

GP Bulletin – March 2019

Dr Max Mclean is Bradford Teaching Hospitals' new Chairperson

Bradford Teaching Hospitals NHS Foundation Trust is delighted to announce the appointment of Dr Max Mclean as Non-Executive Chairperson. The Trust's Council of Governors appointed Dr Mclean to the role following the departure of Professor Bill McCarthy earlier this year. His appointment comes into effect on May 1, 2019, and is subject to the completion of the 'fit and proper persons test', as per the CQC's registration requirements regarding Board members.

[Read more...](#)

Bradford's ACE team nominated for a second national award

We're delighted to announce that our innovative Children and Young Persons' Ambulatory Care Experience (ACE) has been nominated for a second major award in a matter of months. Last November, the pioneering scheme topped the Improvement in Emergency and Urgent Care category at the prestigious Health Service Journal (HSJ) awards in London. And the ACE team have now also been shortlisted in the Innovation and Improvement category at the 2019 BMJ Awards.

[Read more...](#)

The Bradford Living with Pain Service

The Living with Pain Service has 20 years' experience of supporting people whose lives have been impacted by persistent pain. The team is highly specialised consisting of Physiotherapists, Clinical Psychologists, an Occupational Therapist and a GPwSI, who use a biopsychosocial, non-medical approach to help people manage their pain. The team don't aim to cure the pain, but to expand people's lives around it.

Patients referred to the service are invited to attend an informal two hour introductory taster session. This is an information session about persistent pain and about the team's approach. Subjects that will be looked at include explanations for why people develop persistent pain, including the Pain Gate Theory – to help people to make sense of their pain. The team also start to look at the emotional impact, and some of the ways of managing it. After the session patients can book in for an individual assessment if they want to engage with the approach. If they feel the service isn't right for them at this stage, they're discharged. Patients who don't speak English, or who feel strongly that they don't want to attend a group, are invited straight to an assessment.

Individual assessments offer patients 75 minutes with a Specialist Physiotherapist or OT and a Clinical Psychologist. It's an opportunity to tell their story, and for the team to look together at all the ways the pain has affected their lives, physically, socially and emotionally. At the end of the assessment, each patient is given a typed report to take away, which are sent to their GP and the clinician who referred them.

Many patients are then offered a place on the Rehabilitation Programme. This is a 3 hour group programme that runs once a week for 8 weeks, using a biopsychosocial approach to managing long term pain.

Other outcomes from assessment include referral to 1:1 Specialist Physiotherapy, OT, Pain Specialist Psychology, and signposting to community services.

Outcomes

The Living with Pain service achieves excellent outcomes and data from 75 patients who completed the Living with Pain Programme in 2017/18 showed the following outcomes:

- 87% of patients had improved confidence in Pain Self-Efficacy.
- 86% of patients had improved depression scores (PHQ9).
- The percentage of patients reporting either moderately severe or severe depression dropped from 62% at initial assessment to 26%.
- There was a significant difference in mean scores pre and post programme - in depression, self-compassion, and confidence in being able to do things despite the pain - with effect sizes in the medium to large range.

Who is it appropriate to refer?

The service welcomes referrals for patients who are ready to try a different, non-medical approach, and aren't looking for a cure.

The team is also aware that for busy GPs, screening people in pain can be a difficult task. The Faculty of Pain Medicine has offered these screening questions which may help identify patients whose lives have been significantly impacted by their pain.

- Over the past two weeks has pain been bad enough to interfere with your day to day activities?
- Over the past two weeks have you felt worried or low in mood because of this pain?

If you'd like to get in touch with the service, please give the team's administrator Jackie a ring on 01274 273422.

Here are some links to easy-to-watch or read resources that patients may find helpful in developing an understanding of persistent pain:

<https://livewellwithpain.co.uk/>

<https://www.retrainpain.org/>

<https://www.youtube.com/watch?v=ZUXPqphwp2U>

<https://www.paintoolkit.org/>

Patient testimonials in video form can be found in the link below:

<http://my.livewellwithpain.co.uk/resources/video-and-audio/renewed-lives-people-living-with-pain/>

Our kidney injury project triggers American medical interest

Bradford Teaching Hospitals have been involved in the Tackling Acute Kidney Injury (AKI) project, a large multi-centre Health Foundation Quality Improvement initiative. And now our research has a transatlantic audience after it was highlighted in a flagship medical journal in the United States.

AKI, an abrupt or rapid decline in kidney function, is an increasingly prevalent and potentially serious condition that often arises due to health problems or medical treatments that deprive the kidneys of normal blood flow or damage kidney tissue. The Tackling AKI project aims to improve the care of patients admitted to hospital who either have or are at risk of developing AKI.

This has been addressed in Bradford through the introduction of SystemOne and laboratory AKI alerts to help with earlier detection of AKI, and an “AKI 8” care bundle (now available on EPR) to facilitate timely and appropriate treatment. Our Critical Care Outreach team has also played an important role in reviewing laboratory AKI reports to confirm early intervention and provide staff education.

The results of the Tackling AKI project have now been published in the prestigious Journal of the American Society of Nephrology (JASN), and suggest that the project interventions may help improve the diagnosis and treatment of AKI.

There was an association with reductions in length of hospital stay and shorter duration of AKI episodes, although 30-day mortality rates were unchanged. Improvements in several metrics related to AKI care, including AKI recognition, medication optimisation, and fluid assessment by clinicians, were also observed. Importantly, the intervention is scalable, meaning that it can be implemented in other hospitals if shown to be effective.

Dr John Stoves, Consultant Nephrologist and Clinical Lead for the Tackling AKI project in Bradford, said: “This has been a great opportunity for Bradford to participate in a large scale quality improvement project in collaboration with other UK centres of excellence, in particular the team in Derby led by Professor Nick Selby. Together with previous studies, the results of the Tackling AKI project suggest that strategies to improve the systematic delivery of supportive AKI care can lead to improvements in patient outcomes. As part of the Tackling AKI project, we have introduced a number of service improvement measures and shared these with other centres. A key focus of the project has been to ensure that service improvements will have a lasting impact on the quality of AKI prevention and treatment in Bradford. This level of sustainability will be achieved as a result of establishing new systems and processes, including some innovative changes to our IT systems. We have excellent ongoing support from Dr Razaq Azad, Head of Blood Sciences, and our Critical Care Outreach team led by Sister Wendy Milner. A second phase of the project involves the development of further education and resources for our primary care teams (using GP Assist in SystemOne), and a pilot virtual monitoring initiative to explore further shortening the length of hospital stay through the delivery of care closer to home.”