"The tide of endless emails and sticky notes must be tackled"

Whether we are sending or receiving information, good communication within primary care is vital, but miscommunication can occur all too easily. Do we consistently have the right structures and channels in place to ensure that safe and accurate communication takes place? Arguably, current political uncertainties around primary care reorganisation and commissioning could lead to any number of opportunities for miscommunication.

At its most basic, miscommunication finds us dealing with the hypothetical patient who rolls up her sleeve, having consented to attend for a feasting (sic) lipid profile. Other situations are potentially catastrophic: the blood test results not acted on, or the delayed home visit to the patient with headache, neck stiffness and photophobia, because a message was not passed to the right person.

How many general practices still work on the basis that messages for doctors, nurses, dispensers and administrative staff are written on scraps of lined paper, scrawled into books or stuck onto computer screens?

Oddly enough, this may not be such a bad system as long as it is absolutely consistent. Consistency is the key to safety, but this probably presupposes that any communication guidelines are disseminated via a piece of laminated card (plus smiley face) taped over the sink in the staff toilets. Running different communication systems in parallel is a recipe for disaster – it’s like asking the Connecting for Health people to run a pilot scheme involving semaphore.

Trouble happens when more than one system of communication is employed by a practice or, more commonly, when different areas of primary care have incompatible IT systems. It would seem sensible that “health” computers could talk to “social” computers yet this rarely occurs. Community nurses need access to each practice’s IT system and training to use it. New staff members and locums must have support if they are being asked to use unfamiliar communication systems. Nurses must never be made to feel inadequate by asking for help; we can be held to account for our actions and omissions, and “I pressed the wrong button” somehow doesn’t cut the professional mustard.

In addition, primary care nurses are expected to deal with an endless stream of emails. Managing this can feel impossible; just as messages are organised, prioritised and cleared, more flood in. Nurses are so pressured into putting our all into patient care that attending to messages may not be dealt with as rigorously as we might wish.

Is there a solution to this? I believe so. First, we should ask ourselves: “Do I really need to view or send this email at this precise moment?” Next, we have to insist that time is blocked off to deal with the reflection and decision-making that attending to messages may not be dealt with as rigorously as we might wish.

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