

Common Practice Queries



How can the practice communicate live patient issues?

Please report any clinical concerns or patient safety incidents via DATIX by accessing the following link: <https://web.pdrpartner.co.uk>. This can also be found in your Relationship Executive's email signature.

Any LIVE service or patient issues must be raised via nhssupport@pushdr.com or **0330 808 8007**. The NHS support team are available during opening hours to resolve your concerns where possible or signpost your query to the appropriate team.

Why is the PD Admin Task Team/Group set up important?

So that PGP's (Push Dr GPs) can communicate with your practice, we need every practice to have set up a PD Admin task team/group.

Due to the variation in process and set up of task groups across NHS practices the set up of this group is crucial. Without this in place there is a risk of tasks being missed, leading to a delay in patient care. Therefore, all Push Doctor tasks should be assigned to the PD Admin task team/ group. We ask that this team or group is set up and these tasks are monitored regularly by a dedicated person or team within your practice, who can signpost the tasks to the appropriate team member.

Please ensure the user group is titled '**PD ADMIN**' as this is where the PGPs are trained to assign tasks. If your team requires a guide on how to set up teams/ groups or you feel this process is not being followed correctly, please contact your Relationship Executive.

Why is the PD Referral Folder set up important?

To reduce the likelihood of PGPs completing incorrect referral templates or providing the incorrect local referral information we ask that all of our partnered practices have a PD Referral folder in place. The PD Referral folder must contain all relevant up-to-date referral templates for our doctors to complete. As a minimum, this must include **2ww** referrals and the most common referral templates.

PGPs are advised to complete referral templates where possible and are trained to find the appropriate forms in the PD Referral folder.

Please ensure that the forms are clearly labelled. If there is any doubt over which template to use, the PGP will provide the relevant clinical information in the form of a referral letter. The referral letter will be sent as a task via the PD Admin Task Team/Group for the practice to then facilitate. With the PD Referral Folder in place, this should reduce this occurrence.

Once the correct referral template has been completed and saved to the patient notes, the PGP will then raise a task via the PD Admin Task Team/Group for your practice to send the referral. Due to national variance, PGP's do not send referrals directly to secondary care and will always task this to your practice to send.

If your team requires a guide on how to set these up properly or you feel this process is not being followed correctly, please contact your Relationship Executive.



Why is the practice receiving tasks to arrange prescriptions?

PGPs will always endeavour to prescribe via EPS. If a PGP does task your practice a prescription, this is typically due to a system error or an EPS set up issue that they cannot override. In this instance, the PGP will issue the prescription and select print later. They will then send as a task to your practice via the PD Admin Task Team/Group notifying you of the prescription; requesting that this prescription is facilitated as per your practice prescription process. The PGP should manage the patient's expectations as to when they should receive the prescription however, on these occasions the GP may ask you to inform the patient directly as to where and when to collect their prescription. If a same-day prescription is required, the task will be marked as urgent.

When the task is sent through, the PGP should make it clear why they have had to task through on this occasion. If this is not the case, or if your practice has EPS set up correctly, please escalate to your Relationship Executive and we can raise this with the PGP as per Push Doctor's internal process.

If the PGP has had to change the patient's nominated pharmacy during the consultation, due to the patient usual pharmacy being closed, the GP will task the practice to rectify the nomination to the original pharmacy post consultation.

Why should our practice not task a PGP directly?

PGPs see patients from multiple surgeries all over England and in some cases may not pick up a patient from your practice for several days or weeks, therefore we ask that you do not issue our GPs tasks as this is not safe or in the best interest of the patient.

If you have any concerns regarding a task or referral, or you require any form of communication with the PGP, please email nhssupport@pushdr.com with full details and we can help you to resolve.

Why is the practice receiving tasks to arrange tests?

PGP's can order relevant tests through ICE if access is provided by your practice. The PGP will also send a task to your practice via the PD Admin Task Team/Group to make you aware of the test, including any identifier or reference number that is generated when ordering. Your practice will then need to make any local arrangements as required, such as printing necessary forms, relaying booking instructions to the patient, scheduling appointments, etc.

If a PGP does task your practice to order tests, this is due to an online booking system not being available or it not being possible to book the required test online. When the PGP tasks this through, they should explain what test is required, why it is needed and the timeframe for the test. If this is not the case, please escalate to your Relationship Executive and we can raise this with the PGP as per our internal process.

Why are patients being referred for Face to Face appointments during Covid19?

Push Doctor successfully provides a medium whereby safe and effective care and treatment can be delivered; however, additional examination is sometimes required. Push Doctor encourages our PGPs to use their clinical judgement and establish whether it is clinically appropriate to treat the presenting patient remotely.

In some cases, the PGP may feel that physical examination is required or that the patient needs the continuity of care from their NHS GP. In this case, the PGP may refer the patient back to the practice for a face-to-face appointment by tasking the PD Admin Task Team/Group.

As you can see from our clinical flow the PGP should manage the patient's expectations regarding how the face-to-face consultation will be arranged.

If you need any assistance on the topics covered above, please get in touch at:

nhssupport@pushdr.com