





From paper & pagers to an NHS-approved App

Summary

In 2019 Gloucestershire Hospitals NHS Foundation Trust replaced their pager system with the Cinapsis SmartReferrals App, creating a more efficient workflow for clinicians and improving patient flow. Referrals from Primary Care into A&E stopped entirely as a result of telephone referrals and advice shared using Cinapsis, with 41% of patients being managed in the community as a result. This case study will explore the benefits of using Cinapsis SmartReferrals for instant communication between clinicians.



Introduction

Dr Thomas Kus - General Paediatrician who provides a paediatric voice on Trust IT projects - tells us about the transformation that he's seen for his service

The Acute Paediatrics service initially provided advice to Primary Care through switchboard calls and pagers ("bleeps") for the 74 local GP practices.



What wasn't working?

Workflow

One of the main problems that Dr Kus found with the system was that the telephone referrals and advice calls coming through the hospital's switchboard were often intrusive. The GP rang the switchboard, which then bleeped the paediatrician on-call regardless of whether he/she was in the middle of a consultation. When going to the ward phone to ring the switchboard back, the consultant spent time taking down basic patient and caller details on a paper referral form, which was taken to the Assessment Unit after the call.

Audit and security

Moreover, if 2 calls came through the switchboard at the same time, the second call was held by the switchboard. If dropped, the consultant didn't know any details about who had called and the chances of an A&E referral were higher.

Not only was the workflow problematic, but the use of paper referral forms meant that if any details were missing from the paper referral form, they couldn't be included in the patient's record, resulting in lost clinical information. The outcome on the paper referral form was not recorded in the patient's record.

How did Cinapsis SmartReferrals solve these problems?

As the Trust was already using Cinapsis SmartReferrals for Acute Medicine with 83% of referrals from primary care eliminated, Dr Kus worked with the CCG and Cinapsis to develop referral pathways appropriate for Acute Paediatrics.

Workflow

The GPs now ring consultants for advice and guidance using their own device. The system also supports call back, video calls and instant messaging.

The App on the consultant's phone is non-intrusive and it gives Dr Kus' team the option to pause their rota with one tap when on-call. The service defines the call cascading system, so that if 2 calls come through at once, the second call can go to the next person on the rota.



The responsiveness to clinician feedback is second to none with suggested development improvements sometimes implemented within days. There is a real joy in having a system where developers listen to clinicians with an exceptional can-do attitude.



DR THOMAS KUS

Audit and insights

Prior to Cinapsis, auditing was difficult and the lack of digitised data made it impossible to analyse service delivery. Because Cinapsis automatically links to the patient's electronic record, the trust has an overview of referral data that they are using to improve service delivery and focus on prevention.



I can spend time talking about the problem instead of taking patient and caller details.



DR THOMAS KUS

Safeguarding

Before Cinapsis, safeguarding concerns were difficult to address (e.g. if the account that the family had given to the GP differed later on). Because all the conversations between the GPs and consultants are recorded and linked to the patient's record, Cinapsis can be used to check recordings, times and other details for efficient safeguarding.

> Click below to read about the way Cinapsis SmartReferrals has changed patient flow in other specialties in the Trust.

Pager challenge

Cinapsis solution

Single point of access with better notification and call cascading

workflow	Complex and intrusive The GP rings the switchboard, which then bleeps a consultant, regardless of whether he/she is free or having a patient consultation If 2 calls come through the switchboard at the same time, the second call is held by the switchboard. If dropped, the consultant doesn't know any details about who has called and the chances of an A&E referral are higher The consultant spends time taking down basic patient and caller details on a paper referral form, which is taken to the Assessment Unit after the call	Quick and easy Advice is given through audio, video calls or instant messaging The consultant on-call can pause their rota with one tap and change their rota easily If 2 calls come through at once, the second call will go to the next person on the rota Consultants manage patient lists, check patient notes, listen to voice recordings - everything from one place Clinicians can use Cinapsis SmartReferrals on both mobile and
Audit trail	No outcome recorded in the patient's record The lack of a digital record doesn't allow linking the outcome of the call to the patient's record If any details are missing from the paper referral form, they cannot be included in the patient's record, resulting in lost clinical information	Automatic link to the patient's electronic record • All conversations are recorded and linked to the patient's record through their NHS number
Security	Paper referral form • Little security as patient notes are taken on paper forms	Single Sign-On and HSCN storage Cinapsis connects to the global NHS.net address book for NHSMail and EMIS Single Sign-On login Any attachments are stored on the Health and Social Care Network and not on the device
Data	No analysis Data on paper forms is not collected to be analysed for better prevention	Business insights and safeguarding Referral data allows users to manage tasks more efficiently, use insights to plan service delivery and provide safeguarding

Read more about the way Cinapsis SmartReferrals has changed patient flow in other specialties in the Trust.