

**Peninsula** Medical Practice

# General clinical and administrative policies

The Health Centre

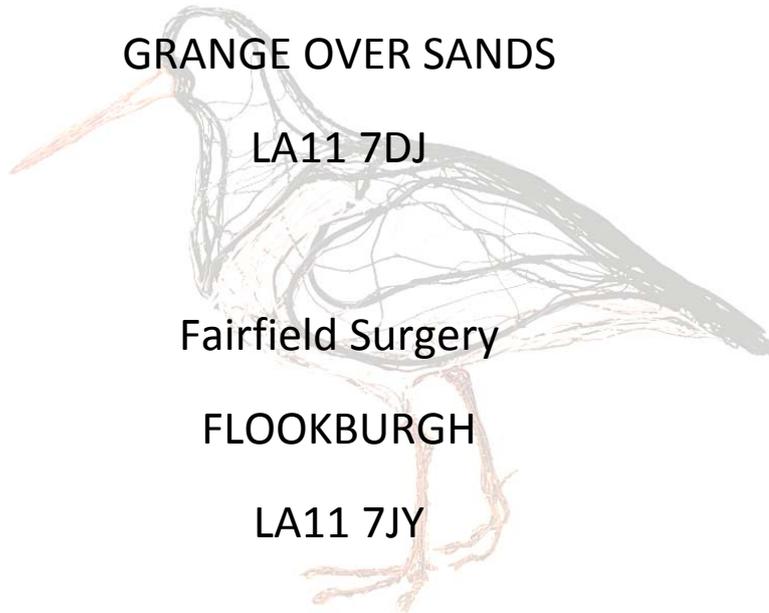
GRANGE OVER SANDS

LA11 7DJ

Fairfield Surgery

FLOOKBURGH

LA11 7JY



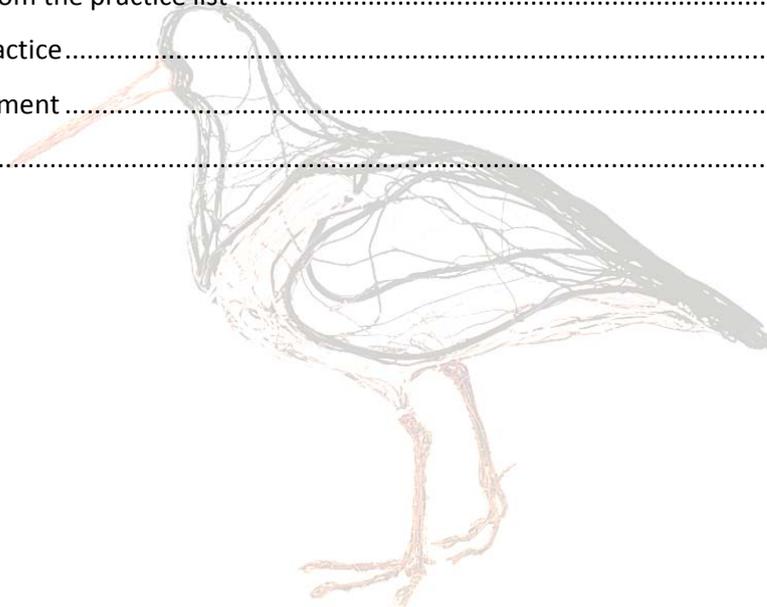
Practice Policy No. 22

v1.1

March 2014

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## Purpose

The purpose of this policy is to provide for all additional clinical and administrative policy matters not otherwise captured in other specific practice policies

## Patient appointments

The practice will provide patient appointments of at least 10 minutes per patient for all general consultations. Single procedure appointments (such as routine immunisations) may be made for shorter periods if appropriate.

Each working day will contain a mix of pre-booked appointments and emergency appointments for urgent cases presenting during the working day.

Appointments may be booked by patients in person, by letter, on the telephone, by secure message or using the EMIS Access system.

Pre-booked appointments may be made with the doctor of the patient's choosing. Urgent appointments will be with the patient's choice of doctor if possible, but this cannot be guaranteed.

Patient's are to be requested to make urgent appointments before 08.00 if at all possible.

Clinical consultations with doctors and nurses may also be carried out by secure messaging and telephone.

## Carers

Carers are people who spend a significant proportion of their time with, or in contact with, another person to support their physical, mental, or emotional needs.

The practice will ensure that patient records identify such carers; and that carers records identify people who would be vulnerable as a result of them being ill or otherwise unavailable.

Carers can be identified to the practice by themselves, the person that they support, the GP, receptionist or other care worker.

Carer's should be referred to the local social services carers' facilitator for support, when they are initially identified.

## Smoking cessation

The practice premises are a no-smoking environment.

The smoking history of all patients is to be noted at registration as part of routine health checks.

All smokers are to be advised of the benefit of cessation on all reasonable occasions and offered support in accordance with local clinical support service protocols, including the prescribing of appropriate approved medicines that are clinically effective.

## Cervical cytology

The practice offers all eligible patients cervical cytology screening tests, undertaken in the manner needed for the type of cytological test currently being offered by the laboratory provider for the area.

All eligible women will be called by LaSCA according to the national programme recommendations in force.

The practice will review the call and attendance records weekly; including checks for patients due for call who should not receive an invitation on this occasion (pregnant women, women undergoing treatment for cervical cancer, or women who have had an opportunistic cytology test very recently), or who should not ever receive another invitation (no cervix present, or outside upper age limit of programme). Amendments to the list will be advised to LaSCA.

LaSCA will make two attempts to call women who do not respond to invitations for cytology; the practice will make a third and final contact with non-responding patients, establish the reason why they do not wish to be tested, and if the patient clearly wishes not to have a test confirm this by letter (and record the refusal and reason on the patient's record).

Women who opt out of having a cytological test must still be invited for future tests as they fall due.

## Chaperones

For patients of all ages a chaperone is required in the following situations:

- All intimate examinations of the rectum, genitals or female breast undertaken by a clinician of the opposite sex to that of the patient
- All intimate examinations of the rectum, genitals or female breast undertaken by a clinician of the same sex to that of the patient, when requested by the patient

A chaperone may be required in the following situations:

- Patients whose cultural norms or religious beliefs require a chaperone to be present where any examination requiring the removal of any clothing is needed. It is important that choice of sex of the clinician undertaking the examination is also appropriate
- Patient with a severe mental or physical disability who may not understand, or properly recall, the nature or purpose of an examination. It is important that consent, capacity, and the presence of a chaperone are properly documented in such cases
- Examinations on patients with poor English who may not understand, or properly report, the nature or purpose of an examination. If there is any doubt that the patient understands and can give informed consent then the examination should be postponed until an interpreter can be present (who may also be able to act as a chaperone)

If there is urgent clinical need for an examination then this should be balanced against the need for a chaperone, or the availability of a choice of clinician; but this must be clearly explained to the patient and recorded in the patient's notes.

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Children 12 years of age and younger are expected to be accompanied by a parent or an appropriate adult to who the need for the examination will be explained and from who consent can be obtained. They will be expected to remain with the child during the examination, and they may act as the chaperone.

Teenagers aged 13 and upwards will normally be competent to give consent to examinations provided the clinician is sure that the patient understands the nature and purpose of the examination. It is advisable for a chaperone to be present and in the case of a teenage female patient and for such examinations to be carried out by a female doctor if at all possible.

In all situations the doctor or nurse must

- Explain why the examination is needed and what it will involve
- Obtain consent according to the practice's consent policy before proceeding with an examination or procedure
- Ensure that the patient has privacy to dress and undress
- Allow the patient to postpone or decline to be examined
- If appropriate offer a chaperone and document the fact that the patient has been offered a chaperone and that permission has been given or declined

People who may act as a chaperone:

- Any member of the clinical or administrative staff may be acceptable especially if the same sex as the patient.
- A patient's friend or relative may be appropriate, however, if the patient being examined has a history of unpredictable behaviour then a member of the practice team should be present as well.

Clinical staff are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations at patient's homes and such examinations should be conducted done at the surgery whenever possible.

Patient information should reflect the practice policy whenever possible in the following terms:

*'It is the policy of this practice to respect the privacy, dignity, religious and cultural beliefs of our patients. If you would like a chaperone to be present during a physical examination by a doctor, or any other health professional working for Peninsula Medical Practice, or if you would prefer to be examined by a doctor or health professional of the same sex as yourself please let us know and we will comply with your wishes'*

## Pre-conception advice

When requested the practice will provide pre-conception consultations with a suitable doctor, nurse or midwife, to include:

- Smoking cessation
- Alcohol minimisation / avoidance
- Diet, including appropriate vitamin supplementation
- Avoidance of infection
- Management of existing diseases

## Low-risk ante-natal care

Women assessed as being low-risk pregnancies by the midwifery service may receive midwife only care throughout their pregnancy, unless an appointment is requested by the patient, or advised by midwife.

The community midwife will advise the practice of all new pregnancies and confirm the arrangements for supervision and delivery decided upon with the patient.

All pregnant women are to be supervised in their care according to the latest extant NICE guidance.

All pregnant women are to be offered those screening tests and immunisations that are currently recommended by national policy that are appropriate to their circumstances.

## Emergency contraception

Emergency contraception will be provided to any woman requesting the service, provided that the request can be fulfilled because there is an appropriate clinical method, and that it is legally acceptable to fulfil such a request.

The practice offers medical and IUCD emergency contraception services.

Any member of staff receiving a request for emergency contraception services who is ethically opposed to the provision of such care will ensure that they make an internal referral within the practice to a member of staff who is willing to provide such services.

## Termination of pregnancy

The practice will make referrals for terminations of pregnancy, where it is legal to do so, and after proper consideration of the case with the patient.

Any member of staff receiving a request for termination of pregnancy who is ethically opposed to the provision of such care will ensure that they make an internal referral within the practice to a member of staff who is willing to provide such services.

## Removal of patients from the practice list

Patients should only be removed from the list with the agreement of all partners.

Patients should only be removed from the practice list where there is sufficient justification, which may include:

- Violence (physical, including intimidation, or verbal) towards any partner or member of the practice staff;
- Criminal behaviour affecting the practice;
- Deception in connection with the provision of clinical services to the patient;
- Patients living outside of the practice catchment area and unable to attend the practice premises to receive clinical care.

Patients must be notified by registered letter of any decision to remove them from the practice list; this letter must contain the reason for removal and give advice on registering with another practice suing the support of the appropriate advocacy services provided locally or nationally to help them to continue to receive medical care.

Other family members of a patient removed from the practice list must not automatically be removed from the practice list; all cases of removal must be judged entirely on their own merits.

## Information on the practice

Information concerning the practice is to be published on the practices website. This information is to include:

- The names and qualifications of the partners
- Any fees charged for services\*
- The details of the practice's registration CQC
- How to make suggestions for the improvement of the service, or complaints\*
- Working hours of the practice\*

\* also published at the surgery on notice boards outside the entrance or in the waiting room

## Maintenance of equipment

Practice policy on the cleaning and sterilisation of equipment is contained in practice policy No. 6.

All mobile equipment is to be PAT tested annually and a certificate of compliance kept in the practice records.

The following equipment is to be re-calibrated by an agent or the manufacturer annually:

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- Sphygmomanometers
- Weighing scales
- Lung function testing equipment

The following equipment is to be re-calibrated monthly by use of manufacturer supplied check-standards:

- INR near patient testing equipment

The following equipment requires a log of on-going satisfactory performance to be maintained (paper or electronic record):

- Temperature controlled storage units (exceedance of the range 2-8 Celsius)

Any faults noted by a member of staff are to be notified to the practice manager immediately

### Declaration

This policy will be binding upon all employees of the Peninsula Medical Practice from the 1st October 2013.

We, the partners, have reviewed and accepted this policy.

Dr Diane Ruell  
Dr Michael Bunter  
Dr Nick Gent

18<sup>th</sup> October 2013

Reviewed and amended

1<sup>st</sup> March

2014

