

# GP Associates

# Learning objectives of today

The overall aim is to support development of knowledge, skill and behaviour needed for successful introduction of GPA roles into primary care.

By the end of the session attendees should be able to:

- Introduce the role of GPAS
- Describe how to use GPAs through path, workflow and tasks
- Discuss how their practice might differ in use to St Marys (prior to joining)
- Agree a launch date – proposed Wednesday 13<sup>th</sup> March
- Discuss ways of working / key lessons learned so far

# Pathology Processing


# Current Path process

- Clinicians review each report
- Actions carried out by clinicians:
  - Arrange repeat bloods
  - Arrange treatment
  - Task other members of the team for action
- Clinician Archives report

# New process

- Clinician reviews report
- Messages for the patient in the “Other” box
- Record all necessary actions in “Internal Actions box” using the [List of preset](#) instructions for GPA / Admin to follow
- Reports no longer archived by clinicians
- GPA / Admin view all of path reports after you have reviewed it.
  - Follow instructions you give them
  - Repeat tests, text patient, follow protocols etc.

- Abnormal, but expected     Unknown     Speak  
 Abnormal     Repea

Sample / Investigation date    Tue 27 Feb 2024    00:00  
Report issued    Thu 29 Feb 2024    15:01  
Risk calculator    QRISK2     Launch QRISK2

Current risk score, including data from this report: invalid

Internal comments  
(not visible in online services)  
h pylori - please complete h pylori template

Message for patient's next prescription

- Patient to be informed of this report     Add to eWorkflow  
 Visible in the online record     Send the following SMS preset message to the patient  
 Archive report    Lau  
 Create a task

Settings    Ok

Do not archive



# Communicating with patients template



Communicating with pts

Other Details... Exact date & time Thu 29 Feb 2024 16:40

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button

Pathology results Comms Engagement protocol

The Common Haematology blood tests template has no information to show. Double click here to record values.  
The Common Biochem Bloods template has no information to show. Double click here to record values.

Actions needed

Text message sent to patient

[SMS Presets](#)

Letter sent to patient

Copy the text and paste into task - send to Admin/GPA

New Task...

Copy the text and paste it into a text message or letter

Send SMS Message  
Letter to patient to edit

helicobacter pylori SM Vitamin D  
INR Bacterial Vaginosis  
liver Clin Processes (eg B12, IDA)

New Electronic Pathology/Radiolo...  
New Appointment recall

Information Print Suspend Ok Cancel Show Incomplete Fields

# Vit D


Vitamin D

Other Details... Exact date & time Thu 29 Feb 2024 16:52

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button


Vitamin D Red Flags Maintenance

## Vitamin D Deficiency - Adults

Vitamin D deficiency  

[Patient Leaflet](#)

Refer to DXS for guidance



**RED FLAGS**

**Renal Impairment? (Vit D contraindicated if eGFR <30)**


- 27 Aug 2010 Chronic kidney disease stage 5 (XaLHK) **QOF**  
GFR calculated abbreviated MDRD No numeric readi...

**Renal Stones?**


**Pregnant or Breastfeeding - ask to check?**

- 30 Jul 2018 Patient currently pregnant (621..) **QOF**
- 20 Feb 2023 Infant feeding method discussed: Breast fed (Y2948)  
Plasma corrected calcium level: No numeric readi...


**Print letter and leaflet**

 Vitamin D Deficiency Letter

**Issue Prescription**

 New acute of: Strivit-D3 3,200unit capsules (Strides Pharma UK Ltd)

**Follow Up:** Bloods at 6 weeks for 25(OH) Vit D, Bone Profile, PTH (particularly if Ca is raised)

 New Electronic Pathology/Radiology Request

[Vit D for Vegetarians and Vegans](#) [Vit D for Pregnant and Breast Feeding Wom](#)

St  St

Information Print Suspend Ok Cancel Show Incomplete Fields



# H Pylori


helicobacter pylori SM


Other Details... Exact date & time Thu 29 Feb 2024 16:40

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button


Page 1 Page 2

add read code

Helicobacter Pylori Positive (New Episode)  


















Helicobacter Pylori Negative (New Episode)  


print letter to send to the patient (Leaflet already attached)


 New Word letter with 'H Pylori Letter' template


print prescription for triple therapy


**Repeat Medication**

 Betamethasone valerate... Never use... 30 ...	
 Fexofenadine 120mg ta... Never take...30 t...	
 Clenil Modulite 100micr... Never inh... 200...	
 Salamol 100microgram... Never inh... 200...	
 Amlodipine 5mg tablets Never take...28 t...	 
 Ramipril 2.5mg capsules Never one... 28 c...	 
 Hydroxocobalamin 1mg/... Never Loa... 1 a...	 


 New acute of: Metronidazole 400mg tablets


 New acute of: Omeprazole 20mg gastro-resistant capsul...


 New acute of: Amoxicillin 500mg capsules

 Acute issue of: Amoxicillin 500mg capsules

Penicillin Allergic patients

 New acute of: Metronidazole 400mg tablets

 New acute of: Omeprazole 20mg gastro-resistant capsul...

 New acute of: Clarithromycin 250mg tablets

alternative regimes

# Polycythaemia

Polycythaemia

Other Details... Exact date & time Thu 29 Feb 2024 16:40

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide V](#)

Intro Pt summary Action **Diagnosis**

**Polycythaemia**  
Men Hb 170-200  
Women 150-200  
[Review Risk factors](#)  
uncuffed well hydrated blood sample?  
Check for red flags

**[PC1] Send AccuRx called:**  
[Polycythaemia risk factor questionnaire](#)

Suggest lifestyle measures  
review drugs and hypoxia  
ensure hydration 2-3 L of non-caffeinated fluids/day.

**Mild and likely Secondary (normal Hct)**  
Men Hb 170-200 Hct < 0.50  
Women 150-200 Hct < 0.46

**[PC2] Repeat bloods in 3/12**  
*FBC, Film "add to medics film queue",  
Ferritin, Renal and Urea*

Send AccuRx called:  
[Polycythaemia - mild - rpt bloods in 3 months](#)

ensure well hydrated on day of bloods,  
consider uncuffed sample

Rpt bloods in 3 months  
New Scheduled Task

Haem A/G letter  
task to secs

**Mod with raised Hct**  
Men Hb 179-200 Hct > 0.50  
Women 150-200 Hct > 0.46

**[PC3] Repeat bloods in 4 weeks**  
*FBC, Film "add to medics film queue",  
Ferritin, Renal and Urea*  
Send AccuRx called:  
[Polycythaemia - raised Hct - follow up 4 wks](#)

*Consider requesting F2F for examination  
ensure well hydrated on day of bloods,  
consider uncuffed sample*

Rpt bloods in 4 weeks  
New Scheduled Task

Haematology Ref  
task to secs

**Red Flags**  
**Hb > 200/ Hct > 0.6**  
**Symptomatic Polycythaemia eg**  
Neuro features – headache, myalgia,  
weakness, tinnitus, blurred vision, slow  
mentation.  
Chest or abdo pain  
**...Or with features indicating possible Polyc  
R Vera:**  
Recent arterial or venous thrombosis  
Bruising  
Abnormal bleeding  
Raised Pits or WCC  
Pruritis  
Abdo pain from splenomegaly  
Tenderness or painful burning /redness  
of fingers, palms, heels or toes  
Insomnia

Consider F2F for Examination

2ww Referral (Haem)

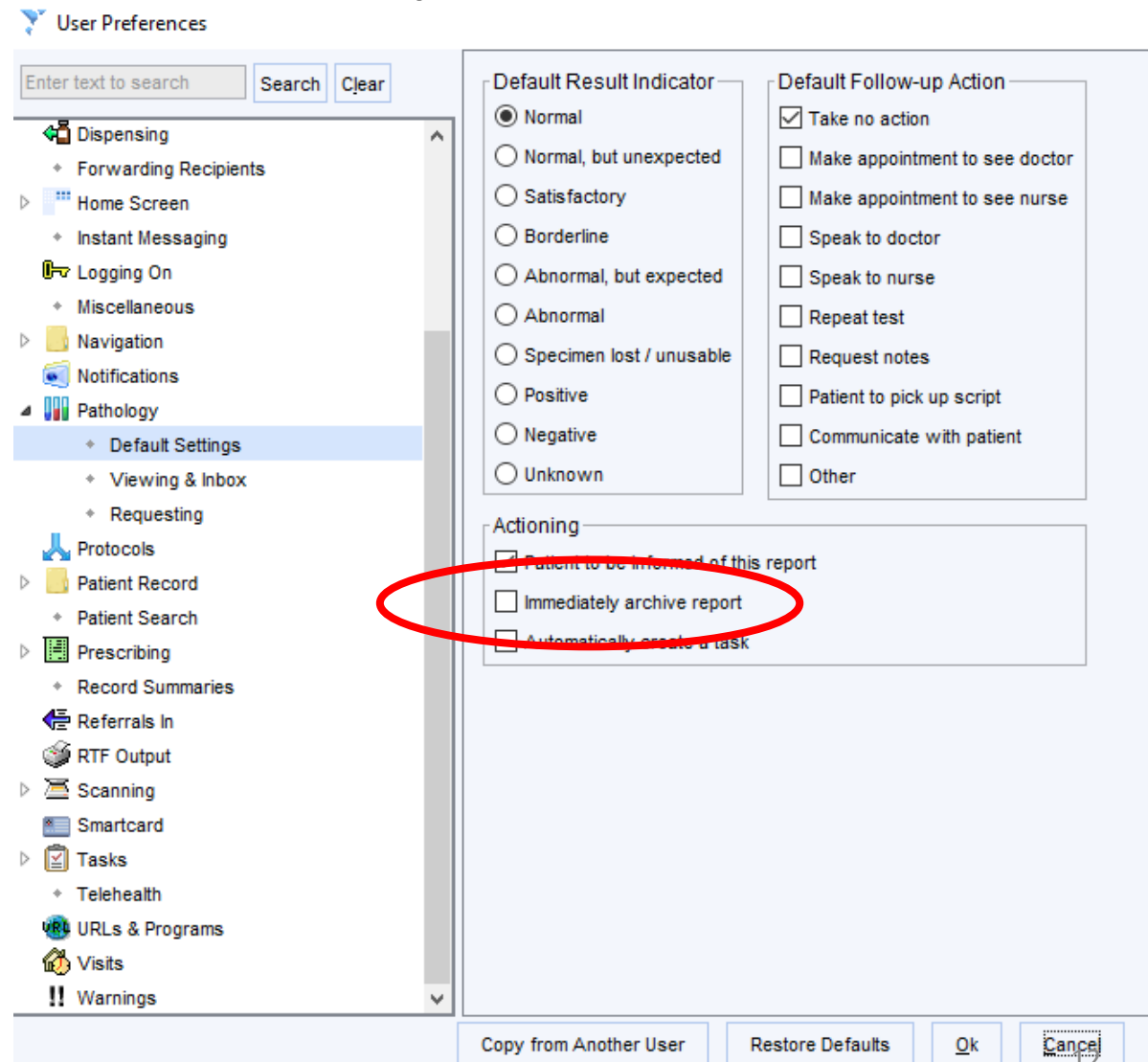
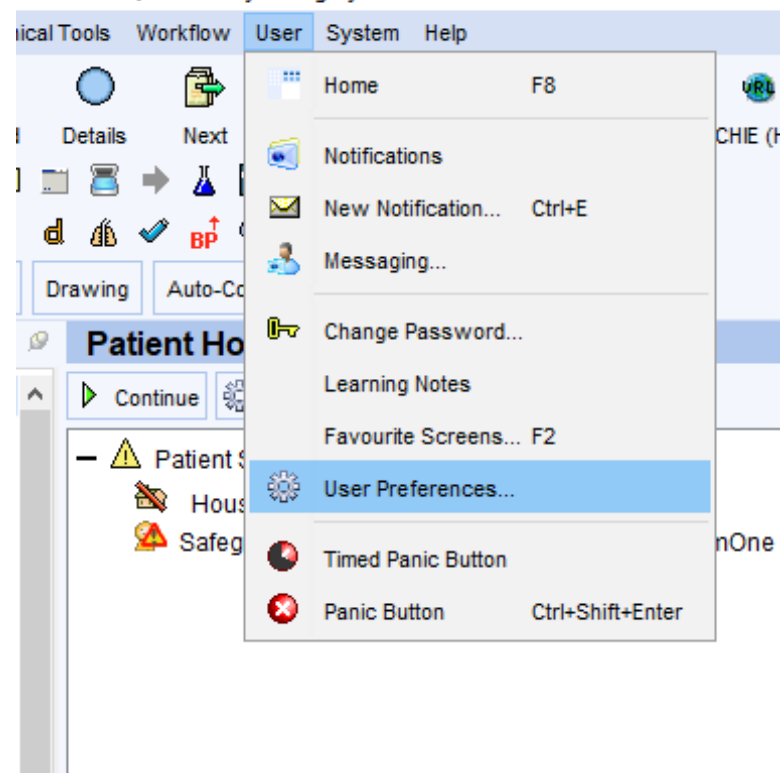
Information Print Suspend Ok Cancel Show Incomplete Fields

# Setup

One off!

# Untick “Immediately archive report”

Access Role) at St.Mary's Surgery - Patient Record



# Copy Presets across

Result  Normal  Specimen lost / unusable

Indicator  Normal, but unexpected  Not responded to invitation

Satisfactory  Positive

Borderline  Negative

Abnormal, but expected  Unknown

Abnormal

Follow-up  Take no action  Request notes

action  Make appointment to see doctor  Patient to pick up script

Make appointment to see nurse  Communicate with patient

Speak to doctor  Other

Speak to nurse

Repeat test

Sample / Investigation date

Report issued

Risk calculator

Current risk score, including data from this report: 0.32%

Internal comments (not visible in online services)

Message for patient's next prescription

Patient to be informed of this report  Add to eWorkflow

Visible in the online record  Send the following SMS preset message to the patient

Archive report

Create a task

Patient has the following 1 appointment(s) booked:  
**Fri 01 Mar 2024 14:00**  
Session with Miss Jasmine Hart

Battery headers

Type

- Result  Normal
- Indicator  Normal, but unexpected
- Satisfactory
- Borderline
- Abnormal, but expected
- Abnormal

Sample / Investigation date

Report issued

Risk calculator

Internal comments  
(not visible in online services)

Message for patient's  
next prescription

- Patient to be informed of this report
- Visible in the online record
- Archive report
- Create a task

Text Selection X

No presets configured.  
Click the '+' button to create a new preset.

- Test notes
- Click to pick up script
- Communicate with patient
- 
- 
- 

X Patient has the following 1 appointment(s) booked:  
on 01 Mar 2024 14:00  
Session with Miss Jasmine Hart

Presets

Presets

Review Select a User to Copy From

Enter text to search Search Clear

Name	Role
Alison Raven	Receptionist Access Role
Anita Dyer	Nurse Access Role
Bethany Spencer	Medical Secretary Access Role
Dr Aaron Kendall	Clinical Practitioner Access Role
Dr Andrew Hart-Pinto	Clinical Practitioner Access Role
Dr Claire Balysz	Clinical Practitioner Access Role
Dr Clare Polack	Clinical Practitioner Access Role
Dr Deborah Rose	Clinical Practitioner Access Role
Dr Fraser Malloch	Clinical Practitioner Access Role
Dr George Hoghton	Clinical Practitioner Access Role
Dr Ingela Carrington	Clinical Practitioner Access Role
Dr Jaskiren Sangha	Clinical Practitioner Access Role
Dr Joao Goncalves De Almeida Nunes	Clinical Practitioner Access Role
Dr Johanna Curtis (Caldicott Guardian)	Caldicott Guardian
Dr Johanna Curtis (Clerical Access Role)	Clerical Access Role
Dr Johanna Curtis (Clinical Practitioner Access Role)	Clinical Practitioner Access Role
Dr Joseph Bagley	Clerical Access Role
Dr Kaman Hansford	Clinical Practitioner Access Role
Dr Kiran Sihota	Clinical Practitioner Access Role
Dr Lindsey Cherry (Chiropodist/Podiatrist)	Chiropodist/Podiatrist
Dr Lindsey Cherry (Nurse Access Role)	Nurse Access Role
Dr Luvarnia Sadasivan	Clinical Practitioner Access Role
Dr M Doctor Unknown	Clinical Practitioner Access Role
Dr Mead Mathews	Clinical Practitioner Access Role
Dr Najeebah Jaunbocus	Clinical Practitioner Access Role
Dr Richard Barnes (Caldicott Guardian)	Caldicott Guardian
Dr Richard Barnes (Clinical Practitioner Access Role)	Clinical Practitioner Access Role
Dr Sanaz Fazil	Clinical Practitioner Access Role

104 Rows

Patient  Visible

Archive report  Create a task

Ok Cancel

Copy From Another User Select Cancel

Settings Ok Cancel

booked: Presets i Presets

Review Pathology/Radiology Report

Battery headers: Cervical cytology test

Type: Pathology

Result:  Normal  Specimen

Indicator:  Normal, but unexpected  Not resp

Satisfactory  Positive

Borderline  Negative

Abnormal, but expected  Unknown

Abnormal

Sample / Investigation date: Wed 14 Feb 2024

Report issued: Mon 26 Feb 2024

Risk calculator: QRISK2

Current risk score, incl

Internal comments (not visible in online services)

Message for patient's next prescription

Patient to be informed of this report  Add to eW

Visible in the online record  Send the following SMS preset message to the patient

Archive report

Create a task

Text Selection

- Bloods - Repeat blds in ? Weeks - Which bloods
- Bloods - blds for primary care liver screen
- Bloods - bloods as per hospital request
- Bloods - check fasting lipids
- Bloods - repeat blds inadequate test
- Bloods - borderline potassium- just out of range - adviec and rpt in xxxxx days
- Bloods - Please phone the lab and request that the following tests are added to the bloods done in the last 24 hours (sometimes 48)
- Bloods - done as part of NHS health check - NS will follow up
- ACR - please arrange lab ACR
- Action taken - I have spoken to patient
- B12 - Low vit B12 - I have initiated B12 loading dose and task to reception - please check
- Collect script - collect script EPS
- Bowel screening - no response please send reminder
- Breast sceening - DNA
- Chest XR - needed
- Childrens Phlebotomy - Blood test needed - child
- Cholesterol - bordeline cholesterol
- Diabetes - has appointment with diabetic nurse
- Prediabetes - IGGT- text , add to register

64 Presets

Copy From Another User Select Cancel

Settings Ok Cancel

Launch Communications Annexe

Presets

Presets

patient has the following 1 appointment(s) booked:  
 ri 01 Mar 2024 14:00  
 session with Miss Jasmine Hart

Then you can cancel out of the result - the presets will be saved



# Workflow

- Arrange blds
- Communicate med changes – px ready or dose change
- Set recalls e.g. “ I have made the medication changes please set a recall stop date for a year “
- Ask them to arrange monitoring e.g. home bp readings
- Secondary care liaison – chase a letter, check if have an appt , query an instruction , bounce inappropriate requests
- Ensure pts perform tests
- Check on DNAs- did they receive appt ? understood what it was ? want it rearranged ?
- Check pts have understood instructions –Ask where pts are up to e.g. with a drug weaning plan / if need more meds etc
- Book appts- ? Where ? In follow up slots

# Tasks (see workflow also as overlap)

- QOF for med reviews – book nurse appts , send medlinks , blds
- Help pts who aren't IT literate e.g. fill out a medlink questionnaire e.g. asthma review
- Clarify with pt what they mean e.g. reception task “ pt wants to know bld results “ – results normal – GPA can text pt tests were normal and ask if other concerns
- Arrange appts
- Antenatal review of notes
- Encourage pt engagement

# Differences to St Marys

- Could order dom phleb
- Discussion

# Good practice

- GPAS are not clinically trained
- Can check facts or give a set of instructions but be cautious of assuming clinical knowledge
- Explaining a clear set of instructions e.g. thyroid dose change and rpt blds to a pt is fine, sending or telephoning re an anaemia florey
- Not “ please check red flags”
- Avoid mental health even if going through a medlink
- If speaking to a pt re something clinical they will check if anything else pt is worried about or feels they need to discuss with GP ( not when working as receptionist )
- A close working relationship is imperative, be approachable - prioritise responding
- Spend time getting to know the team and what they do – any time invested in teaching them reaps rich rewards