



Dear Colleague

Welcome to this 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.

This month we have a large section dedicated to Women's Health and we have gathered contributions from our O&G teams at YDH and SFT with some useful resources you may wish to save to your desktop. You will also see that we have included some paediatric information concerning RSV, highlighting the anticipated increase in cases this year. Guidelines and referral pathways to support the management of young children with RSV will be coming to practices very soon, but some are also included. Please also check Extra News, which describes a new referral pathway for suspected Cauda Equina Syndrome- rare but a worry to us all.

“

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

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

”



Women's Health

Pregnancy and Comorbidities

Antidepressants in pregnancy

Mr Shah, Consultant O&G at YDH, has put together a very useful document to support us when we are discussing antidepressants with our pregnant patients. The document is actually aimed at patients and can be very useful to send to them as part of our discussions on this topic. Whether or not to continue an antidepressant during pregnancy can be a tricky area and this patient information leaflet really helps to lay out the pros and cons.

Diabetes in pregnancy

Dr Isy Douek and Dr Sesha Pramdhoh, Consultant Endocrinologists at SFT and YDH respectively, have updated guidance in the form of one-page summaries about pre-

pregnancy counselling for diabetic women, their post-partum management and gestational diabetes (in link below).

Thyroid disease in pregnancy

Drs Douek and Pramdoh have also shared with us information on the management of thyroid disease in pregnancy (in link below). And remember, if in doubt, we can always ring Consultant Connect for advice.

Pregnancy in women with previous bariatric surgery

Drs Douek and Pramdoh have also shared information with us about these patients.

The take home message is that women with previous bariatric surgery have high risk pregnancies and their care should be in the medical antenatal clinic as nutritional supplementation, surveillance and dietary advice is important. All will need screening for gestational diabetes whatever their booking BMI. As such patients present feeling unwell with abdominal pain / hyperemesis later in pregnancy consider surgical complications early and discuss with the medical antenatal team.

Please see word document below for the useful links.



Diabetes in pregnancy - useful links



Pregnancy and Antidepressants.pdf

Early Pregnancy Assessment Clinic (EPAC)

All referrals are reviewed by the Early pregnancy team, who assess if an USS is the best way forward, depending on LMP dates, symptoms etc. As an USS is not always appropriate or may not be indicated, it can lead to unnecessary confusion or concern by the women that they are not receiving appropriate care. Please could you let your patient know that they will only be offered an USS if it is absolutely necessary when referring patients to EPAC.

If you are ever unsure then please do call the Early Pregnancy team on 01823 342738, who will be happy to advise.

For Post-menopausal bleeding referrals

Please can you check when making a 2ww referral that you have included the patients BMI and if you could kindly indicate on the form if you have requested an US scan at the time of the referral. Also a gentle reminder to ensure the appropriate bloods (U&Es and coagulation if on relevant medication) have been taken to make the pathway smoother.



We will soon be updating the form and referral criteria which will hopefully make it all much clearer.

Menopause – Kathryn Patrick

This is currently a very hot topic (if you pardon the pun!) due to a lot of recent media coverage.

At my own practice we received numerous requests asking about HRT following a Channel 4 documentary presented by Davina McCall recently. This prompted me to set up a webinar on this subject for patients from my own practice and surrounding practices. We had approx. 40 patients in attendance and this was a useful and efficient way of delivering information to a large number of patients in one session.

I have also delivered a similar session for staff wellbeing at YDH and the CCG and I have more in the pipeline, including at SFT.

My next webinar will be on 27 July 2021 at 7 pm. Do join me for a relaxed, informal and hopefully useful session, including some myth busting and up to date data!

To join me please email me on Kathryn.patrick@YDH.nhs.uk

In addition, Mrs Nadia Soliman, Consultant O&G at YDH has developed very helpful, user-friendly guidelines to support us in the management of menopause and HRT.



Guideline
Menopause and HRT (

Sexual Health prescriptions

Did you know that prescriptions for the treatment of sexually transmitted infections are in fact free for the patient? This has been the case since January 2020. When writing the relevant prescription all we have to do is include wording to the effect that *this script is free of charge as it is for sexual health*. We have been advised that such wording is due to be available as a dropdown option on EPS in the future but for now simple wording as above is sufficient.



Vulval lesions

The British Gynaecological Cancer Society published vulval cancer guidelines last year containing useful information and data about aetiology of vulval cancer and management of vulval cancer and precursor lesions for primary care, as well as O&G teams and gynaecological oncologists. They can be found on <https://www.bgcs.org.uk/wp-content/uploads/2020/08/BGCS-vulval-guidelines-v22.pdf>. Vulval cancer and vulval dermatoses are under recognised and prompt investigation and management can dramatically reduce the radicality of treatment required. The guidelines also look at the evidence for treatment of precursor lesions, including VIN caused by HPV infection and lichen sclerosis, and when to refer for investigation.

Children

Predicted Surge in Bronchiolitis and Viral-induced wheeze

Bronchiolitis (caused by RSV in 60-80%) is a common winter disease predominantly affecting children under one year of age. It is a common reason for presentations to general practice and ED, frequently resulting in hospital admission, contributing to paediatric units approaching or exceeding capacity each winter.

During the SARS-CoV-2 pandemic, the circulation of RSV was dramatically reduced in the United Kingdom and Ireland. Evidence from the Southern Hemisphere and other European countries suggests that as social distancing restrictions for SARS-CoV-2 are relaxed, RSV and other URT viral infection returns, causing delayed or even summer epidemics, with different age distributions.

Public health officials believe that, because many children have missed out on normal exposure to RSV due to lockdown measures including school closures, the virus may have much more spread and impact in the coming autumn/winter season. We are expecting this to affect babies and infants traditionally unwell with bronchiolitis but also older infants and preschool age children presenting with viral-induced wheeze.

The modelling suggests the spike could begin in the UK as soon as August and at Musgrove we are planning a phased response in anticipation of increased numbers as well as severity of illness. The majority of these babies and children will be assessed and managed in the community as they will not need hospital admission. There are a number of resources below and we will be circulating an escalation pathway for advice and referral if needed.

Access to a paediatric sats probe and a thermometer will be important in ensuring appropriate assessment and management.



Resources

Healthier Together Website: <https://what0-18.nhs.uk/professionals/gp-primary-care-staff/padiatric-pathways>

Royal College of Paediatrics and Child Health webinar:
<https://www.rcpch.ac.uk/resources/managing-rsv-other-respiratory-viruses-2021-webinar-recording>

HANDI app.

Please see the links below to see the escalation pathways for children with contact detail for YDH and MPH and what work is happening across the whole system to prepare for a possible RSV surge. There is also a useful bronchiolitis Patient Information Leaflet.



Escalation Pathways -
primary care.docx



RSV newsletter 1
primary care.docx



Bronchiolitis Patient
Information Leaflet.pc

Extra News

Cauda Equina Syndrome (CES)

We are introducing a new Cauda Equina Syndrome (CES) referral Pathway at Musgrove Park, aimed at simplifying, streamlining and expediting the Patient Pathway for acute CES referrals. This will 'Go Live' at 1100 hours on Wednesday, 4 August 2021.

It essentially involves a 'Red Phone' referral to the Emergency Department of Musgrove Park Hospital, when the referrer will be asked some clinical screening questions by the ED medical team, to ensure the referral fits the pathway. If an appropriate referral is agreed, we will ask you to download and complete a short referral/MRI screening form, and also to give a 'Patient Expectation' document to the patient, who will then immediately attend the ED, and go immediately to a Lumbar MRI without further delay, or further assessment in the ED. This will remove significant delays, for referrers and for patients when they attend Musgrove, whilst avoiding missing CES patients.

We have developed a series of three short videos to explain:

1. The structure and administration of the new Pathway
2. The symptoms and signs of CES
3. What happens to the patient and how we let the referrer know the outcome

These videos will be available on the primary care training resource website, SGPET, and a link will be sent via the weekly LMC Newsletter; we would be most grateful if you could watch the videos sometime before the 'Go Live' date, so you understand the new referral system.

Many Thanks - Paul Thorpe, James Gagg, Jon Gill (CES Pathway Development Team)

