



IT Tips and Electronic Resources for GP Returners and all consulting clinicians

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This document was compiled by Phoenix Programme GP Tutors: Dr James Waldron, Dr Rebecca Chellaswamy, Dr Rachel Janyshiwskyj, Dr Lucy Clayton, Dr Angela Chandrasena and Dr Gemma Wilkinson.

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Introduction

This month sees many of our colleagues returning to general practice to man the front lines during this Coronavirus outbreak. Whilst the core of general practice is still the same, we are increasingly working from home and digitally. This document is intended to give you a quick update of some of the newer things and some tips and tricks!

The Phoenix Programme is here to support you as you return to work, or even if you just want to brush up on your skills! We will endeavour to keep this as up to date as possible but please be aware that things are changing rapidly so be aware and seek out the most recent knowledge.

IT in general practice has moved on at quite a pace and it can be difficult to keep track. Below are some of the programmes and tips that our document authors have used and found helpful but there are links to a number of different sources of information that you might also find useful:

- [eGP Learning](#) – Advice website from Nottingham GPs and PCN Leads, Drs Gandhi and Foster. eGP Learning posts lots of different videos via its [YouTube channel](#) and on its [Facebook page](#).
- RCGP and BMA are producing documents with respect to new ways of working.
- [Primary Care Pathways](#) has lots of videos re: support with EMIS.
- [SystemOne Facebook Update group](#)

Please note, the Phoenix Programme doesn't have any business or political affiliation with any of the different systems and programmes mentioned in this document. Other programmes are available.

Computer Systems

The main systems used in local practices for consultations are SystmOne and EMIS or EMIS Web.

SystmOne

(NB. If you are completely new to the SystemOne – watch [this video](#) with a guide to normal consultation made by GP templates, or a more in depth video from [eGP learning](#).

If you are used to SystemOne or would like to upgrade some of your skills, Dr James Waldron has put together a [video](#) to help you out with some tips and tricks!

Some time-saving ideas

- F6 – “saves” current patient – and will bring up EPS prescriptions
- F10 – Brings up “search for patient”
- F12 – (Nottingham only) – Clinical advice/guidelines/2ww – see video for more

Text messaging

Click the small mobile phone icon on the toolbar – you may have to set this up by right clicking on the tool bar and searching for “text messaging”)

- The ubiquity of smart phones means that information can be very easily and quickly sent via text message and link to online resources

Consider setting up frequently used text messages – see video for more information.

- You can borrow from other staff’s list of text messages

Uses: you can use this feature to quickly send to a patient’s mobile phone:

- Web address for Patient Information leaflets
- Numbers for psychological therapies
- Numbers for physio/home exercise leaflet web addresses
- X-Ray booking numbers
- Reminder to book blood tests

Auto-consultations

Auto-consultations are fully customisable to you and will populate your notes with predetermined:

- Notes
- Read-codes

- Prescriptions
- Contraception reviews, post-natal reviews
- “event settings” – e.g. telephone call from remote working PC to patient’s mobile

These can be very helpful to save time for things consultations, particularly with respect to safety netting. The help with complete and rapidly written notes is invaluable!

See [Video](#) for more information – 01:07.

Set up

Click - Setup -> workflow -> auto consult (video - 3:18)

Suggested uses

- Safety net advice
- COVID consultations
- Telephone consultations – leaving messages etc
- Medication prescription – Vitamin D, Anticipatories etc.

EMIS and EMIS Web

EMIS is another system in use widely across Nottingham.

There are updates for primary care pathways via various sources [including Primary Care Pathway’s twitter](#) channel for EMIS and a [video](#) about the basics of consultations.

And a more in-depth [webinar](#) for tips and tricks and some COVID specific changes you might be able to make.

Remote Consultations

There is a wealth of information about regarding remote consultations. This was already strongly on the political agenda and the recent crisis has pushed this to the forefront.

We are doing many more telephone consultations and video consultations in an effort to help protect staff and patients.

Resources

There is a really excellent page on Remote consulting in COVID on the [BMJ website](https://www.bmj.com/infographics).

Visual summary

Covid-19: remote consultations

A quick guide to assessing patients by video or voice call

Version 1.3
25 Mar 2020

This graphic, intended for use in a primary care setting, is based on data available in March 2020, much of which is from hospital settings in China. It will be revised as more relevant data emerges.

1 Set up
Prepare yourself and decide how to connect

Have current 'stay at home' covid-19 guidance on hand

UK government advice: <http://bit.ly/ukgovisol>

Video is useful for:

- Severe illness
- Anxious patients
- Comorbidities
- Hard of hearing

Scan medical record for risk factors such as:

- Diabetes
- Pregnancy
- Smoking
- Chronic kidney or liver disease
- COPD
- Steroids or other immunosuppressants
- Cardiovascular disease
- Asthma

2 Connect
Make video link if possible, otherwise call on the phone

Check video and audio

Can you hear/see me?

Confirm the patient's identity

Name

Date of birth

Check where patient is

Where are you right now?

Note patient's phone number in case connection falls

If possible, ensure the patient has privacy

3 Get started
Quickly assess whether sick or less sick

Rapid assessment

If they sound or look very sick, such as too breathless to talk, go direct to key clinical questions

Establish what the patient wants out of the consultation, such as:

Clinical assessment Referral Certificate

Reassurance Advice on self isolation

4 History
Adapt questions to patient's own medical history

Contacts

- Close contact with known covid-19 case
- Immediate family member unwell
- Occupational risk group

History of current illness

Date of first symptoms

Most common presentation

Cough Fatigue Fever Short of breath

Cough is usually dry but sputum is not uncommon

Up to 50% of patients do not have fever at presentation

5 Examination
Assess physical and mental function as best as you can

Over phone, ask carer or patient to describe:

State of breathing

Colour of face and lips

Over video, look for:

General demeanour

Skin colour

Check respiratory function - inability to talk in full sentences is common in severe illness

How is your breathing?

Is it worse today than yesterday?

What does your breathlessness prevent you doing?

Patient may be able to take their own measurements if they have instruments at home

Temperature Pulse Peak flow Blood pressure Oxygen saturation

Interpret self monitoring results with caution and in the context of your wider assessment

6 Decision and action
Advise and arrange follow-up, taking account of local capacity

Likely covid-19 but well, with mild symptoms

Self management: fluids, paracetamol

Likely covid-19, unwell, deteriorating

Arrange follow up by video. Monitor closely if you suspect pneumonia

Relevant comorbidities

Proactive, whole patient care

Unwell and needs admission

Ambulance protocol (999)

Which pneumonia patients to send to hospital?

Clinical concern, such as:

- Temperature > 38°C
- Respiratory rate > 20*
- Heart rate > 100† with new confusion
- Oxygen saturation ≤ 94%‡

Reduce spread of virus - follow current government 'stay at home' advice

Safety netting

If living alone, someone to check on them

Maintain fluid intake - 6 to 8 glasses per day

Seek immediate medical help for red flag symptoms

Clinical characteristics
Based on 1099 hospitalised patients in Wuhan, China

- 69% Cough
- 22% Temperature 37.5-38°C
- 22% Temperature >38°C
- 38% Fatigue
- 34% Sputum
- 19% Shortness of breath
- 15% Muscle aches
- 14% Sore throat
- 14% Headache
- 12% Chills
- 5% Nasal congestion
- 5% Nausea or vomiting
- 4% Diarrhoea
- 24% Any comorbidity

Red flags

Covid-19:

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in the chest
- Cold, clammy, or pale and mottled skin
- New confusion
- Becoming difficult to rouse
- Blue lips or face
- Little or no urine output
- Coughing up blood

Other conditions, such as:

- Neck stiffness
- Non-blanching rash

Footnote: * Breaths per minute † Beats per minute ‡ If oximetry available for self monitoring

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Remote Meetings

It is a good option to consider holding practice meetings remotely. MDTs with other staff can be performed via this function too.

Also, when asking for clinical advice there is a lot to be said for having that discussion with your colleague face to face (even if remotely). The additional information you can glean (plus the increased resilience benefits of contact) can't be underestimated.

There are lots of different options:

- Zoom – basic account is free.
 - One to one meetings using a phone, tablet or a laptop
 - You can also dial in using your own phone with or without video
 - You can have lots of people's faces (up to 49!) on the screen at once

- Skype for business - some free options
 - Normal Skype one to one is free

- Microsoft Teams
 - Free and paid options
 - Often used in local area

- WhatsApp
 - There is a function to have 4 people with video speaking at once
 - Most people have this app on their phone
 - Typing communication via WhatsApp web (link to your phone, no video)

Telephone and Video Consulting

Telephone consultations have become more frequent and many things can be done over the phone. Efficiency and patient satisfaction for certain things have improved – e.g. results, medication reviews as well as some mental health support as well. The benefit here is that so much can be done from home! For a light-hearted break, [another video](#) from Dr James Waldron about working at home. Here are some Top Tips for practicalities of telephone consulting:

- Get a headset: There will often be some available at a practice but a wireless or wired headset to your phone can be invaluable so you can type whilst you are talking and save your neck and back. Amazon has a wide range of options for as little as £20, most headphones will also suffice.
- Block your number on your mobile phone – each phone may be different so suggest googling this!
- Consider whether it might be better switching to a video consultation
 - o Often more information can be gained via this route
 - o It is usually most effective to start as telephone and convert to video

There are a lot of resources that can help you.

- o [NB Medical Free Lecture](#)
- o [Advice and support from RCGP](#)

Remote consulting is becoming more common and particularly in the current climate essential to help shield patients and staff from infection.

Often the best way of approaching video consultations is to start in telephone and ask if a patient might switch to video during this. This is because video consults can take a similar length of time to face to face and this way time is more easily managed.

There are a number of resources produced that can help with this:

- o [eGP Learning Video](#): There are several of these in a series.

Application in current crisis – end of life

At the time of writing, the rules have changed regarding review of people at end of life. A little complex so please read the content on [TeamNet](#).

Essentially however:

- o A patient now needs to be seen in the 28 days prior to passing away (previously 14)
- o “being seen” can be virtually via a video app

It may be worth contacting care homes to update them on this as do some trial runs with seniors and Care home (or personal) mobiles.

AccuRx

A current solution being employed in Nottingham (though there are others available) is [AccuRx](#).

It takes around 5 mins to set up (or less). This is a bit of software that sits over and integrates with SystmOne or EMIS to allow:

- [Easy video consulting](#)
- [Ability to send in photographs from a patient](#) e.g. a rash to help with diagnosis

The videos above explain how to use it, but a quick start guide:

1. With SystmOne or EMIS open, go to the [AccuRx website](#).
2. Click “GP Practice”
3. Click S1 or EMIS
4. Download
5. “Save File”
6. “OK” then “Run”
7. Sign yourself up to the system if you haven’t already
8. Click “OK” when pop up comes onto SystemOne

A blue-green menu should now sit over the top of your Screen (very small).

1. When you have a patient open, click on the “video camera” button
2. This will populate the patient’s number into the first field, and your registered number into the second field.
3. Two options
 - a. Click send text message
 - i. Both the patient and you will receive a link via text
 - ii. Click on the link and it will open in your phone internet browser
 - iii. Click “ok” to allow it to use both audio and video – the patient needs to do the same
 - iv. You both should appear on the screen
 - b. Click the button to “open in browser” (this has to be Chrome on your computer)
 - i. You will be then sent to another screen where you will have your video feed and the patient’s
 - ii. You need to have a microphone/camera and speaker for this to work

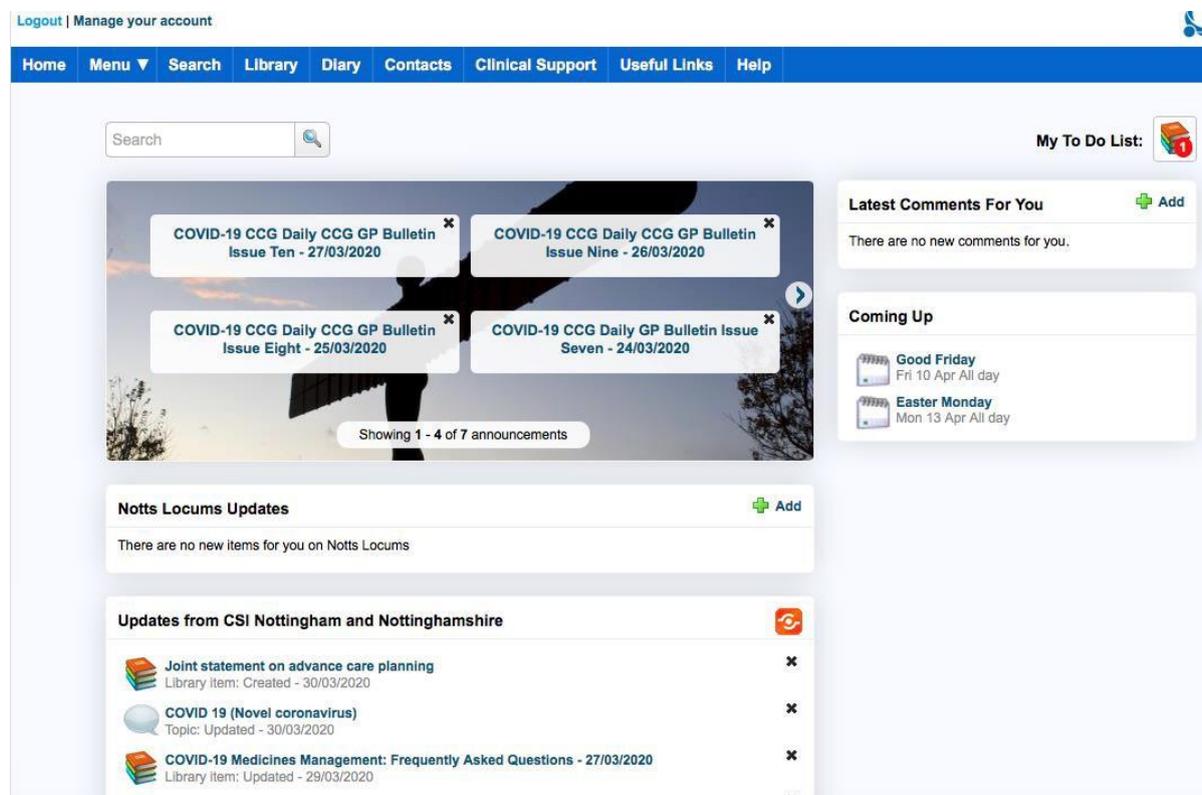
Guidance and Pathways: Clarity and TeamNet

TeamNet is an [online portal](#) used in many practices across Nottingham and is expected to be adopted further afield as well. It is used in a similar way to a county-wide intranet.

It is a useful local website run by Dr Manik Arora which requires a username and password to log in – all GPs working in Nottinghamshire should have access to this (including locums). Contact teamnet@clarity.co.uk if you do not currently have access.

About

There is lots of information on GP TeamNet but the key parts of the website are ‘clinical support’ and ‘contacts’.



The screenshot displays the GP TeamNet website interface. At the top, there is a navigation bar with links for Home, Menu, Search, Library, Diary, Contacts, Clinical Support, Useful Links, and Help. Below the navigation bar is a search bar and a 'My To Do List' section with a notification icon. The main content area features a grid of four COVID-19 CCG Daily CCG GP Bulletin announcements, each with a close button. Below this is a 'Notts Locums Updates' section with an 'Add' button. The bottom section is titled 'Updates from CSI Nottingham and Nottinghamshire' and lists several items: 'Joint statement on advance care planning' (Library item: Created - 30/03/2020), 'COVID 19 (Novel coronavirus)' (Topic: Updated - 30/03/2020), and 'COVID-19 Medicines Management: Frequently Asked Questions - 27/03/2020' (Library item: Updated - 29/03/2020). A 'Coming Up' section on the right lists 'Good Friday' (Fri 10 Apr All day) and 'Easter Monday' (Mon 13 Apr All day).

GP TeamNet includes all key local updates including the following:

- COVID-19 CCG Daily GP Bulletin (see Covid document for TeamNet for more info)
- Updates from Nottingham and Nottinghamshire CCG (the newly merged CCG which includes Nottingham City, Nottingham West, Nottingham North & East, Rushcliffe, Newark and Sherwood and Mansfield and Ashfield)
- Updates from NHS England
- Updates from NUH
- Updates from Notts LMC
- It also includes upcoming local education events including Protected Learning Time events.

Clinical support

- This section is perhaps more useful to those in EMIS practices who do not have comprehensive F12 functionality
- Some of the information in this section is Nottinghamshire specific but some link to national guidance or NB Medical summaries
- Most 2WW guidance can be found here but is more easily available via F12

Clinical Support Information

| | | | | |
|------------------|-----------------------------|-------------------------|-----------------|---------------------|
| Acute Care | Breast | Cancer | Cardiology | Clinical Pathology |
| COVID-19 | Dermatology | Diabetes | Diagnostics | Ear Nose and Throat |
| Elderly Care | Endocrinology | Gastroenterology | Gynaecology | Haematology |
| Immunology | Individual Funding Requests | Infectious Diseases | Liver Disease | Mental Health |
| Musculo-skeletal | Neurology | Nutrition and Dietetics | Obesity | Obstetrics |
| Ophthalmology | Paediatrics | Pain Management | Palliative Care | Physiotherapy |
| Prescribing | Renal | Respiratory | Rheumatology | Safeguarding |
| Sepsis | Sexual Health | Social Care | Surgery | Urology |
| Vascular | | | | |

Useful Contacts

This is a useful way of finding the direct contact details for various departments/organisations:

- 
A&E Secretaries (A&E Secretaries), Nottingham University Hospitals
 Tel: 0115 9709152
 QMC

- 
Acute Dermatology (Acute Dermatology), Treatment Centre
 Notes: Contact the Treatment Centre and leave a message to arrange appointment or advice. The message

- 
Acute General Paediatrics (Acute General Paediatrics), Childrens Hospital

- 
Acute Medicine, Nottingham University Hospitals
 Monday to Friday: 9:00 to 17:00 hours. Outside these hours, please contact NEMS Clinical Navigator.
 Tel: 0115 875 4610

- 
Acute Paediatric Surgery & Urology, Nottingham University Hospitals
 Tel: 0115 970 9151, 0115 9709152
 Fax: 0115 8754696

- 
Adult Duty Team, Nottingham City Council
 Opening hours will be from 8.30am to 5pm Monday to Friday; outside of these times GPs are asked to use the
 Tel: 0300 131 0300 Option 2

- 
Adult General Surgical Triage Unit, Nottingham University Hospitals
 Notes: 24 X 7.

- 
Adult Speech and Language Therapy Service, Nottingham CityCare Partnership
 Core hours are from 8am to 5pm Monday to Friday.
 Tel: 0115 8834707

- 
Alison Campbell (Child and Adolescent Immunisations), Public Health England
 Tel: 0113 825 5505
 alison.campbell@nhs.net

- 
Amanda Wilson (Social Prescribing Link worker Newark)
 amanda.wilson5@nhs.net

- 
Ambulance Control, East Midlands Ambulance Service (EMAS)
 GP Line to arrange urgent (non-999) ambulance transport. usually to hospital

You can search for the service/person you require – for example if you wanted to contact the respiratory team:

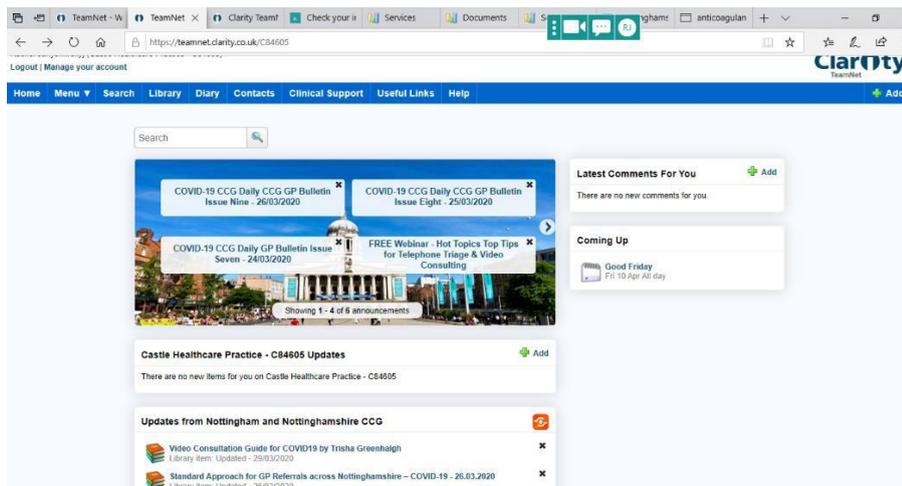
Clear search

[Click here if you want to view this information in a table](#)

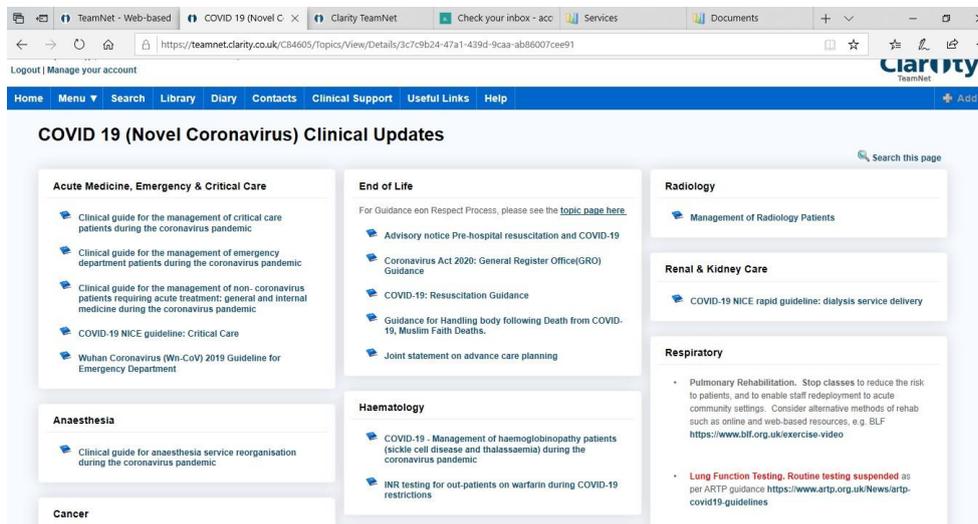
Found 4 results in Contacts Sort by: Relevance

- 
Respiratory Baton Phone, Nottingham University Hospitals
- 
Integrated Respiratory Service and Home Oxygen Service, Nottingham CityCare Partnership
 Tel: 0115 88 33 622 8am til 10pm, 365 days.
 Fax: NONE
- 
Pain Management, Respiratory Medicine, Vascular surgery, Hypertension, Ophthalmology, Circle, NHS Treatment Centre
 Secure email for transferring confidential patient information via speciality
 circle.gateway@nhs.net
- 
Respiratory Assessment Unit (Consultant)
 Tel: For Urgent advice please contact the on-call Respiratory consultant 24/7 via switchboard.

Information source for Covid-19



The comprehensive guide to the Coronavirus pandemic is updated daily.



DNAR/ReSPECT

Respect forms now replace DNAR. They are available via Team Net but also via F12 and under "epaccs" on SystemOne.

They include preferred treatment and ceiling of care options along with DNAR status.

There is useful RESPECT form training videos and information regarding how to fill them in on Clarity

The screenshot shows the RESPECT form, titled 'Recommended Summary Plan for Emergency Care and Treatment for'. It includes fields for 'Preferred name', 'Full name', 'Date of birth', 'Date completed', 'NHS/CHI/Health and care number', and 'Address'. Section 2 is 'Summary of relevant information for this plan (see also section 6)', including diagnosis, communication needs, and reasons for preferences. Section 3 is 'Personal preferences to guide this plan (when the person has capacity)', with a scale for 'Prioritise sustaining life' vs 'Prioritise quality of life' and a question about the most important factor. Section 4 is 'Clinical recommendations for emergency care and treatment', with a scale for 'Focus on life-sustaining treatment' vs 'Focus on symptom control' and a section for specific clinical guidance. At the bottom, there are signature fields for 'CPR attempts recommended', 'For modified CPR', and 'CPR attempts NOT recommended', each with 'Adult or child' and 'Clinician signature' options.



- Home
- Menu
- Search
- Library
- Diar
- Contacts
- Clinical
- Support
- Useful Links
- Help

| | | |
|---|---|---|
| <p>My Information</p> <p>Popular</p> <p>C Clinical</p> <p>Collaboration</p> <p>Learning & Training</p> <p>Management</p> <p>People</p> <p>Topics</p> <p>FDI he System</p> <p>T: </p> | <p>Topics</p> <p>Antimicrobial Guidelines</p> <p>Ask Your Clarity TeamNet consultant...</p> <p>COVID 19 (Novel coronavirus)</p> <p>COVID 19 (Novel coronavirus) Clinical Updates</p> <p>CQC - Preparing for Inspection</p> <p>End of Life & Palliative Care</p> <p>Frailty management in General Practice</p> <p>Guidelines</p> <p>NB Medical 'Hot Topics' Primary Care Update Courses</p> | <p>On-Call</p> <p>Prescribing Guidance</p> <p>Research</p> <p>ReSPECT Process in Nottinghamshire</p> <p>Safeguarding Information for Nottingham & Nottinghamshire</p> <p>screening Programs</p> <p>Service Restriction Policy</p> <p>TARGET Antibiotic Toolkit</p> <p>View all topics</p> |
|---|---|---|



eHealthscope

This requires login details but contains a wealth of information including:

- Up to date referral forms & information leaflets including those from F12 (this is particularly useful for those in EMIS practices without full F12 functionality)
- Direct contact details for local services (similar to GP TeamNet)
- Practice level data
- Some practices can access A&E attendances & admissions etc.

The screenshot shows the eHealthscope website interface. At the top, there is a navigation bar with the following menu items: HOME, DOCUMENTS, SERVICES, DATA, WORKFLOW, REGISTERS, LOGS, SOCIAL, and MORE. Below the navigation bar is a search bar with the placeholder text "Title & Keywords" and "Title, Keywords & Content". Below the search bar, there are filters for "Documents for" (My world, My practice, My CCG, My ICP, National UK, Other shared) and "Document Type" (-SELECT-). A "Search" button is located below the filters. Below the search bar, there is a link that says "Click to view the top 30 documents on eHealthscope". Below this link is a table of documents. The table has columns for "Title", "Next Review", and "Date". The table lists 30 documents, each with a title, a "Next Review" date, and a "Date" column. The titles are: Accessible Information Standards: F12, Allergy & Immunology: F12, Breast Female: F12, Breast Male: F12, Cancer & 2WW: F12, Cardiology: F12, Carers / Relationships: F12, Colorectal: F12, Coronavirus (Covid-19): F12, Coroners & reporting deaths: F12, Dermatology: F12, Diabetes: F12, Dietetics & Nutrition: F12, End of Life: F12, and Endocrinology: F12. The "Next Review" dates range from 30/03/2020 to 30/11/2020. The "Date" column shows dates from 30/03/2020 to 30/04/2021.

| Title | Next Review | Date |
|---------------------------------------|-------------|------------|
| Accessible Information Standards: F12 | | 30/11/2020 |
| Allergy & Immunology: F12 | | 30/04/2021 |
| Breast Female: F12 | | 30/05/2020 |
| Breast Male: F12 | | 30/05/2020 |
| Cancer & 2WW: F12 | | 30/11/2020 |
| Cardiology: F12 | | 31/01/2020 |
| Carers / Relationships: F12 | | 28/02/2020 |
| Colorectal: F12 | | 31/03/2021 |
| Coronavirus (Covid-19): F12 | | |
| Coroners & reporting deaths: F12 | | 30/08/2020 |
| Dermatology: F12 | | 30/01/2020 |
| Diabetes: F12 | | 30/03/2020 |
| Dietetics & Nutrition: F12 | | 31/12/2020 |
| End of Life: F12 | | 31/08/2020 |
| Endocrinology: F12 | | 30/03/2020 |

Other useful resources

- [British National Formulary](#)
- [MedicinesComplete](#) (Royal Pharmaceutical Society)
- [CKS/NICE clinical guidance](#)
- [Contraception: UKMEC](#)
- Dermatology: [Primary Care Dermatology Society](#) and [DermNet NZ](#)
- [Signposting Health for Nottingham City practices](#): Info on self-care and self-referral processes.

Nottingham and Rushcliffe

F12 Key – Pathfinder

Watch this [video](#) from Dr James Waldron from 05:14 for how to set it up and its uses.

- A comprehensive guide in Nottingham of guidelines, phone numbers and referral forms.
- For SystemOne Practice
- Key useful screens on F12 pathfinder are:

Specialities

(on the left hand side)

There are links to eHealthscope guidelines for referral, referral forms and guidance or you could use the A-Z button to explore guidance for specific conditions.



2WW referrals (next to the urgent care box)

Urgent care and advice line numbers

Urgent care and advice line numbers

Urgent Care - Emergency Advice, Support and Admission Contact Details
NUH Switchboard - 0115 9691169

- 0115 875 4610 (MACU) Acute Medicine Triage
- 0781 226 8916 Paediatric Acute Surgery & Urology
- 0771 309 7061 Paediatrics Urgent Clinical Advice
- 0115 924 9924 Ext: 80271 Gynae & Early Pregnancy Advice
- 0781 226 8351 ENT out of hours on call
- 0115 840 4744 Respiratory on call
- 0115 735 1034 Spinal on call

Out of Hours & Urgent Care (UCC)

- 0115 846 2376 NEMS, CRISIS Teams, NEMS Cellulitis Pathway, NEMS DVT Pathway, NEMS Anaemia Pathway, NEMS Colic Pathway
- 0115 883 8500 North Urgent Care Centre
- 0162 367 2214 SFH (Kings Mill) ED
- 0163 668 1681 Newark Hospital Care Pathways
- 0116 242 9450 Leicester Urgent Care Centre
- 0133 222 4700 Derby Urgent Care Centre
- 0150 961 1600 Loughborough Urgent Care Centre
- 0166 480 0103 Melton Urgent Care Centre
- 0300 123 3103 Doncaster Royal Infirmary

County - Community / Social Services

- 07812 269 454 (24h) Adult General Surgical Triage
- 0781 226 8950 Gastroenterology (NUH)
- 0781 226 9495 Rheumatology
- 115 924 9924 - spr on call Neurology
- 0115 875 4616 Stroke
- 115 924 9924 - spr on call Trauma & Orthopaedics
- Fracture X: 63040 Fracture (T&O)

City - Community / Social Services

- 0300 083 0100 F12 Adult Social Care
- 0300 500 8080 Adult Community Services
- 0300 456 4546 Adult Social Care
- 0300 0830 100 Option 1 (Mon to Fri, 8am - 8pm) Social care emergencies
- 0300 131 0300 Call for Care (South County) CityCare Services
- 0300 300 7995 Hub Therapy
- 0300 131 0300 Adult Social Care (option 2)
- 0115 876 1000 Social Care Emergency Team

Admission

- Admission Letter
- Hospital Info / Ambulance Numbers
- Lings Bar Step Up

Alternatives to admission explored? e.g. • Crisis response • Comm HF/Respiratory support • Urgent Out Patient review • Urgent chest x-ray reporting • Repeat bloods by NEMS

EHS Services Search
 Enter values into the Urgent Care Nav F12 template

- Search for Contact Numbers
- Useful Hospital Numbers
- Prescribing
- Paed Traffic Light
- Children's Safeguarding
- Adult Safeguarding
- NEWS Score
- Sepsis Tool
- Mental Health
- Wells DVT Score
- Emergency Contraception
- FeverPAIN

2WW referrals (next to the urgent care box)

Cancer Resources (inc. 2WW)

Other Details: Exact date & time | Tue 31 Mar 2020 | 17:13

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Index Breast F | Breast M | Urology | Lung | Upper GI | Colorectal | Skin | Sarcoma | Childrens & Paed Dermatology | Haematology | Gynaecology | HPB | Head & Neck

Body Diagram: Brain, Ocular, Head & Neck, Thyroid, Breast Female, Breast Male, Lung, Hepatopancreaticobiliary (HPB), Upper Gastrointestinal (GI), Rapid Colorectal Cancer Diagnosis, Haematology, Gynaecology, Urology, Skin, Sarcoma / Bone, Childrens & Paediatric Dermatology, Non Specific Symptoms (CITY & NNE)

Screening: Breast Screening, Bowel Screening, FIT & RCCD Further Info, Cervical Screening

Thinking About Referral

- Cancer Checklist
- Cancer Mind Maps
- EHS Cancer Services Information
- NICE: Symptom Ref Guide
- RCGP Primary Care Tool Kit
- Macmillan Rapid Referral Guidelines (Use local PSA parameters)

Screening

- Adult Screening F12

Post Treatment - Review & Support

- Macmillan Cancer Care Review Template
- DS1500
- Macmillan Pre-CCR Patient Questionnaire
- Cancer Care Review - How are you doing?
- Macmillan Beyond Diagnosis Self Help Service Form
- NUH Post Cancer Treatment Summary for GPs
- Carrying Out An Effective Cancer Care Review
- Macmillan Cancer Recovery Package FAQs
- Recovery Package - CCR Overview
- Macmillan Info & Support Service
- CARE Programme Info
- CARE Cancer Physical Activity Referral Form
- HOPE Support Programme
- Maggie's Practical, Emotional & Social Support

F12

Information | Print | Suspend | Ok | Cancel | Show Incomplete Fields

Show recordings from other templates
 Show empty recordings

Community Care

- USS forms (the way of requesting these differs between areas)
- District Nurse/Community support teams referrals on Community Referrals (SPA) with details of how to task the community hub (dependent on CCG)

The screenshot shows the F12 Pathfinder software interface. The 'Community' tab is selected, and the 'South Hub Referrals' section is visible. A red arrow points to the 'Community Referrals (SPA)' option. The 'Rushcliffe CCG' section contains the following information:

1. Complete relevant service form (if required) and save to record and then complete e-referral.
E-referral instructions:
 Leave caseload blank: Task recipient - Adult Community HUB : Urgency - As appropriate : Narrative - Details about the referral required

| | 1. Form (complete & save final) | 2. Additional Info | 3. Electronic Referral |
|------------------------------------|--|---|---|
| Reablement at Home (Therapy/Falls) | Therapy Referral Form | | e-Refer to Reablement at Home |
| Community Nursing | If meds admin, complete ASB1. • Sameday Meds require a tel follow up. If response required within 2-4 hours, telephone follow up required. | | e-Refer to Community Nursing |
| Community Matron | Not required | | e-Refer to Community Matron Please state if patient requires either the Frequent Caller or Frailty Matron Services |
| Diabetes Specialist Nurses | Diabetes Specialist Form | | e-Refer to Diabetes nurse |
| MacMillan Nurses | EPACCS | Any psychosocial functioning observations? Note with pencil | e-Refer to MacMillan Nurses |
| Leg Ulcer Clinic | Not required | | e-Refer to Leg Ulcer Clinic |
| Continence Clinic | Continence Clinic Referral Form | | e-Refer to Continence clinic |

Additional panels on the right include 'South Hub Referrals' (with instructions to enter values into the template) and 'New 'Referral' Word letter from this organisation to the patient with the 'Nottingham South Adult Community Therapy Referral Form For F12' template'.

Social and Safeguarding

- Adult social care and Safeguarding procedures with relevant numbers and forms.

The screenshot shows the F12 Pathfinder software interface with the 'Social' and 'Safeguarding' sections highlighted. The 'Social' section includes:

- Carers
- Veterans
- Homelessness
- Social Care (Adults)

The 'Safeguarding' section includes:

- Adults
- Children
- DNA
- FOM Template

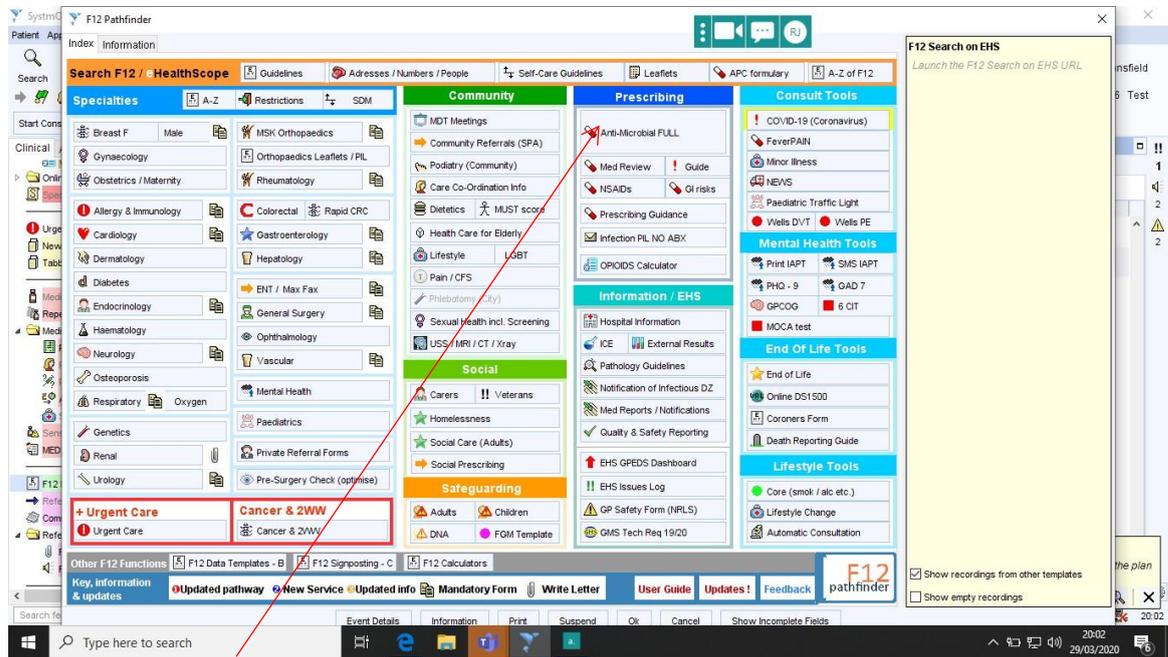
The 'Urgent Care' section includes:

- Cancer & 2WW
- Urgent Care

The 'F12 Search on EHS' panel on the right lists various tools and services, including 'Mental Health Tools', 'End Of Life Tools', and 'Lifestyle Tools'.

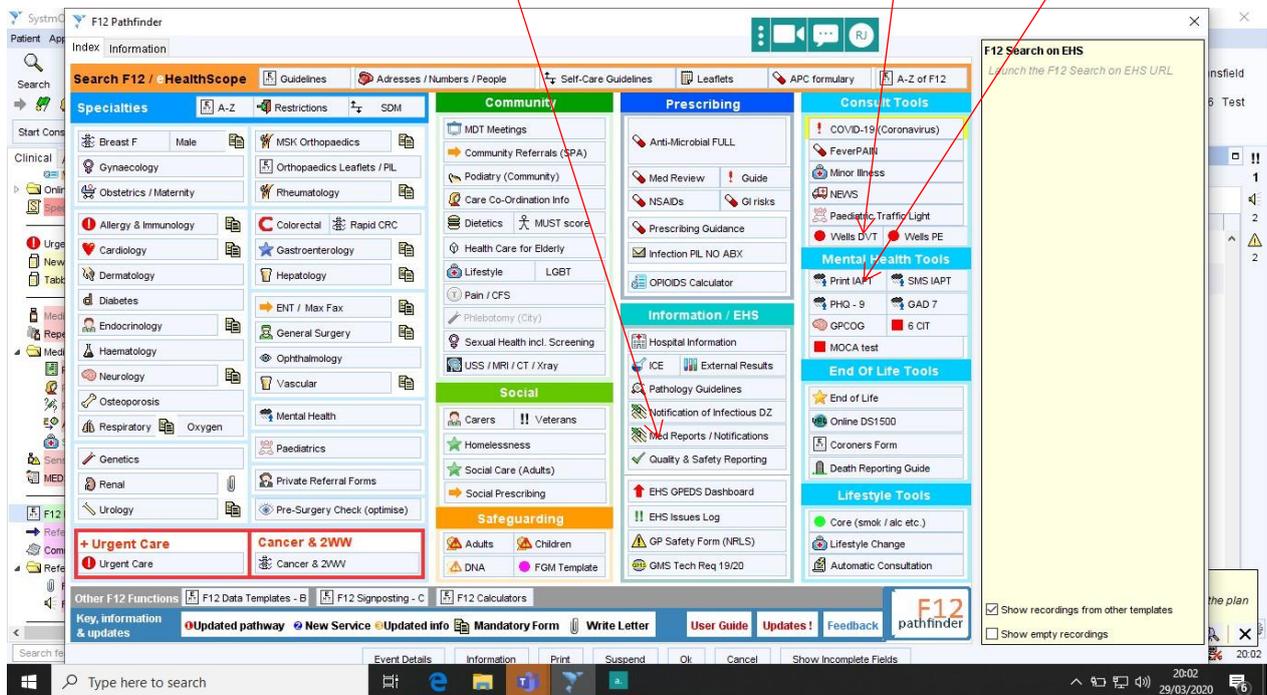
Prescribing

- Hyperlink to Notts APC guidelines for antibiotic prescribing



Information, consult tools, mental health and lifestyle tools

- Main useful links: PHE referral form (for disease notification, Wells DVT score, IAPT Sheet)



End of Life template

- Links to RESPECT form, EPaCCS referral (to share palliative information with OOH teams) and Anticipatory Prescribing

The screenshot displays the 'End of Life F12' template interface. At the top, there is a search bar and a navigation menu. The main content area is divided into several sections:

- End of Life Guidance and Resources:** A list of links including 'Guidelines for care in last year of life', 'Death Administration Guidance in the Community', 'ReSPECT Guidelines', 'Ooids Standards Framework- PIO Guidance', 'Patient Identification Strategy at End of Life', 'ReSPECT Completed Sample Forms', 'End of Life Prescribing Guidance', 'Expected Death Pre Authorisation Template', 'ReSPECT Leaflets', 'Planning a Good Death', 'Advanced Decision Pack', and 'Instructions for Next of Kin'.
- EPaCCS:** A section titled 'What is EPaCCS?' explaining Electronic Palliative Care Co-ordination Systems. It includes a link to 'EPaCCS End of Life Template' and a note about record sharing: 'When a patient is considered to be near the end of their life it becomes more important than ever that their record is shared. Patient needs to have their Record Sharing In and Out set to Permitted (you are able to ask them) or Implicitly Consented (unable to ask or best interests decision made) - USE THE SHARING BUTTON TO CHECK / UPDATE EDMS SHARING'.
- Anticipatory Prescribing:** A section with a 'City' dropdown (set to DNS1AP) and a 'County' dropdown (set to ASS1 Form). It includes a link to 'Anticipatory Prescribing Guidance'.
- Fast Track (Adult):** A section with links for 'Continuing Healthcare CITY Contact details', 'Continuing Healthcare COUNTY Contact details', 'Assessment for services', and 'Fast Track Referral Tool'.
- Fast Track (Child):** A section with links for 'Request for Children's Continuing Care' and 'Children's Continuing Care Checklist'.
- ReSPECT:** A section with a 'ReSPECT Form' link and a 'DS1500' section explaining the Digital DS1500 Service.

At the bottom, there are checkboxes for 'Show recordings from other templates' and 'Show empty recordings', and a footer with 'Event Details', 'Information', 'Print', 'Suspend', 'OK', 'Cancel', and 'Show Incomplete Fields'.

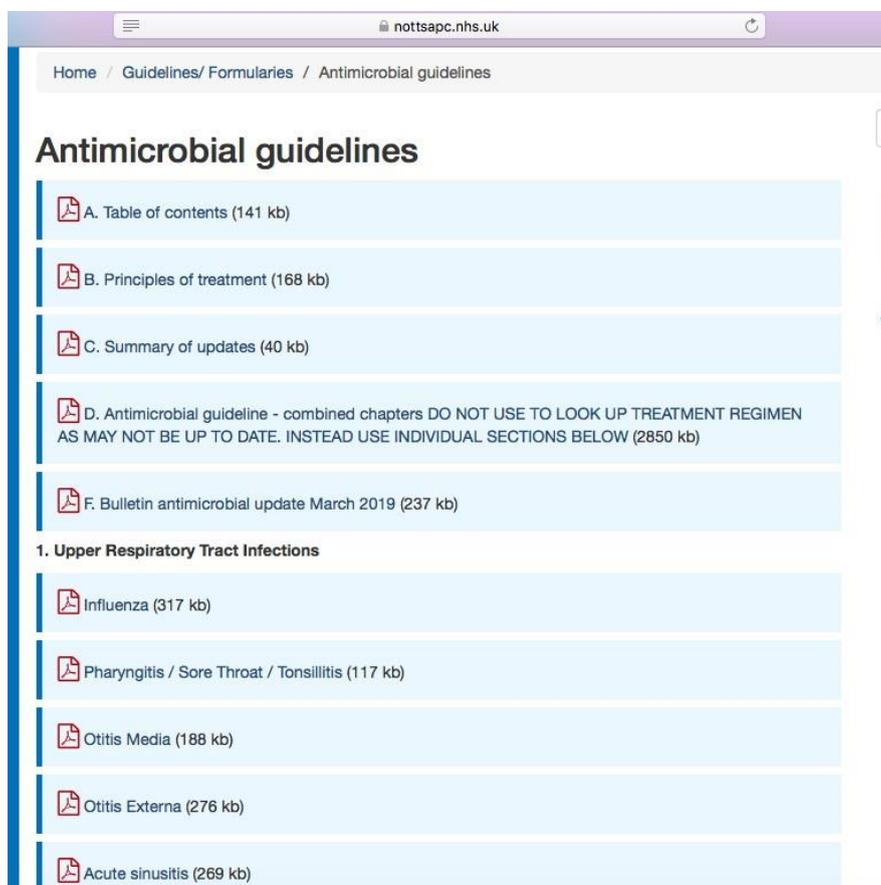
Nottinghamshire APC – Area Prescribing Committee

The [Nottinghamshire APC website](#) includes four useful Nottinghamshire specific resources:

1. Antimicrobial guidelines
2. Nottinghamshire Joint Formulary
3. Shared care protocols
4. Clinical guidelines (mainly relating to management of conditions) – to be used alongside F12 and GP TeamNet

Antimicrobial guidelines

[Detailed information](#) about managing infections of all types:



Nottinghamshire Joint Formulary

This [website](#) can also be accessed via a link on the Notts APC website:

- Formulary for use in primary AND secondary care in Nottinghamshire
- Includes a search box to determine the Traffic Light status of any drug

Traffic Light Status Information

| Status | Description |
|---|---|
|  Grey | Grey / Non-Formulary: Medicines, which the Nottinghamshire APC has actively reviewed and does not recommend for use at present due to limited clinical and/or cost effective data. Grey / Non-Formulary (undergoing assessment): Work is ongoing and will be reviewed at a future APC meeting. Grey / Non-Formulary (no formal assessment): APC has not formally reviewed this medicine or indication because it had never been requested for formulary inclusion. Often used for drugs new to market. |
|  Red | Medicines which should normally be prescribed by specialists only. eg hospital only. For patients already receiving prescriptions in primary care - continue. No new patients to receive prescriptions in primary care. |
|  Amb1 | Medicines that should be initiated by a specialist and prescribed by primary care prescribers only under a shared care protocol, once the patient has been stabilised. Prior agreement must be obtained by the specialist from the primary care provider before prescribing responsibility is transferred. The shared care protocol must have been agreed by the relevant secondary care trust Drugs and Therapeutics Committee(s) (DTC) and approved by the Nottinghamshire APC. |
|  Amb2 | Medicines suitable to be prescribed in primary care / general practice after specialist* recommendation or initiation. A supporting prescribing guideline may be requested which must have been agreed by the relevant secondary care trust DTCs and approved by the Nottinghamshire APC. *Specialist is defined by the APC as a clinician who has undertaken an appropriate formal qualification or recognised training programme within the described area of practice |
|  Amb3 | Primary care/ non specialist may initiate as per APC guideline. The supporting prescribing guideline must have been agreed by the relevant secondary care trust D&TC(s) and approved by the Nottinghamshire APC. |
|  Green | Medicines suitable for routine use within primary care. Can be initiated within primary care within their licensed indication, in accordance with nationally recognised formularies, for example the BNF, BNF for Children, Medicines for Children or Palliative Care Formulary. Primary care prescribers take full responsibility for prescribing. |
|  OTC | |

The [‘chapters’ section](#) shows the full formulary for each clinical area/condition:

For example, this is the start of the list of skin condition formularies:

| | |
|-------------|--|
| 13.01 | Management of skin conditions (1,1) |
| 13.01.01 | Vehicles (0,0) |
| 13.01.02 | Suitable quantities for prescribing (0,0) |
| 13.01.03 | Excipients and sensitisation (0,0) |
| 13.02 | Emollient and barrier preparations (0,0) |
| 13.02.01 | Emollients (24,32) |
| 13.02.01.01 | Emollient bath and shower preparations (1,2) |
| 13.02.02 | Barrier preparations (9,12) |
| 13.03 | Topical local anaesthetics and antipruritics (4,1) |
| 13.04 | Topical corticosteroids . (23,29) |
| | Topical corticosteroid preparation potencies (0,0) |

Shared Care Protocols

- This includes all the [locally approved shared care protocols](#)
- It also includes a summary of [monitoring requirements for rheumatology](#) shared care medications.
- There is an information leaflet for each shared care medication for each indication (e.g. azathioprine for IBD) which gives detailed information on monitoring requirements and actions to take if monitoring bloods are abnormal

Below is a list of approved Shared Care Protocols:

| |
|---|
|  ADHD - atomoxetine information sheet (199 kb) Review date: December 2022 |
| ADHD - atomoxetine information sheet |
|  ADHD - dexamfetamine information sheet (132 kb) Review date: December 2022 |
|  ADHD - lisdexamfetamine information sheet (132 kb) Review date: December 2022 |
|  ADHD - methylphenidate information sheet (185 kb) Review date: December 2022 |
|  ADHD - overarching SCP (192 kb) Review date: December 2022 |
|  Auto-immune Hepatitis- azathioprine information sheet (369 kb) Review date: Sep 2020 |
|  Auto-immune Hepatitis- overarching SCP (49 kb) Review date: Sep 2020 |
|  Dermatological conditions- azathioprine information sheet (261 kb) Review date: November 2020 |
|  Dermatological conditions- methotrexate information sheet (253 kb) Review date: November 2020 |
|  Dermatological conditions- overarching scp (176 kb) Review date: November 2020 |
|  Dronedarone- information sheet (192 kb) Review date: Sept 2021 |
|  |

Clinical guidelines

- [Guidelines](#) mainly relating to management/medications – to be used alongside F12/GP TeamNet guidance
- One very useful local resource is the [Palliative Care Pocketbook](#) which is available electronically as a link in this section.

Palliative Care Pocketbook 4

Contents

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| Pain Gu-idolinos | pago 2 |
| Nausea a nd Vomim g | page 9 |
| Inoperable Bowol Obstruction | page 10 |
| Cons-Lpal on | page 11 |
| B:oathlossnoss | page 13 |
| Agitation and Oolirium | page 15 |
| Respiratory Secretions | pago 17 |
| AnticipatoryPro!>Crib fng | pago 18 |
| Palliative Emorgonde s | pago 20 |

Mid-Notts

Practices in Mid Notts use a different set of pathways and guidelines however, there is often some overlap with services available.

The [Mid Notts Pathways website](#) provides an A-Z guide of the pathways available as well as clear advice of where to link and phone numbers for different services. This is neat single point to access the information for a variety of clinical situations.

The screenshot shows the 'Mid Notts Pathways' website interface. At the top, there is a dark blue header with the NHS logo on the right and a search bar on the left. Below the header is a navigation menu with 'Home', 'Guidance & Pathways', 'A-Z', and 'Videos'. The main content area is titled 'Guidance & Pathways' and contains a grid of 30 clinical categories arranged in three columns and ten rows.

| Guidance & Pathways | | |
|---------------------------|---------------------------------------|---|
| Bereavement | Infection Prevention and Control | Prior Approval / IFR Requests |
| Cancer | Infectious Diseases / Public Health | Referral Guidance / Facilitation |
| Cardiology & Vascular | Intermediate Care | Renal |
| Coroner's Service | Interpretation Services | Respiratory |
| Dentistry | Learning Disability | Rheumatology |
| Dermatology | Medicines Management / Prescribing | Safeguarding |
| Diabetes / Endocrinology | Mental Health | Screening & Immunisation |
| Diagnostics and Radiology | Neurology | Self Care |
| Elderly Care | Nutrition | Sexual Health |
| End of Life Care | Obesity & Weight Management | Shared Decision Making |
| ENT | Occupational Therapy / Rehabilitation | Significant Events and Serious Untoward Incidents |
| e-Referral | Ophthalmology | Smoking |
| Flu | Orthopaedics / MSK | Stroke & TIA |
| Frailty | Other Information | Surgery |
| Gastroenterology & Liver | Out of Hours Care / Urgent Care | Termination of Pregnancy |
| Gender Dysphoria | Paediatrics | Urology |
| Gynaecology | Pain Management | Veterans' Health |
| Haematology | Primary Care Networks | |