

# Primary care matters

Practice staff newsletter

## Welcome

Welcome to the February edition of Primary Care Matters.

In this edition there are a number of items about changes to services that I hope are relevant and of interest to you.

It is important that our patients experience care that is seamless across primary and secondary care, and I hope that this monthly newsletter plays its part to ensure you are kept up to date and involved where appropriate in planning any changes.

It also contains information about developments that we are particularly proud of.

The introduction of genomic medicine in partnership with primary care, now that the West of England NHS Genomic Medicine Centre has been designated, has the potential to revolutionise care for some patients because treatment may be targeted at a particular genetic change.

Implanting the 1000th cochlear implant to help patients with profound hearing loss to hear is a noteworthy achievement and, although the service sees patients from all over the South West, some of you or your practices may have referred patients to the service in the last 20 years.

Similarly, we are thrilled that maternity services at St Michael's Hospital were ranked top in the country in the CQC Maternity Survey 2015.

Winter has thrown up a number of operational challenges as well as successes



for the health service in Bristol, North Somerset and South Gloucestershire.

There was an increase in patients attending our Emergency Department and the reasons for this and the increase in admissions is poorly understood. We will be working with partners to understand this more fully and the perspectives from primary care will be particularly important.

Finally, as a health and care system we are being jointly celebrated in the inaugural Bristol Health and Care Awards.

Congratulations to all of you who have been recognised. It is good to see that the care we provide is warmly received by patients and their families.

With best wishes,

**Dr Sean O'Kelly**

**Medical director, University Hospitals Bristol NHS Foundation Trust**

## Genomics helps to personalise health care

Work is under way to establish a Genomics Medicine Centre, working on the patient pathways for patients who may benefit from these medical advances.

A partnership made up of NHS provider organisations in Bristol, Bath, Cheltenham and Gloucestershire, universities in the region, the West of England Academic Health Science Network, NHS commissioners and patient organisations is working to establish the West of England NHS Genomic Medicine Centre (WEGMC).

The centre, hosted by University Hospitals Bristol NHS Foundation Trust, will be part of the three-year project, launched by the Prime Minister, to transform diagnosis and treatment for patients with cancer and rare diseases.

This involves collecting and decoding 100,000 human genomes – complete sets of people's genes – that will enable scientists and doctors to understand more about specific conditions.

It could allow personalisation of drugs and other treatments to specific genetic variants.

Clinicians from the hospitals involved will recruit potentially eligible patients.

Patients choosing to be involved will then take part in a test which will then be processed in a lab at Southmead Hospital, before being sent nationally for sequencing.

## Work to ensure safe insulin prescribing

All GPs are asked to please record on EMIS when patients are on stable doses of insulin, recording both the dose and frequency of administration.

Hospital staff frequently find dosages that simply say 'as directed' and, if the patient or their family cannot confirm the dose, it can compromise the quality of their care.

Clinical incidents have arisen when this information has not been available and we are working with the local CCGs to improve the safety of insulin prescribing.

Two medicines safety projects – Insulin Safety and Medication Safety at the Transfer of Care – are being addressed in the Patient Safety Collaborative work being

co-ordinated by the West of England Academic Health Science Network.

One solution is to increase engagement of community pharmacists in patient care by using the IT platform PharmOutcomes when patients are discharged from hospital.

We will update you as this work progresses.

# Changes to antenatal and newborn screening

From 1 April, rubella screening will no longer be offered to pregnant women at their booking appointment with the midwife. As a result, laboratories will test decreasing numbers of samples into May, June and July 2016, but screening teams will continue reporting and following up results for women booked before 1 April.

Please note that newborn bloodspot screening introduced in January 2015 screens for nine conditions: Sickle cell disease; Cystic fibrosis; Congenital Hypothyroidism; Inherited metabolic diseases – Phenylketonuria (PKU); Medium-chain acyl-CoA dehydrogenase deficiency (MCADD); Maple syrup urine disease (MSUD); Isovaleric acidaemia (IVA); Glutaric aciduria type 1 (GA1); Homocystinuria (HCU)

Postnatal MMR administration by maternity services and referral to primary care for second vaccination for non-immune women will continue for those women booked before 1 April.

National guidance is that GPs and maternity services should continue to take existing opportunities to check the status and administration of the MMR vaccine (two doses if needed) for: all children and young adults who have not been vaccinated; new entrants to the UK at the

GP registration consultation; postnatal women at health visiting assessments and six-week maternal checks; and women accessing preconceptual, fertility or miscarriage and termination services.

There are no plans to require GPs to do anything more to increase MMR uptake in addition to that which they are currently contracted or advised to do. In addition, T18/13 screening is being introduced from 1 April 2016. This will be offered at booking by the midwife.

If requested it can be performed at between 11+2 weeks and 14+1 weeks gestation at First Trimester combined Screening (FTS).

All women must have the opportunity for First Trimester screening whenever possible. If a woman books late or is too late for FTS she will be offered a Quad for Downs screening only (2nd trimester screening for T18/13 is the 20/40 anomaly scan).

## St Michael's maternity services ranked joint top in country

St Michael's Hospital maternity services have been ranked top in the country in the CQC Maternity Survey 2015.

The survey compared the maternity services of 133 acute trusts across the country, with patient feedback that covered core categories of the service; before, during and after birth. From those results, St Michael's Hospital scored better than expected on 53% of the questions asked, ranking joint top in the country.

Ian Barrington, divisional director of women's and children's services, said: "We are delighted to be ranked top in the country by the results of the CQC Maternity Survey.

"This is a true reflection of the exceptional service our midwives and staff provide

at St Michael's, as well as the positive experience our patients receive. We take all patient feedback on board, and we strive to continue to improve areas in the department that are not yet ranked better than expected.

"We believe the addition of our midwifery-led unit onsite, which is a beautiful home from home environment, has improved women's experiences of giving birth, as well as the work we are doing on our postnatal ward for women having induction."

Sarah Windfeld, head of midwifery, said: "This is an outstanding result for the service and all those involved. We would like to thank those of our patients who responded to the survey as this feedback is vital to ensuring the department



continues to improve.

"The maternity service wants to continually improve the service it offers to women and families, therefore it will soon pilot the use of family rooms on postnatal wards to allow partners to stay overnight where this can be accommodated."

# Cochlear implant team treats its 1000th patient

To mark International Cochlear Implant Day the West of England Hearing Implant Programme, based at St Michael's Hospital, will reach a milestone, treating its 1000th patient.

The West of England Hearing Implant Programme (WEHIP) is a multi-disciplinary service for paediatric and adult patients with severe hearing loss.

The service is provided by a team of 30 staff members, who see patients of all ages from across the South West, treating on average 100 patients a year with cochlear implants. In addition, they provide many other forms of hearing implants, such as the latest middle ear implants.

The adult and paediatric services came together under one roof when the adult services moved from North Bristol Trust in 2013. In January this year, the adult team moved into a newly renovated, purpose built clinic offering a welcoming and easily accessible environment for patients, adjacent to the paediatric team and thus facilitating efficient joint care for all ages.

Mr Philip Robinson, consultant otolaryngologist, surgeon and director of the West of England Hearing Implant Programme, said: "This is an exciting time for the whole team, celebrating International Cochlear Implant Day on the same day that we are operating on our 1000th cochlear implant patient.

"The multidisciplinary team here at St Michael's do an outstanding job to ensure the programme sees and treats as many patients in the South West as possible. International Cochlear Implant

Day celebrates the benefits and often life changing outcomes for patients with hearing problems, including those with profound deafness, fitted with implants.

"Children born profoundly deaf would have been unable to learn to speak in the days before cochlear implants, but now the vast majority fitted with a cochlear implant will develop speech and go to a mainstream school.

"Adults who have lost their hearing completely will in most cases regain



The 1000th cochlear implant is captured on film

enough hearing to join in conversations and return to work.

"However, despite these successes, there are numerous people in the South West with untreated deafness that are struggling in their everyday lives. In the elderly, deafness can make people very lonely and worsen dementia.

"We hope that by raising awareness of the options for treating severe hearing loss, and the cochlear implant service in particular, we will encourage others to come forward if they think they require our help."

## New toilets for disabled visitors

Changing Places toilet facilities have opened in both the Bristol Royal Hospital for Children and the Bristol Royal Infirmary (pictured).

The Trust has worked with disability groups to design these facilities to ensure we are offering safety and dignity to all our patient groups.



## Continuing to develop services at South Bristol Community Hospital

Local MP Karin Smyth and shadow health spokesperson Heidi Alexander visited South Bristol Community Hospital (SBCH) to find out more about the facility and the services provided there.

Karin Smyth has led a survey of local people which found that nine out of 10 local people would like to see more services introduced there, not least to reduce the need to travel across the city for healthcare.

Analysis of the first few hundred responses shows:

- A large majority of people who have so far taken part have direct experience of using South Bristol Community Hospital, and most are warm and positive about it.
- Nine out of 10 respondents think there should be more services there.
- Two-thirds of people who responded travel elsewhere in the city for some healthcare.
- Cancer screening services, followed by a seven-day GP service, are the most sought-after additional services, judging by the responses so far.

Trust chief executive Robert Woolley and chairman Canon Dr John Savage accompanied Karin Smyth and Heidi Alexander on their tour of the hospital.

Mr Woolley said: "We are delighted that this survey has shown that local people value South Bristol Community Hospital. Since the hospital opened in 2012 we have expanded the range of services that is on offer. We are committed to continuing this work with Karin and the Bristol Clinical Commissioning Group to deliver safe and effective care for the people of south Bristol and to deliver this as close to their homes as we can."