NCEPOD

Improving the quality of healthcare for over 35 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	
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%)**.
Disordered Activity? ***A review of the quality of EPILEPSY care provided to adult patients presenting to hospital with a seizure***	**108/472 (22.9%)** patients were solely under the care of their GP for their ongoing epilepsy care. Patients were much less likely to have follow-up arranged prior to discharge from hospital if their ongoing epilepsy care was led solely by their GP **(18/93; 19.4%).**
The Inbetweeners ***A review of the barriers and facilitators in the process of the TRANSITION of children and young people with complex chronic health conditions into adult health services***	**100/151 (66.2%)** organisations had a pathway to liaise with primary care for young people transitioning into adult services. There were **123/147 (83.7%)** organisations where there was no receiving adult specialty, and therefore young people would be discharged back to their GP for ongoing care.
Twist and Shout ***A review of the pathway and quality of care provided to children and young people aged 2-24 years who presented to hospital with TESTICULAR TORSION***	**60/475 (12.6%)** patients were referred to hospital by a GP. **24/88** patients had presented to the GP in the previous week with symptoms which could have indicated testicular torsion, and for **11/16** of these patients there was a delay in referral by the previous clinician. For **23/239 (9.6%)** patients, there were missed opportunities from the GP to recognise testicular torsion prior to admission.
Endometriosis: A Long and Painful Road ***A review of the quality of care provided to adult patients diagnosed with ENDOMETRIOSIS***	**546/941 (58.0%)** patients surveyed had multiple visits to the GP before any investigations were undertaken or treatment initiated. A total of **703/941 (74.7%)** respondents felt that there was room for improvement in the care that they received from their GP
Joint Care? ***A review of the quality of care provided to children and young adults with JUVENILE IDIOPATHIC ARTHRITIS***	**23/101 (22.8%)** GP practices reported having protocols for the investigation and care of patients with suspected JIA. **20/54 (37.0%)** parents/carers felt that they were not taken seriously by the GP during the consultation
Recovery Beyond Survival ***A review of the quality of REHABILITATION CARE provided to patients following an admission to an INTENSIVE CARE UNIT***	GPs were aware that a patient they saw had spent time in the ICU in **170/248 (68.5%)** cases. **93/198 (47.0%)** GPs reported completing an assessment of rehabilitation needs, with **60/204 (29.4%)** patients requiring onward referrals for rehabilitation and recovery

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

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	
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*
Document the swallow status of all patients with Parkinson's disease at the point of referral to hospital.	**Hard to Swallow?** *A review of the quality of DYSPHAGIA care provided to patients with Parkinson's disease aged 16 years and over who were admitted to hospital when acutely unwell*
Update training modules for primary care, and emergency department staff, to emphasise the importance of early recognition of testicular torsion, including atypical or warning presentations, urgent referral pathways and timely surgery	**Twist and Shout** *A review of the pathway and quality of care provided to children and young people aged 2-24 years who presented to hospital with TESTICULAR TORSION*
Reduce delays for patients with testicular pain/suspected testicular torsion by minimising transfers; ensuring essential transfers are as urgent as possible; having a clear, documented clinical pathway of care; and auditing the pathway at least annually.	**Twist and Shout** *A review of the pathway and quality of care provided to children and young people aged 2-24 years who presented to hospital with TESTICULAR TORSION*
Raise awareness about endometriosis symptoms with the public and patients, highlighting that it is a chronic condition and how they can seek help.	**Endometriosis: A Long and Painful Road** *A review of the quality of care provided to adult patients diagnosed with ENDOMETRIOSIS*
Raise awareness with all healthcare professionals that endometriosis is a chronic condition and should be treated as such.	**Endometriosis: A Long and Painful Road** *A review of the quality of care provided to adult patients diagnosed with ENDOMETRIOSIS*
Improve training on the recognition of symptoms of endometriosis, such as pelvic pain and heavy menstrual bleeding in primary care, to support healthcare professionals in the initial assessment, and any ongoing care of patients	**Endometriosis: A Long and Painful Road**

	A review of the quality of care provided to adult patients diagnosed with ***ENDOMETRIOSIS***
Raise awareness of juvenile idiopathic arthritis and its symptoms with the healthcare professionals who will see this group of patients.	**Joint Care?** *A review of the quality of care provided to children and young adults with* ***JUVENILE IDIOPATHIC ARTHRITIS***
COMMUNICATION AND DECISION-MAKING	
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	
Involve primary care throughout the transition process from child into adult healthcare services to provide continuity of care for young people who are discharged to primary care if there is no equivalent healthcare professional in adult services, and to address any wider health concerns unrelated to the young person's long-term condition	**The Inbetweeners** *A review of the barriers and facilitators in the process of the* ***TRANSITION*** *of children and young people with complex chronic health conditions into adult health services*
Ensure multidisciplinary teams/clinical networks are set up and utilised across all healthcare settings to help agree treatment plans and support women with confirmed endometriosis. Input from specialties should be proportionate to the patient's needs.	**Endometriosis: A Long and Painful Road** *A review of the quality of care provided to adult patients diagnosed with* ***ENDOMETRIOSIS***
PROVISION OF DISCHARGE INFORMATION TO PRIMARY CARE	
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***
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***
Plan for the postoperative discharge of patients with Crohn's disease including handover of care to the team who will look after the patient's ongoing medical care; undertaking medication review; providing information to the patient on who to contact in an emergency, pain management and how to access psychological support; booking follow-up appointments; communicating all of this to the patient and their GP.	**Making the Cut?** *A review of the care received by patients undergoing surgery for* ***CROHN'S DISEASE***

CURRENT AND UPCOMING STUDIES RELEVANT TO PRIMARY CARE

Blood sodium **Acute Limb Ischaemia**	**Acute illness in people with a Learning Disability** **Acute sigmoid volvulus**

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!