Dear <<Trust CEO/CMO>>

**RE: Supporting general practice teams**

As we move to the recovery stage of the pandemic, the NHS is facing an unprecedented challenge. The public has been understanding in not presenting for NHS care during the pandemic in all but urgent situations. As the pandemic settles, patients who have been trying to self-manage are now presenting to general practice. We are trying to support these patients with a remote first model and where a face to face consultation is required, this is done wearing the appropriate PPE and with infection control precautions. As a result of this general practice teams, similar to our secondary care colleagues, are operating with a significantly reduced capacity.

Putting systems in place that promote how we mutually support one another is an important step in redefining the primary / secondary care interface in a post-Covid-19 healthcare system.

We would request that you follow the example set by Barts Healthcare (Appendix A) in ensuring that all consultants and clinical teams directly request the blood and diagnostic tests that they require, and directly prescribe hospital-only medications. They should not ask the GP to do either of these on their behalf.

Thank you for your support with this matter. We all face a challenge in redefining how we provide healthcare for our patients and by working collaboratively we can ease some of the pressure on our respective systems, and build relationships.

Yours sincerely,

<<LMC Chair/PCN CD/GP>>

**Appendix A**

**SENT TO CONSULTANTS AT BARTS HEALTH NHS TRUST ON BEHALF OF ALISTAIR CHESSER - GROUP CHIEF MEDICAL OFFICER (JUNE 2020):**

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**SUBJECT: UPDATE: OUTPATIENTS RECOVERY AND TRANSFORMATION**

Dear Colleague,

I’m writing to update you on our progress to recover and transform outpatient services across Barts Health that is being led by the covid outpatients group (COVOG).

Firstly, I’d like to thank all of you for the flexibility and commitment you have shown over recent months. We have all had to adapt to new ways of working, no more so than in outpatients. It has been a challenging period but you have handled the situation with the utmost professionalism.

The risk of transmission to patients and staff in our hospitals environments remains meaningful and we cannot return to our pre-Covid-19 ways of working.

Moving forward our approach to outpatients will remain virtual by default, with Face to Face appointments only undertaken where clinically necessary. To enable the rapid increase in video consultations, the roll-out of Attend Anywhere (the NHJS preferred video platform) will be a Trust priority programme through the summer.

Thousands of patients need to be triaged by clinical priority to understand which patients should be seen virtually (by telephone, video or asynchronous review), which could be seen less often and which could now be safely discharged. Your support is key to enabling this.

We are not yet in a position to open face-to-face outpatient clinics for anything other than appointments where the benefit to patients outweighs risk. All new or follow-ups that can be undertaken by telephone or video should now be taking place virtually.

Where a face to face appointment is required, we’re strengthening infection control protocols to ensure the safety of everyone. All staff and visitors must wear face masks and coverings, follow strict hand hygiene rules and maintain social distancing at all times. We’re also triaging all patients on the front door to check if them for symptoms, including taking their temperature.

Measures put in place during the pandemic have led to a significant reduction in GP referrals. We have increased the use of Advice and Guidance and need to ensure we continue to respond to these requests within 5 days. It’s important to remember that all referrals must be triaged to ensure clinical safety. Patient referrals should only be rejected if they can be safely managed in primary care with appropriate clinical advice and a threshold for re-referral indicated.

**All paper Consultant to Consultant referrals have stopped and been replaced with the use of the Message Centre** in Cerner. We are working with ICT colleagues to use of ReferTo as a better solution, now in development. Where paper referrals are received these should be returned to the referring consultant.

The upheaval we have all faced in recent months means it is inevitable that some issues will require clarification, so I’d like to take this opportunity to reiterate that consultants must request blood & diagnostic tests themselves and not ask the GP to this on their behalf. There are a number of community phlebotomy sites in our local boroughs that Barts Health patients can be signposted to. With our partners we are working hard to increase their number, and to develop links which will allow labels to be printed when a patient attends for their test as opposed to needing to post these to the patient in advance.

Hospital clinicians should not ask GPs to prescribe hospital-only medications for patients. Our pharmacy team have set up an alternative that [can be found on WeShare](https://weshare.bartshealth.nhs.uk/outpatients-and-diagnostics).

The transformation of outpatient services is only possible through close collaboration of primary and secondary care. With GP leads and our WEL CCG colleagues, we are bringing together hospital, community and primary care services to improve equity of access and ensure our patients receive the best possible service in the safest environments in ways that truly work for them. I’m looking forward to working with you all in turning our exciting plans in reality.

Please contact COVOG chair, Dr Neil Ashman via [bartshealth.outpatient-queries@nhs.net](mailto:bartshealth.outpatient-queries@nhs.net) if you have any questions or concerns.

Kind regards,

**Alistair Chesser  
Group Chief Medical Officer  
Barts Health NHS Trust**