

# Core brief

## Daily update

(3 November 2021, 5.40pm)

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## New guidance for emergency departments

In order to give further guidance to members of the public and empower our teams to redirect patients away from our hospitals if needed, the Scottish Government has today issued new national guidance to Boards, which will give us the necessary means to those people who needn't be at ED for treatment to the right place to receive care, for example; Minor Injury Units, community pharmacies or their own dentist or GP.

The Scottish Government guidance can be found [here](#) and we will now develop plans to implement the guidance locally with supporting communications to let patients know that they may be redirected if appropriate.

The announcement from the Scottish Government is as follows:

The Scottish Government has published new guidance for emergency department teams to ensure people are being seen by the right person in the right place for their healthcare need.

It has been developed in response to a request from NHS Boards to support hospitals to safely refer people to the most appropriate place for treatment, if they do not need emergency care.

With the level of people self-referring to hospital emergency departments returning to pre-Covid levels, hospitals are seeing more patients whose needs can be better met closer to home by local pharmacies or GP practices.

The new guidance draws on established good practice in NHS Tayside and NHS Grampian to inform a Scotland-wide approach developed in partnership with NHS Boards, Health and Social Care Partnerships, Primary Care services and the Royal College of Emergency Medicine (RCEM).

NHS Greater Glasgow and Clyde has put measures in place to support this new approach – and reported positive results on reducing pressure on A&E departments. The board's local team has offered to share its experience with other boards.

Health Secretary Humza Yousaf said: "It is widely recognised that more people could be better seen away from hospital and closer to home by a more appropriate care provider such as a pharmacy or GP practice or indeed, managed with self-care guidance.

“As part of the NHS Recovery Plan we have invested £27 million towards the Redesign of Urgent Care to ensure people receive the right care, at the right place. This guidance will form part of this work and will help our healthcare staff safely signpost people to care more appropriate to their need in the right place and at the right time for their condition.

“By adopting a consistent approach across Scotland, we can reduce delays in assessment and treatment, prevent overcrowding in emergency departments and ultimately release doctors to deliver emergency care to those who really need it.”

Royal College of Emergency Medicine Vice President (Scotland) Dr John Thomson said: “Emergency department resources are not infinite. As the demand from patients continues to increase, it is essential we have the capacity to care for those who require the skill and expertise of the emergency department team. This guidance will help our NHS staff safely redirect those who do not to the best place for their healthcare need.

“To ensure everyone receives the right care, at the right time, in the right place, it will on occasion be appropriate to signpost or redirect some people who have presented to an emergency department - but do not require after an assessment to be seen there - to another part of the healthcare system.”

Emergency Medicine Clinical Lead for NHS Tayside Dr Alison White said: “NHS Tayside has had a redirection policy since 1998 as a long-term improvement to our service.

“This provides people with better care than could be provided by Emergency Department staff. It also ensures specialist emergency medicine skills are directed towards those who need us such as people who have suffered a stroke, significant injury or heart attack, so care is delivered in a timely manner.”

Deputy Medical Director for NHS Greater Glasgow and Clyde Dr Scott Davidson said: “We already work closely with NHS 24 to direct people to the right place from their own homes. This new guidance enables us to support people who have attended an emergency department but who do not need to be seen there to be directed elsewhere with appropriate advice and support.”

## **Life on the Frontline – Anne Marie Benes**

In the spotlight today for [Life on the Frontline is Anne Marie Benes](#), Team Lead for Older Adults Community Mental Health Team for North West Glasgow which is based in the Glenkirk Centre in Drumchapel. The team provides the care, support and treatment of people over 65 with severe and enduring mental health needs who live in the community and in care homes.

Anne Marie tells us how proud she is of all the staff who played their part and worked exceptionally hard over the past 18 months to keep their patients safe and the service running effectively in extremely difficult circumstances

We hope that you are enjoying these personal accounts of life on the frontline, if you want to watch all of our videos on how our staff are adapting during the pandemic [click here](#). If you would like to feature in one of the videos and tell us about how you and colleagues have been affected, then please get in touch: [staffnewsletter@ggc.scot.nhs.uk](mailto:staffnewsletter@ggc.scot.nhs.uk)



## Introduction of block team at QEUH

In May 2020 a block team was set up in QEUH adult theatres and is believed to be the first of its kind in Scotland. Based in theatre recovery's 'block room', the team aims to provide a dedicated consultant anaesthetist and anaesthetic assistant as a resource for theatres, critical care and the wards in QEUH to serve the increased demand for regional anaesthesia (nerve blocks).

Regional anaesthesia may be the sole anaesthetic used allowing patients to have their surgery awake and avoid a general anaesthetic. It may also be used to provide a safer option if general anaesthesia is thought to be high risk for a patient. Regional analgesia also provides excellent post-operative pain relief for a whole host of surgeries, improving the experience for patients and significantly reducing recovery times.

One major role of the block team has been to provide pain relief for major trauma patients with significant chest injuries, allowing those patients to breath more easily and help to avoid the need for ventilation in intensive care. Along with the input of the acute pain team and trauma surgeons who operate to fix ribs, these blocks have revolutionised care for chest wall injury patients at the QEUH.

So far, the block team has cared for nearly 600 patients and has allowed patients to recover quicker, with less pain and ultimately get home earlier. The block room has also significantly increased the efficiency of theatres which has provided more time for surgeons to operate and get through more cases; a real benefit to help tackle the COVID surgical backlog.

## Occupational Therapy Week – 1-7 November

Following yesterday's Core Brief we are continuing to support Occupational Therapy Week (1 – 7 November) with a [video from Julie Shaw](#), Clinical Specialist/Lead Occupational Therapist at Rowanbank Clinic who tells us about the Role of a Forensic Occupational Therapist.

Join in on [social media](#) and remember to tag @NHSGGC @theRCOT and @NHSGGCOTS



## Sustainable procurement

As all eyes are on COP26 and attempts to reduce carbon emissions, our procurement teams have been quietly working on how we can better access renewed and refurbished products and materials as part of the 'circular economy'. Using the WARPit platform - a resource reuse and management system, designed to make it easy for employees to give surplus work items to other individuals inside the health board – the team are now close to almost £3 million worth of cost avoidance, by re-using goods.

The system includes listings of reusable furniture, fixtures and fittings which are no longer needed and is therefore up for grabs by other members of our Health Board. Many unwanted items are often thrown out, however, WARPit makes transfer of ownership quick and easy.

Elaine Gray, Purchasing Lead, said: “We have to think differently in procurement and across the board and embrace sustainable procurement. Now if I was going out to buy something, if something was in my house, I’m not going to get rid of it because there’s something that’s slightly wrong with it. I’m going to try and fix it. That’s what we have to do in the health service. We have to think that things that we have, within our health board, just because there’s slight damage on it, how do we go about fixing that rather than replacing it?”

In addition to financial savings, WARPit has enabled NHSGGC to divert nearly 18,000kg of waste from landfill.

Every item transferred saves on carbon emissions as buying new is the last resort, ensuring resources are not wasted. Each item is given carbon dioxide equivalent (CO2e) value (KG) using established references and methods.

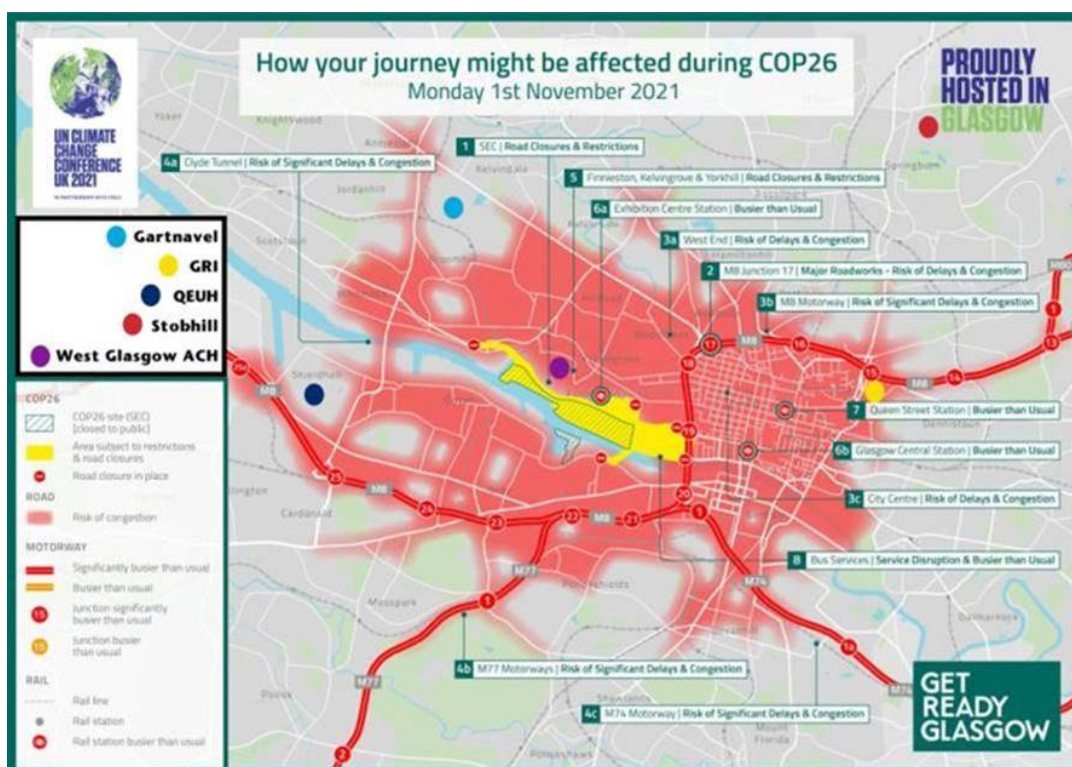
Carbon saved within NHSGGC equals 470220 KG (as of August 2021), which is the equivalent of 102 cars driven for one year.

### Act now ahead of COP26 disruption

The COP26 Climate Conference continues until 12 November. Anyone travelling in Glasgow must now plan ahead to ensure reaching their destination in time. There will be a high level of disruption throughout.

There may be unscheduled protests which block roads or cause other significant disruption. The UN welcomes people making their voice heard and there are scheduled protests on Friday 5 and Saturday 6 November. More than 100,000 people could take part on the Climate March on Saturday from Kelvingrove Park to Glasgow Green through the city centre. City Partners have now decided that a large number of roads will be closed on Saturday from 5am to 6pm. This includes major thoroughfares from the west end through the city centre. Pedestrian access will be maintained and people will be able to cross roads, albeit negotiating their way through the procession. You can get the full list of road closures at [www.getreadyglasgow.com](http://www.getreadyglasgow.com)

The anticipated, city-wide [congestion map](#) is highlighted below:



Please remember if you are intending to take part in any activism, then please be aware of the Board’s advice with regard to personal conduct outwith work. You can find our policies here:



<https://www.nhsqgc.org.uk/media/244806/code-of-conduct-for-staff-october-2017.pdf>

<https://www.nhsqgc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/personal-use-of-social-media/>

Watch this video that details some of the expected impacts of COP26 and how you can get ahead: [\(77\) NHSQGC Staff - UN Climate Change Conference \(COP26\) Travel Information - YouTube](#)

Staff FAQs are available at: [NHSQGC: COP26 Climate Conference](#).

Remember to carry your staff ID with you at all times to access your own facility and any others you have to attend.

For a useful round-up on COP26 disruptions on the BBC website, visit: [COP26: How are road closures affecting Glasgow? - BBC News](#)



Please keep up-to-date with the latest guidance on our dedicated web pages at: [www.nhsqgc.org.uk/covid19](http://www.nhsqgc.org.uk/covid19). If you have any questions about the current situation please check the FAQs first. If you have any further questions, please email: [HR.Support@ggc.scot.nhs.uk](mailto:HR.Support@ggc.scot.nhs.uk).

\*\*\*Staff are reminded to make sure their [personal contact details are up to date on eESS](#).\*\*\*

**It is important to share Core Brief with colleagues who do not have access to a computer.  
A full archive of printable PDFs are available on [StaffNet](#)**