


1. Latest Updates – Please see Section 2 for Specific Service Updates & Section 3 for COVID Support Documents

<p>Allergy vaccine process for Guys and St Thomas'</p>	<p>When a patient attends either a community vaccine site e.g. Pharmacy or a GP hub for their COVID vaccination, the green book must be consulted in regards to allergy advice.</p> <p>If there are clear contraindications against the green book guidance then please use Advice and Guidance on e-RS, selecting the allergy service at Guys Hospital.</p> <p>If you are at a vaccine hub please refer the patient back to their GP in order to do this.</p> <p>The allergy service will reply via e-RS within 24 hours (Monday-Friday) with the next steps.</p> <p>Please do not email us or ask your patients to email us directly as we will be unable to deal with requests outside of e-RS. If we need to see the patient we would then ask the requestor to make a referral so that we can see the patient in clinic for further investigations.</p>
<p>Suspension of A&G to referrals on e-RS</p>	<p>When making Advice and Guidance requests on e-RS, you may have noticed that there is now an option to tick a box to indicate that the advice request can be converted to a referral by the Acute Trust. Please note, that this functionality is currently suspended in use by local SE London providers due to technical issues, which have been flagged to the national team.</p> <p>Any advice requests will not be automatically be converted to referrals. Should a Consultant recommend that a patient be referred following an Advice and Guidance request, it will remain the responsibility of the GP to make a referral having discussed options with their patient. Please ensure that the worklist is viewed daily to avoid any delays to patient care.</p>
<p>Temporary Suspension of Post COVID Syndrome Assessment Clinics in SEL (CCG update)</p>	<p>This is to update you on the arrangements put in place for those who have been affected by Post COVID symptoms. Post-COVID syndrome, known colloquially as 'Long COVID', is defined by NICE as:</p> <p>"Signs and symptoms that develop during or following an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body. Post COVID Syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed."</p> <p>As part of the Post COVID care pathway NHS England and NHS Improvement announced a national offer to support patients experiencing 'Long COVID' through specialist assessment clinics. In South East London these will be provided by Kings Health Partners with designated clinic sites at St Thomas', Denmark Hill, Tessa Jowell Centre and the PRUH.</p> <p>However the response of Trusts to the current pandemic surge has meant that outpatient services that are not critically urgent have been put on hold, this includes post COVID assessment clinics and also outpatient services that would support patients</p>

	<p>with symptoms associated with post COVID syndrome. Hence at this time we are requesting that Practices do not undertake case finding of post COVID patients or send referral requests to the Trusts. When it is possible to re-start the clinics a further communication will be circulated and clinics will 'go live' on e-RS.</p> <p>In the interim if patients present with post COVID symptoms, GPs are asked to follow the Primary Care assessment steps published in the Clinical Reference Guidance for London for the Post-COVID Syndrome Pathway.</p> <p>GPs can also direct patients to https://www.yourcovidrecovery.nhs.uk/ for general support and information</p>
<p>Update on Cancer Pathways/ New Referrals</p>	<p>Currently we are trying to operate a normal service for all suspected/confirmed cancer patients however if you have a concerns please contact us using the below information</p> <ul style="list-style-type: none"> • For 2WW queries (before patient has been seen) <ul style="list-style-type: none"> ○ Contact the 2WW Office on 0207 188 0902 or gst-tr.2WWgstt@nhs.net <i>NB: we cannot accept GP referrals via email so please continue to refer via e-RS</i> • You can also use A&G on e-RS for some of our services to get clinical advice • For all other queries on suspected/confirmed cancer patients please email gst-tr.gsttcancerqueries@nhs.net <ul style="list-style-type: none"> ○ This mailbox will be managed by the Cancer Data Management Team and if they are unable to answer the queries, details will be forwarded to the clinical team via the service management team. ○ Each query will either be answered or acknowledge within 1 working day
<p>Update regarding patients waiting for cancer surgery</p>	<p>Due to the surge in COVID admissions and the need to ensure patients and staff remain safe, Trusts across South East London are reviewing all elective cancer activity. Capacity for elective work has been reduced, however processes are in place to prioritise the most urgent patients. We are making contact with all patients who were scheduled to have surgery in the coming weeks to outline any changes to treatment. The evolving situation means patients may experience longer waits than usual, although everything is being done to avoid this. We are currently exploring options to increase surgical capacity and further updates will follow as the situation evolves. If you have concerns regarding a particular patient, we would encourage you to get in touch with the relevant consultant.</p>
<p>Vaccination for coronavirus</p>	<p>We are working hard to deliver the coronavirus (COVID-19) vaccine to our most at-risk patients. Our booking line is very busy so please bear with us.</p> <p>We will contact patients to invite them in as per the priority groups set out in the Government Guidelines.</p> <p>Vaccinations are by appointment only – please ask patients NOT to turn up or contact us until they hear from us.</p>
<p>Update on Elective & Outpatient Appointments</p>	<p>In response to the increase in pressure on the hospital we are reviewing all elective activity; both surgical and outpatients. We are currently seeing a significant number of patients cancel or not attend their appointments. GPs can play an important role in reassuring their patients that it is safe for them to attend their appointments at our Trust, particularly during the new lockdown period. If someone has been invited to come into one of our hospitals or community sites for an outpatient appointment, surgery or if they require urgent care, it is important that they attend.</p> <p>Surgery</p> <p>Much activity had already been reduced. Those cases that have been booked are being reviewed on a case by case basis in terms of clinical need and priority. Patients are being contacted directly if any changes need to be made.</p>


	<p>We continue to ask patients to adhere to a range of pre-procedure instructions to ensure their safety and that of our staff during their elective care. This includes pre-operative isolation periods which are agreed individually with patients dependent on their planned care but can be up to 14 days</p> <p>Outpatients</p> <ul style="list-style-type: none"> ▪ Continuation of lower activity is planned in the next few weeks. However, in order to reduce the number of patients travelling to the hospital sites, all clinical teams are reviewing their activity and shifting what they can from face to face to virtual activity instead. ▪ If we have arranged a face to face appointment for a patient, it is because we need to see them in clinic. Please do reassure your patients that the site is safe – all the necessary precautions are being taken to ensure the safety of all. ▪ Although we have moved to a National Lockdown, if your patients have an appointment with us and we have not contacted them to make alternative arrangements, please advise them to attend as normal unless they have been otherwise instructed. <p>Summary of our changes:</p> <p>A number of important changes have been introduced to protect patients and staff attending St Thomas’ Hospital, Guy’s Hospital and Evelina London Children’s Hospital and the Trust’s community sites. The measures we have taken include:</p> <ul style="list-style-type: none"> • separating or physically distancing as much as possible, where we care for patients who have tested positive for coronavirus or may have symptoms of coronavirus, and where patients are being treated for urgent surgery • following national guidance for infection prevention and making sure staff and volunteers are trained in how to limit the spread of infection in hospitals • asking patients coming in for surgery to self-isolate and to have a COVID-19 swab test • deep cleaning hospital theatres, equipment and wards regularly, in line with national guidance • having the right levels of staffing and equipment so that appointments and surgery can take place safely • signage to help guide people safely around our sites to avoid crowding <p>Please direct any patient being referred to Guy’s and St Thomas’ to the frequently asked questions about attending our hospitals and community sites for their appointment or surgery.</p> <p>Our emergency department (A&E) including Children’s is open 24 hours a day, seven days a week at St Thomas’ Hospital.</p> <p>Our urgent care centre at Guy’s Hospital is open and can provide help with minor injuries and urgent medical problems.</p>
<p>GSTT Adult community healthcare teams</p>	<p>Adult community healthcare teams in the GSTT Integrated Local Services directorate are working hard to provide care and support for our patients in SE London over the Christmas and new year period. We are adapting to current capacity pressures across the system, in the context of Tier 4 requirements and the need to work collaboratively with our colleagues in primary, secondary, social and voluntary care. We are prioritising our delivery of services based on clinical need in relation to available staffing capacity. We ask that colleagues in primary care continue to refer to our services in the usual manner and provide as much information as much possible to enable us to prioritise accordingly.</p>

<p>Adults – Attending the hospital including A&E services</p>	<p>To reduce the spread of infection, we are not currently allowing visitors to adult patients in our hospitals or community sites. This includes patients visiting our emergency department or patients who are coming for a planned procedure or surgery.</p> <p>This will help us to minimise the number of people in the hospital and reduce the risk of spreading infection to protect our patients and staff.</p> <p>There may be some exceptions to this which we can discuss with patients on an individual basis.</p> <p>A friend, carer or family member can collect the patient from the entrance of the hospital when they are leaving hospital. If they need help to get to the entrance to meet you, one of our porters or nursing staff will help you.</p>
<p>Children’s Services – Evelina & Community Sites</p>	<p>We are currently restricting visitors to the hospital and our community sites.</p> <ul style="list-style-type: none"> ▪ For appointments, only one parent or carer should accompany a child. ▪ For overnight stays, only one parent or carer may visit at a time. We are allowing two named parents or carers to visit, but only one parent or carer in the hospital at a time. You must swap over outside the hospital. ▪ Brothers, sisters, and other family members and friends will not be allowed to visit. We ask that they do not come to the hospital or community site. This will help us to minimise the number of people onsite, to keep you and your family safe. <p>Any changes to visiting for an individual family, is assessed on a case-by-case basis and will only change in exceptional circumstances. Thank you for your cooperation and for helping to keep our hospital safe.</p>
<p>Visiting Maternity</p>	<p>During these unprecedented times, we have been working hard to keep women, partners, babies and staff safe.</p> <p>While we have been able to continue to support one birthing partner to attend and stay with a woman during labour, birth and four hours post-delivery, we do appreciate how difficult some of the other changes have been for women and their families in our care.</p> <p>We have continuously reviewed our safety measures so that we can reintroduce access for partners during antenatal and postnatal inpatient stay at the right time, recognising the importance of keeping our staff safe at the same time.</p> <p>Following the publication of updated national guidance, we are pleased to announce that we are now able to take a phased approach to reintroducing one partner or accompanying adult to support women in the following settings in addition to labour and birth. For further information, please visit: https://www.guysandstthomas.nhs.uk/our-services/maternity/about-us/visiting-hours.aspx</p>
<p>Ongoing COVID-19 research - trial open for south London participants</p>	<p>With the first approved COVID-19 vaccine now available to priority groups, it is important that our research into other COVID-19 vaccines as well as diagnostics and treatments continues. Several different vaccines are needed to ensure prevention of COVID-19 infections in the UK and globally.</p> <p>A clinical trial of a new COVID-19 vaccine by Janssen has started at Guy’s and St Thomas’ NHS Foundation Trust. It is now recruiting adult participants (18 years and over).</p> <p>Those interested in taking part are invited to express their interest by signing up to the NHS vaccine registry at www.bepartofresearch.nihr.ac.uk/vaccine-studies</p>
<p>Telephone Appointments</p>	<p>Please can you advise patients that the incoming call from us may appear as No Caller ID / Private Number on their phone.</p>

<p>Advice and Guidance on e-RS</p>	<p>PLEASE ENSURE THAT YOU HAVE SOUGHT ADVICE IF YOU THINK YOUR PATIENT CAN BE MANAGED WITH ADVICE, PRIOR TO NEW REFERRAL VIA CONSULTANT CONNECT OR e-RS.</p> <p>We are recommending GPs seek advice prior to a referral due to reduction in capacity, however we have recently seen an increase in A&G requests that are referrals asking for us to accept these as a referral. Please state clearly what advice is being sought to enable a clear response from our clinical teams. We are unable to accept A&G requests as a referral (this may change from Feb onwards) so if a referral is required, please refer to the service and advise the patient that the wait time may be longer due to COVID. A&G is recommended if you feel the patient can be managed with advice or if the patient does not wish to attend the hospital.</p> <p>If your patients are under the care of other providers, e.g., Kings, Lewisham, your query should be sent directly to the provider in question as they would be better placed to advise on your patient/ query.</p> <p>If you need to refer post seeking advice, please use e-RS – do NOT email referrals. Please inform patients there will be a delay for appointments and avoid sending duplicate referrals.</p> <p>You can attach documents to the e-RS advice request, which may include diagnostic results, scanned images (e.g. ECGs). Providers can also respond with attachments.</p>
<p>Advice and Guidance on Consultant Connect</p>	<p>Most of these are available Monday to Friday 9am to 5pm unless stated otherwise. We would encourage GPs to download the Consultant Connect app for convenient access our services.</p> <p><u>Please note that our Haematology Lines is now for Lambeth & Southwark only – other areas have support from the NCN</u></p> <p><u>Our Elderly Care Line and Acute Medicine lines are available 24/7</u></p> <p>We have set up a dedicated Post ICU care line. This is for any syndrome related issues/ complications up to a year post discharge from intensive care. For COVID/ non COVID patients this relates to patients who have been in ICU only and been discharged.</p> <p>Where available, calls will first go through to your local trust’s specialist team. If the call is not answered, it may pass to the National Consultant Network (where available) which now supports some lines throughout South East London. This will ensure as many calls as possible are picked up.</p>
<p>LAMBETH & SOUTHWARK ONLY: SAME DAY EMERGENCY CARE CLINICS AVAILABLE AT KCH AND GSTT VIA CONSULTANT CONNECT APP</p> <p> London SDEC Priority Pathways for</p>	<p>From Monday 14th September all General Practitioners in Lambeth and Southwark will be able to discuss and book patients who need urgent care with the medical ambulatory teams at Kings College Hospital and Guys and St Thomas’s hospital. Nine care pathway areas will initially be available via the Consultant connect app. The aim is that will provide more timely and appropriate referrals and reduce the pressures on the Accident & Emergency department in the upcoming months and over the winter period.</p> <p>The nine care areas that will be immediately are:</p> <ul style="list-style-type: none"> • Acute Medicine – Deep Vein Thrombosis • Acute Medicine – Lower Limb Cellulitis • Acute Medicine – Community Acquired Pneumonia • Acute Medicine – Atrial Fibrillation • Acute Medicine – Pulmonary Embolism • Acute Medicine – Acute Kidney Injury • Acute Medicine – Chest Pain (low risk) • Acute Medicine – Pyelonephritis • Acute Medicine – Falls 65+*

	<p>*this is for falls upper limb without injuries or injuries that do not require surgical intervention</p> <p>These will be clearly labelled on the Consultant connect app and operate between 08:00-17:00 Monday to Friday and 09:00-15:00 Saturday. These clinics are for those patients who need urgent same day but not emergency care.</p> <p>Please see attached guidance on this.</p> <p>For those who don't have the Consultant connect app please download on your device Google play store https://play.google.com/store/apps/details?id=uk.org.consultantconnect.app&hl=en_GB</p> <p>Apple App Store https://apps.apple.com/gb/app/consultant-connect/id1138956970</p>
Stroke/ TIA Mobile Helpline	<p>The stroke team have set up a direct mobile. It is manned Mon-Fri 9-5 and they welcome all calls regarding stroke /TIA. 07825023845</p> <p>Primary care referrals can be made by phoning TIA MOBILE or alternatively email gst-tr.gsttstrokereferrals@nhs.net (Out of hours). Please see our website for the TIA pathway and GP referral form. All patients referred should receive the TIA patient information leaflet.</p> <p>https://www.guysandstthomas.nhs.uk/our-services/stroke/referrals.aspx</p>
Bookings on e-RS	<p>We are gradually turning bookings back on across our services on e-RS in a phased approach. Some services may remain as Face to Face whilst others may change.</p> <p>Some services may have a dummy appointment which the patient MUST NOT attend so please ensure that Practices do not tell the patient to come to the hospital for these appointments. This is so we can assess the referral and we will then contact the patient to book their appointment into the most appropriate clinic (if required). This will be clear in the patient instructions so please do not send local text messages to patients about these appointments. The service name has “patient do not attend” in the service name.</p> <p>Various services will be converted to telephone or video appointments. This will be clear in the service name, however please ensure that the patient refers to the “Information from the clinic” section of their appointment confirmation summary. The appointment time is approximate but please be assured every effort will be made to call the patient as near to this time as possible.</p>
Worklist Management	<p>Please monitor worklists daily on e-RS for advice responses and rejections.</p>
GSTT Website	<p>To support GPs we have updated our services pages on our website with COVID specific information. There is also a dedicated section for patients with details on how to contact us.</p> <p>https://www.guysandstthomas.nhs.uk/patients-and-visitors/coronavirus/coronavirus-service-updates.aspx</p>

2. Changes to referrals/ services at Guy's and St Thomas' NHS Foundation Trust/ & COVID help guides

<p>Rapid Access Chest Pain Clinic is now on e-RS</p>  <p>Primary Care Rapid Access Pathway.pdf</p>	<p>The Rapid Access Chest Pain Clinic (RACPC) is now on e-RS.</p> <p>From 1st April 2021, the service will no longer be accepting emailed referrals. Please refer all patients through the NHS e-Referral Service. Please review the Directory of Service (DOS) for the service prior to referring to avoid any delays to the patients care. We have also amended our Chest Pain referral form which can be found via this link: https://www.guysandstthomas.nhs.uk/our-services/cardiovascular/specialties/cardiology/chest-pain/referrals.aspx. Please do complete in as much detail as possible to avoid rejection/delays. We will only accept referrals with a completed form.</p> <p>You can find this service by choosing the following criteria:</p> <p>Specialty: Cardiology Clinic Type: Rapid Access Chest Pain Priority: Urgent Age Range: 35 years and over</p> <p><i>Rapid Access Chest Pain Clinic (PATIENTS DO NOT ATTEND) service is set up as a directly bookable Assessment Services which is mapped to a virtual assessment appointment clinic. Please ensure when referring that the referral is attached promptly on e-RS (ideally within 24 hours to avoid any delay). If the referral is not attached we will be unable to assess the referral and contact the patient.</i></p> <p>When referring the patient, please ensure that you advise the patient that you will be referring them to the assessment service.</p> <p>ALWAYS BOOK the assessment (dummy) appointment – do not provide the patient with the appointment letter generated as they must NOT attend this appointment.</p> <p>Once the referral form has been attached to the assessment appointment, it will be available to us for processing. We will triage the referral and contact the patient to book them their appointment(s) accordingly.</p>
<p>Fibromyalgia Service Closing</p>	<p>Due to significant pressures to our rheumatology services, we regret to announce that we are unable to continue running the One Stop Fibromyalgia Clinic and are permanently closing this service.</p> <p>The aim of this one stop service was to review the patient's management of their condition, to give advice on the best way to self-manage, and to signpost to services that can provide further help. We would suggest you consider the following recommendations/suggestions for patients living with fibromyalgia.</p> <ul style="list-style-type: none">▪ Has the patient had access to local exercise-based physiotherapy?▪ Has the patient had access to local hydrotherapy?▪ Have you considered referral for local IAPT long term conditions services? Many IAPT services now offer specific group and one to one therapy for patients living with chronic pain/fatigue.▪ If your patient has a difficulty with depression/anxiety have you considered referral to IAPT for CBT?


	<ul style="list-style-type: none"> ▪ If your patient displays multiple/significant elements of a vicious cycle of pain, deconditioning, fear of movement, low activity levels, unhelpful/unrealistic views around pain, and low mood consider referral to a specialist pain service for consideration for multidisciplinary pain management programme.
<p>APRIL IS BOWEL CANCER AWARENESS MONTH</p>	<p>Do you see patients with a family history of colorectal cancer? The Bowel Cancer Risk Assessment Service (CRAS) is based at the Clinical Genetics Department at Guy’s Hospital and it is run by skilled cancer family history nurses. The service is aimed at women and men with a family history of colorectal cancer and/or bowel polyps, ovarian cancer and/or endometrial cancer. Some individuals may be eligible to have earlier and more regular bowel screening due to their family history of bowel cancer. We offer a comprehensive cancer risk assessment based on current guidelines, information about screening options and bowel awareness as well as lifestyle advice.</p> <p>The Cancer Risk Assessment Service is available to all women and men who are registered with a GP. Referrals can be found following this link (https://www.guysandstthomas.nhs.uk/our-services/genetics/clinics/cancer-risk-assessment.aspx#na (can this be inserted as a hyperlink to the page). Referrals are accepted from all health professionals by emailing gst-tr.cancerriskassessment@nhs.net. We will be sending out information for a future event for GPs to find out more information about the Cancer Risk Assessment Service so please look out for dates towards the end of the year.</p>
<p>Respiratory post COVID referrals</p>	<p>The Respiratory Department has reviewed a large number of patients who have had confirmed COVID. If the patients have had a normal chest x-ray, normal ECG, a full set of normal bloods tests and do not drop their oxygen saturations on exertion then they are very unlikely to have any significant respiratory disease.</p> <p>A number of patients has also been reviewed with what is referred to as post COVID syndrome/post COVID viral fatigue/long COVID. We appreciate that the symptoms, particularly of tiredness and fatigue can be very troublesome. The symptoms of cough, feeling short of breath and odd chest pains are recognised as part of this condition. However the respiratory clinic is not the right place for them to continue their recovery when they have had the above investigation result come back as normal. We do not have any specific “respiratory” treatments for this condition. We also have seen that these symptoms do steadily improve over time if the advice on the link below is followed.</p> <p><u>In the above cases a referral to the respiratory clinic would not be appropriate.</u> We hope to develop more supportive strategies with community services in the future and if there is more evidence or research that becomes available then we will act on that accordingly.</p> <p>The locally agreed guidelines are on the link below https://www.clinicaleffectivenesssouthwark.co.uk/resources/</p> <p>However, we wish to stress that the respiratory department is otherwise “open for business as usual” and are happy to accept any respiratory referrals in the usual way. <u>We welcome your requests of advice prior referring via A&G and Consultant Connect where available.</u></p>
<p>Dietetics - Southwark Tier 2 Weight</p>	<p>Do you have any patients living with obesity? Now is the ideal time to refer them to the Southwark Tier 2 Healthy Weight Management Programme.</p>

Management Programmes	<p>We accept referrals for adult patients, BMI \geq 30, motivated to improve their lifestyle. The programme is currently delivered to groups of 12-15 people on a virtual platform. Virtual groups meet once a week (Mondays or Fridays) for a duration on 12 weeks. Please allow your patients to take advantage of this opportunity to make a real change in their lifestyle.</p> <p>Please submit your referrals to: gst-tr.tier2programme@nhs.net or if you want more details get in contact with the admin team on 0207 188 2010 (Option 1).</p>
Dietetics - Tier 3 Weight Management Programmes	<p>All future Initial Assessments have been suspended due to staff redeployment, therefore no patients can start the programme. However we are still accepting referrals. If you make a referral now, it will not be considered until normal service has been resumed. Please tell the patient that they will be waiting for some time before we can book their Initial Assessment in order for them to start the programme. We will be in contact with them once we re-open our Initial Assessments.</p> <p>Please note: this service has moved to a group video intervention since July 2020 so please only refer patients who are able to access the internet and have a mobile/laptop/tablet device with a camera and microphone. To ensure referral acceptance please include latest bloods and blood pressure results on the referral so that the patient can have their medical review prior to starting the programme. Thank you.</p> <p>For any queries please email us on: gst-tr.tier3@nhs.net for the South East London Tier 3 programme.</p>
Viapath Update: PSA requests for female patients	<p>Due to limitations with the laboratory computer system, prostate specific antigen testing is only available to patients registered as male on the system. This is to prevent inappropriate investigations being performed. However, this does mean that if a PSA is requested on a female for an appropriate clinical scenario (e.g. monitoring of therapy for male-to-female gender transition), then the requesting clinician will need to inform the Guy's & St. Thomas' Duty Biochemist on 07738 897061 (Monday-Friday, 9-5). We acknowledge that this is not an ideal solution, but our limited IT system provides no alternative. We will be implementing a new laboratory IT system in the future and bear this issue in mind.</p>
Viapath Update: Upcoming changes to HbA1c analysis at Guy's and St. Thomas'	<p>The Biochemistry laboratory at Guy's & St. Thomas' will be moving to a new method for measuring HbA1c in Spring 2021 - the Roche turbidimetric inhibition immunoassay (TINIA). The laboratory has performed a thorough investigation and have confirmed that the technology is appropriate for use in our local population. Reference ranges and interpretation of results will not change; however we will be reporting HbA1c in mmol/mol units only moving forward.</p> <p>More information including a user letter with laboratory contact details, a "Laboratory Pocket Guide" to HbA1c analysis, plus an HbA1c unit conversion table are available at http://www.viapath.co.uk/viapath-service-updates.</p>
Vasectomy Referrals	<p>For any Vasectomy referrals please refer to MSI Reproductive Choices via e-RS using the clinic type: Vasectomy. Please do not use the clinic type: Not Otherwise Specified to refer to our one stop clinic as this will cause delays to patient care.</p> <p>All referrals sent to MSI Reproductive Choices be reviewed and triaged with one of the following outcomes:</p> <ul style="list-style-type: none"> ▪ Referral is accepted and the patient is seen by MSI Reproductive Choices at their choice of clinics in London and surrounding areas. ▪ If the referral is too complex or the patient is unable to have a Local Anaesthetic procedure, MSI Reproductive Choices will refer the patient to secondary care (at their preferred hospital i.e. LGT, GSTT).

<p>Pulmonary Rehabilitation Service</p>	<p>We have paused the Pulmonary Rehabilitation Service for the current time due to the staff being required to support critical care and the oxygen supported discharge pathway. We are therefore not accepting any new referrals at present. We hope this pause will only be for a couple of months, and we will let you know as soon as we re-open for new referrals. However, please bear in mind we already have a waiting list of over 3-4 months which is only going to increase while the service is paused so please be mindful of this when referring new patients in the future so patients know what to expect. We will update you all when the situation changes.</p> <p>For any queries, please contact the Integrated Respiratory Team on 0207 188 8636</p>
<p>Anosmia related to COVID-19 <i>(will move to Section 3 in next edition) – some amendments since last edition</i></p>	<p>Given the high prevalence of loss of sense of smell and taste as a consequence of COVID-19, GPs are likely to see a significant increase in patients presenting with recent onset anosmia.</p> <p>We have provided guidelines for their management at the ENTUK website: https://www.entuk.org/guideline-management-covid-19-anosmia</p> <p>The majority of these patients do not need imaging or ENT review, and although it would be helpful to confirm the likelihood of COVID infection with antibody testing, it can occur as at the only symptom in confirmed PCR positive patients, but not all later seroconvert.</p> <p>A patient advice sheet, directing them to patient support groups and to advice on smell training, is available https://www.entuk.org/advice-patients-new-onset-anosmia-during-covid-19-pandemic.</p> <p>Smell training is the most important treatment, and clear instructions how to do this at home, as well as further useful advice is available at www.AbScent.org/Nosewell.</p> <p>There is some evidence to support use of a short course of oral steroids if there is complete loss of smell at 4 weeks after onset, although the risks must be considered carefully in each individual case.</p> <p>Many patients will develop distorted smells (Parosmia) during the recovery phase which can be distressing. There are no specific remedies to alleviate parosmia, but it is usually a temporary stage heralding longer term improvement. It may last several months. Further support and advice is provided on the Nosewell website above</p> <p>For patients with persistent severe loss more than 3 months after onset, ENT review may be considered, primarily to exclude other causes of anosmia. Please advise your patient that we do not have additional therapeutic options available to us so that they are not overly expectant - there is often a delay in seeing the patient and some have been 'hanging on' for a miracle cure that we sadly cannot offer. The good news is that the vast majority of patients will recover with time - and the chance of recovery is likely to persist beyond 12 - 18 months after onset.</p>
<p>Community Palliative Care team - update</p>	<p>Guy's and St Thomas' community palliative care team (CPCT) continues to support GPs, community health care professionals and patients with life limiting disease living in north Lambeth and Southwark.</p> <p>Given current Covid-19 related increased demands on the CPCT, we are managing patients remotely i.e. using telephone assessments / video-consultations where possible. We continue to assess face to face as needed.</p>




	<p>GP's and health care professionals can access urgent clinical advice in hours (Mon-Fri 9-5pm) via the consultant connect App or on 02071884338. The End of life care team (patients assessed to be imminently dying in hours-days) can be contacted (Mon-Fri 8-5pm) on 020 3049 4774. Out of hours and at weekends, please call 02071887188 and ask for the on-call community palliative care team (8am-8pm) or Pal@Home (8pm – 8am).</p> <p>In addition to verbal advice, all new referrals to the CPCT or palliative care out-patients (Mon-Fri consultant led telephone clinics) will need a fully completed <u>referral form</u>.</p>
<p>Integrated MCATTS MSK service (iMSK)</p>	<p>The MSK physiotherapy service continues to be affected by the COVID -19 surge. Further staff redeployment has had to occur to support critical services. We continue to offer a service for any MSK cases that are clinically urgent.</p> <p>Please use Advice and Guidance (A&G) via e-RS and Consultant Connect if you have clinical uncertainty or require fast accessible advice on management. If your PCN have an FCP service please consider using this for MSK assessment.</p> <p>Please refer to our website for information resources for patients on exercises and advice to self-manage. <u>Physiotherapy page of the Guys and St Thomas' website</u></p> <p>The Chartered Society of Physiotherapy also has <u>MSK resources</u></p> <p>If you do refer a routine patient we will advise you via ERS that we are unable to see the patient and signpost relevant information resources.</p> <p>Our iMSK service will be offering 'virtual first' / telephone/video triage model for the majority of patients. Face to face consultations will be offered to those patients who require further assessment /investigation due to concerning or worsening symptoms or if they require treatment, which cannot to be managed remotely.</p> <p>Please see guidance below for patients attending our hospitals for their outpatient appointments.</p> <p><u>https://www.guysandstthomas.nhs.uk/patients-and-visitors/coronavirus/appointments.aspx#na</u></p>
<p>COVID-19: Diabetes High Risk Foot Disease Pro-active Management</p>  <p>Proforma for (</p>	<p>We are seeing fewer aspects of routine diabetes care take place at the present time due to COVID-19. A particular concern highlighted has been the lack of referral activity for people with foot disease due to their diabetes. This could lead to a worsening of foot problems and potential complications including minor and major amputations.</p> <p>The focus is to identify people with diabetes (PWD) who are at high risk of foot disease based on their medical records. These people need to be identified and proactively managed by means of a routine diabetes foot screen. To help support this piece of work, a proforma has been created to be used by health care professionals making these calls to PWD.</p> <p>This proforma can also be used as a referral form for cases where a foot screen is positive for potential areas of concern that would warrant onward referral and specialist assessment.</p>
<p>Consultant Connect NEW LINE: Rapid Diagnostic Clinic (RDC) Urgent Clinical Advice</p>	<p>Following requests from GP's addressing advice for patients who are deteriorating prior to a diagnosis, the RDC now can support/ advice remotely via Consultant Connect (as well as via e-RS). Those with an existing diagnosis should use the existing channels or utilise/ contact Acute Oncology Service (AOS).</p> <p>Please could we remind all referring clinicians that triage tests are required prior to an e-RS referral into the RDC. This will help in ensuring the patient is on the correct</p>


	<p>pathway and also ensure the patient is triaged into the correct diagnostic pathway as quickly as possible.</p> <p>The current RDC lines will available as follows: Tuesday & Thursday 10am to 1pm Wednesday 9am to 5pm</p>
Consultant Connect NEW LINE: Covid Advice Line GSTT	<p>A new service has been set up on Consultant Connect – the Covid Advice line. This service is available for each hospital site and is staffed 8am-8pm 7 days a week, by Consultants from acute medicine, elderly care and respiratory medicine. The line is designed to help GPs and community teams who are managing patients outside of hospital and require specialist advice.</p>
ENT referrals **please note changes due to the covid-19 response**	<p>Unfortunately, we are only able to accept referrals for Emergency and Urgent patients until further notice. We will not be accepting any new non-urgent/ routine referrals unless advice and guidance has been sought from our clinical team. Our clinical team will advise you through this channel whether a referral should be made and whether it is urgent or non-urgent. At present we are not currently booking routine patients so there will be a significant delay before we see the patient as capacity is limited for emergency and urgent appointments only.</p> <p>The best course of action for ENT referrals considered to be an emergency is to discuss with the ENT on-call via bleep 1508 in the first instance or seek advice and guidance via e-RS and Consultant Connect (available for Lambeth, Southwark & Bromley GPs) . The team can help with appropriate triage, we still have facilities to assess and treat conditions that may warrant a visit to the hospital (e.g. epistaxis, quinsy, severe otitis externa, fractured noses).</p>
Phlebotomy walk in services	<p>CORRECTION: Please note that phlebotomy services at the Dulwich Community Hospital have now closed.</p> <p>Due to the COVID-19 Pandemic Viapath are running a reduced service for walk in blood tests. The current service will be as follows, however this may be subject to alternations – we will keep you updated on any changes.</p> <ul style="list-style-type: none"> ▪ St Thomas’ Hospital, Ground Floor, South Wing: 07.30-17.45 (last patient entry 17.30) ▪ Guys Hospital: - 4th Floor, Tower Wing: 07.30-13.00 (last patient entry 12.45) ▪ Gracefield Gardens, 2-8 Gracefield Gardens, SW16 2ST: 08.00 – 16.45 (last patient entry 16.30) ▪ Tessa Jowell Health Centre: 07.30- 16.00 (last patient entry 15.45) ▪ King’s College Hospital, Denmark Hill :7.30 – 17.45 (last patient entry 17.30)
Dental Emergency Clinic	<p>The Dental Directorate is open for dental emergencies for adult and paediatric patients Monday to Friday.</p> <p>There are a limited number of appointments each day which have to be booked via NHS 111</p> <p>Please do not advise your patient to walk-in as all appointments have to be booked via NHS 111.</p>
Early Pregnancy and Acute Gynaecology Unit (EPAGU)	<p>This service is now by appointment only.</p> <p>Women experiencing problems in pregnancy (abdominal pain /vaginal bleeding/ vomiting) and < 18 weeks gestation would need to call us on 02071880864 for a telephone consultation, before attending the unit. If a patient is seen by the GP and needs to be reviewed in EPAGU, we need to be contacted on 02071880864 or on our bleep no 2591, to discuss the referral.</p>

	<p>Women can self-refer or healthcare professionals can refer on their behalf by calling 020 7188 0864 (M-F 8am to 6pm, Sat, Sun & Bank Holidays 9.30am to 3pm) and a specific appointment time will then be given.</p> <p>If a woman or healthcare professional is urgently concerned about the amount of bleeding or level of pain, they should go directly to their nearest Emergency Department (A&E).</p> <p>Please do not advise your patient to walk-in as we will be unable to see them.</p>
<p>Ultrasound referrals for suspected cervical lymphadenopathy in children</p>	<p>There is a drive to increase the quality of referrals we are receiving and avoid unnecessary scans.</p> <p>All referrals must be suitably detailed, including:</p> <ul style="list-style-type: none"> ▪ Size of lump ▪ Duration ▪ Presence/ absence of red flag symptoms <p>If there is an underlying infection it is advisable to consider antibiotics and review before sending for an unnecessary reassurance scan for reactive nodes. The exception to this is when querying lymphadenitis or abscess.</p>
<p>Abnormal liver function test pathway</p>	<p>The liver service at Guy's and St Thomas' has developed this abnormal liver function test pathway which helps GPs and referrers with the full management of abnormal LFT. Please see attached.</p> <div style="text-align: center;">  <p>Abnormal liver function test pathw</p> </div>
<p>Nephrology (Renal) Referral changes</p>	<p>Guy's Nephrology / CKD service are now accepting referrals via e-RS, for patients in South-East London. The first appointment with the service will be a virtual review. For most referrals, this will include a telephone consultation; there may be some referrals which are redirected to another service. The information in the referral form and visible in the Local Care Record are crucial for making this appointment as useful as possible. Please ensure that the blood and urine test results stipulated in the referral form are as recent as possible. When referring to this service please use the Renal Referral Form (see section under Routine referrals to obtain form (should be used for urgent referrals too): Renal Referral form)</p> <p>After this first appointment, we will offer the patient a follow-up in the Nephrology service, either virtual or face-to-face, or discharge the patient back to the referrer with advice and guidance. If we discharge the patient, we will write a letter to the referrer and the patient informing them that they have been discharged from our care, and to contact the referrer for the next steps in their care.</p> <p>For any further referral related queries, please contact gst-tr.RenalReferralsGuys@nhs.net</p> <p>Please note - from the 14th December 2020, any referrals made not using the Renal Referral Form will be rejected, and the referrer signposted towards the correct referral form.</p>
<p>Changes to microbiological testing of High Vaginal Swabs</p>	<p>Microbiological testing of HVS samples currently involves a complex series of tests, regardless of the clinical indication. This is wasteful of resources. A PHE guideline from 2017 recommended that bacterial vaginosis (BV), a very common diagnosis in primary care, could be rapidly and reliably diagnosed using clinical symptoms and signs combined with pH testing. Therefore, following consultation with CCG and GSTFT</p>

	<p>colleagues, we have decided not to routinely perform a BV test (Gram stain) on HVS samples.</p> <p>Therefore, as of 6th January 2021, BV testing will only be performed on HVS samples when specifically requested in the clinical details. A message will appear in T-quest when a HVS is requested, informing the users of this change.</p> <p>If further information is required, please contact Dr John Klein, Consultant Microbiologist, email: john.klein@gstt.nhs.uk</p>
<p>Imaging Referrals to Guy's & St. Thomas' NHS Foundation Trust (GSTT)</p>	<p>From 1st November 2020, to comply with IRMER 2017 and BIR guidance (Jan 2019), referrals to the Radiology department at GSTT will be rejected if: the referrer's professional registration number, e.g. GMC, NMC or HCPC number is not included on each request.</p> <p>Also, all referrers must:</p> <ol style="list-style-type: none"> 1. have completed IRMER referrer training in the last 3 years 2. Make use of referral guidelines e.g. iRefer or for non-medical referrers, be ordering in accordance with an approved ordering policy. <p>Email gst-tr.radiologyreferrals@nhs.net for more information</p> <p><i>References:</i></p> <p>The Ionising Radiation (Medical Exposure) Regulations 2017</p> <p>Position Statement on Non-Medical Referrers - British Institute of Radiology</p>

3. COVID help guides

<p>Free mindfulness sessions now available on King's Health Partners Learning Hub</p>	<p>Mindfulness practice can help reduce anxiety, prevent depression, the brain reduce distractions, as well as improving cognition.</p> <p>Colleagues have been facing significant challenges and we are deeply committed to supporting their health and wellbeing. In March 2020, experienced mindfulness teachers from King's Health Partners established regular guided meditation sessions to support colleagues' wellbeing through meditation – also known as Mindfulness For All.</p> <p>You can now access these materials for free, online via https://www.kingshealthpartners.org/latest/3138-free-mindfulness-sessions-now-available-on-our-learning-hub</p>
<p>Useful COVID Guides for patients - post viral practical fatigue management</p>	<p>The Royal college of Occupational Therapy has published comprehensive leaflets on post viral practical fatigue management - one for the people recovering from acute hospital admissions and one for the people recovering from community. They are quite useful as it has step by step guide on what people should do.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Post-viral fatigue - Post_viral_fatigue_- Practical advice for p_Practical_advice_for</p> </div> <div style="text-align: center;">  </div> </div> <p>Also attached is booklet is intended to help patients understand COVID-19 and suggests ways which may help speed up their recovery</p> <div style="text-align: center;">  <p>Recovery for Fatigue after Covid I</p> </div>

<p>Coronavirus vaccines explained in five languages & Coronavirus easy read information</p>	<p>British Asian doctors explain the importance of vaccines for fighting coronavirus in Sylheti, Gujarati, Tamil, Urdu and Punjabi. Watch COVID-19 vaccines explanation videos on the BBC website.</p> <p>We have a list of easy-read resources developed by the UK Government and Public Health England. Visit coronavirus easy read to view and download these resources. GOV.UK has links to translated advice and guidance for the public about COVID-19. Updates and information in British Sign Language can be accessed on SignHealth's website</p>
<p>Obstetric Physiotherapy Services</p>  <p>GP FAQs Obstetric Physiotherapy.pdf</p>	<p>Due to COVID 19, patients have avoided attending GPs with pregnancy related musculoskeletal pain including pelvic girdle pain and pregnancy related lower back pain. As services reopen there will be an increased number of patients presenting with these symptoms. Attached is a quick guide about general advice and resources for patients, and when to refer on. You can also use A&G via e-RS for any queries and concerns.</p>