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| **GP Update #10 – 27.07.2020** |  |

**Important Information for GP Practices From**

**Salisbury District Hospital**



**Update are fairly limited in this edition, and are highlighted in yellow for ease.**

All clinical services are being reviewed and an appropriate Standard Operating Procedure produced, assessed and approved to ensure patient, staff and visitor safety.

Please find here, updated details of the services that have been approved and resumed service.



This information will also be published via our GP Portal.

**Referring Patients**

The emergency department at Salisbury NHS FT has been reconfigured to allow for two separate assessment zones. The Respiratory Assessment Zone, (RAZ) will see and assess all patients with suspected COVID 19, the other will be for other non-COVID 19 presentations. ED minors has been re-located to the fracture clinic template and the ED resuscitation area will remain unchanged.

We have experienced an increase in ED attendances which are not emergencies and where patients are stating that their GP has advised then to visit ED, as they are unable to be seen quickly in primary care.  We understand that the patient may be being slightly flexible with their interpretation of what they were advised, however please can we request that patients without clinical need to visit ED are not advised to do so. We have also reiterated this message to internal clinicians.

**For Paediatrics – Please see Paediatrics section**

For GP admission / advice the referral pathway via the AMU admission line / Med reg bleep remains unchanged. **THIS NOW INCLUDES WHERE COVID 19 IS SUSPECTED.** Please note that patients suspected COVID 19 may be asked to attend via the Emergency Department.

We accept there is sometimes clinical ambiguity and therefore we will need to be pragmatic and apply clinical judgement to cases where the situation isn’t clear.

* **FOR ALL OTHER PATIENTS INCLUDING THOSE WHO MAY HAVE POTENTIAL COVID SYMPTOMS BUT IT IS NOT THEIR PRIMARY PATHOLOGY AND REASON FOR REFERRAL, PLEASE CALL SPECIALTY TEAMS AND THEY WILL ADVISE WHERE TO SEND THE PATIENT.**
* **WRITTEN ASSESSMENTS SHOULD BE RECORDED AND SUBMITTED TO THE HOSPITAL AS USUAL.**

We would ask GP’s to be very clear when making referrals whether there is any suspicion of COVID 19 and whether the patient is a contact of a known positive. Patients arriving at ED department will be directed to the appropriate zone.

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| **Key Information** | The SFT Emergency Department has been reconfigured to maintain separate areas and patient flows for patients with respiratory conditions and patients presenting with all other conditions requiring treatment.  The advice to public is that individuals should not attend either the hospital or the Emergency Department while they are self-isolating or experiencing mild symptoms of COVID 19 unless they have a different medical emergency or injury. There will be cases where patients become acutely unwell and require urgent intervention to manage their conditions, or experience a condition, injury or illness requiring urgent intervention while also experiencing COVID 19 related symptoms. In these instances, advice will be provided to patients via the NHS 111 service. |
| **Pathway – Non respiratory Symptoms** | The current defined clinical pathways will remain in place. Minors stream patients will be received within the Fracture Clinic footprint and book in through reception there between the hours of 0800-1930. Outside these hours patients attending for ‘minor’ conditions will enter through the non-respiratory ED entrance (public) entrance and be booked in at reception there.  For patients requiring admission, normal pathways to AMU or SAU will remain in place.  Additional pathways to bypass ED for specialty expected patients and ED referred patients are being implemented. |
| **Pathway – COVID-19 symptoms** | Patients and ambulance crews will be directed to enter the department via the ambulance entrance – re-designated as ‘Respiratory Assessment Zone’.  A Rapid Assessment and Treatment (RAT) model is in place for patients arriving in the Respiratory Assessment Zone. This group will include patients with minor injuries, specialty expected patients and other emergencies where there is a suspected concurrent COVID 19/respiratory infection.  Patients will be assessed on arrival by a senior decision maker and then booked in at the reception desk window. Patients should be recorded on Lorenzo as presenting with ‘Suspected COVID 19’.  Walk-in patients will be directed to the Respiratory Assessment Zone waiting area near the entrance to the existing Majors bays (now part of Respiratory Assessment Zone) by signage. |
| **Face Coverings for Visitors and Outpatients** | In accordance with Government recommendations, outpatients and visitors coming to the hospital will be asked to wear **face coverings** .  In addition, where clinically appropriate, outpatients attending the hospital will have their temperature taken on arrival. |
| **Staff Wearing Face Masks** | Hospital staff are required to wear type I or II surgical face masks, except when working alone or in areas where work place assessments have confirmed masks unnecessary. |
| **How to Access Consultant Advice & Guidance** | Urgent Advice and Guidance can be accessed via our Consultant Connect service for the specialities listed below.  We recognise that non-verbal cues can be important in some interactions and are missing from telephone consultations. If you are at all unhappy about the advice we have given you or feel that the patient needs to be seen in person please let us know.  Movers & Leavers – please can we ask that you update Consultant Connect via the following email address when colleagues leave or move to a new practice.  [celia.enderby@consultantconnect.org.uk](mailto:celia.enderby@consultantconnect.org.uk)  Non urgent advice and guidance services are also available for other specialities via email. Details can be found on the GP Portal. Please remember that GP Portal is available while using a secure NHS network only. [LINK](http://nww.gpportal.salisbury.nhs.uk/gpportal_New/)   |  |  |  | | --- | --- | --- | | **Acute Medical Unit** | Mon – Sun  8am – 8pm |  | | **General Surgery** | Mon – Fri  9am – 5pm |  | | **Paediatrics** | Mon – Fri  9am - 5pm |  | | **Cardiology** | Mon – Fri 9am - 5pm |  | | **Palliative Care Team** | Mon – Fri  9am – 4pm |  | | **Urology** | Mon – Fri 9am - 1pm |  | | **ENT** | Mon – Fri 9am - 1pm |  | | **Gynaecology** | Mon – Fri  9am - 1pm & 2pm - 5pm |  | | **Sexual Health** | Mon – Fri 9am - 5pm |  |   **IMPORTANT REQUEST**  When using this service, please remain on the call until you have submitted details of the outcome of the call. This is important to the hospital to be able to record the success of this service. Thank you.  Guidance on how to leave an outcome can be found via this link: [LINK](https://bswccg.nhs.uk/docs-reports/hidden/806-gp-bulletin-21-may-doc-3/file)  Access to posters and information for your practice can be found via this link direct to Consultant Connect: [LINK](https://consultantconnect.org.uk/service/directory) |
| **Paediatrics** | Sarum ward and DAU remain separated into respiratory and non-respiratory areas. Please advise families that only 1 parent/ carer should accompany the patient and that both clinical areas are a safe environment for children.  New referrals to paediatric outpatients are being accepted. Families will receive details on the format of the clinics (virtual/ phone/ face-to-face) as well as additional measures currently in place to minimise risk.  We continue to provide consultant delivered advice via Consultant Connect (Monday-Friday, 9am-5pm) or email: [sft.paediatrics@nhs.net](mailto:sft.paediatrics@nhs.net) |
| **Radiology** | **Electronic Requesting**  To ensure patient and staff safety, it is now necessary to provide all radiology patients with a booked appointment.  This includes our GP and Spinal X-ray service which was previously a walk in service.    X-Ray appointments are being offered as soon as possible but we do have a backlog, which are working to reduce. We also have reserved very limited capacity for urgent X-ray referrals, so if an urgent X-ray is needed please phone the Radiographers in the GP & Spinal X-Ray Department on x5507 and state that the referral is urgent. The Trust has now made the decision to permit booking routine appointments for patients over 70. The Radiology Department will place high priority on these patients.  Please could you continue to provide the COVID-19 status for all patients in the clinical details section or the referral. Specifically we need to know if patients having a chest X-ray have recovered from COVID-19 lung disease.  We can no longer accept paper referrals. We have introduced arrangements for practices that do not have access to electronic referrals.  For practices with access to TQuest all referrals should be made electronically.  For practices without access to TQuest please scan and email a copy of the paper request forms to [shc-tr.salisburyreferralcentre@nhs.net](mailto:shc-tr.salisburyreferralcentre@nhs.net)  The patient will be contacted and an appointment arranged.  Dr Stuart Eastman is available to help provide additional assistance with general enquiries about the use of TQuest.  [stuart.eastman1@nhs.net](mailto:stuart.eastman1@nhs.net)  We are conscious that a small number of patients may have paper request forms already in their possession.  We **will not** be turning patients away, but would request that no further paper forms are given to patients.  Our Fordingbridge and Westbury sites remain closed and our service at Westminster Memorial Hospital is continuing to support the minor injuries unit.    **Suspected Cancer**  For suspected cancer patients a 2WW clinical referral will be required. For example, please refer all suspected cases of head and neck malignancy and suspicious neck lumps directly to the Head and Neck service via the usual 2WW pathways at this time. Please do NOT refer for ultrasound prior to or independent of this pathway.  **Post Menopausal Bleeding**  Requests continue to be accepted, and will be triaged by a clinician and prioritised appropriately. The Gynaecology services continue to accept all 2WWs in their one stop clinic that runs all day on a Tuesday and is supported by sonography.  **Other Urgent Imaging**  If there are patients in the urgent category that you are concerned about, or whose condition deteriorates needing urgent imaging, please contact the Radiology Department using the email address: [sft.radiologyoffice@nhs.net](mailto:sft.radiologyoffice@nhs.net)  You can also reach the Duty Radiologist on 01722 336262 Ext 5511 (09:00 – 17:00 Monday to Friday) to discuss cases you consider urgent.    **Referral for imaging following video/phone consultation**  Please do not send patients for imaging as an alternative to clinical examination. This does not reduce infection risk as all imaging procedures require close contact with patients. Clinical examination may obviate the need for imaging and information relating to clinical examination findings is required for justification of imaging (and exposure to radiation) and to facilitate high quality imaging interpretation.  **Please DO NOT refer patients with suspected COVID-19 to the Radiology Department for a chest X-ray.** |
| **Phlebotomy Service** | To ensure compliance with social distancing and clinical guidance, the Phlebotomy Department has been reconfigured with reduced seating in the patient waiting area, a one way entry and exit system and designated patient queues for reception. Although the capacity of the department remains unchanged, the number of patients we are able to be accommodated in the waiting area will be reduced.  **Please can we ask for your assistance by wherever possible taking routine blood tests locally in the practice.** |
| **Routine Referrals** | We are asking GP colleagues to **use eRS as normal for referrals**, which will be clinically triaged on receipt and those identified as appropriate will be seen via virtual solutions.  For patients needing face to face appointments, specialties are finalising and implementing SOPs to enable necessary consultations to proceed following current guidelines and with appropriate distancing, testing, PPE and infection control in place.  This will have an impact on wait times in many specialties as we work to create and follow appropriate working practices. We will continue to provide information on capacity and patient access through this guidance note. Any queries regarding wait times etc should be sent to [paul.russell4@nhs.net](mailto:paul.russell4@nhs.net) |
| **Two Week Wait Referrals** | All two week wait referrals should continue to be made in the normal way. Cancer patient appointments are being prioritised. |
| **Urgent Surgery** | Patients are being advised to self-isolate for 14 days and will be required to attend the hospital 48 hours before surgery to be tested. |
| **COVID- 19 Patient Testing** | All admitted patients will now be tested for COVID-19 prior to, or on admission. |
| **Upper GI Endoscopy** | Normal" services have resumed but with a much lower throughput. However we are still not accepting "Straight to test" upper GI referrals.  All suspected cancer 2 week wait referrals are to continue to be referred for triage as outlined separately. |
| **Rheumatology** | During the COVID 19 pandemic there will be some changes to the service we provide:  **1. A limited urgent service for new patients,** either face to face, or telephoned as clinically appropriate, referrals to include suspected Giant Cell Arteritis or other systemic vasculitis, Early Inflammatory Arthritis and new connective tissue disease. Please avoid referring non-inflammatory disease at present as this will not be prioritised.  **2.** **A limited follow-up service for inflammatory disease**, conducted by telephone. Most routine follow-ups will be deferred for a minimum of three months. If these **patients** need advice, or feel they need to be seen, they can contact us on the telephone help line 01722 429137 operating Monday to Friday 09:00 – 16:00.  **3.** The ‘hot joint’ service is current being routed via Orthopaedics. GPs should contact Orthopaedics for this service who will refer to Rheumatology when needed.  **Advice on medication:**  **1. In general all patients should continue their immunosuppression.**  Steroid doses should be tapered if possible and high doses of systemic steroids e.g. im depomedrone more than 40mg, oral prednisolone more than 20mg, should be avoided.  **2. Patients considered ‘high risk’ have already been contacted** by letter with appropriate advice about ‘shielding’ and self-isolating.  **3.** **Please continue NSAIDs**, but stop if COVID 19 infection is suspected as it appears that the outcome may be worse if taking NSAIDs.  **4.** For patients stable on **Methotrexate** please consider **increasing the blood monitoring interval** to two or three months (see BSR monitoring guidance).This will minimise the number of visits to the practice or hospital.  GPs can contact Consultant Secretaries with general enquiries by telephone on 01722 345556 – 09:00 to 16:00 Monday to Friday. |
| **Sexual Health - Walk in** | We are now providing Sexual Health and Contraception services at Salisbury District Hospital, Melksham (Tuesdays only) and Devizes (Thursdays only).    We are gradually reopening booked routine clinics but are continuing to prioritise those with an urgent Sexual Health/Contraception need. We have suspended our walk in clinics and are triaging all patients on the phone.  Where possible we are prescribing medication after a virtual consultation and asking patients to collect these from clinic at pre-arranged times, or from community pharmacies or GP surgeries if suitable.    Home STI screening service is running and available to anyone with a Wiltshire postcode via our website [www.wiltshiresexualhealth.co.uk](http://www.wiltshiresexualhealth.co.uk)    Our main Salisbury hub is staffed from 9am to 5pm Monday to Thursday and from 9am to 12.30pm on Fridays   tel  01722 425120.  For non-urgent advice please contact us on our shared email address:   [shc-tr.Sexualhealth@nhs.net](mailto:shc-tr.Sexualhealth@nhs.net) |
| **Adult Screening Programmes** | The Adult screening programmes   * AAA Screening in Dorset and Wiltshire   + Surveillance patients are being invited for screening from 23/07/20   + Patients from the cohort are planned to be invited from 01/09/20   + Additional Safe locations for AAA screening are being sought. This is usually done in GP surgeries. If you can help please contact Becky Harris by email on  [Becky.harris1@nhs.net](mailto:Becky.harris1@nhs.net) * Bowel cancer screening in Bath, Swindon and Wiltshire   + BCSP - Services are resuming at all 3 sites for patients whose pathways have already commenced. Plans are underway to restart inviting new patients but there is no start date yet.   + No plans are in place yet for resumption of bowel scope screening   **Revised FAQs from BCSP & NHSE**  **GP (primary care) FAQs**  5.    What is the advice for people who require further investigations who have not yet been offered a follow up appointment?  If the person is not symptomatic, please advise them to contact the free bowel cancer screening helpline (0800 707 6060) for advice. Individuals requiring further tests should still be offered an appointment with a specialist screening practitioner (SSP).  This may be by phone or video call.  6. What action should I take if someone who requires further tests has symptoms but no appointment?  Advise the person to speak to their local screening centre for further clinical advice. If they do not know the contact number of the screening centre, they should call the screening helpline on 0800 707 60 60. Helpline staff will arrange for a clinician to call them back. **Please only refer someone who has a positive bowel cancer screening test to the 2-week wait urgent referral pathway if they have specific symptoms of obstruction, such as a pain or lump in their abdomen after eating.** |
| **Ophthalmology** | The department is running the wet Age-related Macular Degeneration Service, Emergency Eye Care service (via the Acute Referral Clinic) and higher risk sub-specialty clinics.  **Emergency Eye Care:**  BSW STP has commissioned optometrists to provide support for minor eye conditions as an alternate pathway during Covid-19 (‘CUES’). [LINK](https://psnc.org.uk/avon-lpc/wp-content/uploads/sites/23/2020/05/BSW-CUES-Service-Summary-One-Pager.pdf)  Please continue to refer patients that you think may need secondary care the same day via the Hospital switchboard. Our advice and guidance e-mail address [Sft.ophthalmologyadvice@nhs.net](mailto:Sft.ophthalmologyadvice@nhs.net) can still be used for less urgent issues. It is very helpful to provide as much detail as possible and a contact number for the patient so we can call them directly if we need more information.  **Routine/non-urgent Eye Care:**  We are accepting referrals and triaging based on urgency, which may involve employing different methods to help ensure safety in the service, including telephone clinics. If there is a query about an existing outpatient, which is not an emergency please direct this to the subspecialty secretaries on **01722 429353** to query with the patient’s team. |
| **Device Deactivation in COVID-19 Patients**  **&**  **Restarting Cardiology Services** | For patients who are end-of-life and have a cardiac device that needs deactivating in the community the pathway remains unchanged.  Restarting Cardiology Services   * Routine interventional procedures (angio/PCI/ppms) have restarted following the surgical pathway of 2 weeks advised isolation and negative swab 48 hrs before, with reduced capacity due to social distancing needs * Routine Echos/24hr tapes/ecgs restarted with reduced capacity due to social distancing needs * No exercise tests taking place currently * Routine PPM follow up has restarted with patients coming to a separate site to in The Clarendon Suite, which minimises time within the hospital. Patients will be telephoned and/or written to with updated directions to find the new location.   Pacing checks will still be prioritised to those patients with concerns/symptoms, battery life <4 years or issues that are under review.   * All new pacemakers and cardiac implantable devices will be discharged with remote monitoring capability (phone signal allowing) |
| **Elderly Care** | The RACE service remains operational, albeit limited so referrals are still being encouraged.  There is a new email based advice and guidance service - [sft.elderlycareadviceandguidance@nhs.net](mailto:sft.elderlycareadviceandguidance@nhs.net).  This is consultant led and the email inbox will be checked daily Mon-Fri, and we aim to respond either by email or by phone within 1-2 working days.  The address is also on the RACE referral form.    'For Dorset GP's/community teams:  The Shaftesbury RACE clinic is now operational - please send referrals via eRS in the usual way'    The Parkinson's Disease service in Salisbury is now operational. |