Acute Services Update

For primary care

Issue 2: February 2021

The start of 2021 has seen services across NHSGGC adapting once again to rising COVID-19 infection rates. During the first wave of COVID-19 in March 2020 all elective services were paused for a period of time. However during this latest wave our acute teams have strived to continue providing services wherever possible.

This latest newsletter brings you the latest information on:

- *The start to 2021 across all our hospitals*
- *How Acute Services are using clinical prioritisation to identify patients with the greatest need on waiting lists*
- *New Endoscopy procedures to support recovery*

If you have any feedback or suggestions on the newsletter, don't hesitate to get in touch.

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

Elective Activity during the Latest COVID-19 Surge

- **Outpatients**

Adult and Paediatric services have continued to operate with only small reductions in capacity, albeit many services have switched face to face appointments to telephone and video appointments. Many services are exploring new ways of working and we aim to work closely together with Primary Care to make sure any changes work for everyone; pathways will be reviewed on a joint basis to optimise the patient journey.

- **Outpatient Phlebotomy Hubs**

In issue 1 of this newsletter we shared news of the Acute Division Phlebotomy Hubs which enable all adult secondary care clinicians to book blood tests for their patients prior to their hospital outpatient appointment, with results sent directly to secondary care clinicians in time for the patient's outpatient appointment. The Phlebotomy Hubs are continuing to operate at the following sites: Stobhill ACH, Lightburn Hospital, Gartnavel General Hospital, Queen Elizabeth University Hospital, Victoria ACH, West Glasgow ACH, Royal Alexandra Hospital, Inverclyde Royal Hospital, and the Vale of Leven Hospital

- **Inpatients and Daycases**

Regrettably adult elective inpatient and daycase services have been severely impacted once again in this latest COVID-19 wave. As a result surgical activity is being prioritised towards emergency, trauma and urgent cancer patients only. Clinical teams across NHSGC are working closely together to make sure the available theatre capacity is used flexibly to manage patients

with the highest priority across all specialties. In addition where available we are using theatre capacity at the Golden Jubilee National Hospital, Ross Hall Hospital and the Nuffield Hospital.

What does this mean for your patients?

For the foreseeable future this will impact your patients in the following ways:

- Firstly, your patients may not be able to have their surgery at their nearest hospital and may be asked to attend any hospital across NHSGGC. This is essential to help us see people as soon as possible
- Secondly, patients awaiting surgery are being seen according to their assessed clinical priority; this means patients with the greatest need are seen ahead of patients with lower priority but who may have waited longer on the waiting list.

Clinical Prioritisation of Patients Referred for Surgery

Across Scotland all NHS Boards are using the Scottish Government Clinical Prioritisation Framework published in November 2020 to assign patients a clinical priority. The categories are as follows:

P1a Emergency	Needs operation within 24 hours
P1b Urgent	Needs operation within 72 hours
P2 Requires Surgery	Can be undertaken within 4 weeks
P3 Requires Surgery	Can be undertaken within 3 months
P4 Requires Surgery	Can be undertaken > 3 months

Consultants across all acute specialties have reviewed all patients on the inpatient and daycase waiting lists and given each patient a clinical priority. As newly referred patients are added to the waiting list for surgery, they too will be given a clinical priority. At present NHSGGC is only able to accommodate Priority 2 patients and this is likely to continue for a period of time. Processes are in place to make sure clinical prioritisation is applied consistently across NHSGGC, recognising patients on waiting lists for surgery may have changing circumstances or symptoms that may make surgery more urgent, or may mean that surgery is no longer required.

New Endoscopy Procedures to Support Recovery

After being paused during the first wave of COIVD-19 in March 2020, NHSGGC Endoscopy Services re-started in May 2020. However capacity is reduced significantly as a result of new infection control guidelines, and patients are experiencing long waiting times for Endoscopy. All patients waiting for Endoscopy are being clinically triaged in line with approved national prioritisation guidelines. For colorectal symptoms much of the triage process is dependent on having a qFIT level available. Waiting time for procedure is therefore dependent on the clinical priority given to the patient.

As part of the recovery of Endoscopy Services three new procedures are being introduced across NHSGGC to support upper and lower endoscopy capacity:

- **Colon Capsule Endoscopy**

With Colon Capsule Endoscopy (CCE) the patient ingests a small capsule containing a video camera. This camera takes a recording of the large bowel that is subsequently analysed. The patient is required to undertake intensive bowel preparation before the procedure to allow good views of the colon. Patients on the Colonoscopy waiting list are vetted by the clinical team and appropriate patients selected to be offered a CCE appointment via an 'opt in' letter; if patients do not wish to proceed with CCE they will remain on the waiting list for traditional Colonoscopy. On receipt of a patient's report a member of the NHSGGC acute clinical team reviews the report findings and determines the next steps for follow up or discharge as required.

- **Cytosponge**

Cytosponge is an alternative procedure to upper Endoscopy. It is currently being used for Barrett's surveillance and is available at the Victoria ACH, RAH and IRH, with plans to expand to Stobhill ACH in the near future. It consists of a pill sized compressed sponge on a string which the patient swallows. After 7 minutes the coating over the sponge dissolves in the stomach; the nurse then withdraws the sponge which is sent away for analysis. On receipt of a patient's report a member of the NHSGGC acute clinical team reviews the report findings and determines the next steps for follow up or discharge as required. The usual Barrett's surveillance service through Gastroenterology is currently paused.

- **Transnasal Endoscopy**

Transnasal Endoscopy is an alternative to traditional oral Endoscopy in specific patient groups. A small endoscope is passed through the nose and down the back of the throat to allow for investigation of the oesophagus, stomach and around the duodenum. It is possible to take biopsies for analysis should this be required. Patients do not require to have sedation and can therefore go home unaccompanied. It is currently available at Gartnaval General Hospital, with plans to expand to Stobhill ACH and the Vale of Leven Hospital.

- **Bowel Screening**

Bowel screening pre-procedure assessment is currently being booked to between 7-14 days, with bowel screening colonoscopy being booked on average around 28 days following completion of pre-procedure assessment.

General Practice staff can check that patients are currently on the waiting list for any surveillance procedures by calling the NHSGGC Endoscopy Service. For any patients who present with new symptoms a SCI gateway referral is required to ensure appropriate vetting and triage.

NHS Endoscopy Service Contact Numbers:

North Sector: 0141 201 5345

South Sector: 0141 347 8310

Clyde Sector: 0141 314 6152

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