from review

Speaking to teens is always few and far between and I haven't quite figured out my "standard" approach. "Friendly on their level" or having a more "professional demeanour" than usual. I like to think I am easy to talk to only being 32 yrs old (I also look young) but perhaps they don't see it that way. It is probably not the age so much but the nature of our relationship and the situation.

Knowing the patient obviously helps but this wasn't possible in this circumstance and I feel I can't quite work out if she was closed because she was hiding something or just a typical shy teen. I think it did not help that this was over the phone.

Action Taken

Recommended by colleagues a book on "Difficult Consultations in Adolescents by Dovocan Chris". I have read some of it already and is Balint style. Really helpful to hear the other experiences. One thing I learnt was tactfully saying to
the patient, "you seem a bit closed, can I ask is there a reason behind that?". I will try next time and see if helps.

Discussion Section 2

- What is your experience of portfolios so far?
- What are the advantages and disadvantages of them?
- Would you find it useful to reflect on difficult cases? What is your preferred form of reflection?
- Have you any concerns about writing reflections?
- What is a Balint group?

✓ Discuss the importance of reflecting and maintaining a portfolio

Useful Resources

https://www.healthcareers.nhs.uk/career-planning/developing-your-health-career/developing-your-portfolio/e- portfolios-doctors

https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective- practitioner---guidance-for-doctors-and-medical-students

https://www.bradfordvts.co.uk/teaching-learning/reflection/

3. MARAC form - Received by GP – 1.12.20

Multi Agency Risk Assessment Conference (MARAC) Liaison form

If named below the Alleged Perpetrator **(P)** must **not** be informed about this MARAC referral

	496 311 6768
Name	**Ms Nicola Blacker**
D.O.B	2.6.05
Address	12 Flouders Road (flat 2) Brendon B1 9TR
GP Practice	30 Flouders Road Brendon B1 9FT
Referring Agency	Star West Sexual Health Brendon B1 8HT
Dependants	NIL

Dear GP,

We have raised a safeguarding concern in regards to Nicola being part of local grooming gang in the recent years. We believe she is no longer involved, but we require information from yourselves to form part of our investigation which will be in term passed to the police if deemed appropriate.

Please see enclosed written consent from Nicola for this information to be used in any way deemed appropriate.

Kind Regards

MARAC Liaison Service
University Hospital NHS Foundation Trust

If you have any questions about the conference or need any assistance completing the attached form please contact Safeguarding Children Team Administrator on 848989

Please fill questions below.

1 **Are the demographic details correct?**
(if no, please enter correction below)
2 **When was this patient last seen at your practice and reason for attendance?**
3 **Please list any health conditions for this client and their dependents**
4 **Are you aware of any other agencies working with this client?**
5 **Please list any A&E attendances or appointments from out of area hospitals for this client and their dependents**
6 **Are you aware that this patient(s) has experienced or been involved in incidents of any safeguarding concerns?**

Is there any support being offered to the client?

7 **Any comments or other information you would like shared with the MARAC?**

EMIS CONSULTATION
DR. Wise… - MARAC received and filled out. Message to admin staff to call patient in for face-to-face appointment.
"Sandy (Administrator) – left voicemails with patient and letter asking to come in.
No response.

Discussion Section 3

- What is a MARAC form?
- What is it intended to do?
- When is written consent required? Could you fill this form in without written consent?
- What are the advantages and disadvantages of the form?
- What else would you do if you received this form?

✓ Understand what a MARAC form is

Useful Resources

https://shropshire.gov.uk/crime-and-community-safety/domestic-abuse/multi-agency-risk- assessment-conference-marac/

https://reducingtherisk.org.uk/abuse-in-teenage-relationships/

Rochdale scandal – note the importance of the GUM clinic
https://www.theguardian.com/uk-news/2017/may/21/petition-calls-for-recognition-of-rochdale-sexual-health-worker/

https://www.nspcc.org.uk/what-is-child-abuse/

4. EMIS CONSULTATION June 2021 by DR. Wajid (GP)

PC: Foul smelling vaginal discharge
HPC: 2 month hx of foul smelling yellow vaginal discharge.
No PVB – No IMB or PCB.
No abdo pain.
LMP 19th May
Feels systemically well – no fever.
Never had smear test
Unsure when last STI check was, sexually active, not using contraception.

Advised needs tci for speculum and to do swabs
Booked F2F for swabs

The patient is reluctant to be examined by a male physician.

Discussion Section 4

- What do you think of this consultation, is there anything you would like to add?
- Which swabs will the GP be doing?
- What are the differential diagnoses for PV discharge?
- How might you counsel her on contraceptives?
- What are chaperones and why are they important?
- Can patients refuse chaperone? Are doctors obliged to perform exams if the patient refuses chaperones?
- Is there any circumstances under which a opposite sex doctor examine a patient against their preference for same sex doctor?

✓ Differentiate PV discharge, it's investigations and treatment of common sexual health conditions.

✓ Review the importance of a chaperone

Revision Points:

- How do you take a gynaecology history?
- How do you take sexual health history?

Fit note request
Task received - fit note request from patient
Unclear why – called pt to consult re sick note – no answer

Discussion Section 5

- When should you issue fit notes?
- How long can patients Self Certify for?
- Can you back date and forward date fit notes?
- Are you aware of the different types (i.e Not fit for work and Maybe fit for work/amended duties)
- What benefits may patients be entitled to?
- Would you issue this fit note? If so what would you write on it?

✓ Explain how to complete a fit note

Useful Resources

https://www.nhs.uk/common-health-questions/caring-carers-and-long-term-conditions/when-do-i-need-a-fit-note/

https://www.understandinguniversalcredit.gov.uk/

https://www.gov.uk/browse/benefits

https://www.gov.uk/employment-support-allowance

https://www.citizensadvice.org.uk/benefits/universal-credit/before-you-apply/what-universal-credit-is/

5. Discharge Summary

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

Acute/Chronic Problems

Acute Problem(s)	Chronic Problems
• Acute PID • Chlamydia • Abscess removal to L fallopian tube – Salpingectomy • Endometriosis	Safeguarding Concern

Clinical Presentation:

GP: DR Wajid 30 Flouders Road Brendon B1 9FT	**Patient:** Nicola Blacker (2.6.05) 12 Flouders Road (flat 2) Brendon B1 9TR
GP Tel: 08457823891	**Home/Mobile Tel:**0783776

This patient came into A&E with acute lower pelvic pain.
She was seen by Gynae who suspected PID
She was given IV Ax for 2days but had on-going temperatures.

US showed L abscess – this was drained and unfortunately the L fallopian tube was removed due to overwhelming infection and scarring. Scarring also seen on R Fallopian tube with some evidence of endometriosis.

Swabs taken in hospital showed chlamydial infection.
Noted that GP swabs also showed infection but patient not informed. Patient annoyed that wasn't informed by GP. Requested patient to make complaint to her GP in regards to this.
Explained to patient she may have fertility issues in the future and if any problems at this time to discuss with her GP.
GP to please check post op FBC and UE.

Prescribed Drugs

Drug	Verified	Supplied	Comment

Ofloxacin 400mg BD	RD	RD	10 days to complete
Metronidazole 400mg BD	RD	RD	10 days to complete

Discussion Section 6

- Who receives a copy of the discharge summary?
- What do you think of this discharge summary?
- What happens when a possible clinical error is detected?
- How should the GP follow this patient up?
- How does contact tracing work? How does it affect patient confidentiality if the patient is not happy for you to inform their partner?

✓ Discuss how complaints in primary care work

✓ Discuss PID, Endometriosis, infertility

Revision Points:

- What is PID?
- What are the subtypes?
- How is it diagnosed and treated?
- What are the possible subsequent complications?
- How do you manage a chlamydial infection?
- What is endometriosis and the common symptoms?
- Why can it sometimes be difficult to diagnosis?
- How do you treat it?

Useful Resources

https://gpnotebook.com/simplepage.cfm?ID=1107689484
https://patient.info/doctor/endometriosis-pro
https://www.rcplondon.ac.uk/guidelines-policy/improving-discharge-summaries-learning- resource-materials
https://onthewards.org/inside-scoophow-write-discharge-summary/

6. Patient complaint received by email:

Dear Dr Wajid,
I am writing to complain about the fact I was not diagnosed correctly by yourself. I came to see you with vaginal discharge and you took some swabs and that was it. You did not ring me with the results or give me any treatment! I ended up in A&E as the discharge got worse and I got bad tummy pain. They said I had chlamydia and that it had shown up on the system when you took the swab. They said it was so far advanced they had to operate and now I have fertility problems. Why did you not tell me I had chlamydia? Now I will not be able to have children because of you. I want to raise this formally and take it up to whoever can help me, Your Sincerely,
Nicola Blacker.

Discussion Section 7

- What is your practice policy for complaints? Share what happens in your practice.
- Who should respond to this email?
- Should there be a written response or verbal?
- How do you think you would feel if you were the clinician on the receiving end of this email?

✓ **Discuss how complaints in primary care work**

7. Significant Event Analysis Meeting

SIGNIFICANT EVENT REPORT CARD

Name of Reporter	Dr Wajid
Job title	GP
Date of incident	June 2021

Description of event?

- Patient presented to A&E with likely acute PID – admitted and needed Salpingectomy L. Swabs showed chlamydia.
- Patient seen in practice with PV Discharge and swabs taken, patient thought swabs done in practice July 2020 were normal.
- EMIS notes show patient swab was incorrectly filed as 'normal'

Why is this a significant event?

- Missed diagnosis of Chlamydia
- Likely leading to PID, salpingectomy, possible chronic pelvic pain and fertility issues

Names of those involved?

- Dr Wise
- Dr Wajid
- Patient

What factors led to this event?

- Error in filing results.
- Abnormal swabs results do not flag in 'red' like others.
- No f/up of patient was in place.
- Patient did not call for results ? aware of practice process

SIGNIFICANT EVENT REVIEW SHEET
[for use at clinical and practice meetings]

Date	4.July 2021
Written up by	Dr Wajid
Attendees	• Dr Wise • Dr. Wajid • Dr. Patel • Dr James • Nurse Edebe

ACTION PLAN

- Dr Wajid to contact MDU before speaking to patient to discuss case.
- Apology to patient including discussion of learning points made and plans to prevent – Dr. Wajid to contact
- Clinicians to document and discuss with patient their responsibility to follow up results and when
- Clinicians when viewing abnormal results –
  1. Send SMS to patient to contact surgery
  2. Message on EMIS to Admin – to ring patient to ask to contact surgery.

7. EMIS CONSULTATION

2. Aug 2021 by DR. Wajid (GP)

Spoke to patient and explained that the swab result had incorrectly been labelled as normal. We apology for our part played in the possible misdiagnosis.

Patient understandably annoyed at possible future complications. Especially given last few difficult years dealing with abuse. She feels supported by victim support and local sexual health clinic. Just wanted to put it all behind her and seems she may never be fully rid of it as may have to deal now with these complications.

Offered apologies again and patient seemed content with explanation and action points. Discussed when trying to conceive in the future to contact for pre-conception advice and if having difficulties after 6 months please get into contact. Brief discussion re: Endometriosis. Patient states painful periods are currently manageable.

Discussion Section 8

- What are your reflections on how this complaint was handled, was it handled well?
- What would happen if the patient was not satisfied with the response and wanted to take this further?
- Does anyone have any experience of SEA at their practice? Can you give an example?

✓ Discuss how complaints in primary care work

Revision Points:

- What would pre-conceptual advice be for Nicola?
- Is she more at risk of certain pregnancy complications given her procedure and/or endometriosis?

Useful Resources

https://cks.nice.org.uk/pre-conception-advice-and-management
https://www.themdu.com/guidance-and-advice/guides/significant-event-analysis

8. Fertility

Nicola Blacker 2.6.05

PMH

- Contraception June 2020
- Safeguarding concern (MARAC received) Dec 2020
- Acute Pelvic Inflammatory Disease – June 2021
- Salpingectomy L – June 2021
- Chlamydia – June 2021
- Endometriosis – June 2021 – treated with lap for adhesion removal 2027
- Low mood and work related stress – Sept 2021– treated with CBT – No DSH

EMIS CONSULTATION – Dr Smith

Partner – Simon present – not registered here

8/12 hx trying to conceive
Sex 2-3/week – more at times of ovulation, using ovulation sticks
Regular periods but heavy, painful with secondary dysmenorrhea – no red flags
Pain manageable currently.

- STI 3yrs ago
- Smear UTD
- Previously on COCP

G0 + P0
PMH – PID/Endometriosis/1 Fallopian tube/ Adhesion removal

Smoker
Alcohol 18 units a week
BMI 24
Works as teaching assistant

Partner – healthy, no children, non smoker, Drinks approx. 20U/week

Patient feeling anxious as always knew would be difficult to conceive.

Discussion Section 9

- This patient is likely to be more anxious given her past medical history, what might help her through this journey?
- How can trouble conceiving affect patients and their relationships?
- What advice would you offer Nicola this stage given the history above?
- How do you assess fertility issues in women and men in GP - what initial investigations are done?
- What are the NICE Guidelines for referral to fertility clinic? Do you know about the term 'postcode lottery'?
- Are you aware about funding for IVF for same sex couples?

✓ Revision of PID, Endometriosis, Infertility

Useful Resources

https://cks.nice.org.uk/topics/infertility/

https://www.bartshealth.nhs.uk/fertility/

9. Outpatients

Patient Name: DOB: 02.05.2005 CNN: 2787899

Department of Women's Health
King Arthurs Hospital
Prince Henry Row
Brendon B1

Dr Smith
30 Flouders Road
Brendon
B1 9FT

General Clinic Date: 14.11.2032
Typed:
TC/sek/CNN2787899

Dear Dr Wajid

RE: Nicola Blacker DOB: 02.05.05

Address: 12 Flouders Road (flat 2) Brendon B1 9TR NHS no: 894894789456

Background

- Acute Pelvic Inflammatory Disease – June 2024
- Salpingectomy L – June 2024

- Chlamydia – June 2024
- Endometriosis – June 2024 – treated with lap for adhesion removal 2027
- Mirena removed May 2031
- Smoker, ETOh 18U/week – no drugs

This 27yr old was seen with her partner Simon Franks 2.3.2002 as they have been having trouble conceiving since May 2031 (18 months).

Nicola – BK as above
Periods currently 5/28 – heavy and painful. Managed by nsaids.
Ix so far – UTD STI and smear.
Day 2 LH/FSH/Oestradiol/TFTS normal (TSH < 2.5)/HBAIC
Day 21 – progesterone - 41 shows ovulation
HVS/NAAT/HIV/Syphilis/Hep screen normal – Rubella immunity present
BMI 24
US Pelvis June 2032 – nil acute
AMH – appropriate as per age 8.9pcmmol/l and AF count 18.

Simon
IX – HIV/Syphilis/Hep screen normal
BMI 25
Non smoker. ETOH < 14U/week. No other children. NO cycling.
Semen

SEMEN ASSESSMENT REPORT

SAMPLE DATA

Collection (Home or Hospital):	Hospital
Time from ejaculation:	50
Abstinence (Days):	3
Medication (Yes/No & Details):	None
Difficulty in Producing (Yes/No):	No
Semen:	
Complete Sample (Yes/No):	Yes
Viscosity:	Normal
Liquefaction:	Complete
Agglutination:	+
Appearance:	Normal

SAMPLE PARAMETERS

Volume (ml) (>1.5ml):	3.6
Total number (10^6 per ejaculate) (≥39):	78.5
concentration (10^6 per ml) (≥15):	21.8
Total motile PR+NP(%) (≥40):	79
Progressive PR (%) (≥32):	68
Non-Progressive NP (%):	11
Immotile (%):	21
Normal Forms (%) (≥4):	2

Plan
1. Repeat Semen Analysis
2. Waiting list for 1st round of IVF. Discussed success rate between 25-30%.

3. Pre –pregnancy vitamins advised and as vegetarian - fish oils are also advised.

Yours sincerely

Checked and electronically signed

Miss Gleason
CONSULTANT Gynaecology
Tel: 028 510 6789
Fax 028 510 7279
CC: Patient name and address

Discussion Section 10

- Do you understand why each test was done?
- What advice do you need to give to a man when conducting a semen sample?
- How do you interpret these results?

✓ Discuss PID, Endometriosis, Infertility

Useful Resources

https://www.nice.org.uk/guidance/cg156/ifp/chapter/Tests-for-women

Analysis Semen Sample https://www.youtube.com/watch?v=qsRF32cwhKE