

Primary care matters

Practice staff newsletter

Welcome

Welcome to the June edition of Primary Care Matters.

I am very pleased to report that Monitor has restored the UH Bristol's governance rating to green, reflecting the positive progress we are making to meet national standards for patient access and their confidence in our ability to sustain this good work.



Deborah Lee,
Deputy
Chief
Executive

As you would expect, they will continue to watch our progress closely. Our desire to meet these standards consistently is less about Monitor, however, than about our determination as a Trust to deliver best care to patients and to take pride in everything we do. For those reasons, we will continue to push hard to not only hit the performance trajectories that we have set ourselves but to exceed them.

On Monday 15 June, the therapeutic apheresis unit, run by NHS Blood and Transplant opened at the BHOC. One of only six units of its kind in England, it provides life-saving and life-enhancing therapies for patients with rare blood disorders.

The unit relocated last year from the Blood Donor Centre at Southmead into a brand new space at the BHOC, meaning that most patients, many of whom are very unwell, no longer need to travel across Bristol. This service is a great example of team and partnership working.

In another piece of very positive news about our cancer services, the Bristol Cancer Centre has been selected by NHS England to evaluate an innovative new form of radiotherapy treatment. The BHOC is one of 17 centres nationwide to participate in NHS England's commissioning through evaluation (CTE) of stereotactic ablative body radiotherapy (SABR) – you can read more about this below.

UH Bristol selected for national evaluation of new radiotherapy treatment

UH Bristol has been selected by NHS England to evaluate an innovative new form of radiotherapy treatment.

The Bristol Haematology and Oncology Centre (BHOC) has been selected as one of 17 centres nationwide to participate in NHS England's commissioning through evaluation (CTE) programme of stereotactic ablative body radiotherapy (SABR) – a modern, more precise delivery technique of radiotherapy, which delivers high doses of radiation while causing less damage to surrounding healthy tissue than conventional radiotherapy.

Evidence shows that SABR can be effective when used to treat non-small cell lung cancer. Since February 2014, the BHOC has been offering SABR treatment to NHS patients with non-small cell lung cancer, whose other health issues mean they are not suitable for surgery to remove the tumour.

However, there is less clinical evidence to show that SABR is effective for other cancers. To gather the evidence it needs, NHS England is working with the clinical and research community to assess the use of SABR to treat a wider range of cancer conditions.

The nationwide CTE programme will increase the number of cancers being treated to include oligometastatic disease (cancer that is in an early stage of spread to another part of the body), primary liver tumours and the re-irradiation of cancers in the pelvis and spine, with the BHOC offering the treatment for oligometastatic disease.

A patient's clinician will identify whether they are a potential candidate for the programme and they will be referred on where appropriate.

Charles Comins, consultant clinical oncologist at the BHOC, said: "We're delighted to have been selected as the only Trust in the South West to take part in NHS England's CTE programme for SABR. This programme recognises the contribution that advanced radiotherapy techniques can have in treating patients with cancer. We are keen to build on our centre's experience in using SABR for peripheral lung tumours. The programme will allow us to use SBAR to treat patients whose cancer has spread to other organs. Initially, this will be for lung tumours, but as the programme develops we will be able to treat liver, lymph node, bone and adrenal tumours using this technique."

Steve Blake, head of radiotherapy physics at UH Bristol, said: "We welcome the invitation to contribute to this programme.

"It will be an opportunity for us to demonstrate the advantages of modern treatment techniques and the culmination of a period of investment in new technology. Our team are pleased to be able to use their expertise to build on the positive early results for the benefit of patients."

Sean Duffy, National Clinical Director for Cancer at NHS England, said: "This is a great day for hundreds of cancer patients who will now be able to access this cutting-edge innovative treatment up and down the country. This programme will allow us to assess this promising type of radiotherapy while enabling people who may benefit to access it as close to home as possible."

NHS England's investment in the Commissioning through Evaluation programme is in addition to its pledge to fund up to £6m over the next five years to cover the NHS treatment costs of SABR clinical trials funded by Cancer Research UK.

UH Bristol's planned care programme in the running for national award

University Hospitals Bristol's planned care programme has been shortlisted for a Health Service Journal Value in Healthcare Award.

The planned care programme, launched in October, is a new way of working within the Trust's surgical division, which aims to enhance care for patients coming in for emergency and planned procedures.

It does this by improving the scheduling of operations and planning of the use of available beds to ensure that patients are admitted to the correct specialty ward, for both planned procedures and emergency admissions.

Deborah Lee, deputy chief executive and chief operating officer at UH Bristol said: "This work has been extremely important in helping to improve patient experience and reduce the daily frustrations experienced by our staff when they cannot do, what they came to work to do. It's also helped our hospitals to run more efficiently and effectively.

"Staff from across the Trust have worked extremely hard on it, and we know it's already had a big impact, so it's very heartening that the programme has been shortlisted for this award."

"Coming in for a planned operation and having your procedure cancelled on the

day because there isn't a bed available, affects not just the patient but their family," said Andrew Hollowood, the clinical chair for the Division of Surgery, Head and Neck and the lead for the programme.

"This is the situation we've been working hard to avoid. Our programme largely aims to prevent these cancellations to ensure we offer the best care for our patients. We've been carefully planning the numbers of elective surgery patients according to the type of procedure they need, how long they are likely to stay in hospital and when they are likely to be discharged.

"Elective operations sometimes get cancelled because of a lack of beds for patients. But thanks to our better planning, more hospital beds are becoming available, which has significantly reduced the number of cancelled planned operations."

As a result of the programme, the number of operations that unfortunately needed to be cancelled due to a lack of ward beds fell from 34 in April 2014 to just six in March 2015.

Between October 2014 and March 2015, an additional 12 patients per month had their planned operation on the date

promised – an increase of 3.4 per cent compared with the six months before the programme began.

Andrew added: "We achieved these improvements despite considerable pressures on the health system during the winter months, which saw some hospitals in the South West forced to cancel more than 30 per cent of their planned operations. We understand that more work needs to be done but we are very pleased with our progress so far."

By ensuring the right specialty beds are available for patients through improved planning, the programme has also led to more emergency patients being admitted to the correct ward.

"As a result of the programme, we have increased the number of emergency orthopaedic patients being directly admitted to an orthopaedic ward from 28 per cent before the programme began to 87 per cent by December," said Andrew.

"This means more patients are being cared for in the right place by the right clinicians. This can help reduce the amount of time a patient needs in hospital as well as greatly enhancing their care."

E-referrals system

UH Bristol has agreed with commissioners that until the current problems with the transfer from Choose & Book to the new E-referral system are fully resolved, all referrals will be managed through the following contingency plan.

- For two week-wait (suspected cancer): please email ubh-tr.fast-trackreferrals@nhs.net While email is the preferred option, if you are unable to email, please fax to 0117 342 3266. Please mark any referrals for the attention of the Fast Track Office.

- For urgent referrals: please make the referral on paper, and direct to the relevant department via fax or post until the system is restored.

- For routine referrals: please make the referral on paper, and direct to the relevant department via fax or post until the system is restored.

- The Trust will be directing any patients who contact us with queries about not being able to access NHS E-referral back to their GP for a paper referral to be issued.

Please note, this contingency plan will be stepped down once functionality issues with the E-referral system have been resolved. Please refer to daily updates from your local CCG team.