

INTRODUCTION

The fourth RCGP London City Health Conference on 6 June 2019 was another success, generating energy and enthusiasm, and providing a great opportunity to share ideas and discuss the ways in which technology is changing general practice. Prof Martin Marshall and I chose the two best research posters on show at the conference, and summaries of them are published here. One tackles a key moment of vulnerability, when frail, older patients are discharged from hospital back into the community. The other deals with the increasingly pressing problem of providing access to primary health care for London's homeless population. It is particularly heartening that the authors are undergraduate medical students and Foundation doctors. Our congratulations to them — the future is looking bright!

Roger Jones,
Editor, *BJGP*.

Email: roger.jones@kcl.ac.uk

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IMPROVING THE INTERFACE BETWEEN PRIMARY AND SECONDARY CARE FOR FRAIL, OLDER PATIENTS VIA MEDICAL EDUCATION AMONG JUNIOR DOCTORS

Given the increasing number of frail hospitalised patients, a better adapted discharge summary to improve communication between primary and secondary care is necessary to protect the most vulnerable when returning to the community. The discharge summary is a communication tool vital to continuity of care, provided the information in the summary

Percentage increase of each item within the discharge letter pre- and post-implementation of the frailty-specific discharge summary.

Results: The % increases from our frailty-specific discharge summary can be seen in the following table.			
	February	March	% Increase
DNACPR Status	11%	96%	773
Mobility Status	28%	93%	232
Cognitive Status	11%	59%	436
Living Status	41%	93%	127
Escalation Plan	13%	15%	15
Edmonton Frailty Score	0%	100%	100

is reliable, relevant, and received within a reasonable time frame.

We created a frailty-specific discharge summary to transmit relevant information to the GP. It included the following key information: Edmonton frailty score, do not attempt cardiopulmonary resuscitation (DNACPR) status, living status and home support services, cognitive status, mobility status, and escalation plan including palliation and Gold Standard Framework. We also created posters containing a glossary of social and therapy terminology to educate junior doctors after discovering via surveys that 83% of the doctors felt unfamiliar with these terms on starting their older care placements. This could lead to the transfer of wrong information to GPs. Improving junior doctor knowledge on social care and therapy terminology is essential to avoid inaccuracies on discharge summaries, poor care continuity, duplication of consultations or community assessments, and multiple hospital admissions. These posters will be discussed in the departmental inductions for new staff members every 4-month rotation.

Having educated the doctors on the frailty ward what key information should be contained on the discharge letters and implementing the frailty-specific discharge letter to the GP, patient care and continuity have been optimised, helping the interface between primary and secondary care.

Devina Maru,
Foundation Doctor, Lister Hospital, Hertfordshire.

Email: dmaru@doctors.org.uk

Amy Kitchener
Foundation Doctor, Lister Hospital, Hertfordshire.

Email: amykitchener@doctors.org.uk

DOI: <https://doi.org/10.3399/bjgp19X704981>

IMPROVING ACCESS TO PRIMARY CARE AMONG THE HOMELESS POPULATION OF SOUTHALL

As part of the Medicine in the Community Apprenticeship, during the general practice Placement, all students complete a Community Action Project. Using a Quality Improvement Project framework students collaborate with the communities in which they are based to identify priority needs and design interventions to improve health and welfare.

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3. Where you are sleeping | ਜਿੱਥੇ ਤੁਸੀਂ ਸੌਂ ਰਹੇ ਹੋ
4. What time | ਕਿੰਨੇ ਵਜੇ
5. Describe your appearance | ਆਪਣੇ ਸਰੀਰ ਦਾ ਵਰਣਨ ਕਰੋ

Side 1 of the information card.

While walking to our practice in Southall each day we observed a sizable homeless population. Our investigation revealed a very low number of registered homeless patients with GPs in the area. Contact was made with Hope for Southall Street Homeless (HSSH), who have a system to help homeless individuals access GPs and addiction counselling. HSSH helped us gain an understanding about the issues the homeless face when accessing primary care, including the English-Punjabi language barrier and, especially, lack of identification.

Our intervention focused on mitigating the language barrier. We collaboratively produced an information card, coined Streetcard, with details in English and Punjabi that included StreetLink's phone number for referral to homeless outreach teams. This was revised in multiple drafts to ensure the information was clear, accounting for different Punjabi dialects. So far, 250 cards have been distributed to Southall's GPs and shelters, along with a printable template to improve the project's sustainability.

Our evaluation plans include measuring outreach team referral rates in Southall, along with GP registration and shelter uptake. It is hoped that our intervention will improve primary care access in Southall. We intend to expand the project to other areas of London, responding in each instance to discrete language needs.

Alec Raines,
Year 3 Medical Student, Imperial College London, in collaboration with Hope for Southall Street Homeless (<http://www.hssh.org.uk>).

alec.raines16@imperial.ac.uk

Thomas O'Connor,
Year 3 Medical Student, Imperial College London, in collaboration with Hope for Southall Street Homeless.

thomas.oconnor15@imperial.ac.uk

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