

Trust Board Meeting: Wednesday 10 July 2013
TB2013.87

Title	Engagement between GPs and OUH
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Status	For approval
History	<p>The Chief Executive previously reported to the Trust Board that liaison meetings had taken place with the six localities of the Oxfordshire Clinical Commissioning Group (OCCG).</p> <p>This paper is the briefing which was requested by the Trust Board (TB2013.24) on the issues raised through these meetings and the actions being taken by the management team.</p> <p>The paper was supported by the Trust Management Executive on 25 April 2013 and by a joint meeting of the OUH and Oxfordshire Clinical Commissioning Group Executive Directors on 4 June 2013.</p>

Board Lead(s)	Mr Andrew Stevens, Director of Planning and Information			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1.	In late 2012/early 2013 a team of OUH Executive and Divisional Directors went out to meet each of the OCCG localities to discuss issues of common interest and agree a way forward for future engagement.
2.	This paper summarises the issues raised by GPs, describes the immediate actions taken by the OUH in response and makes proposals for future engagement, including a joint work programme.
3.	GPs in Oxfordshire are now using the Datix system to record problems that they have encountered in relation to patients who they have referred to the OUH. The work programme includes a workstream with the objective of agreeing how to make the best use of this information.
4.	One of the recommendations of the Francis Report is that GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. The report says that they have a responsibility to all their patients to keep themselves informed of the standard of service available at various providers in order to make patients' choice a reality. It further states that a GP's duty to a patient does not end on referral to hospital, but is a continuing relationship.
5.	The proposed work programme would report to the OUH/CCG Joint Executive Group as a Programme Group and have five workstreams: <ol style="list-style-type: none"> i. Outpatient Appointments ii. Sharing Information about Patients iii. Meeting patients' needs following appointment/discharge iv. GP Access to Information and Advice v. Making the Best Use of Information entered on Datix by GPs
6.	For OUH governance purposes the Programme Group would report to the Trust Management Executive.
7.	It is also proposed that on-going engagement between the OUH and GPs is improved through: <ul style="list-style-type: none"> • On-going production of the GP Bulletin • A "buddying" arrangement whereby one Executive Director and one Divisional Director would be nominated as links to each of the six localities. • An annual series of educational events in each of the six locality areas.
8.	It is important that on-going engagement continues to include the Local Medical Committee (LMC) as well as the CCG and its localities. The OUH has agreed that a representative will attend each LMC meeting. It is also important that engagement recognises GPs' roles as both commissioners and providers.
9.	The proposal supports the delivery of Strategic Objective 4 - To provide high quality general acute healthcare to the people of Oxfordshire, including more joined up care across local health and social care services. Several of the issues addressed also

support the delivery of Strategic Objective 1 - To be a patient-centred organisation, providing high quality, compassionate care with integrity and respect for patients and staff – “delivering compassionate excellence”.

Recommendation(s)

The Trust Board is asked to agree that the proposed work programme, project structure and on-going methods of engagement should be taken forward jointly with Oxfordshire CCG. The Trust Board is also asked to approve the associated proposed governance arrangements in relation to the OUH.

Engagement between GPs and OUH

Introduction

1. In late 2012/early 2013 a team of OUH Executive and Divisional Directors went out to meet each of the six Oxfordshire Clinical Commissioning Group (OCCG) localities. The objectives of these meetings were to:
 - 1.1. Strengthen relationships
 - 1.2. Share respective strategies
 - 1.3. Discuss issues of shared concern between the CCG and the OUH
 - 1.4. Consider locality-specific issues
 - 1.5. Discuss how meaningful engagement can be maintained.
2. It was agreed that when all the meetings had taken place the OUH would propose a joint work programme to address the issues raised.
3. It should also be noted that GPs in Oxfordshire are now using the Datix system to record problems that they have encountered in relation to patients who they have referred to the OUH. Some of this information was raised at the locality meetings and issues and themes highlighted though Datix have also been raised through a number of methods with different groups and individuals. The proposed work programme includes a workstream to agree a way of channelling this information to gain the most benefit from it.
4. This supports one of the recommendations of the Francis Report that:

“GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of outcomes. They need to have internal systems enabling them to be aware of patterns of concern, so that they do not merely treat each case on its individual merits. They have a responsibility to all their patients to keep themselves informed of the standard of service available at various providers in order to make patients’ choice a reality. A GP’s duty to a patient does not end on referral to hospital, but is a continuing relationship. They will need to take this continuing partnership with their patients seriously if they are to be successful commissioners.”¹

Overview

5. This paper sets out the proposed work programme. This is grouped into five areas, reflecting the issues raised at the locality meetings:
 - 5.1. Outpatient Appointments
 - 5.2. Sharing Information about Patients
 - 5.3. Meeting patients’ needs following appointment/discharge
 - 5.4. GP Access to Information and Advice
 - 5.5. Making the Best Use of Information entered on Datix by GPs
6. A project structure to deliver the Work Programme is also proposed.

¹ The Mid Staffordshire NHS Foundation Trust Public Enquiry, Chaired by Robert Francis QC, Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry, February 2013, p1687, recommendation 123

7. In addition to the Work Programme, on-going methods of engagement with the localities are proposed.

Work Programme

8. A work programme comprising five theme areas is proposed. The table below describes each of these workstreams, setting out for each:
- 8.1. The issues raised by the Locality groups that the workstream would address.
 - 8.2. Immediate actions taken by OUH in response to issues raised.
 - 8.3. Proposed areas of focus for the workstreams.

Workstream	1. Outpatient Appointments
Issues Raised	<ul style="list-style-type: none"> • Capacity issues in various outpatient clinics have led to there being insufficient slots to allow patients to use the Choose and Book system to book an appointment. When this happens the referral has been passed to the relevant department to book the appointment for the patient. Some specialties did not initially have adequate systems in place to manage this. Patients and their GPs had problems contacting departments, finding out the status of the referral and ensuring that an appointment was booked. Patients and GPs have complained about a failure to answer telephones and the use of answerphones. Administrative issues within the OUH were having a significant time and resource impact on GPs and their support staff • Pressure of dealing with 2 week wait cancer referrals has taken emphasis away from dealing with other urgent patients, sometimes leading to admission. • Acknowledgement of some abuse of the 2 week wait referral system – GPs requested feedback. • GPs in the South East locality stated that the OUH was currently losing patients because they were unable to directly book appointments. • CCG request for OUH to reduce outpatient follow ups and effect on GPs. • Failure for promised follow up appointments, including investigations to be arranged. • Possibility of extension of direct access to investigations (e.g. CT, ultrasound, treadmill tests). • What potential is there to increase telephone consulting? (Gastrointestinal services were held up as a good model for this). • Support for Emergency Multidisciplinary Unit (EMU) model of care (ambulatory rather than inpatient). Working well in Abingdon and the West Locality wishes to set up similar model in West Oxfordshire. OUH pointed out that a significant percentage of activity at the Abingdon EMU has represented previously unmet need. • Comments that there had been a huge improvement in waiting and

	<p>reporting times for MRI and radiology more generally, although question whether extended hours appropriate for all patients (e.g. Sunday evening MRI). Issues with reporting of X-rays taken at NOC and with ultrasound capacity.</p> <ul style="list-style-type: none"> • Work is needed to ensure that referral forms are easily readable and electronic and communicated effectively (e.g. OUH mark communications “for information” or “for action”). Mary Keenan (CCG Medical Director) is working with the Local Medical Committee (LMC) to agree the future communication process.
<p>Immediate action taken</p>	<ul style="list-style-type: none"> • The Trust drew attention to the Dedicated GP Line which comes directly into the Patient Contact Centre and bypasses the queuing system. This is for GPs (Oxfordshire & Non-Oxfordshire) who have any kind of appointment query relating to the OUH. It has also drawn attention to the Choose & Book technical helpline (for GPs that require help with the Directory of Services/ making and re-directing referrals). • An urgent review was undertaken by the OUH in conjunction with the CCG of the systems in the specialities where administrative issues were identified. Improvements have been made particularly in Urology, ENT and Ophthalmology. For example, it is now possible for a patient to book an appointment via Choose and Book in ENT and Ophthalmology in over 99% of cases. The work included an audit of phone answering. GPs have been asked to notify the OUH if any issues persist. • The OUH has been working with Mary Keenan and Emma Torevell, (CCG Associate Director of QIPP Delivery (Strategy and Planned Care) Commissioning) to identify the number of clinic slots required, reconfigure capacity and revise the Choose and Book templates accordingly. This is linked to the work to reduce unnecessary follow ups. It will include a simplification of and reduction in the type of slots available, including standardisation of slot definitions. Some slots will be kept open for urgent GP referrals (only available 48 hours beforehand) and audited by GPs to ensure they are being used appropriately. The lead for this work is Sara Randall, Deputy Director of Clinical Services and it is being supported by Newton. This will prepare the OUH for the implementation of direct booking. Reducing outpatient waits to a maximum of 6 weeks is also an objective of this work. • Some NOC services will be directly bookable in the near future.
<p>Proposed Areas of Focus</p>	<ul style="list-style-type: none"> • Reduction in outpatient follow ups: <ul style="list-style-type: none"> - On-going dialogue on which patients are being followed up unnecessarily. - Management of effect of reducing outpatient follow ups, including the development of shared protocols (e.g. what happens if the patient experiences future problems), information for patients and their GPs, agreements about communication (including letter to GP explaining why follow up required or not required), GP education where patients to be transferred to them for long term management.

Workstream 2. Sharing Information about Patients	
Issues Raised	<ul style="list-style-type: none"> • The timeliness and quality of discharge letters. • Discharge letters are not addressed to the referring GP. • Poor quality, missing or incorrect information on discharge summaries. • Emergency Department (ED) Discharge information – some improvement, now told which tests ordered, but feedback on results variable. • GPs would like feedback from consultants on any issues with the referral letters that they send. • Poor systems in place to feedback significant medical findings in a timely fashion when cancer had been excluded, but other significant pathology found. • Biochemistry ICE on-line ordering working well – is there scope to extend this, especially to imaging? • There was a significant amount of debate among GPs at several of the locality meetings about the preferred protocol with regard to accessing patients' results. I.e. do they want to see all results, just the ones they initiated or just be able to look up what they want on Case Notes? • Patients asked to go to GP a week after imaging to discuss results, but results not available or GP not qualified to interpret and/or not aware of reason (e.g. neurology). Also issue with availability of blood results.
Immediate action taken	<ul style="list-style-type: none"> • The OUH has explained that the issue of discharge letters not being addressed to the referring GP is an Electronic Patient Record (EPR) issue, caused by local information being overwritten by information from the national spine. The OUH has been investigating the possibility of a local solution which would address the discharge letter to the last referring GP. Solving the problem is constrained by the EPR standardised letter template. • A new ED Discharge information system is being installed in the summer. • Examining possibility of adding radiology to ICE electronic requesting. • Written clarification sought from LMC and CCG on policy about sharing results.
Proposed Areas of Focus	<ul style="list-style-type: none"> • How can discharge communication to GPs be improved? (E.g. further changes to/standardisation of discharge information). • Clarification of protocol on what results GPs want to see and how this is best achieved (to include both CCG and LMC representation). • Future expansion of electronic exchange of information.

Workstream 3. Meeting patients' needs following appointment/discharge	
Issues Raised	<ul style="list-style-type: none"> • Responsibility for following up test results – there is a clear agreement with the CCG and LMC that the responsibility for following up a result sits with the person who initiated the test. • Issues with prescribing of medication, including: <ul style="list-style-type: none"> - not prescribing medication needed urgently (within 14 days) and instructing the patient to ask their GP to prescribe it - prescribing of insufficient TTOs (drugs to take home) – (less than 28 days medication or 14 days if dosset boxes used) - asking GPs to prescribe drugs not available in primary care - inappropriate requests for GPs to prescribe e.g. enemas for radiotherapy • Should there be an agreed formulary between primary and secondary care? • Complex dressings/equipment which not available in primary care being required for discharged patients and not supplied by the hospital. • OUH doctors not issuing sick notes (Med 3s) to inpatients and instructing them to ask their GP to do so. • Poor co-ordination and recording of received complaints and lack of apparent consistency of approach from Trust to response (especially if complaint made directly to department). • Lack of clarity over what patient should expect in respect of future follow up. • Patients seen in hospital, but a potentially serious/life threatening problem detected and not referred on to appropriate department, but back to GP – acknowledged this was a complex issue and difficult to address as a theme, rather than with a knowledge of the individual circumstances. • Consultant to consultant referrals. Some still not viewed as appropriate. However, also issues with patients following a particular pathway being referred back to GP when should be referred on to specialist. • Communication with patients by junior medical staff, e.g. casual remarks that raise expectations which GPs have to follow up.
Immediate action taken	<ul style="list-style-type: none"> • The OUH has confirmed the policy with regard to the issuing of sick notes (Med 3s) and is working with Paul Roblin, (LMC Chief Executive), to reiterate this through the display of posters on the wards and through junior doctor induction sessions which are also being used to reinforce the other policies covering the issues above. The Trust has asked GPs to notify it of the detail of incidents of non-compliance with policies so that these can be followed up with the individuals concerned. The OUH is considering the use of disciplinary measures in relation to non-compliance. • The OUH has asked for details of where its complaints policy is not

	<p>being followed so that this can be followed up with individuals.</p> <ul style="list-style-type: none"> • Developments to EPR will in future require every test initiator to sign off the results.
Proposed Areas of Focus	<ul style="list-style-type: none"> • How can induction and training of junior doctors be improved to ensure that they understand the reasons for policies on all the above issues, the impact of what they say to patients about future care and the implications of both for GPs? • Discussion of other ways in which policies can be reinforced. • Review of policies relating to prescribing and possibility of shared formulary. • Review implementation of reduction in consultant to consultant referrals. (There is an agreed list of circumstances in which patients should not be sent back to GP – review list and compliance).
Workstream 4. GP Access to Advice and Information	
Issues Raised	<ul style="list-style-type: none"> • Difficulty contacting consultants. If advice was available in relation to best way of managing a patient this may avoid inappropriate referral/admission/investigation. This includes the ability to contact a consultant radiologist. Access to consultants easier at other Trusts, e.g. Royal Berkshire NHS Foundation Trust. However, issue is access not attitude – when GPs can contact consultants they are very helpful. • Lack of use of e-mail to communicate (good practice noted in dermatology and cardiology, although other areas where introduced criticised as having poor turnaround times). • Provision of improved directory of services and contacts would be helpful. • South East locality commented that the website of the Royal Berkshire NHS FT is more oriented towards GPs, e.g. listing clinics, enabling GPs to find services available and providing phone numbers. • Opportunities to meet OUH consultants and discuss issues on regular basis would be welcomed, (Dermatology quoted as good practice example).
Immediate action taken	<ul style="list-style-type: none"> • The directly bookable appointments system that the OUH is building will include a directory of clinics. • The Communications department is developing proposals for a programme of education events with GPs as described below.
Proposed Areas of Focus	<ul style="list-style-type: none"> • How can communication between GPs and consultants be improved? E.g.: <ul style="list-style-type: none"> - Extended use of e-mail, both to individuals and possibility of e-mail advice lines in each specialty with guaranteed response time. - Extension of “consultant of the week” model - Dedicated time where consultants/their secretaries guarantee that they will be available to be contacted.

	<ul style="list-style-type: none"> How can the OUH improve the information provided to GPs on its website?
Workstream	5. Making the best use of information entered on Datix by GPs
	<p>A significant amount of information on GP and patient experiences of OUH services is being collected through use of the Datix system by GPs. This is reviewed weekly by the OCCG Quality Team who send feedback to individual areas within the OUH (e.g. specialties, Pharmacy or the EPR team). The team currently collates issues and raises them with the OUH at contract meetings. The OCCG Quality Team also prepares reports on Datix themes and action taken which are circulated to the localities.</p>
Proposed Areas of Focus	<ul style="list-style-type: none"> Review the information flows to date and agree the best future structure for the discussion and analysis of the information to ensure that: <ul style="list-style-type: none"> Issues are picked up in a timely fashion, communicated to the right people and appropriate actions agreed. Improvement is measured and monitored. <p>Supporting recommendation 123 of the Francis report, as described above.</p> <ul style="list-style-type: none"> Any recommendations with regard to training/education in response to any themes arising from Datix.

Project Structure

9. It is proposed that a Project Group is established for each of the five workstreams. Each Group would have a Project Lead and a membership comprising OUH clinicians and managers, GPs and support staff, CCG and LMC representatives and a patient/public representative.

Governance Arrangements

10. The Project Groups would report to the OUH/CCG Joint Executive Group which meets regularly and would act as the Programme Group. For OUH governance purposes the Programme Group would report into the Trust Management Executive.

Other On-going Engagement

GP Bulletin

11. The Trust produces an electronic newsletter for GPs every two months. This is sent to all practices in Oxfordshire, as well as to approximately 100 locums. The subjects covered in the bulletin are:
- 11.1. Key performance measures
 - 11.2. Clinical Articles and referral protocols
 - 11.3. Consultant appointments
 - 11.4. Trust news and service developments
12. An example is attached at Appendix A.

Locality “Buddying”

13. The Locality groups stated that they would like OUH representatives to attend their meetings regularly. A “buddying” arrangement is proposed whereby one Executive Director and one Divisional Director are nominated as links to each of the six localities.

Educational Events

14. It is proposed that the OUH works with GPs to arrange six educational events each year, one in each of the localities. This will be a two-way process, acknowledging that both parties have equal amounts to learn from each other.

Local Medical Committee

15. It is important that close links are maintained with the Local Medical Committee (LMC) as well as with the CCG and its localities. The LMC has established a Liaison Group that the OUH participates in. It is also important that engagement recognises GPs’ roles as both commissioners and providers.

Conclusion

16. The meetings that took place in late 2012/early 2013 demonstrated a shared wish to establish on-going engagement between the OUH and the CCG and its localities. The issues raised at the meetings provide a basis for a prioritised shared work programme, which should be taken forward in the context of a wider portfolio of engagement activities, which should also include the LMC.

Recommendations

17. The Trust Board is asked to agree that the proposed work programme, project structure and on-going methods of engagement should be taken forward jointly with Oxfordshire CCG. The Trust Board is also asked to approve the associated proposed governance arrangements in relation to the OUH.

Mr Andrew Stevens, Director of Planning and Information

Ailsa White, Corporate Planning Manager

July 2013

**GP BULLETIN****January 2013**

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>

If you have any comments or suggestions, please contact alison.barnes@ouh.nhs.uk

Any feedback on web issues please email to web.editor@ouh.nhs.uk

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Clinical articles and referral protocols

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- National Bowel Screening Programme
- Obstructive defaecation patient leaflet
- Nuffield Orthopaedic Centre: Directly Bookable Services
- Maternity guidelines updated

Consultant appointments**Trust news and service developments**

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- Engagement between GPs and the OUH
- Emergency general surgery for Banbury patients

Latest news

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- [Wallingford MLU to share in £25m grant](#)
- [Volunteers sought for dementia exercise study](#)
- [Brain imaging insight into cannabis as a pain killer](#)
- [Royal Visit to Churchill Hospital](#)

Events

- **Tuesday 19 February 2013:**
6.30-7.30pm, NOC:
'Latest research on improving diagnosis and treatment of blood diseases' public talk.
www.oxfordbrc.nihr.ac.uk/event/1602/
- Thames Valley cancer masterclasses. [More information here](#)
- **Wednesday 15 May 2013:**
'Psychiatry for General Practice' talk from the Oxford Department of Psychiatry.
Enquiries: Jenny Dollard
01865 226477
msharpe.pa@psych.ox.ac.uk

1. Key performance measures

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

Antenatal support pilot – SAPling project

OUH maternity services are piloting some new ways of providing antenatal care combined with antenatal education for pregnant women who have a Health & Social Score (HSS) Assessment of 3 or 4 within the ISIS team.

The project lead is Wendy Randall: 07557 164099

For more information please see: [SAPling project](#)

National Bowel Screening Programme

As many of you may be aware, one in 20 people in the UK will develop bowel cancer. It is the third most common cancer and the second biggest cause of cancer deaths. David Munday, the OUH NHS Trust's Lead Nurse for bowel cancer screening, and colleagues from the OUH are running a campaign in February to increase the take-up of the national screening programme. David has noticed that many people in the 60+ age group, who are now offered routine screening every two years as part of a national scheme, are ignoring their invitation to complete a home testing kit. The campaign is set to coincide with the expansion of the scheme to people aged up to 74.

We would appreciate your help in encouraging people not to miss the opportunity to be tested when they receive their home testing kit. A faecal blood count (FOB test) does not diagnose bowel cancer but will identify any possible blood in the faeces, and a positive test will trigger an invitation to see the screening nurses to investigate what is causing the bleeding.

For more information please see:

<http://www.ouh.nhs.uk/services/departments/gastrointestinal/bowel-cancer-screening.aspx>

Obstructive defaecation patient leaflet

Following on from the initial communication regarding the change to NHS funding for laparoscopic ventral rectopexy for the surgical treatment of internal rectal prolapse / intussusception, the Oxford Pelvic Floor Service has been working on a patient information leaflet to assist GP practices in Oxfordshire to manage patients who present with obstructive defecation effectively in the community.

This patient leaflet is now available at:

<http://www.ouh.nhs.uk/patient-guide/leaflets/files/130124obstructivedefaecation.pdf>

Nuffield Orthopaedic Centre: Directly Bookable Services

The Trust is pleased to announce that the following services at the Nuffield Orthopaedic Centre are now live with Choose & Book directly bookable services (DBS): Foot and Ankle, Limb Lengthening, Hip, Knee, Shoulder and Elbow, Paediatrics, Spinal (Clinical Assessment Service), Hands. There is a telephone number supplied for Practice staff requiring any assistance with DBS.

For more information please see: <http://www.ouh.nhs.uk/services/choose-and-book.aspx#noc>

Maternity guidelines updated

The new OUH Maternity Guideline Webpage was launched in early January 2013. This is the section where you will be able to find all current maternity related guidelines. To access them you will need to be signed into an "oxnet" linked computer and enter the following address:

<http://ouh.oxnet.nhs.uk/Maternity/Pages/Guidelines.aspx>

For more information please contact katie.lean@ouh.nhs.uk

3. Consultant appointments

- Consultant in Emergency Medicine, Dr Rebecca Whiticar, BSc, MBBS, MCEM, FCEM.
Dr Whiticar is currently employed as a Specialist Registrar at the Trust.
- Honorary Consultant, Major John Walker, BSc, MBBS, MCEM.
Major Walker is currently employed as a Specialty Registrar at the Trust.
- Consultant in Paediatric Neurosurgery, Dr Sylvia Gatscher, MD1993, FRCS 2006.
Dr Gatscher is currently employed as Consultant at Great Ormond Street Hospital but is working at the Oxford University Hospitals NHS Trust as an Honorary Consultant on a full time basis.
- A replacement post of Consultant in ENT, with a special interest in Rhinology, Dr Robert Almeyda, MBBS, 1997, BSc (Hons) 1994, MSc 2004, DIC 2005, DOHNS 2004, FRCS 2008.
Dr Almeyda currently works within the Trust as a Locum Consultant.
- A new post of Consultant in Haematology, Dr Nicola Curry, BA (Hons) 1994, MBBChir 1996, MRCP 2000, FRCPATH 2007.
Dr Curry is currently employed by the NHS Blood and Transplant Centre as a Clinical Research Fellow and holds an Honorary contract with the Trust.
- A new post of Consultant in Cardiac Electrophysiology, Dr Matthew Ginks, MBBS 1994, BSc (Hons) Pharmacology 1997, MRCP 2004, MD 2001.
Dr Ginks currently works at St Bartholomew's Hospital as a Locum Consultant in the Cardiology and Cardiac Electrophysiology department.
- Two new posts of Consultant in Liaison Psychiatry, Dr Zehanah Izmeth, MD 2001, LMSSA 2002, MRCPsych 2007, Dr Bart Sheehan, MRCPsych, 1996, DiPlate 2002, MD 2004.
- A replacement post of Consultant in Respiratory Medicine Sleep and Ventilation Lead and a new post of Consultant in Respiratory Medicine Thoracic Malignancy, (Sleep and Ventilation Lead)

Dr Annabel Nickol, BSc Human Physiology 1992, MBBS 1995, MRCP 1999, PhD 2004.
Dr Nickol is currently employed by the Trust as a Locum Consultant in Respiratory Medicine. (Thoracic Malignancy)

Dr Annemarie Sykes, MRCP 2002, MSc 2006, PhD 2011.
Dr Sykes currently works at Imperial College, London as a Clinical Lecturer and Specialist Registrar in Respiratory Medicine and GIM.

4. Trust news and service developments

Palliative Care Team – new contact details

Palliative care is provided at the John Radcliffe Hospital and Sir Michael Sobell House, Churchill Hospital, Oxford or Horton General Hospital, Banbury and Katharine House, Adderbury. Specialist palliative care is provided for patients and families coping with cancer or other end-of-life diseases. It is a resource for GPs and the Primary Care Team (PCT) offering support in continuing to care for patients at home. Early referral is encouraged and we are able to advise and support patients who are still receiving palliative anti-cancer treatment, e.g. radiotherapy and chemotherapy. This is to advise you that the Churchill Hospital palliative care team have moved to refurbished offices in Sobell House.

Please visit: <http://www.ouh.nhs.uk/services/referrals/cancer/palliative-care.aspx#contacts>

Engagement between GPs and the OUH

The Trust has now completed the round of liaison meetings with the six Clinical Commissioning Group localities. This has been an invaluable exercise in strengthening relationships, sharing issues of concern, understanding each other's strategies and discussing how engagement can be maintained and developed.

The meetings confirmed the message that the OUH needs to address key operational issues that are having an adverse impact on patient care and causing considerable additional work for GP colleagues

The next steps will be for the Trust to produce a work programme, which will set out how we intend to tackle these high priority issues in collaboration with GPs, the CCG and the LMC. It will also describe how the more strategic issues of shared concern between the Trust and GPs will be taken forward and how

ongoing engagement will be secured. The programme will be developed jointly with GPs, the CCG and the localities and the LMC.

Emergency general surgery for Banbury patients

Because of some unexpected changes in medical staffing personnel, there are no longer enough consultants with the required expertise in major abdominal surgery within the surgical team at the Horton to ensure that patients requiring emergency assessment and surgery can be cared for safely.

Therefore, from Friday 18 January the Emergency General Surgery Service at the Horton General Hospital was suspended; all patients requiring admission under the General Surgical Teams will now be transferred to the Surgical Emergency Unit at the John Radcliffe Hospital. Extra surgical beds have been provided on the SEU to accommodate the admissions from Banbury, and discussions have taken place with the South Central Ambulance Service to ensure prompt transfer of patients. Following further consultation with GPs, an updated protocol for referral of patients for emergency surgery is now available on our website.

Please visit: <http://www.ouh.nhs.uk/services/referrals/general-surgery/emergency-abdominal-surgery.aspx>

Changes to emergency general surgery will form part of a consultation that the Trust will launch in March on a wider vision for a positive and vibrant future for the Horton General Hospital. The vision will outline a secure future for paediatrics, obstetrics, trauma and the Emergency Department at the Horton. There is also the intention to transfer outpatient clinics and day and short stay surgery from the John Radcliffe to the Horton.

OUH Media and Communications Unit
media.office@ouh.nhs.uk
Tel: 01865 231471
Pager: 07623 940 324
www.ouh.nhs.uk | [Facebook](#) | [Twitter](#)