Discharge to General Practice

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Introduction

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 ED**

Standards

1. Prior to discharge ensure the patient understands their diagnosis and treatment plan.

2. 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 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.

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.

Standards

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

2. 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 must be sent in a timely manner, preferably electronically, but at least within 24 hours.

3. Provision of a Statement of Fitness for Work must 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.

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

5. Those patients not registered with a GP must be strongly encouraged to do so and provided with details of local surgery as well as general advice.

6. EDs must ensure all patients' details (address, GP surgery, telephone number etc.) are checked on arrival to ensure demographic details are correct and up to date.

Recommendations

1. 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.

2. Refrain from setting unrealistic expectations.
   For example, '...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, refrain from suggesting that patients should 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'.

3. 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".

4. When GP follow-up is appropriate, it is 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.

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 (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.

Recommendations

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

2. 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. 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.

3. 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.

4. 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.

5. 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.

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

Background

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.

References

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3. *How to register with a GP surgery. NHS. 2021.* How to register with a GP surgery - NHS (www.nhs.uk). *Accessed 25.08.2021*
4. *Discharge Summary.* Emergency-Care-Example-Letter-3-Joseph-Grundy.pdf (theprsb.org). *Accessed 25.08.2021*