‘Choose but not Book’

One of the positive benefits of the COVID crisis is a renewed appetite from both primary and secondary care to build on existing good relationships and look to working smarter. To that end we have formed a primary/secondary care liaison group comprised of clinicians from both acute trusts and GPs across Derbyshire.

At present GPs arrange appointments through a system called eRS (which includes choose and book). The disadvantage of this is that patients are given a fixed appointment regardless of the circumstance. For example, patients being referred as query coeliac disease might be given a clinic appointment, whereas in fact a direct gastroscopy as a diagnostic test, would be more appropriate. The problem is that once a clinic appointment is made, it takes some unpicking. We would like to change to an alternative approach which allows for triage to the most appropriate place. This is more about changing the order we do the work, rather than the total amount of work. Plus, there should be added benefit and efficiency for our patients and for the Derbyshire system.

To reassure everyone – the plan is not that secondary care will be bouncing referrals back to GPs asking for more tests. GPs will make a referral through eRS as usual but not book an actual appointment slot The plan would be for secondary care (as the specialist best placed to decide what to do next) to organise the next appropriate step – whether that be a normal face to face clinic, a diagnostic test, advice and guidance and no need for hospital review, virtual (telephone or video) consultation or any combination of the above.

From the consultants’ point of view, they need good clinical information to triage – plus other information that may be needed e.g. “I’ve done everything I possibly could to reassure this patient with IBS and they will never be satisfied unless they see a specialist” may well be a very good reason for an appt.
There will be a need not to raise patient expectation in advance by saying that they will have such and such a test or action – they may do, but please let the consultants decide – much easier to progress and maintains patient confidence if they don’t have fixed prior expectations that are then not met. Obviously, that works both ways and secondary care will do likewise in the way they word things to patients to similarly avoid undue expectations of GPs.
A system will be in place to ensure rapid turnaround of referrals with patients kept informed
Chesterfield Royal Hospital will pilot this initially from September with the aim that if successful the model will be rolled out to UHDB

The only times they would pass back to the GP was if it was felt no action was needed, simple ongoing monitoring (e.g. someone with CKD, they might say no need to see now, but monitor U&Es on a 3 monthly basis and refer back when eGFR is….)

The newly formed primary/secondary care liaison group meets every week currently and are happy to receive comments on the above proposal to inform the discussion