

**March 2022**

## You Said...

## ...We Did

Improve GP access to FHFT switchboard



A NEW direct phone number to FHFT operators was provided: 0300 615 0061. Cutting out the voice recognition and the need to press option 2. This was communicated via the GP Bulletin, CIC and ICS Admin Teams Channel. We also continue to expand our urgent advice directory and SDEC services. Details on DXS or via FHFT GP website: [www.fhft.nhs.uk/gps/gp-centre/](http://www.fhft.nhs.uk/gps/gp-centre/)

Improve interface support with Primary Care admin teams – particularly around eRS / referral / DXS pathway developments



A Frimley ICS Referral Management MS Teams channel has been set up to support Primary Care admin teams across the ICS and South Bucks – offering a Q&A service and sharing key communications and training relating to referral management, eRS and DXS (currently over 100 members). Webinars are held every 3 months and cover updates on eRS services from FHFT, DXS Pathways along with support and updates from the CSU training team.

Contact: [fhft.gpcommunications@nhs.net](mailto:fhft.gpcommunications@nhs.net) to join.

See also: [www.fhft.nhs.uk/gps/gp-centre/referrals/](http://www.fhft.nhs.uk/gps/gp-centre/referrals/)

GPs in Frimley South were no longer able to access the GP Browser system (previously available for Frimley South GPs Only)



The GP Browser system became incompatible with the later versions of Internet Explorer or Windows being used at GP Practices. Unfortunately, there were no plans by the supplier (CSC) to upgrade the system and it was designated as 'unsupported'. We worked with GPs and primary care colleagues to support a new solution for GPs within the 'Connected Care' programme. This includes the development of a new GP dashboard called 'Transfer of Care' notification. Click below for full details of how to access patient information through the various Connected Care options: [www.fhft.nhs.uk/media/4786/gp-browser-connected-care-v8-final\\_-002.docx](http://www.fhft.nhs.uk/media/4786/gp-browser-connected-care-v8-final_-002.docx)

Request for a contact list of Admin/Medical secretaries for each of the specialties to assist with general queries or for sending further information and results



A list of Admin/ Medical secretaries for each of the specialties was collated & added to FHFT GP Centre website:

[www.fhft.nhs.uk/gps/gp-centre/referrals/](http://www.fhft.nhs.uk/gps/gp-centre/referrals/) There are 4 drop down menus providing information for referral and administration support:

SUSPECTED CANCER REFERRAL FORMS, PATIENT LEAFLETS AND GUIDELINES	▼
REFERRAL DETAILS FOR SERVICES NOT ON E-RS	▼
E-REFERRALS	▼
PROCESS FOR EXPEDITING REFERRALS	▼
EVIDENCE-BASED INTERVENTIONS (EBI)	▼

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Med 3 certificates (Fit Notes) were not being given with a realistic medically fit timeframe



These examples were brought to the attention of the relevant teams. The correct process was discussed & re-shared with all the Chief of Service & Ops teams to disseminate to all staff. Guidance states: *'The fit note should be provided by the hospital consultant and should reflect a realistic estimate as to how long the individual patient is likely to be off.'* This process will form part of the FHFT/GP Collaborative Reference Guide currently in development and transfer of care protocol.

Concerns with A&G response times in some areas

A&G

Although the mean response time is 6 days, it is acknowledged that in some services the wait for responses has been longer than the service would wish due to staffing difficulties as a consequence of Covid-19 and an increase in demand. The eRS team are working with the services to ensure they are receiving weekly reports for management and monitoring. For any outstanding A&G requests please contact [sara.gant@nhs.net](mailto:sara.gant@nhs.net)

Improve Health Harmonie's contact details & other operational process issues



FHFT have worked in partnership with Health Harmonie to outsource some FHFT Dermatology activity & reduce patient waiting times.

The service produced a Health Harmony FAQ's document for patients & GPs. This was published in the GP Bulletin no: 174 :

<https://www.frimleyccg.nhs.uk/component/content/article/106-gp-bulletin-archive/387-general-practice-bulletin-issue-174-13-december-2021?Itemid=437>

The name of the service and logo has also been corrected to avoid any confusion with NEHF services. Initial issues with Health Harmony prescribing have now been resolved. An ongoing weekly operational meeting is held with Health Harmony to resolve any further operational matters.

Request for colonoscopy & sigmoidoscopy reports & some ophthalmology clinic letters to be sent electronically



Most correspondence is sent to our practices electronically. However, colonoscopy & sigmoidoscopy reports & some ophthalmology clinic letters are sent via Brake & received by post/paper. Currently Ophthalmology letters cannot be sent electronically as the software system (Medisoft) cannot be linked to the Epris system which sends out letters electronically. Endoscopy reports come from a standalone system called Unisoft which unfortunately does not allow electronic sending. In both cases the Trusts new EPR system 'Epic' is going live in June 2022 which will allow electronic sending.

Confusion & difficulty finding the new pathway and service on DXS for Multi-Disciplinary Clinic (MDC) for Vague Symptoms Pathway



Since Dec '21 the Vague Symptoms MDC service at both FPH & WPH was renamed to **'Suspected Cancer Vague Symptoms Rapid Diagnostic Service'** to better reflect the service delivered and help GPs better access the service. The eRS priority of the service also changed from Urgent to Two Week Wait (as per all other Suspected Cancer pathways).

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A patient was incorrectly directed to a GP following access to the Colposcopy Service



This was investigated and the patient information leaflets was updated to make it even clearer to the patient that they should be contacting the service in the first instance and not their GP, along with ensuring all contact details and opening times were up to date.

GPs wanted clarity on whether secondary care should always make onward referrals (consultant to consultant referrals)



#### For New GP elective referrals

- Primary care will add a patient's referral to the correct eRS triage service. Please note some specialties have more than one service available. They will refer to the eRS Directory of Service (DOS) if required or contact their referral manager.
- If the referral is sent to the wrong specialty on eRS this will be returned to primary care to re-refer. If the referral is sent to the wrong sub-specialty/services on eRS but the correct specialty, FHFT should seek to move the referral internally.

#### For Follow up patients / patients already with FHFT:

Referrals that are directly associated with the condition that was subject of the original referral may be referred directly from one consultant to another where required. Examples of this include:

- Referrals where the treatment of a primary condition requires the input of another discipline e.g., pre-operative anesthetic assessment.
- Referrals for cancer or suspected cancer
- Referrals where in the opinion of the Consultant a delay in the referral would risk serious patient harm. In addition to life-threatening conditions, this also includes any situation where delay in referral would risk either long term morbidity or acutely distressing symptoms.
- Referrals where the treatment of the primary condition requires surgery under a different specialty

Referrals for conditions that are not related to the condition for which the patient was initially referred, will be redirected back to the referring clinicians.

Continued ..... (for Emergency Pathways) .....



#### For Emergency / Non-elective pathways:

The basic principle is emergency and non-elective pathways should remain purely that (i.e., dealing with the emergency situation – treat and stabilise).

- If the patient has an urgent issue or suspected cancer, FHFT should direct them to the elective pathways (as described above), but otherwise, if not urgent/routine, they would be discharged back to their GP for review and ongoing support. This is to:
  1. Allow ED to focus on managing the emergency situation in front of them (treat and stabilise)
  2. Ensures there is no by-passing processes from ED to elective pathways and the correct process is followed.
  3. Allows the primary care clinician to ensure they have undertaken any conservative management, primary care intervention, or made connections to any enhanced primary care services available e.g. Tier 2 interventions, prior to a secondary care referral (if required). ED may not know the details of all these elective pathways or the patient's wider clinical history and current circumstances.

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Concern that GPs were being asked to follow up test results that had been requested by FHFT ED staff



It is widely agreed (and within our joint protocols) that the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the GP and patient even if the patient has been discharged (unless formally handed over).

The protocol has been re-iterated to the teams via the Chief of Service and Ops teams. To improve this process (particularly in our emergency pathways) we explored setting up virtual results-only wards (currently in place in some of our SDEC services). However, we have been assured that when Epic goes live this will not be required & Epic will assist clinicians in processing and managing these results more efficiently.

Primary Care are asked to share any future examples through their clinical concerns route to ensure these are captured and managed accordingly.

How will Epic affect GPs and what is EpicCare Link?



As a primary care clinician, referrals & requests to FHFT will remain largely unchanged and you will continue to receive clinical documentation through mainly the same channels.

GPs will have the added benefit of viewing FHFT patient records in real-time through a secure web-based portal called 'EpicCare Link'.

Graham Smith, CCIO, & the Epic Team attended GP briefing sessions at each Place to provide an overview and demo of these changes for Primary Care. There is also a regular Primary Care Epic Engagement & Operational meeting which is well attended by your digital lead representatives.

Details from the recent GP bulletin briefing and the GP briefing slides can be found on our dedicated Epic page on the FHFT GP Centre website: [Epic EPR at Frimley Health | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](#)

## 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 Support team [fhft.gpcommunications@nhs.net](mailto: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' reference guide. 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.

'You Said We Did' can be found on our GP Centre website: [www.fhft.nhs.uk/GPcentre](http://www.fhft.nhs.uk/GPcentre)