SOP3632/7 – General Practitioner Assessment

Objective

This document outlines to the Specialist Requester (SR)/Specialist Nurse- Organ Donation (SNOD) how to communicate with the patient's general practice staff as a priority, to gain the past medical and social history of a patient by requesting the relevant information from a GP (General Practitioner). A conversation with the GP must include a summary of relevant information relating to the patients' medical and social history.

Changes in this version

Removal of Tissue Donor Co-ordinator (TDC) and additional of SR. Change in responsibilities. Addition of FRM5499 to Related Documents. Instructions on how to contact DRD. Change in Handover Process where no GP contact has been made.

Roles

SR/SNOD

- To communicate with the patient's general practice staff as a priority, including contacting out of hours GP services.
- Following discussion with the GP, contact the DRD by telephone and provide them with GP contact details to enable the DRD to forward FRM1602/FRM6342.
- Compare information obtained during the donor characterisation/MaSH process against the information documented by the GP on FRM1602/ FRM6342.
- To contact all necessary stakeholders (Tissue establishments, RCPOC, ODT Hub Operations) if any medical and/or social history has a potential impact on organ and tissue transplant and document on DonorPath.

DRD

- To send FRM1602/ FRM6342 by secure email/fax to the GP practice staff.
- To receive completed FRM1602/ FRM6342, inform the SNOD via Regional Pager and attach FRM1602/FRM6342 to the donor file.

Restrictions

- N/A

Items Required

- NHSBT Guidance on Handling Person Identifiable Information: http://nhsbtweb/userfiles/final%206%20IG%20proofs.pdf
- NHSBT Privacy statement for General Data Protection Regulation (GDPR): https://www.nhsbt.nhs.uk/privacy/

Instructions

⚠ Important

It is not always possible to speak with NOK/person ranking highest in the qualifying relationship/nearest relative prior to contacting the GP.

Clinical judgement needs to be exercised with donors whose medical records are not accessible or if the SR/SNOD has concerns there may be conditions which could affect the suitability and safety of the organs and/or tissue for transplant. Any possible risk to intended patients has to be balanced against the anticipated benefit.

In these situations, if the organ donation and tissue donation team have been included in the 'Care Team' of the patient (referral has been made) then there is a legitimate reason for first contacting the GP without NOK/person ranking highest in the qualifying relationship/nearest relative.

Where a patient has registered a decision **NOT** to donate, the Care Team CANNOT contact the GP

1. Procedure

1.1 Failure to contact a GP for an accurate past medical and social history may have an impact upon the quality and safety of organs and/or tissue for transplant. If the GP is not immediately contactable, continued efforts **must** be made by the SR/SNOD throughout the donation process prior to transplantation. All stakeholders **must** be informed if a GP has not been contacted.

1.2 All conversations with GP Practice Staff must be conducted in a sensitive manner as the staff may not be aware of the patient's admission and condition.

1.3 Confirm the GP contact information during family conversation identifying the GP, practice name and telephone number.

2. Contact the GP practice and voice record clinical conversation with GP

2.1 Speak directly to the GP or request urgent call back as soon as possible. If out of hours, SR/SNOD must attempt to contact the local out of hours' service. It should be noted, however, that most out of hours' services do not have access to the patient's GP medical records and can only give information relating to use of the out of hours' service. If the conversation that has taken place is with the out of hours' service, this must be recorded clearly in the 'Other History" box within the Past Medical History section in DonorPath and conversation with the patient's registered GP practice will remain a priority for the SR/SNOD.

2.2 A conversation with the GP **must include** the following summary of relevant information relating to the patients' medical and social history:

- Known cancer or investigations for cancer,
- any major illness, surgical procedure or any ongoing investigations,
- medications prescribed,
- any transmissible infectious diseases;
- known past or present diagnosis of, suspected or increased risk of infection,
- any alcohol/drug addictions,
- any neurodegenerative diseases
- any high risk/sexual related health issues.
- Any hereditary conditions and any concerns GP may have or consider relevant.

2.3 Details of this conversation must be recorded on DonorPath so it is visible to the transplant centres. Insert details of this conversation into the 'Other History" section within the Past Medical History section in DonorPath.

2.4 Inform the GP that FRM1602/FRM6342 will be sent, which they will need to complete and return as a matter of urgency.

2.5 Some GPs generate a summary of medical and social history. If available, request that this is e-mailed to DRD along with returned FRM1602/FRM6342 to a secure email address. If email is not an option, then provide the GP with a fax number.

2.6 Confirm GP and Practice details including secure email/fax number with the GP and document clearly in 'GP Contacts' section in DonorPath. Ensure GP is aware that FRM1602/FRM6342 will be forwarded by secure email / fax.

2.7 Document in sequence of events on DonorPath, the date and time that the conversation with the GP took place as per SOP3649.

2.8 Contact DRD by telephone to request FRM1602/FRM6342 be forwarded to the secure email / fax number. Provide 3 PID's (plus Referral ID or ODT number if known) to confirm patient's details.

2.9 Where the GP has been contacted but the DRD are unavailable (out of hours), a message can be left for the DRD to forward FRM1602/FRM6342 the next working day. Please leave your contact details (name, contact number and ODST) and 3 PID's (plus Referral ID or ODT number if known) to confirm patient's details.

2.10 In the case of IT failure, voice recording is to be used if secure email/fax isn't available. If voice recording is also affected, then the SR/SNOD must have another healthcare professional witness the call in line with **SOP3925** - Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability.

⚠ **Note**

The DRD will NOT forward FRM1602/FRM6342
unless a documented discussion has taken place with the GP.

If the GP is not immediately contactable, continued efforts **must** be made throughout the donation process to have verbal contact with GP prior to transplantation.

SR/SNOD to re-contact the GP Practice the next day if the completed FRM1602/FRM6342 has not been returned.

3. Document information received from GP

3.1 Document information received from the GP onto DonorPath in the 'Other History' box within Past Medical History Section as part of the donor characterisation process pre-donation.

3.2 If GP contact is made after offering has commenced and new information has been made available, then the RCPOCs and ODT Hub Operations must be informed that DonorPath has been updated.

4. SNOD Handover where no GP contact has been made

4.1 The SR/SNOD must clearly document on FRM5499 - SNOD to DRD Handover Form that the GP has been contacted verbally but FRM1602/FRM6342 has not been sent. The DRD must also be contacted by telephone (either directly or a message left) requesting that FRM1602/FRM6342 be forwarded to the GP. Provide 3 PID's (plus Referral ID or ODT number if known) to confirm patient's details.

4.2 If the GP has not been spoken to, or the conversation was with the out-of-hours service, then this must be highlighted during the handover to the incoming on-call team who must continue to attempt to contact the GP. This must be done as a priority.

4.3 Once contact has been made with the GP the DRD must also be contacted by telephone (either directly or a message left) requesting that FRM1602/FRM6342 be forwarded to the GP. Provide 3 PID's (plus Referral ID or ODT number if known) to confirm patient's details

5. Review of completed FRM1602/FRM6342 by SNOD

5.1 The SNOD who undertakes the comparison of the information documented in the Medical and Social History and FRM1602/FRM6342 does not need to be the SNOD who undertook the donation process.

5.2 Check 3 points of identification (PID) on FRM1602/FRM6342 and DonorPath to ensure the information relates to the correct donor.

5.3 Compare the information on FRM1602/FRM6342 with information documented on DonorPath.

5.4 Confirm there is no new information identified and document this in the sequence of events.

5.5 If new information has been identified prior to retrieval, document information in 'Other History' box within Past Medical History Section in DonorPath. Ask ODT Hub to inform RCPOC's of new information added to DonorPath. Document what actions have been taken in Sequence of Events.

5.6 Any new information identified or any discrepancy in information may have the potential to impact on tissue donation. The tissue donor selection guidelines must be applied by SR/SNODs as there may be circumstances where new information may impact on tissue donation but not organ donation.

6. New information identified or discrepancy in information that DOES HAVE the potential to impact on transplantation

6.1 Discuss with the Team Manager or Regional Manager immediately.

6.2 Refer to MPD881 - Findings Requiring Additional Action.

6.3 Contact RCPOCs as per MPD867 - Patient Information to be Communicated to Recipient Centre Points of Contact, ensure conversations are voice recorded.

6.4 Inform Tissue Establishments.

6.5 Inform ODT Hub Operations.

6.6 Document a summary of all conversations on DonorPath in the Sequence of Events.

6.7 Complete incident report as per SOP3888 - Reporting an Organ Donation or Transplantation Incident to NHSBT.

6.8 Inform the DRD that review is complete and document what actions have been taken.

7. New information identified or discrepancy in information that DOES NOT HAVE the potential to impact on transplantation

7.1 Discuss with the Team Manager/Regional Manager.

7.2 Inform RCPOC/Tissue Establishments/ODT Hub Operations if required and document a summary of all conversations and actions taken in sequence of events on DonorPath.

7.3 E-mail FRM1602/FRM6342 to the DRD team informing them that review is complete and what actions have been taken if any.

8. DRD sending General Practitioner Medical Report for Organ/Tissue Donation Form

8.1 The DRD will follow SOP5049 – Donor Records Department (DRD) Process Manual when requested to send the General Practitioner Medical Report for Organ/Tissue Donation Form.

⊖ End of Procedure

Definitions

- N/A

Related Documents/References

- FRM1602 - Fax – General Practitioner Medical Report for Organ/Tissue Donation
- FRM6342 - Email/Fax - General Practitioner Medical Report for Organ/Tissue Donation (Scotland)
- FRM4211 - Medical and Social History Questionnaire
- FRM5499 - SNOD to DRD Handover Form
- MPD867 - Patient Information to be Communicated to Recipient Centre Points of Contact
- SOP3649 - Voice Recording of Organ Donor Clinical Conversations
- SOP3925 - Manual Organ Donation Process for Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability
- POL162 - Donor Characterisation
- SOP3888 - Reporting an Organ Donation or Transplantation Incident to NHSBT
- SOP5049 - Donor Records Department (DRD) Process Manual
- MPD881 - Findings Requiring Additional Action