

# Primary care matters

## Practice staff newsletter

### Welcome

Welcome to the February edition of Primary Care Matters.

Late last month, we celebrated the opening of our new neuro-rehabilitation unit at Bristol Royal Hospital for Children. The new unit is one of only a few in the UK and the only one in the South West.



Deborah Lee,  
Deputy  
Chief  
Executive

It will provide rehabilitation delivered by a highly experienced interdisciplinary team for children with a range of neurological conditions, including those who have sustained acute brain injury or spinal cord injury from trauma or infection, or patients who need intensive

rehabilitation following surgery such as selective dorsal rhizotomy for cerebral palsy.

On a similar theme, February has seen a number of significant facilities open in our new ward block. On 3 February we opened our new intensive care unit (see below for more details).

On 10 February, we opened the final floor of our new BRI ward block to patients. Ward A900, on the top floor, will treat cystic fibrosis patients and people suffering with chronic gastrointestinal conditions such as Crohn's disease, meaning that the majority of patients on the ward will be young people. As such, it will be one of a very small number of medical wards in the region catering for younger patients.

## New state-of-the-art intensive care unit opens

The new state-of-the-art intensive care unit at UH Bristol opened earlier this month, as part of the £143 million redevelopment programme. Until recently, it was housed in a facility originally opened more than 20 years ago.

The new intensive care unit provides the very latest technology and state-of-the-art healthcare facilities to deliver the very best care for adult critically ill patients.

Dr Tim Gould, consultant intensivist at University Hospitals Bristol said: "The adult intensive care unit here is one of the busiest in the UK and consistently performs in the top 10 of all adult intensive care units in the country, according to nationally audited and published data."

The new unit will utilise the most modern technology including fully computerised equipment for monitoring of patients' vital signs, recording of all patient notes and electronic prescribing, thereby removing the requirement for paper records and greatly improving patient safety and drug management. This system has been further customised by the intensive care team at UH Bristol to send alerts about a patient's clinical condition directly to the responsible medical



team, via smart phone or tablet computer, immediately alerting them to any change in the patient's condition. This is the first system of its kind in the UK.

Dr Gould said: "This type of 'intelligent surveillance' monitoring makes us aware instantly of any problems developing in our patients. We can then respond very rapidly to any concerns with real time information, allowing us to make the 'right decision at the right time'. Ultimately, this will make the intensive care unit an even safer place for critically ill patients, and ensures they recover faster and with fewer complications".

There are new 'isolation' cubicles allowing clinicians to care safely

for patients and protect those with weak immune systems or with highly infectious diseases. Each bed space is purposely designed with minimal furnishings to allow thorough cleaning and disinfection to minimise the risk of patients catching infections while in hospital. It will also greatly enhance privacy for each patient and their family.

As well as the benefits for patients, the new facility also has additional facilities for relatives. A new visitor area with a kitchen is a huge improvement over the existing unit, where relatives often had to sit in a corridor. There are also dedicated rooms for families requiring more privacy, and two bedrooms if relatives need to stay overnight to be near their loved ones.

## Cellulitis patients urgently required for trial

Adjunctive Clindamycin for Cellulitis (C4C) is a trial that requires help from all local GP practices. The patients being cared for by their GP are the most appropriate recruits for the study, as they are often in the early stages of infection and can offer the study a lot of valuable data.

We only have nine months left to recruit and, as the majority of cellulitis patients will attend general practice, your referrals are invaluable to us.

For this study, we are encouraging the referral of cellulitis patients to the cellulitis team at the BRI.

This will not involve any extra work for GPs or their practices, other than informing the patient about the trial during the initial consultation.

If you have a patient that presents to you or your nurses with cellulitis, and they would like to have specialist care and support for their condition, then please call the cellulitis (C4C) team on 0117 342 3253 or 07876 027

880 to organise an appointment for the patient.

We would prefer to see them as soon as possible and will fit the appointment around the patient. Referral to the study should not delay you starting treatment with oral flucloxacillin.

Our website [www.bristolcellulitis.org](http://www.bristolcellulitis.org) details the study and has a downloadable patient information sheet which provides an overview of the study.

However, if you require further information about inclusion or exclusion criteria, please feel free to contact us on the numbers above or email: [bristol.cellulitis@uhbristol.nhs.uk](mailto:bristol.cellulitis@uhbristol.nhs.uk)

If you are part of the Primary Care Research Network and suitable patients are referred to the GP Support Unit in the BRI, your practice will be credited within the Primary Care Incentive Scheme. Your help is greatly appreciated.

## Stroke and TIA clinic referrals

The BRI TIA and minor stroke clinic on ward A515 is moving away from the use of the fax machine.

The clinic would therefore like to encourage GPs to send referrals via ICE.

However, for those practices that rely on sending referrals by fax, a new system has been arranged via the Trust's IT department.

This allows the GP to send a fax from their practice, but instead of it being received as a fax at the TIA clinic, it comes to the clinic's referrals email account.

To make use of this service, the new 'fax' number for the BRI TIA clinic is: 0117 917 0159 but please note our preference remains for referral via ICE.

## Cardiology update event

The cardiology department at the Bristol Heart Institute is holding its annual cardiology update afternoon for the GPs in the region on 4 March.

The meeting will be held at the Holiday Inn, Filton Road, Bristol BS16 1QX.

The agenda has been designed to provide an update on topical issues, help with the joint management of common conditions, and to help answer any questions you may have.

For further information about this meeting or to reserve a place to attend, please contact Jana Van Wyk with your details ([jana.vanwyk@UHBristol.nhs.uk](mailto:jana.vanwyk@UHBristol.nhs.uk))

## Paediatric dietetic private patient clinics

In response to demand, we now hold a monthly private patient clinic for children who require private dietetic care.

We can accommodate all nutrition or dietetic interventions including general healthy eating, weaning advice, allergy, ketogenic diets.

The cost of an initial consultation is £120 and follow-up appointments are £80.

We require a medical referral annotated with private patient referral sent to:

Lisa Cooke, Head of Nutrition and Dietetics, Bristol Royal Hospital for Children, Upper Maudlin Street, Bristol, BS2 8BJ



Tel: 0117 3428802 Fax: 0117 3428913 Email: [lisa.cooke@UHBristol.nhs.uk](mailto:lisa.cooke@UHBristol.nhs.uk)