



**Hampshire Hospitals**  
NHS Foundation Trust



**West Hampshire**  
Clinical Commissioning Group



**North Hampshire**  
Clinical Commissioning Group

# Clinical Communication Centre

**GP admission and advice line (0300 772 7765)**

Information for Primary Care

### WHAT IS IT?

- The Clinical Communication Centre (CCC) is a new service based at the Royal Hampshire County Hospital (RHCH), Winchester, and will initially manage telephone calls from Mid Hampshire GPs regarding advice on patient management or admission to RHCH.
- The service is for medical and surgical admissions/advice only. Any other specialities e.g. gynae/obs etc. to follow their usual routes.
- The CCC will effectively act as a single point of access for GP medical and surgical admissions/advice using the existing Telemedicine number 0300 772 7765. For those specialities, GPs will no longer need to call the RHCH switchboard or ED.
- When phoning this number you will be presented with various options which will direct you to the service you require (see flow diagram and criteria below).

### WHEN IS IT OPEN?

- Commencing Wednesday 19 August 2020.
- Open Mon – Fri 8am to 6pm (excluding bank holidays). After these hours, calls will be diverted to the hospital switch board
- Initially, this will be a pilot service (of 6-8 weeks) to test what a future service might look like, and we would appreciate ongoing feedback on what works well and what can be improved so that together we can rapidly develop the service.

### WHO CAN USE IT?

- Mid Hampshire PCN practices initially

Andover HC  
Charlton Hill surgery  
Adelaide Medical Centre  
Shepherds Spring MC  
St Mary's surgery  
Alresford Surgery  
Stockbridge Surgery  
The Watercress Medical Group  
West Meon Surgery

Gratton Surgery  
The Friarsgate Practice  
St Clements Surgery  
St Paul's Surgery  
Two Rivers Partnership  
Bishops Waltham Surgery  
Stokewood Surgery  
Twyford Surgery  
Wickham Surgery

### **WHAT ARE THE BENEFITS?**

- **Streamlined access into hospital, improved experience for GPs, more effectively use of resources.**
- **To allow expected admissions to bypass ED, direct to a ward removing any touch points in ED.**
- **To offer clinical advice to the GPs if they are unsure the patient requires an admission.**

### **HOW CAN I FIND OUT MORE?**

- **Please join us for Q&A sessions regarding the new service on:**

Tuesday 18 August 2020 1-2pm

[Join Microsoft Teams Meeting](#)

Thursday 24 August 2020 1-2pm

[Join Microsoft Teams Meeting](#)

- **We will also be sending out a short questionnaire to help evaluation of the service and future development. We would greatly value your feedback on your experience of using the Clinical Communication Centre.**

- **Please e-mail any queries or suggestions to:**

Andrew Swinney, Service Development Manager, WHCCG [andrew.swinney1@nhs.net](mailto:andrew.swinney1@nhs.net)

Dr Rachel Hickson [r.hickson@nhs.net](mailto:r.hickson@nhs.net)

**Mid Hampshire PCNs**

**Call  
0300 772 7765**

Thank you for calling Hampshire Hospitals Telemedicine and Clinical communications service  
Please note your calls maybe recorded for training and monitoring purposes  
You now have two options **Press 1** for the Telemedicine Service or **Press 2** for the **Clinical Communications service**

**1. Telemedicine Service  
for Care Homes.**

**You now have 5 options (Phase 1):**  
**Press 1 for Medical admission**  
**Press 2 for Medical SDEC**  
**Press 3 for Acute or urgent Medical advice**  
**Press 4 for Acute Frailty advice**  
**Press 5 for Urgent Surgical admission or advice  
(General Surgery, Urology and Orthopaedics)**

**1. Medical admission  
(08:00-18:00)**

A team member in the CCC

**2. Medical SDEC  
(08:00-18:00)**

A team member in SDEC

If no answer, a team member in the CCC will take your call

**3. Acute or urgent medical advice  
(08:00-18:00)**

A clinician in the CCC will receive and field your call to a senior medic

**4. Acute frailty advice  
(08:30-16:00)**

Frailty intervention team

**5. Urgent surgical admission or advice**

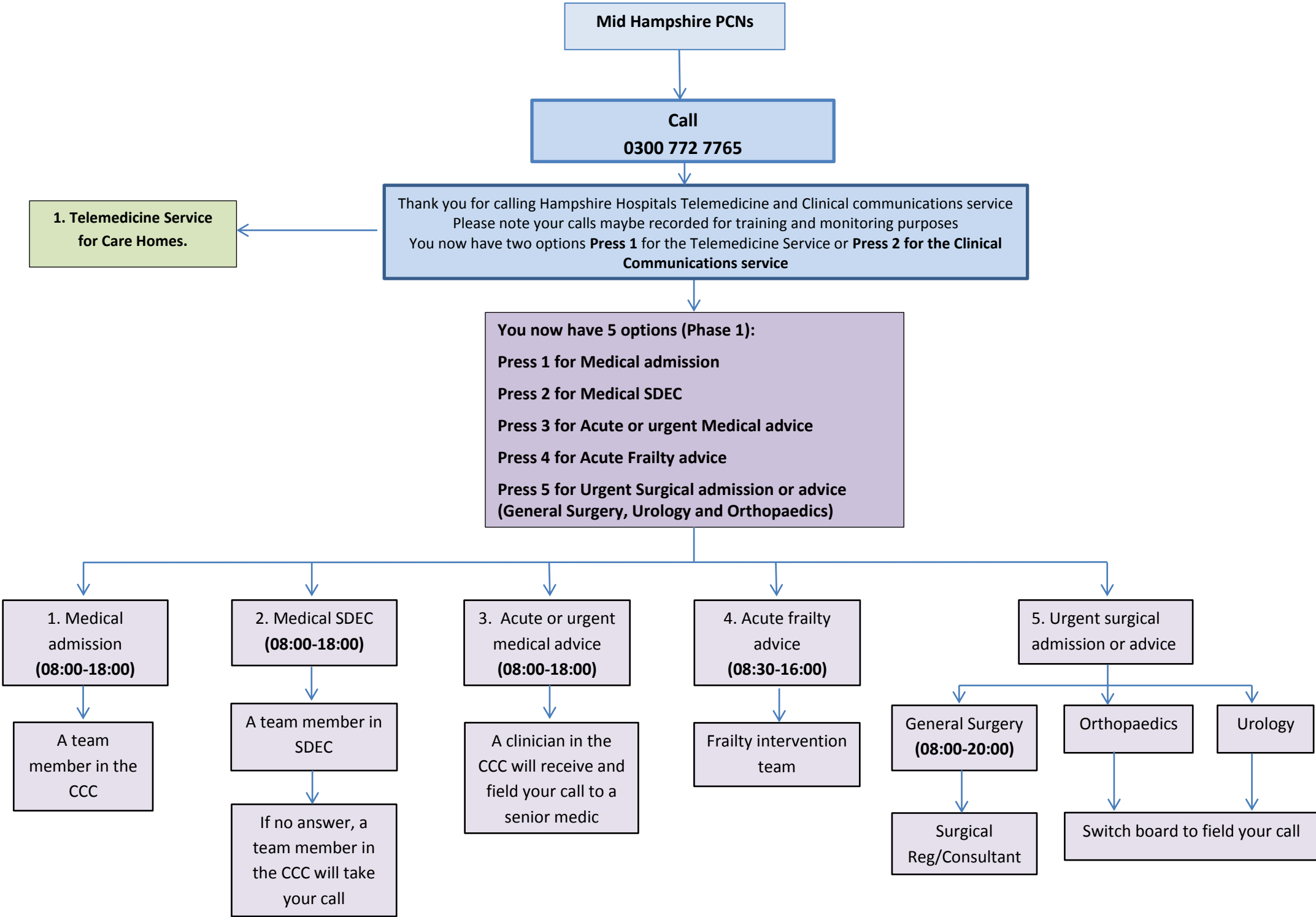
**General Surgery  
(08:00-20:00)**

Surgical Reg/Consultant

Orthopaedics

Switch board to field your call

Urology



## Criteria for each call option

### Medical admission

- Chest pain
- Suspected acute coronary syndromes
- Heart failure, arrhythmia
- Endocarditis
- Dissecting thoracic aortic aneurysm for conservative management
- Pleural effusion
- Respiratory failure
- Chest infections
- Asthma
- Primary lung tumours
- Deep vein thrombosis and/or pulmonary embolism
- Spontaneous pneumothorax
- Inflammatory bowel disease (unless suspected perforation)
- Infective diarrhoea and vomiting
- Painless jaundice
- Obstructive jaundice
- Hepatitis
- Alcoholic liver disease
- Haematemesis and malaena
- Falls (without fractures or suspected fractures)
- Poor mobility and “off legs”
- Acute confusion
- Dizziness and blackouts
- Alcohol withdrawal
- Coma
- Seizures
- Acute headaches
- Septic arthritis (patients with rheumatic disease/known to Rheumatology)
- Arthritis
- Joint pains
- Renal failure
- Diabetic metabolic decompensation
- Hypoglycaemia
- Hypercalcaemia
- Hyponatraemia
- Septicaemia
- Meningitis
- Encephalitis
- Pyelonephritis (female), UTI,
- Cellulitis (exception - hand, wrist or forearm to Orthopaedics; periorbital to Max-Fax periorbital to discuss with Maxillo-Facial)
- Patients with disseminated cancer for palliative care, irrespective of primary diagnosis
- Self-poisoning

## Medical referral process to SDEC (Same Day Emergency Care Unit) C-Level Nightingale Wing, RHCH



Monday to Friday 0800-1800  
 ANP (Advanced Nurse Practitioner) or Acute medicine Consultant  
 E-mail: [hh-ft.acutemedicine.rhch@nhs.net](mailto:hh-ft.acutemedicine.rhch@nhs.net)  
 Monday to Friday 1800-0800 and Weekends  
 On-call Medical Registrar :Bleep #3666 via Switchboard  
 (Medical Registrar to complete E- purple referral to Ambulatory  
 Emergency Care)

### Suitable conditions:

- ✓ Pulmonary emboli(sPESI < 1)  
(Simplified Pulmonary Embolism Severity Index) less than 1
- ✓ Transient Loss of consciousness(New)-Normal ECG
- ✓ Acute Headaches.
- ✓ Temporal arteritis.
- ✓ Bell's Palsy.
- ✓ Atypical chest pain – Normal ECG & negative initial troponin.
- ✓ Lower limb cellulitis.
- ✓ Fever of unknown origin NEWS less than <2.
- ✓ Any other conditions with NEWS2 3-4 after discussion with AEC team or Medical registrar.

### AMBULATORY SCORE

Sex	Male	0
	Female	-0.5
Age	<60	0
	>60	-0.5
Access to transport	Yes	2
	No	0
Need for IV therapy	Yes	0
	No	2
Confused	Yes	0
	No	2
NEWS	0	1
	>1	0
Discharged last 30 days	Yes	0
	No	1

Referral NEWS 2	Ambulance	Disposition	Area
0 - 2	Patient own transport	Ambulatory chair / waiting area	Ambulatory
3 - 4	Patient own transport Or Ambulance	AMU to consider Ambulatory	Ambulatory

## Acute or urgent medical advice

### **Urgent advice only.**

This is not an alternative to the normal referral route for advice and guidance.

#### **Exclusions:**

Stroke  
Cardiology  
Dermatology  
Rheumatology  
Haematology

## Acute frailty advice

### **Primary Criteria**

75+ (65+ with co-morbidities) *plus* presenting with one or more frailty syndrome: Falls or reduced mobility, confusion (existing or new) depression, new incontinence and a susceptibility to medication changes

NEWS >2

Or

NEWS <2 and  
unable to remain in  
their own home

Assessment/Advice  
needed within 6 hrs

Frailty Intervention Team

Same day phone advice or same day Frailty  
Assessment

### **Exclusions**

- Acute chest pain / Suspected MI
- Suspected TIA / Stroke
- Severe abdominal pain
- Clear need for other specialist service
- Social Care
- Blood Transfusion
- Trauma / suspected fracture / head injury / reduced GCS
- Suspected malignancy that requires a two week referral

## Urgent surgical admission or advice

### General Surgery

We will continue to offer a single point of access for Advice & Guidance, Ambulatory care review and emergency admissions via the new central number. We will be contactable via the clinical communication centre 24hrs 365 days a year. All discussions on the telephone will be with a senior decision maker, usually a consultant or sometimes a senior registrar. If you feel that the patient meets the ambulatory care criteria please let us know early in the referral.

Referrals for patients with the expectation of *admission or advice & guidance* can all be discussed through the same portal.

We are actively developing our ambulatory care criteria. Currently, these are: A patient with a suitable condition with an **Ambulatory Score  $\geq 5$  + NEWS2  $\leq 2$**

#### Suitable conditions:

- ✓ Abscesses – torso and peri-anal
- ✓ Right iliac fossa pain (mild appendicitis, non-specific abdominal pain and pelvic conditions)(b-hcg negative)
- ✓ Right upper quadrant pain (symptomatic gallstones)
- ✓ Painful jaundice
- ✓ Small volume PR bleed
- ✓ Mild diverticulitis
- ✓ Painful non-obstructed hernia
- ✓ Post-operative or wound issues
- ✓ Early supported discharges: where review might enable ongoing management in the community e.g.; wound/VAC issues, complex colorectal issues, drains in-situ, grumbling inflammatory markers and high output stomas.

#### Exemptions for RHCH

The exemptions criteria for referrals to RHCH remain unchanged. For example, patients with acutely ischemic limbs, suspected abdominal aortic aneurysms and trauma would be best served by immediate referral to our local tertiary care unit.

#### AMBULATORY SCORE

Sex	Male Female	0 -0.5
Age	<60 >60	0 -0.5
Access to transport	Yes No	2 0
Need for IV therapy	Yes No	0 2
Confused	Yes No	0 2
NEWS	0 >1	1 0
Discharged last 30 days	Yes No	0 1

Referral NEWS 2	Ambulance	Disposition	Area
0 - 2	< 3 hours	SDEC chair/ waiting area	SDEC
3 - 4	< 3 hours	SAU to consider SDEC	GP admissions receiving bay or SDEC
5 - 6	1 hour	ED SAU	Majors High care bay
7 and above	Blue light (pre alert)	ED	Resus