

Primary Care Matters

Practice staff newsletter

Welcome

Welcome to March's edition of Primary Care Matters.

As you will be all too aware, the outlook for the NHS nationally is a challenging one, and UH Bristol is no exception from this. In light of this I believe it will be more important than ever for us to work together closely, both to deliver best care to patients and improve the flow of patients through our hospitals.



Dr Sean O'Kelly,
 Medical Director

Despite the daily pressures on our services however, we are making a difference. This winter UH Bristol performed significantly better than last winter in a number of areas. Seven per cent fewer patients

experienced a delayed discharge from hospital, saving us over 100 bed-days. We saw 830 more A&E patients in under four hours at the same time as we increased our elective admissions by more than 400.

We are also continuing to develop innovative ways of treating patients more effectively and efficiently. Our team at the children's hospital are piloting a service that manages patients who require long-term intravenous antibiotics at home, rather than in hospital. Meanwhile at the BRI, research is ongoing into a hydration measuring stick, which could improve the autonomy and care of patients with intestinal failure. You can read more about both of these projects below.

Promising idea could improve the lives of patients with intestinal failure

Patients being treated for intestinal failure at the Bristol Royal Infirmary could benefit from a simple test used to measure how salty their urine is.

Clinicians at University Hospitals Bristol have come up with the idea of using a test more routinely employed to measure the amount of chlorine in swimming pools. This could identify patients who are becoming dehydrated promptly and allow earlier treatment.

Dr Jonathan Tyrrell-Price, consultant gastroenterologist and nutrition lead at Bristol Royal Infirmary, realised that a dip stick, known as the Quantab chloride stick - commonly used in industry to test chloride in solution - might work in a clinical setting to measure chloride in patient's urine.

Dr Tyrrell-Price worked with a clinical colleague, Dr Fergus Hamilton and Professor Andy Ness, director of the National Institute for Health Research Biomedical Research Unit in Nutrition, Diet and Lifestyle at UH

Bristol and the University of Bristol, to develop a research proposal to explore the value of these sticks.

Professor Andy Ness said: "This is a promising idea that has the potential to improve the lives of people with intestinal failure.

"I look forward to working with Dr Tyrrell-Price and Dr Hamilton to design and carry out the studies to show whether this simple test can fulfil its promise"

The Quantab sticks are currently being tested in the BRI laboratories on the urine of patients with intestinal failure.

Dr Tyrrell-Price said: "People with short bowel cannot always absorb oral fluids properly and consequently managing their hydration is difficult.

"On the ward, we use urinary sodium to detect dehydration. I thought there must be a way to measure salts in a solution that could

be used in someone's home.

"The Quantab stick was identified after discussion with the university's chemistry department. I hope this will give greater autonomy and better care for this vulnerable population, and have wider applications to other vulnerable groups."

The research team recently won a grant for £10,000 from the NHS Innovation Prize Challenge, having already won the Acorn Challenge.

Dr Hamilton said: "This money will ensure we can extend the use of this stick to diagnose dehydration in other patient populations - such as nursing home patients.

Dr Hamilton added: "This could allow diagnosis and care to start in the community, expediting diagnosis and treatment of sick patients, while allowing safe management in the community, potentially avoiding hospital admissions."

Home IV pilot project for paediatric patients

As part of a programme to improve patient flow at the Bristol Royal Hospital for Children (BRHC), a paediatric outpatient parenteral antibiotic therapy service (p-opat) has been introduced.

This enables children and young people who are medically stable, but require prolonged courses of intravenous antibiotics, to be managed at home rather than in hospital. A community nurse visits the patient daily to administer the antibiotics, and the patient is reviewed at weekly clinics by a consultant. More than 50 patients, many of whom are recovering from illnesses such as infections of the bone, chest, skin, heart, or brain, have benefitted from the project so far.

Jolanta Bernatoniene, paediatric infectious diseases consultant and project lead said: "It's far more convenient for families to have their child treated in the comfort of their own home. Parents can go back to work and children can

return to school. Having more children receiving their antibiotic treatment at home frees up beds for other patients. We've had excellent feedback from families whose child is participating in p-opat."

P-opat is a pilot project commissioned by Bristol Clinical Commissioning Group (CCG). Funding was used to recruit an inpatient clinical nurse specialist to facilitate the service, along with a community nurse to visit patients at home. The team includes an administrator and a part-time consultant in infectious diseases. Community staff were already providing antibiotic therapy at home for patients where appropriate. But the extra resources made available through the CCG's funding meant the work could take place on a much bigger scale.

The early results are positive. Since the service began, around 100 bed days per month have been saved, enabling the hospital to admit more children and improve the flow of

patients through BRHC.

The next phase of p-opat will see the introduction of an innovative intravenous pump system (elastomeric device), for patients who need more than one dose of antibiotics a day. The antibiotics are released gradually over a 24 hour period from the pump into a peripherally inserted central line. Every day, the community nurse visits to replace the pump and check on the patient.

Caitlin Marnell, general manager for children's medical specialties, said: "When you add up the total of the various elements of the flow programme, it's clear it's been a massive success.

"We have recruited more nurses, we have better communication and we've reduced the length of stay for patients, freeing up more beds. We haven't solved all our problems. There is still much to do and we plan to continue building on the successes of the programme."

Patients urgently required for blood pressure research

The BHI CardioNomics Group is running a blood pressure study that requires help from our local GP practices.

We have only a few months left to recruit and would value your help in advertising the study.

We think the carotid body may be overactive in people with high blood pressure. This study will compare the way the carotid body works in people with high blood pressure compared to healthy volunteers.

We are looking to recruit:

- men and women under 50 years old with known hypertension (treated or untreated)
- men over 60 years old with normal blood pressure

This will not involve additional work for GPs or their practices, other than placing advertisements in clinical areas or waiting rooms.

Our website: www.uhbristol.nhs.uk/hypertension contains further information about studies we are currently running, and downloadable advertisements that can be displayed at your practice.

Alternatively, we are happy to send out copies of posters and flyers to be displayed at your practice.

If you require further information, please feel free to contact us on 0117 342 1513 or laura.ratcliffe2@uhbristol.nhs.uk

Better healthcare for women

We would like to invite you to an evening update session on the ways practice is changing to deliver better healthcare for women.

It takes place on Thursday 14 May 2015 at 6pm, at Engineers' House, Clifton. The programme will include:

- Living well beyond cancer: The survivorship model
- Enhancing post-operative recovery and recuperation
- Blurring the boundaries: the primary/secondary care interface.

The cost is £25 including dinner. Booking is available now, with places limited to 40. Enquiries to Naomi.crouch@uhbristol.nhs.uk