

Thursday 9th July 2020

Primary Care Update

Dear Colleagues,

I hope that this correspondence finds you all well. Over the past few weeks there is no doubt that there has been a significant increase in demand across Primary Care. I have had verbal reports of higher call numbers, more Near Me consultations and greater numbers of Face to Face consultations occurring in Practices.

I felt it might be useful to provide a short update on some issues that are impacting on Primary Care.

Acute Phlebotomy

A letter was issued last week detailing the introduction of the Acute Phlebotomy service across a number of sites in the Board. A further update has been issued to Acute colleagues this week and includes a clear statement that there should not be a shift of Secondary care work into General Practice.

Patients should not be directed straight to Phlebotomy Hubs as the Secondary Care clinicians need to follow a process where bloods are booked on Trak and these requests are picked up by the clerical team and appointed via the referral management centre.

To enable this NHS GG&C have established an interim solution of phlebotomy hubs in Acute Sites which will be supported by a single point of contact within the Boards Referral Management Centre.

The Referral Management Contacts are as follows:

Booking Team : 0141 314 7093
Supervisor: Heather Krok
Contact Number: 0141 314 7385
Manager : Sam Bell
Contact Number : 0141 232 7440/ 07976606065

The Phlebotomy Hubs will be based on the following Acute Sites:

Lightburn (LIGHT), Stobhill ACH (STOB), Queen Elizabeth University Hospital (QEUH), Victoria ACH (VACH), West Glasgow ACH (WACH) Gartnavel General Hospital (GGH), Royal Alexandra Hospital (RAH), Inverclyde Royal Hospital (IRH), Vale of Leven (VOL)

The hubs opened on 10th June and last week 278 appointments were booked. Access to this service has been on a phased basis;

Phase 1- Adult Diabetes/ Endocrinology, Thyroid, Cardiology

Phase 2- Adult Gastroenterology, Dermatology Urgent Surgical & USOC referrals, Lipid Clinics and some Renal Clinics

Phase 3- Adult Respiratory, Rheumatology, Urology, ENT

Phase 4- All Acute adult specialties

If a GP has a request from Acute that is felt to be inappropriate then it should be redirected back to the consultant.

New Lower GI Symptoms Pathway

In response to the challenges of COVID19 there has been the requirement to consider the pathway of patients with lower GI symptoms and access to investigation.

A group of clinicians for Primary Care and Acute collaborated and agreed on this updated pathway. This has been a useful piece of work that has allowed discussion of the issues facing our services and management of risk.

The finalised pathway will be sent out to Practices and will be held on the Intranet site.

The required changes will be made to the SCI gateway referral form.

<https://www.nhsggc.org.uk/about-us/professional-support-sites/information-for-gps/referral-clinical-guidelines-and-ggc-drug-formulary/>

Risk Assessments

If Practices have high risk staff who are planning to return to the workplace the NHSGGC risk assessment is a really useful tool to use.

https://www.nhsggc.org.uk/media/260972/covid-19_risk_assessment_underlying_health_conditions_and_pregnant_workersdoc.docx

All GPs and Practice staff have access to Occupational Health where required.

Face masks/ coverings

There has been a great deal of discussion around the use of face masks/ face coverings in Primary Care.

My understanding is that a statement is due to be made that it is “highly recommended” for patients to wear face coverings when attending their GP Practice. This is in contrast to public transport and retail where it is “mandatory”.

Patients should be advised to provide their own face coverings as using Practice PPE will potentially cause issues with supply.

There is no expectation or requirement that GPs should be providing exemption letters for patients in relation to wearing face masks/ face coverings.

GP Out of Hours

Many improvements have been made over the past few months in the GP OOH service;

- Introduction of an appointment system
- Introduction of Near Me video consultations
- Introduction of Telephone consultations (to reduce unnecessary foot fall in sites)
- Development of team ethos within the Primary Care sites and across the service

More still needs to be done however we have received positive feedback about the changes and that clinicians feel far better supported and happier working in this service, with more manageable workload.

The Covid pathway remains operational and will continue with the purpose of cohorting potential Covid patients. This is extremely important in order to protect General Practice.

There remain available sessions throughout the GP OOH service and also in the Covid Assessment Centres and I would urge you to consider working in both services.

There also remains the offer of the salaried contract with the GP OOH service. This is open to every GP and is an attractive offer. The “Covid contract” offer has the same terms and conditions but is

only for 1 year, rather than permanent. Should you wish to discuss this further please do not hesitate to contact Keith McIntyre, Clinical Director for GP OOH service (keithmcintyre@nhs.net)

Recovery

There continues to be a great deal of work around the recovery process and consideration of how services are delivered across health and social care, alongside Covid.

The Health Board have been asked to respond in relation to both Recovery and Winter planning for this year and much of this will relate to Primary Care.

Work is developing to consider the delivery of flu vaccinations. I am aware that Practices have restarted cervical screening and also more Chronic Disease Management work.

Unscheduled Care is the “hot topic” at present. There is focus of how best to stop patients attending services inappropriately and a plan for National public messaging.

Thank you

The last few months have been tough for many, both professionally and personally. A huge amount of work and change has been carried out in an extremely short period and we should not underestimate the impact of that on ourselves and our teams.

I personally want to thank each of the Primary Care Clinical Directors, some of whom have just come into post. They have been an extremely responsive and supportive team to work alongside. In addition the collaboration with our LMC Chair and Medical Directors has been extremely helpful. This senior clinical Primary Care team working has ensured that Primary Care is well represented at all decisions. Lorna Kelly has been instrumental in holding us all together and her thoughtful and measured input and support is very much valued.

Finally I want to say thank you to all our GPs, Practice Nurses and GP Practice teams across GGC. I have been extremely fortunate to speak with many of you over the past few months and am always struck by how committed you are to your teams and your patients. The population of GGC is lucky to have you all.

I hope that you will be having some well deserved time off and rest over the next few weeks.

Kindest regards



Dr Kerri Neylon
Deputy Medical Director for Primary Care
NHS Greater Glasgow and Clyde