

Example of partnership working and learning between primary and secondary care:

Most recent email at top so worth reading from the bottom up!

From: XXXX (BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST)
Sent:
To: BARTLETT, Janet (BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST)
Cc:
Subject: RE: BHRUT internal alert - xxxxxx

Dear Janet,

Thank you for your response. It would be good idea to have a saturation monitoring equipment, however the key lessons in this scenario for the responsible clinician is 1) Recognizing the Sick/Unwell child with severe breathing difficulty 2) Initiating the correct treatment 3) Appropriate escalation to the paediatric team 4) Ensuring safe transport.

We have recently experienced a high number pre-hospital cardiac arrests with asthma leading to mortality.

Hope this guideline will help: <https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-quick-reference-guide-2016/>

Regards

XXX XXX | Consultant

Paediatric Emergency Department | Acute Medicine

From: BARTLETT, Janet (BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST)
Sent:
To: XXX XXX (BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST)
Subject: FW: BHRUT internal alert - xxxxxx

Hi,

I will update safeguard but please see below fyi.

Also if there is any guidance for primary care that you know of please do let me know.
(current guidelines for nebulising children in primary care)

Thanks

Regards,

Janet

From:
Sent:
To: BARTLETT, Janet (BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST)
Cc:
Subject: Re: BHRUT internal alert - XXXXXX

Thank you for your recent communication regarding the above internal alert involving baby NHS xxx xxx xxxx The incident has been investigated and discussed at our weekly meeting. The child was recognised as being unwell and following assessment diagnosed with difficulty with breathing and required an emergency A&E admission. The parents were offered ambulance but they preferred to use their own transport. The child was sent in to A&E with a copy of his profile and written note for the streamer, stating the diagnosis and to stream the child to paediatric A&E. It was recognised that although this approach can be effective as it shorten the time to hospital but not entirely safe.

The lesson has been learnt. Going forward, we are going to purchase paediatric pulse oximeter for our surgery (to add to our emergency bag).

It was not clear what the current guidelines on nebulising children in surgery (primary care) are, as it was deemed not to be a safe practice in previous guidance. We will be grateful if could forward to us any current guidelines that may have.

Thanks

Dr XXX XXX

BARTLETT, Janet (BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST)
<janet.bartlett@nhs.net> wrote:

Hi XXX,

Of course – all the emails on this trail are secure so I am happy to provide the details:

Mxxx XX – 4yo with NHS number XXX XXX XXXX

Thank you.

Regards, Janet

From: XXX XXX (NHS REDBRIDGE CCG)

Sent:

To: BARTLETT, Janet (BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST)

Cc:

Subject: Re: BHRUT internal alert - xxxxxx

Dear Janet

thank you for your email - I would like to have identifying information to enable us to investigate this further - can you email that through this email - NHS secured or should we speak over the phone? - I am back in on Tuesday

best wishes

XXX

From: BARTLETT, Janet (BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST)

Sent:

To: XXX XXX (NHS REDBRIDGE CCG)

Cc: XXX XXX (NHS REDBRIDGE CCG); (BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST)

Subject: BHRUT internal alert - xxxxxx

Dear Dr XXX & Partners,

I have been notified of an internal incident that was raised through our internal safeguarding system which manages incidents and is overseen by the Quality and Safety team.

The incident reference number is xxxxxx.

I can provide the details given in the report and I have been asked by the Lead Nurse to notify the GP practice. This is in line with our standard operating procedure whereby any incidents involving general practice and primary care that I, as the GP Liaison manager, will notify you of.

Here is the detail;

Details: This child was seen at the GP surgery and was sent to A&E without discussion with the paediatric team, or initiating treatment, and not by ambulance. The child had severe respiratory distress upon arrival, saturation 80% in air, RR 49, HR 163, PEWS 4, tight chest. This child should have received treatment at the surgery and brought in by blue light ambulance. This is potentially dangerous as child could have progressed to respiratory arrest during the journey.

This email is to provide feedback to you and to ask you to remind your referring GPs of the children's pathway available.

If you require any more information please do not hesitate to contact me. I am happy to visit the practice any time.

Thank you.
Regards, Janet