

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)

## Significant Reduction in Mortality Rates

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) is very pleased to announce a significant reduction in its mortality figures.

As many will be aware, the Trust has recently been classed as having "higher than expected" death rates and that work has been taking place over the past few years to identify and address the causes of this.

On July 30, 2014, the Health and Social Care Information Centre published its latest mortality data, with the Trust now back in the "as expected" range for the Summary Hospital-level Mortality Indicator (SHMI).

This improved position is the result of the extensive work that has been undertaken by clinical teams at the Trust. The correction to the previously-reported data recording issue will not take effect until the next release of the data in October 2014,

where it is expected that the SHMI will be reduced further, reinforcing the success of the clinical work that has taken place.

Alongside SHMI, the Trust also uses another national model of mortality measurement - the Risk Adjusted Mortality Index (RAMI). MCHFT's RAMI has been better than peer for a number of months now and has improved consistently over the past three years.

The latest RAMI figures, covering the 12 months to July 2014, also suggest that the Trust is performing better than the national average.

Although the Trust is now officially in the "as expected" range, work will continue at pace to ensure that patient safety and delivering high quality care remain as the Trust's main priorities, and teams are working hard to drive forward further improvements.

## Extended Visiting Hours

In response to feedback from visitors and patients, visiting times across adult inpatient wards at Leighton Hospital have recently been extended.

Family and friends are now able to visit patients on adult inpatient wards anytime from 3pm until 8pm every day (with the exception of Ward 9). Previously, visiting times on most wards were restricted to separate afternoon and evening sessions.

In addition to Ward 9, visiting times for the following areas will also remain unchanged:

- Acute Medical Unit,
- Primary Assessment Area,
- Maternity and Paediatric wards,
- Critical Care,
- Elmhurst Intermediate Care Centre in Winsford.

Further information on visiting times and ward contact details is available online at [www.mcht.nhs.uk/wards](http://www.mcht.nhs.uk/wards).

### in this issue

- P2** • Paediatric & Gynaecology Advice  
• eHandover
- P3** • Waiting Times  
• Patient Queries  
• Acute Oncology
- P4** • Thyroid Service  
• Hello, My Name Is...



### 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).

## Main Entrance

The new Main Entrance at Leighton Hospital is expected to open to patients and visitors in mid-September.

The entrance has been undergoing refurbishment since February 2014 and will feature a more welcoming environment alongside an 80-seater cafe and a modern glass-fronted facade.

Improvement works to the main entrance car park are also set to continue until early September.

# GP Advice and Guidance Service: Paediatrics and Gynaecology

The Women's, Children's and Sexual Health Division at MCHFT has recently restarted a dedicated advice and guidance service for GPs to request advice on the management of patients in Paediatrics (the Gynaecology Service has continued from April 2014). 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 emailed directly to the dedicated advice and guidance NHS.net account.

## Paediatrics Email:

tmc-tr.a-gpaediatrics@nhs.net  
(checked daily by a Consultant Paediatrician)

## Gynaecology Email:

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 containing 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 email service in order to get written Consultant advice.

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

# Award Shortlist for eHandover

In January 2013, a new method of clinical handover was introduced across the medical wards at Leighton Hospital. Designed to make patient handover safer and more efficient, the electronic handover system (or eHandover) has helped provide an improved level of safe and high quality patient care.

Just 18 months on from this rollout, the system is seen as a shining example of best practice, with staff presenting the project to peers across the country and Europe. It has also recently been shortlisted for the HSJ's *Value and Improvement in Medical Technology* award.

eHandover was designed by our Acute Physicians in association with Health Education England and external software developer Ascribe, and was introduced to replace the paper-based systems that were used to manage the clinical handover of patients that take place during shift changes. The software improves patient safety and reduces the risks associated with breakdowns in communication that can occur during traditional patient handovers.

At the time of the initial rollout, MCHFT was only the second Acute Trust in the country to use the system, and the first to both integrate it with the Patient Administration System (PAS) and to deliver it alongside a programme of dedicated staff training on time management and clinical prioritisation.

Since its launch, the system has received very positive feedback from users who have recognised and appreciated the difference that it has made to both patients and staff alike. As a result of its success, work is currently underway to adopt the system and its principles wider across the organisation.

The winner of the national HSJ award will be announced on Tuesday, September 23, 2014.

# Wait Times for Diagnostic Tests

Please see below the current average waiting times for some of the routine Diagnostic tests at MCHFT.

Diagnostic Test	Average Waiting Time
Magnetic Resonance Imaging	up to 5.5 weeks
Computed Tomography	up to 5.5 weeks
Non-obstetric ultrasound	up to 5 weeks
DEXA Scan	3 weeks
ECG	7 days
Echocardiogram	42 days
ECG 24hr Monitor	15 days
BP 24hr Monitor	13 days
Lung Function	14 days

Please note that the target for these tests is six weeks.

*Apologies for any confusion caused by the waiting times that were included in some copies of the June-July 2014 edition of this newsletter.*

# Patient Queries Contacts

The Trust's Customer Care Team provides a free, impartial and confidential service to patients at Leighton Hospital, Victoria Infirmary and Elmhurst.

If patients have any enquiries about the treatment or experience that they receive from MCHFT, please encourage them to contact the dedicated team using the details below:

**Telephone** - 01270 612410 (includes 24-hour answer machine)

**Email** - [customer-care-team@mcht.nhs.uk](mailto:customer-care-team@mcht.nhs.uk)

**Website** - [www.mcht.nhs.uk/customer-care](http://www.mcht.nhs.uk/customer-care)

# Meet our Acute Oncology Team

The Acute Oncology team are based in the Macmillan Chemotherapy Unit at Leighton Hospital, and the service operates Monday to Friday 9am-5pm.

Two Clinical Nurse Specialists and their PA provide expert advice and support to patients presenting with oncological emergencies, complications of cancer treatment or malignancy of unknown origin. The team also liaise with the patient's site specific nurse, oncologist and/or palliative care team to ensure a co-ordinated approach to care during and following an acute presentation to hospital. The recent appointment of an Acute Oncology Consultant to provide two sessions a week on a Monday and Friday will also help to support and develop the service.

Referrals can be made:

- Directly to Acute Oncology Service – 01270 273606 or 01270 273054;
- Directly to Acute Oncology PA – 01270 273602;
- By contacting the Acute Oncology Nurse via the Trust's Switchboard (01270 255141) on bleep 3607 / 3054;
- By electronically-completed referral, emailed to [Acuteoncology@mcht.nhs.uk](mailto:Acuteoncology@mcht.nhs.uk);
- By faxing a referral form to 01270 273428.

For Out of Hours advice, please contact:

- The Christie Hotline - 0161 446 3658;
- University Hospital of North Staffordshire (Oncology) - 01782 672646;
- University Hospital of North Staffordshire (Haematology) - 01782 672227.

Acute Oncology contacts at MCHFT:

- Dr Laura Horsley, Consultant Oncologist (01270 273606 or 273054);
- Sophie Lloyd and Sarah Latham, Clinical Nurse Specialists (01270 273606 or 273054);
- Virginia Atterbury, PA to Acute Oncology / MDT Co-ordinator (01270 273602 or 273054 or 273606).



# Thyroid & Para-Thyroid Service Provision

The Trust has recently made slight changes to the way in which it provides thyroid and para-thyroid services.

Prior to June 2014, the thyroid service at MCHFT had been provided by Miss Ann Dingle (Consultant ENT Surgeon) and Mr Andrew Guy (Consultant General Surgeon). Miss Dingle, in the main, dealt with nodular and neoplastic disease, whilst Mr Guy managed nodular and endocrine disease. Upon Mr Guy's retirement, there was a gap in the provision of services for patients with endocrine disorders.

The amended service sees Miss Dingle continue to provide surgery for neoplastic and nodular thyroid disease and will include the patients with

nodular disease that were previously seen by Mr Guy. It is expected that the appointment of a fifth ENT Consultant Surgeon will support this service.

The ENT service is currently under review and consideration will be given as to whether the endocrine service should be managed locally or at a tertiary centre. In the meantime, it has been agreed that University Hospital of North Staffordshire will support the surgical service for patients requiring thyroidectomy or parathyroidectomy for endocrine disease. Referral for a surgical opinion for patients with endocrine disorders would always originate with the Endocrinologists, all of whom are aware of the change in services and can advise accordingly.

## Proud to Support “Hello, My Name Is...”

MCHFT is proud to support the national “Hello, My Name Is...” campaign, helping to improve the hospital experience of all patients.

The “Hello, My Name Is...” campaign aims to encourage all staff, regardless of role, to introduce themselves to the patients and visitors with whom they come into contact with. Research has shown that patients appreciate basic personal touches, and a simple gesture such as telling somebody your name will go a long way to helping them feel better about being in hospital.

The campaign was launched by Dr Kate Granger, a registrar from Yorkshire specialising in elderly medicine, who was diagnosed with terminal cancer. Throughout her hospital visits and admissions she became aware of the impact of the little things that make a difference – for her, one of the main things was staff not introducing themselves. She initiated a Twitter campaign called “Hello, My Name Is...”, the mission being to get as many members of NHS staff as possible to pledge to introduce themselves to their patients. The campaign is now widely endorsed by several senior figures within the NHS and a significant number of hospitals.

Here at MCHFT, we feel strongly that we should support the campaign to ensure this basic human touch is adopted by all. If you doubt the impact of this campaign, we would strongly recommend that you observe for yourself the impact that this had on Kate through the short videos available at [www.hellomynameis.org.uk](http://www.hellomynameis.org.uk) or on YouTube.

The idea of the campaign is simple – reminding staff to properly introduce themselves to patients. Why is this important? As Kate explains, a confident introduction is the first step to providing compassionate care and is often all it takes to put patients at ease and make them feel more relaxed during treatment.

This campaign is relevant to everybody within the NHS, and by making a conscious effort to introduce ourselves the first time we meet somebody, we are taking the first steps to improving the patient's experience of the care that we are providing to them.

