



GP Matters

Friday 7th August 2020

Dear Colleagues

Welcome to the 2nd edition of GP Matters.

All feedback is very welcome, so please do let us know whether this is useful for you and what you might like to see included by clicking [here](#). Thank-you,

Andrea and Kathryn



Trust related news

Clinical Ethics Committees

The Clinical Ethics Committees welcome queries from GPs. The YDH committee already has GP members, but the Somerset Foundation Trust (SFT) committee would like to welcome 2 new GP representatives. The committees exist to advise any clinician or team across primary and secondary care, when the right course of action isn't clear – they consider issues of consent, capacity and confidentiality, together with other matters such as resource allocation and duty of candour. They are entirely separate from the Research Ethics process.

SFT meet three or four times a year and between meetings correspond by email. No formal ethical training is required, but members are expected to contribute their view, even when the subject is not one in which they have clinical expertise – the committee's strength lies in diversity of thought as well as knowledge. The role attracts no payment, but is interesting. Several months may pass without any new cases, followed by a sudden demand for some hard thinking.

If you are interested in joining the SFT committee, please contact

lucy.pollock@somersetft.nhs.uk

Cases can also be referred to the YDH committee by contacting

Joanna.Lutyens@SomersetFT.nhs.uk or Amelia.Bridgford-Whittick@YDH.NHS.UK

Gynaecology

If you see a patient where you require gynae input urgently but the patient is stable and can wait 24-48hrs then at YDH you can refer the patient to the Gynae Assessment Unit on 01935 384385, from 08:00-18:30. The Gynae team have also created an inbox for emergency referrals for those pts requiring review within the next few days GAU@ydh.nhs.uk. Any emergency GP referrals for stable pts requiring same day or week review can be forwarded to this inbox which will be reviewed every day by the gynaecology team. If we include the

patient's contacts details, the gynae team will then contact the patient directly to arrange to see her.

Please also remember we have Consultant Connect and also Advice and Guidance for gynae for both SFT and YDH. Those who are clinically unstable will still need to be referred in the usual way.

Radiology walk in patients

Just a heads up that YDH is now accepting walk in patients for CXRs. For other XRs such as hips and knees etc. we still need to send in a request form. Could we please ask that you ensure the digital request forms are signed in order to avoid delay for the patient? Musgrove Park Hospital is not ready for walk in patients just yet. They are able to offer same day appointments for urgent CXRs, but these do need to be arranged directly with the department via the appointments team on 01823 342300 after a request has been made on OrderComms. These appointments can be made by any member of the practice.

OASIS services – what's happening?

Throughout the pandemic OASIS has carried out all initial consultations by phone or video and following guidance from colleges and professional bodies also discontinued all routine steroid injections only performing injections for patients in severe pain with significant functional limitation. This guidance is unlikely to change whilst Covid is in the community.

However they are now planning to restart some face to face appointments with Minehead, Dene Barton, Bridgwater and Frome beginning during August. West Mendip clinics are unable to start before September and they no longer have access to clinic room space in Taunton. Yeovil OASIS are also hoping to start some face to face appointments in August. However they face the same challenges as other departments in that infection control and social distancing constraints mean that capacity is going to be significantly reduced (especially in Taunton).

Now is the best time to refer to Talking Therapies

Talking Therapies are keen to offer support to any patients struggling as a consequence of Covid. Their waiting times have also improved and they are pleased to let you know that:

- Patients wait **fewer than 2 weeks** for CBT and counselling via **online services**, which suits many
- Assessment and treatment by the same clinician is now offered **within 6 weeks** to all patients referred for telephone and face-to-face Guided Self Help
- The current average **waiting time** for **CBT and counselling** is **7 weeks** but this continues to improve
- The service has remained open to referrals during the pandemic. All **face to face appointments are offered via video**, which has led to a significant drop in cancellations and DNAs, greater flexibility for patients (and no travel costs) and improved staff wellbeing. Given these benefits they plan to continue to promote video interventions for CBT and counselling..

More information, self-help materials and referral processes is on their website:

www.somersetalkingtherapies.nhs.uk and if you'd like to discuss the service, please contact marc.mcdonagh@SomersetFT.nhs.uk



News about Diabetes

As some of you may know, there is a fantastic resource, for our diabetic pts, called 'My DiabetesMyWay' (<https://somersemydiabetes.com>), which makes life so much easier for both the patient and the clinician AND pts can self-register for this without a referral from us. The resource contains a wealth of on online educational packages, plus really useful displays of the patient's own data. This data can link with their results from primary care and also with their out-patient appointments. Both YDH and SFT are using this resource. We particular like the visuals used for patients to see where their results lie in terms of their targets and therefore which areas they should be focussing on eg BP / HbA1C/ BMI etc. Feedback from patients shows they often find this an easier way to be engaged with their targets as it is easy to see which areas they need to improve on.

We really encourage you to take a look yourselves using this dummy login:

<https://somersemydiabetes.com/my-diabetes/login/>

username - awaheed password - welcome2018@7

Other news

Items that have been flagged to us and are on our radar:

- A request for more information on the removal of MAR charts – how does this work for the community nurses now? (details in next newsletter)
- More requests for blood tests and investigations coming to primary care as a consequence of the increase in virtual secondary care appointments. This is being looked at and we hope to have a pilot project starting soon looking at a 'community investigation hub'. More details when a little more 'fully formed'
- Shielding patients – our community nurses are seeing a huge increase in the domiciliary phlebotomy requests for patients who have been shielding. Phlebotomy and community nursing are now the same team and this is causing a real impact on their capacity. Although those shielding patients can now go out and about (with care) a blood test at home remains as the 'gold standard'. Our plea is to ask you as practices and PCNs to have a discussion with your community teams (preferably via your neighbourhood development managers) to work out what is the best service that can be offered locally and together. Many thanks for your help with this.

