

HULL UNIVERISTY TEACHING HOSPITALS NHS TRUST

Communication Statement for GPs

April 3rd 2020

All communications have been approved at the appropriate Bronze Command Group and then signed off by the Teresa Cope, Gold Commander for Hull University Teaching Hospitals NHS Trust.

1. Referral Communications

During last week, a number of departments rejected non urgent referrals. With the Trust taking the decision to continue to accept the referrals, all departments will continue to accept referrals but please be aware that appointments will not be made for a number of weeks. Therefore, consideration as to the appropriateness of a referral at this time, given the significant delay prior to the appointment, is requested.

Inappropriate referrals will continue to be returned. For any referrals that were rejected during this period GPs are asked to review the e mail notifications that have been sent about the rejection/cancellation and re-refer if clinically appropriate to do so. Inappropriate referrals will continue to be returned. The current Advice and Guidance systems should continue to be used where possible.

Any referrals deemed to be routine will be placed on hold until normal service resumes. At this time, where appropriate, appointments will be sent to patients to attend accordingly but referrers need to be aware that you may be contacted to review the clinical case and assess the appropriateness of any referral.

2. Advice and Guidance

Vascular Surgery have gone live with Advice and Guidance from the 30.3.2020

3. Referral Assessment Service (RAS) for Lung Cancer 2 Week Wait Patients

A RAS has been set up for Lung Cancer 2 week wait referrals. GPs will no longer be able to directly book appointments into this service. The service will triage these referrals and either book a face to face appointment, a telephone appointment or reject the referral with clinical information to the GP.

4. General Communications to GPs

Please can the trust ask that GP surgeries do not ring the Appointment and Referral Centre (ARC) regarding rejected appointments. If a patient is clinically appropriate to refer into a service, please do so, and the referral will be added to the waiting list.

5. X ray at Hornsea and Withernsea

Unfortunately due to COVID 19 pressures the Radiology department has decided to suspend the x-ray cover provided at Hornsea Cottage Hospital and Withernsea Community Hospital.

Any requests received at these two sites will be scanned on to radcentre and the Radiographers will triage any clinically urgent /recent trauma. These patients will be called and asked if they are experiencing a fever and /or a new continuous cough.

If the patient confirms that they are not displaying these symptoms an appointment will be made at Castle Hill Hospital (CHH) or at the East Riding Community Hospital (ERCH). If the patient does have

these symptoms they will be advised to contact their GP and an appointment will not be made at this time. If this is the case, the GP should wait 7 days and re-refer into the service once the current symptoms have subsided.

There is no walk in CXR service at the current time and all patients are asked to ring 01482 622047 to assess their risk of infection. The department will advise patients to attend CHH or ERCH.

The direct access service will remain available at CHH and ERCH as long as possible. The radiology department will review the provision to Hornsea and Withernsea every 4 weeks. As soon as the service can be reinstated this will be communicated to the CCG and your site teams in order to open up bookings again for appointments.

6. Blood Sciences information on testing – Rachel Wilmot lead for Blood Sciences

Information from the Blood Sciences Laboratory to primary Care in in the light of the additional pressures on the laboratory during the current COVID-19 situation

It is with regret that we have had to review and reduce some testing. Please see the information below. (Please note for tests suspended we will not be able to store any samples in the laboratory).

Biochemistry: Routine analysis (All parts of the Biochemical profile, CRP, pregnancy tests etc) will continue as usual but for more specialist tests not needed for the acute management of patients we will be suspending or running less frequently. Of particular note:

Vitamin D - testing will stop - if you have a patient starting on a high risk treatment where the Vit D level is needed please contact the lab.

Faecal samples: Calprotectin and elastase testing has been suspended from 23rd March after we completed the analysis on all the samples we had to that time.

FIT : Testing will continue. Positive results will be reported with the following comment:

“Due to the COVID 19 cessation of colonoscopy and CTC, the colorectal 2ww is currently suspended. If you are concerned about this result please contact the Colorectal Department via the advice and guidance system”

Metals: all testing is suspended except for lead analysis in suspected poisoning.

Drug analysis: Therapeutic Drug Monitoring will continue as usual though please only request where it is relevant to the immediate management of the patient or for ensuring safety (e.g. Lithium guidelines); Drugs of abuse we are unable to provide our usual drugs of use/abuse testing. Please keep requests to essential situations only and be aware turn-around-times will increase substantially.

Endocrine testing: Acute diagnostic testing will continue (e.g. serum cortisol), for others Please restrict testing to where it impacts the immediate management of the patient. Note Turn-Around-Time will be impacted.

HbA1c: Diagnostic testing will continue, results may take slightly longer to reach you. See also below

Chronic Disease Management: (diabetes, CHD, thyroxine replacement INR monitoring etc) we appreciate there are more difficult situations and/or patients **but if patient is stable consider extending the review period.**

Immunology: Turnaround times for all tests will be extended.

Allergy testing is suspended. Autoantibody and HLA-B27 testing is suspended with the exception of ANCA and other urgent requests (if you have an urgent request please contact the laboratory). Serum and urine electrophoresis requests should be limited to patients with a suspicion of multiple myeloma.

Haematology: Routine Full Blood Counts will continue as usual; Be aware follow up testing (including blood films) will experience extended turn-around-times. Coagulation (see chronic disease management section for INR) should be restricted to patients with a clear personal or family history of bleeding. Haemoglobinopathy testing will continue but Turn-round-times will be appreciably longer.

Alex Lazenby
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On Behalf of HUTHT