Hi! I am Carmen Arnáiz, your new GP Liaison Manager for NBT. My role is focused on enabling and facilitating communication between Primary Care and NBT. I would like to engage personally with all GP practices in the NBT area. If we work together, we can help reduce inefficiencies and make everybody’s job a bit easier, both in Primary and Secondary Care.

It is also my role to edit this newsletter so please feel free to let me know what type of content you would find useful.

Have you got any ideas about events/meetings that you would find helpful to be able to connect with NBT clinical directorates better?

I am always here to listen to your ideas, your queries and your experiences, whether good or bad, because we can learn from all of them.

Please take a few minutes to complete a very short questionnaire (click here), which will help me to understand your needs better.

I look forward to meeting you and wish you all the best for 2017.

Carmen Arnáiz

Email: carmen.arnaiz@nbt.nhs.uk
Telephone: 0117 414 3937

NBT Radiology has experienced an increase in referrals for CT scans for memory loss and is struggling to cope with demand. Dr Pippa Stables and Dr Peter Bagshaw, Bristol and South Gloucestershire CCG’s Dementia Leads, had a conversation with the service and explained to them the National campaign to increase diagnosis together with demographic shift and GP led care.

Following this conversation, the NBT team has advised that if a dementia CT scan is definitely required as part of the dementia pathway, it would help greatly if the request could contain the words:

Cognitive decline for at least XX months/years, plus any other pointers towards cause such as alcohol, AF, drugs

rather than just, for example, ‘memory loss’.

This will provide reassurance that a cognitive assessment has been performed ahead of the CT scan request being made, helping to justify the requirement for irradiating the patient, for which the consultant Radiologist takes responsibility.

This requirement for including all relevant clinical information with imaging requests should apply to all requests, not just those in this patient group.
Pathology News

With effect from Monday 9th January 2017 we are ceasing the practice of faxing preliminary results for some pathogens (enteric pathogens and Group A beta-haemolytic streptococci).

Faxing results is recognised as being a less than secure means of communication and, with the advent of the new Laboratory Information Management System (Winpath), it is a duplication of information which may lead to confusion. The information previously faxed is now available to you via ICE (Open Access).

Please contact Nicola Childs if you have any queries.

Email: nicola.childs@nbt.nhs.uk

Imaging Results

Increasing numbers of patients are contacting the Imaging Call Centre phone line trying to find out if their results are available. In many cases the patients are telling our call centre staff that it is their GP surgery who is asking them to phone the department to find out where their results are.

Please note that the call centre team is not permitted to give out confidential information over the phone to patients.

All imaging results requested by GP surgeries are sent to the referring surgery once the examination has been reported, either electronically via ICE, paper copy sent in the post, or both. If you, as a GP, have queries regarding reports, please write to us at:

radiologygpqueries@nbt.nhs.uk

This e-mail account is for GP surgery staff only and should not be given out to patients.

The Imaging Department would like to thank you in advance for your collaboration in this matter.

Urology News

The Bristol Urological Institute administrative team have new telephone software to help them answer calls from patients and GPs more effectively.

This change was made after feedback from our patients, who said that they sometimes have difficulty in contacting the department.

Their new number is 0117 41 45000. All old numbers for administrative staff now divert to this number.

Callers can select from a list of three options to speak to an appropriate member of staff:

1. waiting list team for patients awaiting operations or non-theatre urology procedures,
2. the specific secretarial team for a particular consultant,
3. any other enquiries.

Lines are open from 7:30 to 17:30 and messages can be left when the department is closed or if the caller does not wish to hold. The launch has been tremendously successful so far. Over 200 calls were answered in the first working day with a maximum hold time of one minute and only five calls abandoned by callers, all after waiting less than ten seconds.
Authors:

Annie Thornton, Dr Reston Smith, Victoria LeGrys, Professor David Lockey.

Severn Major Trauma Network, North Bristol NHS Trust, Southmead Hospital, Bristol.

Correspondence: reston.smith@nbt.nhs.uk

UK Major Trauma Networks were launched in 2012 and have reported significantly reduced mortality in the first years of operation. Whilst mortality has reduced, post discharge and rehabilitation concerns remain the most common issues identified by patients. The current discharge process is focused on the patient leaving hospital rather than as an opportunity to educate and facilitate enhanced recovery. Anxiety, uncertainty about provision of care post discharge and confusion about medication are frequently described at follow up as well as unscheduled healthcare attendances.

The after-hospital care plan is an online patient controlled record which reflects the individual needs of the patient and can be shared by them with any health care professional. It forms the basis of a structured discharge consultation delivered by a specialist Major Trauma Practitioner and Pharmacist. A telephone follow-up call which occurs two weeks following discharge is used to reinforce the information provided and to troubleshoot identified problems. These interventions are designed to educate and empower patients and their families to better manage the sometimes difficult move from hospital back to the community.

Furthermore, we feel that informed patients who are placed at the centre of their care can facilitate the seamless transition of information between specialist services and primary and secondary care.

Pre-intervention patient questionnaire responses, 2015

‘There was a bit of a problem with communication… At my local hospital it feels like everyone’s at a bit of a loss what to do with me… it’s a bit of a shambles’

‘…I felt cast adrift’

Quality Trauma Discharge (QTD) is a group of simple interventions (Figure 1) based on concepts described in the Re-Engineered Discharge (RED) Project (Boston, USA).
QTD key outcomes

- Significant reduction (51% vs 71%, p=0.0037) in unscheduled GP contacts following discharge.
- Increased level of patient activation (PAM) to manage individual healthcare need.
- Improved hospital rating score.

QTD benefits

QTD has improved our ability to deliver safe, individualised care which is responsive to the needs of our patients. It has demonstrated a reduction in the workload for primary care after patients are discharged.

‘I should also like to highlight the additional aftercare I have received from Amanda in the pharmacy and Annie… Knowing I have someone who can respond quickly and expertly to a concern when I have left the hospital is both useful and comforting.’ (January, 2016)

Summary

QTD is now an integral part of the service we provide to our patients and their families. We have demonstrated that it improves the quality of care we deliver to our patients whilst reducing demand upon primary care services. As we embed QTD into our routine practice we are continuing to refine and evaluate each component to ensure we deliver the most effective and efficient intervention. Concurrently, we are seeking opportunities to spread QTD within the local and national trauma networks and also to other patient groups within our hospital.

e-Discharges update

North Bristol NHS Trust continues with the roll out of the delivery of electronic discharge summaries to the outstanding practices across BNSSG.

85% of BNSSG practices are now receiving discharge summaries electronically, with work ongoing to make the remaining practices live in the system after the Christmas break.
In addition, work has been ongoing to extend this service to include practices external to the BNSSG area, and to systems alternative to EMISWeb. We are now sending discharge summaries electronically to 27 individual practices within BANES CCG, to both EMISWeb and TPP SystmOne (77% of the total number of practices in this area).

Work is also taking place to extend this roll out to our other neighbouring areas.

Two new templates have been completed and rolled out to the maternity wards at North Bristol Trust for postnatal discharge summaries and antenatal/re-admission summaries, which means that these documents are now being sent electronically to GP practices.

This NBT roll out is intended as an interim solution. For the future, in line with the Local Digital Roadmap, NBT is working collaboratively with Connecting Care to develop:

- a library for electronic documents,
- the possibility of displaying electronic documents in the portal,
- the ability to send documents into the GP practices’ system and
- the capability to send documents to other practices out of the BNSSG area.

However, this is still in the very early stages so we would like to encourage all the remaining GP practices, which still cannot receive electronic discharge summaries, to take advantage of this exciting opportunity and participate in the New Year roll out.

A small amount of mapping work and information exchange is needed from both NBT and the GP practice to activate this service.

If you are interested, please contact:

Caroline Jones – Senior Health Informatics Project Manager

Email: Caroline.m.jones@nbt.nhs.uk
Telephone: 0117 414 2337

Benefits for both your GP practice and NBT of e-discharge summaries

- Improvement of the quality and timeliness of the communication of clinical information between NBT and the GP practices.
- A cost reduction in paper and printing.
- Reduction of the possible risk of harm to patients due to discharge information not being available to the GP within the required 24 hours.