*Please consider this case as if you were a GP working during the Covid Pandemic.*

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

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**

NHS 111 Booked Appt ‘GP to call back within 2 hours.’

Notes read ‘pt reports funny vision, asked to see GP.’

No other documentation on the system.

* You have just started your morning clinic when you see this appointment added to the end of your list.
* 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 do you think a clinician should prioritise their call list in clinic?

Consultation:

Problem: Funny Vision

History: Telephone Consultation due to covid:

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 assoc headache/neck stiffness or fever

Audibly distressed on phone as worried about going blind

* What are your next steps?
* Does this patient need to be seen F2F or can she be managed remotely?
* Are there any other questions you would want to ask?
* What sort of examination would you do?

Consultation continued:

Patient cannot come into the surgery as is on holiday with mum and daughter in Cornwall.

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 wish to sit in A&E due to covid risk.

Pt hangs up phone.

* How do you manage this consultation?
* 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 do you think you may feel after the patient hangs up the phone?

Year 4 Revision Qs:

* If this patient had presented to you, what questions would you have asked as part of an ‘Acute vision loss’ history?
* What are the ‘red flags’ in the history?
* In this case, what is important to examine in General Practice?
* What are your differential diagnosis for acute loss of vision?

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/>

1. **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

* 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?

Year 4 Revision:

* 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?

Resources:

<https://www.mstrust.org.uk/a-z/optic-neuritis>

<https://www.healthline.com/health/optic-neuritis#outlook>

1. **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



* What is your plan?
* What is the 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?
* How would you examine and treat the rash?

Year 4 Revision

* 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?
* How would you describe this picture?
* What are the differential diagnosis for this skin rash?
* What are the treatments?
* What is important to ask when taking an derm hx?

Resources:

<https://cks.nice.org.uk/topics/multiple-sclerosis/>

<https://pathways.nice.org.uk/pathways/multiple-sclerosis>

<https://cks.nice.org.uk/topics/eczema-atopic/prescribing-information/stepped-approach-to-treatment/>

<https://www.gov.uk/multiple-sclerosis-and-driving>

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

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

* Why might Shania not have attended her follow up appointment?
* What would your concerns be about the fact Shania has not attended her follow up?
* What would you do in this situation?

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

**Beaverbrook Hospital** [](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiutvGep-zaAhVMI1AKHXgoBoAQjRx6BAgBEAU&url=http://1000logos.net/nhs-logo/&psig=AOvVaw38iIzz6gmp6YOqP41U01Mb&ust=1525531868312165)

NHS Foundation Trust

**Inpatient Discharge Summary – Finalised (Consultant Authorised)**

**Consultant at Discharge**: (General X) **Tel:** Not Recorded

**Admitted:**

**Ward:**

**Discharged:**

|  |  |
| --- | --- |
| 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 |

**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 Opthalmology 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:**

Repsonded 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) |

* 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?
* Is there any further information you would like to see as the GP?
* As an F1 what do you think is important to include in a discharge summary?
* What would you be concerned about with this patient?
* What holistic support would you offer the patient?
* Is there anything you could do to speed up the Neuro appt?

Resources:

<https://cks.nice.org.uk/topics/multiple-sclerosis/management/managing-complications/#pain>

<https://www.mssociety.org.uk/care-and-support/ms-helpline>

1. **Letter from Neuro OP: 23/4/20**

Patient Name: Shania D’Costa DOB: 02.05.2005 CNN: 2787899

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

Resources:

<https://bnf.nice.org.uk/treatment-summary/multiple-sclerosis.html>

<https://pathways.nice.org.uk/pathways/multiple-sclerosis>

* What do you think about the referral system between primary and secondary care?
* Has this patient pathway worked for Shania?
* Sometimes letters are filed by other GPs in the surgery and not seen by the referring GP.
* Do you think this should be the case? Should one GP have a named patient list?

1. **Shania turns up at reception asking for co-codamol. When 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.**

Problem: Requesting Co-codamol

History: Diagnosed with M.S on admission, recent OP Neuro appt DNA

Says she did not go to Neuro appt as did not think they could help ‘whats 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 bf has been helping out with looking after daughter.

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

1. **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.

* 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?

Resources:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>

1. **Follow up with Shania**

System 1 consultation: Dr Patel 10/7/20

Pt known to Dr Smith – currently on leave.

Telephone cons due to covid

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.

Daughter crying in background.

Asked pt if can do video call, says has no data on phone.

Asked if can come in today for F2F review

* Why has the GP called this patient in for a F2F review?
* What are the concerns at this point?

F2F Review Shania attended with daughter

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 cant walk.

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

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.

* What is your plan?
* What are the clinical and ethical issues here?
* Are you worried about the black eye?
* Which other members of the MDT may be able to help?
* What about Shanias daughter? Does anything need to be done here?
* 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?
* What are the safety concerns for mum and daughter, how can clinicians help?
* What about Covid lockdown and DV rates?



Year 4 Revision:

* 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 options are available for depression?
* 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?

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>