

GP Communications Action Plan

Likes

We were grateful to receive positive feedback from practices as follows, and these will be fed back to relevant staff

- GP Workshops/opportunity to come in to discuss views – we are receptive to feedback and criticism.
- We have some very good staff; to develop this further, GP practices suggested introducing an award for particularly helpful staff.
- New appointment centre – already seen some improvements. GP practices also liked the single appointment line.
- CDS – a bit clunky but overall GP practices who use it like it.
- Free shuttle bus.
- GP handbook – delegates liked to be able to write on their own hard copies.
- Cardiology consultant link – advice line.
- VPLS and RLS – cumulative if possible.
- Access clinic.
- Fast track office.

Dislikes/Areas for Development

	Action
Communication: Lead for this aspect is Julie Marshall (Julie.marshall@uhbristol.nhs.uk)	
Contacting the hospital – general comments included length of time to answer phones, voicemails not responded to, too many staff not at desk and on voicemail, unable to contact medical secretaries as too many on leave at same time	It should be noted that the improvements outlined (i.e. within Outpatients and around clinic letter production) should reduce the need for surgeries to contact us, reducing the pressure on medical secretaries both within UH Bristol and local practices. Proposal: Taking into account UH Bristol's policy from April 2014 which will put a stop to fax-transmitting any patient documentation (including patient letters and discharge summaries), it is proposed that nhs.net accounts will be created to provide an alternative safe and secure means for communication between GP surgeries and UHBristol. A project team has been appointed, and further updates will follow in due course.
Contact from hospital staff by phone requesting confidential patient information – IG concern for practices	As above.
Faxes with no cover sheet/no number to respond to - causes problems when pages are missing	A new standard operating procedure will be developed for Divisional Admin Managers to ensure safe and best practice when transmitting information by fax. Kim Farmer, Deputy Performance and Operations Manager for the Division of Surgery, is leading on this.

Clinic Letters: Lead for this aspect is Mike Milton (michael.milton@uhbristol.nhs.uk)	
Delay in outpatient letters	Being addressed as part of the digital dictation project. A new standard operating procedure regarding the preparation of clinic letters has been drafted and forwarded to clinicians for a period of consultation. Some improvements may be seen following implementation of this new process in early Autumn 2013, but it is expected that the majority of change will be seen following full roll-out of the digital dictation/speech recognition solution expected to commence in November 2013.
Formatting of clinic letters (layout and brevity, ie if it will fit on one page please condense)	Being addressed as part of the digital dictation project. The existing project is looking at utilising NICE guidelines for clear and concise documentation from one health professional to another. Additionally, we need to look at issues of equality and diversity in larger font letters, so not always possible to fit on one page, but should look at the issue of the most relevant/salient points being on first page, diagnosis, medication, plan etc. It should be noted that both Trust staff and GPs use the clinic letters for information.
Discharge Summaries: Lead for this aspect is Nick Harvey (nick.harvey@uhbristol.nhs.uk)	
Double discharges	There is currently a review to the system regarding production of discharge summaries. As a part of this project, we shall be contacting GPs to see what improvements can be made to improve understanding.
Discharge summaries not produced on Saturday nights	
Abbreviations/incomplete/ Quality and layout of discharge summaries – also stickers on discharge summaries	
CDS/IM&T: Lead for this aspect is Steve Gray (steve.gray@uhbristol.nhs.uk)	
Having to log in and 'retrieve' documentation via CDS – would prefer for this to be sent direct to practice workflow	<p>We do acknowledge that CDS is a 'passive' service, whereby the Practice has to fetch the document from CDS rather than the document being 'pushed' to the Practice.</p> <p>Once the Connecting Care portal has been implemented and the GP 'gateway' (probably HG MIG) is live, we will be able to feed documents and/or the discrete data elements directly into the systems of those Practices that decide to use this method. We will keep you all up to date on where we are with this work and will be in touch with individual Practices as early adopters, so please to contact Steve.Gray@uhbristol.nhs.uk if you would like to volunteer to be part of this.</p>
CDS/faxed/posted letters – duplicates cause problems at practice end	Any issues from practices regarding duplicate receipt of letters should be e-mailed to Maxwell.Allen@uhbristol.nhs.uk Maxwell will visit Montpelier Surgery, as they were particularly concerned about this issue.
We don't consistently use information on Spine	UH Bristol does not routinely link to the National Spine to update patient demographics. Our SOP is to accept the address given by the patient (if present) or use the existing address if not. This has led to some discrepancies, e.g. where patient appointments for radiology have been sent to the incorrect address, but we have a similar number of examples where the Spine address has been shown to be incorrect. However, it is our intention to implement a message-based link to the Spine that will allow us to do on-line NHS number and demographic searches/matches and we are working with our supplier to agree development timescales for this.

Slow on updating patient demographics	Our SOPs require any changes to patient demographics to be performed immediately on our PAS/EPR. This is not reconciled to Spine demographics and we do not currently accept Spine demographic changes as part of our DBS batch tracing process, although this policy is under review.
Radiology reporting – better summary required	We have discussed this with our lead clinicians in radiology and have asked whether a succinct summary can be included at the start of the report.
Removal of CAS (clinical alert system) – Practices found this really useful particularly to notify admissions and deaths	CAS hasn't been removed. Service still running and managed by Maxwell Allen. Any problems should be reported to Maxwell.allen@uhbristol.nhs.uk.
A&E discharge letters unclear at times	We will review the content using examples provided.
Commissioning & Planning: Lead for this aspect is Janet Burrows (janet.burrows@uhbristol.nhs.uk)	
GP Handbook – some inaccuracies/out of date information	On-line version to be updated regularly by Commissioning and Planning, with the use of 'tracked changes'.
Outpatients: Lead for this aspect is Cat McElvaney (cat.mcelvaney@uhbristol.nhs.uk)	
Referral issues – ie not replying to referring GP and proposal for one standard referral form	Process for referrals will be discussed through CCGs at executive director level.
Cancelling patients with no explanation to patient of why/what happens next	Agreement required by Clinic Supervisors, Service Delivery Group and CSIP on whether we should add reasons for cancellations into patient letters and then letters changed accordingly. Training of outpatients staff on improved communication with patients about next steps following cancellations.
Transport issues for patients referred to GPs	Excerpt from GP Handbook "PTS for new outpatient attendances must be booked by the GP practice through their CCG nominated transport organisation. All subsequent PTS bookings for transport to and from our sites will be arranged by UH Bristol." Any queries regarding patient transport should be referred to Claire.Hepden@uhbristol.nhs.uk .
DNA letters received by patients unaware of appointment	As outlined during the presentation, all patients whose appointments have been booked within two weeks will be contacted by phone.

Ideas put forward by Practices for Consideration

	Action
Communication: Lead for this aspect is Fiona Reid (Fiona.reid@uhbristol.nhs.uk)	
Rate this service – for instant feedback	Up until now UH Bristol has not actively developed a social media presence. This is set to change as we are currently looking at how we can use the Trust's Twitter account to keep Twitter users abreast of Trust developments and interact with them. This discussion is taking place now and we expect to start using Twitter on a regular basis by the end of the year. We have a list of the GPs who expressed an interest in this and we will keep in touch with them as this work develops.
Survey Monkey more	
Twitter communication	
YouTube video newsletters	
Awards for helpful staff – some good examples given of helpful staff	
Awards for helpful GP practices	

	<p>could use to get quick and regular feedback from GP practices.</p> <p>At present we do not have the budget or the capability to take and edit film. This is something that we will look at in the longer term but not something we expect to have in the near future.</p>
<p>Clinic Letters/Admin: Lead for this aspect is Mike Milton / Admin Managers (mike.milton@uhbristol.nhs.uk) Action</p>	
<p>Improve secretarial cover arrangements</p>	<p>Being addressed as part of the digital dictation project. Workloads will be grouped within shared directories which will make it easier to identify blockages or redistribute workload in the event of staff absences. Proposal regarding NHS mail accounts (outlined above) will also support improved cover arrangements. Improvements should be noticed by practices by the end of Autumn 2013.</p>
<p>If duplicate letter needs to be sent, a note should be included indicating that revised copy supersedes previous version</p>	<p>Admin Managers will notify their teams regarding best practice to ensure appropriate communication in the future. This will be cascaded via the ongoing digital dictation/speech recognition project.</p>
<p>IM&T: Lead for this aspect is Steve Gray (steve.gray@uhbristol.nhs.uk)</p>	
<p>Similar system to Somerset integration engine</p>	<p>We anticipate that we will use one of the Connecting Care components (the Health Gateway MIG) to exchange information and documents with GP Practice systems.</p>
<p>Access to appointment system and PACS</p>	<p>At this stage it is not possible for us to offer direct access into our outpatient appointment system to make bookings, although we are looking at a means of giving GPs and other HCPs a view-only access of past and future appointments for a patient. We will keep you up to date with this initiative.</p>

What could practices feel they could do to help?

	Action
<p>Happy to do focus groups</p>	<p>Log of contact details obtained from the workshops available for circulation. Any other surgeries who would like to be involved in focus groups regarding GP communications proposals should contact Julie.Marshall@uhbristol.nhs.uk.</p>
<p>Feed back more</p>	<p>We have an email account for general queries Commissioning NHS.net account: ubh-tr.commissioning@nhs.net; GP Liaison (for non-patient identifiable info): gpliaison@uhbristol.nhs.uk This is checked daily & forwarded to relevant leads to deal with. It would be helpful if GPs could forward any feedback via these routes.</p>
<p>Fill in referral forms better</p>	<p>We particularly struggle with existing medical conditions on admission, and it would be really helpful if GP practices could ensure all referrals are as complete as possible.</p>