

GLOUCESTERSHIRE HEALTH COMMUNITY

GP – Consultant Event 13 July 2006

SUMMARY NOTES

1. SUMMARY

These notes provide a summary of the GP-Consultant Workshop event held on Thursday 13th July. The topics considered were unscheduled care and medicines management. Issues and follow up action were identified and there were opportunities for GPs and consultants to network. In addition to those speaking and facilitating, the event was attended by 16 GPs and 18 hospital consultants (see attendance list at Annex 1). Issues were identified so that actions to address the issues raised will be taken. The evaluation of the session shows that it was well received and participants thought it a valuable use of time (see Annex 2).

The workshop was lead by Dr Sean Elyan (Medical Director GHNHSFT) and Dr Mike Roberts (West Glos PCT PEC Chair). Managerial support was provided by Irwin Wilson (Assoc. Director Planning and Contracting GHNHSFT).

2. AIMS

This was the first of a series of quarterly events with aims to:

- a) Improve GP – Consultant Communication
- b) Identify areas of joint interest to primary and secondary care
- c) Agree priorities for action
- d) Provide a forum for networking

3. UNSCHEDULED CARE

Presentations (Annex 3)

Dr Tom Llewellyn, Consultant in Emergency Care

Dr Llewellyn presented a summary of the options open to patients when they need unscheduled care. He also presented some of the process issues and primary care/secondary care interface issues. He raised questions for break out groups to discuss and also presented some facts about the current service.

Dr Sean Elyan, Medical Director

Dr Elyan presented Trust data, such as the number of 0 – 1 day admissions, emergency admissions by type and re admission rates. He explained where areas for action could deliver quick gain. Raising risk in decision making and easier access for investigation were other areas discussed. Dr Elyan summarised some of the projects that the Trust is progressing as part of the ISIP work, including daily emergency clinics, streamlining investigations and ensuring senior decision making.

Break out groups

The meeting split in to four groups to identify issues and to look at them in terms of components, barriers, solutions and action. They were asked to consider primary/secondary care distinctions and to identify other key issues. The key issues have been transcribed and grouped as follows:

Access

- Recognise a lot of patients attend ED because this is their choice
- Choose and Book is reducing flexibility
- Reducing ED attendances will reduce direct admissions
- Patient education and management of expectations is important

ACTION

1. *Ensure local implementation of C&B allows flexibility for opinions and access. Jenny Hill/Sian Davies*
2. *Continued use of GP OOH service to minimise inappropriate use of ED. Project 4 FRP Urgent and emergency care-Paul Edwards.*

Is the hospital doing too much?

- The hospital is like a hotel where you can book in with all or nothing. You get a bed and all the works.
- Assessment v admission - too much is being done to patients in secondary care (over treating)
- Concern at raising risks in relation to discharge/transfer per se. But support taking more risk with a 'safety net'. Agreed should be joint ownership of risk rather than transfer of risk.

ACTION

3. *Increased use of treatment protocols and care pathways. Development of pathways to include primary care input. Divisional Directors and Clinical Directors*

Decision making

- Senior decision making early on is a key to avoiding unnecessary admissions
- The new junior doctor training has had a negative impact on decision making – more risk averse and less able
- A lot of patients could be treated at the front door
- 'Acute clinics' were felt to be a good thing
- Key role for care pathways - needs to be developed
- Pathways do not respect primary/secondary distinction

ACTION

4. *Implement daily emergency clinics. Project 5 FRP.*
5. *Continue ISIP emergency work*
6. *Consider on call emergency access to Consultant on call for GP's on call*

Investigations and assessment

- Admissions via emergency department come up against 4 hour target – admit regardless.
- Need as assessment area to enable decisions i.e. a facility for observation
- After the initial 4 hours and admission things then stop
- Good to increase direct access to diagnostics but need to manage demand – with protocols. Open access endoscopy has demonstrated this can work.
- Need to choose areas for assessment clinics carefully

ACTION

7. *Develop protocols for increasing access to investigations that also manage demand. SE Divisional Directors*

Communication

- Better access for GPs to consultant advice (currently mixed – gynae is good)
 - Telephone, email, etc
 - Good access now generally - more planned/scheduled advice
- GPs are under utilised by the hospital – GPs happy to give information and advice early on in admission
- Consultants recognises need to ‘get out’ and talk to GPs more

ACTION

8. *Continue GP-Consultant events SE/MR/IW*
9. *Objective for divisions to improve GP communications*

4. MEDICINES MANAGEMENT

Presentation

Dr Shaw summarised the large agenda for this issue, including in-out of hospital communication, care pathways, joint formulary, forums for clinical discussions and the main strands of the Interface Policy.

Break out groups

The meeting split in to five groups to identify issues and to look at them in terms of components, barriers, solutions and action. They were asked to identify key issues and to explore questions such as should a joint primary and secondary care formulary be introduced in Gloucestershire? The key issues have been transcribed and grouped as follows:

Non inpatient IV medicines

- Why give IV when can give oral?
- IV at home in rural areas higher level of risk
- Community nurse support important
- Antibiotics
- Outpatient cytotoxics

Communication

- Lack of information on discharge summaries in relation diagnosis and drugs on discharge
- Some specialty groups a success on interface issues – diabetes a good example. How do we apply to more specialties
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ACTION

10. *Discharge communication – Implementation of Inflex system and associated project will improve quality and timeliness of discharge communication. SPk by November 2006*

Primary/secondary care costs

- Primary care generally got a good understanding of costs – key issue

- Price differential between primary and secondary care drugs an issue
- Pressure in secondary care means costs awareness on prescribing a lower priority
- Responsible prescribing if implemented fully by primary and secondary care would bring major benefits – would contribute to FRC – better than closing services
- Education is a key part of bringing costs down
- Secondary care could be more flexible in approach e.g. write ‘the ACE of your choice...’
- There are various levels of awareness of the relative costs by hospital prescribers (varies between departments)
- Rarely is it possible to step down drugs once they have been started in hospital
- Cost effectiveness is not always considered

ACTION

To be reviewed by medicines management committee.

Joint Primary/Secondary Care Formulary

- Why isn’t there one? Perception secondary care doesn’t want it??
- Major challenge to keep it up to date
- A joint formulary cannot be expert in everything
- Most benefit if focuses on specific areas – such as antibiotics
- ? share resources for multiple contributors
- Needs to highlight medicine changes
- Status of IT systems very important –currently a constraint
- Hospital formularies are well established

Other issues

- Licensing
- FP10 – HNC me too?
- Polypharmacy – trials are appropriate
- Better guidance for monitoring patients on complex drugs needs resolving – currently get conflicting requirements from different departments

5. CONCLUSION

The workshop has been a valuable start in developing communication between GPs consultants and in enhancing GP – consultant relations.

A series of issues of joint interest were identified in relation to unscheduled care and medicines management. Actions have been distilled from the issues which will be taken forward and progress reported at future sessions.

The next event: **Provisional date of 19 October at 6.30pm, Venue TBC
(Please await confirmation)**

Irwin Wilson
18 July 2006