



# Reducing the number of onward referral requests & Improving quality of advice and guidance requests

Oxford



## Background

There are currently over 1 million patient contacts per year across the Oxford University Hospital (OUHFT) carried out through 12,000 staff. There are 450 full time equivalent Oxfordshire GP's who, in turn, support wider primary care teams. Every one of these patient contacts will involve a degree of collaboration between primary care and the acute trust.

## Aim & Stakeholders

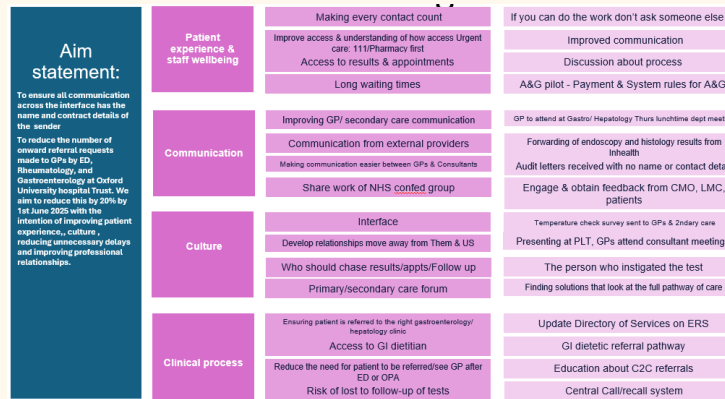
**Aim:** Ensure all communication across the interface has the name and contract details of the sender and reduce number of onward referral requests made to GPs by ED, Rheumatology, and Gastroenterology at Oxford University hospital Trust by 20% by 1st June 2025

**Project team:** GP Leads, Partnership and strategy director OUH, ICB Leads, Consultants, Head of Planned Care

## Measurement

1. Number of referral requests sent to GPs by Secondary care .
2. Number of advice and guidance requests per month that are resolved without the need for secondary care referral.
3. Advice sent to GP without the name of who is giving the advice.

## Driver Diagram



## PDSA cycles/testing

Currently exploring:

1. Improving quality of letters – over 800 letters reviewed with 1/5 not having contact details. Working on improving comms and awareness of complete details on letters
2. Designing clinician to clinician referral process led by Chief Medical Officer
3. Request for meetings – consultants presenting at PLT
4. Development of an education package
5. Consultation on A&G pilot and funding request made

Project developed through the NHS Confederation's primary and secondary care interface improvement programme.

## Intended/outcomes

We want to focus on creating a shared benefit of improvement across the interface enhance working on advice and guidance as well as on wards referrals. Both will help reduce delays for patients and workload by getting it right first time and better quality interactions

## General Reflections

Creating a shared purpose means including a shared sense of benefit across the interface to gain engagement and buy in for busy clinicians to participate in the improvement work .

## Next & sustainability

1. Building on our survey work.
2. GP/Secondary care meeting planned for 7.1.25 to discuss results & solutions.
3. Launch of GP/Secondary care liaison meetings.
4. GPs to spend time in ED and consultants in general practice.