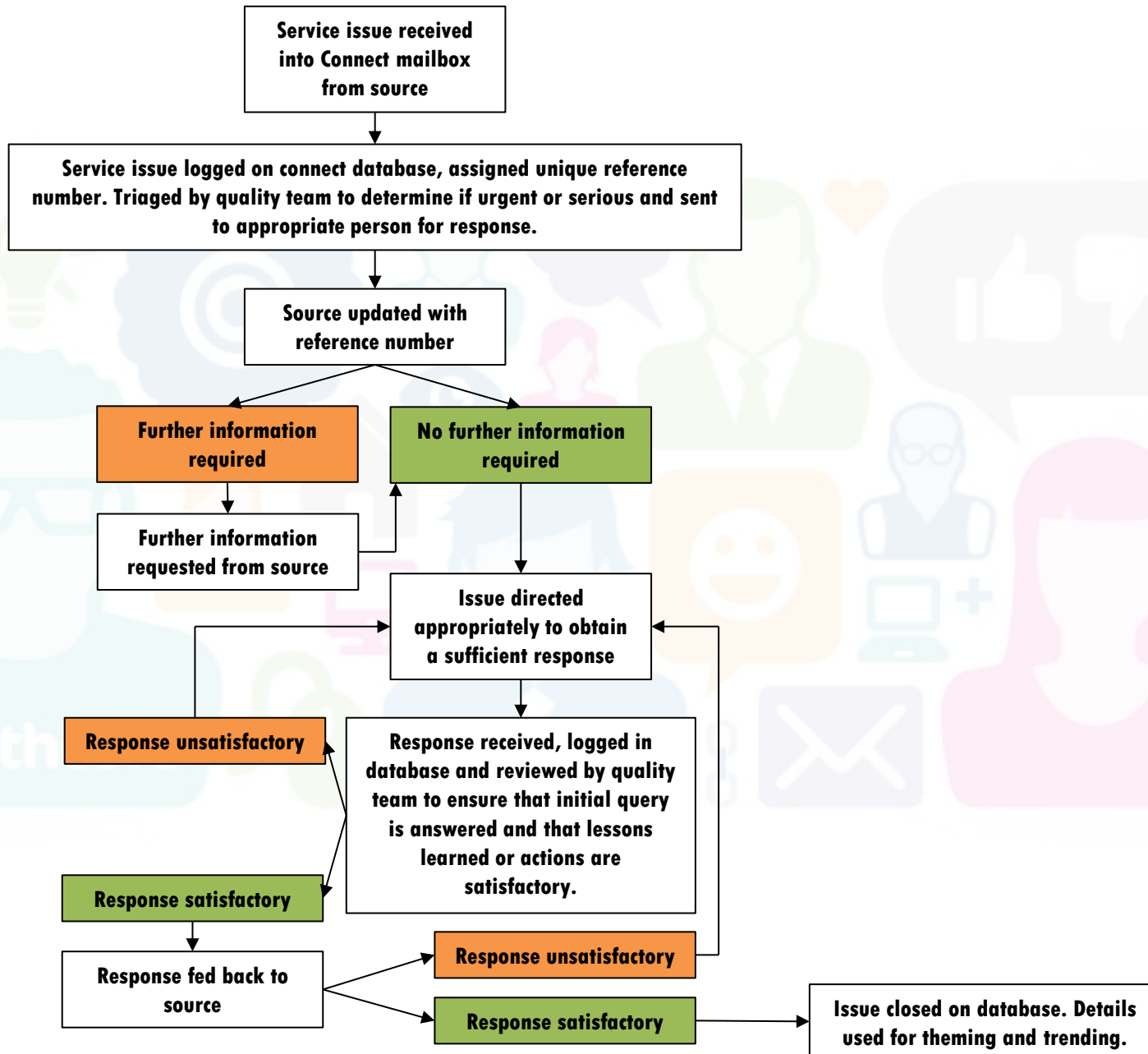


Connect



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Connect process



Case study 1

Issue	Actions Taken	Outcome
<ul style="list-style-type: none"> • A voluntary Community First Responder (CFR) for North West Ambulance Service (NWAS) had presented at the surgery requesting a form to be completed and a Hepatitis B injection administered. • The practice had received a letter from NWAS stating: <i>"As this is a voluntary position within the NHS we hope that the form and the Hepatitis injection will be completed free of charge."</i> • The practice raised the concern as the cost of the injection to the practice would have been £105 plus the time to fill out the form confirming from the GP that the first responder is medically fit. 	<ul style="list-style-type: none"> • The issue was flagged with NWAS and an initial response was received from the NWAS Clinical Safety Practitioner which stated this issue had been raised the Trust's Infection Prevention and Control (IPC) forum in 2014. • It had been agreed that CFR's would receive their Hepatitis B injections from their local GP practice. • This practice was supposedly agreed with Public Health England, however no evidence of this could be provided. The practitioner had contacted Human Resources (HR) about the issue and was awaiting a response. 	<ul style="list-style-type: none"> • A further response was later received with an update from the NWAS HR department, stating that NWAS will now provide the Hepatitis B injections for their CFR's through their occupational health contract. • NWAS have put a system in place so that local Managers can 'on board' CFR's and request the required injections. • The practice that raised the initial query was informed of the outcome and an update was sent out to all localities in the newsletters, so that all practices are aware should a CFR request a Hepatitis B injection. • This will prevent the practices from incurring a £105 cost for the injection and the time filling in the form. This will in turn improve the experience for the first responder by preventing them from being moved around the system.

Case study 2

Issue	Actions Taken	Outcome
<ul style="list-style-type: none"> • A GP Practice received a phone call from the booking team for the integrated MSK service requesting a re-referral as the patient had requested to be seen by Orthopaedics at Airedale General Hospital (AGH) after they had been triaged by the MSK service. • As the referral had been completed a new Unique Reference Booking Number (URBN) had to be created by the practice, therefore impacting on their workload. 	<ul style="list-style-type: none"> • Upon investigation by East Lancashire Hospitals Trust (ELHT) it was found that the referral had been triaged to an Extended Scope Physiotherapist (ESP) as per the process and a URBN created. • Upon contacting the patient they requested to be seen at AGH. Although a URBN had already been created, the GP was requested to create a new URBN to be able to book the patient at AGH. • The Clinical and Service Development Lead ESP at ELHT looked at the referral and noted that the referral letter had been directed to a named consultant who had seen the patient previously. It seemed the choice had already been discussed with the patient and he had opted to see the named consultant and as such should have been triaged to ensure a referral to AGH. • However it was not clear from the letter that the patient had received a full work up in terms of management prior to arrival. This may have been why the ESP assessed within the Integrated MSK, Pain and Rheumatology Service to determine whether a surgery was the only option open to the patient. 	<ul style="list-style-type: none"> • The Clinical and Service Development Lead ESP discussed with the ESP their rationale behind the triage decision and offered her apologies to the practice for the inconvenience caused. • The matter was raised at the next clinical team meeting where learning was shared. • The triage process is to be reviewed and the team will endeavour where there is a possibility that the patient needs to be referred on, to leave the URBN open rather than close it down, thus saving the practice from having to create a new URBN.

Case study 3

Issue	Actions Taken	Outcome
<ul style="list-style-type: none"> • A question was raised by a GP practice, regarding the receipt of discharge letters when patients have unfortunately passed away whilst in hospital. • Currently practices receive a notification from the bereavement office detailing the cause of death and whether a certificate has been issued. • The GP highlighted as these patients were under their care it is useful not only to receive the cause of death, but also the events leading up to the death. This additional information would be useful to aid reflection and learning and hopefully improve future patient care. 	<ul style="list-style-type: none"> • This was raised with ELHT to enquire as to whether implementation of this additional information is plausible. 	<ul style="list-style-type: none"> • This is still under investigation by the trust and is being led by a Consultant. • The Consultant has put together a business case and if successful this would be a trust wide change to procedure. • This could be a longer term piece of work however it is being monitored via Connect and through the monthly quality review meetings to ensure that updates can be provided to the relevant people and the GP who originally raised the query.

Uses

- **Assurance that patients have been given the best possible care.**
 - **Ward level changes can be implemented quickly to prevent further issues**
 - **Theming and trending is used so that any collective or recurring issues can be pulled out of the system.**
 - **Emerging trends can be identified early to prevent them from developing into more serious concerns.**
 - **Queries are also triangulated with complaints and serious incidents to highlight wider concerns. This is used to inform the decision making for visits by the Quality Team and for discussion in the monthly quality review meetings.**
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Any Questions?

Healthcare