Primary Care and Secondary Care Interface Zoom meeting
Wednesday 19th August 2020 7.30pm

Iain Morrison opened the meeting by welcoming attendees and introducing guest speakers - Catriona Morton, Gareth Evans, Carolyn Armstrong, Andrew Coull and Jon Miles, before handing over to Drummond Begg as host.

Drummond, as co-chair of Lothian Interface Group with Caroline Whitworth, highlighted that the overall aim of LIG is to smooth and improve the interface between primary and secondary care, and he hoped that the evening's discussions would help with that.

Gareth Evans – COVID Pathways

Low rates of COVID in Lothian. Access remains via NHS24 (111) then triaged - higher risk passed to COVID hub (Bonnyrigg). Outcomes are self care, F2F (WGH), home visit or emergency admission – currently very few. Children's COVID services remain at the original Sick Kids site.

Different groups of patient;

- Respiratory – febrile illness, cough
- Atypical COVID – loss of sense of smell, faint abdominal pain, rash, headache
- COVID in older people – very difficult area - real challenge, can present in all kinds of ways and can have worse outcomes
- COVID in younger people – fairly benign disease, very few deaths in younger people
- People who don't have COVID but are still unwell.

Clinically consider;

- Clinical picture – patients who present with classic symptoms, send down 111 pathway – cough and febrile/high fever – increased likelihood of spreading to others. Patients with more vague symptom, eg exacerbations of athsma, COPD – listen to the patient - if they feel it's typical COPD, treat it as that. GPs are very good at triaging and keeping people on the right path.
- Children's presentations – number of requests for children's test has increased considerably recently mainly due to school returns and testing guideline. Many presenting with croup, bronchiolitis, etc.

Looking to winter, increase in presentations with cough and fever. With COVID, there is a sudden onset of a very continuous cough – if wet cough/with wheeze, probably not COVID. Altered sense of taste/smell – again very abrupt onset, complete loss of true taste (unable to tell sweet, sour, salty, etc). Unless they have these more classic symptoms and possibly a history of travel in high risk areas, there's a good chance they don't have COVID.

Carolyn Armstrong / Andrew Coull – Hospital at Home

Set up predominantly focussed on the frail elderly population who don't do so well following admission into hospital and do better at home. 4 services function in Lothian in each of the 4 localities;

Edinburgh – IOPS, West Lothian – REACT, East Lothian – ELSIE, Midlothian - MERRIT

The team operate 8-8 and accept referrals for same day assessment up to 5pm. Patients are admitted on TRAK, twice weekly consultant-let ward rounds – emulating what would happen if they were in hospital.

Each service is set up slightly differently across the 4 areas, but generally patients most appropriate for service are;

- Breathlessness / exacerbation of COPD, etc
- infections, not responding to antibiotics/consider for intravenous antibiotics
- Geriatic – delirium, poor mobility, general decline (cause unknown)
- Supported discharges – out of hospital early to continue their recovery at home
- Patients towards end of life – referrals by GP

Patients requiring a lot of care at home, eg high case of delirium, at risk of harming/leaving their own home, wouldn't be suitable for the service.

Referrals come via GP through Flow Centre, capacity is limited. If capacity is reached, GP and H@H team discuss other options or whether they need to be admitted into hospital.

Good info and guidance on Hospital at Home is on RefHelp site, and this will continue to be developed.

Jon Miles – Alternatives to Admission within Ambulatory Care

Set up in response to challenge of trying to schedule unscheduled care – more people potentially developing acute illness, concern around busy waiting areas when social distancing is very important. We knew that 45% were able to be seen, investigated and discharged with treatment plan, with 60-70% of that group able to come via their own transport- so this was the group we wanted to try and divert through SDEC.

Ran 6 week test in a clinical area at WG (80% Edinburgh patients, 20% from elsewhere) – deemed as same day emergency care project. In conjunction with Flow Centre, people referred by GP plus self-presenters were given the opportunity to have a scheduled appointment.

Ran virtual Teams exercise to establish 12 hour a day, 5 day a week, (8 hours per day at weekends). Data from the trial period – managed just over 1000 clinical episodes in over 900 patients. Nearly 500 would have otherwise presented to acute. 10% had an admission, with rest either discharged back to GP or had follow-up ambulatory appointment, or referred to outpatient dept.

Now working on sustainability of this – staffing, location, what further offerings might be appropriate. Average attendance time was 2 hours 40 minutes, compared to 4.5 hours a year ago. Nurse practitioner run/supported and they stepped up and were willing to be stretched.

Happy to share evaluation wider once all finalised, and would welcome further suggestions on what other offerings could be given. A flexible generalist front door, prepared to accept unwell people in whatever form they come in.

Catriona Morton – RefHelp overview

RefHelp is necessarily descriptive and most referral pathways are straightforward. However increasing focus on 2 approaches;

1. Final possible outcomes – where a referral might take a patient. Eg frail elderly – what are the potential end games – will they tolerate investigations, and would they want or manage major surgical treatment, etc. Many other more common and less dramatic examples.

2. Actively seek ways of increasing diagnostic and referral acuity. More SCI Gateways will be protocol based, funnelling us down the right pathways. Referrals are also often made by others (ANPs, physios, etc). RefHelp should also be for hospital clinicians when referring outside their own specialty so that patients have appropriate and equitable access to care. Even more important when capacity is universally reduced due to COVID restrictions, while approaches developed now will also help to define our 'new normal'.

RefHelp now Tweet regular updates (@refhelp_lothian) and encouraged all to follow, along with Lothian LMC (@lothianlmc). Simple newsletters and increased website information also to come.

Looking to develop educational updates, linking to Lothian guidance and involving GPs and specialists. RefHelp is public facing, but also want a confidential section where sensitive and confidential details can be accessed by healthcare professionals only.

All our new pathways now consider the themes of realistic medicine, COVID, LJF compliance and any implications for pregnancy.

The Referrals Advisors are;

- **Gareth Evans**. Much of his time is taken up with COVID hub and pathways. Also working with gastroenterology on the new Coeliac pathway, patients cared for by dietetics-led team, plus colorectal.

- **Susanne Maxwell**. Working with Medicine for the Elderly team, with many of the common scenarios already discussed tonight (Hospital at Home, alternatives to admission, etc). RefHelp tended to have single condition advice, but now looking at multimorbidity. Also looking a gynaecological cancer work.

- **David Richardson**. Covering various medical specialities to produce a multi-disciplinary approach for those with persistent COVID symptoms. Once established, the clinics will have respiratory, ID, general medicine and physio components

- **Catriona Morton**. Developing cCBT, more pathways to come including new self-referral modules for managing COVID, stress and insomnia (under Mental Health on cCBT page).

ReFHelp belongs to all of us – primary and secondary care – advisors hearing from people with ideas or suggestions. Please feel free to get in touch via the "Contact us" button on RefHelp page.

Drummond thanked all Ref Help team for their work and commended RefHelp to all – a very worthwhile and usable facility.

Drummond thanked guest speakers and attendees for joining and hoped that this had been a useful and informative meeting.
He recognised the stress felt by many early on in the pandemic and hoped that everyone felt more refreshed after a summer break.
He reflected that we are all working hard, and if we can choose to be anything, let's choose to be kind and collegiate to our colleagues. Keep up the good work.

2 forthcoming meetings were highlighted;

- **Wednesday 2nd September, 12.45pm - 2pm**. Resuscitation and Anaphylaxis training for GPs and clinical staff. Virtual meeting via MS Teams, hosted by Lothian LMC.

- **Wednesday 2nd September, 7.30pm – 8.30pm**. Next GP Zoom meeting, focussing on 'any questions' , flu vaccine campaign and updated Practice Action Plan and where we are during Phase 3 of the routemap out of lockdown.