Royal College of Emergency Medicine

Best Practice Guideline

# Discharge to General Practice

Royal College of General Practitioners

October 2022 (revised)

# Summary of recommendations

1. Prior to discharge ensure the patient understands their diagnosis and treatment plan. The use of patient advice leaflets for common conditions is strongly recommended.

2. Do not tell patients to routinely see their GP after discharge.

3. If it is necessary for a patient to see their GP after discharge, ensure that the reason for this is documented in the ED discharge letter and that there is a reasonable expectation the GP surgery will be able to address their patient's clinical problem.

4. In general, GPs should not be asked to chase up the results of investigations requested by the emergency department.

5. Direct referrals (after discharge from the ED) to specialists should be used for patients with a firm diagnosis that will clearly require urgent assessment or where there is significant concern of an urgent nature e.g., suspicion of cancer (2 week wait).

6. The ED discharge letter is a key element in ensuring safe continuity of patient care, it is essential to ensure that it is accurate and has all the appropriate information for GPs to continue to provide care for their patients. It should be sent in a timely manner, preferably electronically.

7. Provision of a Statement of Fitness for Work should be issued by the ED to those patients who are clearly not going to be fit for work after the 7 day 'self-certification' period.

8. Information regarding registering with a GP should be readily and easily available to all patients attending the ED.

9. IT Systems should be in place to allow EDs to easily view the patient's General Practice electronic health record.

## Scope

Adult and paediatric patients being directly discharged from the emergency department.

## Reason for development

To provide guidance on effective communication with patients and General Practitioners for emergency department staff discharging patients back to primary care. This should be read in conjunction with other associated guidance Emergency Department Out of Hours Discharge Medications, Giving Information to Patients in the Emergency Department, Management of Investigation Results in the Emergency Department.

## Introduction

The most cost effective and efficient healthcare systems are based on a strong primary care model as the first point of care. A General Practitioner (GP) or primary care clinician has often developed a relationship with a patient over several years or even decades it is essential that the emergency department (ED) does not undermine the GP-patient relationship, irrespective of what the patient may say about their GP service. Furthermore, the GP will have a 'wide angle' view of what services are available.

The ED provides transient and brief episodes of care, and it is the GP that retains overall responsibility for a patient's on-going management. It is the role of the emergency department (ED) to provide emergency and urgent care, problems that fall outside of this category should be left to the GP. It is not the role of the ED to be providing second opinions for patients who are unhappy with the GP management plan. A patient may very well have seen their GP about the same problem for which they attend the ED, if there appears to be an obvious treatment or investigation that has not been done then it is more than likely that this is because the GP has felt it is not necessary, given their greater knowledge of their patient, than it is because they have not thought about it. The definition of general practice [1] is that it *'is responsible for the provision of longitudinal continuity of care as determined by the needs of the patient'*; unlike emergency medicine which retains no ongoing responsibility for the care of patients who are registered with a GP.

The general practice resource is a finite one, it is important that it is used appropriately, that expectations are realistic and that unnecessary consultations are minimised. Clear communication between the ED and general practice is essential to ensure safe and effective continuity of care.

## Recommendations

### Patient Communication

Do not tell patients to routinely see their GP after discharge. Only suggest to patients that they need to book an appointment to see their GP if there is something that specifically needs addressing (this issue should also be included in the discharge letter). This does not preclude, in appropriate cases, 'safety netting advice' regarding seeing GP if the patient's condition is not improving or deteriorates. There are some conditions where a review after an emergency department attendance is appropriate, such as review of asthma or suture removal, but the purpose should be defined.

Refrain from setting unrealistic expectations e.g., '...go and see your GP they will arrange an urgent MRI scan for you…' Instead, if you think it is necessary for a patient to see their GP after discharge suggest they make an appointment to see their GP to review their progress. Similarly, do not suggest that patients go and see their GP primarily for a referral to a specialty team as the GP may feel this is not the right course of action for their patient and will have to deal with the consequent perceived 'unmet patient expectation'.

When follow-up is appropriate, better to have a discussion with the patient prior to discharge acknowledging further follow-up is necessary and that this is best discussed with their GP and what the possible options might include and that this will be a discussion between the patient and their GP. Consider whether the GP, in a surgery without access to immediate investigations and constrained by time limited appointments, is likely to be able to sort out the patient's issue effectively.

Ensure when discharging a patient, the patient is aware of their diagnosis, what treatment and investigations they have had and what the next steps are for them in terms follow-up (if any) and medication use as well as resuming normal activities. The use of patient information leaflets for common ED conditions is strongly recommended.

Provision of a Statement of Fitness for Work ('Fit Note' or 'doctor's note') should be issued by the ED to those patients who are clearly not going to be fit for work after the 7-day 'self-certification' period [2]. Requesting that patients attend their GP surgery for a Statement of Fitness for Work in cases that will clearly exceed the 7-day self-certification period is wasteful of GP resource e.g., clavicle fracture in a builder.

**GP Communication**

The ED should provide a written discharge letter for the GP within one working day of discharge, ideally via email. ED IT systems are often able to generate such letters, the content of which varies; however, it should be sufficient to enable the GP to understand why their patient has attended the ED, what the outcome was and whether any further follow-up will be required and by who. An example of potential headings for an ED discharge letter is shown in Appendix 3. It should be remembered that GPs have to review large volumes of paperwork and using structured headings helps rapid focused review of the discharge letter.

If there is a need for the GP to follow-up the patient after discharge from the ED, this should be explicitly stated in the ED discharge letter.

In cases where it is imperative there is no opportunity for missed or lost letters/emails etc. direct conversation with the GP should take and be documented in the ED notes e.g., new safeguarding concerns.

When communicating with the GP via the ED discharge letter keep the information brief and relevant and make it clear what (if anything) you are asking the GP to do and why. Key information to communicate includes any medication changes as well as the diagnosis. If you feel it is necessary to inform the GP of test results, then consider only including relevant 'abnormals' or negatives.

Generally, EDs should refrain from asking GPs to chase investigations results if the ED requests an investigation it should be responsible for chasing the results. However, exceptions may reasonably include those tests which if not taken during an emergency episode of care may cause diagnostic difficulties later on and which are easily avoidable e.g., MSU, mast cell tryptase.

GPs are usually highly experienced practitioners who know their patients better than the ED, if it is felt a patient requires a further non-urgent test (which it would not be appropriate for the ED to perform) or a referral after discharge, it is advisable to suggest this rather than demand it. "*Patient attended with an episode of atrial fibrillation which spontaneously resolved. Please consider if he might benefit from an echocardiography appointment as an outpatient and discussion regarding anticoagulation, CHADSVasc score 3*".

Direct referrals (after discharge from the ED) to specialists should be used for patients with a firm diagnosis that will clearly require urgent assessment (e.g., TIA, fractures, first fit, ureteric stones, recurrent epistaxis etc.) or where there is significant concern of an urgent nature e.g., suspicion of cancer (2 week wait). The GP should be informed of any referral as part of the ED discharge letter.

**ED Processes**

As medical records become increasingly digital, it is desirable that both general practice and hospital services can easily view each other's electronic health records. This clarifies expectations, provides more coordinated care, and reduces prescription drug errors. When able the patient should consent to their electronic health record being viewed, in the case of a patient being unable to consent (e.g., unconscious) the emergency physician should act in the patient's best interests.

EDs should ensure all patients' details (address, GP surgery, telephone number etc.) are checked on arrival to ensure demographic details are correct and up to date. EDs should ensure clear processes are in place for those patients attending from 'out of area' and make the necessary provisions to ensure the GP receives an ED discharge letter. Those patients not registered with a GP should be strongly encouraged to do so and provided with details of local surgery as well as general advice (Appendix 2).

EDs should have a policy with respect to whether patients automatically or only 'on request' receive a copy of the GP discharge.

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## Acknowledgements

Best Practice Committee

## Review

Usually within three years or sooner if important information becomes available.

## Conflicts of Interest

None.

## Disclaimers

RCEM recognises that patients, their situations, Emergency Departments and staff all vary. This guideline cannot cover all possible scenarios. The ultimate responsibility for the interpretation and application of this guideline, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

## Research Recommendations

None.

## Audit standards

95% Discharge letter sent within one working day of patient discharge

Audit of the GP discharge letter including the narrative / 'FreeText' to ensure adequacy, appropriateness, and accuracy.

## Key words for search

Discharge, Communication, General Practice, Primary Care

# Appendix 1

## Methodology

Where possible, appropriate evidence has been sought and appraised using standard appraisal methods. High quality evidence is not always available to inform recommendations. Best Practice Guidelines rely heavily on the consensus of senior emergency physicians and invited experts.

## Evidence Levels

1. Evidence from at least one systematic review of multiple well designed randomised control trials
2. Evidence from at least one published properly designed randomised control trials of appropriate size and setting
3. Evidence from well-designed trials without randomisation, single group pre/post, cohort, time series or matched case control studies
4. Evidence from well-designed nonexperimental studies from more than one centre or research group
5. Opinions, respected authority, clinical evidence, descriptive studies, or consensus reports.

# Appendix 2

## An Example of Patient Information about how to register with a General Practitioner [2]

## Registering with a General Practitioner

Anyone in England can register with a GP surgery. It's free to register. You do not need proof of address or immigration status, ID, or an NHS number. GP surgeries are usually the first contact if you have a health problem. They can treat many conditions and give health advice. They can also refer you to other NHS services.
You can look up GP surgeries on the internet to see what they offer and how they compare. Some GP surgeries offer more services than others.

You do not need proof of ID to register with a GP, but it might help of you have one or more of the following passport, birth certificate, HC2 certificate, rough sleepers' identity badge, hostel or accommodation registration or mail forwarding letter. If you're homeless, you can give a temporary address, such as a friend's address, a day centre or the GP surgery address.
If you are asked to complete a GMS1 Registration form, you can download it from GOV.UK.

### If you need to help registering with a GP surgery

If you need help registering or filling in forms, call the GP surgery and let them know. You could also ask for help from local organisations - for example if you're homeless you could ask a centre that supports homeless people, Citizens Advice, your local Healthwatch.

### Can a GP surgery refuse to register me?

A GP surgery can refuse to register you because:
•they are not taking any new patients
•you live outside the practice boundary, and they are not accepting patients from out of their area
•you have been removed from that GP surgery register before
•it's a long way from your home and you need extra care, for example home visits

If you have problems registering with a GP surgery, call the NHS England Customer Contact Centre on 0300 311 22 33 or contact your local Healthwatch

### Changing GP surgeries

You can change your GP surgery if you need to.

This might be because:
•you have moved
•you have had problems with your current practice
•you were removed from the patient list

You should tell the GP surgery if you change address or move out of the area.

## Using a GP surgery you're not registered with

You can contact any GP surgery if you need treatment and:
•you're away from home
•you're not registered with a GP surgery
•it's a medical emergency

You might need to register as a temporary resident or permanent patient if you need treatment for more than 14 days.

You can register as a temporary resident for up to 3 months. You'll still be registered with your usual GP surgery if you have one.

# Appendix 3

## An example of potential headings for an ED discharge letter [4]

**PATIENT DEMOGRAPHICS**
Patient name:
Date of birth:
Gender:
NHS number:
Hospital number:
ED Attendance number:
Patient address:

**ATTENDANCE DETAILS**
Date & time of arrival:

**PRESENTING COMPLAINTS**

**PROCEDURES / INVESTIGATIONS**

**DIAGNOSES**

**CLINICAL NARRATIVE / 'Freetext'**
Information for patient
Information for GP
Follow-up

**DISCHARGE DETAILS**
Date & time of discharge:
Discharged destination:

**CLINICIAN**
Name:
Professional identifier:

**CONTACT FOR FURTHER INFORMATION**

## References

The European Definition of General Practice / Family Medicine. World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians. (WONCA). 2011 Edition

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