Primary care matters

Practice staff newsletter

Welcome

Welcome to the December edition of Primary Care Matters.

Earlier this month, the Care Quality Commission published its findings following its inspection of our Trust in September, and I am pleased to report that of the 56 ratings awarded, the Trust scored good or



Deborah Lee, Deputy Chief Executive

outstanding in 44 areas, and no service or domain was rated as being inadequate. Twelve of the 56 ratings were judged as 'requiring improvement', leaving the Trust overall with a 'requires improvement' rating.

The commission examined all areas of the Trust, looking at eight service areas across five different domains. As well as inspecting the main city centre campus, the CQC visited South Bristol Community Hospital and the Central Health Clinic and judged these services to be delivering good care in every domain.

We are particularly pleased that the Trust was judged to be caring in all areas of service. Professor Sir Mike Richards, Chief Inspector of Hospitals, noted in his letter to the Trust that "every service at each location was found to be caring. We observed caring staff providing kind and compassionate care and treatment. We saw many very positive interactions between patients and staff. There was evidence that staff regularly 'go the extra mile' in providing care". Of note for SH&N Division, was the recognition of the "good" service we deliver in critical care.

The CQC found 12 aspects of the Trust's services requiring improvement and these included the



organisation of outpatient services, the flow of adult medical and surgical patients into, through and out of the Trust. We have been working with partners to improve flow through our hospitals, and considerable improvements have been delivered – some since the inspection itself. However, the CQC's findings highlight that there are further improvements we can make. We will redouble our efforts, working with our partners in social care and community health services who are equally committed, to ensure only those patients who require hospital care are admitted to our hospitals and that those who need our care are treated promptly and can return home as soon as they are well enough to do so."

The Care Quality Commission's Inspection Reports can be viewed in full at http://www.cqc.org.uk/provider/RA7.

Also, this month we were deeply saddened by the tragic death of Charlotte Bevan and her baby daughter. These events have shaken all of our staff involved in her care. We are now contributing to a number of reviews to try and understand if there was anything we could have done differently to prevent this tragedy.

One-week wait time for suspected cancer patients

UH Bristol has recently introduced a one-week wait for patients referred by their GP with a suspected cancer. This has been introduced for most of the specialties with complex pathways, as part of a wider programme of cancer pathway improvement work.

When patients are referred, some are unaware of the potential severity of their condition and choose to delay this important first step of their investigations. We are asking you to help us by making sure patients

are aware they are being referred to 'rule-out cancer' as a possible cause of their symptoms, and to encourage patients to make themselves available for an appointment within the next week or two.

It is recognised that there are specific groups of patients that, for cultural reasons, the use of the word cancer is not helpful in encouraging their attendance at hospital appointments. But the importance of attending an appointment as soon as possible can still be emphasised.

A good start to the pathway makes timely cancer treatment more likely, reduces anxiety for the patient, and allows patients more time to make informed decisions about the next steps in their pathway.

Reducing our waiting times for first appointments is a positive way to start pathways as we mean to go on, and referrers can support this process by ensuring patients are well informed from the very start of their cancer journey.

Improving care in self-harm: STITCH and GP prescribing

The General Practitioners' Committee (GPC) of the BMA has recently undertaken to investigate some of the findings that have emerged from work done by the Bristol Improving Care in Self-Harm (STITCH) Health Integration Team (HIT) developed as part of the Bristol Health Partners (BHP) work programme.

STITCH is working to reduce the number of suicides in the Bristol area, by transforming understanding of self-harm across the health service, and improving treatment and support for self-harm patients. A multiagency collaborative project, STITCH has created a Bristol-wide self-harm surveillance register. This allows an understanding of the overdose behaviour of the Bristol population, and records the number of patients admitted to the emergency department and ITU following overdose of GP-prescribed medication.

To tackle the problem, STITCH has called for an overhaul of prescribing rules, and the GPC is now considering how vulnerable patients might be protected from potential overdose of prescribed medication, by facilitating smaller dispensed amounts without patients incurring multiple prescription charges.

The GPC's Prescribing Subcommittee intends to review how legislation in England might be changed to allow safer prescribing, and dispensing, of medications that are potentially lethal in overdose. Pharmacists

cannot yet dispense in instalments, for example weekly segments from a prescription for 28 or 56 tablets. This is what STITCH hopes may change.

Alongside this, STITCH has been working closely with GPs in a series of study days run by clinical professionals, alongside people who self-harm. The aim of the training is to help GPs recognise and interact more effectively with people who self-harm, signpost to the most effective services to support these patients, and to promote good practice and close communication between GPs and emergency departments. STITCH Director Salena Williams has been meeting GPs in Bristol at forums to see how communication can be improved when a patient self-harms and presents to hospital.

Additional information and support for patients who self-harm is available from:

Self-injury/Self-harm Support Group - http://www.sishbristol.org.uk/

Off the Record Bristol - http://www.otrbristol.org.uk/get-in-touch/

Self-injury Support - http://www.selfinjurysupport.org.uk/

If GPs have individual requests for further detailed information about self-harm, please contact the Liaison Psychiatry department at UH Bristol on 0117 342 2777.

Thank you

Thank you to all the practice managers who attended our recent primary care communications workshop.

Altogether we had representation from 16 practices. It was great to see administrative staff/managers from both primary and secondary care and our partners from CCG referral service, coming together to discuss live issues affecting how we communicate with each other.

This will help us to further improve our service to primary care, which ultimately will benefit our shared patients.

Keep an eye out for further workshops in the New Year.

Change to outpatient chest pain clinic signage

When sending patients to this direct access service, we would be grateful if GPs could let patients know that the location code for this clinic is C503.

New edition of Voices celebrates top talent at UH Bristol

The Trust's Recognising Success Awards take place every year and celebrate many of our most talented, innovative and committed staff.

The November/December edition of UH Bristol's Voices magazine is dedicated to the awards and lists all the winners along with those who were highly commended.

There were awards for transforming care; patient safety champion; volunteer of the year; excellence in teaching, learning or research; inspirational leader; unsung hero; patient experience champion, and the clinical and non-clinical teams of the year.

Awards were also presented to those who have given 30 years of service in our organisation.

To download a copy of the magazine visit http://goto/voices.