

Spring 2019

HELLO



Dr Sarah Humphery

At last Spring has arrived and I have been energised by spending some time with the fantastic Rapid Response team out in the community and at Whittington Hospital. I went out with one of the Community Matrons who did a very thorough assessment of the patient (who by chance turned out to be from my practice!). This team can assess, treat and follow up patients at home, initiate or increase existing care packages and get equipment in place on the same day. This helps prevent admission to hospital and keep patients in their own homes safely. I have included a poster detailing the service. If you have any questions

about the service, do contact [Sue Gibbs](#).

CARECENTRIC

This shared care record system, exclusively for health and social care, is available via EMIS. It is free and is a key tool in providing better integrated and safer care.

Currently it will give you access to RIO to see when your patient will be seen by district nursing and if they have been seen and why. You will be able to see Islington social care (adult) details and Whittington Health letters and clinic appointments. Safeguarding alerts raised by any of these organisations will also be available.

We are currently in discussions with Haringey Council about linking Social Care Services to CareCentric, as well as looking into the possibility for using for under 18's in the future.

How do you access it?

When you go to the EMIS record of a patient, click on the left hand side to show the menu. At bottom left there is a green icon called GRAPHNET – this is CareCentric and we are in discussions with EMIS to change the name, but don't let that stop you from using it in the meantime!

If you do not have it on your IT system via EMIS, please contact [Cathy Parker](#) who will get your practice set up. It is quick, easy and free and will contribute to better integration and lead to improved safety for patients.

CareCentric will be used by our district nursing team by end of April, which means they will be able to view EMIS details of patients, e.g. medical problems, medications and allergies, but not details of consultation, when they visit patients in their homes. Therefore, you will no longer have to provide monthly patient summaries for the district nursing teams – this is great news and means less admin for practices.

However, a gentle plea: to help the evening community team who visit patients to administer medications please only put medications as evening dose if absolutely indicated or needed when reviewing or initiating medications. Thank you.

SERVICE SPOTLIGHT – ADULT COMMUNITY SERVICES

I would like to thank everyone who responded to the recent survey run by our Adult Community Services team or fed back via one of their practice visits or meetings. The team found it invaluable and are feeding back to local GPs on how they have been responding to feedback.

In direct response to feedback, the team now:

- has better internal referrals
- sees 95% of referrals into Adult Community Services within the target for the vast majority of pathways, with transformation work taking place for Bladder and Bowel
- has new websites for [MSK](#), [Bladder and Bowel](#), [Podiatry](#) and [Nutrition and Dietetics](#)
- is planning to roll out a single point of access for MSK
- plans for new models of care for Intermediate Care Services and Integrated Continence Services
- has started a new project to improve the central booking service

Please continue feeding back to the team so that they know how these actions are working – contact [Nadine Jeal](#), Clinical Director for Community Health Services for Adults with any comments you may have.

DISCHARGE SUMMARIES

More good news – following your feedback, a working group has looked at Discharge Summaries used at Whittington Health and a new revised version will be in place from 10 April.

This will look similar but some headings have changed and been removed and importantly there will be a section for the patient giving them a clear diagnosis, what treatment they have had/continue to need, what to do if there are any problems and

who to contact post-discharge. It has been made very clear what GPs must not be asked to do e.g., follow-up bloods, urine results, etc.

DEVELOPMENTS AT WHITTINGTON HEALTH

We currently have a number of projects taking place to improve the environment for patients and/or staff. In addition to improvements in maternity (see below), we are also about to start work on the hospital site to make way for a new mental health unit, following the sale of some non-clinical land to our local partners, Camden & Islington NHS Foundation Trust.

At the same time we have started an exciting piece of work looking at how Whittington Health will continue to improve the ways we deliver care in the future – this is being led by clinical need and guided by our clinical staff. It is likely to lead to changes to our physical estate, at the hospital and in the community and we will be engaging further on any future options.

We will continue to provide care at both Whittington Hospital and from locations in the community we serve. However, people come to us expecting healthcare that is delivered in modern facilities, near their homes, and increasingly with the opportunity to choose telemedicine and remote monitoring rather than traditional outpatient appointments. We want to stay at the forefront of these changing technologies and meet the expectations of those we care for. I will keep you updated on our plans as they progress.

ABNORMAL CXR PATHWAY

I recently sent one of my practice patients for a CXR which turned out to be a pleural effusion and when I followed up I was reassured to find out that Radiology have a pathway where the patient is sent to the Ambulatory Care Centre immediately.

While this is great care and the patient received swift treatment, it had not been noted on the CXR report (which did have an alert for an unexpected finding), which would have meant I didn't need to chase the patient. I'm pleased to say that after I fed back to the Radiology department, they will now add this action to the report so it is clear to the GP that the patient has been sent to Ambulatory Care.

This is a good example of a service being responsive to feedback – please let me know if you encounter anything where our process could be better and I will speak to the service.

MATERNITY BUILDING WORK UPDATE

We are currently refurbishing our postnatal ward and have almost completed building a brand new second obstetric theatre. This will improve the environment for both patients and staff.



I'm pleased to say that our Maternity Service performed very well in the CQC Maternity Survey 2018 – 100% of women felt they were treated with dignity and respect, 98% had confidence in our staff and 96% felt involved in decisions about their care.

If any of your patients are thinking of having their baby with Whittington Health – either in our Birthing Centre, Labour Ward or at home with our Community Midwives, they can self-refer online at <https://maternity.whittington.nhs.uk>.

We will shortly be making materials about giving birth with Whittington Health available to all practices in the area. It would also be helpful if you could add a link to our Maternity site to your practice text messaging system so it is easy to send to patients.

GP/CONSULTANT EXCHANGE

We need your help with a very exciting project! Barriers between primary and secondary care lead to frustrations for clinicians and patients. Whittington Health is looking for initiatives to build and develop clinical working relationships across primary and secondary care – one of these is the GP/Consultant Exchange Programme.

GPs from Islington and Haringey will be paired with consultants at Whittington Health and they will spend half a day in each other's clinics observing the work of their counterpart. The exchanges will run between May and September and we hope to accommodate 50 pairs of GPs and Consultants. There will also be an evening celebration event for all participants in Mid-November.

This type of exchange was trialled very successfully by University Hospital Southampton NHS Foundation Trust and Southampton City Clinical Commissioning Group in 2017. Further information can be found from one of the following links:

- NHS England: [GP Consultant Liaison – Southampton City Clinical Commissioning Group](#)
- NHS Southampton City CCG: [Video of the GP Liaison Scheme in Southampton](#)

This is an exciting programme that has proven outcomes around quality improvement and integration. Please do sign up – it is not only a valuable opportunity to gain insight and build on integration, co-operation and understanding of our different clinical work, but it also counts as a QI activity for your appraisals.

For more information, please contact Ashleigh Soan at ashleigh.soan@nhs.net or on 020 7288 5906.

...AND FINALLY

I wanted to let you know about the new Clinical Interface Group (CIG) for Haringey and Islington, formally known as the GP Forward View Group. This group meets every 2 months, providing a forum to maintain and continue the strong working relationships and open communication between trust consultants, operational leads and local GPs from LMCs, CCGs and GP Federations.

We discuss how to improve and contribute to existing and new patient pathways and deal with any issues arising. The group ensures that mechanisms are in place to share learning and good practice in order to raise standards for patient care and safety. If you have an issue which you feel this group should discuss, please [contact me](#).

I'll be in touch in the summer with the next GP Connect.

Do contact me if any issues at sarah.humphery2@nhs.net.

Sarah