

Call the Doctor!

Select 74

What's changed in GP-land?

Dr Grant Kelly

GP Chichester

e-gpr

Ex JGPITC Chair

Ex CfH SNOMED lead

Current 111 Regional Clinical Governance Lead

A little list...

Politics

Society

Health and disease (real or not)

Patients

Expectations

Doctors

How doctors record things

Data

Politically, no great change

Doctors are:

“Raucous-voiced, politically poisoned people
organising public resistance to an Act of
Parliament”

1904 ?

1922 ?

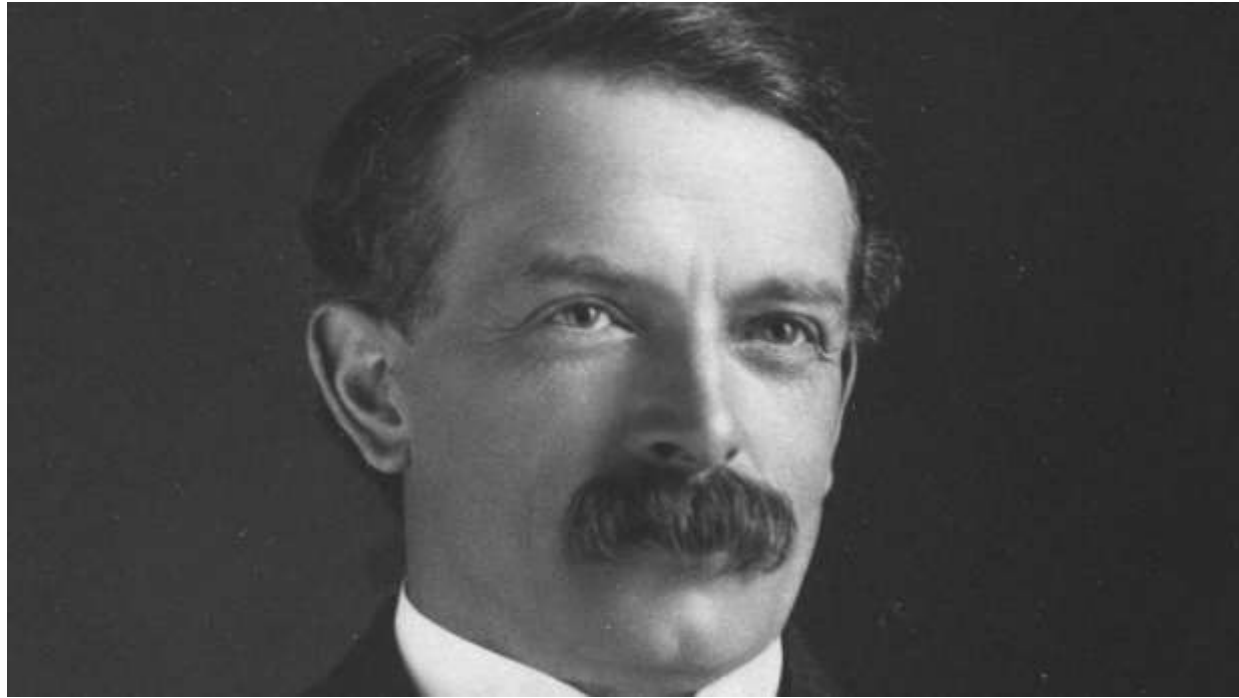
1947 ?

1966 ?

1990 ?

2004 ?

2013 ?



Lloyd George 1922

A land fit for heroes

Venereal Diseases Act

Panels, charities, the Poor Law

Notes!

The panels set the tone...

In some ways, no change.....

Repeated arguments about how to control or pay doctors

Money, status, demand, control, influence, premises

All because of the unspoken 'R' word

Popularity contest vs politicians

Inter-doctor arguments, Primary vs secondary vs Councils

“pointless palaces for primary care”

“adventure playgrounds for consultants”

“cuckoos in the healthcare nest”

But...

Lloyd George notes



Cursed by all, but...

Chronological

Easy to summarise

Pocket-sized

Anyone can write

Cheap

Standardised

Say more about the practitioner than anything else

Only let down by hospital reports

Handwriting

Loss

Practically, steady change



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Victorian times



The House call 1930?

or more likely



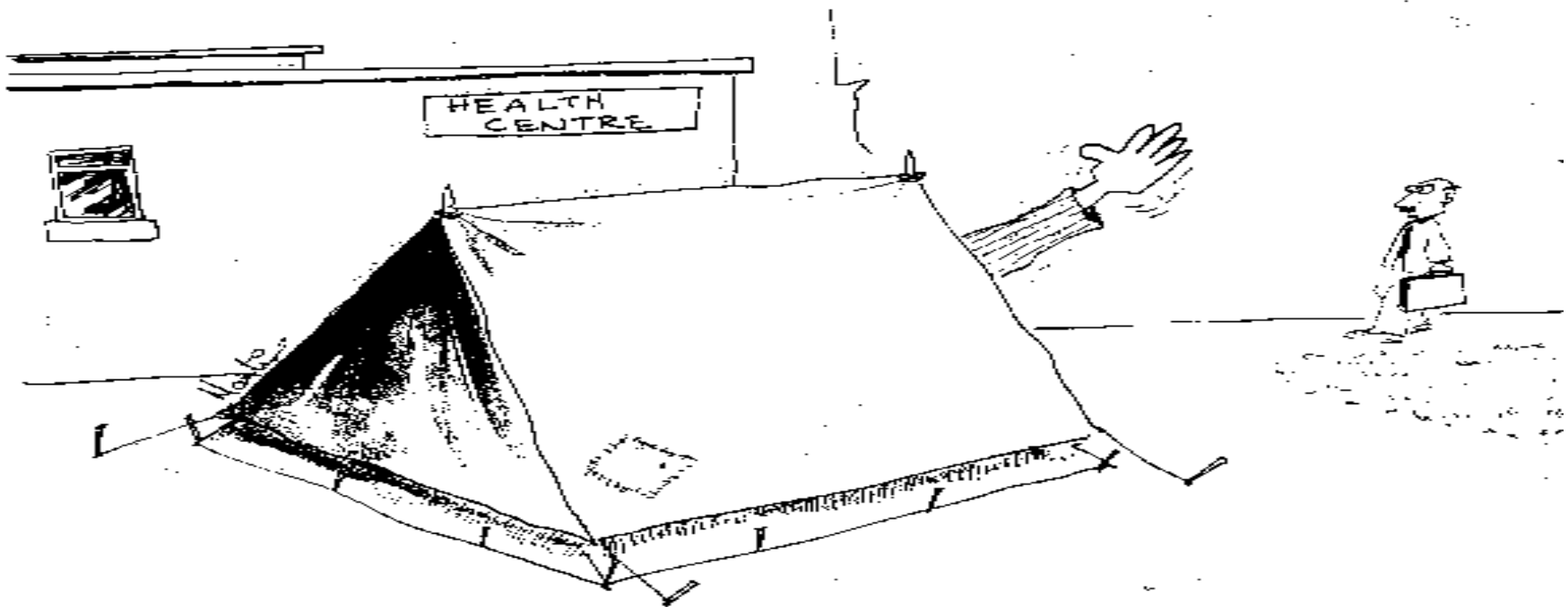
But...

“Dr Roberts has four partners, two practice nurses, a secretary and a dispenser”

Wanstead Flats 1912

Some things, though, never change.....

"Morning doctor"



The state of play

GP surgery now 7.30am - 9pm

Population av. 3 GP visits per year 2007

Now av. 7.5 per year

Wales: OoH calls increased 30% this year

Business model?

66% of GPs considering early retirement March 2014

On top of the baby-boomer demographic

The social contract?

Society, organisational, doctor demographics, the 'place' of disease

Society



Society



GP's send away alarming number of patients, delaying vital treatment

1 IN 4 CANCER CASES MISSED

By Sophie Borland
and David Wilkes

A QUARTER of cancer sufferers are being sent away by GPs with their early warning signs dismissed as minor ailments, a study reveals today.

Tens of thousands of patients are initially told that their symptoms are 'nothing to worry about' or advised to take painkillers or antibiotics for months.

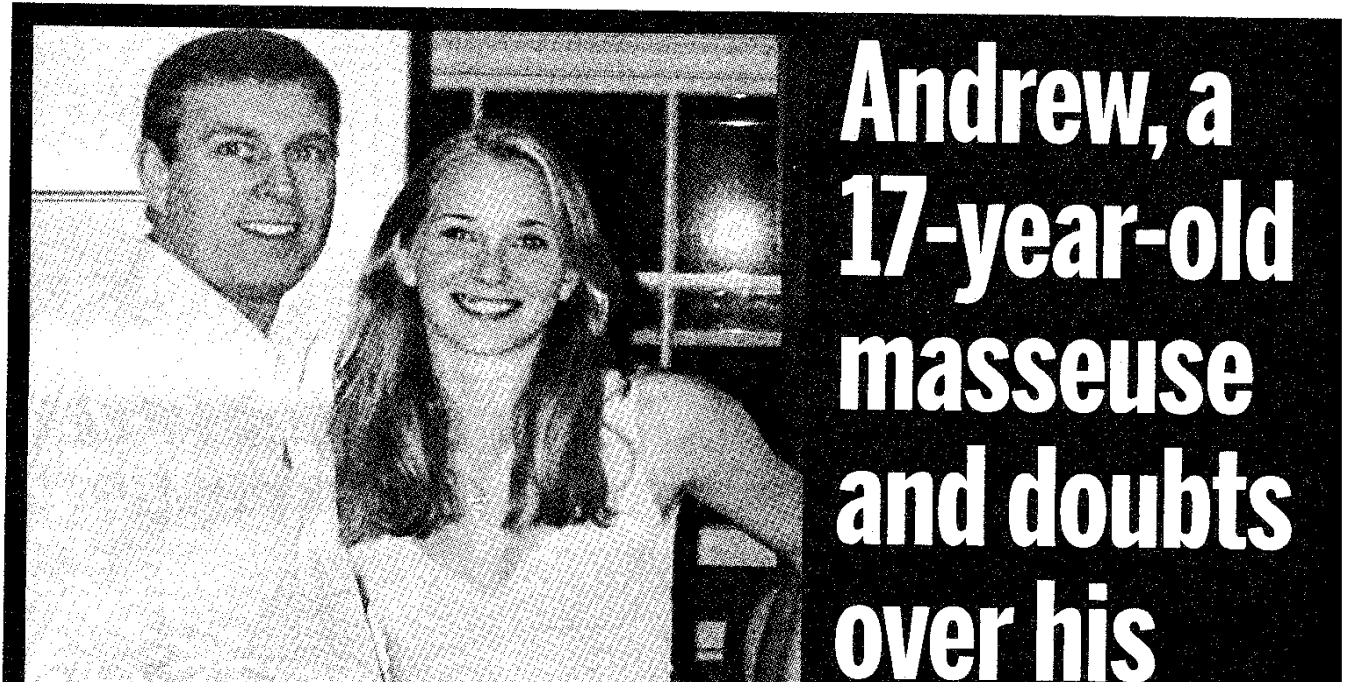
They have to make repeated trips to their doctor before being given a correct diagnosis, the report concludes.

Britain has one of the lowest cancer survival rates in Europe despite billions being invested in treatment over the last decade.

Experts blame late diagnosis for the alarmingly high death rates and say many tumours are spotted only when it is too late for successful treatment.

More than half of those with rarer cancers - which comprise 50 per cent of all cases - are being forced to see their GP repeatedly before they are finally referred to a specialist.

Almost two thirds wait longer than three months between making an appointment to see their family doctor and being told



Andrew, a 17-year-old masseuse and doubts over his

Expectations

Certain diagnosis, so certain Rx & cure

Instant diagnoses aided by Google

Infallibility

Rights – to smoke, eat, sit around and be healthy

My doctor, whenever, whatever

Consumerism -“Do what I want, not what I need”

Have doctors changed?

The course of medical humility

From respect & fear



To a need to be loved despite the business model.....



GPs themselves

The vanishing full-time male GP

Reluctance to become partners

Risk-aversion

Increased and repeated investigation

Increased referring

De-skilling reflected in their interpretations

Impact on data

Premature retirement

Organisational

1947, 1966, 1990, 2004, 2013

Internal market

NHS Constitution

H&SC Act

Electronics

Belief in votes in Health

Diseases...



Diabetes, CHD (2nd round), dementia, orthopaedics, the active elderly, hearing aids, cataracts, new treatments, replacements of all sorts.....

All carefully recorded on...



or



Or more usually both, in different places, on different systems with different techniques for different readerships, coded multiply, etc....

NHS data competence



1998

2014

95%	use computers	99%
90%	link to the National Registry	99%
80%	claim payment through their EPR	99%
30%	have mixed paper/EPR	99%
20%	receive pathology direct into the EPR	99%
15%	keep totally electronic records	5% (!)

Other risks to care (1998)

Process changes

Loss of continuity

Conspiracy of anonymity

Data doesn't equal care

Corporate raiders

Registers

NWCS

NSF's

Sense from GP data

Data doesn't (logically) translate well (QoF)

e.g. lab tests

Screening?

Hunch investigations?

Expectant tests?

Ordered elsewhere (why?)?

Context

Coding context

Significant/Minor

Acute/Chronic

Active/inactive

Timed-out

No standards other than supplier-specific

Why do GPs make notes?

To reconstruct for a consult

To provide a defence

To make a financial case

Rarely, so that others might use them

Data items usually in those categories

Doubtful 'hard' data items

MMSE

PSA

HbA1c

Glucose

eGFR

Lipids

Invalid without written context

Methods of access

eGPR

SAR

Patient interviews

Clarification questionnaires

GP2GP extract

Summary lists

?TPP/MIG extracts

?GPES

No magic bullet

GP data (quality) all over the place

Multiple records growing daily

Varyingly conflicted

Variably contestable

eSCR may be the best route (care plans, SPNs)

Gold standard may be SAR interpreted by tame
GPs

More work needed.

Summary

GP data not in a happy place

GPs not in a happy place

Decreasing faith in coded data

Dealt with worse problems before

Pursue the enhanced Summary Care Record