

Understanding the problem and communicating across the interface

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What are the main challenges in Primary Care?

- Total qualified GPs FTE reduced by 2.3% in Gloucestershire since to 2019
- GP Partners FTE reduced by 21.3% (compared to 12.8% nationally in July'23) since 2019
- Registered population up by 34,928 since 2019
- 26% increase in total appointments (17.5% nationally) since 2019
- General Practice BMA Committee survey Feb'24:
 - Two thirds of practices reported concerns about their short and long-term financial stability.
 - More than half have experienced cashflow issues in the last 12 months
- Top 3 challenges for local GP practices: *“Workload - work coming back and long delays in secondary care, increasing volume and complexity of workload, and associated stress”*
- Anecdotal feedback from local GPs about workload transfer and retention
- Gloucestershire GP partner retention survey May'24
 - 80% of those leaving in the next 12 months citing “inappropriate workload transfer” as a reason for going
 - 46% stating that “ICB/system-level support to push back against inappropriate workload transfer would support them to stay longer”

Audit of GP encounters related to secondary care

- Commissioned by ICB end of 2023
- At least one GP surgery per locality for county-wide representation
- GPs asked to log every GP encounter for a minimum of 1 week Jan-March'24
- Survey aimed to answer the question:
 - ? *What is an estimated proportion of GP encounters which is related to transfer of work from secondary to primary care*
- Not capturing the 'hidden' work not requiring a GP encounter
- 6,771 responses
- 542 free text comments
- 11.5% of GP encounters involved work transferred from secondary care, or as a result of secondary care input = **231,565 GP encounters per year** across the county
- AT LEAST 82 hrs per day

The information you share is anonymous, will be treated in the strictest confidence and stored securely. Responses will inform our evaluation of current workloads.

This survey is facilitated by NHS Gloucestershire. To find out more about the way NHS Gloucestershire uses your information please click [here](#) to visit our website.

1. Did this encounter involve work transferred from secondary care, or as a result of secondary care input? (please tick all that apply) *

- No
- Advice and guidance response
- Discharge summary eg "GP to action"
- Patient needing ongoing clinical management of the condition whilst waiting for secondary care appointment
- Patient enquiry about waiting time for secondary care assessment
- Request to expedite hospital appointment
- Letter, email or call from secondary care to GP
- This encounter involved work which was not within the primary care contract (please specify in comments box below)
- Other involvement with secondary care (please specify in comments box below)

Comments:

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2. Did this result in any of the following? (please tick all that apply)

- Advice given to patient
- Treatment provided
- Test requested
- Patient reviewed

- Referral made
- Letter or email sent
- Other (please specify):

3. Approx how long did it take to complete these actions?

- less than 1 minute
- 1 - 5 minutes
- 6 - 10
- more than 10 minutes

4. Please use the space below to provide any further comments you wish to make about the impact of secondary care on this encounter?[Previous Page](#)[Finish Survey](#)

Thematic analysis of qualitative feedback: Common themes

- Delay in communication by secondary care to GPs about prescribing, test results, follow-up plans
- Secondary care not informing patients directly about management plans – patients having to contact GPs for info
- Blurred boundaries of responsibility for ongoing specialist care between GPs and secondary care

Categories of transfer of work in decreasing order of prevalence from qualitative analysis

- Prescribing
 - Frequent analgesia requests
 - Patients requesting medications following outpatient appointments without accompanying letter to GP
 - Not following agreed prescribing traffic light system
- Fit note requests
- Delay in accessing secondary care appointments
- Secondary care requesting GP to make an onward referral to another specialty for the problem related to the original reason for referral
- Missed or lack of follow-up in secondary care
- Secondary care requesting GPs to organise further tests and procedures related to the original reason for referral whilst still under secondary outpatient care

Categories of transfer of work in decreasing order of prevalence from qualitative analysis

- Post-op advice and wound care
- Request for pre-op assessment tests
- Referral rejections
- Chasing secondary care appointments and planned investigations
- A&G advice
- Midwifery results and prescribing
- Inappropriate discharge with unmet medical and / or social needs
- ADHD referrals and prescribing
- Requests for further imaging which is not available to GPs such as MRIs

What has changed as the result of the audit?

- Move away from anecdotes – the problem is real
- Quantify the estimated impact and prioritise categories of transfer using evidence e.g. some surprises about A&G and delay in accessing secondary care
- Set up a Primary / secondary care interface group incl consultant lead for interface at the acute trust
- Agreed local version of Academy of Medical Royal Colleges interface consensus document using local evidence to prioritise what is important for Gloucestershire
- National networking (ICS General Practice Leads event, NHS Confed) – bringing examples of best practice into Gloucestershire
 - Primary Care Liaison Officer role
- Relationship building: GP/consultant networking event – more to come
 - Onward internal referrals
 - Pathway for prescribing in virtual clinics –part of wider interface prescribing principle
 - Med3
 - Expediting secondary care appointments based on clinical urgency – already in place
- ICB: corporate risk register; additional funding for GP practices to recognise support for elective recovery in secondary care

What are the future opportunities?

- Use the ‘threat’ of Collective Action and nationally mandated targets for acute trusts as opportunities to accelerate
- Bring clinicians around a shared purpose – a common clinical challenge common to most of us: aging demographics and increasing frailty, as per the [CMO annual report](#) “Health in Ageing society”

The most important principles:

- Use the findings of the survey as a reason to bring primary and secondary care together, NOT further apart!
- Put the patient at the heart of what we do
- Respect each other as colleagues