

Primary care matters

Practice staff newsletter

Welcome

Welcome to the July edition of our practice staff newsletter.



Dr Sean O'Kelly
Medical Director

The redevelopment work at the BRI continues to progress, and two floors of the new Terrell Street ward block – levels seven and eight – will be opening this month. Level seven will be occupied by head, neck and thoracic surgery, while level eight will be home to upper and lower gastrointestinal surgery. The Intensive care unit, on level six, is scheduled for opening in September.

Bristol Royal Hospital for Children has been selected to take part in NHS England's commissioning through evaluation of Selective Dorsal Rhizotomy for children with cerebral palsy. BRHC is one of only five centres selected for the trial, which is a testament to the experience and expertise of the paediatric neurosurgery team here. The procedure can help children with

particularly severe muscle spasticity in their legs to improve their walking. The procedure involves opening up the bones of the spine in the lower back to operate on the nerves, which can potentially help relieve spasticity. Children aged between three and 10 who suffer stiffness in their lower limbs, and meet the clinical criteria for treatment, can access SDR as part of the initiative.

Nominations are now open for UH Bristol's Recognising Success Staff Awards. If you know of an individual, team or volunteer at the Trust that is transforming care for patients, who brings to life our values through the way they work, or is often seen to go the extra mile for patients and colleagues, then please nominate them today for the Recognising Success Awards 2014, which generously supported by charity Above & Beyond.

Nominations forms can be requested through gpliaison@uhbristol.nhs.uk and all submissions must be received by 5 September.

Treating children in an emergency or with minor injuries

- Following the recent public awareness campaign in May, the message has been understood that seriously ill children (16 and under) should now be taken to the Bristol Royal Hospital for Children.
- It is worth a reminder that Southmead Hospital Bristol still treats children with minor injuries.
- Put simply: if a child is well enough to be brought in by car, they can be taken to Southmead. However, if an ambulance is called during an emergency, the child will be taken to the Bristol Royal Hospital for Children.



Changes to breast screening services

On Thursday 31 July, the Avon Breast Screening Service, currently based at Tower Hill, Central Health Clinic and hosted by UH Bristol, transferred to North Bristol NHS Trust (NBT). The screening services will now be hosted by NBT, alongside the symptomatic breast services in the new Bristol Breast Care Centre on the Southmead Hospital site. Screening services will be maintained at Tower Hill in the future as part of this new arrangement.

The Bristol Breast Care Centre at Southmead Hospital will be the hub for assessments and biopsies, performed on women who have been recalled from their screen due to a possible abnormality. It will also provide a limited screening service, offering more choice to patients, particularly those who live in North Bristol. The majority of routine screening will still be offered at Tower Hill and on the mobile screening units, as before.

The screening service will re-open its doors post transfer on 7 August, although limited screening will continue to be carried out on the mobile vans during the move.

Maternal healthy weight

The Adult Specialist Weight Management service aims to support pregnant women in managing their weight and provide dietary advice during pregnancy, and will work with women to lose weight postpartum.

The 1:1 clinic appointments with a dietitian are suitable for individuals who are motivated to improve their health and the health of their baby. The dietitians can work with individuals to help to prevent or improve specific medical conditions such as diabetes, high blood pressure or raised lipids. The aim is to help individuals make long-term changes towards a healthier diet and to increase physical activity.

The service takes an individual

patient centred approach, providing personally adapted advice on nutrition, increasing physical activity and strategies for changing behaviour. Women can either self-refer or be referred by a GP or midwife.

Referral Guidelines – the individual must:

- be 16 years or over
- have a BMI of >30 and be pregnant

Exclusions:

- Newly diagnosed with gestational diabetes (the service is available to those with diabetes, but they must be stable and have received dietary advice from the diabetes team).

• Ongoing appointments with a specialist diabetes dietitian or under the care of a specialist diabetologist

• Patients with an eating disorder

For more information, please contact service manager Marie Bird on 0117 9598921 (mbird@nhs.net) or email aswms@UH Bristol.nhs.uk



Switched to CDS? Just 4 weeks until fax switch off

The majority of Bristol practices are now using CDS routinely, and so far all appear to be happy according to feedback received. There are just a few practices left to agree migration dates before the end of August, and then for all Bristol practices the September 1 deadline should come and go with no impact on practice workflow.

To outline how becoming a CDS practice works: a member of your admin team would log in to CDS each morning, and select all documents to download that have not been actioned by your practice.

From here, all your documents you have not yet viewed can be downloaded into a folder for you to review and workflow into individual patient files, with no need to scan.

The department has been in contact with higher volume practices across areas of North Somerset and South Gloucestershire, and if yours is one such practice, but you are still unsure of whether CDS could work for you, please contact Maxwell.allen@uhbristol.nhs.uk

To clarify the other documents

that are routinely faxed at present; there will be no change to these arrangements following 1 September – the only documents affected from that date are patient letters and discharge summaries.

You will still receive, for example, urgent test results by fax until there is an appropriate alternative means to communicate these to you. The deadline for the end of all faxing of patient identifiable information is 31 March 2015, and there are divisional teams currently making sure there is a complete audit to work through. The team very much hopes to be able to work alongside practices at the November/December 2014 Primary Care Communications Workshop (formerly the GP Communications Workshop) to share its thoughts on some of the alternatives proposed – further details of the workshop will be advertised soon.

If you have any queries or concerns regarding this project, please e-mail gpliaison@uhbristol.nhs.uk who will ensure that this is passed on and dealt with appropriately.

GPs and Practice Managers: look out for...

• GP Communications Action Plan and workshop slides – now online at <http://www.uhbristol.nhs.uk/for-clinicians/gp-communications/february-2014-gp-communications-workshops/>

• Next Communications Workshops – November/December 2014, dates TBC in the next issue of Primary Care Matters

• GP Handbook update – to be updated in line with the Trust's Wayfinding and Signage project. For more details contact gpliaison@uhbristol.nhs.uk

• GP and Practice manager survey 2014 – your feedback helps us improve our service to your practices and patients and we'll be asking your views over the coming weeks via SurveyMonkey

If you have any feedback about items in this month's newsletter please contact: gpliaison@uhbristol.nhs.uk