

**BHR planned care joint update - 2 April 2020**

*Version 1 – March 2020*

**Update from Atul Aggarwal (Clinical lead for Planned Care BHR CCGs), Tracy Welsh (BHR CCGs) and Richard Pennington (BHRUT)**

**Urgent Cardiology telephone advice line - starts Monday 6 April**

From 6 April, BHRUT will run an urgent cardiology telephone advice line which will operate **10am to 4pm, Monday to Friday**. The number is 020 8970 8144

GPs can call the advice line to help them to manage acute or deteriorating chronic cardiac conditions in the community during this emergency period.

The service will provide an immediate or same day telephone response from a senior cardiology specialty doctor (supervised by cardiology consultant). This is intended to support GP decision making and potentially avoid hospital admission or unnecessary referrals to cardiology clinic (I.e. hospital admission avoidance). If routine advice is required, then this should continue to be submitted via the Advice and Guidance platform

The advice line will run as a trial until 27 April, when CCGs and Trust colleagues will review the service.

**Colposcopy**

Cervical screening has been suspended for 3 to 6 months. We’re awaiting guidance for patients who have already undergone screening/smears but now need colposcopy. We’ll update you as soon as we can.

**Outpatients/A&G**

GPs should continue to use A&G. Please note, however, that review and response times may vary due to hospital clinicians’ participation in inpatient rotas to support the Covid-19 response.

Please stop routine referrals into BHRUT – at the current time the Trust cannot guarantee clinical review and oversight of these patients and so they are more safely held within primary care with support from BHRUT via A&G.

Specialist advice lines for all specialties being explored. As noted above Cardiology will launch 6 April, with more to follow as agreed. We’ll keep you updated.

**2ww referrals**

Please continue to make 2WW referrals as usual. Guidance will follow shortly on what diagnostics are required prior to a referral. Phlebotomy is still available in the community at a reduced number of sites.

Request from Atul – please can all GPs add their personal mobile phone details on all 2WW referrals to support any appropriate downgrading of 2WW referrals. We suggest adding it in the box where it asks for ’Usual GP’s name’

**Routine diagnostics**

Please use your clinical judgement and separate referrals into:

* + Need to be done now, absolutely necessary
  + Need to go onto a planned list for post Covid to be held at BHRUT

Please utilise community diagnostic providers wherever possible – you now have the ability to refer to Spire for CT scans in addition to the usual community provision.  See Appendix 1.

**Referrals - community and private providers**

All community and private providers are being advised that they are required to manage patients on their PTLs and not just return referrals to GPs.  If you do receive any letters discharging patients as a result of Covid-19 then please drop Tracy an email to let her know ([tracy.welsh1@nhs.net](mailto:tracy.welsh1@nhs.net))

**Hot clinics: Early pregnancy, DVT and paediatrics**

These hot clinics should continue to run as normal. The Trust will update if there are any changes to DVT or Paediatrics.

**Appendix 1: Imaging Referral Form**

