Case 3: Dev

Case for discussion

Dev is 78 and lives alone following his wife's death last year. He has type 2 diabetes, chronic kidney disease and eczema.

Dev submits an online request for repeat prescriptions for his routine medications, adding a note giving his home blood pressure and blood glucose readings (both normal). At his last review 9 months ago, Dev's blood pressure was slightly raised and his diabetes and kidney disease were moderately well controlled.

How would this request be managed in your practice? Focus on access and triage issues, not the clinical management of Dev's condition.

Consider what might happen if…

A. **Support staff send Dev a text asking him to send more home readings** of his BP and blood glucose. Would Dev get a repeat prescription if they were within target range?
B. **Dev is advised to book in with the long-term condition nurse for a review**. Would a repeat prescription be issued meanwhile? What would happen if he didn't make book in?
C. **Dev is asked to attend for an in-person review** with the long-term condition nurse, including on-the-day urine and bloods. What would trigger a 'required' in-person review in your practice? Might anyone slip through the net?
D. **The practice protocol flags that Dev has complex needs** and offers him an in-person review with his regular doctor. What kinds of patients would be flagged for a 'regular doctor' review in your practice?

The safety incident

Dev was registered with a practice that managed long-term condition patients mainly by exchange of text message. He was not seen in person for 18 months and during that time his health deteriorated. He developed vascular complications secondary to his diabetes and required hospital admission and an amputation of his toes. During the admission a diagnosis of probable dementia was made.

*This case highlights the need for systems and processes to identify patients who have **markers of clinical and social complexity** for review in person.*

***People's circumstances change over time** and they may not recognise or share this, conveying the impression that everything is OK when it isn't.*

Checklist for practice discussion

What features of Dev's case should have alerted you to the need for an in-person review? Would such a review have been triggered in your practice?	☐
What systems and processes do you have for requiring an in-person contact for long-term condition review or repeat prescription request?	☐
Discuss examples of your own patients who would normally need in-person review.	☐
How do you manage continuity of care for patients with complex needs? Could you improve this – and if so, how?	☐
What systems exist to manage failed or ineffective digital contacts (e.g. when patients send in self-monitoring readings that appear implausible)?	☐

Learning outcomes

On completion of this exercise, we hope that staff in your practice will be better able to:

1. Identify conditions and patient-level features that make remote assessment more difficult.
2. Recognise the risks associated with remote management of patients who have multiple markers of clinical and social complexity.
3. Ensure safe long-term condition reviews for patients with complex needs.