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# 3 Patient Case Studies:

# Challenges at the Primary and Secondary Care Interface

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# Background

The interface between primary and secondary care can present several challenges that can negatively impact patient outcomes. These challenges often stem from the complexity of coordinating care across different parts of our system, leading to communication breakdown, delays in treatment, and fragmented care.

The transition from primary to secondary care or vice versa is a critical juncture that requires seamless communication and coordination to ensure continuity of care and good patient experience. The three case studies presented in this document provide valuable insights into the real-world challenges faced by patients within our South East London Integrated Care System (ICS).

The case studies highlight some key issues faced by patients, such as:

1. **Communication Breakdown**: Difficulties in communication between primary care and secondary care can result in incomplete transfer of patient information, leading to misunderstandings or gaps in care.

2. **Delays in Referral and Treatment**: Patients sometimes experience significant delays in being referred from primary to secondary care, which can delay diagnosis and treatment. These delays can exacerbate health conditions and negatively impact patient outcomes.

3. **Fragmented Care**: Without proper coordination, care can become fragmented, with patients receiving disjointed or inconsistent care. This fragmentation can lead to repeated tests, conflicting medical advice, and a lack of a cohesive treatment plan.

4. **Access to Care**: Navigating the healthcare system can be challenging for patients, particularly when accessing specialised services. This can be due to bureaucratic hurdles or geographic or socio-economic barriers.

5. **Patient Experience and Satisfaction**: Poor experiences of the interface between primary and secondary care can lead to patient dissatisfaction. They feel unsupported, confused, and anxious about their health journey, which can affect their overall experience, trust and engagement with the healthcare system.

"As a patient with multiple chronic conditions, the lack of coordination between my GP and Consultant has been incredibly frustrating. I've experienced delays in referrals and conflicting advice, and sometimes it feels like I'm left to navigate my care. This disjointed relationship not only affects my health but also adds to my stress and anxiety. I want everyone to communicate better and provide seamless care for me."

*Mrs Linda Rodrigues, COPD patient*

## Case Study 1: Delayed Referrals and Communication Breakdown

### Ms Anna Thompson: A 65-year-old woman with type 2 diabetes and hypertension

Ms. Thompson has been managing her diabetes for over a decade. Recently, she experienced higher than normal blood sugar readings despite adhering to her medication regimen. Her GP decided that a secondary care specialist's input was necessary. However, due to a backlog in the referral system and administrative oversights, the referral did not reach the endocrinologist promptly.

Upon finally seeing the specialist, important details about her medication adjustments and recent lab results were not transferred from her GP. This resulted in redundant tests and a lack of continuity in her treatment plan. The endocrinologist recommended a different medication regimen, but without knowledge of the GP's previous adjustments, this led to medication overlaps and side effects.

Ms. Thompson felt neglected and anxious due to the delay and lack of coordination. Her condition worsened, resulting in two hospital admissions for hyperglycaemia. The stress and repeated hospital visits affected her overall wellbeing and quality of life.

## Case Study 2: Inadequate Follow-Up and Monitoring

### Mr Bola Ojo: A 45-year-old man recovering from a recent myocardial infarction

Mr. Ojo, a warehouse manager, suffered a myocardial infarction and underwent a successful angioplasty. The hospital provided a detailed discharge summary and medication list, including antiplatelets, beta-blockers, and statins. However, this critical information was not communicated effectively to his GP.

The lack of communication led to confusion about his medication regimen and inadequate monitoring of his condition. Mr Ojo experienced anxiety and made

several unnecessary A&E visits due to the lack of clear follow-up care. His GP was unaware of the new medications and continued prescribing his old regimen, leading to potential drug interactions and side effects.

Mr. Ojo felt lost and unsupported during his recovery. He was unsure about his medication instructions and missed critical cardiac rehabilitation sessions due to scheduling issues that arose from miscommunication. His recovery was slower than expected, affecting his ability to return to work and causing financial stress.

## Case Study 3: Fragmented Care for Chronic Conditions

"Mrs Linda Rodrigues: A 75-year-old woman with chronic obstructive pulmonary disease (COPD)

Mrs Rodrigues, a retired teacher, has been living with COPD for 15 years. Her condition requires regular monitoring and adjustments to her medication, including bronchodilators, corticosteroids, and oxygen therapy. She lives at home and receives support from domiciliary care workers to manage her daily needs and ensure adherence to her treatment plan.

This fragmentation of her care resulted in conflicting advice and duplicated medications, exacerbating her condition. Mrs Rodrigues frequently found herself in the Emergency Department due to poorly managed exacerbations of her COPD. For example, her GP prescribed an additional inhaler without knowing her pulmonologist had recently adjusted her treatment, causing confusion and overuse of medication.

Mrs Rodrigues' condition was further complicated by her difficulty in accessing timely appointments with her pulmonologist due to long waiting lists. This delay meant that her condition often deteriorated to a critical point before she could receive specialist attention. Additionally, the domiciliary care workers struggled to keep track of the numerous medication changes prescribed by different doctors, leading to frequent errors in her treatment regimen.

Mrs Rodrigues expressed frustration and confusion over the conflicting information she received from different healthcare providers. She found it challenging to manage her condition effectively without a cohesive treatment plan. The lack of coordinated care also placed a significant emotional and physical burden on her family, who often had to navigate the healthcare system on her behalf. Her daughter, who lives nearby, had to take time off work repeatedly to accompany her to Urgent Care, A&E, and clinical appointments, adding to her family's stress.

## About south east London Healthwatch

The six local Healthwatch in south east London (SELHW) are the independent champions for public and patient voice within health and care services. We are coterminous with the six boroughs in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark) and have statutory functions.

SELHW focuses on reducing inequalities, tackling health challenges, and aiding in service transformation across various sectors, including general practice, hospitals, dental care, pharmacies, optometry, ophthalmology, home-based services, and social care.

By collecting people's opinions and perspectives through direct contact across all our SEL communities and sharing them with the NHS, local authorities, and other ICS partners, SELHW ensures that people's views shape and enhance the care they receive and inform service development.

You can learn more about SEL Healthwatch and each borough-based Healthwatch at South East London Healthwatch and see our reports at South East London Healthwatch Insights|.

**Contact us to get the information you need.**

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

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