NCEPOD

Improving the quality of healthcare for 33 years

Registered charity number: 1075588 Company limited by guarantee in England and Wales: 301938

Information and recommendations from NCEPOD reports that may be of interest to primary care clinicians

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) has been in existence since 1988. Its membership comprises the medical and surgical royal colleges (including the RCGP) and the organisation has published over 50 reports on a variety of clinical topics, highlighting where clinical and organisational care could be improved for patients – some examples are shown here and on the next page.

SOME INTERESTING DATA FROM RECENT REPORTS RELATED TO CONDITIONS THAT YOU MIGHT SEE	
Just Say Sepsis ***A review of SEPSIS care***	**101/536 (19%)** patients with symptoms of sepsis were referred to hospital by their GP and **477/506 (94.3%)** patients were admitted as an emergency.
Time to Get Control? **A review of the care of patients with a *GASTROINESTINAL BLEED***	**47/368 (13%)** patients with symptoms of a GI bleed were referred to hospital by their GP, and **299/368 (81%)** patients were admitted as an emergency.
Treat the Cause **A review of the care of patients with *ACUTE PANCREATITIS***	**86/699 (12%)** patients with symptoms of acute pancreatitis were referred to hospital by their GP and **687/699 (98.3%)** patients were admitted as an emergency.
Failure to Function ***A review of the care of patients with ACUTE HEART FAILURE***	**79/456 (17%)** patients with symptoms of acute heart failure were referred to hospital by their GP. The GP was the expected to be the main provider of care post-discharge according to **98/173 (57%)** hospitals and in **104/353 (29.5%)** cases the final admission was avoidable.
Highs and Lows ***A review of DIABETES care in patients undergoing a surgical procedure***	**144/213 (57%)** patients, who had diabetes were referred to hospital by their GP, for elective surgery. HbA1c within the previous 3 months was provided in **50/118 (42%)** of the GP referral letters. A larger proportion of **type 1** patients were admitted **non-electively (57/113; 50%)** compared to **type 2** patients **(148/359; 41%)**.
Know the Score ***A review of the care of adults with a PULMONARY EMBOLISM***	**108/415 (26%)** patients, who had symptoms of a pulmonary embolism were referred to hospital by their GP and **100/134 (75%)** patients who presented to hospital by any means, with symptoms of a PE were known to have sought advice from their GP for their symptoms prior to admission.
Delay in Transit ***A review of the care of patients with an ACUTE BOWEL OBSTRUCTION***	**70/210 (33%)** patients were known to have sought advice from their GP for their symptoms prior to admission. **556/677 (82.1%)** patients presented as an emergency. The most common presenting symptom was **abdominal pain (438/690; 63.5%)**.

NCEPOD's method involves peer review by clinicians who undertake case note and questionnaire-based reviews. Data are collected from all sectors, including physical, community, primary and mental health care.

Throughout the organisation's history, clinicians have been the driving force as the process and outputs support them to highlight where they would like care to be improved.

As the work programme has developed, primary care has naturally been more involved. Primary care clinicians are involved wherever possible in the planning and design of studies and report recommendations are often developed for implementation in primary care, or by commissioners to support the requirements in primary care.

As more studies are started, we very much want to give more primary care clinicians a voice in our work.

info@ncepod.org.uk *www.ncepod.org.uk* *@NCEPOD* *www.facebook.com/NCEPOD/*

The following table highlights key themes and recommendations from recent reports relevant to primary care.

REFERRAL FROM PRIMARY CARE & RECOGNITION OF THE ACUTELY ILL PATIENT	
To facilitate the transition from primary to secondary care, a standard method of referral should be introduced in primary care for patients who are in need of a hospital admission for, or thought to be at risk of, sepsis. This should include a full set of observations/ vital signs/risks/relevant history (such as previous sepsis) and any early warning scores used. Training in the recognition and management of sepsis in primary and secondary care should be included in educational materials for healthcare professionals undertaking new posts. Where appropriate this training should include the use of a standardised hospital protocol. An early warning score, such as the National Early Warning Score (NEWS) should be used in both primary care and secondary care for patients where sepsis is suspected. This will aid the recognition of the severity of sepsis and can be used to prioritise urgency of care.	**Just Say Sepsis** *A review of SEPSIS care*
Use a standardised referral process for elective surgery to ensure appropriate assessment and optimisation of diabetes.	**Highs and Lows** *A review of DIABETES care in patients undergoing a surgical procedure*
Give an interim dose of anticoagulant to patients suspected of having and acute pulmonary embolism (unless contraindicated) when confirmation of the diagnosis is expected to be delayed by more than one hour. The anticoagulant selected, and its dose, should be personalised to the patient. (This timing is in line with NICE QS29 2013).	**Know the Score** *A review of the care of adults with a PULMONARY EMBOLISM*
COMMUNICATION AND DECISION-MAKING	
All patients with complex needs and, where appropriate, their parent carers or legal guardians, should be offered the opportunity to develop a patient-held Emergency Health Care Plan/Emergency Care Summary to facilitate communication in the event of a healthcare emergency. The existence of this Emergency Health Care Plan/ Emergency Care Summary must be recorded in all communication and case notes and this should be subjected to local audit.	**Each and Every Need** *A review of the care of young people with a CHRONIC NEURODISABILITY*
Undertake shared decision-making at the point of long-term ventilation initiation, particularly if it is likely to be a life-long therapy. The decision-making process should include input at all stages from the person's general practitioner whenever practical/possible.	**Balancing the Pressures** *A review of the care of young people receiving LONG-TERM VENTILATION*
Put effective systems in place to share existing advance treatment plans (such as ReSPECT*) between primary care services, ambulance trusts and hospitals so that people receive treatments based on what matters to them and what is realistic in terms of their care and treatment.	**Time Matters** *A review of the in-hospital management of OUT-OF-HOSPITAL CARDIAC ARREST*
MULTIDISCIPLINARY WORKING	
General Practitioner Networks, Federations, Clusters, Health Boards and Partnerships, should consider developing Clinical Champions for neurodisabled patients to lead and help 'bridge the gap' between specialist neurodisability teams and primary/community care. Leads could be engaged in care from the early teens and function as an essential link with the wider paediatric multidisciplinary teams.	**Each and Every Need** *A review of the care of young people with a CHRONIC NEURODISABILITY*
All heart failure patients should have access to a heart failure multidisciplinary team. Core membership of this team should include the primary care team.	**Failure to Function** *A review of the care of patients with ACUTE HEART FAILURE*
PROVISION OF DISCHARGE INFORMATION TO PRIMARY CARE	
All patients discharged following a diagnosis of sepsis should have sepsis recorded on the discharge summary provided to the general practitioner so that it can be recorded in the patient's GP record.	**Just Say Sepsis** *A review of SEPSIS care*

The treating team should send appropriate information to General Practitioners and Paediatric Oncology Shared Care Units (POSCU) about the systemic anti-cancer therapy (SACT) patients under their care receive and the potential toxicities the patient may experience at the time of SACT administration Provide written information to patients and their families about the potential side effects of systemic anti-cancer therapy (SACT), in particular the recognition and management of febrile neutropaenia.	**On the Right Course?** *A review of the care of young people receiving CANCER TREATMENT*
Provide every patient with an acute pulmonary embolism with a follow-up plan, patient information leaflet and, at discharge, a discharge letter which should include: i. The likely cause of the pulmonary embolism ii. Whether it was provoked or unprovoked iii. Details of follow-up appointment(s) iv. Any further investigations required v. Details of anticoagulant prescribed and its duration, in line with NICE CG144	**Know the Score** *A review of the care of adults with a PULMONARY EMBOLISM*
After a period of inpatient care patients with a neurodisabling condition should have their ongoing function and daily needs assessed and documented. Any significant change which would necessitate a planned alteration to day-to-day care must be clearly communicated in discharge plans. The discharge plan should be sent to the patient and their parent carers and their multidisciplinary team including their GP.	**Each and Every Need** *A review of the care of young people with a CHRONIC NEURODISABILITY*
Ensure high quality discharge arrangements for people established on long-term ventilation who are admitted to hospital. Planning should include the community and usual LTV team.	**Balancing the Pressures** *A review of the care of young people receiving LONG-TERM VENTILATION*

CURRENT AND UPCOMING STUDIES RELEVANT TO PRIMARY CARE

Transition from child to adult health services
Epilepsy
Community acquired pneumonia
Crohn's disease

Natural deaths in prison
Endometriosis
Testicular torsion
End of life care

CALL FOR TOPICS

If you have an idea for a topic, an area of care you would like to change but don't have the evidence to make it happen, submit an idea to us – more information can be found here: **TOPIC PROPOSAL**

CASE REVIEWERS/STUDY ADVISORY GROUP MEMBERS

If you would like to be involved in a study – excellent CPD activity for your portfolio – please get in touch!