

# Provision of lifelong care from a GP's perspective

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**WHY AM I HERE?**

- ▶ Daily life of a GP
- ▶ Overview of Fairlie House Nursing Home
- ▶ Problem areas
  - GP
  - Hospital
  - Patients: Case studies
- ▶ Solutions

# Just a GP

## ▶ Current Jobs

- Salaried GP
- Darzi Fellow
- Urgent Care Centre (St Thomas' Hospital)

## ▶ Qualifications

- B.Med.Sci (Hons), MBBS (Imperial College), MRCPGP
- DRCOG, DFSRH, P.Dip.MSK

# Courses/ Qualification

## ▶ Hospital Experience (2003- 2008)

- HO: Care of elderly, gastroenterology, cardiology, general surgery & orthopaedics
- SHO: A+E & renal
- Australia: A+E, O+G, cardiology, psychiatry, addiction medicine, endocrine, haematology & paediatrics

## ▶ Courses

- Expedition Medicine Course in North Wales
- Improving Patient Safety In General Practice, St Thomas' SaIL Centre
- Paediatric Emergency Treatment and Advanced Life Support (PETALS)
- Acute Life Threatening Events Recognition and Treatment (ALERT)

# Daily life

- ▶ 50 patient interactions per day
  - 28 patients face to face
  - 12 mins per patient
- ▶ Case Mix
  - Testicular pain, cellulitis, DM, PCOS, Paediatrics, Back pain, Crohn's diagnosis, Post-natal, Infertility problems, Medication review, Verruca and Mental health (x5)

# Fairlie House

- ▶ 44 patients over 4 units
- ▶ Age Range 21-80 years
- ▶ Case mix:
  - Spinal Cord Injuries 5
  - Ventilated patients 10
  - Tracheostomy 20
  - P.E.G. 30
  - Minimal Awareness 15

# Problem with GP

- ▶ General
- ▶ No support or education or experience
- ▶ Mainly acute care of housebound pts
- ▶ No relationship with staff



# Hospital

- ▶ Discharge summary
- ▶ Annual follow up
- ▶ No link to GP/careers
- ▶ No awareness of wider issues
- ▶ Local hospital care

# Case study 1

- ▶ 25 year old female, Intraspinal haemorrhage from medulla to T4, 2005

## Problems

- Adult safe guarding issues
- At risk of unplanned pregnancy
- Catatonic depression
- Multiple arrhythmic inducing medication

# Case 2

- ▶ 21 year old with acute axonal neuropathy with bulbar dysfunction
  - PEG fed and ventilated
- ▶ Problems
  - Capacity
  - Refuses PEG feeding, refuses physiotherapy and refusing medication
  - Wants to smoke, drink and have parties

# Patients

- ▶ Highly stressed/ anxious when discharged
- ▶ Highly knowledgeable
- ▶ Those who can't express
- ▶ Family
- ▶ Compliance/ independence
- ▶ Housing/ financial

# Solutions

- ▶ More relevant discharge summaries
- ▶ Booklet with key information
- ▶ Email/ Skype
- ▶ Follow Up
  - If hospital- can't link so just one visit?
  - If HV: to include GP
- ▶ Education for GP (preferably before patient discharged)