

Calderdale Health & Social Care System

GP attendance at virtual CHFT 'board' rounds

1. Background

GPs from Calderdale have, over the last 4 weeks, attended virtual MDT board rounds to provide a primary care perspective into discharge planning, and supporting a flow of patients out of hospital. The context for this is the commitment made in our system's Winter Reset Plan; to ensure that our hospital beds and critical care bed capacity is protected and is accessible to our population when they need it. This is also to optimise the flow of patients out of hospital, particularly in the context of the number of hospital covid outbreaks and the potential harm to patients as a result of a delayed transfer of care.

The feedback received from CHFT on the value of this initiative is very positive, and teams have found it invaluable to have a GP voice in the conversations. Themes emerging from the wards rounds have also been collated by the GPs and are being actioned by the weekly system discharge governance arrangements.

2. Expectations of the GPs attending

- a) Identifying patients who could be discharged earlier with support from primary/community care and do not meet the reason to reside criteria – undertaken on the principle of 'home first' and with a view on the underpinning question of 'why not today?'
- b) Identifying what additional support would be required/put in place for 6 weeks to support safe discharge
- c) Identifying what needs to be undertaken with the individual to keep them safe at home and prevent readmission
- d) Identifying compiling themes relating to admissions and feeding back about how a change in system or process could prevent admissions for patient type/cohort in the future
- e) Identifying through their feedback how PCNs and their Social Prescribing Link Workers, and social care, could more effectively link to provide more PCN level to support discharges?

'Board' rounds are being undertaken routinely in the hospital. GP involvement in these board rounds would be once per day, targeted at particular hospital wards, or cohorts of patients where GP input would be of most value. Currently the expectation is for GPs to be involved in a one-hour board rounds 5 days per week, but this may change over time.

The initiative is expected to run until the end of March 2021.

3. Remuneration

As reflected in the Standard Operating Procedure used previously, the payment regime will be £90 per hour Monday – Friday and £120 an hour Saturday and Sunday (if weekends are required going forward). Invoices would need to be submitted to the CCG for payment.

4. Next Steps

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