**Primary Care Matters**



**October 2021 Edition**

## Dear Colleague

Please let us know what you would like to see and hear about in this newsletter <https://wh.snapsurveys.com/s.asp?k=159353150328>



Welcome to the October 2021 edition of Primary Care Matters. We hope you find it interesting and useful. Please use the survey above for feedback if you would like to. We have a particular plea to consider the article below to support medical students from Peninsula Medical School. Primary care is pushed, we know that, but hosting students is very different now to that which many of us remember. Sessions can be spread amongst all HCPs and they are able to assist in some areas. In addition, for many, teaching allows us to stop and think, which in itself can be invigorating. The commitment is less than you might think, so don’t be put off – have a chat to Kath to find out a little more.

**Trust News**

**GP Placements for Year 3 Medical Students**

We are currently inviting GP practices to host 3rd year medical students from Peninsula Medical School, commencing in March 2022.

This is the first year we have had Peninsula Medical Students in Somerset and it would be great to show them what a fantastic and varied experience they can have. In just a few years these students will be starting their foundation years and it would be brilliant if they could go on to become Somerset GPs once they finish training.

The level of commitment by established GPs is small and the students are able to assist with phlebotomy clinics, vaccinations, and chronic disease reviews etc during their placements. Naturally the placements are well funded by the university.

If you would like to find out more or discuss ways that we can support you in hosting students then please don’t hesitate to contact me on [kath.speller@nhs.net](mailto:kath.speller@nhs.net)

Dr Kath Speller

Community Sub-Dean Peninsula Medical School

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**NEW BUILDINGS**

**Work begins on new acute assessment hub at Musgrove Park Hospital**

Work has begun to develop a new £12.5 million multi-specialty acute assessment hub at Musgrove Park Hospital, which will bring surgeons, emergency doctors and other healthcare professionals closer together, and provide a much better environment for patients and staff.

The new hub is due to open to patients in early 2022 and is a major part of the Musgrove 2030 programme. It means for the first time ever at Musgrove Park Hospital, patients referred by their GP team for a review of an urgent orthopaedic problem, such as a joint infection or severe spinal problems, will be seen in a specific assessment area rather than at the busy emergency department as at present. In addition, the new hub is much closer to our imaging department, so patients are likely to get a diagnosis more quickly to help clinicians put a comprehensive plan in place for their care – whether that be surgery or other treatment. We are looking forward to it opening next year.

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**New Community Diagnostic Centre for Somerset**

Continuing the new build theme, a state-of-the-art diagnostics centre that serves patients from across Somerset and surrounding areas opened last month.

The Rutherford Diagnostic Centre Somerset, on Blackbrook Business Park in Taunton, is the first community diagnostics centre of its kind in England – run by Rutherford Diagnostics Limited, a subsidiary of Rutherford Health PLC, in partnership with Somerset NHS Foundation Trust. It provides our patients with increased access to diagnostic tests, including MRI, CT, Ultrasound and X-Ray, with equipment provided by Philips who are Rutherford Diagnostic’s technology partner, in a stand-alone modern facility away from the acute hospital.

The partnership between Rutherford Diagnostics and Somerset FT is based on an integrated approach to staffing with colleagues from both Musgrove Park and Rutherford working side by side.

The additional capacity at the centre enables us to increase our CT capacity by a quarter immediately and our MRI capacity by a quarter within three months when the second MRI is installed, enabling us to scan a larger proportion of patients who require complex examinations. Space is also being developed to provide additional capacity for ECHO and community physiotherapy services, which will be available in spring next year.

Medical support is provided on site by Taunton Vale Healthcare, which has sited its duty doctor services at the site so it is easily available should there be any emergencies on site. However, as this is not a main hospital site, when making appointments the booking team will carefully consider which patients are suitable and if your patient does have significant mobility issues or is likely to have a reaction to contrast, they may still be required to attend a hospital site.

Feedback from patients has been very positive already with the ease of access and car parking being very popular.

**For GP teams:** There is currently no walk-in facility at Rutherford, but your patients may be given the option to attend there when they phone up to book their appointment, if appropriate.

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**NEW SERVICES**

**New Community Pulse Oximetry Service for Somerset**

From Tuesday 12 October 2021, Somerset Primary Link will be providing a new Oximetry at home monitoring service, replacing the current primary care led service. The new service will sit under a central hub and will be run as a nurse-led service with support from acute medical team colleagues at Musgrove Park Hospital.

Teams will monitor, intervene and escalate support and treatment for patients with COVID-19 symptoms where required. The service is for people who are aged 65 and over, or people who are under 65 and at higher risk from COVID-19 including those who are clinically vulnerable, have caring responsibilities, have a learning disability or pregnant women.

The Somerset Primary Link team will have access to daily COVID-19 test results for these vulnerable groups of people and in addition GP practices can also refer people over the age of 18, from their own practice lists who may be at a higher risk of COVID-19 and who would benefit from the additional support and monitoring services.

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**Somerset Talk About Project**

Somerset now has a new service to support advance care planning. Trained Marie Curie volunteers, who are area based, working through the Talk About Project will have conversations with the person and their family to understand wishes and priorities in the creation of an ACP.

Once agreed, the advance care plan will be transferred into the EMIS record to be available to clinicians to help inform future clinic discussions including treatment escalation plans, as felt to be appropriate. One of the enablers for the project has been the DPIA which allows the transfer of these data between Marie Curie and health and social care organisations in Somerset.

This project is iterative, we are actively seeking feedback of what works well and what needs to be developed further. Please feedback to [thomas.macconnell@somersetFT.nhs.uk](mailto:thomas.macconnell@somersetFT.nhs.uk) or charles.[davis@SomersetFt.nhs.uk](mailto:davis@SomersetFt.nhs.uk)

You can refer anyone you think will benefit. All that is needed is the patient’s name, address, telephone number, NHS number and date of birth when you phone 0800 3047412 or email [lat.mccompanionservice@nhs.net](mailto:lat.mccompanionservice@nhs.net)

Our ACP Specialist Practitioner can support practices in generating lists of patients who might potentially benefit from a plan - [harriet.nicholls@somersetFT.nhs.uk](mailto:harriet.nicholls@somersetFT.nhs.uk)

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**RESOURCES**

**World Suicide Prevention Day**

When we marked World Suicide Prevention Day in September we marked the day with a ‘Hands of Hope’ campaign, a Trust briefing and blogs containing information about common myths around suicide, and a focus on the importance of safety planning [Staying Safe](https://stayingsafe.net/) in managing suicide risk. We thought you might like to see some of this thought-provoking information, so have included it in this issue.

The recent NCISH report on suicide in middle aged men is summarised in this brief but informative video.

<https://www.youtube.com/watch?v=Sidj3hqGwbE>

This study highlights a number of longstanding and recent risk factors for men, for example that many also had significant physical health conditions, with almost half having a previous history of drug and alcohol misuse. The report challenges the long-held view that men don’t seek help as many were involved in services – and encourages us to think about ways to adapt services to reach men and for us to identify risk more effectively.

Also, as we focused on the need to ask people directly about suicide in our briefings for world suicide prevention day, this recent paper on young people’s mental health explored what they want from GP consultations – the headline finding was the request from young people to be asked directly about suicide and self-harm.

<https://bmjopen.bmj.com/content/10/10/e038855.abstract>

Finally, you may already have seen this important report from NCMD [Suicide in Children & Young People | National Child Mortality Database (ncmd.info)](https://www.ncmd.info/2021/10/14/child-suicide-report/) which makes for sobering reading but which highlights the impact of loss, bullying, domestic violence, parental mental health conditions, and neurodevelopmental diagnoses, and makes recommendations for services in light of these findings.

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**The Somerset Weight Management Service**

The service at MPH remains incredibly busy and like many other services, they are struggling to provide the care that we aspire to after a difficult 18 months.  In order to improve their current waiting times and patient experience, they have decided to pause new appointments for a short period.

“We appreciate that this will increase waiting times in the short term, but we are confident that this will allow us to enhance the service in the longer term. Further work is also ongoing across Somerset to increase provision of weight management services in the community”.

In the meantime, they have shared a number of resources available to help patients with their weight as detailed below and reminders on the criteria for referral into the service:

1. NHS weight loss plan

<https://www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/>

1. NHS England Digital Weight Management Service - referral criteria: Age ≥ 18, BMI ≥ 30 kg/m2 (or 27.5 kg/m2 if black, Asian or ethnic minority background) with either type 2 diabetes or hypertension or both) and the patient has access to a smart phone. This is separate from the proposed weight management enhanced service and is open to referrals now and does not require practices to have signed up for the ES.

<https://www.england.nhs.uk/digital-weight-management/>

1. Diabetes Prevention Programme

<https://preventing-diabetes.co.uk/referrers/somerset/>

1. NHS Weight management Patient Webinar developed by NHS dietitians in Somerset

<https://patientwebinars.co.uk/condition/weight-management/>

1. Weight Management pages on Musgrove Park Hospital internet site – these pages are still under development but should be available soon with information for patients and health care professionals

<https://www.somersetft.nhs.uk/weight-management/>

1. Eating disorder service for Adults – this service is now accepting referral for patients living with obesity and a binge eating disorder (the BEDS-7 tool can be used to screen for binge eating)

As a reminder, the criteria for referral to our service is age ≥ 18 and BMI ≥35 kg/m2 with no active binge eating disorder (see point 6 below). The criteria for bariatric surgery on the NHS is BMI ≥40 kg/m2, or BMI ≥ 35 kg/m2 with a co-morbidity that improves with weight loss (e.g. type 2 diabetes, hypertension, sleep apnoea).

Patients must attend a medical (tier 3) service before moving on to the surgical team (tier 4), but we are very keen to see patients that are not interested in surgery (around 20% of our patients go on to have bariatric surgery).

We have seen an increase in referrals where patients have asked about being prescribed Saxenda (high dose liraglutide for weight loss). This is only available from a tier 3 weight management service and patients must have a BMI ≥ 35 kg/m2 AND pre-diabetes (Hba1c 42-47 mmol/mol) AND either hypertension or dyslipidaemia (total cholesterol > 5mmol/L or HDL < 1mmol/L in men or < 1.3 mmol/L in women). We are not able to prescribe it on the NHS outside of these criteria. All prescriptions must be collected from the pharmacy at Musgrove Park Hospital.

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**Extra News**

**Obstetrics and Gynaecology**

A reminder that YDH has Consultant Connect available for Obstetrics and Gynaecology (A&G at MPH) and also operates a daily Gynae Assessment Unit. This unit can be contacted via email on:  [gau@ydh.nhs.uk](mailto:gau@ydh.nhs.uk)

This mailbox is checked daily 8 am - 6 pm. The nursing staff who look at the inbox will forward all queries to the on-call consultant and some practices are already using it for their emergency referrals.

This unit can also be contacted by phone on 01935 383122 which is ALSO the new number for EPAC referrals.

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**Onward Referrals**

Last month we shared the efforts that are going on to remove requests to primary care to act as an extra link for referrals within secondary care (including community services). Within the Trusts, teams are working hard to make this happen and I wanted to share part of a letter that was copied to me by a consultant. It was a letter they wrote to a service (outside of Somerset) who were refusing to accept a referral from them without it coming via the GP.

“Whilst recognising the difficulties of an external …… service, it is no longer possible to support any pathway that requires an unnecessary extra step for our overwhelmed primary care colleagues”.

This was heartening to read, but this process is not without some difficulties, which I wanted to make you aware of, in case we are not 100% there overnight. For example, we need to ensure patients don’t get lost if they are referred on via alternative pathways. Some ‘high-transit’ areas are looking to develop clear pathways (gastroenterology, SALT and dietetics for example), and it would be helpful if you could flag the high volume teams where you see this so we can work with them individually.

Please let either myself ([andrea.trill@somersetft.nhs.uk](mailto:andrea.trill@somersetft.nhs.uk)) or [Kathryn.patrick@ydh.nhs.uk](mailto:Kathryn.patrick@ydh.nhs.uk) know and I am sure the LMC would also help in passing this information on.

Many thanks and best wishes

Andrea and Kathryn