

# flexible healthcare

*Putting the patient at the centre of everything we do*

Newsletter  
Autumn 2009



## Plans are starting to take shape!

Over the summer months work has continued on all the clinical pathways. In this edition we provide an update of the progress being made by each of the clinical groups.

### ***New Orthopaedic Pathway***

The Orthopaedic clinical team have completed their work on a new orthopaedic clinical pathway for referrals into secondary care. The aim of the new pathway is to prevent inappropriate referrals and value patients' time by avoiding unnecessary appointments. The demand on orthopaedics in secondary care continues to rise and the two acute

trusts have seen increases in demand over the summer of 10% on the same period last year. A recent audit of paper referrals into one of the acute trusts showed that 32% of the referrals could have been treated and cared for outside of a DGH. Importantly, the new pathway also allows fast access into secondary care for urgent referrals.

The team are also working with the Referral Management Centre (RMC) to undertake a pilot of a new pathway where all GP referrals will be clinically triaged before an appointment is made, again, preventing inappropriate appointments. It is the intention of NHS Somerset to commission the new pathway from April 2010.

### ***A Multidisciplinary Approach***

The **Rheumatology** clinical team have been working hard looking at how they can redesign services to provide care through a multidisciplinary team including rheumatology consultants based at four main community sites with "in reach" into the acute hospitals. The proposed community sites are Taunton, Yeovil, Mendip and Bridgwater, with

satellite services at Chard/Crewkerne, Wincanton and Minehead. The aim of this programme is to provide care closer to the patient's place of residence and that the patient will have access to a multidisciplinary team located together. The clinical team have set a target whereby all suspected inflammatory disease or those patients experiencing a flare up of their condition will be able to

see a consultant within two weeks of receipt of a GP referral. The new Somerset Rheumatology service is also involved in the pilot of the new Choose and Book referral pathway allowing all referrals to be clinically assessed. This will ensure that appointments are made for the right clinic in the right place at the right time.

### ***Care Closer To Home***

The **Paediatric** clinical team has now met with the priority of looking at how journeys for children with complex needs can be reduced. The work is at an early stage and we are currently mapping the existing locations of paediatric services across the county and the distances people have to travel to access them.

This will include the utilisation of existing community clinics. As in other parts of the UK, the DNA rate for paediatrics is high and more work needs to be done in order to understand more clearly the reasons behind this. The team are also looking at establishing booked telephone

appointments for both GPs and carers with secondary consultants, so preventing unnecessary travel for patients where clinically appropriate. An important issue is to ensure that community locations for paediatric services are child friendly and not seen as just another outpatient service.

# Plans to trial the new Urology service approved!



Minehead Community Hospital – site of one of two urology pilot schemes

Following approval from the Flexible Healthcare Steering Group during the summer, the **Urology** group are working to implement the two pilot schemes planned for Priory Park, Wells and the Community Hospital at Minehead. The new services will provide a flexible multi-disciplinary Urology Service comprising both consultant and nurse-led clinics, with diagnostic and treatment facilities. As part of the Wells pilot, we will be using new technology to provide a flexible **Cystoscopy Service**. If this element of the trial is successful it will allow us to transfer the model to other localities throughout Somerset.

## ***Diagnostics in Cardiology***

Over the summer months, the **Cardiology** clinical team have been busy working on community diagnostic services – look out for our survey of all GPs in the coming weeks. This will give all General Practitioners the opportunity to express their views on these services, including community 24-hour ECG recording and B-Natriuretic Peptide testing in primary care to rule out heart failure. The survey will also help us to better plan for demand and the effect on referral patterns. The next step is to

develop care pathways for these services, in conjunction with our secondary care consultant colleagues and GP colleagues.

## ***Opportunities for Gynaecology***

The **Gynaecology** Clinical Team is making headway after the summer break and deciding on priority areas. There is such a great opportunity for service redesign in gynaecology and providing care closer to home, so reducing the need for patients to travel to hospital (or return for appointments), that we are having to discipline ourselves and identify the first priority projects!

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## ***Special Thanks.....***

*The Flexible Healthcare team would like to thank all of the clinicians from secondary, primary and community care for their enthusiasm and support for the programme.*

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## ***help and support***

The Flexible Healthcare team, led by Pat Jenkins, Project Director, support the clinical pathway groups by providing analytical and administrative support.

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