

The Primary Care Specialist Interface

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Entry: Referral

What does the patient want?

- Access
- Information
- Care
- Treatment

What Does the GP Want?

- Patients disappear
 - GPs diagnose cancer or possible cancer
 - Patients referred and may not return till completion of treatment
 - GPs must be kept informed of progress

Communication Essentials

- Timely letters
- No acronyms
- Information about medications which GPs do not prescribe
- Key contact person

GPs communication

- Must communicate when patients seen
 - Give copy consultation record to patient
- Use the phone to discuss unfamiliar problems

What does the Specialist Want?

- Referral letter with clear problem statement
 - History
 - Details of previous treatment
 - Investigation results
 - Tests requested
 - Relevant medical & social history
 - Medications
 - Expectations
 - Practitioner' s
 - Patient' s
 - What has the patient been told?



Exit: Discharge

- Reasons for discharge from specialist to GP
 - Treatment completed
 - Specialist FU not necessary
 - Patient cured
 - Patient going to die
 - Treatment not possible/not indicated
 - Treatment declined by patient

Transitions: 1

- Explanation to patient
 - Issues:
 - Abandonment
 - Means of contact
 - Structure for FU (or lack of)
 - What to expect or look out for
 - Prognosis

Transitions: 2

- Handover to GP
 - Therapy summary
 - Prognosis/expectations for patient
 - What to watch out for
 - How to/where to/when to - refer back
 - Specific advice

Examples

- Oesophagus
- Lung
- Breast
- Others

Hazards

- Re-referral to different practitioner
 - Unaware of previous specialist Rx
- Multiple Specialties
 - Public - Private
 - Different DHB' s
 - Different specialists

Example

- Pt from Wairarapa
 - Treated by one specialist at Wgtn via Hutt clinic for 1 malignancy
 - Referred to 2 different specialists for new malignancy
 - Develops 3rd malignancy seen by new specialist from Wgtn
 - Develops suspicion of 4th malignancy
 - Who should see him?

Subspecialisation

- Oncologists moving to specialise by sub-site of disease

– Breast	Lung
– Urology	Lymphoma
– Gynaecology	Head & Neck
– Upper GI	Sarcoma
– Lower GI	Thyroid
– CNS	Paediatric
– Skin	Melanoma

Key Issue

- Communication
 - With patient - by everyone
 - Between specialist(s) & GP
 - Between GP & specialists
 - With others in care team
 - Nurses, social workers, dieticians, speech language therapists, psychologists
 - With family/whānau/fanau

Essentials

- Co-ordinated Care
 - Avoid duplication
 - Avoid omission

- Avoid digging holes and jumping in!

How to achieve it?

- Education
- E-referral
- MDT meetings
- Health Point “Red Flags”

- Discussion -