

Case 4: Mohammed



Case for discussion

Mohammed, an 80-year-old Kurdish man, is worried and embarrassed about urinary symptoms he is experiencing (poor stream and dribbling after peeing). He finds these symptoms embarrassing. They are progressing.

Mohammed has read in the newspaper that GP practices are overwhelmed, and he is worried about being a burden. Eventually, however, his symptoms are so troublesome that he attempts to call the practice by telephone.

What would happen at your practice? Which team members would be involved? Focus on access and triage issues, not Mohammed's clinical management.

Some options which you may consider

- A. When he phones, **Mohammed is advised to complete an online booking form**. Would this happen in your practice? What do you think Mohammed (who is not confident with computers) would do next?
- B. **Mohammed remains on hold for 40 minutes and then he puts the phone down** without any communication with the practice team. His assumptions have been confirmed – they don't have time for him. Could patients in your practice be 'turned off' in this way?
- C. Mohammed reaches the reception team on the telephone, but **he is reluctant to disclose the urinary symptoms to a receptionist** and feels defensive about being questioned. What would happen in your practice if a patient refused to say what the problem was?
- D. **Mohammed is known to the social prescriber or health advocate**, who is aware that there may be cultural reticence about discussing intimate symptoms with a female member of staff. How do these or similar staff groups contribute to access in your practice?

The safety incident

Mohammed uses his daughter's computer to access the practice website but is confused by the options and terminology. He gets frustrated filling in the online request form, and duplicates information across many pages. Eventually, he manages to submit his request. The reception staff schedule him for an urgent telephone call-back, but the text messages go to his daughter's old mobile number, which was never updated on the system. The practice attempts to call his landline. He misses the call and is marked DNA (did not attend). Mohammed assumes that the practice did not think his request was serious enough. Many months later, Mohammed is diagnosed with advanced prostate cancer.

*Some patients find triage by receptionists **off-putting**. The alternative, online requests, requires patients to be **digitally equipped, digitally literate and willing**. Not all patients are. The digital access pathway has inherent risks.*

Checklist for practice discussion

Were there any routes in your practice that would have contributed to this patient's disaffection and sense that the practice didn't care about him?	<input type="checkbox"/>
What safety nets exist in your system for patients who have issues that they don't want to discuss with receptionists?	<input type="checkbox"/>
What systems are there to manage failed contacts (e.g. missed calls, DNAs) for remote consultations?	<input type="checkbox"/>
Might your online booking request form benefit from redesign?	<input type="checkbox"/>

Learning outcomes

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

1. Accommodate patients who are embarrassed or otherwise reluctant to share key details with reception staff.
2. Identify and address barriers to safe care for patients who are less confident or capable in using online access tools.
3. Ensure that systems are in place to pursue failed contacts.