



## Dear Colleague

Welcome to the first edition of 2023. This feels quite weighty and I think has some very useful information this month - hence we have added contents.



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## Hospital @ Home

You will have no doubt have heard about the new Hospital@Home (virtual ward) being set up in Somerset. It is led by Somerset Foundation Trust, working with many other partners in our system; social care, SWAST, 111 etc. In terms of primary care, both the LMC and the PC Provider Board are closely involved.

It is a county-wide service that is now open for business and would welcome your referrals (easily accessed through SPL) for patients who become unwell with conditions related to frailty or respiratory illness and who would otherwise require admission to hospital. It is fair to say that the service is a developing one and working out how 'in-patient' care can be given in the community is not without challenges. As a consequence, there are still some areas we need to work through and I am sure we will spot hiccups to be overcome as the service develops. Please help us by highlighting those to [emma.dunford@somersetft.nhs.uk](mailto:emma.dunford@somersetft.nhs.uk); [chris.palmer@somersetft.nhs.uk](mailto:chris.palmer@somersetft.nhs.uk)

There was a very interesting H@H presentation that many of us attended last week from Hertfordshire. Their service is much further advanced than ours, but is really demonstrating huge benefits to patients, particularly those we can all recognise who do less well from in-patient stays.

Please have a read through some of the links for more information, a case story, a contact information sheet given to patients and importantly a word document with some FAQs specifically for PC.



Hospital @ Home -  
Frank's story (002).p



Health and care  
partners information



H@H Patient  
Poster.docx



FAQs Primary  
care.docx

# GP TeamNet

There is a piece of work happening that aims to build GPTeamNet into a really useful space for practices. The plan is for it to load automatically as you open your computer and log in for the day, foregoing the need to remember your password. We know that practices vary in their use of GPTeamNet, but this is what will be on the site in the very near future.

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## Clinical Support Information (CSI)

If you have worked elsewhere, you may have come across REMEDY, a much appreciated clinical support information system in Bristol, North Somerset and South Gloucester. A small team led by SPH, Kate Williams, [kate.williams81@nhs.net](mailto:kate.williams81@nhs.net) and Adam Massey, [adam.massey1@nhs.net](mailto:adam.massey1@nhs.net) are developing something very similar for Somerset, accessed via the Clinical Support tab on GPTeamNet. By the 1<sup>st</sup> March they hope to have the first information available on the site for you to have a look through. This first stage will cover, diabetes, paediatrics, same day emergency care, and Hospital@Home and will include the most accurate clinical pathways and referral forms for those areas. The site will also have links to any relevant national guidance and secondary care (SFT/YDH) generated information or educational resources. In addition, TeamNet aims to host training items and patient information resources.

The plan is to roll this out across all departments to make it much easier to find information and referral resources to secondary care, a one stop shop for clinicians for all the resources you may need. As specialties come on line, please help them by highlighting any information you either have, or would like included. Thank you. (NB: RUH, Weston, Dorchester etc not forgotten, but phase two)

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## Somerset Foundation Trust Tab Service information/ notices/events

GPTeamNet can also link up with other organisations and Somerset Foundation Trust (SFT) has created a tab onto the site. As you know, SFT incorporates all our community, mental health and acute services in Taunton and Yeovil, so it will be a single space for our secondary care services. We hope that by clicking on the tab you will be able to access clinical services information such as telephone numbers and specialty interests etc. (A little like the old **Pink book** without the referral forms). Through the portal SFT can send useful notices out to primary care/ list events and we think it will allow messages to easily be sent back to SFT. This is still a work in progress but may help us reduce email traffic and reliance on the LMC bulletin for disseminating information.



## PC Matters – Spotlight editions

Once TeamNet is working well and SFT news is shared via the site, it is likely there will be less need for this newsletter in its current format. Kathryn and I have been wondering around producing a 'special edition' perhaps quarterly that might focus on a particular area/specialty - a 'Spotlight on' type edition. Please let us know if you think this might be interesting or if you'd like something else. As ever, you can contact us via:

[kathryn.patrick@ydh.nhs.uk](mailto:kathryn.patrick@ydh.nhs.uk) and [andrea.trill@somersetft.nhs.uk](mailto:andrea.trill@somersetft.nhs.uk)

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## Secondary care-GP Practice Collaboration Group

In response to a general feeling that it would be great to build better clinical relationships across primary and secondary care, we are testing a new group, with the first meeting on 31<sup>st</sup> January between 1-2pm. The objectives are to:

- Create an accessible engagement forum for colleagues
- Build and strengthen colleague interaction and relationships
- Increase two-way communication opportunities
- Improve stakeholder involvement in development of changes e.g. shaping pathways
- Enable more partnership working.

What this means in practice is that each month we will hold a Teams meeting for one hour to give us the chance to discuss a couple of items with colleagues across secondary and primary care. We will hold it regularly on the last Tuesday of the month 1-2 pm. It is up to us how we use it, but the type of things I have thought it could be helpful for are:

- Sharing a very early idea you have that involves working between PC and SC – you might just want to air a thought.
- A department may want to use the whole time as a Q&A/meet the team type event
- Obtaining views on a more developed pathway (prior to LMC review )
- The sharing of some great projects happening in primary care networks

In addition, each month we will aim to keep the final 20 minutes free so that any colleague can drop in, raise a small item if they wish to, but mainly use it as a 'getting to know you' time. Please add this to your diary and click this link to join the meeting: [Click here to join the meeting](#). Also please note that this meeting will be recorded.

I'm realistic and am not expecting this to succeed immediately, it's going to need to become known and evolve. I would be very grateful if you can help make it a success by dropping in for the final 20 mins (or more) and thinking about how you (individually) or your team/practice/PCN could use it. Everybody in the GP team is welcome.



**On 31<sup>st</sup> January:**

1:00 – 1:20 Women's Health: Balpreet Attilia (O&G consultant) wanted to share an idea, but hopefully we can have a wider discussion around aspects of womens' health.

1:20 – 1:40 Neurorehab: The Case for change. Led by Julie Jones, joined by Edmund Bonikowski and Sophie Wickens

1:40 – 2:00 Drop in – please try and drop in if possible (welcome to all of it as well!)

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## Extra News

### Discharge Summaries

Always a bone of contention. A good discharge summary can be so very helpful but a less good, or delayed one, really not.

A very large piece of work is just starting in the Trust looking at the quality, accuracy, content and supporting systems behind the discharge summaries. The working group has a good breadth of knowledge and contribution from primary care, so hopefully we will see sustainable improvements in the future. The project is likely to start with discharges following acute in-patient stays (Taunton and Yeovil) but will move into all other sites as we work through the different phases.

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## Think Shigella

This is to make you aware that we have been notified of one case of **extensively drug resistant Shigella sonnei** amongst men who have sex with men (MSM).

It's important that MSM with diarrhoea are tested appropriately and then assessed clinically. Antimicrobials should not be used unless absolutely necessary and only after liaison with microbiology. Please consider referral to SWISH as STI testing and HIV testing should be performed on all cases, together with partner notification with a 4 week look-back.

Occupational history is also important as food handlers including cabin crew must stop working. Patients should abstain from sex or food handling for 7 days after diarrhoea has stopped. Most cases will be self-limiting and **DO NOT** need antimicrobials.

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# Anaemia in Pregnancy

Our anaemia in pregnancy guideline at SFT has changed to be more proactive. We would appreciate your help in prescribing iron to prevent and treat anaemia. Anaemia and iron deficiency both have significant implications: maternal fatigue, increased risk of antepartum and postpartum haemorrhage, delayed healing of caesarean and perineal wounds, negative effects on the quantity and quality of breast milk and increased length of stay and transfusion requirements. The foetal implications include poor growth and an increase in preterm delivery.

We now take a ferritin level with the FBC at both booking and at 28 weeks. This enables us to treat and prevent anaemia by identifying low iron stores. A ferritin of  $<30$  OR an Hb  $<110\text{g/l}$  should be treated with oral ferrous sulphate 200mg on alternate days to maximise absorption (ferrous gluconate if previous bariatric surgery). Iron should be taken on an empty stomach with a source of vitamin C such as orange juice, but not within an hour of tea or coffee or other medications.

Thank you for your help with this, if you have any queries, please contact me on [laura.mckie@somersetft.nhs.uk](mailto:laura.mckie@somersetft.nhs.uk).

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