Executive to Executive Meeting Oxfordshire Clinical Commissioning Group and Oxford University Hospitals NHS Trust: Thursday 5th December 2013

Title	**Engagement between GPs and OUH – Update and Suggested Next Steps**

Status	The joint Executive meeting is asked to note the progress made to date and support the proposals set out to jointly further improve engagement between the OUH and GPs
History	A paper was supported by this group on 4th June 2013 and approved by the OUH Trust Board on 10 July 2013

Board Lead(s)	Mr Andrew Stevens, OUH Director of Planning and Information			
Key purpose	**Strategy**	Assurance	Policy	**Performance**

Engagement between GPs and OUH

1. Purpose and Background

1.1. At its June 2013 meeting this group supported a paper describing issues that had been raised at meetings between OUH Executive and Divisional Directors and the six Oxfordshire Clinical Commissioning Group (CCG) localities in late 2012/early 2013. This paper was later approved by the OUH Trust Board at its July meeting (TB2013.87) The paper set out a work programme, project structure and on-going methods of engagement to be taken forward jointly between the OUH and Oxfordshire CCG.

1.2. This paper provides an update on actions that have taken place to date in relation to the agreed proposed areas of focus and suggests next steps and responsibility for specific areas of action. This is set out in the table that follows.

	Action	Update	Suggested Next Steps	Responsibility
Workstream 1: Outpatient Appointments				
Project Lead:	Sara Randall			
Issue: Problems for patients and GPs attempting to book appointments due to lack of available clinic slots on Choose and Book system and inadequate administrative systems in some specialties.				
1.1	Review of administrative systems in specialties where issues identified (ENT, Ophthalmology and Urology)	An action plan has been implemented in ENT.	• Internally the OUH will roll out learning from ENT to other specialties, e.g. development of Band 5 posts to manage Patient Tracking Lists • The OUH EPR Team is examining associated IT issues related to the use of the Millennium system	Divisional Directors as applicable, particularly Neurosciences, Orthopaedics, Trauma & Specialist Surgery
1.2	Review of outpatient clinic setups and Choose and Book templates to ensure there are the correct number and type of clinic slots available for patients to book into.	Paper on Outpatient Re-profiling project discussed by July 13 OUH Trust Board meeting (TB2013.88) and shared with CCG	Implementation of Project Timeline : • 14/1/14 – Clinic profile sign off for all clinical services • 31/1/14 – Clinical service demand/capacity report for all clinical services • 31/5/14 - New clinic profile implementation for all clinical services • 31/9/14 – Final service report for all clinical services	Director of Clinical Services, assisted by Outpatient Project Team and monitored by Finance & Performance Committee

	Action	Update	Suggested Next Steps	Responsibility
Issue: The CCG has requested OUH to reduce outpatient follow ups, but there is a recognition that the impact of this on GPs needs to be managed				
1.3	Reduction in outpatient follow ups and management of effect: • On-going dialogue on which patients are being followed up unnecessarily • Management of effect of reducing outpatient follow ups	OUH services have set up a number of e-mail clinics, telephone clinics and patient information leaflets. Regular meetings with CCG lead for Planned Care and a selection of clinical directors.	On-going publicity around these services.	OUH Director of Clinical Services
Workstream 2: Sharing Information about Patients				
Project Lead:	Andrew Stevens			
Issue: Discharge letters were not being addressed to the referring GP				
2.1	Local solution to ensure that discharge letters addressed to last referring GP	A local solution has been implemented.	The local solution is causing some other operational problems. In the short term the Transfer of Information Taskforce has suggested reverting to the national system, although this requires agreement. In the longer term a strategic solution is being written by OUH	Transfer of Information Taskforce
Issue: Poor quality, missing or incorrect information on discharge summaries.				
2.2	Installation of new Emergency Department (ED) Discharge information system	ED information is now being sent electronically using Millennium rather than Case Notes.	Some data quality issues remain associated with ED staff not completing information comprehensively. Agree a process for GPs to flag cases where	Transfer of Information Taskforce. Rob Way, Consultant Nurse to manage data quality issues.

	Action	Update	Suggested Next Steps	Responsibility
			information not completed so that these can be followed up to ensure future compliance. Include in future induction. (see 3.1 below)	
2.3	Improve discharge communication to GPs	eIDD (electronic Immediate Discharge Documentation) – is now sent directly to the GP Docman system when a patient is discharged. The multi-professional, multi-agency Discharge Pathway team, comprising experienced clinicians is in place to optimise interface between acute and post-acute Health and Social Care.	Embed and audit these processes	Director of Clinical Services. OUH has set up internal Discharge Oversight Group.
Issue: GPs commented that the Biochemistry ICE on-line ordering was working well and asked whether there was scope to extend this, especially to imaging.				
2.4	Future expansion of electronic exchange of information, including examination of possibility of adding radiology to ICE electronic requesting	Radiology referrals can now be printed directly from system.	PACs (Picture Archiving and Communication System) is in progress. Electronic messaging is being developed – there are some dependencies within the system.	Transfer of Information Taskforce
Issue: Significant amount of debate among GPs at several of locality meetings about the preferred protocol with regard to accessing patients' results – i.e. do they want to see all results, just the ones they initiated or just be able to look up what they want on Case Notes?				
2.5	Written clarification from LMC and CCG on policy about sharing results	It has been agreed that results are available to all clinicians, but results will only be sent to the test initiator	Process implemented	

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Workstream 3: Meeting patients' needs following appointment/discharge				
Project Lead: Ted Baker				
Issue: Non compliance with various policies and poor communication with patients, particularly by junior doctors, having an adverse impact on GPs, including: • Non issuing of sick notes (Med 3s) to inpatients • Lack of clarity over what patients should expect in respect of future follow up				
3.1	Improvements to induction and training of junior doctors to ensure they understand reasons for policies and impact on GPs of non compliance	Meeting held involving Tony Berendt, Peter Sullivan (OUH Director of Medical Education), Andrew Stevens and Paul Brennan with Paul Roblin (LMC Chief Executive) on 18/11/13	OUH to synthesise work undertaken by LMC and CCG on interface issues between primary and secondary care into a Charter (by end of December 2013). This will then be communicated throughout OUH and at induction.	Ted Baker, Dr Peter Sullivan, Paul Brennan
3.2	Discussion of other ways in which policies can be reinforced			
Issue: OUH clinicians: • Not prescribing medication needed urgently (within 14 days) and instructing the patient to ask their GP to prescribe it • Prescribing insufficient TTOs (drugs to take home) – (less than 28 days medication or 14 days if dosset boxes used) • Asking GPs to prescribe drugs not available in primary care • Making inappropriate requests for GPs to prescribe e.g. enemas for radiotherapy Should there be an agreed formulary between primary and secondary care?				
3.3	Review of policies relating to prescribing and possibility of shared formulary	Joint work is currently being undertaken between OUH and CCG to audit UK based teaching hospitals and Trusts in Thames Valley and Wessex areas to establish their practice with regard to how many days' supply are prescribed and their monitored dosage system to ascertain how OUH practice compares. The OUH, Oxford Health NHS FT and OCCG are in the process of agreeing a joint formulary accessed via a joint IT platform. The OUH is undertaking an internal process to communicate the current contractual requirements with regard to days'		Medicines Management Task Force, APCO (CCG committee with Trust representation), Medicines Management and Therapeutic Committee (MMTC - OUH Committee with CCG representation)

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		supply of medication on discharge. The OUH is preparing a primary care information leaflet to explain to GPs the rationale behind its prescribing practice. A draft has been shared with the CCG. Ward based pharmacists undertake on-going education of medical staff, including challenging of prescribing practice.		
Issue: Questioning of whether consultant to consultant referrals are taking place appropriately				
3.4	Review of implementation of reduction in consultant to consultant referrals	OCCG analysis demonstrated reductions.		
Issue: Need to ensure compliance with agreed policy that initiator of test follows up the results				
3.5	Development of EPR to require every test initiator to sign off results	Is being implemented as part of the roll out of Order Communications within the OUH.		Andrew Stevens, OUH Director of Planning and Information
Workstream 4: GP Access to Advice and Information				
Project Lead:	Andrew Stevens			
Issue: GPs finding it difficult to access advice from OUH clinicians with regard to management of patients which may avoid inappropriate referral/admission/investigation. Specific things that would help: • Increased use of e-mail • Provision of improved directory of services • Improved information for GPs on OUH website • Opportunities for GPs to meet OUH consultants and discuss issues on a regular basis.				
4.1	Provision of directory of clinics through directly bookable appointments system	A Trust Directory of Services already exists within the indirectly bookable system.	As the work to roll out directly bookable services progresses, the Directory of Services will be reviewed with all clinical services and updated where necessary.	Director of Clinical Services (lead Lesley Pinfold)
4.2	Proposals for a programme of education events with GPs	CCG have suggested this should be held after Christmas. Proposal is to hold a joint education and training event on end of life care to be followed by	Hold first event, including survey to ascertain what GPs would like from future events, including topics.	Director of Planning and Information (lead Alison Barnes)

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		social event.		
4.3	Examination of how communication between GPs and consultants can be improved	Options to be explored, including publication of phone numbers and improved information for GPs. All clinical services should have their own web pages with information relating to referring into the Trust and contact details. These need to be reviewed, updated and improved.		Andrew Stevens and Paul Brennan
4.4	Provision of improved information for GPs on OUH website			
Workstream 5: Making the best use of information entered on Datix by GPs				
Project Lead:	Ted Baker			
Issue: A significant amount of information on GP and patient experiences of OUH services is being collected through use of the Datix system by GPs.				
5.1	Review information flows and agree best structure for future discussion, analysis and monitoring of issues raised through Datix	Regular meetings are held between the Quality leads from the CCG and OUH representatives including Annette Anderson (Head of Clinical Governance) and Ian Reckless (Assistant Medical Director, Clinical Governance)		Tony Summersgill and Ted Baker

2. Locality "Buddying"

The Locality groups stated that they would like OUH representatives to attend their meeting regularly. A "buddying" arrangement was agreed whereby one Executive Director and one Divisional Director would be nominated as links to each of the six localities. The OUH has now agreed which of the executive directors will link to which locality. This is set out in the table below:

Locality	Executive Director	Divisional Director
North	**Paul Brennan** **paul.brennan@ouh.nhs.uk** **01865 743217**	**To be confirmed**
North East	**Ted Baker** **Ted.baker@ouh.nhs.uk** **01865 572415**	**To be confirmed**
Oxford City	**Mark Mansfield** **Mark.mansfield@ouh.nhs.uk** **01865 572877**	**To be confirmed**
South East	**Mark Trumper** **Mark.trumper@ouh.nhs.uk** **01865 572436**	**To be confirmed**
South West	**Liz Wright** **Liz.wright@ouh.nhs.uk** **01865 572411**	**To be confirmed**
West	**Andrew Stevens** **Andrew.stevens@ouh.nhs.uk** **01865 572875**	**To be confirmed**

3. Recommendation

The Executive to Executive meeting is asked to note the progress made to date and support the proposals set out to jointly further improve engagement between the OUH and GPs.

Ailsa White, Corporate Planning Manager, OUH
Andrew Stevens, Director of Planning and Information, OUH
December 2013