NBT monthly for primary care

supporting GP practices with service updates and news

May 2017



NBT values your feedback. The GP liaison manager is always happy to come and visit your practice at your convenience. Contact details are given at the end of the newsletter.



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Transfer of PHE Virology Services North Bristol

On the 8th of May 2017 the diagnostic virology services and support elements based at Myrtle Rd moved to the new purpose built laboratory located on the North Bristol NHS Trust site. The mycology reference laboratory will remain for the time being at Myrtle Rd, and their contact details will not change.

The new address is:

PHE South West laboratory

Infection Sciences

Pathology Sciences Building

Southmead Hospital

Bristol

BS10 5NB

As a result of this move the contact details for the laboratory have changed:

Microbiology (bacteriology & virology) laboratory testing and clinical advice 0117 41 46222

PHE SMS South West regional administration office 0117 41 46258

0117 41 48406

All scientific support and testing requests should go through the NBT switchboard for both bacteriology and virology:

OOH laboratory testing, NBT microbiology clinical advice & virology clinical

advice 0117 9505050

OOH UHB microbiology (clinical advice only) 0117 9230000

Clinician pages on our website

We have improved the look of our clinician pages on our website (click on the photograph to be redirected).

In the last two months we have had 13,339 page views and the average for the last year was 250 visits a day so we know our pages are a useful source of information, especially for referrals. However, we are still interested to hear your feedback.

Please let us know what you would like to see on those pages as we would like to make them a better resource for you.

Email: carmen.arnaiz@nbt.nhs.uk



Cancer news

Getting it right for patients

Cancer performance

We finished 2016/17 meeting all of our cancer standards – even though specialties were seeing an increase in referrals.

This has been achieved as a result of focussed work by all of the specialties, taking greater ownership of cancer waiting lists.

Specialty leads have developed and reviewed the ideal time pathways for all cancers, looking at the diagnostics and subsequent treatment timeframes to establish how to ensure patients are seen quickly enough to meet the cancer standards.

This enabled them to see where the pathways were being held up and how improvements could be made.

Setting up direct-to-test pathways for Colorectal and Upper GI patients, and the introduction of one-stop clinics in Urology have resulted in huge improvements in patient pathways

Pathology and radiology were incorporated into the reviews to help ensure joined-up working and that results are reported within accepted timeframes.

The hard work of clinical, administrative and management staff across all specialities and a joint approach with the cancer services department has enabled this achievement to be met at NBT.

UroLift. Southmead Hospital offers new solution to men with prostate problems



Urinary symptoms can be an embarrassing problem and affect many men over the age of fifty but now a new procedure is available at Southmead Hospital to tackle the symptoms associated with an enlarged prostate.

More than one in three men over fifty and 80% of men over seventy suffer the consequences of an enlarged prostate or Benign Prostatic Hyperplasia (BPH), where the gland becomes enlarged and begins to obstruct the urinary system.

The most common symptoms are urinary problems caused by the prostate putting pressure on the bladder and the medication men take to try to manage the symptoms can have unpleasant side effects.

Up to now the only surgical treatment available on the NHS was an operation called transurethral resection of the prostate (TURP), where a section of the prostate is cut away, but now men can benefit from a less-invasive procedure called UroLift.

The procedure, which was initially offered at Southmead Hospital in October as part of a trial and is now being made available to all suitable patients, involves inserting an implant to lift and hold the enlarged prostate tissue out of the way of the urethra so that it no longer causes an obstruction. For an animation of how the procedure works, please click here.

Previously men in Bristol could only have the treatment privately. Consultant Urological Surgeon, Raj Persad, has now carried out a trail and undertaken the procedure on ten NHS patients at Southmead Hospital.

The new procedure is a quicker which men recover sooner and with fewer complications. It is also more efficient for the hospital as patients require less time in hospital since it is performed either under local anaesthetics or short general anaesthetics.

The procedure takes about twenty minutes and can be carried out as a day case with men leaving hospital the same day.

It could also save the wider NHS money as it means that GPs could stop prescribing medication and the procedure in itself is cheaper than transurethral resections of the prostate.

Professor Persad said: "This is an ingenious low-risk effective procedure which promises to help men in the future with minimal trauma and invasiveness. The results from the trial we carried out showed what a difference this procedure can make -it really helps men them to get their lives back, and by offering such a minimally-invasive procedure, it also means that they recover so much quicker than the alternative which takes weeks. I'm pleased that we are now able to offer men this treatment at Southmead Hospital."

Consider referral if:

- Failed tablet therapy or side effects from alpha blockers or 5-ARI
- Patient young and wanted to avoid sexual dysfunction after TURP
- Patient elderly with co-morbidities

Exclusions:

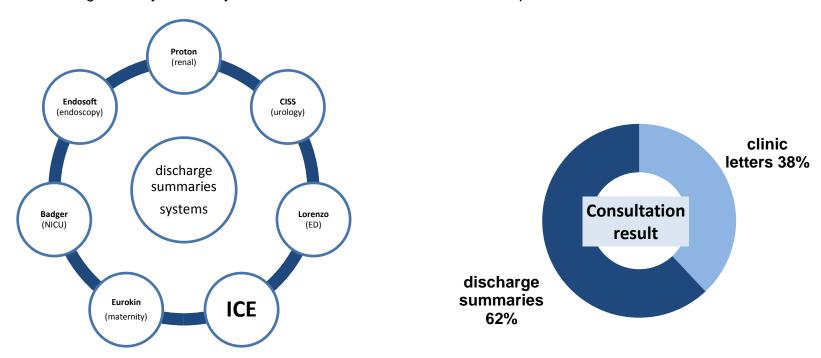
- Patients with catheters
- Exceptionally large prostates (e.g. >100g)

Consultation result

Thank you very much for participating in the consultation last month and for sending additional comments by mail. I apologise if the question I posed created confusion. The question should have said electronic transmission, rather than email. We got 100 responses and the result shows that you would prefer receiving all discharge summaries electronically as a priority.

At the moment, primary care receives electronically discharge summaries generated by ICE. ICE is, however, not the only system that NBT uses

to write discharge summaries. The six other systems used do not offer the possibility of electronic transmission directly to GP practices. Specialties using these systems rely on letters to send the information to GP practices.



Letters are distributed either in the pathology delivery vans to local GP practices or sent by second class post. Some specialties (mainly renal) also use faxes.

I will discuss the result of the consultation with our IM&T team and will work with them to feed your preference into our strategic plan. Please be assured that any further work in the electronic delivery of correspondence to primary care will be carried out with full consultation and engagement of primary care and the CCGs and will be within the context of the wider BNSSG strategy.

Carmen Arnaiz GP Liaison Manager

Bristol Bath Weston Vascular Network finalists in the 'Surgical Team of the Year' category of the BMJ Awards 2017



Back in 2014, the work that went into reorganising vascular services in the region led to the creation of the **Bristol Bath Weston Vascular Network** and a new major arterial centre at North Bristol Trust. Today, the unit is recognised as a centre of excellence for vascular surgery and has been commissioned to deliver complex endovascular procedures for the South West.

Their achievements include:

'Friends and family feedback' on Gate 33B, the vascular ward at Southmead, is highly positive for the whole multi-speciality vascular team

The major arterial centre delivers a 7 day consultant led service, access to a hybrid operating theatre and 32 bed vascular ward

Adjusted mortality for elective AAA repair for the network is now 2.2 % (national vascular registry)

In North Somerset, median time symptom to surgery for patients with symptomatic carotid stenosis reduced from 24 to 12 days

Mr Marcus Brooks, clinical lead for the Bristol Bath Weston Vascular Network (pictured in the photograph with his team) commented: 'We did not win but we were inspired by all of the category winners, including two teams from University Hospitals Bristol, to continue to improve the care we provide for our patients. To have even made the final is a tribute to the fantastic staff we have working right across the network.'

Other important information from around the Trust

Cardiology chest pain clinic at Southmead hospital - Your help would be appreciated

Due to quick turnaround times of this clinic, patients can be seen within 24 hours to 7 days via e-Referrals at Southmead hospital. In order to support a full consultation, we would be very grateful if you could send a copy of the referral correspondence with your patient, as this will speed up assessment and treatment.

Waiting times for ultrasounds

The imaging department is working at the moment on a monthly chart to be able to update primary care in waiting times through this newsletter. They are hoping to have it ready for the June issue. In the meantime, and following your queries, they stated that for ultrasound, the waiting time will vary a little dependent upon the sub-specialty nature of the request, but routine waits are around 4-6 weeks at present. Musculo-skeletal ultrasounds are taking a little longer.

Waiting times for physiotherapy

The waiting times per specialty are as follows:

MSK- 28 weeks Womens Health-15 weeks Neuro – 13 weeks Paediatric- 2 weeks Rheumatology- 16 weeks

Duplication of pathology results

Despite completely rebuilding GP urine MCS reporting in an effort to reduce the duplication, pathology has not been able to prevent it completely. They have raised this as a serious concern with the suppliers and a meeting has been set up to review other options. They are also discussing options with some practices for a primary care perspective on this issue. Please be assured that this is now their number one priority and they will do everything possible to find a solution as quickly as possible.

Bristol genetics laboratory

Bristol genetics lab is currently having an issue where some of their users are trying to call their old phone numbers, which have recently been disconnected.

Their main enquiry line is 0117 414 6168.

Due to difficulties with the payment process for GP-requested genetic tests, the lab is only able to carry out tests if the full billing details are supplied with the referral, so please make sure you complete the relevant section on their referral form.

11th Annual Infection Prevention & Control Conference - BAWA





The 11th Annual Infection Prevention & Control Conference is being held at BAWA on **Wednesday 29th November 2017**; **09:00 – 16:00 hrs**.

The conference is open to all healthcare professionals. Exhibition of stands from various medical companies will be present on the day. Lunch and refreshments included, as well as a certificate of attendance.

If you would like more information or may be interested in booking a place for a member of your practice staff, please email angela.pollard@UHBristol.nhs.uk.



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Primary Care Liaison Service

