

# Primary Care Matters

## GP Newsletter

### Welcome

Welcome to our summer newsletter.

I'm delighted to confirm that on 25 July, the expansion of Bristol Haematology and Oncology Centre was given full planning permission by Bristol City Council.



This will enable us to offer the very best in cancer care for our patients.

Main construction work is expected to start towards the end of August.

In preparation for this, we are starting some minor enabling works to change the access into the building. We will be informing BHOC patients of the changes that impact on them. More information can be found on our website:

<http://www.uhbristol.nhs.uk/bhoc>

Our performance against the four-hour A&E wait has improved over the last two months, with the Trust achieving the 95% standard in June and July. I would like to thank you for your support in our efforts to achieve and maintain this standard.

The Abdominal Aortic Aneurysm screening programme has now screened more than 800 men over the age of 65 from across Bristol, North Somerset, South Gloucestershire, and Bath and North East Somerset. The average uptake for screening is 69% (aiming for 80%). Since it began, the screening programme has detected ten aneurysms, which have gone on to elective management with the expected improvement in outcomes associated with surveillance of planned repair.

Dr Sean O'Kelly  
Medical Director

## Tube feeding service turns 15

Home Management Services (HMS) was established 15 years ago to support people with enteral tube feeding in the old Avon area.

Hosted by the Trust, the service comprises dietitians, assistants and administration staff working in partnership with Nutricia (the commercial provider).

Nutricia provide delivery of feeds and ancillaries, along with nursing support to patients and an out-of-hours helpline.

The ethos is to holistically enable and support patients to achieve their optimum nutritional intake; independently, practically and safely.

The team facilitate discharge from hospital and aim to avoid unnecessary admissions. HMS offer training and support to home and respite carers, schools, nursing homes and day centres.

At first, demand was not expected to reach 125 patients, but it supports more than 600. Last year alone the service had 279 new referrals and 241 discharges.

Nationally numbers are increasing too; the British Artificial Nutrition Survey data shows 38,000 people in the UK are fed by an

enteral tube at home, 75% of them through a percutaneous endoscopic gastrostomy.

There is also an increasing number of nasogastric and jejunal tube feeding at home.

The types of medical conditions managed in the community are becoming increasingly complex with difficult nutritional demands, in challenging social and care situations.

The numbers of young children and babies requiring this type of feeding has increased (40% nationally from 2000 - 2007), which reflects the increased survival rates of neonates.

Additionally, there is more early and proactive use of tube feeding in patients with cancer.

The service is provided to people registered with a GP or living in a nursing home registered to a commissioning PCT and currently the patient split is BANES 10%, S Glos 27%, N Somerset 18% and Bristol 45%.

For further information please contact the HMS office in the BRI on Tel: 0117 342 3367.

## Bad weather may be link to asthma increase

The Children's Emergency Department has experienced an unseasonably high number of attendances due to asthma and wheeze.

Admissions also rose during May, June and July. One of the reasons for these increases may be the poor weather conditions.

Attendance to ED may be reduced by use of the guidelines produced in partnership with primary care. The guidelines can be found via an NHS computer via the link: [http://www.swretrieval.nhs.uk/gp\\_resources.htm](http://www.swretrieval.nhs.uk/gp_resources.htm)

## Abdominal Aortic Aneurysm screening helps improve men's health

Men across Bristol, North Somerset, South Gloucestershire, and Bath and North East Somerset are benefiting from a new screening programme.

Men from these areas are being invited for Abdominal Aortic Aneurysm screening during the year that they reach 65 years of age.

The programme began in January 2012 and since then 1,237 men, including 55 who have self-referred, have been screened by the programme's screening technicians in GP practices and community hospitals; including the new South Bristol Community Hospital (as of 31st July 2012).

The average uptake for screening currently is 69% (aiming for 80%) and the screening programme has detected ten aneurysms since it started (0.8% prevalence).

All men that are found to have an aorta between 3.0 and 5.4cm see the programme nurse practitioner who offers guidance on a healthy lifestyle and smoking cessation.

The programme then signposts the patients back to their GP practices should they wish for any help in these areas. These men will then be under our surveillance programme.

Men whose aneurysm measures 5.5cm and upwards will be referred by the programme to a surgeon in the local vascular network, which consists of UH Bristol, North Bristol NHS Trust and Royal United Hospital Bath NHS Trust.

The AAA screening programme is actively improving the delivery of vascular services, specifically the local outcomes for elective aneurysm surgery and the provision of 24/7 specialist emergency vascular services.

Men aged over 65 can self-refer for a scan by contacting the programme office on 0117 342 1630 or email [aaascreening@uhbristol.nhs.uk](mailto:aaascreening@uhbristol.nhs.uk).

If you see a patient during a consultation and feel that they would benefit from having an AAA scan and they are male and over 65

then ask them to contact us.

Please encourage your patients eligible for screening to take up their invitation.

The programme will be publicised in the local media later this year and posters for your practice are available now from the screening office.

### Contacts for the service are:

Shona Marriage  
Programme co-ordinator  
t: 0117 342 1480  
e: [shona.marriage@uhbristol.nhs.uk](mailto:shona.marriage@uhbristol.nhs.uk)

Steve Seaton, Programme Administrator  
t: 0117 342 1630  
e: [steve.seaton@uhbristol.nhs.uk](mailto:steve.seaton@uhbristol.nhs.uk)

General enquiries and self-referrals:  
t: 0117 342 1630  
e: [aaascreening@uhbristol.nhs.uk](mailto:aaascreening@uhbristol.nhs.uk)

Or visit the national programme website: [www.aaa.screening.nhs.uk](http://www.aaa.screening.nhs.uk)

## Earlier discharges help to achieve maximum four-hour wait in ED

The Trust will shortly be making its quarterly declaration to Monitor on how it performed in the first three months of this year.

Foundation Trusts make quarterly declarations against Monitor's Compliance Framework. The framework consists of a range of waiting times targets including, referral to treatment times (RTT), national cancer standards and the A&E four-hour maximum wait. It also includes trajectories for reductions in Clostridium difficile (C. diff) cases and MRSA (Meticillin Resistant Staphylococcus aureus) bacteraemias.

All of the national cancer standards were achieved in the quarter. In particular, the Trust was pleased to report strong performance against

the 62-day wait from referral to treatment for urgent GP referrals (89% against a standard of 85%) and referrals from the screening programmes (96% against a standard of 90%).

The Trust didn't achieve the A&E four-hour maximum wait for the required 95% of patients during the quarter (achieving 93.6%). However, after the implementation of an action plan focused on bringing forward discharges to earlier in the day, and reducing lengths of stay, the 95% standard was achieved in June and July.

The Trust has seen an increase in the number of children with respiratory illness attending the Bristol Royal Hospital for Children's Emergency Department, which seems to be

related to unseasonal weather in June and the first half of July. Further information on help with managing asthma, and how to avoid emergency department attendances is provided on page 1.

The number of C. diff cases in quarter one was lower than in the same period last year (16 against 17 last year). The Trust typically sees more reported cases in quarter one for reasons not well understood; this year was no exception.

However, there has been a significant drop in reported C. diff cases, with only one case having been reported as of 23 July. The Trust is expecting to report continued achievement of the annual reduction of C. diff cases for the year.