

STANDARD OPERATING PROCEDURE SOP 3632/3

General Practitioner Assessment

This SOP replaces

SOP3632/2

Copy Number

Effective

15/12/14

Summary of Significant Changes

New document layout. Highlighted urgency for contacting GP throughout the characterisation process. Removal of unnecessary wording and paragraphs

Purpose

This document outlines to the Specialist Nurse – Organ Donation (SN-OD) how to gain the past medical and social history of a patient, by requesting the relevant information from a GP

Responsibilities

SN-OD and/or TM

To communicate with the patient's GP as soon as is practicable, including contacting out of hours GP services.

To ensure [FRM1602](#) is faxed to the patient's GP as soon as possible.

To contact all necessary stakeholders (Tissue establishments, RCPOC, Duty Office) if any medical and/or social history has a potential impact on organ and/or tissue transplantation and document on [FRM4373](#).

Compare information obtained during the donor characterisation/patient assessment process against the information documented on the [FRM1602](#)

Administration Team

To fax [FRM1602](#) to the GP practice.

To receive completed [FRM1602](#), inform the SN-OD or TM and link the form to the donor file.

Items Required

[FRM1602](#) – Fax – General Practitioner Medical Report for Organ/Tissue donation

[FRM4211](#) - Patient Assessment Form

[MPD867](#) – Information to be Communicated to Recipient Centres.

[SOP3649](#) - Voice Recording of Organ Donor Clinical Conversations

[FRM4373](#) - Record of Post Donation Ad Hoc Communications

[FRM4212](#) – Organ Donation Clinical Pathway

[POL162](#) – Donor Characterisation

[SOP3888](#) - Reporting an Organ Donation or Transplantation Incident to NHSBT

[MPD881](#) - Findings Requiring Additional Action

NHSBT Guidance on Handling Person Identifiable Information:

<http://nhsbtweb/userfiles/final%206%20IG%20proofs.pdf>

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Introduction

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

The SN-OD & Admin team must be aware of the sensitive manner in which to communicate with the GP practice staff, as they may not be aware of the patient's admission and condition in hospital.

SNOD

1. Confirm GP contact information during family conversation

1.1. Identify GP, practice name, address, and telephone number.

NOTE

Best practice is to gain verbal agreement with NOK/person ranking highest in the qualifying relationship prior to contacting GP; however there are circumstances where NOK/ person ranking highest in the qualifying relationship cannot be contacted. In these situations clinical judgement needs to be exercised and contact can be made if appropriate e.g. if the patient is on the ODR.

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

- 2.1 Speak directly to GP or request urgent call back as soon as possible. If out of hours, SNOD must attempt to contact local out of hours service.
- 2.2 Confirm the potential donor's past medical, social history or any other information that may be relevant, at the earliest opportunity, to identify if any contraindications to donation exist – [POL188](#).
- 2.3 Some GPs are able to generate a summary of medical and social history, if available request this to be faxed to the donor hospital at the time of donation or to the regional office post donation.
- 2.4 Inform them [FRM1602](#) will be sent which they will need to complete urgently.
- 2.5 In cases of DCD [FRM1602](#) can be sent prior to the patient's death as long as you have already spoken directly to the GP.
- 2.6 As per [SOP3649](#) document time and date of conversation in Organ Donation Clinical Pathway [FRM4212](#).

NOTE:

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.

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3. Document information received from GP

- 3.1 Document information received from the GP onto EOS as part of the Donor characterisation process pre-donation.
- 3.2 If GP contact has been made after offering has commenced and new information has been made available, then the RCPoC's and Duty Office must be informed.

4. Handover

- 4.1 If GP has not been spoken to, then this must be highlighted during the handover to the oncoming/on call SN-OD, who must continue to attempt to make contact with the GP. This must be done as a priority.
- 4.2 Following verbal contact with the GP, ensure that the GP fax has been sent.

ADMIN and/or SNOD (responsibility to be agreed locally)

5. Send GP fax to GP Practice as soon as possible following notification If the information below has not been confirmed during the Characterisation process

- 5.1 Speak to the GP practice staff to –
 - confirm patient identity and detail reason for completion
 - obtain a secure GP fax number
- 5.2 Request that the GP complete [FRM1602](#) and fax back to the agreed number as a matter of urgency.
- 5.3 Fax [FRM1602](#) to the GP practice if required.
- 5.4 Document on [FRM4373](#) date and time when [FRM1602](#) sent

6. Receipt of fax

- 6.1 On receipt of [FRM1602](#), if returned to the ODST office, identify the relevant donor and inform SN-OD/On call/TM that it is ready to be reviewed. Provide SNOD/On call/TM with either hard copy or electronic copy of completed [FRM1602](#) for review.
- 6.2 Date stamp and scan copy of the completed form into electronic donor file.
- 6.3 Place hard copy of [FRM1602](#) in the donor file.
- 6.4 Recontact the GP practice the next working day if [FRM1602](#) has not been returned.
- 6.5 If [FRM1602](#) has not been received after 2 working days, escalate to the TM.

7. Management of signed GP fax

- 7.1 Once informed that SNOD has reviewed [FRM1602](#), update electronic and physical donor file with signed copies.
- 7.2 If SNOD has checked [FRM1602](#) remotely, ensure email confirmation has been received which confirms 3 points of PID, and that [FRM1602](#) has been reviewed and checked against EOS. Email must state if no new information has been received or if new information has been received and any actions taken.

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SNOD

8. Review completed [FRM1602](#)

- 8.1 The SN-OD/TM who undertakes the comparison of the information documented in [FRM4211](#) and [FRM1602](#) does not need to be the SN-OD or TM who undertook the donor characterisation process.
- 8.2 Check 3 points of PID on [FRM1602](#) with [FRM4211](#) and EOS to ensure it is the correct donor
- 8.3 Compare the information on [FRM1602](#) against [FRM4211](#) and EOS.
- 8.4 Identify if there is any new information or discrepancies

9. No new information identified

- 9.1 If checking hard copy, sign and date front page of [FRM1602](#) and annotate 'No further action required'.
- 9.2 If checking remotely ensure email confirmation includes - 3 points of PID and, [FRM1602](#) is reviewed and checked against EOS and [FRM4211](#). Email must state if no new information received or if new information has been received and actions taken.
- 9.3 Inform the admin team that review is complete.

10. New information identified or discrepancy in information that HAS the potential to impact on transplantation

- Discuss with TM or RM on call immediately
- Refer to [MPD881](#)
- Contact RCPoC/TE's as per [MPD867](#), ensure conversations are voice recorded
- Inform the Duty Office
- Document all conversations in [FRM4373](#)
- Complete Incident report as per [SOP3888](#)
- Sign and date [FRM1602](#) annotate with 'Action taken – see [FRM4373](#)
- Place in donor file
- Inform the admin team that review is complete

11. New information identified or discrepancy in information that does NOT have the potential to impact on transplantation

- Discuss with TM
- Inform RCPoC/TE's/Duty office if required
- Sign and date [FRM1602](#) annotate with 'Action taken – see [FRM4373](#)
- Place in donor file.
- Inform the admin team that review is complete.