Objective

This document outlines to the Specialist Nurse (SN) 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

SN request GP summary from DFCS now via email. Inclusion of health care professional for past medical history conversation. Best practice instructions regarding recording and/or witnessing phone calls. Inclusion of relevant vaccination history in GP summary. Updated role titles throughout document.

Roles

SN

- 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 DFCS by email and provide them with GP contact details to enable the DFCS to forward **FRM1602/FRM6342**.
- Compare information obtained during the donor characterisation/medical and social history 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.
- **In all circumstances, where the SN has made contact with the GP, it remains the responsibility of the SN to review the completed FRM1602/FRM6342**

DFCS

- To send FRM1602/FRM6342 by secure email to the GP practice staff.
- To receive completed **FRM1602/FRM6342**, inform the SN via regional Donation Point of Contact (DPOC) and attach **FRM1602/FRM6342** to the donor file.
- To re-contact the GP practice the next working day if **FRM1602/FRM6342** has not been returned

Restrictions

- This SOP is to be utilised by qualified and trained SN. In the event of a SN who is in training, this SOP is to be utilised under supervision Access to ServiceNow

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

⚠ Advice

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

In certain circumstances, discussing the relevant medical history with an additional healthcare professional other than a GP may be appropriate; this may include an advanced nurse practitioner and/or a physician's associate.

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 SN 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, SN 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 SN.

2.2 A conversation with the GP should be voice recorded or witnessed where possible as per SOP3649 and **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 Any significant clinical information obtained from the GP must be recorded on DonorPath so it is visible to the transplant centres. There is no requirement to specifically document when the answer is "NO" to any of the above questions. 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 including relevant vaccination history. If available, request that this is e-mailed to DFCS 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 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.

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 DFCS by email to request **FRM1602/FRM6342** be forwarded to the secure email. Please direct your email to the correct Cluster using the email address below:

- Cluster 1 – odtdrd.cluster1@nhsbt.nhs.uk

- Cluster 2 – odtdrd.cluster2@nhsbt.nhs.uk
- Cluster 3 - odtdrd.cluster3@nhsbt.nhs.uk

2.9 Provide 3 PID's (plus Referral ID or ODT number if known) to confirm patient's details. A template email is provided below

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Good morning/afternoon DFCS

*Please send the **General Practitioner Medical Report for Organ/Tissue Donation** for the above-named patient. I have provided 3 PID (plus Referral ID or ODT number if known) in the subject line.*

A documented discussion has taken place. I have confirmed the GP contact information, identifying the GP, practice name, telephone number and secure email address and documented this clearly in 'GP Contacts' section in DonorPath.

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

2.10 Where the GP has been contacted but the DFCS are unavailable (out of hours), the email can be sent for the DFCS to forward **FRM1602**/**FRM6342** the next working day.

⚠ Advice

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.

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

Follow **SOP3649** - Voice Recording of Organ Donor Clinical Conversations – for guidance with the voice recording process.
In the case of IT failure, voice recording is to be used if secure email isn't available. If voice recording is also affected, then the SN 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.

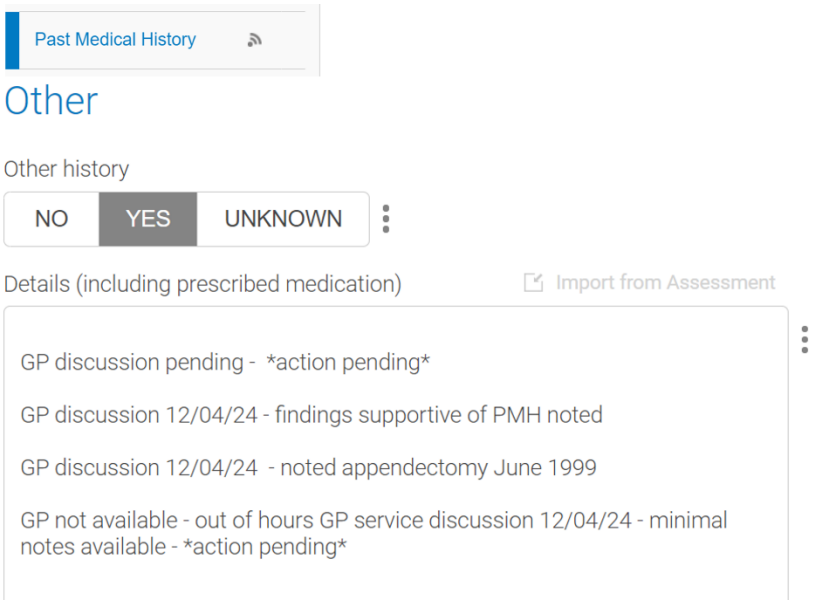
3. Document information received from GP

3.1 It must be documented in DonorPath 'Other History' within the 'Past Medical History' section that the GP conversation has taken place or is pending.

3.2 Document any additional 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.

3.3 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.

3.4 Documentation examples could include:



4. Handover

4.1 Where 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.

4.2 Where there is no registered GP, the SN must clearly document on **FRM5499** - SN to DFCS Handover Form (in the "**Any other actions required for the DFCS**" section) that there is no registered GP and no requirement to send FRM1602/FRM6342.

5. Review of completed FRM1602/FRM6342 by SN

⚠ Advice

In all circumstances, where the SN has made contact with the GP, it remains the responsibility of the SN/DPOC to review the completed FRM1602/FRM6342

5.1 The SN who undertakes the comparison of the information documented in the Medical and Social History (**FRM4211**) and **FRM1602**/**FRM6342** does not need to be the SN 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 as detailed in Section 8 of this SOP.

5.5 If new information has been identified prior to completion of the retrieval process, 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 SNs 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 Lead Nurse or Regional Head of Nursing 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 DFCS 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 Lead Nurse/Regional Head of Nursing.

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 DFCS team informing them that review is complete and what actions have been taken if any.

8. Documentation of Actions

8.1 Locate uploaded **FRM1602/FRM6342** in the Attachment section on DonorPath.

8.2 Document in the Notes sections of the Attachment that **FRM1602/FRM6342** has been checked as per section 5 of this SOP and the specific actions undertaken. Sequence of Events may be required in addition for good documentation of actions taken

8.3 State the 3 specific acceptable points of PID used as identifiers e.g., Referral ID/ODT Number, Date of Birth, Name, NHS number/CHI number

8.4 8.4 If received post donation, detail where appropriate, which Transplant centres/TE's has been notified of the final report including which organ has been transplanted e.g., Birmingham-Liver, Newcastle-Heart.

8.5 8.5 Note the date and time RCPoC(s)/OTDT Clinical Administration Team (CAT) notified and the name of the RCPoC if alerted by telephone.

9. DFCS sending General Practitioner Medical Report for Organ/Tissue Donation Form

9.1 The DFCS will follow **SOP5049** – Donor Family Care Service (DFCS) Process Manual when requested to send the General Practitioner Medical Report for Organ/Tissue Donation Form.

9.2 If **FRM1602** or **FRM6342** has not been received after 2 working days, DFCS will escalate to the regional DPOC and/or Regional Lead Nurse in order to assist with follow up to GP Practice.

10. Declined and/or Non-Proceeding Solid Organ Donor but remains a potential Tissue Donor

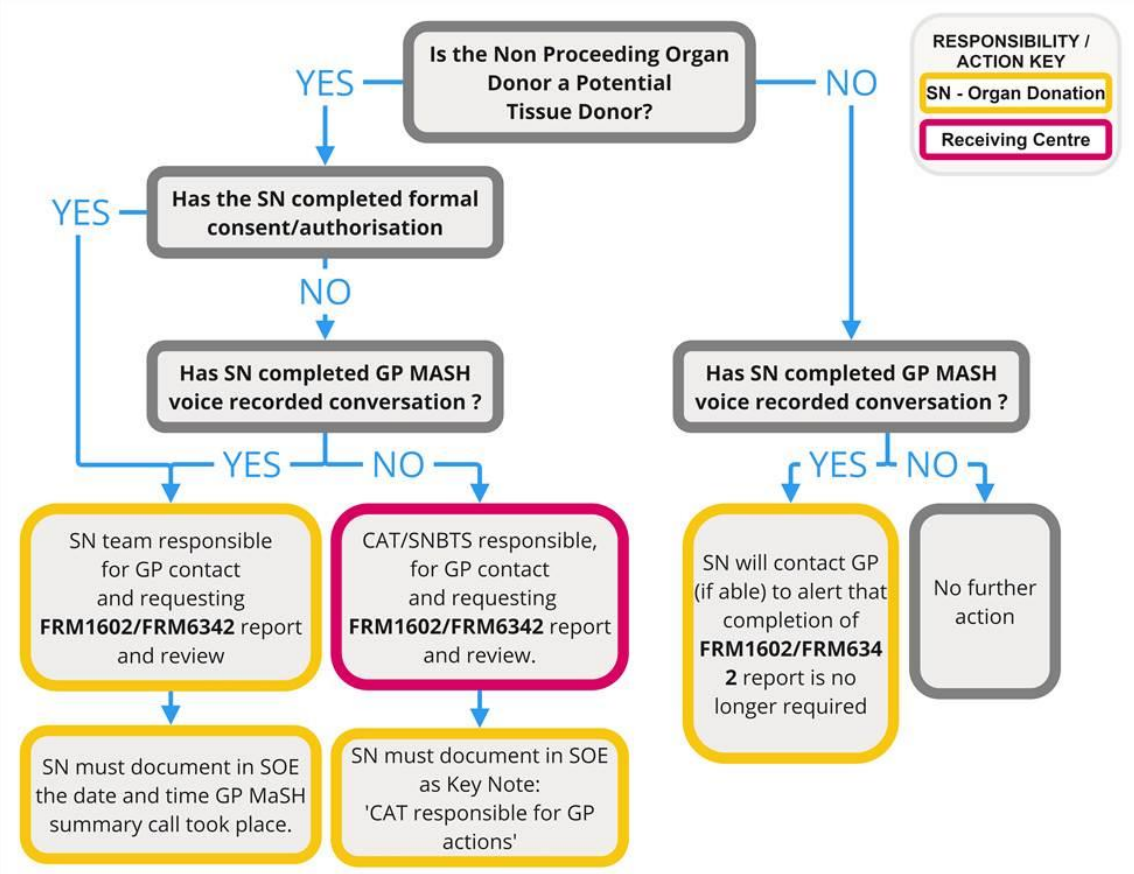
10.1 If organ donation is stood down (before consent/authorisation), but there remains potential for tissue donation and the SN **HAS** completed the GP MaSH summary call (questions as detailed in section 2), the SN is responsible for completing all outstanding GP actions.

10.1.1. As per section 2, document in sequence of events on DonorPath, the date and time that the MaSH summary call with the GP took place.

10.2 If organ donation is stood down (before consent/authorisation), but there remains potential for tissue donation and the SN **HAS NOT** completed the GP MaSH summary call, the OTDT Clinical Administration Team (CAT)/SNBTS will be responsible for contacting the GP.

10.1.2. The SN must document in SOE as Key Note: 'CAT responsible for GP actions' to handover GP actions to CAT.

10.3 If the SN has already completely the GP MaSH summary call and there is no potential for tissue donation, do not ask DFCS to send the GP Report. If possible, contact the GP Practice to advise that the email containing GP Report needs no further action.



End of Procedure

Definitions

- **DFCS** – Donor Family Care Service
- **SNBTS** – Scottish National Blood Transfusion Service
- **CAT** – Clinical Administration Team

Related Documents/References

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

Appendices

N/A

Training Plan for Documents:

Type of Change	Change to Existing Process	
Stakeholders who require training	**Trainee new to the process**	**Trainee trained to the previous revision.**
	Specialist Nurses including Specialist Requester and Lead Nurses for Organ Donation	Specialist Nurses including Specialist Requester and Lead Nurses for Organ Donation
Knowledge required prior to training	No prior knowledge	Trained to previous version.
Critical aspects of process	Provision of guidance and responsibility when communicating with the patient's general practice staff, to gain the past medical and social history of a patient by requesting the relevant information from a GP (General Practitioner) or other health care professional. A conversation with the GP must include a summary of relevant information relating to the patients' medical and social history to ensure safety in donation and transplantation. Stakeholders not trained to this process will not follow guidance. Failures to train stakeholders has the potential to adversely impact Donors, donor families and recipients. There is also a potential adverse impact on donating hospital staff and NHSBT (reputational damage).	

Training Plan:

	Trainee new to the process	Trainee trained to the previous revision.
Recommended Training Method	Training with regional team during supervision: · Formal training package	Training with regional team: • Read and • Formal training package
Assessment	• FRM511	• FRM511
Cascade Plan	Trained members of the regional team including but not limited to /mentor/PDS/Quality Leads who have been trained in the process.	Author trains department managers or key trainers, who then cascade training to their department.

Training Score – Training Plan Risk Matrix (Collapsible – Click ▶ icon to open/close)

Use the *Training Plan Risk Matrix* to identify the training method and assessment required.

The *Process Criticality Score* is determined by the potential impact on donor/patient safety and/or product quality using the table below for guidance:

	Impact on Donor, Patient safety or product quality
1. Negligible	A process whose failure, in full or in part, **cannot** impact product quality, patient/donor safety or the ability to supply products/services.
2. Minor	A process whose failure, in full or in part, **may**: (i) impact other processes thereby indirectly impacting product quality, patient/donor safety (e.g. harm only results where multiple failures in multiple processes align) (ii) result in the discard of a small number of replaceable products and/or (iii) result in an inconvenient delay to the supply of products/services (e.g. delay of 1-3hrs of non-urgent product/service).
3. Moderate	A process whose failure, in full or in part, **may**: (i) indirectly impact product quality, patient/donor safety (e.g. harm only results where failures in more than 1 process align) (ii) result in the discard of a medium number of replaceable products and/or (iii) result in a temporary delay to the supply of products/services (e.g. delay of 4-12hours of non-urgent products/services).
4. High	A process whose failure, in full or in part, is **likely** to: (i) directly impact product quality, patient/donor safety

	(ii) result in the discard of a large number of replaceable products (iii) result in the discard of an irreplaceable product and/or (iv) result in a delay to patient treatment.
5. Very High	A process whose failure, in full or in part, is **certain** to: (i) directly impact product quality, patient/donor safety (ii) result in the discard of a large number of replaceable products (iii) result in the discard of an irreplaceable product and/or (iv) result in a delay to patient treatment.
Process Criticality Score	3

The *Criticality of Change Score* is determined by assessing the nature of change(s) and complexity of the process using the table below for guidance.

	Change to Trainee(s)
1. Negligible	An existing process to which no material changes are made. E.g. format changes, minor clarifications of existing practice, fixing typos.
2. Minor	An existing process to which new information is added but where changes to existing knowledge and practices are minimal. E.g. clarifications that tighten existing practices
3. Moderate	An existing process of low complexity with material changes requiring different people to take action and/or people to change the tasks they perform. E.g. new roles/responsibilities, changes to the order of existing tasks, new tasks
4. High	A new process of moderate complexity, OR An existing process of moderate complexity with material changes requiring different people to take action and/or changes to the way tasks are performed. E.g. New roles and responsibilities, changes to tasks and/or the order in which tasks are performed, changes in equipment/materials, changes to values, measures or settings.
5. Very High	A new process of high complexity, OR An existing process of high complexity with material changes requiring different people to take action and/or changes to the way tasks are performed. E.g. New roles and responsibilities, changes to tasks and/or the order in which tasks are performed, changes in equipment/materials, changes to values, measures or settings.
Criticality of Change Score	3

Training Plan Risk Matrix:

Process Criticality

Criticality of Change	1. Negligible	2. Minor	3. Moderate	4. High	5. Very High
1. Low	1	2	3	4	5
2. Moderately Low	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. High	4	8	12	16	20
5. Very High	5	10	15	20	25

	Trainee new to the process	Trainee trained to the previous revision.
Process Criticality Score	3	
Criticality of Change Score	4	3
Training Score	12	9

Recommended Training Method and Assessment:

Training Score	Level of Risk	Examples of Training Methods	Examples of Assessment
1 - 3	Low	Read only	Record on FRM511 only
4 - 8	Manageable	Email, team brief, word brief	Knowledge/Observation Check & FRM511
9 - 14	Medium/Significant	Formal training package	Knowledge/Observation Check & FRM511 or FRM5076
15 - 25	High	Practical	FRM5076 or equivalent