Primary & Secondary Care Interface Issues

Safety In Practice
Learning Session 4 – 27th June 2016
GPs feel that some referrals are not dealt with appropriately
- Barriers to admitting a patient acutely
- Long waiting times
- Referrals being rejected

Hospital Clinicians felt referrals to both emergency and outpatient services were insufficient – a dump of the consultation notes rather than a specific problem being raised.

Referrals to Secondary Care
GPs feel that sometimes the discharge communication
- Lacks Clarity
- Variability amongst prescribing clinicians (poly pharmacy)
- Variability amongst discharging clinicians
- Variability in the content / template used
- Repetitive every time an amendment is made
- Delay in getting the summary

Polypharmacy due to multiple physician involvement in patient care increases the risk of serious adverse drug events
Way of Communicating Opinion of Specialist to GP and Patient

- Not a computer assembled summary of everything
- Should be an overview
- Should highlight salient features for follow up

Lack of willingness of secondary care to accept responsibility when things go wrong shortly after discharge

Discharge Summaries

We need the diagnosis and what needs to be done, not a long letter with the salient point buried somewhere
Support Formal Communication

- Use of E-referrals
- Concerto
- Referral Acknowledgement / Appointment Time

- Telephone Conversation
  - At risk patients
  - High Risk medication
  - Important information
  - Advice and Referrals

Could we have a number to ring for complex patients or to clarify the discharge summary?
◆ Relationship building not process building

◆ Get to know each other

- Grandround
- GP CMEs
- Collaborative Initiatives

We used to have regular grand rounds at the hospital and we knew all the consultants.
Results

Secondary care order a large number of tests on patients. Sometimes we get copied without knowing. Sometimes we don’t get copied and we want to know.
Follow Up in Primary Care

- Inappropriate handing of responsibility to GP
- Sending patients back to be referred on
- Unrealistic expectations from primary care

Why do we have to chase tests ordered by secondary care?
The hospital receives inaccurate information when patient admitted so incorrect medicines are prescribed.

Patients leave hospital with a small supply of new medicines but it can take longer until the GP is informed of changes: in the meantime the pre-hospital medicines might have been prescribed again.

Patients think that medicines prescribed in hospital are different from those prescribed by their GP so take both.

GPs do not receive clear explanations for medication changes from the hospital so revert to pre-admission drugs.
◆ Discharge prescription faxed to the GP

◆ Patients at risk of medication problems after discharge are identified in hospital and then referred to the practice and pharmacist

◆ Patients are helped to self-administer medicines in hospital so they get used to their new medicines before they are discharged

◆ Discharge planning starts as early as possible in the hospital stay - MDT
Primary & Secondary Care Interface Issues

- Develop leadership with a defined responsibility for improving the interface
- Develop a shared care approach for patients treated in both primary and secondary care
- Create consensus on explicit task division and job sharing
- Develop guidelines that describe quality problems at the interface and seek solutions to such problems
- Develop an interface that contains the patient perspective
- Develop systems for appropriate information exchange to and from general practice care
- Reinforce interface improvement through education
- Facilitate team building across the interface
- Establish quality monitoring systems which focus on quality at the interface
- Establish a broad understanding of the need for cost effective use of the interface

Improving the interface between primary and secondary care: a statement from the European Working Party on Quality in Family Practice (EQuiP)

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“In general practice, patients stay and diseases come and go. In hospitals, diseases stay and patients come and go”