

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	Sefton Practices – Special Patient Notes	Doc. No.	PCS027
Scope	All staff		
Purpose	Special patient notes (SPNs) provided by in-hours general practitioners (GPs) are notes that can be attached to a new or existing patient to alert or highlight any specific care requirements, long term care plans, patient's wishes or any other item of useful information for the patient. They are provided to out-of-hours clinicians to improve the care of patients who have long-term conditions and provide key information to help them make good decisions for patients. All SPNs must be reviewed and updated in a timely manner reflecting the changing needs of your patients containing factual information only.		
PROCEDURE		RESPONSIBILITY	
1.	SPN is an important tool to ensure the right information is available to the right people – It is especially important for out of hours services who are unlikely to have any prior knowledge of a patient that they need to assess. All SPN's must be reviewed and updated in a timely manner reflecting the changing needs of your patients. Special Patient Note template (Appendix 1) Below is a list of examples Special Patient Notes can be used for.	Practice Clinical Team	
2.	Do Not Resuscitate (DNR) Is there a 'Do Not Attempt Resuscitation' plan in place that has been discussed with the patient and family and agreed? Be specific about what these are and give dates. GP creates an Advanced Care Plan (ACP) and /or A do not attempt cardio pulmonary resuscitation (DNACPR) > Eriss (NWAS system) updated > Receptionist/ Practice Manager creates SPN and sends to out-of- hours	Primary Care 24 GP/ Receptionist/ Practice Manager	

3.	Admission avoidance Is there any specific agreed care plan for the patient with regard to their presenting condition that the clinician should know about in order to make appropriate decisions around remaining in their own home or preventative treatment that has been written up by the GP practice to commence if certain conditions arise i.e. antibiotics? Is there a contact number for other agencies who can offer added support / help? Is there any agreed involvement by the Admission Prevention team that the out of hours clinician could contact to prevent an admission? Admission avoidance discussed with GP and Patient> Eriss (NWAS system) updated > Receptionist/ Practice Manager creates SPN and sends to out-of- hours	Primary Care 24 GP/ Receptionist/ Practice Manager
4.	Palliative Care End of life (EOL) Is there any specific agreed care plan for the patient with regard to their presenting condition that the clinician should know about in order to make appropriate decisions around remaining in their own home or treatment that has been written up by the GP practice to commence if their conditions deteriorates. Where is the preferred place of care for the patient? Has anticipatory prescribing been set up and is this a prescription or drugs available? Are the drugs Oral or syringe driver and is the equipment available? Has the plan been discussed with the patient and relatives? Is there a specialist team involved in the patient's care who can be contacted for advice? Palliative EOL care plan discussed with GP, Patient or Next of Kin> Eriss (NWAS system) updated > Receptionist/ Practice Manager creates SPN and sends to out-of- hours	Primary Care 24 GP/ Receptionist/ Practice Manager
	Anaphylactic actions Anyone with a reaction which you think would be useful for the OOH service to be aware of i.e. bee sting, nut allergy, penicillin etc.	Primary Care 24 GP/ Receptionist/ Practice Manager

	GP instructs SPN required for patient with Anaphylactic risk > Eriss (NWS system) updated > Receptionist/ Practice Manager creates SPN and sends to out-of-hours	
	COPD/ Longstanding conditions/Dementia/Mental Health/Disability Is there a care plan in place giving specific instructions around care? Is there anticipatory prescribing if required? Has the care plan been discussed with the patient and the relatives? Are the medications available or is there a prescription? Is there a contact number of a COPD nurse specialist / Crisis team or any other specialist involved in the patient's care? Are there any specific access issues that visiting clinicians should be aware of. Care plan discussed with GP, Patient or Next of Kin> Eriss (NWS system) updated > Receptionist/ Practice Manager creates SPN and sends to out-of- hours	Primary Care 24 GP/ Receptionist/ Practice Manager
	Violent patients/ Special Allocation Scheme (SAS) Is there anything about the patient that we should be aware of that would put our staff at risk when visiting or seeing them in a base? Will a police escort be required when visiting or offering a face to face appointment? Does the patient have any specific issues with certain gender or race that would influence who visits? Is there a history of verbal abuse/physical abuse/ that the call handlers should be made aware of? Practice Manager makes decision to add SPN > Practice Manager discusses with GP > Eriss (NWS system) updated > Receptionist/ Practice Manager creates SPN and sends to out-of- hours	Primary Care 24 GP/ Receptionist/ Practice Manager
	Safeguarding and vulnerable adults Is there a plan in place? Is there a suspicion or anything that a visiting or base clinician should be aware of? Any concerns with 'carer', e.g. evidence of stress? Any support agencies involved?	Primary Care 24 GP/ Receptionist/ Practice Manager

	GP and Practice Manager discuss > Eriss (NWS system) updated > Receptionist/ Practice Manager creates SPN and sends to out-of- hours	
	Frequent callers If a patient is frequently calling out of hours are there any specific instructions that may enable the patient to be managed better? What support is already in place for this patient? Are there any contact numbers that the patient has been given that out of hour's clinicians can advise the patient to use if they need support at home if it is not a health need? Practice Manager makes decision to add SPN > Practice Manager discuss with GP > Eriss (NWS system) updated > Receptionist/ Practice Manager creates SPN and sends to out-of- hours	Primary Care 24 GP/ Receptionist/ Practice Manager
	Drug Seeking Behavior Is the patient known to attempt to request additional medication in excess of their regular prescription? Is there a prescribing plan in place for this patient? Does the patient regularly contact OOHs for medication? Do OOHs need to be informed to not issue certain medication? GP and Practice Manager discuss > Eriss (NWS system) updated > Receptionist/ Practice Manager creates SPN and sends to out-of- hours	Primary Care 24 GP/ Receptionist/ Practice Manager
	Additional information for the attention of OOH's If a Patient has any specific communication needs such as sensory impairment or learning disability that will be useful to help the Out of Hours Clinicians with the management of the Patient. Details of the key safe code for elderly/ vulnerable patients to be able to gain access into the property	Primary Care 24 GP/ Receptionist/ Practice Manager

	Practice Manager / Receptionist > Eriss (NWA system) updated > Receptionist/ Practice Manager creates SPN and sends to out-of- hours	
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Title	Sefton Practices – Special Patient Notes		Doc. No.	PCS027
Version	V2			
Supersedes	V1			
Approving Managers/Committee	Deputy Director of Urgent Care			
Date Ratified	12/06/2020			
Department of Originator	Primary Care			
Responsible Executive Director	Director of Service Delivery			
Responsible Manager/Support	Practice Managers			
Date Issued	June 2020			
Next Review Date	June 2021			
Target Audience	All staff			
Version	Date	Control Reason	Accountable Person for this Version	
v1	July 2019	New SOP	Service Manager	
v2	June 2020	Updated as required	Service Manager	
Reference documents		Electronic Locations	Locations for Hard Copies	
		Primary Care 24 Intranet / Corporate Policies/ Current SOPS/	Standard Operating Procedures File in the Call Centre.	
Document Status: This is a controlled document. Whilst this document may be printed, the electronic version maintained on the PC24 Intranet is the controlled copy. Any printed copies of the document are not controlled.				

Merseyside GP Out of Hours Services
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Special Patient Information

Use this form to provide information to your local GP out of Hours provider for any patient or family who may require specific management when your surgery is closed.

Reason for notification (Please tick x all that apply)					
☐ Terminal Diagnosis		☐ Palliative Care Pathway		☐ Death expected in next 7 days	
☐ Dementia/Cognitive Problem		☐ Drug Abuse/Misuse		☐ Domestic abuse risk	
☐ Potentially Violent/Abusive		☐ Safeguarding Concern		Other:	
Patient Details					
Surname: Surname		First Name: Given Name		Date of Birth: Date of Birth	
Address: Home Address House Name/Flat Number Home Address Number and Street Home Address Village Home Address Town Home Address County					
				Postcode:	Home Address Postcode
NHS No:	NHS Number	Home Tel: Patient Home Telephone	Other Tel:	Patient Mobile Telephone	
Next of Kin/carer contact details (If applicable & appropriate to contact)					
Name:		Relationship:		Contact No:	
Current problems, diagnosis, significant medical history & relevant medications					
Problems					
Medication					
Is patient aware of diagnosis:		Yes ☐ No ☐ NA ☐		Preferred Place of Care	
End of Life					
Syringe Driver in Place		Yes ☐ No ☐ NA ☐		Palliative drugs supplied Yes ☐ No ☐ NA ☐	
If death is expected, do you undertake to sign death certificate? (NB – If not, body could be removed to public morgue at request of coroner)				Yes ☐ No ☐ NA ☐	
Expiry					
When would you like this message to expire?			Date: / Indefinite / Death of Patient		
Form completed by					
Name:				Designation:	
Signed:				Date/Time:	
Practice Code:		Organisation National Practice		Practice Name: Organisation Name	

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		Code		
Please return this form by fax to the appropriate GP Out of Hours provider				
Liverpool	Knowsley	Wirral	Sefton	Halton
				
Urgent Care 24 Fax: xxxxxxxxxxxxxx		Wirral Community Trust Fax: xxxxxxxxxxxxxx	Go to Doc healthcare Fax: 0161 336 3009	Halton Health Fax: xxxxxxxxxxxxxx