

# Primary care matters

## Practice staff newsletter

### Welcome

Welcome to the October edition of Primary Care Matters.



**Deborah Lee,**  
**Deputy Chief Executive**

October saw the launch of our much awaited Managed Beds Model – this new way of working has been made possible by the new facilities delivered through the BRI Redevelopment. Central to the model is the separation of planned and emergency care, with the aim of significantly reducing the number of patients who experience a cancelled operation and similarly ensuring that our patients are admitted to the right ward from

the outset – we know the latter significantly improves their experience of care and avoids subsequent ward moves which not only extend overall length of stay but are very disruptive for patients and their families. It's early days but, as I write, no patient has had their operation cancelled due to a lack of beds which is an unprecedented achievement.

Finally, I would like to thank GPs and practice managers who have responded to our communications survey. Your feedback has been extremely valuable, and will be used to help inform the Primary Care Communication Workshops, which are taking place between 2pm and 4:30pm on 13 November at South Bristol Community Hospital, and at the same time on 2 December at Chapter House, Bristol Dental Hospital.

## Is CDS working well for you?

We hope that, particularly for those practices who recently moved to CDS only, the 1st September deadline for stopping faxing patient letters and discharge summaries went without any cause for concern.

We appreciated from the outset that in order for us to reduce our Information Governance risk, we required cooperation and support from our GP partners, and are extremely grateful to all of those practices who altered their workflow according to our timescales, and who now appear to be happily downloading documents from our document service without issue.

If any practice does have concerns, please email [cdshelp@uhbristol.nhs.uk](mailto:cdshelp@uhbristol.nhs.uk), and the team will be pleased to offer advice and support.

As you will be aware, we agreed that we would use practice "professional lines" to notify you if we had a document for your urgent attention, and where a professional line was not available we would email your practice nhs mail account.

We hope that this solution is working for you. We would stress that our staff are aware that the "professional lines" are only for urgent use, and

not to be used for routine issues and queries. If any practice feels that they are being contacted on this line unnecessarily, please email [gpliaison@uhbristol.nhs.uk](mailto:gpliaison@uhbristol.nhs.uk), giving details of the person who contacted you in this way, and the nature of their query, and we shall take this up with the member of staff or department concerned.

As outlined previously, the next stage we shall be focussing on is the 'other' documents that we fax to you currently, which we intend to stop doing by 31 March 2015. For the documents you request urgently over the phone, it is proposed that we ask for an nhs mail address to send the document through to you, but there are some documents that we may be required to send through urgently on a more routine basis, e.g.: prescription changes, and it is these we need to particularly focus on.

The Commissioning Team are making plans for the forthcoming Primary Care Communications Workshops, and it will be at these that we hope to agree with you an appropriate way forward for us to communicate the remaining urgent document sets. For further information on the workshops, please contact [gpliaison@uhbristol.nhs.uk](mailto:gpliaison@uhbristol.nhs.uk).

Again, to briefly outline how becoming a CDS practice could work for you, all that is required is a member of your admin team to 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 in a batch into a zipped folder for you to open and workflow into individual patient files, with no requirement to scan. It's as easy as that!

If you do not feel that your practice would have sufficient need to log in daily, we are able to set our server to e-mail you whenever a document is uploaded for your practice, and you could therefore only log in when you know you have documents to retrieve.

We now have 100% of Bristol practices using CDS, 32% of North Somerset practices, and 37% of South Glos practices – 66% of BNSSG as a whole. For further information on CDS, please email [cdshelp@uhbristol.nhs.uk](mailto:cdshelp@uhbristol.nhs.uk).

Once again, many thanks indeed to all for your patience and support during this time of transition.

## New infertility clinics at St Michael's Hospital

Within the Reproductive Medicine Clinic at St Michael's Hospital, we have prided ourselves on providing a service which is led by experienced senior medical and nursing staff.

Our clinic feedback data over the years attests to this. Over the past few years, we have become increasingly aware that restrictions on access to our service mean that couples who have had a child (the commonest reason for not meeting NHS access criteria) find themselves excluded from further treatments

(medical or surgical) they might require to help them get pregnant.

With the support of the management team and Professor David Cahill, the lead doctor in the clinic, we are pleased to be able to offer access to our clinical service at competitive prices. Patients will be offered an appointment with a senior medical member of the team, who will discuss the investigations and further steps which might be required.

Inclusive packages have been assembled to ensure there are no hidden costs for couples.

While this is a non-NHS, self funded service, patients will be subject to normal (albeit short) waiting times and will not have treatment expedited as would be expected in other private services.

If you or your patients have any questions about this service, or how to access it, please call 01173 425578 or 01173 425756.

## Update on the vascular service

On 6 October, inpatient vascular surgery services moved from UH Bristol to North Bristol Trust. The Major Arterial Centre (MAC) has now opened at the Brunel Building, Southmead Hospital, Bristol. The MAC brings together all inpatient elective and emergency arterial surgery for the Bristol Bath Weston Vascular Network. The MAC provides vascular patients from across BNSSG, BaNES and West Wiltshire with 24/7 access to a specialist vascular multi-disciplinary team including vascular surgeons, interventional radiologists and specialist nurses. The MAC also includes the provision of a new £1.5 million 'hybrid' operating theatre and will provide complex aortic endovascular treatments for the whole of the South West.

Importantly, for patients, outpatient clinic locations remain the same – in their local hospital and attended by the same vascular consultants they currently see. The clinic locations include Southmead, Bristol Royal Infirmary, Royal United Hospital Bath and Weston General Hospital as well as South Bristol, Cossham and Melksham community hospitals.

In addition, there is a new 'hot clinic' Monday to Friday mornings at the MAC for patients requiring urgent review but not necessarily admission. Patients can be referred via the new network office –

0117 414 0798 or by discussion with the general surgery/vascular surgery registrar on call, or the vascular consultant on call – both contactable via NBT switchboard.

Patients whose care is ongoing have received information explaining these changes, and these will also be publicised in outpatient areas. The vascular inpatient beds at UH Bristol have now closed, so patients requiring inpatient care will need to travel to the new MAC at Southmead Hospital.

The vascular network will continue to support the local care of patients when possible through agreed pathways of care with the stroke network, diabetic foot multi-disciplinary teams and community rehabilitation services. The South West Ambulance Service and network trust Emergency Departments have been involved in these changes; patients with ruptured abdominal aortic aneurysm or acute limb ischaemia will either bypass their local ED and be taken direct to the MAC, or will have local assessment and initial treatment (to agreed network protocols) and then transfer for surgery.

NHS England require a minimum population of 800,000 for a specialist arterial centre, as larger units have been shown to be safer for patients and provide better

outcomes from arterial surgery. The network hospitals will continue to provide outpatient services, vascular studies and diagnostics and are the 'front door' for the majority of patients to the vascular service.

All four of the network hospitals will work together, through a quarterly vascular network board, to ensure that the vascular service is of a high standard and that local access is maintained. The day to day running of the network will be delivered by the new network team; Mr Marcus Brooks (Network Clinical Lead), Mr David Mitchell (Network Safety Lead), Mr Mahesh Pai (Clinical Director, AAA Screening) and Joanna Pawlowska (Network Coordinator).

### Referring to the vascular service

Referrals should now be made to North Bristol Trust via Choose and Book where possible, or alternatively by email to NBT.outpatientbookings@nhs.net or as follows:-

- Brunel Building Post Room (for the attention of Trinity House Appointment Staff), Southmead Hospital, Bristol

All referrals will be collected between 2-3 pm every day and delivered to Trinity House.