



Primary Care Matters

August / September 2021 Edition

Dear Colleagues

Welcome to the August / September 2021 edition of Primary Care Matters.

It feels wrong to produce this newsletter without acknowledging the extreme pressure that both primary and secondary care are currently facing. We know this isn't new, but it feels important to recognise this again. Primary care also faces a particularly unhelpful media onslaught at present, which is both demoralising and fails to recognise the huge efforts from primary care over the last month. A big thank you from us, you are doing a great job in difficult circumstances.

There is considerable work happening across the county (led by Alex Murray), looking at how primary care can be supported in these challenging times. We thought it might be helpful to describe some of the projects that the Trusts are involved in with piece of work and also discuss some future projects that may help primary care. Also, for something to think about, we have included an article describing models of community geriatric services. The team would value any feedback, or a willingness to be contacted as a 'critical friend'.

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

Kathryn.patrick@ydh.nhs.uk

Andrea.trill@somersetft.nhs.uk



Trust news

Secondary Care Onward Referrals

Although it has been the case for some time that onward referrals within secondary care do not need to come back to primary care, we know they often do. Somerset has taken the decision to expand the remit of the NHS contract and extend the agreement across all Trusts (YDH, SFT and others). Communications have gone out to teams and a templated letter has been crafted that we would encourage you to send back to the requester to help reinforce the new way of working.

Dear Team/named clinician

You recently wrote to us asking for the GP practice to refer your patient on to another secondary care service... (could put in what it is).

Historically this was how the NHS hospital contract worked but this changed some years ago.

The new way of working together in Somerset is for the clinician who decides an onward referral is necessary to make it directly.

This speeds up the process for the patient and has no financial consequences for the Trust. Accordingly, we are returning this request to you so that you can make your referral. Do please copy us in so we can confirm it has happened."

We hope this will help, but please remember this includes referrals for the same (or related) problem. It excludes ED for this reason.

Follow up of results

Again, we have written to all secondary care colleagues re-emphasising the responsibility to follow up tests and investigations that they order. ED in MPH have added regular senior clinician sessions entirely for this purpose - we hope this will help. There is a similar process in place at YDH, so we hope you will see some improvement. Also, don't forget that YDH ED have a Consultant Connect service which is working well.

Community Phlebotomy / Investigation Hubs

Tests and investigations requested by secondary care that fall onto primary care shoulders have long been a source of frustration. There is a huge piece of work looking to address this. Somerset has been fortunate to realise some funding through the county-wide 'Community Diagnostic Hub' business case and work is in progress to establish extra hours of phlebotomy in each PCN footprint. Working alongside this is a plan to develop a workflow hub to coordinate bookings and process results generated by secondary care. Please bear with us as we develop this essential hub as it will take a little time to ensure we have safe systems in place (unfortunately, the electronic medical record is not as robust in secondary care as in primary care). One option we are exploring is an AI solution, which will be designed in collaboration with a primary care organisation. The beauty of this is that it could provide a platform that practices and PCNs themselves might want to adopt in the future to help with their own workload.

The intention is to expand from phlebotomy to simple investigations - ECG, spirometry, ambulatory BPs, FeNo etc? The detail for each PCN is inevitably going to vary and we would encourage you to be involved.



Many conversations are happening about this at the moment and if you are interested, or want to know who is part of the conversations in your area, do please either contact me, andrea.trill@somersetft.nhs.uk or david.craig@somersetft.nhs.uk for information.

Two pleas from secondary care:

Domiciliary phlebotomy – Please could we ask you to check that a patient really is housebound if an ambulatory blood test is requested? The community teams are finding they are having to fit in with increasing numbers of coffee mornings and shopping trips when planning their visits. The team is particularly stretched at the moment, so keeping to the essential requests would help them considerably. Thank you.

Blood bottles – Hopefully the national shortage of bottles will not last much longer. Some practices are sending patients to the hospital for tests and in most cases the team are trying to squeeze patients in when they have travelled a distance. However, could we ask you not to do this, as the Trusts are also very short of bottles – we are given a daily tally of remaining bottles and as you know the hospitals are very full.

A Thinking Piece: Urgent community-based care for older people

'A timely community response can enable an older person to have their urgent healthcare needs addressed more appropriately in the comfort and familiarity of their home or care home when this is what they prefer.' Eva Kalmus, co-chair BGS GeriGPs group

GPs have been providing urgent community-based care for years, helping older people through acute illness in their own homes. But there is pressure on primary care, increasing complexity of patients and on a positive note, a realisation that we can now do more to allow people to be treated at home harnessing a variety of teams. Somerset GPs variably have access to ANPs, ACPs, paramedics, Rapid Response and D2A carers and therapists, and the Integrated Rehabilitation Team, together with rapid access clinics for frail older people, advice via Consultant Connect and (in some areas) the PCN virtual MDT meetings.

What else would be welcomed by Somerset Primary Care teams? Please let us know.

Across the UK, different models are emerging: <https://www.bgs.org.uk/righttimerightplace>

They include but are not limited to Hospital at Home (resource intensive, providing comprehensive geriatric assessment supported by the delivery of treatments such as iv antibiotics and fluids), Urgent Community Response (analogous to Somerset's Rapid Response and D2A models but often with more medical/ACP support), virtual wards, SDEC and Frailty Assessment Units.



We are keen to shift resources from hospital to the community. We recognise that care at home is not right for all, and hospital admission remains a key option, but care in a familiar place is often welcomed by patients and families.

Right now, we are running a pilot community geriatrician project based in Taunton. A geriatrician is working alongside the Rapid Response team, and where appropriate, may offer support with ongoing assessment and diagnosis, management of falls and delirium, tackling complex polypharmacy, behavioural issues ('responsive behaviour') in people with dementia, treatment escalation decisions and supporting end of life care at home. It is about working together; this isn't about replacing or duplicating primary care services and it is essential it doesn't create extra work for GP teams!

Ring Lucy Pollock on 07745 602631 or email lucy.pollock@somersetft.nhs.uk for more details or to give your views.

PS **LARCH** is back! The LARCH team has provided sensitive, sensible, CQC-applauded support to care homes throughout the pandemic. Now they are allowed back into homes, and are helping with staff training, sorting TEPs with residents and families, and tackling common issues such as falls.

GPTeamNet

The Trusts are looking at linking with PC teams via GPTeamNet. The idea is this will provide a directory of services, we will be able to post these newsletters there (reduce emails) and post important news and updates on the site (again reduce emails). There are wider plans to use GPTeamNet as a site for referral pathways, forms, educational links etc for clinical content, so now is the time to dust off your log in, remember what your password is and be ready as I think this will be so helpful and ease the working day.

Paediatrics:

Behavioural support

We know behavioural problems are common in children and we thought it might be helpful to share some links to behavioural support for parents that Dr Kate McCann (consultant paediatrician) has shared with us. Obviously if they are under 5 the health visitor can be hugely helpful. In addition to local groups such as Taunton Parenting Support (TAPS), Somerset Choices has good information and there is a parent carer toolkit https://www.cypsomersethealth.org/parent_and_carer_toolkit and a Somerset Parent Carer forum website.



<https://tuningintokids.org.au/>

www.Parentsupportmatters.co.uk

www.mindfulemotioncoaching.co.uk

There is also a really good app – perhaps most suitable for invested parents, called the Happy Child app. Kate says it explains well and helps parents to think and understand how key they are.

Update from the Paediatric Consultant Team – for Musgrove SFT Colleagues only

As you will be aware, when the concerns about COVID 19 escalated in March 2020, E-referrals was closed for patients to book their own appointments. We have continued to see all children referred into the department, by triaging referrals and allocating appointments via our bookings team. We currently have approximately an 8 week wait for non-urgent general paediatric appointments. Paediatric sub-specialties have different waiting times.

We have been reviewing the situation regularly and wanted to update you with our current position. Due to the potential surge in RSV we are anticipating and currently preparing for, we have decided to delay re-opening E-referrals for the time being in order to manage demand and capacity appropriately.

You should continue to refer patients in the usual way and preferably via the advice and guidance service. Patients should still log onto E-referrals with their request for an appointment, but the system will tell them they are unable to book an appointment / no appointments are available. Please reassure them that they will receive an appointment, but will be contacted by the administrative team with an appointment date and time in due course. Thanks in advance of your understanding.

HandiApp – supporting healthcare professionals

If you have not looked at it recently, have another look at the HandiApp. It has recently been updated and provides great guidance on managing sick children. This is particularly useful considering the concern about RSV rises. There is a link within it to a 1 min video on taking oxygen sats in small children, but you can also see that here https://youtu.be/ksyzW2L_ET8



Advice and Guidance

An irritation in the past (but no more) has been the inability within the eRS service to convert an A&G request automatically to a referral. This has meant practices being asked to re-send referrals for appointments. We have just had notice that this has changed! What does need to happen is that a box is ticked to say the referrer is happy for the referral to be converted to an appointment if appropriate. Obviously if you only want advice, tick the 'no' box.

It would be helpful to make sure your secretarial teams are aware of this change as this will save work.

Extra News

Low Back Pain (LBP) – key messages

This is a really helpful document with key messages and a handy flow chart for that common presentation. Until the day when we have a space to easily access clinical pathways (see GPTeamNet section), perhaps save it to the desktop?



Low Back Pain LMC
Comms - Andrea Tril

Long Covid

Here is a link to the Long Covid service. Referral forms can be found within EMIs, but the information describes a little more about the service and useful tests before referral.



Service Information
For GPs - FINAL.docx

Outcome of our accreditation with the Royal College of Psychiatry



Psychiatric liaison
service at Musgrove P

