**Primary Care Matters**



Special edition: October 2020

## Dear Colleagues

We are currently sharing information with the Trusts about life in Primary Care and Community Pharmacy. If you have any specific information you would like us to share, please email us and we will be very pleased to include them.

In this special edition we wanted to include a few thoughts from clinicians about what it feels like to be working in secondary care at the moment

***~~~~Why are we doing this?*** As we know, Coronavirus continues to challenge our working practices and has resulted in many changes to how we provide care for our patients. Of particular concern is the strain that these new ways of working, coupled with the demands on our services are having on our workforce. There is no immediate end in sight and more than any other time it feels **important for clinicians to stand next to each other in support.** We know that some patients are frustrated and access can feel harder (or at least different), but to have the best chance of delivering safe and effective care, we will need to continue to work **together**. However, to do that means understanding the demands we are each facing and the changes to our working practices. If we are able to create a strong and supportive culture we can challenge any less than helpful attitudes and behaviours that are at risk of developing (it’s always easier to blame the other team). So this is a small first step and we would like to continue to share news from the front-line from all organisations (and all disciplines) to help strengthen our relationships. With best wishes, Andrea & Kathryn

Please contact us on:

[Kathryn.Patrick@ydh.nhs.uk](mailto:Kathryn.Patrick@ydh.nhs.uk)

[**Andrea.Trill@SomersetFT.nhs.uk**](mailto:Andrea.Trill@SomersetFT.nhs.uk)



A Few Thoughts:

Dr Anna Baverstock, Consultant Community Paediatrician

**“**In community paediatrics our work and clinics look very different. We can dream back to the days when we did everything face to face and life seemed much simpler. Now we are navigating virtual clinics and often guiding families to be able to use them too. We have started to reopen some face to face clinics, but are limited by waiting room space. Some of our assessments have been put on hold as unable to do in masks.

As a team we are trying to expand in numbers to be able to open up again for wider referrals and working hard with CCG to look at alternative pathways. We are trying to look after each other too – we are noticing the new virtual ways of meeting is cognitively more challenging and can seem quite isolating at times (there are some days when ‘status zoomicus’ sets in!)”

Dr Petra Jankowska, Consultant Oncologist

“From the oncology perspective, it is busier now than pre-covid. There was a lull with the drop in referrals around May to mid-July, but levels have steadily increased since then. In lung and head and neck cancer, there has been a significant increase in late presentations in people who were presumably potentially curable at an earlier time point. We are having longer consultations with lots of anger about the situation. We are trying to explain that we have continued seeing and treating people throughout covid, just with attenuated Radiotherapy and chemotherapy courses to minimise footfall into the Acute Trust.

All this is on top of the increase in departmental operational meetings (thankfully being thinned out a bit now)”.

Dr Matt Hayman, Acute Physician, Care of the Elderly and Deputy Chief Medical Officer

“The experience in Acute Medicine is moderately raised activity, some much later/ higher acuity presentations (notably new cancer diagnoses but also infections/sepsis and later presentations of non-specific decline) along with a ‘flavour’ of more difficult access to face-to-face consultations in primary care.

I am concerned there is general fatigue amongst the physicians (almost like ‘long Covid’) and we have not yet begun the winter surge.

There are some real positives that have been catalysed by Covid. EPMA [electronic prescribing of medicines- AT] across medicine (in the acute site) and some elements of improved access to adult social care and discharge options + rapid response expansion, but recruitment issues and circular saws have hampered some pathway development”.

Dr Justin Phillips, Consultant Anaesthetist and Medical Director for Musgrove Park Hospital

“I agree with what has been said about COVID fatigue. Clinicians across the hospital are not in a great place with winter looming and the unknown that COVID will bring. Wellbeing is a concern.

Matt has covered Medicine. Surgery is back to 80% of pre COVID capacity for planned care. There are robust recovery plans in place for endoscopy and the next stage will be to increase planned activity further when day surgery can reduce the amount of capacity that is allocated for the endoscopy recovery plan.

Planning is under way for Musgrove 2030\* led by Gita Mogdil with focus groups with clinical teams across the site to understand what estate will be needed by 2030 to look after our patients and support staff as clinical models of care change”.

\* <http://www.leadinghealthcare.co.uk/2020/09/08/somerset-nhs-ft-publishes-musgrove-2030-programme/>

Dr Lucy Knight, Consultant Older person’s Psychiatry, Medical Director for Community Services and Clinical Strategy

“Older adult liaison psychiatry is busier than before COVID, seeing patients with suicide attempts and agitated depression, through to people with multiple strokes and aggressive challenging behaviour. PPE continues to be a big challenge when working with deaf older people especially when they are confused and disorientated. We often have to choose between being understood and wearing masks. In my strategic development role, there are opportunities to work differently in clinical transformation and a lot of focus on developing clinical strategy work for the major estates programmes including Musgrove 2030. We are working closely across the foundation trusts and building our shared strategies with a view to bringing that closer working even closer over time”.

Dr Jim Gotto, CD and Consultant Gastroenterologist, YDH

“The second endoscopy room now has 15 air changes per hour, so both rooms can now be used without a break between patients, so at present we are continuing with our usual numbers, but all referrals are being vetted more rigorously than usual, and patients are having drive through COVID testing 3 days before, and we are wearing FFP3 masks, visors and gowns. Most clinics are reverting to telephone rather than F2F, as we did during 1st lock down.”

Mr Paul Foster Consultant Urologist, Clinical Director Surgery, Director of Medical Education YDH

“Our clinical staff are having to get used to working in an infection control zoned hospital. We are focussed on trying to maintain the need to continue elective work in the context of COVID pressures. There is the need to accommodate rising numbers of COVID+ patients in the context of a busy hospital which has many escalation areas already open. We are trying to facilitate the discharge of patients (including COVID+) to the community to preserve flow through the hospital in the light of increasing numbers of medically fit patients”.

We continue to work with our secondary care colleagues about the inappropriate shift of workload from secondary care to primary in the shape of requests on discharge summaries and outpt letters. Having discussed this with the CDs at YDH, it turns out that this is adding increasing unnecessary workload their end, too. These requests are coming from the junior doctors, rather than the consultants themselves, and are resulting in the consultants spending time writing letters of apology to GPs plus chasing the junior doctor who sent the inappropriate request. I have requested to speak at several of the upcoming junior doctor teaching sessions to address the juniors directly about this. In addition, I have their reassurances that they will be feeding back directly to their junior teams, too.

Many thanks for reading this slightly unusual edition of Primary Care Matters. We think this is important and hope you do too. I think these quotes highlight the similarities that each of us are facing in trying to deliver excellent clinical care.

With very many best wishes

Andrea and Kathryn