NHS
Hampshire and Isle of Wight

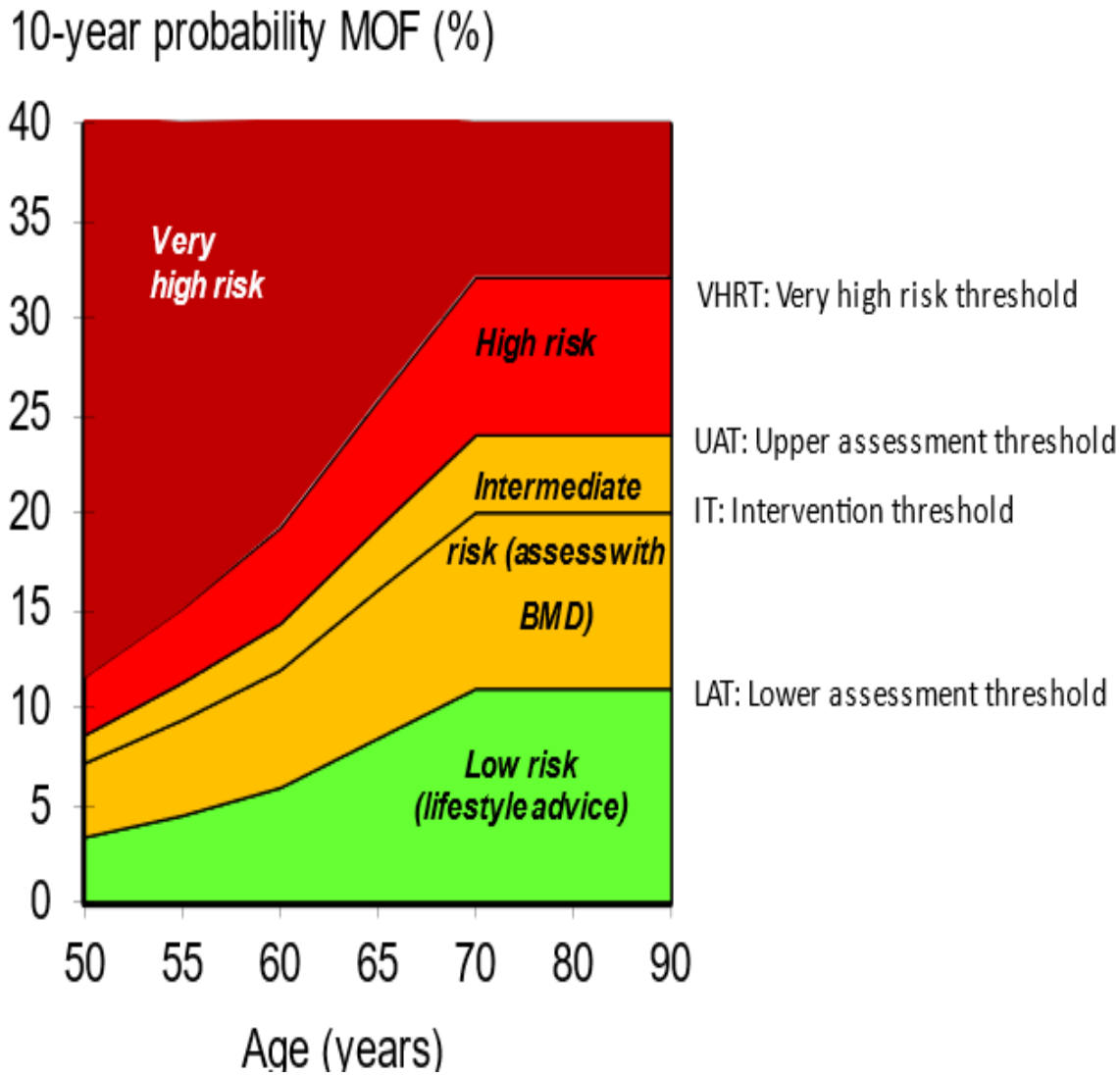



Managing Risk: A view from Primary Care, Dr Nina Silson

Named GP for Safeguarding Adults and Children, Portsmouth
Named GP for Safeguarding Children, Southampton IOW

What does risk look like in Primary Care?

- Consultations frequently involve some assessment of risk
  - Medication
  - Lifestyle
  - Physical parameters
  - Medical history
- Working in isolation
- Tools and patient aids
- Statistics and research
- Involving the patient in decision-making



Covid and NHS reorganisation

Primary Care Networks

30-50,000 patients

Sharing of additional roles

Post-Covid surge

Mental Health and ageing population

Multidisciplinary Team meetings

e.g. Frailty

Increase in type of contacts with the practice – eConsult, photos, telephone triage and consultations, face-to-face

Other roles

Pharmacist

Social Prescriber

Mental Health Practitioner

Dietician

Case discussion - 26 year old Emma

PTSD, alcohol dependence, cannabis use, Pancreatitis, chronic abdominal pain, opiate misuse,

CSA, estranged from family, co-dependency with flatmate, unemployed,

Frequent caller to SCAS and attender to ED requesting Oramorph

Very difficult to make an objective pain assessment

ITU admisission

Ongoing alcohol misuse leading to hospitalisation likely to be fatal

‘Engages on her terms’

Current situation for Emma

- Emma consults with GP and Mental Health Practitioner
- Primary Care Practice Safeguarding meetings – sharing concerns and potential risks,
- MDT – High Intensity User Service at UHS, Pain Consultant, Mental Health, ED Psych Liaison service, SHARED RISK MANAGEMENT
- Ensuring consistency with her care plan – professionals having the same response
- Not engaging with substance misuse service or mental health support
- Adult social care referral for care support and advocacy

Case discussion- 92 year old Daphne

Lives alone	Dementia	NoK is a nephew who lives in Devon
Carers come once daily	Refusing personal care, concerns about skin integrity	Falls risk
Poor appetite	Can be aggressive towards professionals	Poor medication compliance

Risk Management – Self neglect

Carers referred to Adult Social Care
Section 42 meeting held remotely, NoK involved
GP discussed with SW prior
GP to visit regularly to review skin, physical and mental health
Built up a rapport, allowed examination, reassuring, regular review
Carers x4/day, community independence service
On balance not in her best interests to be moved
Recent re-referral to safeguarding due to falls risk, esp at night