**Primary Care Matters**



**September / October 2023** **Edition**

## Dear Colleague

Welcome to the September / October 2023 edition of Primary Care Matters. As you know, our aim for this newsletter is for it to help us work together more easily.

**Connecting the Dots**

31 October 2023, 1-2 pm

[Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3ameeting_YzI1NGFlMGItMjMxZC00OWU1LTg4N2UtZDJlMDA5ODFjOTAw%40thread.v2/0?context=%7b%22Tid%22%3a%2298ec91be-8de7-48a3-9e80-0f0180ed9219%22%2c%22Oid%22%3a%22778f8a6f-2dc7-492d-9e37-52f64039fb1a%22%7d)

Topics: hospital@home,

paediatric weight management service

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Dr Andrea Trill

Dr Kathryn Patrick

General News

**Cardiac Failure Pathway - Amy Burchell (consultant cardiologist MPH)**

Over the last twelve months we have been working to improve care for patients with heart failure (HF) across Somerset. The ACTonHF programme, supported by AstraZeneca, has brought together colleagues from Musgrove Park and Yeovil District Hospitals, St Margaret’s Hospice, and the LMC and Primary Care. I want to express my thanks to everyone involved (too many to name everyone individually, you know who you are). This has been a fantastic example of what can be achieved when we come together!

The main development has been the implementation of a Rapid Access Heart Function Clinic (RAHFC) at Musgrove Park Hospital. This means that patients with symptoms of heart failure syndrome and an elevated BNP can now be seen quickly, with access to echocardiography and specialist input, across the county. Special thanks go to Dr Tim Horlock from the LMC for his help in refining the referral form for this service which is now live on EMIS. This referral process will help us to identify patients eligible for RAHFC from the pool of general cardiology referrals. HF carries a higher mortality than many cancers, therefore to facilitate rapid access to diagnostics and treatment the pathway will aim to see patients with a BNP of >2000 within 2 weeks and those with a BNP of 400-2000 within 6 weeks.

There are a few things to highlight around referrals to the RAHFC:

1. Atrial fibrillation will cause a 2-3 fold rise in BNP. This pathway is not appropriate for patients with isolated atrial fibrillation. Patients need to be rate controlled (HR <100bpm) and have ongoing symptoms and signs of heart failure once rate controlled, in order to accurately assess left ventricular function on echo and meet the referral criteria.
2. The aim of the clinic is to provide a one stop assessment – particularly for those with a BNP >2000. Patients should expect to be at the hospital for 2-3 hours for an echo, ECG, observations, bloods and a clinical review. Please take a moment to consider whether referral is appropriate for an individual patient. Whilst many of the patients we see are more elderly, if a patient is very frail and would not tolerate guideline directed medical therapy and the blood tests and reviews required to initiate this, then RAHFC and echocardiography may not alter management and a symptom guided approach with titration of diuretics may be more appropriate. We are very happy to discuss cases prior to referral.
3. Some practices in the region have funded direct access echo. Please consider referral via the RAHFC (which will include an echo) rather than using the GP direct access service, particularly in patients with a significantly elevated BNP. This will reduce delays to review and treatment as the direct access echos are not BNP triaged.
4. Alongside RAHFC we now running a weekly HF MDT with monthly input from a renal physician, renal dietician, palliative care, MPH and YDH Heart Failure Nurses, a geriatrician with a special interest in HF, and heart failure specialist cardiology consultants. This has become a fantastic forum for discussing our more complex patients, including the use of novel potassium binders, device therapy, management of cardiorenal syndrome and referral to palliative care or transplant services for patients with end-stage disease.

Dr Ed Hayes from St Margaret’s Hospice has developed a Palliative Care Guideline which helps to identify patients with HF who have a poor prognosis and then provides guidance for supportive and palliative care in end-stage HF. This guideline is available via the Somerset End of Life website; <https://somerset.eolcare.uk/content/somerset-guidance-for-management-of-end-stage-heart-failure>.

Peter Fee from French Weir Health Centre and the LMC is working to develop an EMIS proforma to support and document HF chronic disease reviews in primary care.

We have received additional funding for cardiac rehabilitation for patients with HF and, building on the strong service running in the east of the county, face-to-face rehab sessions will now be available countywide.

Looking forward, we are developing a Heart Failure Guideline (a ‘toolkit’) for Somerset which will pull together pathways and guidance. The plan is to make this available via GPTeamNet and our existing resources (including a copy of the RAHFC referral form and pathway) are already available on this platform.

Finally, we have just received confirmation of targeted funding for Heart Failure from NHSE. At MPH this will be used to target the waiting list for new referrals to the HF nurse service and at YDH funds will be used to improve ‘HF at home’ support in the community.

As you can see, it’s been a busy 12 months, and it’s definitely time to celebrate everything that has been achieved. Thank you!!!

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**The Somerset Mental Health First Response Service - 0300 1245016**

We are really pleased and excited to announce a new venture!

The Mental Health Home Treatment service expanded earlier this year to include a new First Response Service to meet the needs of service users experiencing a mental health crisis. It provides urgent triage and brief intervention and is a 24-hour telephone line for service users, families/carers and professionals.

As well as making it easier for service users to contact mental health services when experiencing a crisis, it has removed a pressure from the Home Treatment Service (who had seen a 30% increase in telephone calls), allowing them to support patients at home as an alternative to admission.

The service operates 24/7, 365 days a year and the above number is the only number county wide to access existing Mental Health Home Treatment Teams (HTT). It is available for referrals, or to discuss patients, or for telephone support. We are asking everyone to use the new number, but old numbers will continue to connect. You will be given the option of pressing 1 for EAST (covering Yeovil and Mendip areas) and press 2 for WEST (covering Taunton, Minehead, Bridgwater, West Somerset and North Sedgmoor areas).

New Number: 0300 1245016

**NB:** please note that when calling 0300 1245016 a voicemail message will indicate pressing – **1 for EAST and 2 for WEST**

Not included in the voicemail is an option to **press 3** to bypass the queue

Any questions please do not hesitate to contact:

[carolyn.broom@somersetft.nhs.uk](mailto:carolyn.broom@somersetft.nhs.uk)  [firstresponsewest@somersetft.nhs.uk](mailto:firstresponsewest@somersetft.nhs.uk)

[Caroline.cordy@somersetft.nhs.uk](mailto:Caroline.cordy@somersetft.nhs.uk)   [firstresponseeast@somersetft.nhs.uk](mailto:firstresponseeast@somersetft.nhs.uk)

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**SWISH Updates - Willa Muir**

1. **Intrauterine contraception removals**

The FSRH have given advice on routine IUCD removal, and produced some helpful videos to brush up skills, recognising that although there is no requirement for any formal certification to remove routine IUDs, many healthcare professionals feel they would benefit from further support and information in this area.

<https://www.fsrh.org/education-and-training/fsrh-bitesize-intrauterine-device-iud-removal/>

SWISH are still able to do complex removals, but please be aware that if referring for removal following lost threads to enclose an ultrasound result within the last 6 months.

If removal is needed in postmenopausal women and is difficult, a 2-3 week course of Vagifem prior to attempted removal can be helpful, if appropriate. SWISH will no longer be doing routine IUD removals from 1st November 2023.

1. **Calling all GP trainers who also have DFSRH and LOC-IUT or LOC SDI**

It has been made much more straightforward for current GP trainers to become FSRH trainers, which means you could train your own GP trainees in coil and implant fitting, or DFSRH. This could really swell the numbers of GPs in Somerset able to fit IUDs and implants as we have very few FSRH trainers available.

If you are a GP trainer and interested in becoming a Faculty registered trainer for FSRH,

please contact SWISH: [SWISHtraining@somersetft.nhs.uk](mailto:SWISHtraining@somersetft.nhs.uk)

1. **LARC referrals**

This was discussed at a Connecting the Dots meeting and we felt it warranted further clarification. Patients from GP practices who do not have a LARC fitter, or do not have an inter-practice agreement for LARC fitting, can self refer for LARC.

Patients from GP practices who do fit LARC will be directed back to their practice for this, however if there is a complex LARC referral, such as medical issues or failed fitting /removal, we would like a complex LARC referral form from the practice, which can be downloaded from the SWISH website, or sent as a letter.

1. **Emergency contraception IUCD**

If the practice is unable to fit the IUCD within the required time, SWISH will try and accommodate any patients who require an emergency IUCD. However this may mean the patient travelling across Somerset to access a clinic with a coil fitter. Please advise all patients considering emergency coils to use oral emergency contraception, as sometimes we are unable to insert the coil, or the patient may change their mind and not attend. Also, please remember there is no coil service at weekends.

1. **Mirena coils for gynaecological problems**

SWISH is commissioned to provide contraception. Mirena IUS fitted at 45 years for contraception can stay until 55 yrs old, if these patients need a new IUS for HRT, SWISH is not commissioned to provide these, and in practices where there is not coil fitter, the patient will need to be referred to gynaecology by the GP team.

1. **Contraception prior to Intrauterine device insertion**

Although the FSRH advise consistent careful condom use is sufficient prior to IUD insertion, we know the failure rate of condoms is high and variable and have had some issues with condom compliance., It can be hard to ascertain consistent careful condom use. We are therefore requesting that patients either have a reliable hormonal method of contraception (or copper coil) or abstain for 3 weeks prior to insertion.

1. **FP10 Guidance**

A reminder that patients can receive treatment for sexually transmitted infections (STIs) free-of-charge when treatment is prescribed using the NHS prescription form (FP10) or Electronic Prescription Service (EPS).

For full details please check Section 3 of the guidance below:

<https://www.nhsbsa.nhs.uk/sites/default/files/2020-01/DHSC_Changes_to_the_FP10_guidance_Jan2020.pdf>

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**Paediatric Weight Management Service – SPLASH (Somerset Pre-school lifestyle activity and skills for self help) – Isobel Feakins**

Somerset Preschool, Lifestyle, Activity and Skills for self Help (SPLASH) is a children’s weight management service in Somerset for children below the age of 4 years. It is aimed at families who would like to learn new skills, build confidence, and understand more about food and well-being.

As a team (Dietitian, Psychologist and Paediatrician) we help families work towards their own goals that they think are important. We understand that weight and health in children can be an emotional topic to discuss and we aim to provide a supportive and non-judgemental experience. Our role is to consider each family’s individual circumstances, needs and strengths.

We have had really positive feedback from our families; ‘The programme has influenced how we eat and move a lot as a family. We now make better choices for everyone’.

We accept referrals from all health professionals and self referrals.

For more information please contact Isobel Feakins – Lead Dietitian ([Isobel.feakins@somersetft.nhs.uk](mailto:Isobel.feakins@somersetft.nhs.uk))

* Referral form: [Referring to Community Dietetic Services - Dietetics (somersetft.nhs.uk)](https://www.somersetft.nhs.uk/nutrition-and-dietetics/referring-to-community-dietetic-services/)
* Information and YouTube video of what to expect from SPLASH for families to access: [SPLASH – Somerset preschool lifestyle activity and skills for self help - Paediatrics (somersetft.nhs.uk)](https://www.somersetft.nhs.uk/childrens-unit/sample-page/splash-somerset-preschool-lifestyle-activity-and-skills-for-self-help/)

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**Management of Terminal Haemorrhage in Advanced Malignancy including Carotid Artery Rupture (Adult) Guidance – Lisa-Marie Thompson**

Lisa Thompson (Head and Neck Oncology Clinical Nurse Specialist at Musgrove Park Hospital) is keen to highlight recent guidelines which she has written alongside Palliative Care Consultants from both Acute and Primary Care. The guidelines are to support medical professionals, patients and their families throughout Somerset in both preparation and the management of anticipated haemorrhage at the end of life in patients with known advanced malignancy.

The guidelines are relevant for all cancer sites where terminal haemorrhage is an identified risk, to ensure standardised care across Somerset.

Lisa presented these at the British Association of Head and Neck Oncology Nurses (BAHNON) national conference in Liverpool this year, and there has been interest in developing similar guidelines in trusts around the country.

The guidelines are accessible via Somerset NHS Foundation Trust staff Intranet for those who have access and please share these with the teams in your areas.

For those who do not have direct access or for further guidance, please contact Lisa by email [Lisa-Marie.Thompson@Somersetft.nhs.uk](mailto:Lisa-Marie.Thompson@Somersetft.nhs.uk)

Thank you