

2022/23

You Said...

We Did...

Received examples of discharges of poor quality.



A dedicated meeting was set up with primary care clinicians & managers to feedback thematic concerns to the FHFT senior Ops and Digital team. Priorities were agreed and an action plan developed.

Improvement work continues via the Primary Care Epic Ops meeting and the ICS Clinical Interface Committee (CIC). Progress update shared via GP bulletin: [Discharge Letter Update for Primary Care 07.12.2022.](#) and further improvements detailed below.

Request for key clinical contact details to be included on the bottom of the discharge summaries



Each key speciality has provided discharge contact details which are being added onto the bottom of discharge summaries. Patient's After Visit Summaries (AVS) also include the relevant ward phone number. Live specialities include: Orthopaedics; Plastics; Specialist Surgery; Paediatrics; Obstetrics and Gynaecology; Community and Medicine for Older People; and discharges from ED.

ED discharge summaries being sent to primary care with limited or no information



Often a patient is quickly admitted from ED to a Ward. Despite the limited input from ED, initially the new digital system automated an ED discharge to the practice. It was recognised that GPs needed to be informed that their patient has attended ED but these discharge forms were leading to confusion. Therefore, the team amended the process and replaced the 'discharge form' with an '**Admission Notification form**' for those patients that are admitted to a ward. This went live on the 16.01.23 with positive feedback from primary care.

Request for more insight into the whereabouts / status of your patients within the Trust



Following the successful implementation of the Connected care FHFT dashboards in 2021/22, the Trust have rolled out EpicCare Link to primary care to give even greater insight into patient's care. Over 90% of practices are signed up & over 260 users are actively accessing our patients' clinical records (please see further details including a user guide on the FHFT GP centre: [Epic EPR at Frimley Health](#)).

Request for a short training video / demo for using EpicCare Link (to supplement the written user guide)



A short 5-min demo to using EpicCare Link was created, highlighting key features that may help you when reviewing your patient's chart for clinical information contained in Frimley Health's records - [Click here to watch the EpicCare Link demo](#) (Link is via YouTube).

South Bucks GPs were experiencing problems with differences in prescribing **traffic light categorisation** for Frimley and Bucks ICS



A meeting was co-ordinated with the two ICS Medicine's optimisation boards. They agreed a joint letter, and this was disseminated to all Bucks practices.

There are problems accessing Paediatric Phlebotomy Appointments



The Chief of Service (CoS) discussed current status & plans to increase capacity at the ICS Clinical Interface Committee (CIC). Agreed actions included: Updating Swiftqueue to include BSPS's service at Herschel MC; Updating ICE; Providing clarification on Paediatric Bloods booking process (including age ranges, print requirements & opening times); Re-iterating the importance of using the Paediatric advice line & the correct admissions process (including accessing the Paediatric Admission Unit (PAU). This has been shared with GPs (via the GP bulletin -[NHS Frimley GP Bulletin](#), Admin teams channel, GP briefings, and updating the FHFT website: [Booking your blood test \(fhft.nhs.uk\)](#)).

To continue to support primary care admin with referral pathways changes, eRS & DXS



We continue to provide, run and expand the ICS Admin teams channel. A successful webinar took place in May and December 2022 with 90+ attendees, these will continue to run in 2023 (next meeting: May '23).

GPs facing Frimley Park asked for FPH Audiology (run by Royal Surrey Audiologists) to refer in specialist ENT clinic for micro-suctioning rather than asking the GP to make the referral



In Frimley South, Frimley Park Audiology (run by Royal Surrey Audiologists) can now refer via an internal referral process directly from audiology to Frimley Park ENT for microsuction without sending the patient back to the GP to re-refer. Please note, the requirement for microsuction, is in exceptional / specialist circumstances only and most cases will continue to be returned back to the GP. We ask GPs to continue to manage ear wax in primary care or community (where available), prior to referring for Audiology in line with ICS Frimley earwax removal guidance.

Request for reassurance that the trust numbers on our directories are accurate ([GP centre | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](#)).



We recognise the importance of our directories held on the FHFT GP centre being accurate: [GP centre | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](#). We have a formal rolling 6 monthly validation process, as well as responding to real time updates when informed. The last formal validation was undertaken in Dec 22 . Please do let us know of any issues.

Request for Non-Medical qualified Referrers (NMR) to have access to Radiology requesting



We have ensured Epic can safely accept, process and report radiology requests from Non-Medically qualified Referrers (NMRs). Testing is complete and a SOP has been developed detailing the application process for NMRs ([NMR SOP \(live.com\)](#)). For further support Jo Hodgkinson at the ICS training hub (frimley.traininghub@nhs.net), or for Musculoskeletal First Contact Practitioners (MSK FCPs) please contact Sylvia Wojciechowski (sylvia.wojciechowski@nhs.net).

Request for more consistent and targeted access to CT / MRI



As an ICS we clarified that a GP (or approved non-medical referrer) can request a CT or MRI through ICE in 1 of 3 scenarios only:

1. The study is recommended by a radiology consultant in previous report. This should be indicated in the request information and the reporting consultant radiologists name should be quoted in the clinical history.
2. The study is recommended following discussion with a hospital consultant and the GP is willing to receive and action the test result. Name and speciality of the hospital consultant must be included in the referral.
3. The study is discussed with a radiologist consultant by phone see 'Radiology' section within [Urgent advice | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](#). Please note this should be in exceptional circumstances and DXS pathways and protocols on the DXS Radiology/Diagnostic landing page and/or the relevant speciality pages should always be viewed first. The name of the radiology consultant who agreed the scan must be included.

Musculoskeletal MRI requests from approved non-medical referrers and MSK GPwSI working in primary care will be accepted directly (providing they follow the ICS approved pathways on DXS). Please note, there is a red flag document located on DXS within the *Orthopaedic MSK / Frimley ICS GP Guidance folder for any urgent concerns, and the red flag boxes within the relevant pathways.*

Problems with accessing the Colposcopy Department at WPH via the phone



A voicemail facility was enabled on both FPH & WPH colposcopy lines in Oct'22 ([Gynaecology | NHS Frimley Health Foundation Trust](#)).

Primary Care were not sure who they should notify in the trust if their practice was merging



FHFT worked with the ICS Contracts' team to produce a directory of FHFT areas that need to be contacted when a practice merges or changes, so that systems can be updated and do not impact on patient pathways. This has been included in the ICS Practice Mergers pack which is used by all practices across the system.

FHFT were having issues making contact with some of the practices



FHFT and the ICS Contracts team have worked together on agreeing and embedding a process for ensuring GP practice information is kept up to date. This is vital as it is used for communicating important clinical information (including Radiology Clinical alerts). It was agreed that contact details are managed and maintained by Frimley ICS Primary Care Contracts Team (frimleyicb.primarycarecontracts@nhs.net). The team will formally request practices validate their details every 6 months as well as updating on request. Any changes will be communicated to the FHFT / Primary Care Interface Support team who will update the FHFT intranet site.

FHFT having issues with keeping FHFT Systems up to date with Practice and GP Details



To ensure FHFT and the BPS ICE systems are accurate, FHFT receives a monthly ODS feed into their digital systems with any changes in practice and GP details. It is therefore crucial that Primary care update PCSE (Primary Care Support Services) with new starters and leavers as soon as possible to ensure the ODS has been updated.

In between the monthly ODS feeds, practices are asked to complete a form to notify FHFT and BPS of any GP & Locum changes. Please see full details on the FHFT/GP centre website (also included in the ICS GP Bulletin): [Epic EPR at Frimley Health](#).

Request for improvements with receipt of Death Notification process



FHFT has implemented further improvements to the death notification process. From 1st March, a new 'initial notification of death' letter template has been introduced, which should be completed promptly by the wards. The letter should include the patient's name, location, and date of death. The roll out is being audited to ensure the new process has been embedded. Further training is being undertaken where required. In addition to this initial notification letter from the ward/nursing team, a second more detailed notification would follow at a later date. This second letter will be completed by the clinician and will include the cause of death once confirmed with the Medical Examiner.

Received duplications of correspondence via post as well as electronically via Docman



This was investigated. A training issue was identified as well as a default setting error on the discharges from AECU (which has now been corrected). Awareness & additional training material has been provided to all operational areas. Practices have been asked to share examples if they experience future issues.

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. We will work with you to resolve, and where required, raise these for a wider discussion at our ICS-wide Clinical Interface Meeting (CIC).

Previous 'You Said We Did' documents: can be found on the GP centre website: [News and interface developments \(fhft.nhs.uk\)](#).

FHFT / Primary Care 'Collaborative Working' Reference Guide:

We have developed the following reference guide, connected to themes picked up through this workstream. The guide outlines the different patient journeys across the interface and agreed ways of working for the different clinical professionals in primary and secondary care. Please find details on the reference guide; [News and interface developments \(fhft.nhs.uk\)](#).