

Primary Care Matters

Practice Staff Newsletter Welcome

Welcome to this festive edition of our newsletter to primary care staff. This month the Trust celebrated the opening of the new adolescent ward at the Bristol Royal Hospital for Children. The new ward has been built as part of the work to extend the children's hospital to accommodate services that will move from Frenchay Hospital in 2014. The ward was visited by two former patients who were treated on the old adolescent ward and they were thrilled to see the new space.



Building work across the rest of the site continues to make excellent progress with structural work starting on the roof of the BRI Queen's Building in preparation for the new onsite helipad.

Unfortunately, the Trust has recently had a number of wards closed to new admissions due to Norovirus, which has put the Trust under additional pressure at what is already a busy time of year for us. We have been working hard to address this, currently we have one ward closed at the BRI Old Building due to Norovirus.

The New Year will bring with it some changes to the Bristol Homeopathic Hospital, which will be located at South Bristol Community Hospital from 3 January 2013.

Finally, so that we can give our patients the best care possible over the festive period we are encouraging members of the public to use our Emergency Departments for emergencies and serious illness only. Please help us to spread this message and ensure your festive opening times are clearly displayed.

Deborah Lee
Director of Strategic Development

Bristol Homeopathic Hospital is moving

From 3 January 2013, the Bristol Homeopathic Hospital (BHH) will be based at South Bristol Community Hospital (SBCH).

UH Bristol currently provides an outpatient service in an annexe building owned by the University of Bristol and as the building is in need of significant refurbishment the University has decided, with UH Bristol, that their expansion plans in the future require this building to be returned.

The Trust has, therefore, taken the decision to move the service to SBCH, a state-of-the-art facility with a calm and peaceful environment which can accommodate the whole service in one place. We have consulted with staff about the move and are talking to patients to ensure the move goes as smoothly as possible.

It is important to understand that the service itself will not change and staff will continue to provide an excellent standard of care in the new setting. You will still be able to refer patients for an appointment and the only change to the current clinical arrangement is that paediatric patients will be seen in paediatric clinics.

The BHH's last clinic day in its current location will be Friday 21 December 2012.

Respiratory Admission Avoidance Clinic

This HOT clinic is a daily service (Monday to Friday) run in the department of respiratory medicine. All patients with respiratory illnesses threatening admission who are stable haemo-dynamically can be referred by fax and are seen within 24 hours (normally the same day).

Patients undergo a complete respiratory assessment with chest X ray, lung function tests by experienced lung physiologists and blood tests. When required a chest CT scan is arranged on the same day. This is followed by a respiratory nurse consultation and a respiratory assessment by a

senior chest physician.

A discharge summary of the consultation including the outcome is made within the clinic and is sent to the GP in real time.

In 2012, over 530 patients were referred. The admission avoidance rate was 82% and there was a high rate of patient satisfaction.

For referral to the HOT clinic please send a fax to : 0117 342 2991. For discussion about patient suitability, please call: 0117 342 2401 or Dr Jarad on 0117 342 2620.

Update on Performance

In our last report to Monitor, we were not able to declare compliance with the target reduction in the number of C. diff (Clostridium difficile) cases during the quarter. From previous years' data we know that the number of C. diff cases we see follows a strong seasonal pattern. However, the quarterly targets we are required to achieve by Monitor are based upon a flat trajectory.

So far this quarter we have reported eight C. diff cases. This gives us a year-to-date total of 37 cases against a target for the end of quarter 3 of no more than 41. This means we are back on track for achieving our target of 54 cases this year, which was reduced down from the target of 64 cases in 2011/12.

This can be a difficult time of year for maintaining the flow of patients through our hospitals. The number of emergency admissions often goes up, and we can have much sicker patients come through our doors. While we were achieving the

national standard of at least 95% of patients waiting less than 4 hours, from attending one of our Emergency Departments, we are now struggling to maintain this standard of performance.

This follows a period of cold weather, which brought with it an increase in bronchiolitis and adult respiratory problems. We have also had some patients unexpectedly staying longer in hospital as a result of norovirus.

Norovirus surfaced in the Trust a couple of weeks ago, following the rise in cases we had seen in the community and other acute providers that refer patients to us. In addition to closing affected wards and maintaining good hygiene standards to limit the spread, we are continuing to promote the message of the importance of visitors not coming into our hospitals if they have had any symptoms of diarrhoea and vomiting in the last 48 hours.

We reported compliance against all of the national cancer waiting times standards last quarter. However, performance against the 62-day (Referral to Treatment) standard for patients referred from the national screening programmes, has disappointingly dipped.

The reasons for this are the high levels of patient choice to delay hospital attendances, along with longer than ideal waits for some specialist screening practitioner appointments and diagnostic tests, which have now been addressed. We are always at risk of patients choosing to delay having invasive diagnostic tests, especially when they have been symptom free and their potential cancer has been picked-up through routine screening. So we are continuing to do all we can to make sure we are offering patients prompt dates for appointments and tests when they are ready to attend. Your support in ensuring your patients understand the importance of early investigation is appreciated.

New Ward for 11 to 16 year olds opens at BRHC

A brand new hospital ward, uniquely designed for 11 to 16 year olds, with a variety of complex health issues including cancer, was opened by the Trust on 12 December at Bristol Royal Hospital for Children.

The home-from-home themed ward is unlike any other ward in the hospital thanks to design expertise by Teenage Cancer Trust and the enhancements funded jointly by Wallace & Gromit's Grand Appeal and Teenage Cancer Trust.

The new ward, known as Ward 35, has been built as part of the work to extend the children's hospital to accommodate services that will move from Frenchay Hospital in 2014. Children's neurosciences,

scoliosis surgery, burns and plastic surgery services will move to the children's hospital in 2014. All specialist inpatient children's services in Bristol will then be located together.

The 14 bedded ward consists of ten single en-suite bedrooms and a four bedded bay. The majority of the beds will be used for patients who have had surgery or medical treatment and six beds will directly support young people with cancer.

To make the ward feel and look more like a home-from-home rather than a normal hospital ward, over £200,000

was donated jointly by Wallace & Gromit's Grand Appeal and Teenage Cancer Trust. It's the first time the two charities have worked together and is also a unique moment in Teenage Cancer Trust's history of lending its design expertise from building specialist cancer units in NHS hospitals across the UK to another development for young people.

