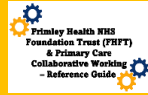


H2 - 2023 – Primary & Secondary Care Interface Improvements

You Said...

We Did...

A request for clear and consistent ways of working across the Primary and Secondary Care interface.



Primary and Secondary Care have worked with key stakeholders to collaboratively develop and publish the '**FHFT & Primary Care Collaborative Working reference guide.**' The guide details agreed ways of working for key channels across the interface including referrals, prescribing and discharges etc. [Direct link to the guide](#), or via the FHFT GP centre website page: '[News & Interface Development](#)', or via DXS Homepage.

To keep improving the quality of our discharges.



The Discharge Summary Quality workgroup continues to meet weekly to review and drive forward improvements. The group undertakes regular discharge audits to identify areas for best practice and improvement. Ongoing feedback is received via CIC, the Interface team, CFs & the Quality teams, & the GP digital leads. A communication was developed to summarise some of the key areas of recent improvement see: [GP Bulletin link](#). Some of the key improvements are summarised below.

It wasn't always clear who completed the discharge



Initially discharges only displayed a clinician's name without any further context. Following feedback, discharge summaries have been modified to now include the name and job role of the clinician who wrote the discharge summary (the discharging consultant is also visible).

Concerns of medication errors on discharge summaries.



A successful **Discharge summit** focused on Medicines Reconciliation was held on 11/05/23 involving clinical teams, Pharmacy, Nursing & the Medicines Safety team. The agreed priority was around ensuring medication prescription and reconciliation processes were as consistent as possible, resulting in accurate TTO meds documented in discharge summaries. These actions are now being managed by the 'Medicines Reconciliation group', with a further Discharge summit held in September '23 to further strengthen procedures; focusing on the nursing and pharmacy processes. CIC on 17 Nov '23 also focused on prescribing & pharmacy interface developments.

Drug history is not checked in SDEC areas and therefore doesn't always match TTAs leading to confusion.



Due to the quick turnover of patients in SDEC areas, Pharmacy do not carry out a full drug history/medicines reconciliation prior to these discharges. Therefore, to avoid confusion, the following phrase has been added to these discharges (in the Pharmacy communication section): '*Patient admitted to Same Day Emergency Care Unit (SDEC) - Pharmacy has not confirmed patient Drug History. No intended changes to regular medication unless stated below.*' (see comms: [link](#)).

Continued... 2 of 4

All FHFT correspondence sent via Docman previously had the document description 'FHFT Epic'.



With the help of Primary Care colleagues document descriptions have been developed and tested including: Clinic Letter, Discharge Summary and Notification of Death. This helps Primary Care with filing and identifying potentially more urgent documents.

A more consistent place to find information about how medicines are used within the Frimley ICS.



We have collated prescribing guidelines, position statements and copies of shared care documents into one section on the NHS Frimley website NHS Frimley - Medicines Optimisation documents (icb.nhs.uk). Where possible these documents are also mirrored on the Frimley Formulary under the individual drug monograph. The link can also be accessed via the FHFT GP centre guidelines section and via DXS.

A request for clarity and consistency on Outpatient prescribing.



The FHFT & Primary Care Collaborative Working Reference Guide includes a 'discharge medications' section (section 4.1) only. The Outpatient prescribing section has now been agreed, approved and published as an addendum which can be found here: [News and interface developments | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](https://www.fhft.nhs.uk/news-and-interface-developments), and via the DXS home page. The section will be added to the main reference guide when this is reviewed in 2024.

There was an issue with some patients' thickeners on discharge. The process needed strengthening in Epic for Speech & Language Therapists.



The issue was addressed promptly - the actual thickener product ('ThickenUp Clear') has been built in Epic as an 'after-visit drug' to take home, and a new process has been rolled out to ensure clear patient-specific details are on the AVS and the discharge letter.

A request for clarity on insulin dose details on 'After Visit Summaries' (for patients) and discharge letters.



A new section has been included above the medication list in both documents titled 'Insulin Doses on Discharge'. This contains a list of all insulins currently prescribed and their respective dosages. The dispensing label will still not contain doses, this is to avoid potential dose errors where there are frequent changes. Instead, it is considered best practice to keep the record of the current dosage regime separate and therefore both documents should be referred to for dosing information. The section is automatic and dynamic, meaning as soon as the insulin is prescribed for discharge, this comment will appear and automatically update if changed. There is no reliance on end-user input. We are hoping to further improve this by moving this section to fall just below the insulin prescribed, making it even clearer for the patient.'

A national procurement exercise identified Edoxaban as the most cost effective DOAC, but it wasn't being widely prescribed by hospital specialists.



Following discussions at CIC, the ICB Meds Optimisation Board worked on updating guidance for AF - incorporating a decision tool which guides clinicians to use Edoxaban as first line, whilst allowing the use of other agents for a small subset of patients (where clinically appropriate).

Continued... 3 of 4

Concern that DEXA reporting was reliant on several human risk factors, including attaching a report to a GP practice email.



The Radiology and Digital team worked with the GP digital leads to identify and test a solution for sending DEXA reports using Docman. This new method was piloted with a few practices and was rolled out across the ICS on 06/11/23 communicated via GP Bulletin: [NHS Frimley - General Practice Bulletin Issue 271 – 10th November 2023 \(icb.nhs.uk\)](#)

A request for clarity on Gastroenterology services including more direct access for gastroscopies.



All of Gastroenterology services on eRS were reviewed and amended making them consistent across all FHFT sites and across the system. This included introducing a new Hepatology service at WPH in Frimley North (to mirror the South) and introducing a Direct Access Endoscopy service for both sites. The DXS referral form was also updated – giving further guidance on conditions and what is appropriate for Gastroenterology vs. General Surgery. The Gastro team attended all GP briefings and an education event to reiterate key messages - Link to: [Gastro comms Key Messages Update July 2023.docx \(live.com\)](#) .

There were problems with Holter monitoring (particularly in Frimley North - WPH).



A digital solution was developed to allow the transfer of Holter monitoring data from Primary Care to our Cardiology teams at WPH and FPH (Frimley North and South). This is now consistent across the Frimley ICB. Initial reporting backlog in Frimley North has been cleared with turnaround times within the 2wk SLA. Physiology teams details were shared (please see full details within the GP Bulletin: [ICB PC Bulletin Issue 262 – 7.9.23 \(icb.nhs.uk\)](#)).

We received feedback that 30 days was too short for inactivating Epic care Link (ECL) accounts.



The Digital and ECL team agreed to extend the inactivation period to 90 days - see updated user guide: [epiccare-link-site-administrator-guidance-v22.pdf \(fhft.nhs.uk\)](#)

Primary Care were being asked for details of Primary Care blood results due to not being able to see these on Epic (via Connected Care).



There was a technical issue with FHFT users accessing Connected Care – this has been resolved, internal communications and tip sheets were shared with all clinical teams which should prevent reoccurrence.

Primary Care clinicians were being asked to carry out blood tests for patients after their IVAS procedure.



The service sends a letter to the GP confirming a patient has had an IVAS Iron infusion. The letter had an automated section recommending GPs undertake a blood test at x weeks. The letter has been amended to remove this recommendation.

Continued.... 4 of 4

A request for further clarity on the pathways for Perinatal Pelvic Health concerns.



As part of the co-production of the Frimley Perinatal Pelvic Health Service we created a new Perinatal Pelvic Health Pathway, Referral Form & Landing Page for all pregnant and postnatal service users (up to 12 months post birth). This pathway includes guidance on urgent care of perineal and bladder concerns, as well as the management of urinary incontinence, pelvic organ prolapse, constipation, perineal pain, anal incontinence, anal pain and obstetric anal sphincter injury. Available on DXS: ***Frimley Health and Care/Maternity/Perinatal Pelvic Health Service Pathway and resources*** via FHC Maternity Webpages to empower service users:

[Your pelvic floor \(frimleyhealthandcare.org.uk\)](https://www.frimleyhealthandcare.org.uk). [Exercise after pregnancy \(frimleyhealthandcare.org.uk\)](https://www.frimleyhealthandcare.org.uk).

We are also continuously working with the MDT and Maternity Voices Partnership to promote prevention of Pelvic Health dysfunction. If you would like to organise any Pelvic Health training for yourself / your team please contact: Catherine Ross (c.ross@nhs.net) or Jennifer Sheppard (Jennifer.sheppard1@nhs.net).

Maternity support - A request for support and guidance with patients considering pregnancy and newly pregnant patients - how to manage common medical problems in pregnancy.



To support primary care colleagues, the FHFT maternity team have worked collaboratively with primary care and other key stakeholders to create a new maternity webpage. The webpage covers key messages, guidance and developments, including - things to check with women considering pregnancy or are newly pregnant, and how to manage common medical problems in pregnancy. The webpage will be kept up to date with any new changes. You can access the webpage here: [link](#) and via DXS. The information can also be found on the FHFT GP Centre under Routine and Urgent Advice please see links below: [Urgent advice | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](#) and [Routine advice | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](#). It will also be shared further via Clinical webinars and the GP bi-weekly meetings.

Getting in touch:

We are continuing to strive for excellence & 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 FHFT 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. The Reference guide and other support and resources can be found here: [News and interface developments \(fhft.nhs.uk\)](#) or via the DXS homepage.