GP COMMUNICATIONS ACTION PLAN

FEBRUARY 2014

The latest UH Bristol GP & Practice workshops were held on 6th and 25th February 2014. Thank you to those who were able to attend.

Likes☺

We were grateful to receive positive feedback from attendees as follows:

Use of email / NHS.net -Grange Rd reported that the pilot of using nhs.net for their queries has been working really well
CDS -great improvement over last 6-8 months & really happy with it
Discharge Summaries - a definite improvement in both quality of the letters and timeliness of receiving them; Great improvement on pharmacy information
Patient text reminder service – Generally liked, UHBristol advised this has already had a positive impact on DNA rates
GPSU / Ambulatory Care Unit / Emergency Department - Excellent feedback in relation to the addition of the text box in the ED discharge letters; Really like the GPSU service, friendly approachable staff
Redevelopment/CSP- Really helpful to have an update of all the changes & planned changes
ICE - Stockwood advised they have really appreciated having a radiology point of contact for issues

Dislikes/Areas for Development☹

	ACTION
Plan to cease faxing / CDS	
• Need to ensure there is a process for any urgent issues so they can be flagged and dealt with straight away.	• *Negotiations are ongoing with the Commissioning Support & CCG, alongside the local community, to agree a sensible solution.*
CDS	
• Getting onto CDS can be difficult • Often letters aren't available as clinics aren't using it • Negative feedback has resulted in some staff not bothering to use it	• *Practice staff from South Bristol to meet with Fishponds staff to look at how CDS is managed* • *Maxwell to meet with staff as appropriate to offer further assistance*

as hard to find information • Instances where letters have not appeared on CDS and current process is they can request them to be faxed over • Issue raised with having to print off letters once received to then scan and upload in to e-mis • Feeling that the move makes things easier for UH Bristol but passes additional work to the practices	• *Maxwell Allen to attend Stockwood Practice to assist with some current issues before they fully implement CDS* • *Maxwell Allen to complete guide and organise circulation to all Practices*
Discharge Summaries	
• Too long & too much unnecessary information, just want to know – what have you done; what will you do or what they've got, what happened, what's next • Would prefer use of codes • Should read 'have you screened for dementia' not 'patient has' • Telephone numbers on letters have no-one to answer/no answer machine.	• *Practice teams to raise any specific issues /queries in relation to discharge summaries with Nick Harvey.*
Clinic letters/Digital dictation	
• Discharge letters are where there are issues • Feeling that secretaries aren't trained properly to use it, too many temporary staff • Poor or no clinic letters for urology • Clinic letters for diabetes take several months • Early pregnancy clinic very poor – feedback is that approx. 80% of patients have no letters so GP's often unaware of problems & may then send out future maternity appts causing distress • Clinic letters go to wrong GP, not always the one who referred • Dr Murray from Student Health requested a 'GP Action' heading either separately or as a sub-heading within the 'Plan' section. There can be confusion over whether the plan is being actioned by the hospital or a request is being made to ask the GP to do it.	• *MM fed back that some typing has been outsourced but once digital dictation rolls out this will improve.* • *Confirmed no longer with UHBristol, service with NBT* • *To feed back to divisions (JH). Practice staff to keep UHB informed of ongoing issues so they can be raised and managed as they arise* • *Need to look into this, does the patient get listed by referring Dr or practice (CM)* • *Mike Milton to look into this*

General	
• Still receiving letters without a contact number. Example given of a letter stating no funding approved. Staff weren't clear, were passed back to switchboard 4 times to go to different departments then asked to send in further information. • DNA letters – can this include the contact details used for the patient? GP doesn't know if correct information used. • Patients often cancel then get a DNA letter – poor communication & 'punishing' patients • Why don't we ring the patient when they DNA to find out why? • Re-referral – why do we request a 'fresh' letter?	• *To feed back to divisions (JH). All letters should have correct contact number/department title/address* • *May be able to roll out an email address for updating patient change of address (MA)* • *Look at using spine for patient details? (SG)*
ICE/Radiology	
• Often you will get the end & it will ask' do you have correct information' if everything is ok apart from the address you have to add free text • Results often come back to the wrong Dr – looking at EMIS • GPs can't always find the examination type so default to a hard copy request, UH Bristol advised that you can use the search function which should list all possible examinations • UH Bristol advised we have had a high number of non-responders for direct access ultrasound, patient is supposed to call to book slot.	• *Steve Gray to look at this* • *Practices share with their teams the search function on ICE. For any examinations not on the list, please email gpliaison@uhbristol.nhs.uk and we can add them* • *Practices let us know of any specific issues in relation to direct access ultrasound and any feedback on the reports would be useful*
Outpatients	
• Large 'Costa' signage • Can we text to say you have missed an appointment as well as you have an appointment • Patients don't like ringing call centres; they want to book in advance • Dr Murray from Student Health advised that in particular student's addresses are constantly changing whereas email addresses remain	• *CM updated that feedback to appointment centre was generally good. Requested that any complaints from patients be bought to her attention so we can address issues. Booking too far in advance*

constant, could we be using email as a main point of contact?	*can lead to DNA but we could book if patient really wanted us to on the understanding that it may need to be cancelled.* • *Cat McElvaney updated that Practices can use the Spine to update patient details directly or phone the appointment centre who would be happy to do this. We are also looking at patient self-update on our website.* • *Cat McElvaney advised this is certainly being discussed as has also been raised by patients and will continue to be looked at but is not imminent*
Redevelopment/CSP- Alison Grooms	
• Parking remains an issue. Are we ensuring we are providing patients with full details around parking options e.g. NCP. • Would like to have a physical point of contact where they can access all current updates e.g. website	• *This is on the website: http://www.uhbristol.nhs.uk/patients-and-visitors/travelling-to-and-from-our-hospitals/* • *Copies of Alison's presentation to be shared (AC)*
GPSU / Ambulatory Care Unit / Emergency Department	
• Paul Davies requested a bypass number for Practices so clinicians aren't waiting in patient queues when need to contact urgently. Attendees advised that all practices had been advised to provide a 'Professional Line' • Adastra summary reports can be very long with lots of duplicate entries. • Currently getting multiple discharge summaries if a patient attends ED, GPSU and ACU • Paul Davies clarified that GPSU can be used as a first point of contact for admissions and now the same number is used 24 hours by both GPSU and GP out of hours. Please don't send patients to the Emergency Department with a letter, call GPSU first. • Some examples of discharge letters with formatting issues. • Admin staff aren't able to access the 'adastra' system • Will the GPSU service open at Southmead?	• *Michelle Jarvis contact Katie Handford to ask how we can access the professional line numbers* • *Paul Davies advised this is certainly a known issue that is being looked at and he will take this back to the team* • *Paul Davies speak to Toni King about getting something in the CCG weekly round up for all localities to share all this info* • *Maxwell Allen to visit Student Health to look at some of their system & letter concerns*

E-Referral/Choose & Book	
• C&B often goes down in the evenings at about p.m. for several hours with no explanation • Practices don't have the IT to cope with this • Hospitals don't have staff trained to deal with it • Choose & Book still problematic, often asked to fax referral through as hospital cannot access it – happens at least twice a week	• *Practice staff to make a list of the main problem specialties & forward to JM*
Breakout Discussions/Any other Comments	
• Hospice referrals – GP's generally like the oncologist/palliative care team to complete. Look to 'opt-in' so this can happen. • 2 WW – Patients don't want choice, just want to be seen. Current process very 'clunky'. Dislike the 'dummy' clinics and potential to change to routine after patient expectation has been raised. • Do UHB have a process for notifying of deaths? Can we add to the comms page what is expected when a patient dies? • Discussion points very clinical, some attendees felt unable to get involved • Dr Murray from Student Health would appreciate some lab representation at any future sessions as there is a lot of interaction between Practices and the labs and there are sometimes comms issues on occasion. Julie Marshall queried whether this could be a separate specific workstream • Does GP Liaison email replace the 'portal' for complaints • Maxwell Allen queried whether forums would be a useful method for discussing and dealing with any issues. The group felt this might not be the best route as forums can be unrepresentative and time consuming. A workspace would be useful for focused workstreams	• *Anna to speak with hospices to ascertain why 'GP permission' rather than 'GP aware', this would speed up the process. Community palliative care would keep patients at home, preventing readmission.* • *JH/AC confirmed the email address could be used for any queries concerning provider/GP relationships/problems? Can forward to relevant departments where necessary. Any patient identifiable information should go through nhs.net account.*
Future Sessions	
• Stockwood felt the session would be better if condensed to an hour long lunchtime session and would attract higher attendance • Consensus that sessions in May & October would work well • Lunchtime sessions preferred	• *Dates and times to be agreed and shared*

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