July 2014

This briefing is for GPs, practice staff and others in primary care, on changes and developments at the Oxford University Hospitals NHS Trust (OUH). It has been prepared by the OUH and will be circulated on a regular basis. You can also read it on http://www.ouh.nhs.uk/services/gp-bulletin/default.aspx

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1. Key performance measures

The Trust has found it a challenge to meet a number of national performance standards. These include the four-hour ED (Emergency Department) standard of 95% of patients seen, treated, admitted or discharged within four hours – we achieved 91% in May and 92% in June. We have given the Trust Development Authority (TDA) a commitment that we will meet the standards by August 2014. We have already done so in some areas including referral to treatment time (RTT). Please see the latest summary of our performance against key standards and indicators.

- Read our latest Performance Report

Healthcare associated infections

- MRSA and C.difficile: latest figures

2. Clinical articles and referral protocols

Clinical genetics appointments

You may be experiencing delays with booking appointments in the Clinical Genetics service. This is due to a number of factors including consultant sickness and growth in referrals. We are working to put on extra clinics to reduce the waiting time and have also made two changes to our patient communication:

1. booking further ahead for general referrals so that patients know they have an appointment.
2. for cancer referrals we are sending patients a letter to acknowledge receipt of their referral.

We apologise for any inconvenience that patients and GPs may have experienced. The measures we are putting in place will lead to an improvement in the service received by patients and in the communication between the Trust and GPs.

Paediatric rapid access clinic fax - reminder

Please note the correct fax number for referrals for the Paediatric Rapid Access Clinic is 01865 234375.

Clinical Trials

The Jenner Institute is looking for volunteers, in good health between 18-55 years, who have never had the BCG vaccine to participate in a vaccine trial. Participants will be paid compensation for time, travel and expenses. Please contact us on Tel: 0121 371 3170 or Email: tbtvaccinetrial@uhb.nhs.uk or Tel: 01865 857406 Email: vaccineTrials@ndm.ox.ac.uk The study will require several short visits to an outpatient clinic over one month. A response to this advertisement will be recorded, but carries no obligation to take part. Volunteers can withdraw at any time from the trial. GPs will be informed if their patient decides to take part in any study. www.jenner.ac.uk/clinicaltrials

Laboratory automation and method changes

Following a major procurement exercise the laboratories will go through a transition to new automated equipment over the next six months. In many cases this project will not lead to any noticeable changes to methods/results but where it does these will be stated on the reports. The method changes will be phased and one important change relates to reporting units for haemoglobin (g/dL to g/L) to meet new national guidance.

Patients with Pleural Disease

To increase the efficiency of assessment, intervention and management of patients with Pleural Disease, we have now opened an email service (Pleural.Unit@ouh.nhs.uk). This email will be checked once daily in working hours (Monday to Friday, 9am to 5pm) by a consultant or senior registrar from the pleural service, and will be able to accept referrals or provide written advice as needed. This is intended for any non-urgent Pleural issue, such as requesting an appointment or follow up in the Pleural Clinic or on a Pleural Procedure List. We hope to answer email queries within 24 working hours of receipt of the email.

We welcome email contact about patients known to the pleural service and those with newly diagnosed pleural disease. A list of potentially pleural issues that may require referral is included as an appendix at the end of this text. We are happy to review cases in the pleural clinic (for clinical assessment and in clinic thoracic ultrasound) or directly on pleural procedure lists, where patients can have diagnostic or therapeutic pleural aspiration, intercostal drain insertion, indwelling pleural catheter insertions or pleural biopsies via image guidance and thoracoscopy.
For discussions about more urgent cases, you can contact the pleural team via the Churchill Switchboard (01865 741841) during working hours. Out of working hours, you can contact the on-call respiratory registrar via the Churchill Switchboard. We intend to trial this service with fellow health professionals initially, and then open the email to our patients who will be able to contact the Pleural Team directly through this route. There will be no charge for this email service during this initial trial phase. Dr Najib Rahman D Phil MSc MRCP, Consultant and Senior Lecturer, Lead for Pleural Diseases, Oxford Centre for Respiratory Medicine.

Appendix
Suggested cases for consideration of referral via the Pleural Email Service Include:
• Any new unilateral pleural effusion of unknown cause (for example reported on a chest radiograph).
  • Pleural effusion reported on a chest radiograph in the context of infective symptoms.
• Any pleural effusion (unilateral or bilateral) associated with symptoms of breathlessness, chest pain, malaise or systemic symptoms (fever, weight loss).
• Any pneumothorax.
• Pleural thickening reported on a chest radiograph.
• Pleural plaques reported on a chest radiograph in the context of chest pain or systemic symptoms.
• Any pleural mass reported on a chest radiograph.
• Chest radiograph reports suggesting referral to the pleural team.
• Chest radiographs reporting pleural shadowing and volume loss / rib crowding, or raised hemidiaphragm of unknown cause.

The Pleural Team will be able to review chest radiographs and advise directly by return of email whether the patient should be seen in clinic, reviewed on a pleural procedure list, or if the appearances are reassuring and whether further radiological and clinical follow up is required. We would value your feedback on this service and will seek formal feedback after an initial trial period.

3. Consultant appointments

- Two Consultants in Oncolplastic Breast Surgery - Miss Toral Gathani MD, Med, BSc Hons, FRCS., and Miss Emma De Sousa BM, BCh, MA, Dm, FRCS
- Consultant in Anaesthesia - Dr Robbie Kerry MBChB, FRCA.
- Consultant in Intensive Care Medicine - Dr Graham Baker MB, BS, BSc (Hons) FRCA, DICM
- Three Consultants in Emergency General Surgery - Mr Christopher Lewis MBChB, MD, FRCS Gen Surg., Mr Jeffrey Gilmour MBBch, MPhil, FRCS, Miss Rezvanceh (Rose) Shakerian MMedSc, MBBS, FRACS

4. Trust news and service developments

CQC inspection action plan
The Trust submitted an action plan in June to the Care Quality Commission (CQC), the national regulator for all healthcare providers in England. This is in response to the CQC’s inspection report into the care provided by the Trust. The CQC report rates the Trust overall as ‘good’. Our action plan includes input from partner organisations and addresses six “compliance actions”. The Trust is now working on an action plan for the CQC on the ‘should do’ actions, which was submitted on 31 July. The CQC inspection report can be found at http://www.cqc.org.uk/directory/rth

Foundation Trust update
The Trust’s ‘good’ CQC report (see above) means it can continue with its Foundation Trust application plan. A Quality Governance review by Monitor is already under way. The Trust Board met the Trust Development Agency in June to review progress. A review of operational performance in September will inform the decision as to whether a Foundation Trust application can be forwarded to Monitor, the Trust regulator. A further assessment phase would follow.

Children’s Clinical Decision Unit (CDU)
The relocated Children’s CDU, which opened in January 2014 alongside the Emergency Department (ED), continues to prove to be an integral part of managing the Acute Paediatric pathway, supporting the ED,
 reducing length of stay and ensuring appropriate use of our inpatient beds. The Unit is seeing 500 patients per month from the ED, direct GP referrals and ward attenders. It also hosts a Rapid Access Clinic.

**Horton children’s developments**
Progress continues to be made in the development of a dedicated Children’s Outpatient Department at the Horton Hospital separate from adult outpatient areas. Building work is expected to start towards the end of the summer. The new department will provide much needed space for the growing number of children being seen at the Horton across a range of specialties.

A shared-care service for paediatric patients with cancer is underway at the Horton, meaning patients under the care of the Oncology team, who would typically have to travel to Oxford for acute care, can be cared for at the Horton. Close liaison between the Acute Paediatricians and the Oncology team at the Children’s Hospital will enable this patient group to receive care closer to home in familiar surroundings.

**Maternity improvements**
The Maternity Unit received of capital funding from the Improving Maternity Care Settings Fund 2013/14 for modernising and improving the birth environment in the Spires midwifery-led unit. The bid includes upgrading the Spires MLU to increase the number of birthing pools to three and provide each birthing room with en suite facilities. Level 5 submitted a plan for two family rooms for women with mental health issues. These will have en suite facilities and space for a partner or carer to stay with them. Plans are being finalised and it is hoped the work will start in August. There will be some disruption including noise but this will be managed closely to minimise inconvenience to women on the ward. The Spires will only have one birthing room available during the refurbishment period.

**New sexual health premises**
The Oxfordshire Sexual Health Service now offers a service at the Rectory Centre, Rectory Road, Oxford OX4 1BU, tel. 01865 231231. There is a drop-in clinic which runs from 10am-12noon on Mondays, Tuesdays, Thursdays and Fridays. We plan to extend the opening hours later in the year. The Rectory Road service offers the full range of contraception. Asymptomatic people wanting tests for sexually transmitted infections can also be seen. Patients with symptoms should be directed to the Churchill where immediate microscopy is available. Specialist services and service administration are delivered from the Churchill Hospital in Oxford and the Orchard Health Centre in Banbury. These clinics offer the full range of sexual health services and are open to all, but are especially designed for people with symptoms or a complex history. All written referrals for sexually transmitted infections, HIV and contraception should go to the sexual health service at the Churchill Hospital. Further information: [www.sexualhealthoxfordshire.nhs.uk](http://www.sexualhealthoxfordshire.nhs.uk)

**Network connectivity at County Council**
The Trust’s IM&T department provides access to the IT network for the whole of the NHS across Oxfordshire. Over the last two years they have also provided network capability to all GP practices and more recently they have provided Wi-Fi access and improved access speed across the Trust as well as access to Eduroam and to the County Council. The team has been replicating this service for council workers in GP surgeries. Wi-Fi__33 leads to improved safeguarding as social work staff do not need to carry around as many paper files if they can access information remotely.

**Public Health Strategy**
The Trust’s Public Health Strategy has been developed in collaboration with the County Council and approved by the Trust Board at its last meeting. It has now been endorsed by the Health Improvement Board. The action plan associated with the strategy is being taken forward.

**Health improvement advice centre in outpatients**
As part of the Trust’s public health strategy (see above), a ‘Here for Health’ Health Improvement Advice Centre will open in the Blue Outpatients, Level 2 at the John Radcliffe Hospital in August. This drop-in service will provide health promotion information and advice to patients, visitors and staff. It signposts to community services that can provide support for healthy behaviour change. Further details will be sent to practices shortly.

**Witney GP appointed**
The National Institute for Health Research Clinical Research Network (NIHR CRN): Thames Valley and South Midlands has appointed Dr Nick Thomas to lead on research under its Primary Care specialty. Dr Thomas is a partner at Windrush Medical Practice, Witney. Any GPs interested in getting involved with research through the CRN can contact Dr Thomas at nick.thomas3@nhs.net. The CRN: Thames Valley and South Midlands was launched in Oxford in July following a restructure of the NIHR Clinical Research Network. The CRN: Thames Valley and South Midlands supports the delivery of clinical research in primary and secondary care across a range of disease areas. It is hosted by Oxford University Hospitals NHS Trust and covers Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire.
Case studies highlighting the role of patient and public involvement in primary care research will be available later this year in a report produced by several organisations including the NIHR. It is hoped that this rich resource will help to inspire more patient and public involvement in research and provide food for thought on approaches to collaborations. Further information: http://www.spcr.nihr.ac.uk/PPI nihrspcr@phc.ox.ac.uk

Research Engagement Award
The NIHR CRN is sponsoring an award to recognise contributions to research made by Patient Participation Groups. It has been developed in collaboration with the National Association of Patient Participation Groups. The aim is to encourage more PPG members to find out about research and act as champions for research within their local NHS and community.

Introducing the Oxford AHSN Best Care clinical networks
Clinical Networks are playing a key role in the work of the newly established Oxford Academic Health Science Network (www.oxfordahsn.org) which brings together the NHS, universities, business, patients and public to promote best health and prosperity. Here is a summary introduction to two of the networks – the full list can be found here - http://www.oxfordahsn.org/our-work/clinical-networks/:

Children’s clinical network
The Children’s Network is led by Dr Craig McDonald, Consultant in General Paediatrics at Buckinghamshire Healthcare NHS Trust, and Prof Andrew Pollard, Professor of Paediatric Infection and Immunity. The Oxford AHSN’s goals of equity and innovation in child health are supported by a vibrant clinical and academic community caring for children across the geography covered by the Oxford AHSN. We have identified a series of projects which will provide tangible benefits and improvements in the healthcare of children in the next five years. Through active education and implementation of guidelines for the management of children in primary and secondary care we will strive for equity in the delivery of healthcare, support the facilitation of research in NHS trusts and improve immunisation coverage through interventions with public health, focusing particularly on the uptake of flu vaccine in two- and three-year-olds. The network is in the early stages of development and these projects are a starting point to galvanise progress beyond our direct activity. The Network will be formally launched towards the end of the year. Further information: tessa.john@paediatrics.ox.ac.uk

Maternity clinical network
The vision of the Maternity Network is that maternity care providers, as a region, begin to function more as a single maternity unit - collecting data together, reducing variations in care and standards, and agreeing best practice for our region. In the longer term doing research ‘as a unit’ (big numbers) and introducing innovations ‘as a unit’ will be much easier and more productive. In addition, the nature of the network will enable us to pool expertise and - we hope – resources, including from outside the NHS – universities and life science businesses. The Network has started engaging with a range of stakeholders to achieve these goals including senior medical, midwifery and research staff from the NHS and universities in the region, representatives from the Strategic Clinical Network, the Thames Valley and Wessex Neonatal Network, Health Education Thames Valley, and patients and the public. Projects are being developed, led by the Maternity Network Clinical Lead, Mr Lawrence Impey. This includes data collection and data sharing, networking ultrasound reporting systems, increasing research, shared guideline and patient pathway development, and analysis of causal factors of severely pre-term births outside of a Level 3 unit A Maternity Network ‘Launch Event’ is planned for 21 November. Further information: katherine.edwards@obs-gyn.ox.ac.uk

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