TELEPHONE APPOINTMENT – SAYING NO TO TONSILLECTOMY

MODULE: SAYING NO TO TONSILLECTOMY

TARGET: ST1/2 GP TRAINEES STARTING GP PLACEMENTS

BACKGROUND

Trainees identified saying no to a request for an intervention which is possible but not available due to local or national guidance as an area of concern. Tonsillectomy is a good example of this as there is national guidance and sore throat is a common problem encountered by GPs. It’s important that trainees are able comfortably discuss guidance and reasons for this with patients.

MRCGP COMPETENCIES

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MRCGP CURRICULUM

1. Being a General Practitioner
2.01 The GP Consultation in Practice
3.15 Care of people with ENT, oral and facial problems

LEARNING OBJECTIVES

To feel comfortable saying no to a request that is for something not recommended by clinical guidance.

Specifically:
- To know the SIGN guidance for tonsillectomy
- To be able to explain the guidance and reasoning behind it to a patient
- To be able to tailor a discussion about guidance by bringing in the patient’s own health beliefs

SCENE SETTING

Location: GP surgery – telephone appointments.
Personal in scenario: GP trainee, Patient’s mum
Expected duration of scenario: 15 mins
Expected duration of debriefing: 15 mins
**DOCTOR BRIEFING**

You are a GP trainee in a GP practice placement. You are working through your morning telephone call list.

Your next call is:

<table>
<thead>
<tr>
<th>Name</th>
<th>Rosa Elliott</th>
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<tbody>
<tr>
<td>Reason for call</td>
<td>Mum calling, wants to discuss tonsillectomy</td>
</tr>
<tr>
<td>Age</td>
<td>8</td>
</tr>
<tr>
<td>Past medical history</td>
<td>Tonsillitis – 1 recent episode (see below), 1 episode 4 months ago</td>
</tr>
<tr>
<td>Social history / occupation</td>
<td>Lives with mum and dad</td>
</tr>
<tr>
<td>Repeat medications</td>
<td>Nil</td>
</tr>
<tr>
<td>Allergies</td>
<td>Nil</td>
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<tr>
<td>Last consultation</td>
<td>2 weeks ago:</td>
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<tr>
<td></td>
<td>3/7 hx of sore throat, no cough, mild temperature, not eating as much, drinking well, breathing fine, no rashes. O/E Temp38, HR100, RR20, cap refill &lt;2secs, warm, well perfused, chest clear, no resp distress, tender cervical lymph nodes, bilateral tonsillar inflammation and exudates.</td>
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<td></td>
<td>Plan: Pen V 250mg qds for 10/7.</td>
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# PATIENT BRIEFING

**Your details**
You are Hannah Elliott Rosa’s mum

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**Opening statement**
I’m calling about my daughter Rosa, I wanted to talk to you about having her tonsils removed....

**Information to give**
- Rosa has now had tonsillitis twice in the last four months
- Both times she needed antibiotics and had to take a week off school
- You don’t want her to keep missing time at school and get behind
- So you want to find out about having her tonsils removed

**Information to give if asked**
- Rosa has now recovered well from the tonsillitis, she is back at school and has no symptoms
- She has not had tonsillitis before these two episodes
- She hasn’t had to have time off school otherwise
- You started to think about it when her teacher wanted to talk to you about why she’d had a week off so soon after the last time
- Rosa is doing well at school and is happy there
- Rosa is generally well in herself, she hasn’t had any other infections apart from normal childhood coughs/colds/tummy bugs but no more than other children
- She is eating and drinking as normal and growing
- You had your tonsils out when you were 14 and before this had a lot of time of school with episodes of tonsillitis. Rosa’s dad also had his tonsils out as a teenager
- You also worry about her having repeated courses of antibiotics, it might not be good for her immune system

**Attitude**
Concerned about your daughter, you don’t want her to have lots of infections needing antibiotics and more time off school. If the doctor gives a good explanation of the advantages and disadvantages of tonsillectomy and the reasons why it wouldn’t be suggested at this stage you will be happy with this advice. If there isn’t a good explanation you will feel it’s due trying to save money which isn’t fair to your daughter and will insist on referral or to talk to Dr Cunningham (senior partner).

**Possible questions to ask the doctor**
- Can you organise for Rosa to have her tonsils removed? But me and my husband both had our tonsils removed, why can’t Rosa? Is it because of cuts and money problems in the NHS? Will having lots of antibiotics cause Rosa any problems?

**Past medical history**
2 episodes of tonsillitis: one 4 months ago and one 2 weeks ago

**Social history / occupation**
Lives with mum and dad

**Repeat medications**
Nil

**Allergies**
Nil
CONDUCT OF SCENARIO 8

CONNECT
Introduce and check caller identity
I'm calling about my daughter Rosa, I wanted to talk to you about having her tonsils removed.....
Build rapport

SUMMARISE
Check your understanding of the problem
Avoid jargon

HANDOVER
Action plan – explanation of why tonsillectomy isn’t indicated

SAFETY NET
When this might change – explain criteria

LOW DIFFICULTY
No challenge to doctor saying tonsillectomy isn’t indicated

NORMAL DIFFICULTY
Questions as scripted – is this related to money etc but happy if explanation is given

HIGH DIFFICULTY
Remains unhappy even when good explanation given

Possible questions:
Can you organise for Rosa to have her tonsils removed?
But me and my husband both had our tonsils removed, why can't Rosa?
Is it because of cuts and money problems in the NHS?
Will having lots of antibiotics cause Rosa any problems?
DEBRIEFING – POINTS FOR FURTHER DISCUSSION

SUMMARISE
What information do you need to gather to get a good picture of why mum is calling?

- Notes – 2 documented episodes of tonsillitis, the most recent episode centor criteria met, treated appropriately with antibiotics
- The story from mum’s point of view
  - What’s happened, how has it affected Rosa, how has it affected her?
  - Exploring ICE:
  - What’s made her think about tonsillectomy now?
  - How does she think it would help?
  - What’s worried her most about what’s happened/ might happen in the future
- Is Rosa well otherwise or is there anything else going on

HANDBOVER
When should we refer someone to ENT to consider tonsillectomy?

SIGN guidance¹:

- Sore throats are due to tonsillitis
- The episodes of sore throat are disabling and prevent normal functioning
- Seven or more well documented, clinically significant, adequately treated sore throats in the preceding year
- Five or more such episodes in each of the preceding two years
- Three or more such episodes in each of the preceding three years
- You should also take into account whether the frequency of episodes is increasing or decreasing.

Do you know if you have local referral guidelines for tonsillectomy? What do they say?

How will you discuss this with mum?

Having your tonsils removed is an operation so it does come with some risks. Unless children are getting lots of episodes of severe tonsillitis we know that taking the tonsils out doesn’t actually reduce how often the child gets a fever and sore throat² or how much time they have off school.

But my husband and I both had our tonsils removed, why can’t Rosa?

Things have changed over the years because we know more now about when taking the tonsillitis is helpful or not. The guidelines are that children have to have 7 severe episodes in 1 year or 5 severe episodes in each of two following years for taking the tonsils out to reduce how many sore throats the child gets.

Is it because of cuts and money problems in the NHS?

No it’s because having the tonsils taken out is an operation and with any operation it’s important to think about what are the benefits and what are the risks? The main risks are risks due to having an anaesthetic, risk of bleeding afterwards which sometimes means going back into hospital and very rarely could be very serious and risk of infection. Also having your tonsils out is often quite painful and usually children will have about two weeks off school. So unless it’s clear that it’s really going to help the child we wouldn’t recommend going ahead and that’s why we have the guidelines.
HOUSEKEEPING

How confident are you at explaining the reasons behind this or other guidelines?

How do you feel when you have to say no?

How can you achieve a shared plan to move forwards?

• Can you explain your opinion / a guideline without sounding patronising or being too doctor centred – how does the patient feel about things after you’ve done this?

• Stay calm, use active listening skills, discuss their ideas/worries further – this helps you understand their view point:
  
  o Can you bring in the patients ICE to help you? E.g. in this case mum was quite worried that her daughter was going to have lots of time off school with tonsillitis so you could discuss the other side of that – how much time off school she would have if she had surgery, would surgery really prevent time off school in the future

  o Or in a different situation the patient might be right about what would be the best way forwards for them and discussing more might help you understand that

• Is it a situation where actually where the only clinically safe option is to say no – be calm but assertive, clearly outline the reasons for the decision, show empathy for the patients situation/objections and make sure the patient has chance to ask any questions

• Is it really or a yes or no situation – could you find some middle ground that your both happy with? Could you agree that you don’t agree but each to think about it further, perhaps you could give the patient an information leaflet to read and meet up again. Could you agree to a period of watchful waiting and then review things?

Centor criteria:

1 point for each of:

• History of fever
• Absence of cough
• Tender anterior cervical lymph nodes
• Tonsillar exudates

An increasing score is associated with an increasing likely of infection due to group A beta-haemolytic streptococcus1.

Consider antibiotics for a patient with acute sore throat and three or more Centor criteria (NICE guidance2).

RESOURCES


To be able to confidently and competently make acute referrals to secondary care Specifically:

- To be able to describe the components of SBAR
- To be able to use SBAR when communicating with other professionals
- To be able to outline what options are available if a referral is refused

**MRCGP COMPETENCIES**

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**MRCGP CURRICULUM**

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Mum requesting tonsillectomy for daughter who has had 2 episodes of tonsillitis in the past 4 months.

**SUMMARISE**

What information do you need to gather to get a good picture of why mum is calling?

- Notes – 2 documented episodes of tonsillitis, the most recent episode centor criteria met, treated appropriately with antibiotics
- The story from mum’s point of view
  - What’s happened, how has it affected Rosa, how has it affected her?
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- Is Rosa well otherwise or is there anything else going on

**HANOVER**

When should we refer someone to ENT to consider tonsillectomy?

SIGN guidance:\[1]\

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- You should also take into account whether the frequency of episodes is increasing or decreasing. Do you know if you have local referral guidelines for tonsillectomy? What do they say?

*How will you discuss this with mum?*

Having your tonsils removed is an operation so it does come with some risks. Unless children are getting lots of episodes of severe tonsillitis we know that taking the tonsils out doesn’t actually reduce how often the child gets a fever and sore throat\[1\] or how much time they have off school.

**But my husband and I both had our tonsils removed, why can’t Rosa?**

Things have changed over the years because we know more now about when taking the tonsillitis is helpful or not. The guidelines are that children have to have 7 severe episodes in 1 year or 5 severe episodes in each of two following years for taking the tonsils out to reduce how many sore throats the child gets.

*Is it because of cuts and money problems in the NHS?*

No it’s because having the tonsils taken out is an operation and with any operation it’s important to think about what are the benefits and what are the risks? The main risks are risks due to having an anaesthetic, risk of bleeding afterwards which sometimes means going back into hospital and very rarely could be very serious and risk of infection. Also having your tonsils out is often quite painful and usually children will have about two weeks off school. So unless it’s clear that it’s really going to help the child we wouldn’t recommend going ahead and that’s why we have the guidelines.

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Editor: Dr Andrew Darby Smith
Original Author: Dr Suzie Gill
HOUSEKEEPING

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How do you feel when you have to say no?
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- Any other reflections?

Centor criteria:

1 point for each of:
- History of fever
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An increasing score is associated with an increasing likely of infection due to group A beta-haemolytic streptococcus
d. Consider antibiotics for a patient with acute sore throat and three or more Centor criteria (NICE guidance).

RESOURCES

1. SIGN guidance 117: Management of sore throat and indications for tonsillectomy.
   http://www.sign.ac.uk/pdf/qrg117.pdf
2. NICE guidance CG69: Respiratory tract infections
GENERAL PRACTICE – SCENARIO 8 – PRE-TEACHING QUESTIONNAIRE

Please ring the score that reflects your views:

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<td>4. I can give clear safety netting advice over the telephone to a patient with a cough</td>
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GENERAL PRACTICE – SCENARIO 8 – TRAINEE FEEDBACK

Overall score out of 5:
The scenario covered material that was useful and relevant to me (1 = strongly disagree, 5 = strongly agree)

Will you use the information / ideas from this scenario? If yes how will you use them?

How could this scenario be improved for future participants?

Other comments?

Editor: Dr Andrew Darby Smith
Original Author: Dr Suzie Gill
**GENERAL PRACTICE – SCENARIO 8 – FACILITATOR FEEDBACK**

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn’t it go well?

How could the scenario be improved for future participants?