

You Said...

We Did...

Concerns over ultrasound waiting times in Q3/4 of 2023



Significant joint-working to successfully reduce routine waits to 6 weeks.

Request for Primary Care (PC) to continue to support by following US Guidelines on DXS: *Frimley Health and Care/Radiology/3.Frimley ICS GP Guidance*.

Ongoing clinical education and support arranged - latest education session delivered to PC on 11 June 2024.

Request for waiting time information by speciality to help with supporting patient expectations.



Waiting time information by speciality was shared with Primary Care via various communication channels inc. the ICS GP Bulletin in May 2024: [FHFT Waiting Time Information - April 2024.F.docx \(live.com\)](#).

Practices were previously asked to email the FHFT Data Quality team (**FHFT Deceased & Data Quality Mailboxes**) to give death notifications outside of hospital.



Since going live Epic (our EPR), FHFT are able to run weekly updates from the National Care Record Service (NCRS) of out of hospital deceased patient information. Therefore, practices **no longer need to notify FHFT, making the process more efficient. However, it remains crucial for PC to update the NCRS (the NHS Spine) as quickly as possible.** For future data quality queries contact the Data Quality team: fhft.dataquality.corrections@nhs.net.

Some clinic letters had the name of the clinician **without their job title** etc. causing some confusion for PC and patients when wanting to follow-up correspondence.



Trust's EPR training team have reviewed and updated the existing clinic letter guidance and training to include the importance of updating signatures and how to do this. This has been shared with all specialties and will form part of future face to face clinical training.

A request for Podiatry/Lower Limb PAD referrals to go direct to FHFT and stop the non-added value step of going via the GP.



Historically, Podiatry and Lower limb teams were unable to make referrals directly into secondary care, therefore these came via the GP.

Now, a new system-wide referral pathway has been jointly developed and agreed.

BHFT now have eRS access and the ability to refer directly to the Vascular services at FHFT, improving the patient pathway and reducing GP time.

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Mother's details were not on new baby BCG letters, making it difficult for PC to file if the baby had not yet registered at the practice.



Working with GP colleagues, FHFT amended the letter templates to include the mother's name and NHS number in the top line.

When correspondence has been updated and re-sent to PC, it is not always clear that it is an updated version and is sometimes considered a duplicate.



FHFT teams should seek to ensure the content of any correspondence is accurate before sending. However, should they require changes to be made; FHFT has introduced an addendum process in Epic to make changes clearer to the recipient. The correspondence will include a banner at the top of the edited letter, stating **"This is not a duplicate – this is an addended communication that replaces any previous versions sent."** The second banner will be used to highlight a particular section of the letter and reads **"The following section contains corrected or additional information that replaces any previous versions sent."**

PC were sometimes asked to repeat ECHO requests in X years' time e.g. in 2years etc.



Since going live with Epic there is now a surveillance process in place within Epic for Cardiology patients (max of 3 years).

Request for clarification on Routine Paediatric Blood test bookings and the process for Urgent Requests



Clarity provided through communications and GP briefings that Routine Paediatric Blood Requests can be supported here: [Booking your blood test | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](https://fhft.nhs.uk) (including full details of Booking sites, ages and FAQ's:).

Whereas, if the requesting clinician feels the patient's blood tests are required urgently, the clinician is asked to contact the Paediatric Hotline in the first instance. The Consultant can advise on the most appropriate plan: [Urgent advice | NHS Frimley Health Foundation Trust](#) and the SDEC directory: [SDEC \(Including Ambulatory care\) | NHS Frimley Health Foundation Trust](#) or via the DXS homepage.

We asked for primary care (PC) to ensure any of their booking processes signpost patients to the FHFT website: [Booking your blood test | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](https://fhft.nhs.uk).

Sometimes patients who had an abnormal smear result received their colposcopy appointment text reminder prior to receiving their appointment letter which included a patient information leaflet.



The patient information leaflet is now shared immediately with the patient via the MFH (MyFrimleyHealthApp) and via the post (where appropriate). The FHFT website has also been updated with a useful patient video: [Gynaecology | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](#). Please ensure the clinician undertaking the smear continues to reiterate what the next steps are to support patient's expectations.

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Confusion around where to send Urgent and Emergency Breast Patients e.g. breast abscesses in Frimley North.



Clarity that these patients should go to WPH Surgical Emergency Unit (SEU). The SEU acceptance criteria has been updated here: [SDEC \(Including Ambulatory care\) | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](https://www.fhft.nhs.uk) which is also available via DXS.

Breast problems - SEU Criteria:

1. **Postop wound** and drain problems including haematoma, seroma, infection, wound breakdown. etc.
2. **New symptoms of breast infection** (lactational or non-lactational mastitis) or abscess. For lactational beyond the first 4 wks (midwives have contact with women postnatally until 28 days). Further urgent clinical advice can be found here: [Urgent advice | NHS Frimley Health Foundation Trust \(fhft.nhs.uk\)](https://www.fhft.nhs.uk).

Support with referral processes and pathway updates across the primary and secondary care interface.



Back by popular demand, the FHFT interface support team worked with FHFT & ICB teams to run another 'Frimley ICS Referral Management Support - e-RS and DXS' Webinar. This was held on the 11 July '24 for all PC admin teams, with over 50 attendees. In-between webinars there is a dedicated Q&A and communication-sharing channel on MS teams for PC admin.

Further improve the quality of discharges – particularly around the medication sections



- FHFT re-completed Trust-wide training with all FY1 and FY2 doctors about discharge medication reconciliation processes and safety. This has now been built into Trust induction for FY1s and FY2s. Other improvements include:
- Implemented a new look streamlined admission navigator which helps admission medicines reconciliation that dramatically effects TTA reconciliation.
- The discharge navigator changes have been scoped and are being implemented.
- A huge clinical push in Q4 for nursing staff, ensuring TTA handovers are effective at discharge.
- Implemented changes to Epic that allows nurses to better identify if pharmacists have screened medication. This is particularly helpful for escalation areas.

DSU Discharge summaries medication reconciliation was not always clear and sometimes caused confusion.



FHFT Improvements to the Day Surgery Unit (DSU) discharges

FHFT is continuing to work with our PC colleagues to review and improve the quality of our discharge summaries to optimise patient care.

Discharge summary templates have been updated to highlight that due to the short duration of patient stay, pharmacy may not have carried out a full drug history/medicines reconciliations prior to discharge. The discharge template now makes this clearer.

Further info below: [NHS Frimley - Frimley ICB PC Bulletin Issue 301 - 14.06.24.](#)

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Request to re-share the non-medical referrer (NMR) radiological requesting process.



FHFT have reviewed and improved the NMR policy and application process ([New NMR policy 2024](#)). Also available via a link on the Radiology DXS Landing page.

There were some technical delays with referral and triage information flowing in a timely manner from eRS into the Trust's EPR (Epic) and vice versa.



In line with our agreed Interface development priorities for 24/25 - During June and July '24 the trust upgraded the digital interface between eRS and Epic, which has significantly improved the performance and automatic transfer of referral and triage info from primary care into the Trust and vice versa.

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 GP centre website: [News and interface developments \(fhft.nhs.uk\)](https://www.fhft.nhs.uk/news-and-interface-developments).

FHFT / Primary Care 'Collaborative Working' Reference Guide:

We have developed the following reference guide, connected to themes picked up as part of 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. Please find the reference guide and further interface support resources here: [News and interface developments \(fhft.nhs.uk\)](https://www.fhft.nhs.uk/news-and-interface-developments).