Acute Services Update

For primary care

Issue 1, December 2020

Over the past year, much has changed across acute services as it has across primary care. In order to keep you informed of those changes, and to ensure we're able to take a fully coordinated approach to the delivery of care within NHSGGC, we have created the Acute Service Update for Primary Care newsletter, and will aim to issue one edition every two months.

Please find the first edition below and if you have any feedback or suggestions on the letter, don't hesitate to get in touch.

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This edition covers the following topics:

- Consultant Connect
- ACRT – Active Clinical referral Triage
- VPM - Virtual Patient Management
- Acute Outpatient & Inpatient Waiting Times
- SCI Gateway Advice Referral
- Phlebotomy Hubs
- Patient Initiated Review
- Right Care Right Place – new urgent care model

Advice from Hospital Consultants: Consultant Connect and SCI Gateway Advice Referrals

Many of our Acute (secondary care) services are looking at ways to make it easier for GPs to access consultant advice:

- **Telephone Advice** is provided via **Consultant Connect**: this is for GPs to speak to a senior clinician to help inform the GP's decision on management of their patient. Consultants answering the calls may not know the patient and therefore will provide general advice on care management. Specialties involved in this include: Acute Medicine, Surgery, Cardiology, Department of Medicine for the Elderly and some Paediatric specialties. For a full list of specialities and service provision for your practice please either download the Consultant Connect app to your smart phone, or refer to the posters sent previously to your practice providing your practice dial in number. Further specialities will be added to Consultant Connect over the coming months.

- **Written Advice** is available using the planned care **SCI Gateway Advice Referral** service. This is an alternative to telephone advice giving GPs the ability to raise queries with specialist acute colleagues. The request and advice can be tailored to an individual patient, with the consultant able to review a patient's clinical notes as part of their advice return. If cases are complex it may be necessary to arrange a telephone discussion with the GP and therefore it would be very helpful if GPs could provide direct contact details when making the referral. The aim is to reply to all advice requests within 3 working days. The following specialties are available for written advice: Rheumatology, Respiratory and Headache; in addition the South Sector Department of

Medicine for the Elderly (DME) is beginning a test phase with the expectation this will be available throughout NHSGGC over the coming weeks.

Active Clinical Referral Triage

"We've been doing this for years" is the not infrequent response from clinical staff when hearing about the 'new approach' of Active Clinical Referral Triage (ACRT) being rolled out across our hospitals. So what is ACRT and what does it mean for your patients?

When a GP refers a patient into the hospital each referral is triaged (vetted) by a senior clinical decision maker before being appointed. The difference with ACRT is the triage process now uses all appropriate electronic patient information to give the patient the most appropriate response. This may be ordering investigations ('straight to test'), giving the patient clinical information and allowing them to opt -in, offering the patient an appointment, placing them onto a waiting list for a procedure / surgery (for example Endoscopy), or providing you as the GP with advice on their future management.

The aim of this approach is to make sure patients have a shorter time to diagnosis and treatment and are better informed about their condition. *"ACRT helps us to efficiently manage patients at the point of referral – it's been a great success for our patients" Mr Paul Jenkins, Clinical Director Orthopaedics North Sector.*

If a patient does need an appointment the senior clinical decision maker will be able to direct this to the most appropriate individual which may be a consultant, clinical nurse specialist or AHP service (for example Physiotherapy, Dietetics).

Virtual Patient Management

Our outpatient appointments have been changing too…… To avoid bringing people up to our hospitals clinical teams have been embracing Virtual Patient Management in the same way as GP practices have done. Patients will often now be given telephone appointments or video appointments (Near Me technology) instead of attending hospital. If the patient needs investigations prior to, or following a virtual consultation this will be arranged directly by the secondary care service.

Group treatment sessions are also now happening on-line; for example the NHSGGC Pain Service Early Information Sessions are back up and running using Microsoft Teams. Early feedback from group participants has been positive about the new on-line format.

If patients do need to attend hospital for their appointment, full infection control and social distancing guidelines have been implemented at all our hospitals. To help provide more capacity for face to face outpatient appointments a number of secondary care services are using facilities at the NHS Louisa Jordan (at the SEC). However this facility is only likely to be available to NHSGGC until early 2021.

Outpatient Phlebotomy Hubs

A new development in June 2020 saw the Acute Division open Phlebotomy Hubs to support their hospital outpatient services across all adult specialties. Secondary Care clinicians are now able to book a patient requiring blood tests prior to their hospital outpatient appointment into one of 9 Phlebotomy Hubs across NHSGGC located in 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.

When a patient attends the Hub at their booked appointment time, their bloods will be taken and the results then go directly to secondary care clinicians in time for the patient's outpatient appointment.

Patient Initiated Review

The aim is always to provide patients with the information they need at the point of discharge from Acute services. For certain types of patients it can be appropriate to provide people with a route back into the service for the same episode of care without the need for another GP referral – Patient Initiated Review. This is not appropriate for all patients and services, but it is an area Acute specialties will be developing more over the coming months and we will aim to work with Primary Care as this is taken forward.

Acute Outpatient & Inpatient Waiting Times

At the end of March 2020 there were approximately 20,000 people (adults and children) waiting more than 12 weeks on the outpatient waiting list, and approximately 9,000 people waiting more than 12 weeks on the inpatient waiting list. Both outpatient and inpatient waiting times had been improving since the beginning of the year. The COVID-19 pandemic severely impacted service delivery from the middle of March 2020 following the national directive to avoid elective admissions; some services were able to continue with very limited access for urgent and cancer patients only, but many other services were paused altogether for an extended period of time.

Since May 2020 services have been working hard to remobilise, although all services are still working to reduced capacity due to ongoing restrictions for COVID-19 and staffing limitations. In August 2020 all patients on the outpatient and inpatient waiting lists received a letter to let them know the current situation and give them contact details for their service if they wished to get in touch. Due to the uncertain presentation of COVID-19 now and in the coming months, it has not been possible to provide patients with an accurate estimation of their expected waiting time.

As a consequence of the restricted services there are currently approximately 50,000 people waiting more than 12 weeks on the outpatient waiting list and approximately 16,000 people waiting more than 12 weeks on the inpatient waiting list. Teams are focussed on maximising activity through outpatients and inpatients/daycases. Services have developed 'green' pathways to manage elective patients. Theatre sessions are being allocated to specialties according to an agreed prioritisation process, and there is cross Sector working to ensure highest priority patients are seen.

Regrettably a number of services have patients waiting for more than 52 weeks. For outpatient services this is across a number of specialties but mostly within ENT, Urology, Orthopaedics and General Surgery; for inpatient services patients waiting more than 52 weeks are mostly within Orthopaedics and Endoscopy. Please be assured we are very aware of these lengthy waiting times and the impact this has for patients; during these challenging times our services continue to be clearly focussed on reducing waiting times and ensuring patients are seen.

In line with national guidance, surgical teams across NHSGGC are working to the Royal Colleges' national prioritisation framework and new national guidance. This helps to identify patients with highest priority. We understand how challenging it is for everyone that waiting times are higher

than previously; a GP can request a patient is reprioritised, however this should only be considered in very exceptional circumstances.

Right Care Right Place

In line with the new national model for unscheduled care, we have rolled out the Right Care Right Place within NHSGGC. This means that from the start of December, we are encouraging any patient with non-life threatening conditions who would usually visit ED, to call NHS 24 day or night on 111. We are also encouraging people to continue using their GP practice for urgent care.

When they phone NHS 24 they will be assessed by telephone and referred to the right care by the right healthcare professional as close to home as possible. This will help keep people safe and avoid unnecessary travel to hospital.

Boards have developed a Flow Navigation Hub to offer rapid access to a senior clinical decision maker, using digital health where possible in the clinical consultation, with the ability to advise self-care and signpost to available local services including, where appropriate, same day emergency care. This may include mental health hubs, Minor Injury Units, Primary Care (in and out of hours) and the Emergency Department, as well as the existing COVID-19 pathway.

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