

## Important Information for GP Practices From Salisbury District Hospital

Please make your colleagues aware of this information and feel free to ask for specific information you need to be included in future, by contacting [paul.russell4@nhs.net](mailto:paul.russell4@nhs.net)

Known Updates have been added and **highlighted in Yellow.**

### Referring Patients


The emergency department at Salisbury NHS FT has been reconfigured to allow for two separate assessment zones. The Respiratory Assessment Zone, (RAZ) will see and assess all patients with suspected COVID 19, the other will be for other non-COVID 19 presentations. ED minors has been re-located to the fracture clinic template and the ED resuscitation area will remain unchanged.

### For Paediatrics – Please see Paediatrics section

For GP admission / advice the referral pathway via the AMU admission line / Med reg bleep remains unchanged UNLESS COVID is suspected. If the referral is for a patient with suspected COVID 19 then the patient should be directed to the RAZ via the number below. 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 PATIENTS WITH COVID 19 AS THEIR SUSPECTED PRIMARY PATHOLOGY CALL 01722 425097 AND SEND TO RAZ.**
- **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 SPECIALTY TEAMS AND THEY WILL ADVISE WHERE TO SEND 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 zone with clear signage.

<b>Key Information</b>	<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.</p>
<b>Pathway – Non respiratory Symptoms</b>	<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 reception there between the hours of 0800-1930. Outside these hours patients attending for ‘minor’ conditions will enter through the non-respiratory ED entrance (public) entrance and be booked in at reception there.</p> <p>For patients requiring admission, normal pathways to AMU or SAU will remain in place.</p> <p>Additional pathways to bypass ED for specialty expected patients and ED referred patients are being implemented.</p>
<b>Pathway – COVID-19 symptoms</b>	<p>Patients and ambulance crews will be directed to enter the department via the ambulance entrance – re-designated as ‘Respiratory Assessment Zone’.</p> <p>A Rapid Assessment and Treatment (RAT) model is in place for patients arriving in the Respiratory Assessment Zone. This group will include patients with minor injuries, specialty expected patients and other emergencies where there is a suspected concurrent COVID 19/respiratory infection.</p> <p>Patients will be assessed on arrival by a senior decision maker and then booked in at the reception desk window. Patients should be recorded on Lorenzo as presenting with ‘Suspected COVID 19’.</p> <p>Walk-in patients will be directed to the Respiratory Assessment Zone waiting area near the entrance to the existing Majors bays (now part of Respiratory Assessment Zone) by signage.</p>
<b>How to Access Consultant Advice</b> 	<p>Consultant Connect has been very well supported by Trust clinicians and GPs. Please find here data relating to its usage and the outcomes.</p> <ul style="list-style-type: none"> <li>• March = 34 answered calls total</li> <li>• April = 176 answered calls total</li> <li>• May (to date) = 165 answered calls total</li> </ul> <p>Regarding outcomes, the below figures reflect usage from the first call on 3<sup>rd</sup> Feb:</p>

**Outcomes - % (based on reported outcomes only) \*****Elective care**

Admission avoided	10%
Admission made	6%
Diagnostics requested	9%
Referral avoided	44%
Referral made	31%
<b>Total</b>	<b>100%</b>

**Acute care**

Admission avoided	17%
Admission made	17%
Diagnostics requested	33%
Referral avoided	17%
Referral made	17%
<b>Total</b>	<b>100%</b>

**IMPORTANT REQUEST**

**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.**

Usual advice and guidance services also remain available for other specialities and details can be found on the GP Portal.

**SFT Phone Advice & Guidance Specialties**

<b>Acute Medical Unit</b>	Mon – Sun 8am – 8pm	
<b>General Surgery</b>	Mon – Fri 9am – 5pm	
<b>Paediatrics</b>	Mon – Sun 9am - 9pm	
<b>Cardiology</b>	Mon – Fri 9am - 5pm	
<b>Palliative Care Team</b>	Mon – Fri 9am – 4pm	
<b>Urology</b>	Mon – Fri 9am - 1pm	
<b>ENT</b>	Mon – Fri 9am - 1pm	
<b>Gynaecology</b>	Mon – Fri 9am - 1pm & 2pm - 5pm	
<b>Sexual Health</b>	Mon – Fri 9am - 5pm	

<p><b>Communication of Changes and Public Signage</b></p>	<p>Patient access to the Emergency Department will be signed from arrival on the site. It is important that there is clear separation between patients displaying COVID 19 or respiratory illness symptoms and those with other health conditions requiring treatment. Patients will be directed on the approach ramp to ED to enter the department either through the ambulance entrance (for respiratory symptoms), the ED non-respiratory patients entrance (for other conditions) or the hospital Main Entrance (for access to the minor injuries stream during day time hours).</p> <p>Information for patients is communicated via the SFT website <a href="http://www.salisbury.nhs.uk">www.salisbury.nhs.uk</a> and social media channels which will be updated as necessary.</p> <p>The changes have been communicated to external stakeholders but any changes in practice or instructions should be provided to:</p> <ul style="list-style-type: none"> <li>• South West Ambulance Service Trust (SWAST)</li> <li>• South Central Ambulance Service (SCAS)</li> <li>• Salisbury Walk In Centre (operated by Wilcodoc)</li> <li>• Medvivo Out of Hours GP Service</li> <li>• Wiltshire Health &amp; Care</li> <li>• BSW CCG</li> <li>• Dorset CCG</li> <li>• West Hampshire CCG</li> <li>• Sarum Primary Care Network Directors</li> </ul>
<p><b>Routine Referrals</b></p>	<p>We are now asking GP colleagues to use eRS as normal for referrals, all of which will be clinically triaged on receipt and those identified as appropriate will be seen via virtual solutions. For patients needing face to face appointments, specialties are finalising SOPs to 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 we work to create appropriate working practices. We will continue to provide information on capacity and patient access through this guidance note.</p> <p>We continue to encourage the use of Consultant Connect and email advice and guidance to discuss any clinical concerns.</p> <p>Walk-in clinics such as early pregnancy – we have contact details on our website, and are asking patients to call ahead to discuss their symptoms. The Early Pregnancy Assessment Clinic (EPAC) is no longer walk-in – all women must phone first.</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><b>Urgent Surgery</b></p>	<p>Patients are being advised to self-isolate for 14 days and will require to attend the hospital 48 hours before surgery to be tested.</p>
<p><b>COVID- 19 Patient Testing</b></p>	<p>All admitted patients will now be tested for COVID-19 on admission.</p>

<p><b>Paediatrics</b></p>	<p>The key message for paediatrics is the risk of delayed presentation of non COVID illnesses potentially resulting in significant morbidity or mortality. There is regional and national learning about delay in presentations for children with sepsis and pneumonia (for example). There is emerging evidence in relation to a Covid -19 paediatric multisystem inflammatory syndrome. Further information on this is available on the RCPCH website <a href="#">LINK</a>. Any primary care practitioner concerned about this should contact the paediatric team to discuss.</p> <p>Paediatric consultants are available on consultant connect 9am-9pm 7 days a week for advice and resident consultants are available for urgent referrals on bleep 1165 (24 hours a day, 7 days a week). Please call us.</p> <p>Sarum ward and DAU have been split into respiratory areas and non-respiratory areas. Please reassure parents that there is a safe environment in paediatric department to see children.</p> <p>Paediatric patients are being referred to the paediatric team direct from ED triage and all paediatric patients arriving via ambulance are arriving directly in Sarum ward. Paediatrics will now be taking all patients (inpatient not outpatient) until their 18th birthday.</p> <p>Only 1 parent/ carer should accompany the patient.</p> <p>Routine referrals and follow up appointments will be switched to telephone/virtual clinics. Where clinically appropriate children will be seen face to face in outpatients with social distancing measures in place in all areas. Families will be sent information in relation to this prior to an appointment, this information includes only one parent or carer accompanying the child or young person and the need to phone 5 minutes before the appointment to check there is space available in the waiting area.</p> <p>New outpatient referrals are being accepted and will be triaged by the paediatric medical team for urgency and whether telephone / virtual / face to face consultation is required. The timing of the consultation will be decided by the paediatric team and not bookable in advance by the patient or primary care via ERS.</p> <p>Please use our extended Consultant Connect service (9am-9pm, 7 days a week) for advice, questions or clinical concerns. Email advice and guidance is also available: <a href="mailto:sft.paediatrics@nhs.net">sft.paediatrics@nhs.net</a></p>
<p><b>Upper GI Endoscopy</b></p>	<p><b>Message from Upper GI Endoscopy</b></p> <p>Dear GPs and Practice Managers,</p> <p>Following receipt of updated guidance from the British Society of Gastroenterology and the Joint Advisory Group on GI Endoscopy (JAG), as well as discussion with our Trust's Medical Director, we have unfortunately had to take the difficult decision to temporarily halt the acceptance of direct access referrals for Upper GI endoscopy.</p> <p>As per our previous correspondence, <b>all</b> non-emergency upper and lower GI</p>

endoscopy and all diagnostic CTC has already stopped. As a result of this, we are therefore unable to accept any referrals for patients with benign Upper GI symptoms that you would normally request to have an OGD. Instead, we ask that you manage patients symptomatically with review and referral if still appropriate post-pandemic.

All suspected cancer 2 week wait referrals are to continue to be referred for triage as outlined separately previously.

We thank you for your understanding, and hope that we can all work together to help us and our patients at this incredibly difficult and unprecedented time.



**Mr Graham Branagan**  
Consultant Colorectal Surgeon



**Miss Helen Chave**  
Consultant Endoscopist



**Miss Amanda Bond**  
Consultant General, Laparoscopic and Benign UGI Surgeon

### **Endoscopy**

Outpatient endoscopy services have re-started and urgent patients will be prioritised.

### **Radiology**

#### **Electronic Requesting**

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 until now a walk in service. Scheduled appointments will enable the departments to comply with clinical and social distancing guidance and manage patient flow through our facilities safely and effectively.

Because of the necessity for booked appointments, with immediate effect, we can no longer accept paper referrals. We have however introduced arrangements for practices that do not have access to electronic referrals. For practices with access to TQuest all referrals should be made electronically. For practices without access to TQuest please scan and email a copy of the paper request forms to [shc-tr.salisburyreferralcentre@nhs.net](mailto:shc-tr.salisburyreferralcentre@nhs.net) The patient will be contacted and an appointment arranged. We are also actively looking into procuring additional TQuest licences for practices wanting electronic access.

Dr Stuart Eastman is available to help provide additional assistance with general enquiries about the use of TQuest. [stuart.eastman1@nhs.net](mailto:stuart.eastman1@nhs.net)

We are conscious that a small number of patients may have paper request forms already in their possession. We **will not** be turning patients away, but would request that no further paper forms are given to patients.

We appreciate that this will cause some additional work for some practices for which we apologise and thank you for your understanding.

Our Fordingbridge and Westbury sites remain closed and our service at Westminster Memorial Hospital is continuing to support the minor injuries unit.

### **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 4873 (09:00 – 17:00 Monday to Friday) to discuss cases you consider urgent.

### **Routine Imaging**

Routine Radiology referrals are now being accepted. We are currently working through any backlog and will add new referrals to our booking process. Appropriate priority will be given to clinically urgent cases.

### **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.**

### **Rheumatology**

During the COVID 19 pandemic there will be some changes to the service we provide:

**1. A limited urgent service for new patients**, 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.

**2. A limited follow-up service for inflammatory disease**, conducted by telephone. Most routine follow-ups will be deferred for a minimum of three months. If these patients need advice, or feel they need to be seen, they can contact us on the telephone help line 01722 429137 currently operating 7 days/week.

**3. The 'hot joint' service has been recommenced** all referrals should proceed as normal.

**Advice on medication:**

**1. In general all patients should continue their immunosuppression.**

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.

**2. Patients considered 'high risk' have already been contacted** by letter with appropriate advice about 'shielding' and self-isolating.

**3. Please continue NSAIDs**, but stop if COVID 19 infection is suspected as it appears that the outcome may be worse if taking NSAIDs.

**4. For patients stable on Methotrexate** please consider **increasing the blood monitoring interval** to two or three months (see BSR monitoring guidance). This will minimise the number of visits to the practice or hospital.

**Sexual Health - Walk in**

Many of the venues we use for community clinics have now been re-purposed. We are now only providing Sexual Health and Contraception services at Salisbury District Hospital, Melksham (Tuesdays only) and Devizes (Thursdays only).

We are gradually increasing the services we provide and encouraging GPs to refer patients to us. We are gradually reopening booked routine clinics but continuing to prioritise 1) those with an urgent Sexual Health/Contraception need e.g. those with pain or significant, uncontrolled bleeding relating to LARC, Emergency Contraceptive IUD fitting, suspected pelvic inflammatory disease or acute epididymo-orchitis, herpes (primary, acute severe outbreaks), new HIV diagnosis, treatment for syphilis and gonorrhoea, post sexual assault, need for HIV Post Exposure Prophylaxis, and 2) those with learning disabilities and other vulnerabilities unable to utilise virtual services.

We have suspended our walk in clinics and are triaging all patients on the phone (including our pre-existing booked sexual health, contraception and HIV related appointments). Where possible we are prescribing contraception and antibiotics after a virtual consultation and asking patients to collect meds from our clinics at pre-arranged times, or (where unavoidable) from community pharmacies or GP surgeries (we are minimising use of FP10s to reduce burden on community pharmacies). Our Home delivery service (via Lloyds Pharmacy) is still operating as usual for antiretroviral supply for our service users living with HIV.



	<p>Our Home STI screening service is still running and available to anyone with a Wiltshire postcode via our website (although results are taking a bit longer than usual).</p> <p>Our main Salisbury hub is still staffed currently from 9am to 5pm Monday to Thursday and from 9am to 12.30pm on Fridays tel 01722 425120.</p> <p>For non- urgent advice please contact us as usual on our shared email address: <a href="mailto:shc-tr.Sexualhealth@nhs.net">shc-tr.Sexualhealth@nhs.net</a></p>
<p><b>Adult Screening Programmes:</b></p>	<p>The Adult screening programmes - BCSP programme, Bowel scope screening programme and AAA screening programme have all been temporarily paused. This means:</p> <ul style="list-style-type: none"> <li>• No new invites and kits are being sent out on any service</li> <li>• Surveillance patients are not being invited to tests for any service</li> <li>• For BCSP, kits that have previously been sent out and have been returned to the hub for reading are being read. The result is being sent to the screening subject. <ul style="list-style-type: none"> <li>○ In ~98% of cases this result will be normal and the screening subject is informed that they will be sent another kit in 2 years (provided they are under 75 years of age at that time.)</li> <li>○ For ~2% of screening subjects the result will be abnormal. At present, they are being booked into telephone outpatient appointments with our specialist screening nurses. This enable us to explain the situation and to identify patients for whom it is not appropriate to proceed (e.g. those who have recently had a colonoscopy on the symptomatic service or have no bowel). For the remaining patients we are holding a list which will be prioritised according to risk when we are able to restart diagnostic tests (colonoscopies and CTCs) in the 3 hospitals we cover.</li> </ul> </li> </ul>
<p><b>Ophthalmology</b></p>	<p>In response to the coronavirus pandemic, and following national guidance, we have stopped all routine work. The department is still running the wet Age-related Macular Degeneration Service (for new and follow-up patients) and Emergency Eye Care service (via the Acute Referral Clinic).</p> <p><b>Emergency Eye Care:</b></p> <p>Emergency eye problems will continue to be seen by referral only and the service will be directly supervised by a consultant. To protect both patients and staff we are trying to reduce attendances and we will try to treat as many patients as possible over the telephone without the need for them to visit the department especially with mild, non-concerning symptoms or symptoms with longer duration. Photos are a particularly useful way to help us make decisions remotely and please be ready to e-mail these directly, if possible, when you call the department.</p> <p>To date we have been grateful to the Optometrists in the community who have</p>

	<p>stayed open and helped manage some of the acute patients, but understand that many practices are feeling the need to close their doors especially given difficulties in getting personal protective equipment. Any ongoing support in telephone triage and advice services is very much appreciated.</p> <p>We are opening up our advice and guidance e-mail address <a href="mailto:Sft.opthalmologyadvice@nhs.net">Sft.opthalmologyadvice@nhs.net</a> to Optometrists for less urgent issues and welcome GP's using this service. Please do not use this e-mail for patients that you think may need to be seen the same day. The e-mails will be reviewed by a consultant daily. 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>In order to contact the ophthalmology team about an urgent case you wish to discuss, please continue to contact the ophthalmology team on-call via switchboard (01722 336262)</p> <p><b>Routine/non-urgent Eye Care:</b></p> <p>If a patient has an appointment scheduled at the department, please advise them we will be in direct contact in due course. We are going through all cancelled and deferred appointments and prioritising by clinical need. We are employing different methods to help ensure safety in the service, including telephone clinics.</p> <p>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>Thank you for your understanding in this difficult period.</p>
<p><b>Device Deactivation in COVID-19 Patients</b></p>	<p>For patients who are end-of-life and have a cardiac device that needs deactivating in the community the pathway is as follows:</p> <ol style="list-style-type: none"> <li>1. Patient enters EOL pathway and you recognise a device is in situ that needs deactivating ie: ICD, CRT-D, S-ICD</li> <li>2. Ring Cardiac Investigations to alert cardiac physiologist (01722 429258 - On call cardiology consultant at the weekend via SFT switchboard)</li> <li>3. Magnet will be sent out by courier for temporary deactivation with paper copy of instruction sheet (instructions also available on microguide) – Aim to get out same working day if Cardiac Investigations aware in the morning, probably next working day if made aware in the afternoon.</li> <li>4. At life extinction body will need to go from undertaker to SFT temporary mortuary to have device formally deactivated before cremation.</li> </ol>
<p><b>Elderly Care</b></p>	<p>Please note that the Rapid Access for Care of the Elderly (RACE) referral form for Salisbury has been updated and can be found via Ardens or the GP portal. There is still a RACE service operational, albeit limited so referrals are still being encouraged. I am also pleased to announce that we have set up a new email based advice and guidance service - the address is <a href="mailto:sft.elderlycareadviceandguidance@nhs.net">sft.elderlycareadviceandguidance@nhs.net</a>. This is consultant led and the email</p>

	<p>inbox will be checked daily Mon-Fri, and we aim to respond either by email or by phone within 1-2 working days. The address is also on the RACE referral form.</p> <p>If you are a GP in Dorset - the RACE service in Shaftesbury is currently suspended but you can still make referrals in the usual way. The patient will be triaged to be seen in Salisbury instead.</p>
<b>General Information</b>	<p>Friends and family members may not be permitted to accompany patients to the COVID 19 Symptomatic areas of the Trust. We are also limiting visitors to all others areas of the hospital, except where they are required to support a vulnerable patient.</p> <p>Where possible please encourage patients to bring their phone and a phone charger, to enable them to maintain contact with friends and relatives.</p> <p><b>GP Portal – This update and any interim updates will be published on GP Portal.</b> <a href="http://www.gpportal.salisbury.nhs.uk/gpportal_New/">www.gpportal.salisbury.nhs.uk/gpportal_New/</a></p> <p>Patients being asked to attend a virtual/video consultation can do so via this page on the main hospital website: <a href="#">LINK</a></p>