

You said...

...We Did

GPs were being inappropriately asked to prescribe sedation/anti-anxiety for MRI/CTs etc.



Process discussed and agreed with primary & secondary care.

The agreement was:

- Whoever requests the MRI/CT should prescribe the sedation/anti-anxiety
- If the prescriber doesn't have prescribing qualifications, then it is their medical sponsor who prescribes.
- Staff within FHFT were reminded of this protocol and a communication was shared at CIC and via the GP bulletin and primary care team.

GPs were being asked to re-refer to a sub-speciality – e.g., Rapid Access Cardiology to General Cardiology



This was caused by a misunderstanding and training issue with some of the specialist nurses in Frimley South. The Cardiology Clinical Lead confirmed that the rapid access team can refer on to general cardiology using eRS.

The team have undertaken eRS refresher training to avoid this happening again.

Discussed at CIC and with PCN Lead

Lumbar Spine X-Ray referrals being returned to primary care, and a concern the ICE process was not clear and could be improved



- ICE has been updated to make this referral process and criteria clearer.
- Protocols have been strengthened to ensure communication with patient and primary care is robust i.e.
- Any referrals that do not meet the criteria are returned with an explanation written on the ICE report and flagged by via the GPs' generic email inbox with the subject heading 'Returned Lumbar X-Ray Request.'
- The patient will also be given a patient leaflet explaining the reasons as to why we were unable to undertake their x-ray.
- Several communications were shared with GPs via the GP bulletin, CIC and the DXS Frimley Health and Care Folder 'Orthopaedic MSK' Landing page (select spinal body part). Further Information can be found: NICE guidance on Low Back Pain NICE guidance NG 59 Dec 2020 <https://www.nice.org.uk/guidance/ng59>
- *Link to GP Bulletin:*
<https://www.frimleyccg.nhs.uk/component/content/article/106-gp-bulletin-archive/347-general-practice-bulletin-issue-155-03-august-2021?Itemid=437>

September 2021

Maternity Prescribing – previously FHFT requested some patients go to their GP to collect prescription



The SOP was amended and patients requiring treatment are now called and given a choice of how to receive their prescription:

- Come into MAC/Triage to collect or have the prescription posted first class.
- Where any suspicion of thrush, a pessary and/or cream will be given to the patient as a TTO or OTT.
- Where GBS infection is identified, patients are strongly advised to come into MAC/Triage promptly to collect a prescription.

GPs did not have a consistent way of seeking Urgent and Routine advice from FHFT



- During Covid the roll out plan for setting up advice and guidance (A&G) services in all our main specialities was accelerated. We have switched on over 50 eRS services with a current average response time of 5 days.
- We also refreshed our Urgent Advice/Admission avoidance directory and provided primary care with a regular table of FHFT current status of services which includes information on how to access our services.
- We also updated our GP Centre website - detailing how to access our Same Day Emergency Care (SDEC) including our Ambulatory Emergency care units. These links are also available via DXS:

- **GP Centre** - <https://www.fhft.nhs.uk/GPcentre>
- **Routine Advice** - <https://www.fhft.nhs.uk/gps/gp-centre/routine-advice/>
- **Urgent Advice** - <https://www.fhft.nhs.uk/gps/gp-centre/urgent-advice/>
- **SDEC- Including Ambulatory Care** - <https://www.fhft.nhs.uk/gps/gp-centre/sdec-including->

Following a FHFT A&G response, GPs were being asked to refer patients back into the same team (as eRS functionalities did not allow FHFT teams to convert an A&G request into a referral)



Following national changes to eRS – FHFT turned on the ability to convert an A&G request into a referral for **routine** referrals to release GP admin time.

Follow up patients were telling GPs that they had been told by FHFT to ring their GP for expediting an appointment



We recognise that in some areas, some of our follow up patients were contacting secretaries and were being advised to contact their GP to expedite their appointment. The secretaries have been advised not to do this and instead, going forward, these patients should be supported by the FHFT team.

GPs were receiving calls from patients who were worried that they were no longer on our waiting list due to the Covid situation.



Our longest waiting patients were written to, this included:

- All patients waiting 12 weeks and over on our outpatient (non-admitted) and inpatient (admitted) waiting list who have had no recorded activity within a previous 3-month period and no future appointments / procedures booked.
- The letter explained that they remain on our waiting list and reassured them that they have not been forgotten.
- The process invited patients to email or call our dedicated hotline if they wished to cancel their appointment / procedure or their clinical circumstances had changed. These were triaged to a clinician for further action as required.
- Full details (including the patient letters) have been shared in the GP bulletin and Pathway Update emails
- Our FHFT website has also been updated to include the following guidance *“Information for those waiting for a hospital appointment or procedure.”* We hope you find this useful in supporting and signposting patient

GPs were concerned that they couldn't see how long patients were waiting for their first outpatient appointment, so GPs didn't know how to assist in managing a patient's condition and expectations etc.



- We agreed to share a regular table on FHFT estimated average waits in weeks from referral to routine first outpatient appointment by site and by specialty. This information is to assist with patient conversations and expectations.
- This has been shared in the GP Bulletin and in the Pathway Update email alert from Lalitha Iyer.

Getting in touch

We are continuing to strive for excellence and strengthen our Primary – Secondary Care interface in order to improve patient quality and experience.

If you have any further thematic concerns / interface improvement ideas, please raise these with our FHFT Interface development team fhft.gpcommunications@nhs.net. We will work with you to resolve, and where required, raise these for a wider discussion at our ICS-wide Clinical Interface Meeting (CIC).

Please note, connected to the above examples, we are also in the process of reviewing and refreshing our 'Collaborative Workload' document. This outlines the different patient journeys across the interface and agreed ways of working for the different clinical professionals in primary and secondary care. Once the draft is complete this will be shared with the CIC for wider discussion, ensuring input from all key stakeholders.