



Dear Colleague

Welcome to the first edition of GP Matters, a Somerset version of the popular RUH newsletter!

Our hope for this newsletter is that it will allow us to share with you changes in secondary care that help us understand how each other works, and support us to work together more easily.

It is a joint venture between YDH and Somerset NHS Foundation Trust and will cover both Acute Hospitals and our Community and Mental Health Services. For the 6 month pilot it will be coordinated by Kathryn Patrick (GP and Medical Director for Primary Care, YDH) and Andrea Trill (GP and Medical Director for Neighbourhood Integration, Somerset FT) and we really hope you find it useful.

Please let us know using the link below, how we can make this as useful as possible for you.

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Please let us know what you would like to see and hear about in this newsletter

<https://wh.snapsurveys.com/s.asp?k=159>

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Trust news

Self-isolation before procedures

As you will be aware, some patients will need to self-isolate and have a COVID swab completed before they can attend either trust for certain procedures. We are pleased to say that the trusts will provide the patient with the relevant details, including a letter which means that we in primary care do NOT need to issue fit notes for these patients.

What has changed in ED?

As attendances now increase, one of the biggest challenges is how to assess everyone safely whilst maintaining a social distance for both staff and patients. The numbers of chairs in the waiting rooms has been significantly reduced and the option of queueing patients in the corridor (which has happened when demand has been high in the past) can no longer happen.

Larger footprints for the departments have been established and new frailty pathways, discharge lounges and systems to mental health are helping, but this is a challenge as we head for winter, particularly with the increase in time it takes to assess patients when wearing PPE.

The EDs have asked us to use SPL as much as possible because this helps to direct patients to the relevant department and bypass ED when appropriate. In addition, when safety netting a patient, for those appropriate cases, if we could please remind them to call 111 first rather than to attend ED, should they worsen, this would be incredibly helpful. Likewise, EDs are keen to know how to support us so please let us know (using the link above) what would help you.

What has changed in endoscopy?

The endoscopy service in both hospitals has now resumed but with 50% of the capacity at both sites, compared with pre-COVID levels. This is because all upper GI endoscopies are considered to be aerosol generating procedures and as such require full PPE to be worn (causing delays from doffing and donning) together with the need for five air changes between procedures. We are exploring work to improve the air changes in our Bridgwater unit to expand capacity.

As a result, patients are being carefully selected to target those at most risk and to ensure the reduced endoscopy service reaches the most appropriate people. This has included consultant level triage of all referrals, but the direct to test OGD pathway remains suspended. NICE has some helpful guidance about which groups of patients for whom it is safe to avoid endoscopy – in particular younger patients with reflux and some patients with newly diagnosed coeliac disease. <https://www.nice.org.uk/guidance/qs96/chapter/Quality-statement-4-Discussion-about-referral-for-nonurgent-endoscopy>

And if still in doubt as to whether or not your patient needs referral for OGD, don't forget you can ring Consultant Connect for immediate advice.

Although COVID-19 has presented us with significant challenges we hope that we can develop safe pathways regarding selection for endoscopy that means we need to do fewer in the long term which has benefits to the patients themselves but also wider benefits to the environment and planet!

What has changed with visiting?

After careful consideration of the risk to visitors, patients, colleagues and the community, visiting restrictions have been eased at all our mental health units, community hospitals, at Musgrove Park Hospital and at Yeovil District Hospital, apart from areas where COVID positive patients are being treated.

Visiting slots can be booked directly with the ward and there will be slots allocated, for one visitor per bay, throughout the day. There is still no visiting without prior booking.

Face coverings must be worn by all visitors and they will be directed straight to the ward.



What has changed in outpatients?

As we have discovered in primary care, while many patients do require a face to face appointment, a large number of other appointments can be delivered safely and effectively via telephone and video. Our colleagues in secondary care have also been using more of these methods for their outpatient consultations across all departments. In doing so, many are reviewing how these different ways of working can be harnessed in the future, with the digital platform "Attend Anywhere".

Currently, many clinic rooms in each of the trusts are being utilised for other services because of the need for increased space due to social distancing. Options to explore the use of other spaces for satellite clinics are being explored, alongside more virtual consultations.

We are all aware there is a backlog to be cleared of patients waiting for their outpatient appointments. All departments will be gradually increasing their capacity, prioritising urgent patients. However, capacity is currently approximately 50% of pre-COVID levels.

We would like to take this opportunity to remind everyone of the value of Advice & Guidance and the use of Consultant Connect in gaining timely advice regarding the management of our patients.

Please do click on the link above (in the quote box) to let us know how we can make this newsletter as useful as possible for you. It honestly will take less than 2 minutes!

Many thanks,
Andrea & Kathryn

Extra news

- A reminder - MAR charts (aside from palliative care) are no longer needed. Please let us know if any problems
- We are hoping to build a 'clinical reference group' to help with pathways. If this interests you (on a 'dip in' and 'dip out' and virtual basis) please do let us know
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