

GP Link is designed to keep you up-to-date with news and details of service improvements at Mid Cheshire Hospitals NHS Foundation Trust  
[www.mcht.nhs.uk/gps](http://www.mcht.nhs.uk/gps)

## Update on Staffing Levels



The Government has recently announced its official response to the Francis Inquiry and one of the key areas of focus was staffing levels at hospitals. Here is quick update on the current situation at Mid Cheshire Hospitals NHS Foundation Trust (MCHFT).

In his response, Jeremy Hunt, Secretary of State for Health, said that Trusts will be required to report staffing levels to Board bi-annually. MCHFT has been conducting these reviews for the past five years alongside a number of other regular reviews to ensure that staffing levels are appropriate for the needs of the patients in hospital at that time.

All elements of nurse staffing are reported to the Trust's Board, including acuity data, vacancy rates, skill mix and nurse-to-bed ratios, alongside quality and experience measures.

Reviews of actual staff levels take place daily, with the necessary actions taken to address any shortage in numbers. The Trust also encourages staff to raise any concerns that they have, and clear escalation processes are in place to make sure that any issues with staffing levels can be dealt with as soon as possible.

The Trust was an early adopter of the Safe Nursing Care Acuity Tool, as promoted by the Chief Nursing Officer of the NHS, which provides information based on actual patient need, and this is used extensively across the organisation.

The Trust has made a number of significant investments with regards to nurse staffing over the past few years. Key highlights include:

- In October 2012 there were 72 vacancies for qualified nurses at the Trust. However, following successful recruitment and retention campaigns, this number had reduced significantly to just five by October 2013.
- Since October 2013, the Trust's Board has agreed to recruit an extra 22 new nurses in addition to the existing vacancies.
- The Trust employed all Student Nurses who were at Leighton Hospital when they graduated in September 2013, and has made a promise to do the same with the next cohort.
- An additional 22 nursing posts have been created in the Emergency Care Division in the past six months.
- MCHFT has a robust recruitment and retention plan, having successfully recruited 30 nurses from Ireland and Spain in the past 12 months. A further 20 nurses were also recruited at the end of November 2013. The Trust was one of the first to investigate international nurse recruitment, due to a local and national shortage of qualified nurses.

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### feedback

If you have any feedback on this newsletter, or any suggestions for future articles, please tell us by emailing [gp.link@mcht.nhs.uk](mailto:gp.link@mcht.nhs.uk).

## Dr Foster

The annual Dr Foster Hospital Guide was published on 6th December 2013, in which MCHFT was mentioned as having 'higher than expected' mortality rates, but 'as expected' rates for deaths after surgery and in low-risk diagnoses.

As mentioned in the October-November edition of GP Link, this spike has been caused by a data recording issue. [article continued inside - page 3]

# GP Advice and Guidance Service: Paediatrics and Gynaecology

From January 2, 2014, the Women's, Children's and Sexual Health Division will be providing a dedicated advice and guidance service for GPs to request advice on the management of patients in Paediatrics and Gynaecology. The aim is to support GP colleagues and offer an alternative to acute admission or outpatient referral for specialist advice.

A standard proforma has been produced for each specialty for completion by the GP which can be sent to the dedicated advice and guidance NHS.net account.

## Paediatrics

Email - [tmc-tr.a-gpaediatrics@nhs.net](mailto:tmc-tr.a-gpaediatrics@nhs.net) (checked daily by a Consultant Paediatrician)

## Gynaecology

Email - [tmc-tr.a&g.gynaecology@nhs.net](mailto:tmc-tr.a&g.gynaecology@nhs.net) (checked twice a week by a Consultant Gynaecologist)

A triage of referrals to either service will

be offered with an email response back to the referring GP with one of the following recommendations:

- Advice only provided
- Advice and a routine outpatient appointment offered
- Advice and a rapid access appointment slot offered
- Advice and urgent review on the ward arranged.

The original email will serve as the referral letter if an admission or outpatient appointment is required - the GP will be informed but does not need to take any further action.

In Paediatrics, GPs ringing the Paediatric Nursing or Junior Medical Staff for advice may be asked to use the service in order to get written Consultant advice.

For further information on the service please contact Clare Sandelands, Assistant Service Manager, on 01270 612186.

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## Urgent Care Centre Awarded

The Urgent Care Centre at Leighton Hospital has been chosen as the winner of a prestigious award set up in memory of a Shropshire doctor.

The Centre has been presented with the Dr Steve Hugh Award in recognition of its work delivering extended primary care in partnership with the Accident and Emergency Department. It has also been recognised for the 'innovative clinical pathways' that have helped enhance patient care at the point it is most needed.

The Urgent Care Centre is the eighth recipient of the award, which was set up in memory of Dr Steve Hugh, who was ShropDoc's highly respected medical director for many years.

The service that the Urgent Care Centre provides alongside the Accident and Emergency Department is vital for both patients and the hospital itself, treating those who might otherwise have had to make their way to A&E.

Its service has greatly enhanced patient care.

The Urgent Care Centre team delivers a community Deep Vein Thrombosis service and several other pathways which allow patients to be treated at home rather than be admitted into hospital.

It also supports the Accident and Emergency Department by accepting many patients who are better treated by a GP, enabling A&E staff to concentrate on the more acutely ill or injured patients.

*Pictured above: members of the Urgent Care Centre team receive their award.*



## Scope Referrals

The Trust would like to make GPs aware of the direct access referral pathway for patients who require scopes, which will save time in a patient pathway as well as reduce the costs involved.

### Gastroscopy

The process for referral to the direct access Gastroscopy service is summarised below:

1. The GP would like the patient to have a Gastroscopy to aid diagnosis, without the need to see a Consultant Gastroenterologist first.
2. The GP refers the patient into the direct access Gastroscopy service. (If referring through Choose and Book, the GP must attach the referral to the Choose and Book system).
3. The patient is provided with a date and time to attend for the Gastroscopy procedure.
4. The patient attends for the procedure, and the findings of the Gastroscopy are sent back to the GP for further management.

### Flexi-Sigmoidoscopy

Recent feedback has suggested that some patients and GPs are experiencing confusion in terms of how the direct access Flexi-Sigmoidoscopy service works.

The patients are given a date and time for when the Trust's Schedulers will contact them to arrange their Flexi procedure, but some patients have been thinking that this is an actual telephone appointment with a Consultant or clinician. Amendments are being made to the patient letters to clarify this issue, but the referral process is also outlined below:

1. The GP would like the patient to have a Flexi-Sigmoidoscopy to aid diagnosis, without the need to see a Consultant first.
2. The GP refers the patient into the direct access Flexi-Sigmoidoscopy service. (If referring through Choose and Book, the GP must attach the referral to the Choose and Book system).
3. The patient is provided with a date and time at which they will be contacted by the Endoscopy Schedulers to arrange a mutually-convenient date for the Flexi-Sigmoidoscopy procedure.
4. The patient attends for the procedure, and the findings of the Flexi-Sigmoidoscopy are sent back to the GP for further management.

## Name Confusion

The Trust is asking for the assistance of its Primary Care colleagues when making referrals to Mr Stephen Duckett and Dr Simon Duckett.

Mr Stephen Duckett is an Orthopaedic Consultant, whilst Dr Simon Duckett works within the Cardiology Department.

If in doubt about which member of staff you need to liaise with, please contact their relevant PA who will be happy to confirm the correct details with you:

Mr Stephen Duckett (Orthopaedics)  
PA - Christina Russell  
01270 273968

Dr Simon Duckett (Cardiology)  
PA - Debby Mason  
01270 612513

## Dr Foster Guide

The Trust would like to reassure colleagues and patients that it is committed to providing the highest possible standards of patient safety and quality of care, and work is already ongoing to make improvements in all areas, particular in relation to staffing levels and mortality.

In addition to increasing nurse staffing, as mentioned on page 1, the Trust has doubled the number of Consultant Physicians who work on a Saturday and has increased Consultant presence over the weekend and out of hours in the Emergency Department. Significant investments have also been made in the Critical Care Outreach Service so that those patients who require Intensive Care are promptly assessed and transferred.

With regards to mortality, a review of the data recording issue has been conducted by Dr Foster, which indicated that the Trust's HSMR would reduce significantly in the region on 5-7 points. More information on mortality is available in the previous edition of GP Link ([www.mcht.nhs.uk/gps](http://www.mcht.nhs.uk/gps)).

# A Decade of Newborn Hearing Screening



In January 2014, the Trust celebrates the ten year anniversary of its Newborn Hearing Screening programme. The following is an overview of the programme which has aided thousands of young patients over the past decade.

Approximately 900 children are born every year in the UK with significant permanent hearing impairment likely to affect their quality of life. Prior to the introduction of the programme, services would have missed about 400 of these children by 18 months of age, and about 200 of these by 3-and-a-half years old. Those affected children who are identified late are at risk of substantial delays in their language and communication skills, with long-term risks to their education, mental health and quality of life.

A national pilot programme started in 2001, and on January 2, 2004, the first baby was screened at Leighton Hospital. In the ten years since, around 30,000 babies have been screened locally.

If the baby does not have a clear response to the screening test, they are referred to the Paediatric Audiology department for further testing, which can identify the type and severity of any hearing loss that is found.

Even if babies have a clear response when they are screened, parents are informed that ongoing monitoring is important and they are to obtain a referral if they become concerned about their child's hearing at any age. The screening process may not identify a mild hearing loss or one that has developed at a later age.



## Staff

There are currently five qualified Newborn Hearing Screeners working at

the Trust. They work seven days a week, 363 days per year, and are supported by a Local Manager, Team Leader and administration staff. Four of these staff have been screeners since the launch in 2004.

## Patients

Since screening began, more than 1,100 babies have required further testing in Paediatric Audiology and almost 100 have been found to have a permanent hearing loss.

Of these children, around two-thirds have been fitted with hearing aids and a number of these have been fitted with cochlear implants, a device surgically implanted to children with severe-profound hearing loss.

Once a child has been identified with a permanent hearing loss, parents are offered investigations into the cause of the hearing loss, including genetic testing.

## Recording Results

All results are entered onto a national database, with the main targets being to screen babies within the first four weeks of life and to see babies for further testing within four weeks of referral. In 2012-13, the Trust achieved results which were better than the national average.

## Quality Assurance Process

Over the last ten years, there have been four Quality Assurance cycles, with self-assessment questionnaires and site visits to ensure quality. The Trust met or exceeded the acceptable standard for all four cycles.

For further information on the Newborn Hearing Screening Programme at the Trust, please contact the Team on 01270 275802.