## 3 Primary–secondary care communication

**Objectives**

By the end of this attachment you should have:

* reflected on communication within the primary health care team
* understood the critical place of communication between primary and secondary care

**Communication within the primary health care team**

What do other members of the Primary Health Care Team find stressful in their work? Ask a receptionist how she/he copes with an angry patient and the practice manager who has to deal with patient’s complaints. To what extent are the practice nurses concerns different from the doctors?

How do these work, e.g. verbal/written, formal/informal, regular/ad hoc. Do the team use first names?

How well is the Primary Health Care Team functioning?

How might you assess this?

Ascertain the frequency and composition of team meetings. Take the opportunity to attend a team meeting if possible. Ask your teacher and at least one other member of the team for their impressions of the last meeting. What was its purpose? Was it successful? Jot down a list of factors that make meetings in general more useful.

How might teamwork in your practice be improved?

**Communication between primary and secondary care**

Over the past few years there has been a significant shift of care from the hospitals to the community. Political initiatives and technological advances have led to shorter admissions and earlier discharges for patients, with more complex packages of care being delivered in the community. Good communication between primary and secondary care is essential.

As a Foundation Year 1 doctor you will, very soon, be an essential link in the chain of primary/ secondary communication. Your communication tasks and audit you give you an opportunity to reflect on the importance of good communication *from a General Practice perspective.*

When a patient is discharged from hospital it is essential that their GP and any other members of the primary health care team be given the following information on the day of discharge:

* The reason for the admission
* What medication the patient is to take on discharge, and how long they should continue it
* When and by whom the patient is to be reviewed
* Any further admissions or treatment planned

Many patients and/or their families will contact their GP within a day or two of discharge from hospital. Without the above information the GP’s ability to help will be significantly compromised.

Prompt and full correspondence should also follow any **outpatient attendance**, including a diagnosis (or differential) and details of any planned investigations or procedures; medication; review date.

**When a patient dies** their family and/or carers (who may also be patients of the practice) will often contact the surgery very soon. It is highly desirable that the GP is aware of the circumstances of the patient’s death *before* the family makes contact.

Take advantage of opportunities as they arise and aim to have completed each of the following tasks by the end of your attachment:

* Draft a **referral letter** for a patient you or your teacher has seen
* Bring forward an **outpatient appointment** for a patient who needs to be seen earlier
* Chase up a **laboratory result** or **x-ray** required by the practice