

## Important Information for GP Practices From Salisbury District Hospital

Changes from last week have been **highlighted** for ease of reference

### URGENT INFORMATION

**As a result of COVID-related staff sickness within Salisbury District Hospital's Stroke Unit, with immediate effect the Trust is temporarily diverting all hyper acute and acute stroke admissions.**

**Salisbury hospital is closed to all hyper acute and acute stroke admissions but can take delayed presentations (onset of symptoms >24 hours). If GP's have a suspected hyper acute or acute stroke then they will need to call 999 as opposed to calling the stroke/AMU team at Salisbury.**

**Urgent TIA clinics have been affected. They're still running but won't be undertaken on site i.e. will be at neighbouring trusts as per the weekend service so please advise your patients. TIA clinics will be affected until Feb 1st.**

**Please note that patients currently in the stroke unit are unaffected by these changes and nursing and therapy services will continue.**

### Referring Patients

The emergency department at Salisbury NHS FT has undergone significant change with increased number of cubicles which are designated as our Respiratory Assessment Zone beds. ED minors has been re-located to the fracture clinic template and the ED resuscitation area remains unchanged. The Emergency Department is under significant strain with us now experiencing prolonged delays in ambulance offloads and significant exit block.

### 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 with 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 the speciality teams and they will advice where to sent 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 area.

<p><b>Key Information</b></p>	<p>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.</p> <p>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 or 999 in an emergency.</p>
<p><b>Pathway – Non respiratory Symptoms</b></p>	<p>The current defined clinical pathways will remain in place. Minors stream patients will be received within the Fracture Clinic footprint and book in through the usual ED reception.</p> <p>For patients requiring admission, normal pathways to AMU or SAU will remain in place.</p>
<p><b>Pathway – COVID-19 symptoms</b></p>	<p>If you have symptomatic patients with confirmed or suspected COVID who you think need admitting then they can either be sent direct to the ED or discussed first with the on-call medical / AMU consultant. The latter does enable us to take their details which is visible to the ED team and helps us pro-actively manage the demand so would be the preferred route wherever possible.</p> <p><b>Acute Medical Unit Tel: 01722 349726</b></p> <p>In the first wave we neatly divided the ED into COVID (Respiratory Assessment Zone) and non-COVID areas however as part of our response planning we've created a high number of cubicles in the ED that can facilitate the assessment of COVID patients within the majors template. RAZ per se therefore no longer exists as a distinct entity but all confirmed/suspected COVID 19 patients should still come via the ED and all 'non-COVID' medical admissions via the AMU.</p>

<b>Face Coverings for Visitors and Outpatients</b>	<p>In accordance with Government recommendations, all patients and visitors coming to the hospital will be asked to wear <b>face coverings</b>. In addition, where clinically appropriate, outpatients attending the hospital will have their temperature taken on arrival.</p>																				
<b>Staff Wearing Face Masks</b>	<p>Hospital staff are required to wear appropriate surgical face masks, except when working alone or in areas where work place assessments have confirmed masks unnecessary.</p>																				
<b>How to Access Consultant Advice &amp; Guidance</b>  	<p>Consultant Connect is an app or desktop based system that routes GP calls to teams of consultants at the hospital. This allows GP's to contact consultants at the hospital, via the telephone, for urgent advice and guidance regarding their patients. We are continuing to encourage use of Consultant Connect within primary care, where GP's are unsure about the suitability of a referral or wish to seek advice from a specialist. This will allow us to help reduce footfall in the trust over the coming weeks.</p> <p style="text-align: center;"><b>IMPORTANT REQUEST</b></p> <p>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.</p> <p>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. <a href="#">LINK</a></p> <p>Movers &amp; Leavers – please can we ask that you update Consultant Connect via the following email address when colleagues leave or move to a new practice. <a href="mailto:celia.enderby@consultantconnect.org.uk">celia.enderby@consultantconnect.org.uk</a></p> <table border="1" data-bbox="660 1339 1418 2049"> <tr> <td><b>Acute Medical Unit (separate Advice and Referral lines)</b></td> <td>Mon – Sun 8am – 8pm</td> </tr> <tr> <td><b>Cardiology</b></td> <td>Mon – Fri 9am - 5pm</td> </tr> <tr> <td><b>ENT</b></td> <td>Mon – Fri 9am - 1pm</td> </tr> <tr> <td><b>Gynaecology</b></td> <td>Mon – Fri 9am - 1pm &amp; 2pm - 5pm</td> </tr> <tr> <td><b>Ophthalmology</b></td> <td>Mon – Fri 8am – 5pm</td> </tr> <tr> <td><b>Paediatrics</b></td> <td>Mon – Fri 9am - 5pm</td> </tr> <tr> <td><b>Palliative Care Team</b></td> <td>Mon – Fri 9am – 4pm</td> </tr> <tr> <td><b>Plastics Trauma</b></td> <td>Mon – Fri 8am – 5pm</td> </tr> <tr> <td><b>Sexual Health</b></td> <td>Mon – Fri 9am - 5pm</td> </tr> <tr> <td><b>Urology</b></td> <td>Mon – Fri 9am - 12pm</td> </tr> </table>	<b>Acute Medical Unit (separate Advice and Referral lines)</b>	Mon – Sun 8am – 8pm	<b>Cardiology</b>	Mon – Fri 9am - 5pm	<b>ENT</b>	Mon – Fri 9am - 1pm	<b>Gynaecology</b>	Mon – Fri 9am - 1pm & 2pm - 5pm	<b>Ophthalmology</b>	Mon – Fri 8am – 5pm	<b>Paediatrics</b>	Mon – Fri 9am - 5pm	<b>Palliative Care Team</b>	Mon – Fri 9am – 4pm	<b>Plastics Trauma</b>	Mon – Fri 8am – 5pm	<b>Sexual Health</b>	Mon – Fri 9am - 5pm	<b>Urology</b>	Mon – Fri 9am - 12pm
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<p><b>Vascular</b></p>	<p>All clinics are running but at reduced capacity to allow for social distancing and extra hygiene measures.</p> <p>Nurse and consultant led clinics are running. Referrals are being triaged, with nurses and consultants providing face-to-face hot clinics or one-stop appointments for the most urgent patients. For other less urgent referrals, patients will receive a telephone or virtual consultation in the first instance, with a face-to-face follow-up being offered if required.</p> <p>All emergency patients are still being directed to Royal Bournemouth Hospital. Please contact the Vascular Consultant on call, using the Dorset and Wiltshire Vascular Network EMERGENCY Pathways.</p> <p>For advice or to make an appointment in the next hot clinic, you can contact the Vascular Nurse Co-ordinator in Salisbury during office hours (08.30 – 16.30 Mon to Fri) on: 01722 336262 x 4937 or bleep 1112.</p>
<p><b>Paediatrics</b></p>	<p>Sarum ward and DAU remain separated into respiratory and non-respiratory areas. Please advise families that only 1 parent / carer can accompany the patient and that both clinical areas are a safe environment for children.</p> <p>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.</p> <p>We continue to provide consultant delivered advice via Consultant Connect (Monday-Friday, 9am-5pm) or email: <a href="mailto:sft.paediatrics@nhs.net">sft.paediatrics@nhs.net</a></p>
<p><b>Radiology</b></p>	<p><b>Electronic Requesting</b></p> <p>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.</p> <p>X-Ray appointments are being offered as soon as possible. We also have reserved very limited capacity for urgent X-ray referrals, so where an urgent X-ray is needed please phone the Radiographers in the GP &amp; Spinal X-Ray Department on x5507 and state that the referral is urgent.</p> <p>Due to the staffing issues the X-ray service provided at both Fordingbridge and Westbury will be reduced;</p> <p><b>Fordingbridge</b> will close at the end of this week (Friday 15<sup>th</sup> the last day). Patients for next week have been rebooked to SFT.</p> <p><b>Westbury</b> the service will be reduced (exact date TBC once services</p>

have fully planned) again same process will be followed as for Fordingbridge to rebook patients to SFT.

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.

### **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**

We are very grateful for your continued support during this difficult time. The department remains at reduced capacity with space for only 7 patients at a time. We would continue to ask for your assistance in taking blood samples locally within their practice whenever possible.

In order to help manage the number of patients within the waiting area we have implemented a simple traffic light system at the

	<p>entrance to the department. If a patient must attend the department for a blood test please make them aware they may need to queue, in an appropriately distanced way, before they can gain access to the department.</p> <p>Also if a patient does attend the hospital for a blood test they must bring a valid request form with them. We are unable to access the ordering system and download or print forms so it is essential the patient attends with the correct form.</p>
<p><b>Routine Referrals</b></p>	<p>We are asking GP colleagues to <b>use eRS as normal for referrals</b>, which will be clinically triaged on receipt and those identified as appropriate will be seen via virtual solutions.</p> <p>For patients needing face to face appointments, specialties have in place SOPs which 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 capacity is reduced due to these constraints on 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 <a href="mailto:paul.russell4@nhs.net">paul.russell4@nhs.net</a></p>
<p><b>Two Week Wait Referrals</b></p>	<p>All two week wait referrals should continue to be made in the normal way. Cancer patient appointments are being prioritised.</p> <p>To support us in our ability to see patients as quickly as possible, please ensure that: A discussion is had with the patient at the point of referral to ensure that they are willing and able to attend the hospital for appointments.</p> <p>We are experiencing a number of referred patients who are unwilling to attend appointments. Please can we ask for your help to encourage attendance. We will of course endeavour to reassure patients that appropriate social distancing and infection control measures etc are in place, and where appropriate video or telephone appointments may be offered.</p> <p>Referral forms are fully completed with all mandatory information. This will ensure that we are able to book patients for their straight to test appointments without delay. If this information is not included, the Rapid Referral Office will be required to prompt your practices for the information;</p> <p>As per cancer alliance and CCG endorsement, all suspected colorectal cancer patients should undertake a FIT test prior to referral unless presenting with abdominal or rectal mass, overt rectal bleeding, anal ulceration or if they are <math>\geq 60</math> y with iron deficiency anaemia. Please await the result of the FIT test <u>before referring</u>.</p>

<p><b>Elective Surgery and Outpatient Clinics</b></p>	<p>There has had to be a significant reduction in elective admissions, however, we are maintaining our cancer pathways.</p> <p>In OPD we are working to convert appointments where appropriate to virtual solutions. For patients needing face to face appointments, specialties have in place SOPs which 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 capacity is reduced due to these constraints.</p> <p>There have also been clinic cancellations in rheumatology, cardiology, elderly medicine, respiratory, and diabetes which will continue for the foreseeable future.</p>
<p><b>COVID- 19 Patient Testing</b></p>	<p>All admitted patients will now be tested for COVID-19 prior to, or on admission and regularly throughout stay in hospital.</p>
<p><b>Upper GI Endoscopy</b></p>	<p>Services continue with planned normal activity levels for lower GI endoscopy but slightly lower activity levels for upper GI endoscopy. However we are still not accepting "Straight to test" upper GI referrals.</p> <p>All suspected cancer 2 week wait referrals are to continue to be referred for triage as outlined separately.</p>
<p><b>Rheumatology</b></p>	<p>During the COVID 19 pandemic there will be some changes to the service we provide:</p> <ol style="list-style-type: none"> <li><b>1. A limited urgent service for new patients</b>, 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.</li> <li><b>2. A limited follow-up service for inflammatory disease</b>, conducted by telephone. Most routine follow-ups will be deferred for a minimum of three months. If these <b>patients</b> 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.</li> <li><b>3. Suspected septic arthritis</b> should be being routed via Orthopaedics. GPs should contact Orthopaedics for this service who will refer to Rheumatology when needed.</li> </ol> <p><b>Advice on medication:</b></p> <ol style="list-style-type: none"> <li><b>1. In general all patients should continue their immunosuppression.</b> 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.</li> </ol>

	<p><b>2. Patients considered ‘high risk’ have already been contacted</b> by letter with appropriate advice about ‘shielding’ and self-isolating.</p> <p><b>3. For patients stable on Methotrexate</b> please consider <b>increasing the blood monitoring interval</b> to two or three months (see BSR monitoring guidance). This will minimise the number of visits to the practice or hospital.</p> <p>4. Patients on immunosuppression, including prednisolone and biologic drugs, should have the Covid vaccine when offered with the exception of Rituximab (Truxima)-the timing of the vaccination and Rituximab infusions will need to be discussed with the rheumatology team on a case by case basis.</p> <p>5. For further advice patients should be directed to the <a href="#">VersusArthritis</a> website which has an excellent Q &amp; A section.</p> <p>GPs can contact Consultant Secretaries with general enquiries by telephone on 01722 345556 – 09:00 to 16:00 Monday to Friday.</p>
<b>Sexual Health - Walk in</b>	<p>We are now providing Sexual Health and Contraception services at Salisbury District Hospital and Melksham (Tuesdays only), Devizes (Thursdays only) and Trowbridge (Thursday evenings only).</p> <p>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.</p> <p>Home STI screening service is running and available to anyone with a Wiltshire postcode via our website <a href="http://www.wiltshiresexualhealth.co.uk">www.wiltshiresexualhealth.co.uk</a></p> <p>Our main Salisbury hub is staffed from 9am to 4pm Monday to Thursday and from 9am to 12.00 noon on Fridays tel 01722 425120. For non-urgent advice please contact us on our shared email address: <a href="mailto:shc-tr.Sexualhealth@nhs.net">shc-tr.Sexualhealth@nhs.net</a></p>
<b>Adult Screening Programmes</b>	<p>AAA screening and BCSP are proceeding at the time of writing, but may be subject to sudden changes due to COVID restrictions.</p> <p>Bowel scope screening has not restarted.</p>
<b>Device Deactivation in COVID-19 Patients &amp; Cardiology Services</b>	<p>For patients who are end-of-life and have a cardiac device that needs deactivating in the community the pathway remains unchanged.</p> <p><b>Cardiology Services</b></p>



	<p>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</p> <p>Routine Echos/24hr tapes/ecgs are operating with reduced capacity due to social distancing needs</p> <p>No exercise tests taking place currently</p> <p>Routine PPM follow continue 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.</p> <p>Pacing checks will still be prioritised to those patients with concerns/symptoms, battery life &lt;4 years or issues that are under review.</p> <p>All new pacemakers and cardiac implantable devices will be discharged with remote monitoring capability (phone signal allowing)</p> <p>Our lab capacity is reduced now as Cath Lab 1 is being refurbished and will re-open in April. We continue to use Cath Lab 2 for angiography and some pacing. Cardiac Suite recovery area has gone back up to capacity as perspex shields have been erected between bed spaces.</p>
<p><b>Obstetrics &amp; Gynaecology</b></p>	<p><b>Menstrual disorders clinic – choose and book</b></p> <p>This is a hysteroscopy clinic. Please refer only Heavy Bleeding, Intermenstrual Bleeding, Post Coital Bleeding, Lost Coils to these clinics.</p> <p>Please refer Endometriosis, PMS and Chronic Pelvic pain to General Gynaecology. This will ensure only the patients that need hysteroscopy are seen in this clinic.</p> <p>Post menopausal bleeding – refer as per the standard 2WW pathway.</p> <p>All pregnant women and women in first 6 weeks postnatal who test positive for Covid-19 (and are well enough to be at home) please ask them call the maternity department for VTE risk assessment and to discuss whether prophylactic Dalteparin is required.</p>
<p><b>Ophthalmology</b></p>	<p>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.</p> <p><b>Emergency Eye Care:</b></p>

	<p>BSW STP has commissioned optometrists to provide support for minor eye conditions as an alternate pathway during Covid-19 ('CUES'). <a href="#">LINK</a></p> <p>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 <a href="mailto:Sft.ophtalmologyadvice@nhs.net">Sft.ophtalmologyadvice@nhs.net</a> 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.</p> <p><b>Routine/non-urgent Eye Care:</b></p> <p>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 <b>01722 429353</b> to query with the patient's team.</p>
<p><b>Stoma Care</b></p>	<p>The service continues to see face to face patients with urgent clinical need of assistance with stoma related problems, either in our outpatient clinic at SDH or as a domiciliary visit. This service has been maintained throughout covid.</p> <p>We are also using alternative means of seeing patients where possible, including phone consultations and Attend Anywhere video consultation. Patients can email us directly with any urgent queries via: <a href="mailto:sft.salisburystomacare@nhs.net">sft.salisburystomacare@nhs.net</a></p>
<p><b>Palliative Care</b></p>	<p>The palliative care service continues to receive referrals in the usual way by our referral form which can be emailed to our administrative team <a href="mailto:SalisburyHospiceAdmin@nhs.net">SalisburyHospiceAdmin@nhs.net</a>. We are carrying out initial assessments and following up patients with detailed telephone consultation and/or NHS Attend Anywhere. We will see face to face patients when needed and after a COVID risk assessment.</p> <p>We are admitting patients to our inpatient unit in the usual way.</p> <p>We are available to give telephone advice on 01722 425113, or via Consultant Connect.</p>
<p><b>Maternity</b></p>	<p>Some important updates from maternity and neonatal services for our GP Partners.</p> <p>We have started Lateral Flow Testing all of our women attending our Maternity Day Assessment Unit and for a 12 and 20 week scan appointment in the last few days. There are clear pathways and SOP's in place for this and this is in response to the guidance from NHSE on 14<sup>th</sup> December. We continue to progress testing in other areas of maternity and will update on</p>

	<p>this as we move through each area.</p> <p>We are asking all women who are found to be Covid +ve in pregnancy to call our maternity Triage line 01722 425185 so that a Midwife can risk assess them and make a personalised care plan for them in relation to VTE risk assessment and ongoing care.</p> <p>Our Home Birth service remains open.</p> <p>We are now offering FFDNA testing for our Rhesus negative mothers.</p> <p>We would like to Thank you all for your ongoing support in facilitating midwife led antenatal clinics within your GP practices.</p>
<p><b>Salisbury Hospital Service Update Webinars</b></p>	<p>All Webinars have been postponed until further notice. A date will be given once we are able to resume.</p>
<p><b>Patient Information and Visitor Guidance</b></p>	<p>Up-to-date information and visitor guidance is published via the Trust Website. A link can be found here:  <a href="https://www.salisbury.nhs.uk/coronavirus">https://www.salisbury.nhs.uk/coronavirus</a></p>