

flexible healthcare

Putting the patient at the centre of everything we do

Newsletter
February 2010

New year ... new developments!



Since our last newsletter, there has been progress across a number of clinical areas.

The new clinical pathway for **orthopaedic** referrals to Taunton and Somerset NHS Foundation Trust commenced on 1st January 2010.

The new pathway ensures that all GP referrals except those that meet strict urgent exception criteria are triaged and assessed by the successful **musculoskeletal interface service**.

This enables patients to be directed to the most appropriate clinician for their care and treatment. Previously many patients were being directly referred to the orthopaedic surgeons at Musgrove Park Hospital when their treatment could have been provided in the community preventing unnecessary travel and also ensuring that those patients who do require the intervention of an orthopaedic surgeon have faster

access. The new pathway has been agreed by secondary care orthopaedic surgeons, GP representatives and community clinical teams.

Carolyn Nation from Somerset Community Health manages the service and provides clinics in many parts of the county providing a high quality fast access service for patients. Carolyn has increased the number of clinics at Bridgwater and Taunton Deane to manage the additional demand. A full audit of the new pathway will take place after three months and it is planned to commence a similar service for patients referred to the orthopaedic department at Yeovil District Hospital before June 2010.

An important objective within Flexible Healthcare is to provide care closer to patients' homes and communities. To do this we need to identify potential capacity at community sites where new services could be located. Therefore, a **Community Hospital Review** is being

undertaken to identify current capacity and where additional capacity could be found through a rigorous review of current services and improved efficient use of available space.

The **urology** pilot at Minehead commenced on 4th January, led by Ms Andrea Cannon, Consultant Urologist at Taunton and Somerset NHS Foundation Trust. The new service includes diagnostic tests for patients who previously had to travel to Taunton. Plans are being developed to introduce a similar service from April at West Mendip Hospital, provided by Yeovil District Hospital NHS Foundation Trust.

NHS Somerset is planning to work with the local health community to lead the development of **Map of Medicine** in Somerset. This will be undertaken as part of the Flexible Healthcare programme, working closely with local providers and primary care, to realise the full benefits of the Map.

Cardiology

Pro-NT BNP blood testing was launched on the 1st February 2010 as a "rule-out" in the diagnosis of heart failure. The test is available to most practices in Somerset, and can be added to Ordercoms. For those practices not on Ordercoms, it can simply be written on the pathology request form. The remaining practices in the Mendip area will have access to this test later on this Spring. PBC leads have already received communication about this test, which should be used after an initial work-up to include baseline bloods and ECG. The age-related cut-off values for an abnormal test, below which heart failure is unlikely, are as follows:

AGE	<60	60-75	>75
Cut-off ng/L	50	100	250

Many thanks to all those GPs who responded to our survey of Primary Care Cardiology Diagnostics. Special thanks go to the Local Medical Committee for distributing the survey.

- Responses indicate that 58% of respondents thought that access to a community-based ambulatory ECG service would enable GPs to manage the patient in primary care
- The survey demonstrated overwhelming support (92%) for the introduction of Pro-NT BNP blood testing as a "rule-out" in the diagnosis of heart failure in primary care
- 77% of respondents thought that direct access to ECHO in primary care would result in fewer patients travelling to hospital for diagnosis

You can find a full summary of the survey in the next edition of the WyvernHealth.com newsletter, due out on 26th February.

Supporting Patient Involvement!

Real Patient Involvement (1)

Mr Chris Hooper, a patient at Taunton and Somerset NHS Foundation Trust, has been participating as a member of the **Flexible Healthcare Urology working group**. "I was pleased to take part on the committee because I believe it important to bring feedback to the professionals from those of us who use their services. Although there have not been contributions I could make on the technical organisation side, I felt that the inputs I could make made the attendance worthwhile. It is also of interest for me to see the internal workings of this sort of NHS operation and how staff respond to ideas and endeavours to implement those which are considered appropriate, whilst making best use of human, equipment and buildings resources."

Real Patient Involvement (2)

As part of the work completed by the **Urology working group**, a survey of patients was undertaken at Yeovil and Taunton to help understand the impact on patients of having to travel to hospital to access services. For example, for those Yeovil District Hospital patients who lived outside Yeovil, 60 % said it had some or major impact on their lives compared with 22% for local patients. To complete the exercise, the patient questionnaire will be completed at the new Minehead Hospital service which has been set up for a trial period. The feedback summary can be found at <http://www.somersetpct.nhs.uk/flexiblehealthcare/default.aspx>

Real Patient Involvement (3)

As part of the **Gynaecology Clinical workstream**, Flexible Healthcare and Endometriosis UK organised a joint focus group, held in Taunton on 19th January 2010. Participants discussed their experiences of accessing and attending women's health services for diagnosis and treatment. Thanks go to the Endometriosis UK support group members for taking the time to participate in the focus group and special thanks to the group leader, Jenny Genge, for organising the focus group.



A Message from WyvernHealth.com

The programme has moved forward over the last few months and the delivery of new pathways has started.

*The **urology one stop haematuria clinic** has begun in Minehead and is close to launch in Mendip. The **orthopaedic** work has led to the clarification of the role of the Interface Service in the West after detailed planning between primary and secondary care. Bridgwater practices have started a pilot to use **Advice and Guidance for Paediatrics and Orthopaedics** which is anticipated to be rolled out in future months.*

All this has been achieved through dedicated work between primary care and secondary care clinicians meeting, talking, listening and then designing pathways. The support from the management team has been crucial and the freshness of the project is due to the integration of thought processes.

*But the new pressure that has arisen for all of us in the NHS community is the **financial downturn** that is upon us.*

The complex nature of central funding apparently gives a small window of stability before we plunge into a more restrictive financial future. Therefore it is a necessity to identify a different way to deliver the best healthcare in Somerset. When Flexible Healthcare was launched that financial pressure was not present, in fact, the opposite was true in that we were given the freedom to be innovative with a financial cushion. I am confident however that the groundwork has been done to let increasingly integrated work generate pathways that are more cost efficient. The work will need to be "flexible" not only for the patient but also "flexible" in how the costs are studied.

Primary care has to recognise the austerity of the next few years and I would urge practices to think in terms of federations and integrated care structures to help design more efficient pathways. If individuals have time to engage with Flexible Healthcare work please contact me.

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help and support

The Flexible Healthcare team, led by Pat Jenkins, Project Director, will support the clinical pathway groups .

The Flexible Healthcare team is based at:

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For more information or if you have views on **Flexible Healthcare** please contact us:
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