

Primary care matters

GP Newsletter

Welcome

The work we have done as a health community has meant the overall number of patients attending our emergency departments has levelled off in recent months. We have however seen a recent peak in attendances and I would like to thank you for your support during the particularly busy period we experienced in mid-May; your actions helped us to return the hospital to a more balanced position.



While we are working hard to ensure that patients who are ready to leave hospital are discharged as efficiently as possible each day, we need to work closely with all of our partners to manage the process at both the 'front door' and 'back door' of our hospitals. We know you are already taking active steps to avoid admissions and would be grateful if you could continue to ensure that any patients not requiring immediate emergency treatment, but who need a hospital assessment or admission, are referred via the GP Support Unit (GPSU). The additional information we receive about a patient when you refer via GPSU allows us to better prepare for their arrival and ensure they go directly to the most appropriate assessment area, for example, direct to the Medical Assessment Unit rather than ED.

We have also noticed that patients who have received a primary care assessment have been presenting together, which can make maintaining the flow of patients through ED more difficult. Again, we would value your help in smoothing out this process by notifying GWAS when a patient can be safely retained in the community or brought to hospital at more regular intervals during the day.

Finally, a new Referral to Treatment Time (RTT) target has been introduced for 2012/13 for patients who have not yet started treatment. Elsewhere in this newsletter we look at how we have been performing to date against this standard and the other RTT targets we are required to meet.

Dr Sean O'Kelly
Medical Director

ICE system in GP practices

The Trust has been using the Sunquest ICE system for pathology and radiology requesting and for viewing reports for over two years.

ICE is now being implemented in GP practices and will integrate with your existing GP patient management system. In a few clicks you can order tests, view the current status of any request and view pathology and radiology reports from UH Bristol and a number of acute trusts in the immediate area, without the need to log into separate systems and identify the patient first.

The integration between ICE and your GP system removes the need to update your GP system with tests ordered and

repeat the ordering by fax on paper forms.

You can see which tests have been ordered for a patient very quickly, whether they were ordered at your practice or at UH Bristol. The ICE system also alerts you if a test has been ordered recently from any location, helping to prevent repeat testing. The system has been set up to automatically detect the volume of sample required to complete each test, which helps reduce the need to collect extra samples and improves patient safety. We are very keen that all GP practices take up the offer of installing the ICE system. For further information, please email corry.hartman@uhbristol.nhs.uk

Midwifery service relocates

The Whitchurch and Stockwood midwifery team have relocated to South Bristol Community Hospital (SBCH). They can be contacted on (0117) 342 9841. The new postal address is:

Whitchurch and Stockwood
Midwifery Team

South Bristol Community
Hospital

Hengrove Promenade
Bristol BS14 0DE

In the coming weeks the team will be starting to provide antenatal services at the new hospital, giving women living in south Bristol the choice to attend clinics locally. There are also plans to provide weekend booked appointments for postnatal clinics at SBCH to give women the convenience



of meeting with a midwife for follow up assessments and advice at a set time.

A home birth group is also planned which will give mothers-to-be and their partners the opportunity to talk about whether a home birth may be an option for them. At present, women living in south Bristol do not generally opt for home births and we hope that providing information and advice will lead to more women choosing this option.

GP survey results

The Trust recently undertook a survey of local GP practices to gain a better understanding of how we are viewed and to help identify how we can improve the way we work. Thank you for your comments. We will implement a number of changes as a result and will keep you updated on our progress through this newsletter and via our website, www.uhbristol.nhs.uk.

Better communication was highlighted as a key area for improvement in the survey; re-launching this newsletter as a monthly publication earlier in the year means that we can provide you with more regular updates about service improvements and changes to how our services operate.

Respondents also raised concerns around the ease of contacting outpatient booking teams, consultants and their secretaries.



During 2012/2013 the Trust will be introducing a centralised outpatients appointment booking centre as part of a Trust-wide programme to improve the services we provide for outpatients. Work is also under way to review and improve how incoming calls are managed within the Trust.

We received positive feedback about our GP Handbook but were also told that the information in it is not always correct. We want the handbook to be as accurate as possible and do undertake rigorous checks, so please let us know if you find any inaccuracies by contacting GPLiaison@uhbristol.nhs.uk.

Work progressing well on children's hospital extension

We are now 10 months into the three year transformation of the Bristol Royal Hospital for Children and some notable milestones have been achieved. The extension is now complete and fitting out began on all the different floors in February.

Key events in the next three months include:

- Completion of the fitting out of the new adolescents' ward on level 7 and new medical records department, hotel services department and meeting rooms on level 6
- Completion of the children's ED extension fit out on level 3
- Conversion works in the physio department
- Completion of planning for a series of complex moves scheduled for the summer.

The children's hospital outpatients team have now moved into their new rooms as part of the refurbishment of the existing outpatients department and there has been some great feedback from staff and patients about the new colour scheme and layout.



Performance update

For several years we have had Referral to Treatment Times (RTT) targets for patients on admitted and non-admitted pathways. A new RTT target has been introduced for 2012/13 relating to patients who have not yet started their treatment. The new standard, which came into effect on 1 April 2012, is for at least 92% of these patients to have waited less than 18 weeks. This measure of 'incomplete pathways' has been brought in by the Department of Health to stop backlogs of untreated patients from building up.

At any point in time, the Trust has around 19,000 patients who have 'incomplete' or ongoing pathways. This includes patients who have just been referred and who have not yet been seen for their first outpatient appointment, but it also includes patients undergoing diagnostic tests and those who are on an elective waiting list and awaiting their procedure.

At the end of April, 92.2% of our patients who had incomplete pathways had waited less than 18 weeks, which is a great start to the year. We also achieved both the admitted and non-admitted standards, which were for 90 and 95% of patients to be treated within 18 weeks respectively.

Following the implementation of Medway, our new Patient Administration System (PAS) in late April, we have been working hard to make sure all attendance information is fully up to date, and that patients who have been treated in clinic have had their RTT 'clock stop' captured. As the system gets fully embedded, it will enable us to record more information in real-time. This will help to improve performance and provide us with better quality, timely information about the patients under our care.