

# Primary care matters

## Practice staff newsletter

### Welcome

Welcome to the April edition of Primary Care Matters.

All of our hospitals are enjoying the benefit of this unusually warm weather, reflected in the Trust's achievement of the four hour A&E standard in March – the first time since June 2014.



Deborah Lee,  
Deputy  
Chief  
Executive

In further support of good flow through our hospitals the Trust ran a Trust-wide Breaking the Cycle Together week from 15 to 21 April to focus on making sure we identified and fixed issues that get in the way of delivering high quality care.

During the week the focus was on solving problems and escalating them when they could not be solved within a set timeframe. All routine meetings and non-essential

work were suspended wherever possible in order to support Breaking the Cycle Together, and 101 non-clinical staff from across the Trust took on roles as ward liaison officers, working alongside their clinical colleagues to support the reporting and escalation of problems that impacted on the running of wards.

The Trust also had substantial support from its health and social care partners including social services and Bristol Community Health, which made a great deal of difference and showed how the respective organisations' partnership working had significantly progressed.

We have identified issues in our planning for weekends and our practice, particularly around weekend discharge, which could help us break the repeating cycle of 'manic Mondays', where we start the week with very few beds and in instant escalation and recovery mode.

## UK first for macular degeneration clinical trial at Bristol Eye Hospital

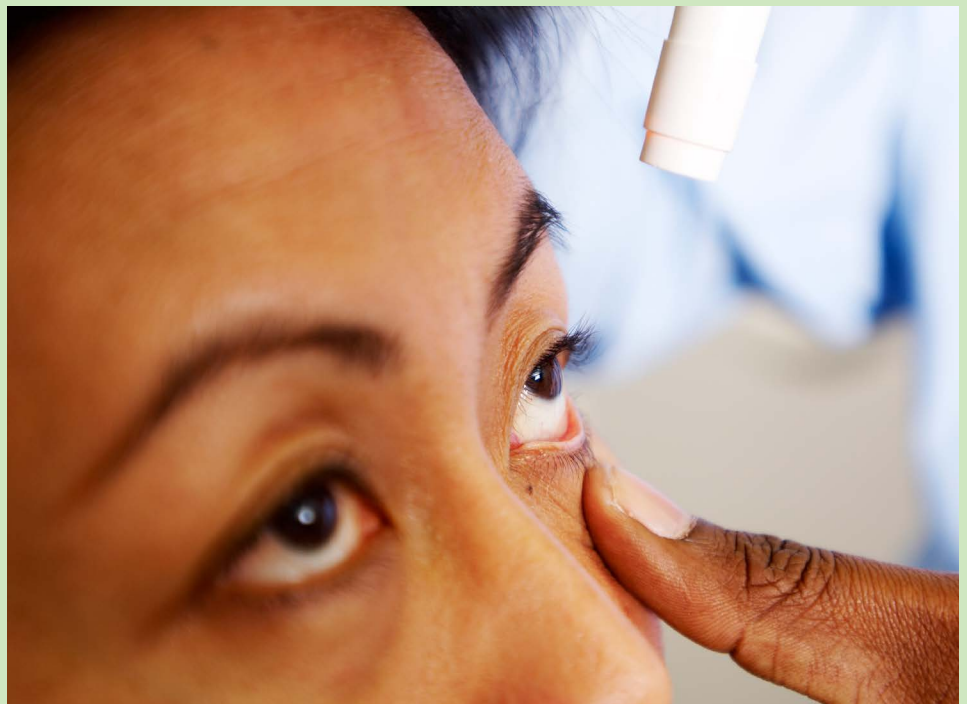
As part of a ground breaking clinical trial, the team at the Bristol Eye Hospital clinical research unit is very proud to be the first in the UK to offer a new treatment option for dry age-related macular degeneration.

The international commercial trial is investigating whether use of a new monoclonal antibody has the potential to slow the progression to more advanced forms of the disease, which currently has no specific medical treatment, and can lead to central visual loss.

Close collaboration between the research and medical teams was essential in ensuring potentially suitable patients were identified and offered the opportunity to enter the trial.

Once the necessary approvals were in place, the first patient was recruited within a matter of days.

Success in this trial follows previous achievements of being top national



recruiters to a number of trials.

We hope that this track record of efficiently setting up and delivering on complex trials means that future

trials centres are attracted to set up in Bristol, giving patients here a greater choice of cutting edge treatments.

## Managed beds programme sees immediate results

In 2014, University Hospitals Bristol launched its planned care programme as part of a wider strategy redefining the operational models of complex tertiary specialist work and generalist local care.

The aim was to provide the best possible care for elective and emergency patients.

Part of the programme included a managed beds protocol, designed to protect emergency and elective beds for ENT, thoracic, and upper and lower gastro-intestinal patients.

Since the launch in October 2014, the managed beds protocol has had an immediate impact on the number of cancellations due to lack of ward beds with cancellations for this reason dropping from 34 in April 2014 to six in the most recent month.

Similarly the number of patients delayed in critical care due to a lack

of ward beds has dropped from 14 in April 2014 to two in the most recent month.

Despite these improvements, too many patients awaiting surgery for cancer had their operations cancelled in the last quarter due to a lack of critical care beds and we are working hard to resolve this too.

Finally, the programme has also meant that from October 2014 to March 2015, an additional 12 patients per month received their elective procedure on the date promised – an increase of 3.4 per cent compared with the six months pre-project performance.

This was achieved despite the pressures that the entire health system found itself under over the winter months.

---

## Phasing out faxing and encrypted emails

In September last year, we stopped faxing patient letters and discharge summaries. Many Bristol, North Somerset and South Gloucestershire practices are able to retrieve documents electronically by logging into our document service, but if practices are not registered to receive documents in this way, post is the default method.

For urgent documents, the majority of 'out of area' practices will be sent communications by NHS mail to the practice address, with a hard copy put in the post as back up. However, our document service is easy to use and any practice is welcome to register and access documents electronically via this route – enquiries should be directed to [tocdshelp@uhbristol.nhs.uk](mailto:tocdshelp@uhbristol.nhs.uk), or see

this document for more detail.

All other patient identifiable documents previously sent by facsimile have been reviewed and alternative means of communication introduced, including the use of NHS mail or encryption, dependent on the recipient's organisation. If you receive an encrypted email from us for the first time, there are instructions on how to register and use this service by following this link. We hope that this change in our practice does not inconvenience you, and thank you for your cooperation and support.

If you have any concerns regarding this initiative, please contact [gpliaison@uhbristol.nhs.uk](mailto:gpliaison@uhbristol.nhs.uk)

## Health matters event

At the next Health Matters event, Dr Julian Shield, consultant senior lecturer in child health, will speak on nutrition and diabetes in children, and the transition to adulthood.

The Trust's chief operating officer will also be talking about the reorganisation of outpatients' departments. The event is open to all, and takes place on Thursday 7 May from 5.30 to 7pm at the Education and Research Centre, Upper Maudlin Street, Bristol, BS 2 8AE.

To book, please visit <http://www.uhbristol.nhs.uk/about-us/membership/members-events/>

---

## GP liaison at UH Bristol

We would like to remind practice staff and GPs that if you have any general queries or feedback about UH Bristol's services, policies or processes, these should be directed to [gpliaison@uhbristol.nhs.uk](mailto:gpliaison@uhbristol.nhs.uk).

This email address is picked up by our commissioning and planning team and is intended for general feedback about how we can develop and improve our service to, and collaborative efforts with, primary care colleagues, and so should not be routed through PALS. If you need to raise a general issue by using a patient case as an example, please ensure that confidential information is sent via NHS Mail to our [ubh-tr.commissioning@nhs.net](mailto:ubh-tr.commissioning@nhs.net) address. Only where it is clear that the patient is providing the feedback directly or submitting a complaint should you direct the feedback through PALS.

The commissioning and planning team is happy to meet practices directly to discuss any issues or update on Trust developments. Please contact GP Liaison if you would like us to visit your teams.