**(1) –** *MPH & Adjoining Pharmacy*

* Removal of stitches – Required from hospital
* Dressings & wound checks – Required from hospital
* Warfarin query – Hospital advised to speak to GP
* Patient sent from pharmacy to be seen – Could have been dealt with by pharmacist
* Patient rang to ask for help with alleged false claim of free prescriptions

**(2) –** *Accident & Emergency –*

* MRI in A&E, sent to us for action. Not clear from A&E action what was required, just received an abandoned MRI result out of the blue. If I hadn’t contacted the patient to check, nothing would have happened. Patient told me they were sending the report to us and how they had not had anything else from A&E or had a follow up appointment to review the results.

**(3) –** *College Nurse* –

* Request for letter to exam board to allow extra for girl with symptoms of IBS – To allow her to sit out of exam if pain gets worse.

**(4, 5, 6) –**

* Audiology YDH advised referral for ENT for sudden unilateral hearing loss rather than direct referral.
* Patient s/b back specialist privately, day before directed to appointment here for analgesia.
* Consultant Psychiatrist requests an OPD letter to prescribe “sustained course of hypnotic up to a month”

**(7) –**

* 1 x Private hospital prescription
* Sign form as midwife not available
* Physio expecting GP to prescribe Amitriptyline “instantly no letter”
* Patient sent by hospital to have ECG
* Psychiatry – GP to weigh & do ECG

**(8) –** *Somerset Partnership –*

* Urgent prescription request

**(9) –**

* Re-MRSA test post treatment
* Seen in A&E, told to come home & ask GP to organise ILT & DN
* I-P discharged to home – Said we would organise ILT/Social Care
* BT for genetics at Bristol – Form but no information on bottle or how to transport
* MIU – Told to see GP urgent today – Ix for blood clot, No info 25 minutes of phone calls to MPH still no info
* Pregnant lady saw midwife – Query re Folic Acid & Vit D
* Patient discharged on Tuesday discharge summary said ‘please take blood tomorrow and review’
* Re-referral – Excision done by organisation.
* RTT target would be breached as patient on holidays so asked GP to re-refer when patient available
* Asked to do a referral for a skin lesion from dermatololgy in Exeter on renal patient referred to them originally by Exeter renal unit. I have never seen lesion at all !!
* Asked to follow pt results who was transferred from MPH to BOS Community hospital
* Dentist requested we do mouth swab (no letter)

**(10) –**

* Asacol 400 b.d. for 1w, raise to 800 b.d. – IBD Nurse Letter
* Colposcopy was due at YDH but now wants it at MPH, “They need a letter”
* Bloods from midwife never labelled correctly
* Stoma Nurse faxed for prescription, details inaccurate – Needed to be re-done

**(11) –**

* Abnormal blood test requested by hospital – Copied to me, I asked secretaries to inform consultants secretary re the results. Reply was that she could not contact him regularly herself, so could the GP email the consultant himself!

**(12) –** *MPH* –

* Elderly patient seen in casualty with fever & raised Creatine/Urea – Requested visit for the next day to review & repeat U&E/Cr

**(13) –** *MPH* –

* GT result in inbox – requested by MPH Doctor. No indication of why taken or action needed. Need to investigate.

**(14)** – *Golf Club/Chemists/COE consultant* –

* Desponsumb injection & bloods. Also constant return of scripts as “unavailable” – Pharmacists should find out an alternative 3 days before!

**(15) –**

* Patient attending hearing aid clinic – advised to come here for referral for hearing test
* Also generally all the patients with hearing aids seem to be sent through as for check up’s when getting worse.

**(16) –** *CAMHS,*

* Asked to refer on to paeds for Asperger’s Assessment (why not direct referral) from CAMHS

**(17) –** *Obestrics & YDH –*

* Faxed FBC result, written correctly, needs iron, on iron with no name on it

**(18)** *– Rheumatology –*

* Post low impact, Request to risk score.

**(19)** *– Resp Clinic, Yeovil –*

* Ames oxygen level & refer for oxygen assessment (under resp consultant)

**(20)** *– MPH –*

* Pre & Post op manipulation of anticoagulation administration of Heparin, not covered by ES or anticoagulation

**(21)** *– Gynaecology –*

* Patient told by an on call team that GP would arrange for US Scan – No correspondence received.

**(22)** *– YDH, Dermatology –*

* See attached letter

**(23)** *– MPH, Pre Op Clinic –*

* Asking me to tell patient what to do with anticoagulants pre op.

**(24)** *– YDH, Orthopaedics –*

* Follow up

**(25) –**

* **(25) -** Referring D/N’s when discharging should already be done. Told to follow up secondary care blood tests & action them.

**(26) –**

* Chase up hospital appointments

**(27) –**

* Request for result of outpatients CT Colonoscopy – When GP not requested this test.

**(28) –**

* Changing medication & why do we have to phone referrals to somewhere direct?

**(29) –**

* Patients coming to us to chase up appointments they should have had from the hospital

**(30) –**

* Could Optometrists refer directly to ophthalmologist – Decapeptyl

**(31)** *– MPH, Orthotics –*

* Re-referral to orthotics, long standing condition has had repeated/ongoing care, now needs new referral to continue adjusting shoes.

**(32)** – *BRI, MPH, Chiropody –*

* Finding out follow up arrangements as patients not told what to do - 2 x fast track system MPH & 1 x BRI Urology.
* Dietician to speak to me to arrange care for weight loss despite patient being an inpatient. Told was not their department & GP to sort out. Dietician wanted admission, patient was in hospital.
* Child inpatient at children’s ward & ear discharging. Told to see GP for ear swab on discharge from Paeds.

**(33) –** *Somerset partnership –*

* Request for ECG

**(34)** – *Somerset partnership –*

* Referral to memory service rejected as blood results not attached to referral (blood tests had been done)

**(35) –**

* Blood monitoring on new anti-depressant (LFTs), Agometaine – Red Drug prescribed by psychiatrist.

**(37) –**

* Post-op re admission, post tonsillectomy. Discharge letter, asked to follow up “non-invasive liver screen” sent by hospital

**(38) –** *Rheumatology –*

* See attached letter

**(39)** –

* Colonoscopy at SMTC, Polypectomy “if polyp pr adeoma refer for repeat colonoscopy every 5 years” I.e. did not follow up biopsy to enter on to their own recall schedule.

**(40) –**

* Request for ECG from memory clinic

**(41) –**

* Pre Zeldronic Acid infusion, bloods.
* Requested by osteoporosis service, Yeovil

**(42) –** *YDH*

* Standard letter from fracture liaison service, YDH advising primary care to decide on need for DEXA in patient with wrist fracture.

**(43) –** *Somerset Partnership*

* Call from crisis team – Community mental health to prescribe Mirtazapine in patients after overdose.

**(44) –**

* Routine Post Op GP appointment
* 8 Days to post laparotomy, told to see GP
* Booked in with GP, no advice re structure removal, needed appointment with nurse

**(45) –**

* Positive wound swabs from 10 days before, clinical details on form “d6 postnatal infection”
* Phoned patient, had already been re-admitted & treated with anti-biotic’s

**(46) -** *YDH -*

* See response letter from Yeovil District Hospital – Nurse unable to do the work due to the volume of work & funding problems.

**(47) –** *Pre Op, Bristol –*

* Botox injections – Asking for bloods, blood pressure, ECG, height, weight & physical assessment to be done of patient to allow them to have their Botox injections.

**(50) –** *Audiology –*

* Patient cancelled & then wanted to be re-referred by GP

**(51) –** *RH –*

* Occ health requested referral to resp team

**Nurses – (53, 54, 55) –**

**.** Blood for other organsiations

**(56) –**

* Dental problem, should have been seen at a dentist

**(57) –**

* Patient seen by Gynae (acute referral by me), discharge from A&E & told to contact GP for USS referral.

**(58)** *– RUH –*

* Request from RUH orthopaedic to refer patient to RUH pain team (patient was advised to attend to see me to tell me this)

**(59) –** *Somerset Partnership –*

* Request to do EC, CMHT should be doing their own ECG’s.

**(60) –** *Somerset Partnership –*

* ECG for mental health inpatient, should be doing the ECG themselves.

**(61) –** *South West Commissioning Support –*

* RUH not accepting dermatology referrals, asked me to re-refer to MPH.

**(62) –** *NHS England –*

* See attached email from NHS England about Primary Care cuts

**(63) –** *MPH –*

* Hospital pressures meant patient could not be discharge with dossett box, GP to arrange this so ready for patients discharge.

**(64) –** *MPH –*

* Patient on Clopidogrel, due TURP. Pre assessment clinic request patient stops Clopidogrel for 7 days prior to op & we prescribe Aspirin & Dipyridamol as a substitute. Could they not have prescribed this?

**(65) –** *MPH –*

* Patient awaiting Bilateral, BSO. Fax from Pre-Up at MPH asking us to do the ECG & Bloods

**(66) –** *Orthopaedics –*

* Inappropriate referral request, see attached letter from Orthopaedics, Bath

**(67) -**

* Drop in urines
* 5 minute squeeze in by doctors

**(69) -**

* BP Pulse & Bloods

**(70) -**

* Ear syringe for audiology
* Spirometry
* Walk in catheter from OOH

**(72) –**

* Audio request new referral as patient needs new batteries

**(73) –**

* GP to write to arrange TWOC

**(74) –**

* Memantine
* MPH asked me to refer post og patient to district nurses, this is their job!

**(75) –**

* Request to refer patient to oncology from respiratory clinic (previous diagnosis). Just moved to areas and request to refer to respiratory from previous area.
* Request from osteoporosis nurse to assess and refer patient for dexa scan if appropriate (multiple requests like this).
* Request by neurologist to ask for MRI scan. A&E sent patient back to GP to arrange referral to x ray. Request by gynae to refer to gastro