



Dear Colleague

Welcome to the April edition of Primary Care Matters. As you know, our hope for this newsletter is that it helps us share changes in secondary care and supports us to work together more easily.

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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

YDHSFT Clinical Care and Support Strategy

In the last few months YDH Foundation Trust and Somerset Foundation Trust have been working together to develop a combined clinical strategy, setting out their broad clinical direction in the years ahead. This is not finalised, but the clinical strategy team led by Dr Lucy Knight, lucy.knight@SomersetFT.nhs.uk is keen to share the outline so far and they have produced a 'plan on a page' to make it easier to share. I know that Lucy would appreciate any feedback, or if anyone feels able to be involved, please also contact her.

A YDH/SFT strategy cannot work in isolation and the team have worked hard to recognise the demands and priorities of other organisations, particularly PC and Primary Care Networks. The hope is that there is synergism between organisational strategies and if YDH/SFT realise the aims within this strategy, benefits will be seen across organisations. They have also been working with the Fit for My Future team, looking to share aims and ensure we are all working together as a STP footprint.

The Plan on the Page may appear to be a bit vague and 'wordy' but sitting behind this plan are multiple projects (some of which have started) to help realise some of these aims. It is a massive and exciting piece of work. From a Primary Care perspective, you can see there is an emphasis on prevention, on bringing clinical pathways outside the acute setting and working collaboratively in neighbourhoods. This is a huge ambition, but wouldn't that be great?

YDHSFT clinical care and support strategy

Where are we now?
What are our
problems and what
needs improving??

- Healthy life expectancy is decreasing in Somerset and morbidity is on the rise
- Many pathways are disjointed and overly long
- We spend too much of our resource on inpatient and hospital based care
- There is inequity across the county
- Patients who have complex needs need better co-ordination of care

What can YDHSFT do
to help with these
issues?

Develop and deliver a health care transformation plan to address this, based on the 5 Fit for my Future aims

1. **Population health** - enable people to live healthy independent lives, to prevent the onset of avoidable illness and support active self-management
2. **Pathways** - ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting
3. **Neighbourhoods** - provide support in neighbourhood areas with an emphasis on self-management and prevention
4. **Equity** - value all people alike and give equal priority to physical and mental health
5. **Complexity** - improve outcomes for people through personalised, co-ordinated support

How can we
do this?

Our
'approach'

- Everyone plays their part by fostering co-production and dissolving barriers in order to develop services which promote healthy, connected communities
- We have trusting and collaborative relationships enhanced by a sense of belonging
- Engaged colleagues drive innovation from within high performing teams with strong supportive leadership
- Our processes and systems make it easy for us to get it right first time
- We focus on, and measure things that matter to patients, carers and colleagues
- We structure our estates, organisation and system to develop and deliver our transformation plan

What needs
to be in
place to
make this
approach
happen?

Our
'enablers'

- We all work to the same goals by aligning our population health strategies
- We work in partnership with communities, carers and people with lived experience with a positive and appreciative approach
- We enable and encourage colleague recruitment and development, and ensure holistic support
- Together, quality improvement, research and organisational learning, form the heart of our work
- Our digital technologies are effective and highly interconnected, driving excellent communication, information, support and care
- Our resources and buildings facilitate the exemplary care and support we aspire to

How can we be confident we are delivering this plan across YDHSFT?

- Our enablers are embedded
- Our approach is organised, effective and timely
- Our transformation plan is actively managed with measurable outcomes, within the context of the Somerset transformation plan

If we carry this plan out we will
be playing our part in helping
our population have:

- Increasing healthy life expectancy and independence
- Good experience of support and care through effective pathways
- Better community services for physical and mental health
- Increased equity of access to care and more equitable outcomes
- Well co-ordinated support for people with complex needs

News from SWISH

PAUSE is a voluntary service working with women in Somerset who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care. SWISH has been supporting the implantation of LARC for these women. To find out more click on the following link www.pause.org.uk

PrEP, pre-exposure prophylaxis for HIV prevention, is now available on the National Health Service in England via SWISH. For more information and details of the eligibility criteria for PrEP please visit www.i-base.info/prep or <https://www.bhiva.org/PrEP-guidelines>
The direct dial number for the Health Adviser at SWISH is 01823 428345.

Men Presenting with Gynaecomastia

National guidance published in November 2019 outlines the work-up of men presenting with gynaecomastia in primary care and referral criteria. Taunton Breast Unit has seen an almost 200% increase in referrals for male breast problems in the last decade, many of whom have iatrogenic or senile gynaecomastia. We would encourage all primary care professionals to familiarise themselves with this guidance, and signpost their patients to information resources available online, whilst noting that corrective surgery for benign male breast development is no longer funded. Men over the age of 50 with a unilateral breast lump could be referred under the 2WW scheme.

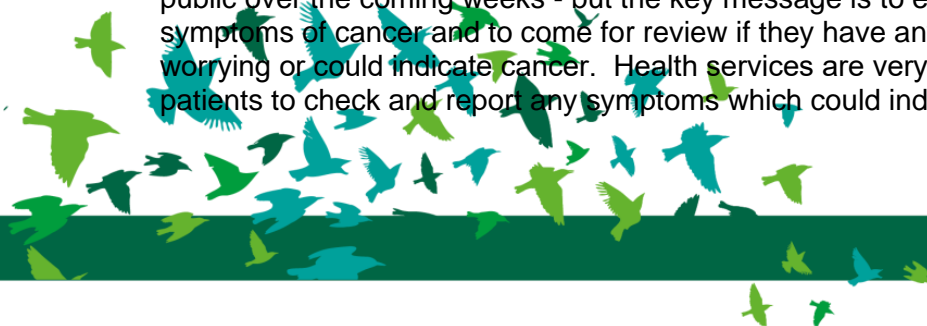
<https://associationofbreastsurgery.org.uk/media/65097/abs-summary-statement-gynaecomastia-2019.pdf>

Local Cancer Awareness Campaign

A county-wide cancer awareness campaign is being launched across Somerset as a result of a fall in the number of 2 WW referrals, especially for Lung, Skin, Breast and Head & Neck cancers which has been seen over the last year during the COVID-19 pandemic. This has resulted in more emergency presentations at a later stage of cancer when patients have become symptomatic. Our aim is to increase the number of cancers being picked up at an earlier stage in line with The Long-Term Plan and to aid recovery of referrals to pre-pandemic levels. Somerset CCG, Somerset Foundation Trust and Yeovil District Hospital are working in collaboration in producing this campaign.

The campaign will include a Points West feature from the Yeovil Hospital's Oncology and Haematology Unit (currently based at St Margaret's Hospice in Yeovil) where Dr Caroline Osborne, Consultant Breast Surgeon and Cancer Lead at YDH and Dr Angela Beattie, GP Clinical Lead for Cancer for Somerset CCG, will be interviewed. There will be specific reference to encouraging more patients to contact their surgeries and to see their GP if they have any worrying symptoms that they are concerned could be cancer. This may lead to a temporary increase in GP workload, but we are aware that some early cancers have been missed as a result of patients not presenting to their GPs during the pandemic. Patients will also be encouraged to attend their hospital appointments as many have been deferring their 2 WW appointments in fear or contracting COVID. Cervical screening uptake has also been affected during the pandemic. Patients will be encouraged to attend their GP surgery when offered an appointment for their smear.

This will be followed up with interviews on social media with clinicians, GPs and patients to encourage patients not to ignore symptoms. We'll share more details about messages to the public over the coming weeks - but the key message is to encourage patients to check for symptoms of cancer and to come for review if they have any symptoms which are new, worrying or could indicate cancer. Health services are very much open and it's important for patients to check and report any symptoms which could indicate cancer



Trust & Primary Care Networks

As the ARRS options expand for Primary Care Networks, we thought it might be helpful to highlight specialisms that are either already working with PCNs, or are keen to demonstrate what they could contribute. This month it is OT and FCP.

Occupational Therapy

From April 2020 Occupational Therapy has become an option under the PCN additional reimbursable roles scheme and the departments are excited to support Occupational Therapists in PCNs. So far, they have had interest from 8 PCN's and Hannah Bogadatis is already established in Yeovil PCN. They will be attending the April CD Board to discuss how they can support further.

The role of an OT in Primary Care was promoted by the Royal College of OT in 2018, <https://www.rcot.co.uk/file/3117/download?token=vW3P2EaA>.

The article suggests models for practice in Primary Care, with examples that include supporting frail, older people, or those with mental health needs to access and maintain work. There is the potential for OTs to work on a 1:1 basis, or to lead group work.

"OT's have reduced demand on GPs with 74% of people confident to manage their health and wellbeing." Getting my life back RCOT 2018

"Occupational Therapy reduces GP visits by up to 72%" Reducing the pressure in hospitals RCOT 2017

It can be that the scope of OTs is not so familiar to us in primary care, so please click on the link to find out more about OTs, how they could support the PCN DES and who to make contact with.



What is Occupational
Therapy.pdf

First Contact Practitioners

In July 2020 the new countywide First Contact Physiotherapy (FCP) service was expanded across primary care in Somerset. The service is a collaborative model between Yeovil Hospital and Somerset Foundation Trust. 12 of the Primary Care Networks (PCNs) in Somerset now have FCP's working within their practices, equating to 92% coverage of the county. The service will be increasing incrementally in line with the PCNs workforce plans over the next 3 years. For more information click on the icon below-



Countywide FCP
model final (2).pdf



Extra news

Consultant Connect has recently launched a line for ED at YDH. This line operates from Mon to Fri 09:00 -17:00 and is really helpful for any queries we have about acute care. Don't forget downloading the Consultant Connect app makes the process so much easier as you can instantly click on the specialty you require.

New Discharge Summary from YDH - YDH launched a pilot of its new discharge summary (DCS) on 29 March 2021. Developed in conjunction with both hospital doctors and GPs, this new format is designed to enhance communication between secondary care, primary care and community teams. Although the format is longer, the clinical content is designed to be more succinct and to actually save us time as this new document will be sent directly to any community teams who need to be involved with the patient on discharge eg DNs, palliative care, IRT (thus eliminating the 'GP to refer....' part of current DCSs!!) In addition to helping to develop the actual format, I have also been working alongside Consultant Gastroenterologist, Dr Jim Gotto, on teaching sessions for the F1 and F2 doctors about how to complete the discharge summaries in a useful and efficient way. Any helpful feedback can be sent to trakcare@ydh.nhs.uk

Diabetes in Paeds - Secondary care have asked us to share a gentle reminder please about new diagnoses of Type 1 DM in children. Our paediatric colleagues are seeing an increase in the cases of children presenting with type 1 diabetes in severe DKA. If we suspect any child may have type 1 DM please can we refer them to paediatrics on the same day.

Hot off the press: AZ vaccine and thrombotic risk

Following the release of information last week regarding AZ vaccine and thrombotic risk, our ED colleagues at YDH and SFT would be very grateful if we could help to manage the expectations of those pts we are referring to ED in view of persistent headache after an AZ jab. The teams are following joint RCEM/ RCP/ SAM guidelines which mean that not all patients referred will fit criteria for a CT head. They will be assessed individually, including a FBC and d-dimer, before imaging is considered. It would help enormously if we could share this with those patients we are referring.

