

## Notes

### Mechanisms To Help GPs Ensure They Can Actively Follow-Up A Referral

Lessons from Case 04HDC13909

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A recent opinion from the HDC<sup>1</sup> about a case of excessive waiting time for an “urgent” urology referral has raised some interesting points that clearly delineates responsibility through the referral process. A case of a 64 yo man in the Southland district with a PSA of 51 who spent 22 months waiting for his first specialist assessment and the subsequent 15 odd page opinion from the commissioner is worth reading. It clearly defines the role specialists, DHBs and GPs have through the referral process, right up until such time the consultant *physically* sees the patient at their first appointment.

This document remains topical largely because we all practice in an environment of resource constraint similar to this case. From this I’ve been able to extract some “good quality general practice care” principles<sup>2</sup> that can help maintain the “duty of care”<sup>3</sup> that was clearly lacking in this case.

1. Tell the patient what *you* think is wrong, why you are referring, and what the *risks* are if the patient is not seen in a timely manner.

In the above case the patient wasn’t aware of the potential seriousness of his condition, wasn’t told of the risk of prostate cancer, and as such, given that his health generally remained well, the patient didn’t raise any concerns with his GP that he had yet to be seen.

2. Tell the patient when *you* think the patient should be seen.

Your timing assessment should be clinically based, honest and appropriate. Don’t just say that this is an urgent condition just because you want you patient seen ahead of others. A clinically accurate estimate of the potential waiting will give the patient a general sense of priority. It is likely that if this time expires that patient will see you again. With respect to referrals this can act as a form of self monitoring. In the above case the patient wasn’t told, nor made aware, that such a condition should be seen within 6 months

3. Determine a time (when not seen by) when the patient should return for clinical review

In the above case the GP was criticised by not actively following his patient up and communicating to the specialist that there has been a delay in seeing the patient in the OPC. Tell the patient “If you have not seen the specialist or been given an appointment by [ ] then come and see me”. Document this and put it in a recall process.

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<sup>1</sup> Case 04HDC13909 <http://www.hdc.org.nz/files/pageopinions/04hdc13909urologist.dhb.pdf> Accessed 10/5/06.

<sup>2</sup> Ibid, page 20.

<sup>3</sup> Geddis, D, “Aspects of a Doctors Duty of Care” MOH 15 Feb 2005.

4. Determine a time (when not seen by) when you will “pick up the phone”  
Again in the above case the GP was criticised by not communicating directly to the specialist. Tell the patient “ If you do not have an appointment time, or have seen the specialist by [     ], then I will *phone* the consultant. Document this, and put in is a recall process.
5. Offer other options, including whether the patient wants to go privately.  
When the patient in the above case was eventually informed that delays were largely due to resource constraints in the public sector, and was given an appreciation of the urgency of his case, he said, in hindsight, that he would have gone privately. The commissioner criticised the GP for not informing the patient of all the available options, including being referred privately. Say to your patient “If there are undue delays at the hospital, would you like to go privately”. Document this.
6. Do not be concerned that “annoying” the OPD will disadvantage your patient.  
The GP involved said that in the past he felt that he disadvantaged his patients by “annoying” the OPD by expressing an urgency in his referrals by constant updates, etc. I myself have felt this in the past. The commissioner appreciated this but felt that this does not absolve a GPs responsibility in the duty of care to follow-up referrals. Say to your patient that if they have not heard from the hospital at [     ] then you will write another letter. Document this.

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