NHS
Oxfordshire
Clinical Commissioning Group

NE Oxfordshire Locality Commissioning Meeting

Date of Meeting: 13 March 2019						**Paper No:** 3
Title of Paper: **Review of Test Result and Clinical Correspondence Protocols for LIS 2018-19 - Initial Summary Report**						
Is this paper for	**Discussion**	✓	**Decision**		**Information**	

Purpose and summary of paper:

Local Investment Scheme for Primary Care 2018-19, practices were funded to review their protocols for the, carry out audits and spot checks and revise protocols based on the results.

Initial report summarising some of the learning gained from the LIS 2018-19 action on Management Of Test Results And Clinical Correspondence. The LIS proposes that the outcomes of this exercise are discussed at locality meetings in order to share the learning.

Action Required:

a) Please review the contacts and discuss with your practice
b) Please be prepared at the meeting to:
- Feed back any additional comments on the approaches your practice has taken
- Discuss what steps need to be taken locally in response to best practice
- confirm whether you are happy for any best practice from your practice to be shared across Oxfordshire GP practices.

Full report to all practices

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Initial Summary Report on Review of Test Result and Clinical Correspondence Protocols for LIS 2018-19

As part of the Local Investment Scheme for Primary Care 2018-19, practices were funded to review their protocols for the management of test results and clinical correspondence, carry out audits and spot checks and revise protocols based on the results. The outcomes of this exercise were to be discussed at locality meetings in order to share the learning. This initial report summarises some of the learning gained from the process so far. A more detailed report will be shared following the locality learning events.

There was significant variation in the quality of the evidence received by the deadline of 31st December 2018 and a majority of practices had to be contacted to request missing items of evidence, however, by 28th February 2019, all but two practices had returned evidence including copies of protocols, audits and meeting notes.

Practices in Oxford City benefitted from the availability of a good template provided by OXFED on GP Teamnet whilst practices who had participated in the Insight Solutions training for Management of Clinical Correspondence had access to their sample protocol. Both these examples represent good practice and are able to be amended to suit the particular circumstances. Insight Members also have access to a test results protocol which is suitable for both clinical and non-clinical staff. Other practices had designed their own protocols or adapted templates to their own specific circumstances. Core components of the protocols based on the strongest examples are set out below

What should be included in a comprehensive test results protocol

- A process for recording requests for tests as well as for managing and acting on results.
- Description of the different types of tests and how their management might vary.
- How test results will be handled, including where multiple tests have been requested.
- Special arrangements for specific types of tests.
- Awareness of critical diagnostic tests and what to do if urgent action is required.
- How results should be communicated within the practice and the respective systems used.
- How results should be communicated to patients, including maintaining confidentiality of patient information and measures to minimise errors in contacting patients.
- Special arrangements for vulnerable patients and those who do not speak English as a first language.
- Processes for audit and reconciliation.
- Arrangements to cover absence of relevant members of staff.
- Responsibilities of individual team roles (reception/admin. staff; duty doctor; usual GP, clinical pharmacist etc.).

- How you ensure staff involved in managing results have the skills, competencies and training required.

Best practice in managing clinical correspondence

Protocols for managing correspondence are likely to be more detailed and complex due to the range and variation in types of communication received and methods of receipt. The evidence provided revealed a very broad range of approaches to what should be included and how it should be presented. A good protocol would be expected to cover the following:

- Description of the different types of correspondence that may be received and the various methods of receiving (post, Docman, email etc.).
- Which types of correspondence have been agreed by the GPs to be filtered by non-clinical staff and what is essential for GP review.
- Responsibilities of individual members of the team in handling information and taking action.
- Arrangements to cover absence of relevant members of staff.
- Process for the initial recording/logging of incoming information
- How different types of information should be handled, including special arrangements for particular types of information (child protection/safeguarding etc.)
- Awareness of what constitutes urgent information and what to do with it.
- Scanning protocols including how to minimise risks of correspondence being allocated to the wrong record.
- Clear instructions for accurately coding records.
- How to ensure staff involved in managing results have the skills, competencies and training required.
- How the management of correspondence will be audited and reviewed.

Initial learning points from evidence submitted

- Practices should consider who in the practice should have lead responsibility for this area of work, including related assurance processes. Regular audit is essential and the protocol needs to be reviewed at least annually.

- Many of the protocols received contained a lot of detailed information and the best examples focus on layout and format as well as content. The examples received that are concise, clearly headed and well-organised, with specific sections for clinicians and administrators are more likely to be used and complied with than those containing large volumes of undifferentiated text. (cf. OXFED & Deddington TR templates, Hedena & Insight CC). Flowcharts, tables and colour-coding make information more accessible. This is particularly relevant to clinical correspondence management due to the complexity and range of information coming into practices.

- Protocols need to be tailored to the target audience, for example being more clinically focused in practices where only the doctors deal with clinical correspondence (cf. Berinsfield results protocol).

- Some practices only contact patients if their results are abnormal: practices might wish to keep this under review as it removes an option for patients to alert their GP to the possibility of missing results.

- One practice referred to a process whereby the phlebotomist gives patients a slip to complete with up to date contact details and hand to reception so that notification of normal results can be sent by text with minimal risk of sending to the wrong patient.

- Errors identified through audits and spot checks could be treated as learning events and shared with the practice team.

- Online access to test results is particularly valuable where patients have long-term conditions requiring regular monitoring.

- Some practices have combined protocols for test results and clinical correspondence. Again, if this approach is taken, the information needs to be carefully organised to make sure that relevant sections for different staff are easily accessible (ask them).

- A daily timetable will help to ensure that tasks such as scanning are coordinated with arrival of internal & external post to get information onto the system as quickly as possible.

- Ensure that all clinicians are taking the same approach to handling incoming information, it is not helpful if one member of the team is doing something different.

- Non-clinical staff should be aware of how to access clinical advice in a timely manner if they are not sure how to deal with information received. The role of the Duty Dr. should be specified.

Further detail to be provided following feedback from locality meetings in March.

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