**Derby & Derbyshire Local Medical Committee**

**Norman House**

**Heritage Gate**

**Friar Gate**

**Derby**

**DE1 1NU**

08 December 2020

Dear Colleagues,

In these unprecedented times the NHS has stepped up to the challenges it has faced, and we should all be rightly proud. Primary and secondary care have remained open throughout the pandemic.

When asked by NHSE to work remotely, we all moved to triage systems and offered telephone, video and face to face consultations.

In General Practice approximately 60% of consultations are still face to face which includes seeing patients with suspected COVID in “red hubs”.

Secondary care is seeing a similar number of new out-patient appointments face to face (e.g. 70% at Chesterfield) and of course ED and in-patient wards have remained open.

We are sharing these facts and figures because sometimes there is a risk that we all think the “other side” is not doing their bit when in reality we all face the same challenges and are really part of one team with a focus on our patients.

Remote working is not the easy option for any of us, these consultations take time. Both general practice and secondary care are busier than ever dealing with a backlog of routine work, chronic disease management and a COVID second wave. The latest data shows practices are currently working at 106% of last year’s capacity and this is likely to increase, whilst our local hospitals have been hit hard by the “second wave”.

In primary care, as a result of remote working there will be occasions when a referral or admission takes place without an actual face to face contact if this will not add to the decision making. In secondary care, there will be times when requests are made for actions to be completed in primary care following a virtual consultation. We know that GPs are concerned about the potential for the transfer of work and we **must** agree some principles about remote working which will improve overall healthcare efficiency and benefit our patients, not just pass the workload on to someone else. We all need to ensure that we do not inadvertently increase each other’s workload during this process.

A group of consultants from both acute trusts have been working alongside Derbyshire GPs to tackle some of the difficult problems that have arisen from new ways of working. Having both primary and secondary care clinicians working on these issues is reaping benefits by building relationships, taking shared ownership and ultimately helps the development of solutions. For example, a recent joint primary and secondary care review of the backlog of urology and cardiology referrals highlighted areas for education amongst both GP and consultants which should improve the patient journey and make all our lives a little easier. Not least the patients! Similar reviews are happening in other areas and we would be pleased to hear of any suggested areas for improvement.

We are all working under a great deal of pressure and this strain can result in criticism of our colleagues which can often get blown out of proportion. Often this is borne out of a lack of understanding of the processes that we follow in our respective organisations leading us to jump to the wrong conclusions.

We all have the interests of our shared patients at heart and together we can continue to work together to help them, and each other, through these difficult times. If we respect and are kind to each other, we respect and are kind to our patients.

Thank you all for everyone’s continued exceptional efforts.

Yours sincerely,

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|  | Penny Blackwell | C:\Users\sepel.sec\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\VNKUVN71\Magnus Harrison.jpg |  |
| **Dr Kathryn Markus**  **Chief Executive** | **Dr Penelope Blackwell**  **Place Board Chair & Governing Body GP** | **Dr Magnus Harrison**  **Deputy Chief Executive & Executive Medical Director** | **Dr Hal Spencer**  **Medical Director** |
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