Queensland Government

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Queensland Health

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Dear Dr Bolton

Thank you for your letter dated 23 November 2022 and for the follow-up Teams meeting with yourself, Dr Dale and Dr Chew on 14 December. I'll do my best to respond to the concerns raised in your letter but as discussed, a number of the issues lie outside of the remit of a public hospital and health service in Queensland.

Communication issues between SCUH and GPs and non-GP specialists.

Notification to GPs and non-GP specialists on admission of a patient to SCUH

- Currently, the SCHHS does not have the digital ability to generate a notification of admission and have this sent via secure transfer to the patient's regular GP. This would be desirable in the future, and we will explore if this is technically feasible. However, routinely notifying non-GP specialists in this automated way would not be practical.

Using The Viewer in lieu of discharge letters from emergency departments.

- As explained during the meeting, this is not accepted practice within the SCHHS Emergency Departments (EDs). It is a requirement for a discharge letter to be completed for all patients discharged from a SCHHS ED, and for the patient to be provided with a hard copy of the letter to take to their GP.
- In addition, thanks to a recent improvement initiative at SCUH and NGH, an electronic copy of the ED discharge letter is now also sent to the patient's nominated GP, using secure electronic transfer. We plan for this to be implemented at Gympie in 2023.

Hospital discharge letters not detailing the specialist in charge.

- All hospital discharge summaries are published using a standardised software template that automatically extracts and publishes the admitting consultant names, this is a state-wide fixed template. We are unsure what SCLMA members have experienced in this regard and would welcome a specific example sent to our GP Liaison Office to review.

Discharge letters from Sunshine Coast University Private Hospital (SCUPH)

- We explained that SCUPH is run by Ramsay Healthcare and is not part of the SCHHS.

Outpatient letters from clinics being delayed.

We agreed these letters have historically been very delayed, and explained we were addressing this in a few ways.

- We are moving away from audio dictation files being sent to transcription staff to type and return, to using voice-to-text AI technology to support clinicians to generate letters in real time or type their own letters if they choose. Of course, this is dependent on medical staff taking up the new technology. This system will produce discharge letters in real time and avoid any delays. Since introducing this technology in the past 12 months, we have achieved 40% of letters being published to GPs on the day the patient was seen in clinic, and we hope to improve this further.
- For doctors continuing to use the audio dictation transcription service SCHHS have introduced a process whereby any transcribed letters not checked by the doctor will be automatically sent out after 30 days, with the disclaimer "dictated but not checked by author". These initiatives should hopefully reduce delays, but we will continue to monitor this.

We are also pleased to inform SCLMA members that Outpatient Letters are now also visible on the Viewer/Health Provider Portal, these are uploaded digitally at the same time the letter is released to the receiving GP or Specialist. This means the Viewer becomes an effective library of past specialist clinic letters for future reference.

Regarding modifications to the integrated Electronic Medical Record system (ieMR) we explained the Cerner ieMR system is a state-wide system which means any modifications to the ieMR need to be agreed by all users around the state and then implemented by Cerner. This process is complex, lengthy and dependent on Cerner agreeing to prioritise the request above competing system modification requests it receives from customers around the world. I am aware Prof Keith McNeil and Dr Helen Brown are in receipt of your letter and I will leave it to them to respond to this issue as this is more appropriately managed by Queensland Health as the system manager.

Future Planning

Regarding future planning we explained SCHHS has a Master Clinical Services Plan and is developing a Local Area Needs Assessment to assist us in planning future services. We also work closely with our PHN, Queensland Health and the Sunshine Coast Council to plan future services and we are very aware of the main growth areas in our HHS region. Viz. Caloundra, Beerwah East and the Sunshine Coast Hinterland. In conjunction with the Health Service Planning Unit of Queensland Health we will be updating our plans when the latest census data is made available to us.

Difficulties accessing GPs and non-GP specialists.

As we explained during our meeting, we share your concerns regarding access to GPs and agree we need to be cognisant of this issue when advising discharged patients to visit their GPs for follow-up. However, the pressures on the SCHHS outpatients' clinics and the desire to ensure continuity of care with a patient's GP make it difficult to think of appropriate alternatives. As you are aware general practice is currently largely a Commonwealth Government responsibility and outside of the remit of public hospital and health services. However, we remain keen to explore any opportunities there may be for us to assist or strengthen general practice in any way.

We do employ more GPs with Special Interest than any other HHS and are very supportive of this model. As you state there are a number of ways in which GPSIs can benefit general practice and improve the care models offered by the HHSs. We are actively looking to recruit more part-time GPSIs across a number of specialty areas.

We are also exploring how we may more actively recruit jointly appointed GPs and GP trainees in Gympie. We do run a successful Minor Injuries and Illness clinic in Caloundra, which we believe complements general practice and takes some pressure off after-hours services. This Clinic is largely staffed by GPs and Nurse Practitioners and we are reviewing where else in our region other such clinics might prove beneficial. We remain open to any suggestions the SCLMA members have regarding how we can further assist general practices in our region.

Unfortunately, SCHHS is not in a position to meaningfully assist with doctor shortages in South West Queensland but we are actively working with Queensland Health and the other HHSs around the state to look at creative medical staffing models that may allow the larger regional and Metropolitan HHSs to support rural HHSs.

We noted the concerns raised regarding mandatory referral criteria for outpatient referrals and whilst we believe it's important to ensure referrals meet clinical prioritisation criteria requirements for safer triaging and effective utilisation of first specialist appointments, we understand concerns have been raised that current forms have become too onerous. We will feed this back to the state Smart Referrals team who manage the templates.

We would also like to emphasise that a number of the issues raised in your letter are well within the scope of responsibility of our GP Liaison Officers (GPLOs). As you state in your letter GPLOs are valuable members of the HHS team and in Dr Michelle Johnston and Dr Edwin Kruys, we have two very capable, responsive GPLOs working for the SCHHS and I would encourage your members to contact them directly with future concerns or queries.

Thank-you again for taking the time to write to me and for taking the time to meet with Dr Pearce and myself. I trust this letter adequately responds to the issues raised in your letter and I look forward to continuing to work collaboratively with AMAQ and the SCLMA in the future.

Yours sincerely

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Chief Executive
Sunshine Coast Hospital and Health Service
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