

Working with General Practice

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In this podcast, James talks to Kate George and Angus Ritchie about working with general practice. They discuss how junior doctors on the wards and General Practitioners can collaborate and work better together.

Interviewee: Kate George

About Dr Kate George

Dr Kate George is a General Practitioner at Leichhardt in Sydney's Inner West, Clinical Editor for [HealthPathways Sydney](#), and a Supervisor and Clinical Teaching Visitor for [GPSynergy](#).

About Dr Angus Ritchie

Dr Angus Ritchie is a Staff Specialist [Nephrologist](#) at Concord Hospital, Physician Informaticist for Sydney Local Health District and Clinical Lead for HealthPathways Sydney.

Working with General Practice

With Dr Kate George, General Practitioner in Leichhardt, and Dr Angus Ritchie, Nephrologist at Concord Hospital

Introduction

Improving the collaboration between junior doctors and general practitioners is important.



1. What is an example of a time when collaboration between the GP and hospital doctors has worked well?

- A 72-year-old patient presented to her GP with dysarthria, facial weakness, and confusion. She had a significant background of heavy smoking and breast cancer many years earlier.
- Her GP suspected stroke, and phoned the admitting officer in Emergency, before sending the patient to ED with a referral letter.
- A CT brain was done which showed multiple cerebral metastases. This information was conveyed to the referring GP by the ED doctor.
- On discharge from hospital, the GP was provided with a concise discharge summary. Early contact with the GP is important in discharge planning.

Learning points: Pathway through the ED was facilitated by good information from the GP. While an inpatient, GP was able to liaise with distraught family. After discharge, good information was communicated back to GP, allowing appropriate follow up.

2. What is an example of a time when collaboration between the GP and hospital doctors has not gone smoothly?

- A GP had shared care of a patient during her pregnancy. She had last been seen by her GP at 38/40 gestation, and had a follow up appointment booked. The patient unfortunately had an intrauterine foetal death. The GP was not informed about this prior to the patient's follow-up appointment. This led to a difficult situation for the GP and the patient during the consultation.

Learning points: The GP has an important role in de-briefing patients after traumatic events such as this. The GP having appropriate information prior to follow up enables better patient care.

3. How can the GP be helpful during a patient's hospital admission? Should GPs be notified when a patient is admitted?

- The GP can be central to health coordination.
- The GP takes a holistic role in getting patients services and supports they need.
- JMOs may find it helpful to discuss a patient with their GP early in the admission, particularly if they require up to date medications, specialist letters, background information, and information about the social context of the patient.

4. How important is contacting the GP prior to discharge?

- Particularly important for complex patients.
- Make sure the correct GP is on the discharge letter, with the correct contact details.
- This enables appropriate follow up and transfer of care.

5. What sort of work can be handed over to the GP? Does it annoy GPs when the discharge letter says "GP to chase"?

- This depends on the tone and context of what is being asked.
- If the request is in the context of a well thought-out discharge process, where the GP is seen as a member of the team, this is very reasonable.

6. How is it best to contact GPs?

- Many practices will understand that when the hospital calls, it is important to put the hospital doctor through to the GP.
- If the GP is not available, sometimes a discussion with another GP in the same practice is appropriate.
- If urgent, it may be reasonable to contact the GP via mobile.

7. From a hospital specialist perspective, what is an example of a time when collaboration with the GP was important?

- 70-year-old man admitted with advanced lung cancer, who was dying in hospital.
- The patient was the primary carer for his 90-year-old mother, who was not aware of her son's condition. The inpatient team was having difficulty getting the patient's mother into hospital to arrange her care needs.
- Through assistance of palliative care team, the GP (who had a longstanding relationship with the patient and his mother) was contacted. The GP was able to go to the mother's house, break the bad news to her, and arrange her admission to hospital to address her care needs.

Learning points: the value of the longstanding relationship between the family and the GP allowed a difficult situation to be navigated. It's important for the junior doctor to understand the role of the GP and primary carers as part of the hospital team. Early discussion and discharge planning enables effective handover when the patient is discharged.

8. Are there any clinical areas where collaboration with GPs is particularly effective?

- In many chronic illnesses, there are particular programs and funding that is available, some of which is only possible through GPs, for example, diabetes, mental health.
- Enhanced primary care enables patients to see community allied health services under Medicare, which offloads some of the hospital services.
- GP input in mental health can be particularly effective - GPs can arrange up to 10 visits with counsellors.



Take home messages

- GPs are eager to be involved in the care of their patients while they are in hospital.
- You don't have to do it all - there are lots of things GPs can arrange for the patient in the community.
- The GP is often intimately involved in the patient's social context and community.
- GPs are interested to know what happens to their patients in hospital, particularly when they have referred patients to hospital - let them know the outcome of their referrals.

Related Blogs

- [Part 1: GP to chase](#)
- [Part 2: GP to chase](#)
- [Writing to GPs](#)

Related Podcasts

- [Improving communication between hospitals and General Practice](#)

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