

RAISING THE STANDARD

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The cure for one of the biggest communications headaches dogging the NHS is staring us in the face, says Tom Rothwell, Managing Director of Medisec Software - but only the PCTs can make it happen.

Not many days pass without hearing a GP complain about the inadequate state of communications between secondary and primary care, particularly concerning the outmoded processes for patient discharge after a hospital visit.

With email and the internet an entrenched part of the status quo, encryption standards advancing daily and automatically generated clinical correspondence systems already available, why is it that practices still receive handwritten, often illegible and sometimes inaccurate carbon copies of discharge documentation, containing only the most scant patient information? Why do the more detailed notes from the consultant often not arrive until weeks, and sometimes even months, after the patient has been discharged, far too late to be of any real use to the GP? Critically, why are we spending £20 billion on connecting the NHS for health, without addressing a core problem which has a direct and long lasting affect on patient care?

GPs need as much detailed, relevant information as possible to offer the best quality of care, yet they often have to take over the care of patients who have had a major illness with very limited details. GPs cannot rely on quizzing patients about their hospital treatment in order to manage ongoing care! Primary care managers should be putting pressure on hospital Trusts to deliver to a pre-negotiated standard turnaround time for clinical correspondence, so that their surgeries are kept totally up to speed on patient status.

The technology already exists for a patient to be seen at a hospital in the morning and visit his or her GP for follow-up care the next day where the GP will be fully informed of critical developments at the hospital, such as new medication or test results.

Of course, most hospitals have very little idea of turn around times for clinical correspondence in the first place, but setting a private-sector style Key Performance Indicator of say 5 days would focus resources and efforts to improve performance across the board.

Given the amalgamation of PCTs and the apparent shift of power from secondary to primary care, PCTs should be wielding their increased budgets to commission services from those suppliers who offer the best response to their needs. If one hospital guarantees that it will be sending clinical updates on patients within a week and the other offers a lottery where discharge notes can arrive months after the event, PCTs should vote with their feet. Hospitals who persistently drag their feet will find PCT service requests dwindling but the net result will be better informed GPs and better care standards for patients throughout the NHS.