

**Drs James, Parnell & Albardiaz**  
**Northiam and Broad Oak Surgery**

## **Patient Care Handbook**

We are a rural dispensing practice based in Northiam with a branch surgery at Broad Oak, Brede.

Our Practice operates using a wide variety of processes and procedures and implements a broad range of often complex policies which allow us to offer good quality care to a high standard to all our patients and to champion their needs.

Depending upon your role you may not see the breadth of services we provide.

This document provides you with a **summary** overview of the policies and procedures used within our practice and how these are applied in our day-to-day activities. **Full details** of each policy can be found in the Patient Care Manual on the shared drive.

In addition to this document there are two further summary documents:

1. Employment Handbook – providing an overview our employment policies and how they are applied in the practice
2. Information Security and Data Protection – how we protect personal data in the practice

This document contains active links in the paragraph headings that link to the relevant policy, protocol or procedure.

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## 1 Patient Administration

### 1.1 Clinical Systems

EMIS Web is our clinical record keeping system and all staff have access with a user profiles tailored to their role. This system shares data with other organisations:

1. East Sussex Better Together Care Record Extended Summary Record
2. Integrated Community Diabetes Care Service
3. East Sussex Outpatient Services
4. Patient Health Record

Data is shared electronically and organisations will **never call or email** requesting data and no data should be released directly to an individual relating to these agreements.

### 1.2 [New Patient Registration](#)

New patients should complete a New Patient Registration Form and the Forms in the registration pack. Patients are **not** required to produce evidence of their identity and address, e.g. photo driving licence, passport, utility bill etc.

Our list is 'Open' to new patients and we will accept the registration of a new patient unless there are fair and reasonable grounds for not doing so. The Practice may however refuse registration if:

- The patient resides out of the publicised Practice area (a four mile radius of the surgery)
- If the patient has been previously removed from the list;
- If the patient has a known history of violence.

The Practice Manager will issue a refusal in writing. This excludes Temporary Residents, where no record is necessary.

### 1.3 [Transferring Patient Records to From/to Another Practice](#)

The Practice uses the GP2GP process whenever possible when transferring records electronically between Practices. Paper records will need to be retrieved from offsite storage and forwarded to the new practice.

### 1.4 [Patient Communications](#)

There are established standards to manage all communication between the surgery and its patients. In all communications we will ensure:

- Patients and visitors must be dealt with in a positive, efficient manner, delivered in a timely fashion using a method appropriate for the information being given.
- Communication will be open and honest, with further explanation given where decisions made give rise to additional queries.

#### Face-to-face

In general, it is Reception, Dispensary and Clinical staff who will handle the majority of patient contact. Our goal is to see any patient or visitor to the Practice within 5 minutes patient appointments will commence within 20 minutes of their scheduled time.

All face-to-face meetings offer the opportunity to inform patients about other clinics, services and focus groups that may be of interest.

<b>Telephone</b>	On in-coming calls our goal is to answer within a maximum of 8 rings. When calling externally, Practice staff will ensure they are speaking to the correct person before divulging any patient-sensitive information.
<b>Letter</b>	Letters received by the Practice must be scanned and forwarded to the relevant person. Letters to patients should be in simple English, clear and easy to understand, provide a named contact in-case of query, complaint or if a response letter is required and be personalised rather than signing it from the Practice;
<b>Fax</b>	Fax is the most insecure method of communications and avoided. If used: <ul style="list-style-type: none"> <li>• Data sent is restricted to the minimum necessary for the purpose;</li> <li>• Fax is <b>never</b> used to transmit highly confidential or sensitive information</li> <li>• Request confirmation from the recipient upon receipt within an agreed timescale;</li> <li>• Use a cover sheet with a confidentiality statement;</li> <li>• Retain the printed record of transmission as confirmation the fax was successful</li> <li>• Do not leave received faxes unattended on the fax machine.</li> </ul>
<b>E-mail</b>	Emails should be managed in the same way as a letter and only sent to confirmed addresses. Secure emails should be used externally.
<b>Text Messages</b>	Texts should only be sent using AccuRx as the message is saved in the patient record.

### 1.5 [Patient Access to Medical Records](#)

Patients have a right to access their medical records. Request for online access is included in the new patient registration pack. More detailed requests, known as Subject Access Requests (SAR) can be made by third parties on the patient’s behalf and only with their consent. Patients may also allow proxy access for actions such as prescriptions and appointments.

### 1.6 [Consent](#)

There are two types of consent:

- Implied Consent where consent is assumed for many routine physical contacts with patients
- Expressed Consent (written or verbal) obtained for any procedure which carries a risk that the patient is likely to consider as being substantial.

Consent (Implied or Expressed) will be obtained prior any procedure, and prior to any form of sedation. The clinician will ensure that the patient is competent to provide a consent (16 years or over) or has “Gillick Competence” if under 16 years. Under the Gillick assessment everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

Patients have the right to refuse consent, delay consent, seek further information, limit the scope of consent, or ask for a chaperone. In addition the patient or parent/guardian has the right to withdraw consent at any time.

There is a consent form (where appropriate) and all consents should be recorded in the patients medical record.

## **1.7 Patient's Consent to Observer Policy**

Student doctors frequently join our surgery as part of their training. Students will join a consultation to help them understand how illnesses affect people and how they learn to cope with them day-to-day.

Where this is the case the receptionist will explain situation to the patient and ask the patient for express consent.

## **1.8 Confidentiality – Under 18s**

The Practice recognises that the principles of confidentiality apply equally to all patients, irrespective of age. Patients under 18 can book appointments and are entitled to the same level of confidentiality as all other patients, including being respectful of any request to withhold information from their parents or guardians and take all necessary steps to ensure that this right of confidentiality is not inadvertently breached.

Should the young person independently request medical advice or treatment (including contraceptive advice, abortion, other treatments and surgical procedures), the consulting clinician must determine their competency before providing appropriate medical advice or initiate suitable treatment.

## **1.9 Parental Rights and Responsibilities**

Parental responsibility is defined as 'all the rights, duties, powers, responsibilities and authority which, by law, a parent of a child has in relation to the child and their property'.

A mother automatically has parental responsibility for her child from birth. However, the conditions for fathers gaining parental responsibility vary throughout the UK and with more than one in three children now born outside marriage, some parents may be unclear about who has legal parental responsibility for their children.

Where parental responsibility is unclear, or where patients are specifically identified as at risk, care is required before the disclosure of any information.

## **1.10 Equality of Access**

The Surgery recognises the importance of the Equality Act and the difficulties that disabled people are facing, ensuring sure that people with disabilities are receiving the best service that the practice can provide. Our premises should be accessible to all and we complete an annual premises compliance audit (covering parking, building accessibility, building procedures, staff training, signage and facilities) annually. An action plan will be developed to address any issues identified.

## **1.11 Chaperone**

The Chaperone Policy is advertised on the practice website and can be read at the Practice upon request. A Poster is displayed in the Waiting Room. <check>

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they consider one is required. The chaperone may be a family member or friend, but on occasions a formal chaperone may be preferred. Staff required to act as chaperone will be given full training.

Patients are advised to ask for a chaperone if required, at the time of booking an appointment, if possible, so that arrangements can be made and the appointment is not delayed in any way. The Healthcare Professional may also require a chaperone to be present for certain consultations.

### **1.12 Military Veterans Priority Treatment & Access to Health Services**

From 1 January 2008, all veterans (someone who has served at least one day in the UK Armed Forces) should receive priority access to NHS secondary care for any conditions which are likely to be related to their service. *However, veterans should not be given priority over other patients with more urgent clinical needs.*

### **1.13 The need for an interpreter**

If a patient requires the services of an interpreter during consultation there will be an alert on the patient record which will also identify the language to be spoken.

This should be noted when a patient makes an appointment and when the patient arrives ensure the relevant Doctor, Nurse or Healthcare Assistant has the Interpreter Service contact details. The same is required for home visits.

For a telephone interpreter, please telephone 0845 310 9900 and the operator will ask you for the following information before they put you through to the relevant Interpreter:

- Company ID: C5432A
- Name of your Organisation: Dr James & Partners
- Surgery ID: I47952
- The language you require.

### **1.14 Supporting Cultural and Religious Needs**

The particular needs of patients and staff with religious beliefs impacts the way in which the Practice offers healthcare for patients and staff who hold these beliefs.

Recommended or prescribed attitudes towards all aspects of life from beginning to end, (and the afterlife), can impact the delivery and design of healthcare we provide. Our policy details a number of belief systems.

### **1.15 Assistance Dogs**

Assistance Dogs are welcome to have access to all areas of the Practice **with the exception of any high risk area**, if there is no alternative. They have been specifically trained to assist a person with a specific disability and all Assistance Dogs will have formal identification and have been granted certification by the Department of Health.

Preference would be that the patient attends the surgery with a human Carer rather than a canine carer, or that the dog is left in the entrance lobby while the patient is being seen by clinical staff.

When an Assistance Dog is / has been on the Practice Premises, attention will be given to hygiene and cleanliness.

- Before and after any contact with an Assistance Dog hand hygiene standards should be maintained.
- Where Patients have contact with or handle an Assistance Dog the same hand hygiene standards should be encouraged.

- Similarly, owners should wash their hands with soap and water before coming into contact with Patients.

Practice Cleaning Staff will be advised of areas of the Practice where an Assistance Dog has been to ensure it is thoroughly cleaned with general purpose detergent or alcohol impregnated wipes.

### **1.16 Complaints**

The Practice takes complaints seriously and looks to take action at the earliest opportunity. The lead GP Partner for complaints handling is Dr Sally Parnell. Verbal complaints should be documented when they are received. For patients, our website contains details of how to make a complaint covering:

- our complaints procedure
- the role of the Hastings & Rother CCG and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the CCG and to escalate to NHS England
- their right to assistance with any complaint from independent advocacy services

A complaint can be made by, or (with consent) on behalf of a patient, or former patient, who is receiving or has received treatment at the Practice. Where the patient is a child this can be a parent or guardian, the local authority or voluntary organisation by which the child is being accommodated.

All complaints, written and verbal will be recorded. Written complaints will be acknowledged in writing within 3 working days of receipt. A verbal complaint should be dealt with to the complainant's satisfaction by the end of the next working day and is not considered to be an 'official complaint'.

## **2 Working with Patients**

### **2.1 Carers**

It is important that we identify Carers (at registration or during consultation) to ensure they are appropriately referred for a Carers Assessment to Adult Care Services.

Carers are people who, without payment, provide help and support to a family member, friend or neighbour who cannot manage on their own due to physical or mental illness, disability, substance misuse or frailty brought on by old age.

Caring roles can include administering medication, lifting and handling, personal or emotional care. Carers should not be confused with paid care workers, care assistants or with volunteer care workers.

A “Young Carer” is defined as being below 18, who carries out significant caring tasks and by so doing, shoulders a level of responsibility for another person which is inappropriate for their age.

### **2.2 Abuse**

The Department of Health defines abuse as “a violation of an individual’s human or civil rights by any other person or persons”. The Surgery recognises that any patient who uses our service is potentially open to abuse, but that patients defined as ‘vulnerable adults’ are particularly at risk.

If staff has any concerns about a patient they should inform the Practice Manager immediately.

### **2.3 Violent and Aggressive Patients**

The practice takes all reasonable precautions necessary to ensure the health, safety, welfare and well-being of its employees, patients and visitors, and endeavours to ensure that all employees are protected from physical and verbal abuse while they are working. Physical and verbal abuse would include:

1. Unreasonable and/or offensive remarks or behaviour/rude gestures/innuendoes
2. Sexual and racial harassment
3. Threatening behaviour (with or without a weapon)
4. Actual physical assault (whether or not it results in actual injury) includes being pushed, shoved hit, punched, attacked with a weapon, or intentionally struck with bodily fluids or excrement.
5. Attacks on Partners, members of staff or the public
6. Discrimination of any kind
7. Damage to employee's or employer's property

Any such actions should be reported as incidents.

Where violence and/or aggression form’s part of a patient’s illness, the issue must be discussed with the patient and form part of their care planning. This information will be recorded in the patient’s medical record and flagged to ensure that staff are aware and if necessary, appropriate support will be put in place, e.g. staff member does not see the patient alone.

All staff will be trained in managing recognising and managing potentially violent or aggressive patients.

Where there is violence in the waiting room or other areas:

1. Dial 999 to call the police.

2. Use the emergency panic alarm button if you are under serious threat (this will ensure that Police attend)
3. Work as a team.
4. Do not put yourself or your colleagues in danger.
5. Evacuate other patients from the waiting room.

## **2.4 Use of Physical Restraint**

Northiam & Broad Oak Surgery does not normally have occasion to use physical restraint.

However, in the unlikely event that it would be required, the Police will be contacted and requested to intervene to take appropriate restraint action. Immediately following the incident a significant event form will be completed and a significant event meeting subsequently convened.

In addition, a Mental Capacity Assessment will then be performed on the patient in question, with any necessary actions taken and all details recorded on their medical record.

## **2.5 Working with other providers – Multi Disciplinary Working**

Many patients require co-ordinated care where more than one provider is involved or the patient needs to be moved between services. We work with:

- District Nursing Services;
- Out-of-Hours Care Services;
- Social Care Services;
- Secondary Care Services;
- Safeguarding of Children Services;
- Health Visitors Services.

In all activities ensure the patient/carer/parent/guardian has details of the relevant contact within the service the patient is being transferred to in case of query, information or complaint.

## **2.6 Palliative Care**

The Practice has adopted a policy to hold such multidisciplinary palliative care reviews at least monthly in order to:

- Improve the flow of information between teams and in particular to Out-of-hours providers
- To ensure that each patient on the register has a personal management plan, and that decisions are taken and acted upon by the most appropriate person.
- To ensure that each personal management plan clearly details a preference for the patient's chosen place of care.
- To ensure that carers' needs are discussed and addressed where possible.

## **2.7 Consultations**

Good Medical Practice as set out in GMC guidance - [http://www.gmc-uk.org/guidance/good\\_medical\\_practice/duties\\_of\\_a\\_doctor.asp](http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp) and requires all Clinicians to adhere to this during their consultation and the provision of good clinical care.

## **2.8 Infection Control**

Gay Quearney is the Infection Prevention Control Team (IPCT) lead and she is responsible for providing guidelines and advice to all staff and for auditing the effectiveness of the process.

**Hand hygiene** is widely acknowledged to be the single most important activity for reducing the spread of infection.

All staff (including employees of the Practice including bank and agency staff, locums, volunteers, trainees and students) will be provided with clear guidance on the actions they must take in order to prevent cross infection due to contamination of their own hands. All staff are responsible for the maintenance of standards.

Unless the patient objects, the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient should be shared.

## **2.9 Test Results**

Test results can be requested online using ICE (Integrated Clinical Environment) or offline using an EMIS template. Test results can be received either electronically or in paper format and should be dealt with on a daily basis.

A register of all histology specimens sent to the Hospital on the day a patient attends for the procedure which is then annotated with the results when they are notified to the practice.

## **2.10 Promoting and Offering Choice Policy**

Patients have the legal right to choose which hospital provider in England they are referred to by their GP. Choice of hospital is available for most patients with the exceptions of emergency and urgent services, cancer, maternity and mental health services.

During a consultation, the patient must be given sufficient information, in an appropriate form, to allow them to make choices in relation to their health needs.

Our experience shows most patients want to see a Consultant locally and would prefer to be seen at either the Conquest Hospital, the William Harvey Hospital in Ashford or the Tunbridge Wells Hospital at Pembury. A small number may opt to be seen at a Hospital near to a relative which may be some distance away, in which case the **Choose & Book** system can be used.

## **2.11 Referrals**

At various times, patients will need to be referred for a consultant opinion, operation or procedure, e.g. x-ray, MRI etc., to another service or to another clinician within the practice. For all referrals it is important that the patient understands:

- The objective of the referral and potential outcomes
- Patient choices, booking and how the process works
- Likely timescales

## **2.12 Patients with Learning Disabilities**

The practice maintains a register of patients with Learning Disabilities. Protocols set out how children and adults are assessed and the rationale for placing a patient on the register.

We hold details of a number of organisations who can provide support for families and individuals.

### **2.13 Mental Capacity Assessment Guidance**

Detailed guidance on a Mental Capacity Assessment which sets out principles, roles and context is provided in the Patient care manual.

### **2.14 Nutritional Needs**

It is important that the nutritional needs of its patients are fully taken into account during consultations including medical, cultural and religious considerations.

### **2.15 HIV / AIDS**

AIDS is a disease caused by a virus called HIV, which stands for “*Human Immune Deficiency Virus*”.

This virus slowly weakens a person’s ability to fight off other diseases, by attaching itself to and destroying important cells that control and support the human immune system (CD 4+ cells). After a person is infected with HIV, although infectious to others, can look and feel fine for many years before AIDS is developed.

HIV/AIDS is a serious illness and treated in the same way as any other serious illness. Staff who are diagnosed with HIV/AIDS may continue to work if they are deemed medically able to work and can meet acceptable performance standards. More details including infection control are included in the full policy.

### **2.16 Obesity**

Obesity is a medical condition where a person has accumulated excess body fat in relation to their height and sex. Patients that are overweight or obese are classified into the following clinical categories depending on their Body Mass Index (BMI). This is based on height and weight and we should ensure this information is held for every adult patient.

Patients identified with a high BMI  $\geq 30$  will be invited to the Practice to discuss an action plan.

### **2.17 Breast Feeding Policy for Staff and Visitors**

The Practice recognises the benefits of breastfeeding to both mothers and infants and therefore encourages and supports staff members to breastfeed their babies, including their return to work after their maternity leave. All mothers will be enabled and supported to feed their infants in the Practice premises and the Practice will ensure that its staff members make comfortable arrangements for mothers who would prefer privacy to breastfeed.

### **2.18 Pregnancy Termination Request**

Where a patient requests termination of pregnancy, the clinician will need to satisfy themselves that it is in the best interests of the mother and child and in accordance with The Abortion Act 1967 (rev 1990).

The clinician will ensure that the patient fully understands what the procedure will entail and that they may change their mind at any stage prior to the actual termination being carried out.

If it is agreed by the clinician and the patient that termination will go ahead, the clinician will complete the necessary forms for onward transmission to the British Pregnancy Advisory Service.

### **3 Dispensing**

All policies covering dispensary are included in the dispensary Standard Operating Procedures manual.

#### **3.1 Prescribing**

Patients registered at the Practice will be prescribed medication according to clinical need recorded in the patient record. New patients will be asked about current medication and the details added to their record by a prescriber in the Practice.

Patients taking medication should receive a medication review at least annually.

The Practice provides medication guidance and support to two Residential homes in the practice area.

#### **3.2 Ordering Medication**

The Practice operates a 28 day repeat prescribing policy. This policy is strictly adhered to unless there are exceptional circumstances, e.g. colleague holidays etc.

Where more than 28 days medication is required, permission must be sought from the Practice in good time. For PRN medication, the Practice requires at least 72-hours notice to ensure adequate time for ordering. Medicine Information / Patient Information Leaflets, where available, will be included within the medication packaging at all times.

Medication can be ordered in person, or via the internet. Medication cannot be ordered over the phone and only medication that is required is ordered.

Where medication is provided for a care home specific procedures are in place governing collection and return of medicines, Monitored Dose Systems (MDS), Just-in-Case Boxes and the reporting of adverse effects.

#### **3.3 Dispensary charges**

Current charges for NHS prescriptions is held in the Dispensary and on the website. Notices are updated annually in April as charges change.

Patients are also informed of the cost of pre-payment certificates and given the relevant information in order to apply. Pre-payment certificates are available for either 3 months or 12 months.

The 3 month certificate will save money for anyone who has more than 4 items in three months.

The 12 month certificate will save money for anyone who requires more than 14 items in a 12 month period.

#### **3.4 Payments**

The Practice accepts payment for services it provides by cash, cheque or card. Payments are received for services and for dispensary for both NHS and non-NHS charges. The cash box should be secured at all times and the practice manager has responsibility for cashing-up and banking any monies received.

## **4 Administration**

### **4.1 Disposal of Confidential Waste**

All confidential waste (Any record which: contains personal information, would breach commercial confidentiality or intellectual property rights) should be disposed of securely protecting it against unauthorised use.

All staff members have a duty to ensure that confidential information with which they have involvement is disposed of in a responsible manner by placing it in the white recycling bags or using the shredder in the dispensary. If you have any concerns about a specific piece of information treat it as though it were confidential.

### **4.2 CQC Notifications**

Dr Philip James is responsible for completing all CQC notifications.

### **4.3 Record Keeping**

Good record keeping is essential in every aspect of the Practice. A record is an account of each activity performed by the Practice. It can be stored in either a printed or electronic format and provides a complete audit trail of actions taken in the practice. All patient records, where possible, should be stored in EMIS. Records are stored and retained as described in our GDPR Data Flows document.

### **4.4 Receiving Patient Information**

When any patient information is received by the practice it will be scanned and processed through Docman as follows:

1. Changes or notifications about medication or a new or revised diagnosis need to be forwarded to the clinical manager for coding.
2. Details of procedures, operations or other clinical data (height, weight, BMI etc) should be coded appropriately on the patient record
3. Details of operations should be forwarded to the clinical manager for inclusion in the patient record.