

Humberside LMCs Guidance on Tasking in Clinical Systems

Introduction

SystemOne is used as the Primary Record for multiple services and Health & Social Care services across the ICS. The system has a form of electronic communication (known as Tasks) which makes it possible to have two-way electronic conversations with other care providers who are also using SystemOne, and providing care to that patient, from within an individual patient record.

Humberside LMCs' position on 'Tasks' is that they should not be used as a method of communicating between providers and GP practices.

This includes but is not limited to:

- Requests to arrange referrals to other services/providers
- Requesting prescriptions
- Delegating other clinical work
- Updating other services with changes in the patient's condition

This position has been taken following discussion with the LMC committee for the following reasons:

- 1) For most GP practices, Tasks are not a formally established route of communication and sit outside normal workflow arrangements.
- 2) There is an increased risk of critical information being missed when Tasks are used instead of defined communications pathways. These include but are not limited to: Tasks being sent to an individual member of staff who may be absent or not at work; Tasks being sent to unmonitored groups; Tasks being inappropriately used to pass key patient information which may require urgent action; lack of clarity

over the medicolegal position for GP practices and partners if an action linked to a Task results in patient harm.

- 3) The LMC receives numerous regular examples where Tasks are used to pass unfunded work to general practice. This is an interface issue and represents a significant volume of workload shift by providers.

If your practice wishes to cease use of Tasks as a communication route from other providers, S1 does not include the functionality to switch these off without also turning off all internal Tasking.

We advise practices who do not wish to receive tasks from other providers to do the following:

- Choose a future date on which you intend to stop accepting communication via this route and notify any providers you are aware of that use this route.
- Highlight your preferred alternative for communication to fit with your established workflow.
- Review your practice settings to ensure you have Task inbox rules set up so any Tasks from an external provider go into a single inbox.
- Provide your admin staff with an agreed response to any messages sent to that inbox after your agreed start date.

Suggested text for rejection of communication via Task:

Dear Colleague

You have communicated with XXXX surgery via a SystemOne Task. Please be aware that from DATE we do not accept tasks from external providers as a method of communication with the practice due to patient safety concerns. Please resend the information via PREFERRED METHOD. Your Task has not been acted on or actioned.

The LMC advises that you include in your preferred method of communication the route for urgent patient safety concerns, which is usually your practice phone number or a

generic email inbox. If you signpost to a generic email inbox, we advise you add the caveat that emails should not be sent to individuals in the practice team as this has the same patient safety issues as individual tasks.

If you continue to receive Tasks from providers despite following the above steps, please inform the LMC and we will be happy to support you.

Establishing Tasks as part of usual workflow

Where a GP practice or Primary Care Network is content to receive Tasks from another provider, the LMC advises that a standard operating procedure for processing information and requests through tasks should be developed. We also recommend that a written confirmation letter/e-mail is issued to the responsible senior leadership manager in each provider you wish to have this agreement with. This should clearly explain how Tasks can be used with your practice and confirm the point of contact with the provider if the agreed route is not followed. This letter/e-mail should be acknowledged in writing by each provider.

Humberside LMCs recommend that everyone with the capability to send or receive Tasks, regardless of organisation type, receive relevant training. Failure to do so will increase the risk of harm to patients and could create avoidable inter-professional conflict.

The guidance below may assist you in creating a standard operating procedure for your practice and outlining your expectations with providers.

Escalation route on occasions this guidance is not followed

On occasion, individual users or teams may be unaware of or not follow this guidance. When these issues occur, please liaise with the user/team in question to remind them of the guidance in the first instance. If persistent issues occur from teams/users then the escalation route would be into either their service leads/managers, your ICB primary care team, or Humberside LMCs. We advise all practices to have an identified contact for escalation in place prior to agreeing to receive tasks from a provider.

Guidance for the use of Tasks in SystemOne when communicating with XXXX surgery

Purpose of this guidance

This guidance has been developed in collaboration with frontline clinicians from a variety of roles, organisations and locations in response to concerns raised about inappropriate 'Tasks'. By following the guidance below the risk of delegating clinical duties in an unhelpful or unsafe manner can be reduced. In addition, the proliferation of unwanted Tasks can be minimised so that all tasks are actioned in a timely way.

Remember, the use of Tasks does not prevent users from using established and reliable methods of communication including direct contact, telephone calls, and e-mails. Failure to follow this guidance could lead to clinical risk and even harm to patients if a Task is sent inappropriately and remains un-actioned for too long.

Who does this guidance apply to?

The intended readership of this guidance is people working in GP practices in the East Riding, Hull, North East Lincolnshire, and North Lincolnshire. Other organisations operating in the same regions may also wish to use this when developing their own guidance on using Tasks.

Sending and receiving Tasks

If you communicate outside of your own SystemOne unit using a Task you **must** ensure that the recipient is marked as "Unassigned". The reasons for Tasks being "unassigned" are to avoid previously encountered issues where:

- A named recipient may not be on duty or could be on annual leave meaning the Task may be left unread and un-actioned.
- Task groups are configured in a variable manner by each SystemOne unit therefore the use of tasking groups may mean that the Task is received by the wrong recipient.

GP practices may wish to set up Task rules so that all Tasks are sent to a single group. Tasks can then be re-assigned as required. This may reduce the likelihood of clinical actions being missed.

An assurance process for receiving and managing Unassigned Tasks should be in place within all SystemOne units. Each organisation must also have a process for oversight and monitoring of Tasks in their SystemOne units to ensure that if a Task has arrived that has bypassed the above guidance it will not be left unattended or unmonitored.

Tasks can sometimes be used when action is required by colleagues within a different team. However, if you choose to Task someone, ensure that the action being delegated is reasonable and appropriate for the service you are forwarding it to. Remember, the person who ordered a test has responsibility to act on the results and arrange other steps in a service user's care. The standard [NHS contract](#), to which all providers of NHS services are signatories, makes this clear (12.1.1). Actions may include, but are not limited to:

- reporting results to patients (12.1.3)
- making onward referrals (8.4) related to the condition *or complaint* a patient presented with (including investigations).
- issuing adequate quantities of prescriptions following discharge (11.9) and clinic appointments (11.10)
- providing fit notes for the full duration of absence/extending fit notes as required (11.12)

Also, be mindful that where a requested action is not a provider's contractual responsibility, it may not be the responsibility of general practice either. The absence of a provider having responsibility is not synonymous with a GP having responsibility. Further, sending a task to other organisations/teams does not end the sender's caring responsibility. **There is an expectation that the sender of a task continues to review the patient record to monitor that the request has been actioned/completed and to follow up/escalate as required.**

If you send a Task, extensive details of care must not be routinely included in the body of the task. Details of care should be contained within the journal in the patient's record, not exclusively within the Task. The body of the Task should contain the following text "Please see my recent journal entry which contains actions (date/time)".

Action timeframe

When using a Task and action is required by the recipient, caution is needed around the length of time in which the recipient is required to perform this action. If action is required *immediately*, and needs to be completed within two weeks, you should first consider whether it is appropriate to be making this request to general practice (**Locally, 'immediate' is considered to be requests requiring action within two weeks**). As discussed above, the [NHS standard contract](#) makes it clear that provider are responsible for completing actions relating to patient care that are required immediately. If your Task requires action within two weeks, you should not usually ask general practice to action it, and you should make alternative arrangements for patient care. If there are extenuating circumstances, and there is an urgent need to pass information back to a general practice, a task should not be the primary method of communicating this request.

October 2024