

# Primary care matters

Practice staff newsletter

## Welcome

I'm writing to you at a time when winter pressures on health and social care services across greater Bristol are at their height but I would still like to take the time to recognise our joint efforts to plan and prepare for the winter – they paid off, though given the even greater level of admissions we have seen this year, over last, it may not feel like it!

Within our hospitals the measures we took to prepare ahead of winter included opening an additional adult medical ward, investing in additional radiology and therapy staff to enable services to run six days a week, investing in trauma staff to facilitate weekend operating and making a number of investments in the children's hospital including opening an extra paediatric intensive care bed.

As said, these measures paid off and despite more patients presenting to our Emergency Departments (ED) and more patients being admitted to our hospitals, we were able to respond to all patients that needed our services. On too many occasions however, patients waited longer than ideal in ED, started their care on the 'wrong' ward and on a few rare occasions were cared for in areas not typically used for inpatient care.

We continue to do our very best to ensure patients' experience is still a good one, wherever they are cared for, but I know on occasions this isn't always the case for which I'm very sorry. Our focus remains on both front and back door,



given we remain in black escalation on a regular basis, and your continued support is very welcome.

The reasons for the increase in ED attendances and admissions is poorly understood and we will be working with partners as part of our 'reflections on winter' to understand this more fully – primary care perspectives will be particularly important to us.

Finally, on a different note, the Trust commenced its final significant phase of the BRI redevelopment this month.

We will be spending the next six months completely remodelling and refurbishing the King Edward Building.

This will allow the residual services in the Old Building to move across the road including rheumatology, sleep studies and the joint research centre, prior to the Trust handing the building over to Unite, in October. Unite bought the building from the Trust to develop student accommodation and, very excitingly, a medical school for the Trust and the University of Bristol.

*Deborah Lee, chief operating officer and deputy chief executive*



## Would you like to work with us to tackle repeated ED visits?

The Trust's High Impact Users (HIU) group, that is working to help patients who repeatedly attend our EDs, is looking for a representative from primary care to join it.

The group was formed last April and includes the ED matron, an ED consultant, psychiatry consultant, drug and alcohol nurse specialist, psychiatry liaison nurse and a representative from primary care.

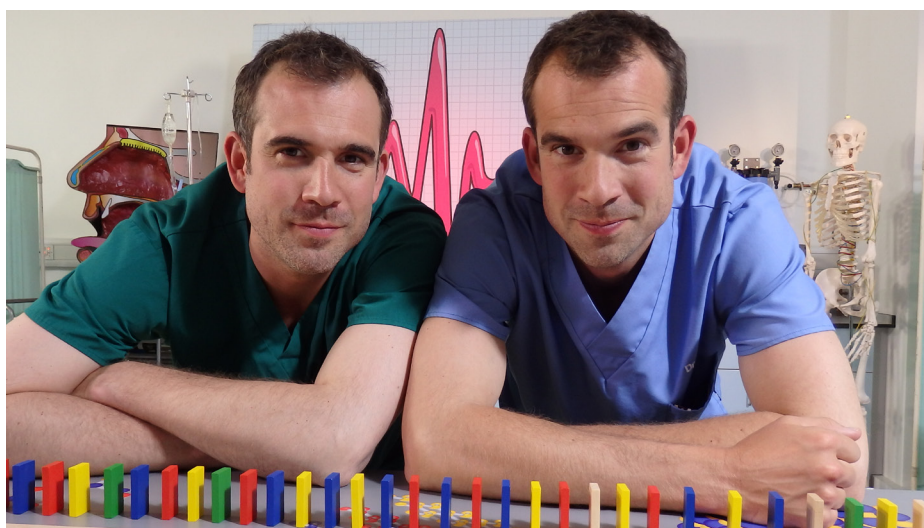
Patients who repeatedly attend make up between one to two per cent of ED attendances annually.

Literature suggests these patients also frequently access other health and social facilities and generate greater admission rates and a greater burden of chronic disease. These cohorts in our area often have a higher rate of alcohol and substance misuse and psychiatric illness.

The College of Emergency Medicine (2014) has published some guidance for managing these patients, including a multidisciplinary approach with a senior decision-maker reviewing attendances and developing management plans that are accessible by all health care staff in the hospital.

Each month the HIU group discusses individual patients, using their ED attendance notes and supporting information from the specialist nurses and other teams. Actions and management plans are devised to resolve recurrent attendances and these are reviewed monthly until attendances reduce, or a robust management plan is in place to prevent further presentations.

If you are interested in joining the group, contact ED matrons at [EDMatron@UH Bristol.nhs.uk](mailto:EDMatron@UH Bristol.nhs.uk)



CBBC's Operation Ouch! presenters Dr Chris and Dr Xand

## CBBC show follows neuro surgery patient

A young epilepsy patient being treated at Bristol Royal Hospital for Children has featured in a recent episode of CBBC's Operation Ouch!

The show was screened on 25 January and featured 10-year-old Ben Housecroft, after he underwent epilepsy surgery at the hospital.

Michael Carter, consultant neurosurgeon at the children's hospital, said: "The interest from Operation Ouch! was a golden opportunity to demonstrate the huge difference that modern neurosurgery can make in the lives of children with otherwise untreatable epilepsy.

"In the UK there are many children with non-drug responsive epilepsy who could benefit from early surgery, but for various reasons, don't get it. It's important to get the message out there

— to parents and indeed other health care professionals — that early referral to an epilepsy surgery centre, could change or even save a life.

"We're very hopeful that the popularity of Operation Ouch! will help spread the word about what's now safe and possible for patients with epilepsy."

Ben's father Craig said: "We were very happy to have the Operation Ouch! team following Ben through this process. Ben was already a fan of the programme and so he jumped at the chance to appear on it.

"As parents we were happy to take part, as it allowed us to help spread the word of new treatments that are available and also to hopefully give other parents the confidence to go down the same route."

### What do you think about our services?

The Commissioning and Planning team is the contact for CCGs, GPs and other Primary Care colleagues to send general feedback and queries directly to the Trust about services we provide. This feedback will continue to improve how primary and secondary care in Bristol work together for the benefit of our patients.

In your feedback, please include the ward/department/hospital it relates

to, as much information as possible about the query and what your desired outcome is.

If you're including patient identifiable information, ensure it is sent via a secure nhs.net account.

Feedback, concerns and queries should be sent to: [gpliasion@uhbristol.nhs.uk](mailto:gpliasion@uhbristol.nhs.uk) or [uhb-tr.commissioning@nhs.net](mailto:uhb-tr.commissioning@nhs.net)

### Advice available via referral service

Our haematology service is now accepting requests for advice and guidance from GPs via the electronic referral service (the replacement for Choose and Book).

The request will then be viewed online by a haematology consultant and advice will be given online within three working days.

The service will advise on:

- A treatment plan
- Ongoing management of a patient
- The appropriateness of a referral, for example whether to refer, or what the most appropriate alternative care pathway might be
- The most clinically appropriate service to refer a patient into
- Further useful, practice-based investigations and their interpretation with the most appropriate practice-based follow up
- Formal secondary care haematology referral, if appropriate.

The reviewing clinician will give advice about any diagnostics that may be needed to help with future management of a patient, which should ensure appropriate use of these tests. The guidelines are available on the referral support tool here, which is open to all GPs.

### Bowel disease tests can help

Faecal calprotectin diagnostic tests for inflammatory disease of the bowel (DG11), carried out at Bristol Royal Infirmary's laboratory, are now available to primary care.

The tests can support clinicians with the differential diagnosis of inflammatory bowel disease or irritable bowel disease in adults with recent onset lower gastrointestinal symptoms, in whom specialist assessment is being considered.

Further joint advice between the laboratory and Department of Gastroenterology will be issued shortly to practices.

If you need more information before then please email Paul Thomas, consultant clinical scientist in the Department of Clinical Biochemistry: [paul.thomas@UH Bristol.nhs.uk](mailto:paul.thomas@UH Bristol.nhs.uk)



# Lung disease trial offered to patients

A new clinical trial at Bristol Royal Infirmary (BRI) has the potential to improve patients' quality of life.

With more than 10,000 people in Bristol living with chronic obstructive pulmonary disease (COPD), clinicians in the BRI respiratory department are doing all they can to diversify their techniques to manage the disease.

The hospital is one of five centres in Europe that have been selected to take part in a new clinical trial for patients with COPD. Known as the LIBERATE trial, it started in October and is the largest and longest study of its kind in the world.

LIBERATE will investigate whether a procedure to insert endobronchial valves (pictured above right) into parts of the lung damaged by COPD could reduce symptoms and improve lung function for patients. The valves work by blocking air flow to an affected area of the lung, allowing healthy regions to expand and function more efficiently.

Dr Nabil Jarad, consultant physician at the BRI, who is leading the trial, said: "UH Bristol has been selected to take part in the LIBERATE trial by the US Food and Drug Administration, which is hoping to make the procedure more widespread in the US.



"We were chosen to participate because of the strength of our multidisciplinary team, which includes Tim Batchelor, consultant thoracic surgeon, who has played a key role in setting up the trial. Another reason for our selection is our successful track record in implanting endobronchial valves.

"The trial will be open to patients across the South West who fulfil the selection criteria. The trial will be randomised, which means patients will be randomly assigned to either receive a valve at the start of the trial or to act as a control in the trial and receive a valve later.

"A 2:1 allocation ratio will be used, meaning that most patients will get the valves immediately while others will have them a year later after receiving clinical support and close monitoring of their

condition. This will allow us to compare data of both patient groups to see whether the valves improve lung function and quality of life and for how long."

More than 40 patients have been successfully treated with endobronchial valves at the BRI since 2013. On average, three to five valves are implanted during a procedure and they will stay there for the rest of the patient's life.

Dr Jarad added: "The procedure is minimally invasive and done through a bronchoscope. Therefore the patient does not need to have incisions. Without such a strong multidisciplinary team at the Trust, this work would not have been possible.

"The use of the valves is part of a wider COPD and breathlessness management strategy run within the department. It requires that patients take their inhalers, stop smoking and undergo our pulmonary rehabilitation program. The emphysema team, which consists of respiratory physicians, thoracic surgeons and thoracic radiologists, meets periodically to look at radiological and physiological criteria on a patient-by-patient basis and selects patients who would benefit from the endobronchial valve procedure. We have a highly capable team that will run the trial and are very excited to be part of it."

## Award recognises hospitals' energy efficiency

The Trust's energy team has won the award for Improving Environmental and Social Sustainability at the 2015 HSJ Awards, held in November.

The accolade recognises organisations and systems that have changed ways of working to improve sustainability, while enhancing patient care.

Trust staff have worked hard to reduce the organisation's impact on the environment in recent years, in particular its carbon footprint.

Its sustainable development plan focuses on energy, water, travel, procurement and waste. One area where there has been significant progress is improving the energy efficiency of our buildings.

We now save 11million kWh of gas and 2,070 tonnes of CO2 each year by reusing energy from St Michael's Hospital's chimney to heat the hospital all year. St



Chief executive Robert Woolley, second from right, and members of the Estates energy team receive their award

Michael's also hosts one of Bristol city centre's largest solar panel installations.

The design of the new ward block at Bristol Royal Infirmary means it will need less energy — and produce less waste. New ways of disposing with waste materials have been introduced to minimise the use and impact of practices such as incineration and landfill; we now

recycle 14 per cent of our domestic waste.

There is still some way to go but plans for the future include installing more solar panels and green roofs to support wildlife, using more energy efficient electrical items, introducing electronic document management systems to reduce paper use, and increasing our rate of recycling to 25%.