

GP Bulletin – August 2018**Outpatient cystoscopy clinics now available at Bradford Teaching Hospitals**

We are transforming care for women with bladder problems – thanks to a new outpatients' clinic which vastly improves the way a vital examination is performed. We now offer cystoscopy – a procedure in which a thin viewing tube goes into the bladder – as an outpatient appointment instead of an operation under general anaesthetic.

Consultant Urogynaecologist Carmel Ramage has said that women could now come in for the test at the Women's Unit, Bradford Royal Infirmary, and even have their problem treated at the same time – all under local anaesthetic, and without the need for a hospital stay. "Previously, women had to be admitted to the main hospital for a cystoscopy in theatre, which meant a much longer time in hospital, a general anaesthetic and greater cost for the NHS in terms of bed space and theatre use. Some patients were also very nervous about going into theatre for the procedure, and may have declined the test previously, but now feel more comfortable having it done where they come for all their other appointments," explained Carmel.

When women are referred to Urogynaceology, they will first have a series of tests, known as urodynamics, which determine whether a cystoscopy is needed. The procedure only takes about 10 minutes and patients are able to go back to work and get on with their lives straight afterwards. For those who do need treatment, BOTOX™ injections, which paralyse the nerves in the bladder, can be given at the same time.

Carmel said the new service was more efficient and provided a much better level of care and patient experience. She said that this latest development built on the already excellent primary care continence pathway. "Many women think that bladder problems are a normal part of the ageing process and feel too embarrassed to speak to their GP about it, but nothing could be further from the truth. Many simple measures including pelvic floor muscle training and drinking the right sort and amount of fluid can vastly improve women's quality of life. Other minimally invasive treatments have excellent outcomes and less than 5% of patients need more invasive pelvic surgery. Women are so relieved when they hear something can be done to help them."

Restorative Dentistry Service

The restorative dental team, based in the Maxillofacial Department at St Luke's Hospital, specialises in caring for many categories of high priority patients who require NHS-funded dental implants, patients who are recovering from head and neck cancer or require severe/complex trauma reconstruction, patients with congenitally missing adult teeth, individuals with congenital dental abnormalities, such as cleft lip/palates/facial deformity, patients with complex medical problems requiring care from a multi-disciplinary team. Dental implants, Adhesive/conventional Bridges, porcelain veneers and Cobalt/Chrome Removable Dentures are also available for private patients. Not all acute/district general hospital trusts provide restorative dentistry, but in Bradford we are proud to offer patients this specialised care.

[Read more about the Restorative Dentistry Service](#)

[Read more about treatments available for private patients](#)

Bradford Teaching Hospitals wins Royal College of Nursing (RCN) award for our “Safe Baby” booklet

Desiree Deighton, a third-year student nurse in our neonatal unit at BRI, clinched the award from the Royal College of Nursing (RCN) for her “Safe Baby” booklet. The guide has been developed to support parents when their babies are discharged from the neonatal unit – and gives advice on how to promote safe sleeping. It uses simple pictures to overcome any language barriers, and its uniqueness caught the eye of judges in the Celebrating Nursing Practice project, which was launched as part of the RCN’s centenary celebrations.

We have also been told that the RCN would like this resource to be rolled out to other hospitals nationwide, Desiree said: “I am overwhelmed by the funding and support and am beyond excited what it means for the project and the unit, and I am really grateful to neonatal colleagues who have encouraged me and supported me. The funding will pay for a year’s worth of booklets for the NNU, TCU and Outreach team, as well as promotional items including my own design of posters, pens, post-it notes, stickers, swipe badge holders for staff, and possibly an interactive “Safe Baby” app with language options.”

She added that the winner’s package also includes copyright of the books and brand, expertise from financial planners, medical writing teams, communications and marketing, and public health leads – as well as Continuing Professional Development (CPD) and attending any conferences, she may like to attend.

The booklet will be officially launched in October, when copies will be inserted into Red Books (the book distributed to parents by the College of Paediatricians across the UK) for those parents who do not speak English. Desiree tells me that she already has plans for further “Safe Baby” booklets if possible – on sterilisation, breastfeeding and using oxygen at home.

Helping families and staff deal with the loss of a child

Our Psychology service is piloting a scheme to help support these families emotionally – as well as giving staff the resilient tools they need to deal with the trauma of losing their patients over and over again. For the past seven months, our Trainee Clinical Psychologist, Kathryn Palmer, has been assisting some of the 90 families across the district in need of our help and care as part of a pilot project looking at how psychology can not only help them, but also our colleagues.

Kathryn said: “Bradford has one of the highest rates of child death in the UK and in Europe, and this disproportionately affects families from lower socio-economic backgrounds and cultures practising cousin marriages. As a Trust, we support a large number of children with life-limiting illnesses and disabilities and I have been working with the parents, as well as with some of the children themselves, to help them all cope with their incredibly difficult situations. I have also been helping the adults as they come to terms with their grief after the death of their child.”

Kathryn has also provided teaching, training and supervision to the nurses, doctors, associated health professionals and support workers in the Children’s Palliative Care Team to help build their resilience while working in this challenging field. Training sessions have included dealing with

hostility and anger, looking after ourselves when working in emotionally challenging environments, and developing communication and counselling skills for conversations with bereaved families.

We believe this pilot project has shown there is a real and growing need to care for patients' holistic, as well as their medical needs. We hope that in the future funding will be gained to grow on this successful endeavour as there clearly is demand for the service; both in one-to-one counselling for these families but also serving the emotional health and wellbeing needs of our colleagues.