Royal College of General Practitioners and Warwick Medical School
Annual Education, Research and Innovation Symposium
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PRESENTER'S DETAILS – Session A. Older People		
Title (Prof, Dr, Mr, Mrs) Dr	**First Name** Rachel	**Surname** **Spencer**
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Category Audit, Research, Education Project, Innovation Project		

Authors	**Title of Study**
Dr R A Spencer Professor Anthony Avery	Information flow in General Practice: investigating the processing of discharge summaries to improve patient safety (NIHR portfolio no. 20632)

What's the problem you are tackling?

Large amounts of clinical information flow in and out of general practice surgeries on a daily basis. For the most part patients are kept safe from the loopholes of mail and results handling systems by vigilant staff and good communication. What happens when these processes fail to function perfectly and an important result or letter slips through the net? Claims data from indemnity insurers repeatedly show that mishandling of information and referrals is a leading cause of litigation. As yet little is known about the ways in which GP surgeries and wider CCG management deal with these mistakes or oversights and the way in which they adapt their systems as a result of experience.

How will you do it?

This PhD will explore and map the processes of information flow in General Practices in order to better define how these complex systems work. The focus of the work will be on discharge summaries for older patients being discharged from emergency admissions to secondary care. This will be achieved through observations, process mapping, collection of quantitative data and semi-structured interviewing. As a result of this exploratory work I aim to develop and test measureable outcomes. The ultimate goal of this research is to design and evaluate interventions aimed at reducing risks to patients from deficiencies in information flow.

What did you find?

This study is in data collection currently. Pilot work suggests DCSs are only perfectly clinically processed around 30% of the time. Examples of harm detected during the pilot include;

- a further respiratory tract infection where a follow-up chest x-ray was missed
- a fall following failure to stop anti-hypertensives
- renal impairment following failure to stop anti-hypertensives
- admission with constipation following failure to stop amlodipine

One of the two pilot surgeries substantially changed their paperwork handling as a result of this work.

Why does this matter?

Patients place their trust in GP services and are particularly vulnerable at transitions of care. It behoves general practice to get these processes right in order to protect our patients from the possible consequences of error. This study may highlight the importance of protected time for GPs to deal with incoming clinical information and give justification for resource expenditure in this otherwise neglected area.