

Key messages:

- **Long Term Condition Reviews for Housebound Patients**

Since the start of the new QOF year Locala have seen an unprecedented increase in referrals to the LTC service for housebound patients. We would like to be able to plan our resources effectively to meet the increased demand for the rest of the year.

If you are a GP practice in Kirklees who uses Locala to undertake LTC reviews for your housebound patients, we would be grateful if you can supply us with the trajectory of patient numbers that you are planning to refer to us this QOF year (22/23).

Please return your projected numbers of housebound patients requiring an annual LTC review by close of play on **Friday 8th July** to medicines@locala.org.uk.

If you use SystmOne recalls it can be undertaken by looking at patients with outstanding recalls for asthma, CHD, COPD, Diabetes, Heart Failure or hypertension and cross reference against patients coded as housebound. You may already have similar reports/searches set up in S1 to use. Once the figures are received, depending on the volume we may approach your practice to refer patients earlier than usual to enable us to complete the reviews.

- **TB screening for Ukrainian refugees**

A decision has been made locally in Kirklees to carry out a TB screen on all Ukrainian refugees residing in the area. We are aware this community have been through many hardships and are reluctant to take up some preventative healthcare offers. The Locala TB Team has enlisted the help of the social prescribing team from Kirklees who are forging strong links with this community.

Please could Practices therefore ensure all Ukrainian refugee patients registering at their Practice are referred directly to the social prescriber who will then make contact with the individual, discuss screening benefits and options and ensure a referral is made to the TB Team if desired.

- **MSK Criteria – detail below**

A reminder about the criteria for the MSK service for Greater Huddersfield is detailed below (at the end of this bulletin in Appendix 1). Please read and take note of this as it is important that all of the prerequisites are met before surgery can be considered. This is key to managing patient expectations.

Monthly performance information (from May):

Locala service		
Community Nursing	Time between contact with Single Point of Contact (SPOC) to input from service – Calls with a response target of 0 to 2 hours	80.5%
Community Nursing	Time between contact with SPOC to input from service – Calls with a response target of 1 day	87.4%
Community Nursing	Patients clinically appropriate to remain at home are still at home following assessment and intervention at 24 hours	96.9%
START	Time between contact with SPOC to input from service – Calls with a 0 to 2 hours target	66.7%
START	Patients clinically appropriate to remain at home are still at home following assessment and intervention at 24 hours	87.7%
Intermediate Care Beds	Occupancy rate	68.60%
Intermediate Care Beds	Average length of stay in days	33
Care Home Support Team	Number of residents with an Advance Care Plan, incorporating a Treatment & Escalation Plan	96.2%
Care Home Support Team	Number of residents with a six cognitive impairments (6CIT) assessment where a face to face intervention has taken place	100.0%
Care Home Support Team	Number of residents with a malnutrition (MUST) assessment	96.1%
Care Home Support Team	Number of residents with a discussion about an Advance Care Plan, incorporating a Treatment & Escalation Plan	81.7%
Phlebotomy	Patients waiting less than 2 weeks for an appointment from request date (target is 85%)*	79.0%
Phlebotomy	Patient satisfaction (target of 80% of patients or carer expressing overall satisfaction with the service)	96.3%
Dewsbury WiC	Seen and treated within 4 hours	100%
Services delivered as part of partnerships		
Urgent Community Response	0-2 hour response rate	71.95%

***Phlebotomy KPI 85% of patients waiting less than 2 weeks for an appointment from request date** - PCNs requested that Phlebotomy slots be released earlier to allow patients to be booked further in advance. This has had a negative effect on the achievement of the waiting times KPI in the past couple of months. The CCG is aware of this and we will be analysing the effect this has on the DNA rate within the service.

Appendix 1

Greater Huddersfield MSK Update

Diagnostics

X Rays should be requested as part of the referral process and consider MRI for:

- 1- spinal radicular pain as finding a surgical target could mean the GP can refer direct to neurosurgery instead of to us improving the patient experience by saving the patient waiting time over the course of treatment
- 2- young acutely injured knees as finding a meniscal tear or other surgical target again could improve patient experience by reducing the patient wait time by being triaged directly through to orthopaedics.
- 3- Ultrasound of shoulders should generally not be done in primary care as it often doesn't change management options.

Hand Surgery

Where a patient qualifies for surgery on certain hand conditions, according to the NHS England Evidence based intervention guidelines, the following is required:

1-trigger finger or thumb-must have tried:

- a previous injection or splinting for 3weeks, or
- be diabetic, or
- have a permanently locked digit, or
- have had it in 2 previous digits.

If so they will qualify but the GP must include all of the detail in the referral letter.

2-carpal tunnel syndrome-must have tried:

- injection, or night splint for 8weeks, or
- have thenar wasting, or
- permanent numbness/intrusive paraesthesia.

The degree of change on the NCS does not mandate the need for surgery according to the NHS England guidelines. Hence, we ask GPs to try splinting before referral if they want surgery, unless of course they fulfil the other requirements.

3-Dupuytren's contracture-patient must have at least 30deg fixed flexion at the MCP or 20 at the PIP jt as well as functional difficulties.

4-wrist ganglia-only if in pain AND wrist function impaired AND after trial of puncture with aspiration/expression, if feasible.

By putting this information in the referral letter we know we can TRIAGE straight to the surgical service without them getting rejected (or waiting to see us), or worse still the patient being seen by the surgeon and told they didn't qualify.