

## **Guidance re referrals in light COVID-19 from the CCG Vale of York**

### **New routine referrals**

GPs are asked **not** to send in routine referrals.

### **Patients with booked new or follow up appointments**

Patients already booked (or who are due to be seen in the next three months) will be contacted by the Trust to cancel their appointment. Patients who do not receive a letter or phone call from the hospital, should turn up for their scheduled appointment as normal unless they have symptoms of coronavirus, a cold, flu or norovirus in which case they should contact the hospital to cancel their appointment.

Specialist clinical teams will, where they can, review the need for patients to be seen and will decide what should happen. Here are the options for those clinical teams

- Discharge with letter to patient and GP – further follow up not thought necessary
- Appointment to be deferred to a face to face, telephone or video consultation in the future
- PIFU (Patient initiated follow up) and discharged if needed after a defined (patient specific) period. Patient are given a number directly to the clinical team
- Waiting list for a procedure / diagnostic

### **MSK service**

MSK staff are needed elsewhere in the hospital so the MSK service will close to new referrals.

The service currently aims to provide minimal service for acute back pain patients and hopes to maintain self-referral for those patients. The ongoing management of patients who are currently in the service will be reviewed and managed as best as possible over the coming months without face to face appointments. Please direct patients to the wealth of information on [www.yourphysio.org.uk](http://www.yourphysio.org.uk)

### **Endoscopy**

All non-urgent endoscopy and bowel screening is stopping as risks to staff and patients of catching Covid-19 are greater than the pick-up rate of endoscopy.

### **Imaging / Radiology**

Please minimise requests for imaging to essential and urgent requests.

All direct access to plain film (x-ray) is closed. Where imaging is needed patients will be booked into slots to reduce footfall and waiting in hospital. GPs should send in electronic referrals to enable this.

Radiology are closing all routine imaging and referrals will be sent back to the referring clinician (in primary and secondary care) to decide if patients need the imaging now or at some time when the crisis is over (expect this to be around 6 months' time).

If GPs feel that imaging needs to be done urgently (e.g. during the COVID 19 crisis) then these should be referred as urgent.

### **Urgent Advice and Guidance**

Advice and Guidance remains open for GPs. Please use judiciously. The 48 hour turnaround may not be achieved. Explain to patients – these are not normal times. Normal standards of care cannot be met. It is likely to be some 6 months before the NHS starts to recover.

### **Phlebotomy**

Routine phlebotomy should not be undertaken. Tests for urgent conditions and drug monitoring can continue. Consider the greater risk of spreading Covid-19 or delaying drug monitoring where there is a history of stable results.

No routine requests should be sent through for the phlebotomy team to take at York hospital. It is imperative that we all do all we can to minimise the spread of Covid-19 to hospital staff and others.

The ASDA phlebotomy service is closing because of the government's movement restrictions. At present the Selby service is continuing.

YHFT's phlebotomy team will provide an inpatient service and urgent request service only. They are currently supporting community services where staffing levels are low.

### **Andrology**

This service has been closed as a routine service so patients should not be referred for semen analysis.