

# GP Alerts Newsletter

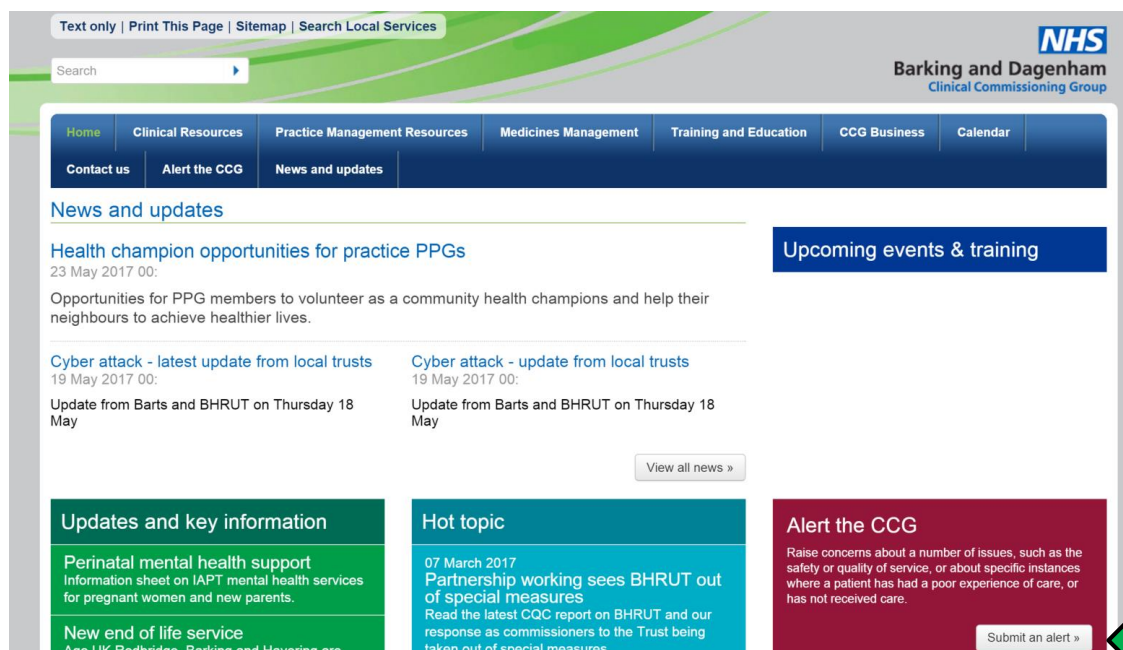
May 2017

Welcome to the spring edition of the Barking and Dagenham, Havering and Redbridge (BHR) CCGs' Quality Team GP service alert newsletter. This edition continues to focus on GP Service Alerts outcomes and shared learning across BHR CCGs.

## Improvement update

We would like to thank GP colleagues for continuing to use GP service alerts. As you may know we had a small technical glitch in February which prevented Barking and Dagenham GPs' alerts reaching us. To resolve the issue we looking into a more robust mechanism to ensure that all alerts are recorded and can be accessed centrally by multiple people, thus reducing the risk of potentially losing alerts.

Remember the quickest and easiest way to report an issue is through the 'alert the CCG' button on the home page of our GP intranets:



- Barking and Dagenham – <http://gp.barkingdagenhamccg.nhs.uk/home.htm>
- Havering – <http://gp.haveringccg.nhs.uk/home.htm>
- Redbridge - <http://gp.redbridgeccg.nhs.uk/home.htm>

More individual patient concerns are being sent to us through the GP alerts system. In the majority of cases, GP colleagues are mainly sending alerts to highlight potential service gaps, but not always stating whether they are following up the individual cases with providers. It is important that the Quality Team sees these individual clinical concerns, as

they are useful early indicators of potential systemic failures. However, this has caused duplication of effort, so we ask that when GP colleagues report these individual cases they flag them for information only so we can focus on the potential underlying systemic issues.

It would help enormously if GP colleagues could fully complete the fields in the GP Alert system so we can easily identify the service with the issue.

## Outcomes and shared learning

### Extension of MSK service

GP colleagues have raised issues with referrals and delays into the DMC Healthcare MSK service. DMC Healthcare only triages and doesn't provide the appointments, so delays are most likely to be from appointment availability, but we are looking into this further to be sure. There is a wait for some physiotherapy services and appointments are not always available on ERS for secondary care providers. To address these delays we are reviewing physiotherapy capacity across the three CCGs and working with providers, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) particularly, to understand the ERS position and the 'defer to provider' element which appears to be one of the main problems.

The MSK pathway has always been a pressure point in the system and the triage service was put in place to better manage the service as we had patients 'bouncing around the system' and referred to the wrong specialty. The triage service aims to direct our patients to the right treatment from the start of the referral. We are conducting a review at six months (beginning in June or July) to evaluate if this is working and to further work through where the blockages in the system are, such as physiotherapy. We have regular contractual meetings with our providers as well as informal conversations to discuss the concerns raised. Both providers are keen to work with us to make this pathway a success.

### Ongoing issues with Cyberlab

GPs raise regular alerts about BHRUT's Cyberlab system, which is supported by BHRUT's Senior Pathology Manager (SPM), who regular updates GPs directly or through the Trust's GP Liaison Officer. As with any IT system, full details of the problem are required so it can be identified, recreated and resolved. The SPM advises that as this is a web-based system, local issues such as network failures and web settings can be accessed by the Cyberlab team, but the problem must be clearly described when reported.

The Quality Team has contacted the SPM and the GP Liaison Officer asking for the formal process to report Cyberlab issues, what information is required to identify the problem and what response times are agreed in the Service Level Agreement. We have also asked the SPM and GP Liaison Officer to provide their mechanism to report issues and resolutions, so GPs are immediately informed when the system has a problem and are given workarounds where practicable.

If you have an issue with Cyberlab, please clearly describe the issue and how and when it happened so the team can investigate. Please email:

[Pathology.Helpdesk@bhrhospitals.nhs.uk](mailto:Pathology.Helpdesk@bhrhospitals.nhs.uk)

When Cyberlab becomes aware of urgent issues which affect multiple GP practices, it will communicate with GPs. Other communications are sent to BHR CCGs' Communications Team who will pass the information on through the BHR CCGs' communications network.

### **BHRUT sample collection service**

Many GP practices reported the GP Courier Service (which picks up samples and returns results directly to GPs) had told them the service would cease at the end of April. Immediate action was taken to ensure that this contract was extended and it is under review.

### **BHRUT blood analyser**

A GP reported that many blood samples had not been processed, with the message: "regret, due to laboratory error analysis has not been possible on this sample. Please repeat request if clinically indicated". They raised concern about delayed diagnosis and that patients would have to re-attend for a repeat test. On investigation, all samples had been taken at Queen's Hospital between 28 April and 5 May. All were for B<sup>12</sup> and folate. The Pathology Manager advised that due to bank holidays and a breakdown of the blood analyser, and that serum B<sup>12</sup> and folate are extremely labile, samples should be analysed within a few hours of receipt. They advised avoiding sending patients for blood tests on Fridays. The Quality Team was aware that the Pathology Analyser was on the Trust's risk register as at risk of failure due to the age of the machine.

The Trust said the samples were rejected due to the analyser failure, but this also indicated there was a potential backlog of samples, and processes to ensure bloods are processed and stored may not be robust.

Following the NHS cyberattack on Friday 12 May, the Quality Team conducted an assurance visit to the phlebotomy and pathology units at the Trust, to ensure systems and processes were robust, and that samples which could not be processed the same day were correctly preserved for processing. The team thought the Trust managed the cyberattack extremely well, and we were impressed with how staff rallied together to ensure that systems were brought online safely and swiftly. They should be congratulated. A full report will be presented to the Quality and Safety Committee.

### **Inappropriate referral back to GP**

Seven GP service alerts were received where a consultant was inappropriately referring a patient back to the GP for onward referral or follow-up on the original condition. GPs have correctly said this breaches NHS Standard Contract Section 8, places unnecessary pressure on GP practices and delays patient care. The alerts covered several specialties, so rather than approach each consultant, the Quality Team will raise this at the clinical quality review meeting in June. Feedback will be provided to GP colleagues in the next newsletter.

### **NELFT community services**

GP colleagues are flagging concerns about NELFT community and district nurse services. Capacity in the district nurse phlebotomy service is causing delays and in the community medical paediatric service, children may be waiting up to a year for follow-up appointments

as there is no waiting list and a delay in initiating intervention. GPs are also flagging that there is no local podiatry service in Barking and Dagenham. These issues are under investigation with the Trust, and a further report will be included in the next newsletter.

## Alerts overview and themes

For the period between 1 March and 19 May, GPs across the three CCGs have reported a total of 92 alerts. The current status of the GP Service Alerts is:

CCG/Status	Mar-2017	Apr-2017	May-2017	Grand Total
<b>Barking and Dagenham</b>	<b>12</b>	<b>15</b>	<b>6</b>	<b>33</b>
Closed	6	13	6	25
In Progress		2		2
Open	6			6
<b>Havering</b>	<b>4</b>	<b>7</b>	<b>7</b>	<b>18</b>
Closed		3	2	5
In Progress	1	4	4	9
Open	3		1	4
<b>Redbridge</b>	<b>10</b>	<b>18</b>	<b>13</b>	<b>41</b>
Closed		4	4	8
In Progress		6	6	12
Open	10	8	3	21
<b>Grand Total</b>	<b>26</b>	<b>40</b>	<b>26</b>	<b>92</b>

A full breakdown of themes by provider is shown on the next pages.

**Please watch out for the next BHRCCGs GP Alerts Newsletter and please keep reporting.**

**Appendix: Themes identified between April and May 19<sup>th</sup> 2017 – All CCGs**

<b>Provider and theme</b>	<b>Mar-17</b>	<b>Apr-17</b>	<b>May-17</b>	<b>Total</b>
<b>Barts Health</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>12</b>
Blood test results sent to GP without requestor information		1	1	2
Demand exceeded capacity	2			2
Systems failure prevented patient's 2WW CT scan from being sent		1		1
GP expected to re-refer patient following treatment	1			1
Failed referral to Barts Health Ophthalmology Clinic for Cataract appointment			1	1
Change of location of BH MSK service		1		1
IT Failure causing delays in getting x-rays			1	1
Advice on screening for Mycobacterium Chimaera following valve surgery		1		1
Cancelled T&O OPD appointment at short notice			1	1
Discharge Summaries incorrect		1		1
<b>NELFT</b>	<b>4</b>	<b>12</b>	<b>6</b>	<b>22</b>
NELFT Phlebotomy Service capacity		3		3
Inappropriate referral back to GP for follow up on the original condition. Contract SC8		2	1	3
Delayed Appointments	2			2
No NELFT CAMHS Tier 2 services available		2		2
District Nurse Service Capacity			2	2
MH Text Support			1	1
Safeguarding	1			1
Long wait for IAPT Services			1	1
Availability of NELFT HASS appointments		1		1
Failed discharge for NELFT Mental Health patient		1		1
Referral pathway to NELFT Diabetic Service			1	1
Unable to refer patients by email or e.referral system		1		1
Cancelled Operation		1		1
Abnormal DEXA scan not reviewed by NELFT clinician before sending to GP		1		1
Information Governance	1			1

<b>BHRUT</b>	<b>15</b>	<b>19</b>	<b>12</b>	<b>46</b>
Sample Collection Service		8		8
Inappropriate referral back to GP for follow up on the original condition. Contract SC8	2	3	2	7
Pathlinks not providing pathology results following global cyber attack			4	4
Missed cancer diagnosis	2	1		3
Cyberlab Issues	2	1		3
BHRUT Outpatient DNA Policy		2		2
Discharged without adequate care package and/or medication	2			2
Technical Configuration of DocMan system	2			2
Backlog of cervical screening due to staff shortages	1			1
Medical On Call service for transfer of care			1	1
Backlog of radiology reporting		1		1
Patients who DNA are discharged back to GP	1			1
Discharge summaries delayed		1		1
Cyberlab	1			1
Discharge summary delayed		1		1
BHRUT not showing as option for 2WW appointments on Choose and Book			1	1
A&E referring patient for urgent GP appointment	1			1
Pathology capacity issues causing delays in diagnostics	1			1
BHRUT discharged patient to GP for sick note which is contra to T&O agreed contract			1	1
Blood analyser failed resulting in samples not being processed			1	1
Zoladex Administering Service			1	1
Lack of appointments on Choose & Book for BHRUT women's services			1	1
Lack of appointments on eReferrals system		1		1
<b>CCG</b>			<b>1</b>	<b>1</b>
System to approve requests for procedures of limited clinical value is not clear			1	1
<b>DMC Healthcare</b>		<b>2</b>	<b>1</b>	<b>3</b>
MSK Service referrals process		2	1	3

<b>INPS</b>			<b>1</b>	<b>1</b>
INPS Results			1	1
<b>Marie Stopes International</b>	<b>1</b>			<b>1</b>
Vasectomy Clinic Pre-Assessment	1			1
<b>Medefer</b>	<b>1</b>			<b>1</b>
eReferrals service mobilisation	1			1
<b>Medica</b>		<b>1</b>		<b>1</b>
Delayed imaging reports from Medica		1		1
<b>NELTC</b>			<b>1</b>	<b>1</b>
Delayed Diagnosis			1	1
<b>North East London Treatment Centre</b>		<b>1</b>		<b>1</b>
Unable to contact Endoscopy		1		1
<b>PCSE</b>	<b>2</b>			<b>2</b>
Patient GP Registration Service	2			2
<b>Grand Total</b>	<b>26</b>	<b>40</b>	<b>26</b>	<b>92</b>

