*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: Nicola Blacker 2.6.06

PMH: nil significant

1. EMIS CONSULTATION 3.7.20 Dr Wise

Telephone consultation due to covid

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.

Discussed different types of contraception and PIL sent to pt.

Encouraged to discuss with parents.

Booked F2F

Discussion points:

* Are you able to give a 15 year old the pill?
* How do you assess Fraser Competency?
* What would be red flags in the scenario?
* Are there any other questions you would want to ask?
* Why has the clinician asked the patient to come in.

Year 4 Revision:

* How to you take a history for contraception and counsel a patient on starting the COCP
* What 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 .

**Useful Resources**

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

FPA Website

UKMEC

BASH Guidance

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 Baliant 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 points:

* What are Portfolios?
* Why are they used?
* What are the advantages and disadvantages of them?
* What do you think of this portfolio entry?
* What is Baliant?

**Useful Resources**

NHS

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

Reflection – RCGP
<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215064/dh_133594.pdf>

**3. MARAC form - Received by GP – 1.12.23**

**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** | 2.6.06 |
| **Address** | 12 Flouders Road (flat 2)BrendonB1 9TR |
| **GP Practice** | 30 Flouders RoadBrendonB1 9FT  |
| **Referring Agency** | Star WestSexual Health BrendonB1 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 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 dependants**

**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 dependants**

**6 Are you aware that this patient(s) has experienced or been involved in incidents of an 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 Points:

* What is a MARAC form?
* Why is it required?
* When is written consent required?
* What are they advantages and disadvantages of it?
* How would you fill this out?
* What else is required to do?

**Useful Resources**

<https://www.reducingtherisk.org.uk/cms/content/marac>

City and Hackney MARAC policy

<http://www.cityandhackneyccg.nhs.uk/Downloads/About%20Us/Plans%20Strategies%20and%20Forms/CHCCG%20Adult%20Safeguarding%20Policy.pdf>

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>

NSPCC

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/grooming/>

4. EMIS CONSULTATION June 2024 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.

Discussion points:

* What do you think of this consultation, is there anything you would like to add?
* What swabs will the GP be doing?
* What might the differentials for PV discharge be?
* How might you counsel her on contraceptives?

Year 4 Revisions Points:

* How do you take a gynaecology history?
* How do you take sexual health history?
* What are the different types of contraceptives and can you counsel a patient on iniating each on?

5. Discharge Summary

**King Arthurs Hospital** 

NHS Foundation Trust

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

|  |  |
| --- | --- |
| **GP:** DR Wajid30 Flouders RoadBrendonB1 9FT | **Patient:** Nicola Blacker (2.6.05)12 Flouders Road (flat 2)BrendonB1 9TR |
| **GP Tel:** 08457823891 | **Home/Mobile Tel:**0783776 |

**Acute/Chronic Problems**

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

**Clinical Presentation:**

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 points:

* 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?

Year 4 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**

PID GP Notebook

<https://gpnotebook.com/simplepage.cfm?ID=1107689484>

Endometriosis

<https://patient.info/doctor/endometriosis-pro>

<https://mdedge-files-live.s3.us-east-2.amazonaws.com/files/s3fs-public/obgm0290308.pdf>

BASH Guidance

RCP Discharge Summary Guidance

<https://www.rcplondon.ac.uk/guidelines-policy/improving-discharge-summaries-learning-resource-materials>

<https://onthewards.org/inside-scoophow-write-discharge-summary/>

SBAR

<https://improvement.nhs.uk/documents/2162/sbar-communication-tool.pdf>

**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 this.*

*I want to raise this formally and take it up to whoever can help me,*

*Your Sincerely,*

*Nicola Blacker.*

Discussion Points

* What is your practice policy for complaints?
* Who should respond to this email and how?
* How do you think you would feel if you were the clinician on the receiving end of this email?

7. Significant Event Analysis Meeting

Nicola Blacker 2.6.05

PMH

* Contraception June 2020
* Safeguarding concern (MARAC received) Dec 2023
* Acute Pelvic Inflammatory Disease – June 2024
* Salpingectomy L – June 2024
* Chlamydia – June 2024
* Endometriosis – June 2024

Action –

* Apology/discussion with patient re: possible clinical error and missed result.
* Clinicians to ensure patient knows how to follow up own results and when and document this.
* Clinical staff reading the result to send SMS to patient to contact surgery and message to admin to ring patient and send letter if doesn’t response to ringing within 4 weeks.

**SIGNIFICANT EVENT REPORT CARD**

Name of Reporter

Dr Wajid

Job title

Date of incident

GP

June 2024

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

SEA

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]**

4.July 2024

Date

Written up by

Dr Wajid

Attendees

* Dr Wise
* Dr. Wajid
* Dr. Patel
* Nurse Edebe
* Clinical Practice manager Colin

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.
3. Admin if not heard back despite multiple attempts to send letter within 2-4w.
* Dr Wajid to follow up new process in 6 months.

7. EMIS CONSULTATION

2. Aug 2024 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 possible misdiagnosis.

Patient understandably annoyed at possible future complications. Especially given last few difficult years dealing with being groomed. 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 Points:

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

Year 4 Revision:

* 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**

NICE - Preconception

<https://cks.nice.org.uk/pre-conception-advice-and-management>

MDU Significant Events

<https://mdedge-files-live.s3.us-east-2.amazonaws.com/files/s3fs-public/obgm0290308.pdf>

8. Fertility

Nicola Blacker 2.6.06

PMH

* Contraception June 2020
* Safeguarding concern (MARAC received) Dec 2023
* Acute Pelvic Inflammatory Disease – June 2024
* Salpingectomy L – June 2024
* Chlamydia – June 2024
* Endometriosis – June 2024 – treated with lap for adhesion removal 2027
* Low mood and work related stress – Sept 2027 – treated with CBT – No DSH

EMIS CONSULTATION – Dr Smith

Partner – Simon present – not registered here

8/12 of trying to conceive – sex 2-3/week – more at times of ovulation

5/29 – 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

BK Non smoker, ETOH < 14U/week, BMI 22. Works as teaching assistant

DH taking pregnancy vits, ibuprofen prn for period pain

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

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

Plan – fertility bloods.

Partner to get sperm tested at his GP

Then ref to fertility clinic

Discussion Points:

* This patient is likely to be more anxious given her past medical history, what might help her through this journey?
* How do you think having trouble conceiving can affect patients and their relationships?
* What advice would you offer Nicola this stage?

Year 4 Revision:

* What is the difference with subfertility and infertility?
* How do you assess fertility issues in women and men in GP?
* What initial investigations are done in GP? For women and men and at what point?
* When do you refer to the fertility clinic?

**Useful Resources**

GP Notebook Fertility

<https://gpnotebook.com/simplepage.cfm?ID=1355808777>

<https://patient.info/womens-health/infertility-leaflet>

City and Hackney Policy

<http://www.cityandhackneyccg.nhs.uk/Downloads/gp/Formulary/ztempdocs/September-2017/3-CH-Fertility-Policy.pdf>

**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
* Myrena removed May 2031
* Non smoker, ETOh < 14U/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 22

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

****

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

Year 4 Revision:

* 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?
* How do you assess ovarian reserve? What are the limitations of these investigations?

**Useful Resources**

NICE fertility Investigations

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

Analysis Semen Sample

<https://www.youtube.com/watch?v=qsRF32cwhKE>