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*Issue 3, February 2022*

*The start of 2022 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 bring you the latest information on:*

1. *The start to 2022 across all our hospitals*
2. *An update on Endoscopy procedures to support recovery*
3. *Clinical Guidance & Education*
4. *Current Acute Outpatient and Inpatient Waiting Times*
5. *Right Care Right Place*
6. *Primary & Secondary Care Interface Group*

**Scott Davidson, Deputy Medical Director, NHS Greater Glasgow and Clyde**

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

1. **Elective Activity during the Latest COVID-19 Surge**

**Outpatients**

Adult and Paediatric services have continued to operate with reductions in capacity, albeit many services have switched face to face appointments to telephone and video appointments. We are still complying with 1 metre social distancing. 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. The ambulatory care hospitals have remained open during this latest COVID wave, with reduction in services.

**Gastroenterology Pathways**

One area of joint work has been Gastroenterology patient pathways. As a result we have now introduced 4 new pathways for patients referred with Reflux, Anaemia, IBS and Coeliac Disease. We have redesigned some of our Gastroenterology services to make sure all areas in NHSGGC now provide the best pathway for patients referred with these conditions. We have also made improvements to the information we provide to patients, sending patients referred with Reflux or IBS detailed advice on their condition and what they can do to help their symptoms.

**GGC Phlebotomy Hubs**

West Dunbartonshire commenced Acute Phlebotomy clinics on the 21st December 2021 in both the Vale Centre for Health and Care and in Clydebank Health Centre. This allowed the Vale of Leven hospital site to stand down. Helensburgh and Lochside postcodes are also included in these clinics**.** The G81 / G60 postcodes were originally in phase 2 however these postcodes have moved across in phase 1.

Inverclyde HSCP is finalising the arrangements for transition with an anticipated but to be confirmed ‘go live’ date of week commencing 14th February 2022 which will enable the Inverclyde Royal Hospital to stand down its clinic.

Next steps involve the phased approach to the relocation of services from further Acute sites to Community Hubs as per the Board's Acute/HSCP Phlebotomy Action Plan, and this will be carried out over the next coming months.

All acute specialties are still able to access the Acute Phlebotomy hubs and are able to arrange bloods. This will continue until community alternatives are put in place.

**Inpatients and Daycases**

Regrettably adult elective inpatient and daycase services have been severely impacted once again in this latest COVID-19 wave with theatre teams supporting workforce challenges. As a result surgical activity is being prioritised towards emergency, trauma, and clinically urgent patients only. In some specialties it has been possible to run the sessions for lower clinical category patients, for example ophthalmology. Speciality teams are working across the Sectors to offer capacity wherever possible.

1. **Endoscopy Procedures to Support Recovery**

After being paused during the first wave of COVID-19 in March 2020, NHSGGC Endoscopy Services re-started in May 2020. However capacity has been significantly impacted as a result of 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 prioritisation guidelines. For colorectal symptoms much of the triage process is dependent on having a qFIT level available. Waiting times for procedures are therefore dependent on the clinical priority given to the patient. There are currently 11,000 patients waiting for surveillance endoscopy appointments.

As part of the Endoscopy Service’s recovery, three new procedures continue to be provided across NHSGGC to support upper and lower endoscopy capacity:

* Colon Capsule Endoscopy (CCE)
* Cytosponge
* Transnasal Endoscopy (TNE)

Bowel screening referrals have returned to pre-COVID levels and we are utilising capacity across the Health Board to accommodate patients.

Clinical validation of all patients on surveillance endoscopy lists has been commenced. It is recognised that a number of patients are overdue their surveillance scope. Clinical validation may result in patients being re-prioritised for their scope.

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 5395

South Sector: 0141 347 8324

Clyde Sector: 0141 314 6080

1. **Clinical Guidance and Education**

The following links provide details of referral guidelines and other clinical guidelines for the range of Acute Specialties in NHSGGC, which you can access. This also includes temporary COVID-19 guidelines and referral pathways which some specialties have put in place due to the current COVID-19 situation.

<https://www.nhsggc.org.uk/about-us/professional-support-sites/referral-guidelines/>

<https://clinicalguidelines.nhsggc.org.uk>

A range of successful education sessions have taken place through the MCNs. Specialist sessions can be arranged and we would be happy to support any sessions that would be most helpful to you.

1. **Current Acute Outpatient & Inpatient Waiting Times**

Regrettably we have had an increase in the total patients waiting for consultant outpatient review, with 123,950 waiting across all specialties. We are managing urgent and USOC patients as a priority together with addressing the longest waiting patients, through cross Sector working.

Despite a reasonable level of activity through COVID surges, we continue to have a rise in demand in inpatient and day surgery, with currently 34,567 on the waiting list.

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 Orthopaedics. 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.

Patients on long waiting lists will be contacted every 12 weeks by secretarial staff to validate that they still want/need their surgical procedure. Patients are also able to advise if their medical status has changed and discuss any unavailability they may have.

We are exploring the best way of sharing with GPs the approximate outpatient waiting times by specialty and we will update on how GPs can access this information in our next newsletter.

1. **Right Care Right Place**

The new national model for unscheduled care, Right Care Right Place within NHSGGC was rolled out in December 2020.

We continue to encourage any patient with non-life threatening conditions who would usually visit Emergency Department, to call NHS 24 day or night on 111.  We are also encouraging people to continue using their GP practice for urgent care.

When patients call 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.

1. **Primary and Secondary Care Interface Group**

Representatives from Primary and Secondary Care meet regularly at the ‘Primary and Secondary Care Interface Group’. This provides an opportunity to share information and work together. We will bring you an update of our latest work in the next newsletter in April.

**END**