

**GP Bulletin – December 2018****Women's and Newborn Unit receives spectacular £1.8m makeover**

Bradford Royal Infirmary's Women's and Newborn Unit has transformed its look following a fabulous 12-month makeover. The building has an attractive new look and it's also now more comfortable and welcoming for patients and staff, and is much more energy efficient. The Women's and Newborn Unit is probably one of Bradford's most well-known hospital buildings, where over 200,000 babies have been born since it was built more than half a century ago.

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**Our cancer-fighting role in taking forward digital pathology**

We're pleased to share news with you of national funding which paves the way for the creation of a digital pathology clinical network and research programme. The £10.1m investment comes from UK Research and Innovation to expand a digital pathology and artificial intelligence (AI) programme across the North of England. The successful partnership bid has been led by the University of Leeds and Leeds Teaching Hospitals and includes our Trust as part of network of nine NHS hospitals, seven universities and 10 industry-leading medical technology companies, called the Northern Pathology Imaging Co-operative (NPIC). Secretary of State for Business, Energy and Industrial Strategy (BEIS), Greg Clark announced the investment as part of the Industrial Strategy Challenge Fund.

The £10.1m is boosted by an initial investment of £7m from the companies involved in the programme, and the consortium is now set to become a globally leading centre for applying AI research to cancer diagnosis. NPIC will put new digital pathology scanners into a network of northern NHS hospitals, including all of the hospitals across West Yorkshire and Harrogate, to gather digital pathology images for training AI systems. This will generate about 760,000 images per year. The project also aims to develop more integrated ways of working across regional clinical pathology services. Clinicians will then work with industry and academic researchers to make new AI systems capable of analysing digital pathology images leading to better diagnoses for diseases like cancer. NPIC will engage patients and the public in a programme of work about the use of anonymised images for AI research. It will also inform the development of a 'national pathology exchange' – software that allows images to be shared between NHS sites nationally so that patients can benefit from second opinions from anywhere in the UK.

Our Consultant Histopathologist, Dr Pauline Carder, who is also Clinical Director, Integrated Pathology Solutions, explains: "The introduction of digital pathology will transform pathology services for patients in Bradford and the Aire Valley and across the Yorkshire Network. The ability to send and receive pathology images electronically anywhere in the world will allow us to enhance both the accuracy and speed of cancer diagnosis. By embracing the new technology and working together with our partners in academia and industry, we can look forward to providing a high quality service for our patients today at the same time as laying the foundations for an even better service in the future."

### Improving assessments at our A&E department

Occupational Therapists (OTs) based in our A&E department at Bradford Royal Infirmary have started a quiet revolution in how we assess patients at the hospital's front door. The team is developing a well-earned reputation for cutting unnecessary admissions and discharge delays by providing rapid assessments of a patient's care needs. The OTs are on hand in the department to deal on-the-spot with referrals from medical and nursing colleagues and support those patients to return home safely and manage daily activities independently or with the support required.

Naz Rehman, Occupational Therapist in the A&E team, explains about the difference having OTs based in the heart of the department has made – and how she wants more staff to know about the help they can provide. “We typically see patients who come into A&E having fallen, have a urinary infection, or a functional problem due to injury or illness which affects their ability to look after themselves at home” explained Naz. “As soon as they're referred to us we can start doing a full assessment including falls screening, looking at their home environment and what's in place to support them to go home once they're medically fit.”

The team works closely with an extensive range of community teams such as the Virtual Ward, Rapid Response and the Carers' Resource Discharge Support Team to access rapid, expert and practical help so people can be discharged and have follow-up assessments at home – all geared to supporting their ability to continue to take part in daily occupations and activities.

Although the team was set up a few years ago, over the last year it has expanded its role to include assessing a patient's mobility and issuing walking aids. It's also focusing more on preventing readmissions by signposting patients to important community and voluntary services. “Everything is so hectic in A&E and staff really care about their patients and want to make sure they are absolutely OK to go home, which has often meant elderly people are admitted when they don't need to be,” said Naz. “The difference our team makes is that we're experts in assessing someone's ability to function at home and get all the wraparound support that they need. A patient may appear really frail and vulnerable but we can assess their home environment, check with social care what help they have in place, and more often than not they are perfectly OK to leave. And the most important thing we do is ask the patient what they want and listen and act on any concerns they have about going home. That way, we can help prevent further falls or illnesses – such as ones caused by dehydration or poor diet, which may lead them back to hospital.”

The team provides a seven-day service and sees an average of five new patients a day and follows up a number of overnight cases to make sure all those people have been assessed properly and are now in the right place with the right support. “We always encourage home first,” said Naz, “as most often it is the place where that person will recover quickest, in their own environment.”

## **Festive Greetings from BTHFT**

As the year winds down, BTHFT continues its focus on providing patient centred care during the busy festive season. We'd like to take this opportunity to thank you for your support in 2018 and look forward to working with you in 2019.

**Wishing you a happy holiday season and a prosperous New Year.**