

Weston Research Day

KEYNOTE speaker Professor Paul Dieppe delivered a highly inspiring talk to the students and clinicians who attended the Trust's second annual Research Day in the on-site North Somerset Academy in February.

His message to any Weston staff considering research was that it keeps doctors and nurses thinking deeply and imaginatively about clinical problems they see every day.

Professor Dieppe said that in Trusts such as Weston, successful research could play a part in raising the morale and enthusiasm of all staff.

He encouraged the audience to make a note of clinical phenomena that interested or concerned them, look up the literature about the subject and then document the local data. Then they should change something they do for their patients and document its effects.

He said whole clinical teams should be involved in this work and stressed they should be in it for themselves and their patients, not for prestige or glory.

Weston speakers during the day included Dr Parag Singal on how sometimes studies can produce differing conclusions, but that does not make them any less valid.

Dr Marjorie Tomlinson presented her work showing how clinical research has

changed practice regarding radiotherapy for breast cancer patients and Mr Bob Spencer also presented his review of the use of bone cement in modern orthopaedic surgery.

Dr Julian Abel presented on his pilot study, conducted with Dr Kate Shorthose from Bristol, on whether patients with severe Chronic Obstructive Pulmonary Disease benefit from input from a specialist Palliative Care service.

These patients are among the five per cent in palliative care who do not have cancer. The study involved enrolling patients from the respiratory clinics at Weston with end stage COPD and offering them the opportunity to receive specialist palliative care intervention.

Dr Abel said the study so far had raised questions for his palliative care team about the need for specialist versus generalist palliative care.

The last speaker of the day was Professor Colin Dayan, who presented the progress he and his team at Bristol University are making in clinical trials aimed at developing a vaccine for Type 1 Diabetes.

Finally, rheumatology researcher Hugh Simms-Williams won the prize of a bottle of champagne and a £100 book voucher for the best poster.

It's the joint approach

WESTON'S orthopaedics department is leading the way with a new project offering long-term review for joint replacement patients.

Research Assistant Lindsay Smith runs a weekly follow-up clinic for patients who had their operations about six or seven years ago.

The patients answer a questionnaire, are physically examined and X-rayed and their X-rays are subsequently reviewed by a consultant specialist.

The three-year project began in October 2006 and aims to contact 2,000 patients. So far about six have been listed for revision because of deterioration which has been revealed through attendance at the follow-up clinic.

Lindsay said: "Previously, there was no system to offer patients long-term review and the six or seven year mark is important because that is often the time at which some deterioration may start to become evident."

"The patient feedback so far has been

very positive. They appreciate the offer of an "MOT" and like to be reassured that they can continue their current lifestyle. A large majority of patients accept the offer of the appointment and the Did Not Attend rate is very low."

The project also gives the Trust a database of useful information to refer to about types of procedures, sizes of prosthesis and their success or failure in particular circumstances.

Former physiotherapist Lindsay said: "This project - funded by a component manufacturer - has great research value, while also providing a service to patients and improving the care we offer as a department."

Congratulations are also due to PhD student Lindsay for winning an award from the South West Orthopaedic Association for making the best presentation out of 20 at their conference.

Her paper was about the use of a certain type of post-operative drain in primary total hip replacement.

Allied Health Professionals team up for study session

WESTON Area Health Trust is an acute trust providing hospital care for patients, but it works very closely with colleagues from North Somerset Primary Care Trust, who work with patients in the community.

An example of this joint working approach occurred in March when 80 Allied Health Professionals (AHPs) from the two organisations met for a study day in the North Somerset Academy, on the Trust site.

AHPs are healthcare professionals, other than doctors and nurses, and they include physiotherapists, occupational therapists, optometrists and podiatrists. The day was an opportunity for staff to meet with others and get to know each other, as well as learn together.

Each team or department constructed a display board describing their team's structure, the type of work they undertook and the kinds of service they provided.

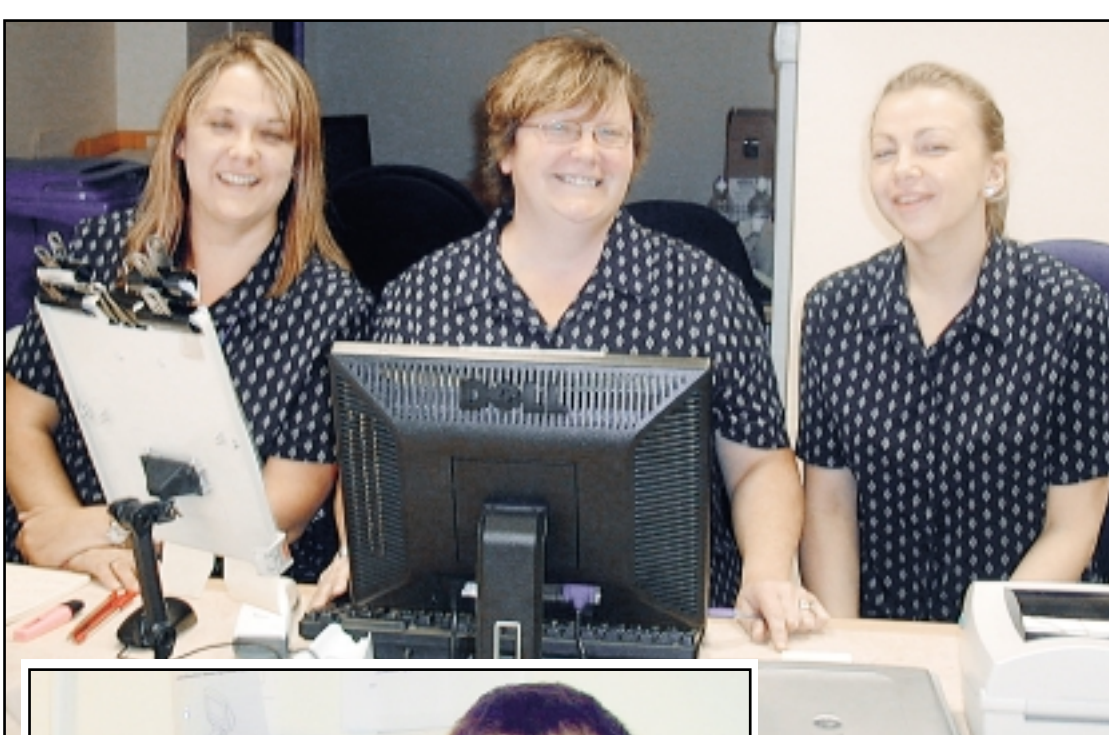
This was a way of identifying gaps in provision and promoting openness and understanding of the different roles people have, and it prompted a lot of discussion. There was also representation from the Trust Library, which is based in the Academy, and there was an opportunity for people to register with the library and look around the Academy facilities.



Academy Dean Jackie Smith and Jo Hudson, Allied Health Professionals lead from North Somerset Primary Care Trust, at the Study Day.

It is hoped that to hold another similar day in the future, using some of the delegates' suggestions; which included "themed days" on stroke care, orthopaedics and care of the elderly; workshops and presentations of typical case studies.

X-rays coming soon to a screen near you...



Our photographs show:

Top: Radiographers Geida Smith and Lindsay Bunniss with the new PACS equipment.

Centre: Radiology receptionists Paula Graves, Jacqui Kerrigan and Charlotte Price.

Left: Radiographer Steve Matthews.

Right: Consultant radiologist Dr Gavin Stoddart using the new digital system.

X-RAYS are now viewed and stored on computer screens across the Trust since the introduction of PACS (Picture Archiving and Communications System) - which has been warmly welcomed by staff and patients.

PACS is delivering more efficient imaging and diagnosis processes throughout the hospital - meaning waiting times are coming down rapidly.

X-rays and scans used to be stored on paper and film, which meant that patient images could be lost or misplaced because there was only one set, but now this is all in the past.

Digital images with PACS are reducing storage space and film processing costs and they mean that radiology staff don't need to touch the dangerous chemicals they previously used for processing X-ray films.

PACS is also delivering improved care for patients as they experience fewer delays in receiving results and no longer have to carry their X-ray packets around the hospital.

Medical Director and Consultant Radiologist Dr Tricia Woodhead said: "PACS means we no longer lose or misplace patient images because we store them electronically."

"We also get more reliable images with PACS, which we can view more flexibly - manipulating the images on screen to zoom in where we need to."

"We diagnose images much more quickly now, so it's helping improve the speed of our patient care. It's fair to say we'll never go back to film."

Consultant radiologist Dr Gavin Stoddart said: "Because we are no longer dependent on having a film in our hand, but can call images up on screen, we can now make sure we report the outcome of every examination. There are no piles of films waiting to be typed up. The report is dictated into the computer and immediately added to the patient's notes."

"Previously it was often the case that the films never made it back to X-ray in time for our report to be of full clinical value, but PACS means we can instantly access any examination about which clinicians have a query and discuss the case with them - even if they are in another area of the hospital. Because the computer is so quick, the reporting time is halved."

Our experience concurs with national research which shows hospital radiology departments becoming 33 per cent more efficient once they have PACS technology.

It has brought Weston on target to have



a waiting list of only two weeks for most outpatient diagnostic appointments by this summer - when the national standard is 13 weeks.

The implementation of PACS provided the opportunity for the radiology department to undergo extensive refurbishment at the same time and the staff coped extremely well during this period of upheaval.

And the added reward for their patience is their vastly improved working space - now more spacious and airy - and also free of the unpleasant chemicals used to develop film previously.

Best of all, patients find their experience of visiting the X-ray department is much less stressful. There are much shorter waits in more pleasant surroundings and their tests are soon over.

The Trust is grateful to the management and staff of the radiology department for delivering such a successful technological step forward in 2006/07.

Looking forward

EARLY in 2007 the Trust agreed a development strategy for the next five years with its staff. This was as follows:

MISSION

Working in partnership to provide high quality, integrated, local healthcare using primary care, hospital and specialist services in modern, appropriate and efficient ways.

VALUES AND BELIEFS

Patients

We will strive to put patients' needs at the centre of all we do, within the resources available to us.

Efficiency

We will aim to remain in the top quartile of Trusts for efficiency and effectiveness

Quality and Safety

Patient, staff and visitor safety is our top priority. We aim to be recognised as an organisation that produces quality outcomes in the efficient and effective ways. We are committed to maintain a clean and safe environment for our patients, staff and visitors.

Integrity

We will maintain the highest standards of integrity in all we do and we will be transparent, honest and open.

Culture

We will maintain the welcoming, friendly atmosphere and the sense of community spirit which we currently enjoy. We are committed to achieve high standards of dignity and respect for our patients, staff, and partner organisations. We embrace diversity and, as far as practical, we will respond to and strive to meet the needs of different cultures. We aim to act with courtesy, dignity and respect at all times, treating fairly our patients, our staff and every organisation with which we work

Partnership

We will listen to and involve patients and staff, aiming to ensure they are fully informed and consulted in all decisions affecting them. We will work in partnership with the local community, patients, staff, voluntary and charitable bodies including our League of Friends and other stakeholder organisations based on trust, honesty and fairness

Innovation

We will support, sponsor and encourage staff to be innovative and fleet of foot in implementing change where such change would provide the most cost effective solution for the local health community and our patients. We will seek to learn from other best performing organisations to continuously improve the service and quality of all we do.

Team work

We will promote an environment where multi-professional teams deliver high quality of services. We aim to have well developed leadership. We are committed to helping staff take responsibility for their own professional development and we will train and develop staff to meet operational needs in cost effective ways. We will aim to communicate effectively with staff, our stakeholders and our patients.

Stewardship

We will manage and improve the use of our resources and contribute to improving public health for the benefit of current and future generations.

Celebration

We will recognise and celebrate the achievements of individuals, teams, departments.

PLANNING 2006/11

We will develop and monitor plans against the following headings:

Patient Focus

Patients will be encouraged and invited to participate in decisions about planning of services and their care. We will offer choice and flexibility wherever possible and self-care for those willing and able. We will advise carers and relatives appropriately.

Quality and Safety

We will be innovative and will involve the public, patients and its staff to continuously improve services. We will focus on whole-system care pathways and work with our stakeholders to design and implement holistic and effective services.

Respect and Communication

We will promptly tackle bullying, harassment and abuse wherever it occurs. We will actively and

regularly seek staff, patient, stakeholder and carer feedback and learn from this improve services whenever practical and affordable.

Partnership and team work

We will work in partnership with stakeholders such as Primary Care Trusts, Local Authorities, the Regional Development Agency, the Department of Health, other care providers and patient representative organisations. We will develop effective links with primary care practitioners, efficient communication between hospital departments, functional bridges between health and other services and close working in clinical networks. We will look after our staff and support each other through teamwork.

Financial balance and efficiency

We will achieve and maintain financial balance by providing services which are cost effective. Working with other agencies and organisations we will continually improve the efficiency of those services. We will ensure sound financial management, delivering in year, recurrent financial balance in the period.

STRATEGY 2006/2011

Our vision for 2006/11 is that Weston Area Health Trust will be an efficient, innovative and effective acute trust that is first choice for local patients and GPs and is

- well networked into clinical networks in Bristol and Taunton,
- constantly innovating to meet patient needs and,
- engaged in joint planning with commissioners and other providers.

We will provide health care appropriate to a local acute hospital trust, working with other healthcare services and facilities to ensure a cost effective health service for the local population and more widely as appropriate.

We will focus on ensuring that we:

- Benchmark ourselves against our peer group and strive to be in the upper quartile for quality and effectiveness of services.
- maintain a list of strategies and policies that we have adopted and we will monitor ourselves against these

The period 2006/11 is likely to include changes which help to reduce admission and attendance through, for example, increasing outpatient clinics in GP practices/healthcare centres, day case treatments, telephone triaged diagnosis and expert phone back-up/telemedicine, evening/flexible delivery etc. It will also be a period of undertaking more work at our hospital which would have previously involved greater travelling for patients.

Core aims for 2006/7

- To improve financial standing
- To meet national healthcare standards.
- To continuously innovate focusing on the following areas:
 - Enhanced development of family friendly services for those with young dependents and older family dependents.
 - High standards of care and improving clinical outcomes for all our patients but prioritising the elderly and disadvantaged.
 - Increasing our emphasis on partnership working with a greater range of local providers, general practitioners and commissioners.
 - Design and provision of efficient and effective integrated healthcare services which are delivered as close to patient needs as practical and affordable
 - Increased emphasis on links with general practice and communication and marketing to stakeholders.
 - Well designed care pathways which help minimise travel to tertiary care centres and an utilising technology and flexible delivery to increase the range of procedures which would have been delivered more remotely.
 - Secondary back-up services which support more care in the community.

Core aims for 2007/11

- To achieve in-year financial balance year on year and within the period.
- To be in the upper quartile for ratings with the Healthcare Commission and others.
- To provide high standards of affordable acute and secondary healthcare for local people.
- To be a respected and valued healthcare provider that is known for its family friendly services and its special attention to the disadvantaged.
- To maintain high standards of respect for our patients, collaborators, staff and visitors.
- To achieve Foundation Trust status.