

# GP Bulletin

Issue 25

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## Two new urology services launched

**Patients can now benefit from two new services offered by our Urology Department at Dorset County Hospital.**

DCH is the only hospital in Dorset to be able to offer the Trans Perineal Prostate Template Biopsy service to NHS patients.

The service is led by Consultant Urological Surgeon Mr Naveed Afzal.

Mr Afzal said: "NICE recommended in October 2010 that trans perineal template biopsy of the prostate shows an increase in diagnostic yield in patients with suspected prostate cancer who have had negative or equivocal results from other biopsy methods.

"The Department of Urology at Dorset County Hospital along with other major hospitals in Dorset submitted their business plans to offer this service to NHS patients. "Out of all the plans submitted our business plan was found to be the most cost effective and was accepted by the PCT. "

Patients with raised PSA and previous multiple investigations will be offered this specialist test utilizing many of the steps undertaken in brachytherapy.

It will be a day case, general anaesthetic procedure and will take about 45 minutes. The anterior and apical area of prostate which can not be reached with conventional biopsy could be biopsied with a 70% yield.



**Trans Rectal Ultrasound and Biopsy Team, from left, Naveed Afzal, Andy Goffe, Alison Lowndes and Emma Bramhall**

The one-stop Trans Rectal Ultrasound and Biopsy Clinic, which started last month, offers patients with a raised PSA a clinic appointment along with all the investigations on the same day.

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## A message from our new Medical Director



I am delighted to have been appointed to this role at a time when there are so many changes, both within the health service nationally and as part of a challenging local agenda. A Consultant surgeon for 23 years, I have come from North Bristol Trust

where I was appointed 20 years ago as a specialist renal transplant and vascular surgeon. I developed a comprehensive vascular service and encouraged collaborative working between the Bristol trusts, in order to provide a specialist emergency service. The renal transplant service acquired new territories (Gloucestershire and Dorset) and the development of spousal living kidney donation, an area in which Bristol has become the vanguard centre. During my last 10 years at Bristol I was Clinical Director of Surgery and from that position integrated the departments of General Surgery to ensure specialist teams delivered appropriate care, and to separate formally elective from emergency surgical work.

I am no stranger to Dorset County Hospital, having undertaken vascular access surgery for the Dorset Renal Unit for 15 years. I arrived in January as the Divisional Director of Surgery and succeeded Dr Nick Hateboer as Medical Director in the summer: I continue

to have a foot in both camps.

My own agenda is very much aligned to that which I have orchestrated before, with perhaps greater emphasis in collaborative working with other acute trusts to ensure we can achieve a better work/home life balance, but also increase Consultant-led care. This collaboration will principally be for out of hours cover, but there is a need to ensure that single-handed core clinical services become a thing of the past. We will have to evolve with the changes in the health service, as we meet the expectations of our patients. There is a wide variety of clinical services where we will need to share the emergency clinical service, which includes ENT, Ophthalmology and a number of subspecialty areas falling under the old description of 'General Surgery'. There are modern services where we are needed by our neighbours to support the national agenda, such as acute stroke: It is not all one way traffic!

The development of the Trust's Clinical Strategy will be a major focus of my endeavours, as we experience changes in the provision of care from the acute sector to the community. Whatever we do we must do well, in terms of both quality and value for money. I am hopeful that I will make best use of this opportunity, and my previous experience as a clinician and a manager, to support the Trust as we move into a new era of healthcare.

**Mr Paul Lear**  
**Medical Director**

## New urology services launched

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Patients are reviewed by Mr Afzal in the morning followed by an IPPS and Uroflow Studies by the Specialist Nurses.

Trans Rectal Ultrasound and Biopsy is performed later in the afternoon and patients can go home on the same day.

Mr Afzal said: "At the moment patients are chosen from the urgent referrals but soon this would also be available on the Choose and Book/ PAS. This service is benefiting patients by reducing their hospital appointments and will also help the Trust to

minimize the cancer breaches."

The indications for the referral to this clinic are:

- Age specific raised PSA
- Digital rectal abnormality
- Age less than 75 years
- Reasonably fit and healthy
- Not on any anti coagulation

For more information about these new services please contact Mr Afzal on 01305 255467 or [naveed.afzal@dchft.nhs.uk](mailto:naveed.afzal@dchft.nhs.uk)

# Rapid recovery for hip patients

**Hip replacement patients at Dorset County Hospital are now able to get up and about and return home within a few days thanks to a rapid recovery programme.**

Led by Consultant Orthopaedic Surgeon Mr Peter Ward, the Rapid Hip Programme has been developed to allow most patients to be safely discharged within three or four days. Sometimes patients are ready to go home in just one or two days.

Mrs Susan Fuhrmann, 57, from Weymouth (pictured here with Mr Ward), was up and walking just four hours after her hip replacement operation and discharged home the next day.

She said she was amazed at how quickly she recovered and wants to reassure others facing the same surgery: "Hip replacement surgery is a major operation and people may worry that they will be out of action for weeks afterwards. But I came in for my operation one day and was home the next.

"The day I had it done I was able to walk around the nurses' station on the ward and by the next day I was ready to go home, it was fantastic. Three or four days later I was walking without crutches and now I'm driving again.

"Mr Ward is a fantastic surgeon and the whole experience has been really brilliant.

"The pain I was living with before my operation was unbelievable, it was impacting on every aspect of my life. This hip replacement has given me my life back."



Mr Ward said team work made a swift recovery for patients possible: "A team approach, with the patient at the centre, involving physiotherapists, occupational therapists and the nursing staff is essential. "Our figures continue to improve. In May our patients were in hospital for an average of three days. Earlier mobilisation is safer practice, benefiting all involved.

"In recent years lengths of stay have fallen but new drives concentrating on patient education and expectations linked to changing anaesthetic and nursing practice allows remarkably short stays after major surgery.

"With an organised approach and well motivated patients we hope to see more and more hip and knee replacement patients achieving very early discharge.

"Mrs Fuhrmann is an excellent example of what can be achieved and is a fantastic role model for future patients."

Please note that all referrals to Haematology should now be sent directly to Central Appointments at Dorset County Hospital. Please do not send referrals direct to the Haematology Department as the appointments are now being managed centrally by the appointments team.

**Lisa Davison  
Outpatient Access Manager**

# GP Education and Training

**The Thomas Sydenham Education Centre is a purpose built facility on the ground floor of East Wing at Dorset County Hospital.**

We regularly host educational events for GPs including monthly Grand Rounds, various full and half day lectures and workshops. Annually we host the very popular GP Refresher Week.

All GPs are welcome to attend our events and the sessions are free to WGPET members.

We provide flexible, innovative education to meet the learning needs of our local GPs.

We have a wealth of experienced presenters including our hospital consultants and other local and national speakers. If you would like us to cover a particular topic then please let us know; we are keen to be responsive to your needs.

We have had many requests for

presentations to go on to our GP webpage so we will continue to use this as the central point of access for any presentations and handouts:

<http://www.dchft.nhs.uk/gp/education.html>

The GP Bulletin will include regular articles about forthcoming events will also be available on our webpage.

If you have any queries or would like to be booked on to an event then please do email or call me, contact details below.

If you would like to be added to our GP email list then please let me know which email address you would prefer me to use.

**Judy Crabb**  
**Medical Education Manager**  
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## **Wessex GP Educational Trust (WGPET)**

If you require more information regarding WGPET funding please look on the website <http://www.wgpets.co.uk/>

This is a fantastic resource listing all the educational events across Dorset Hampshire and Wiltshire.

## **Dorset GP Centre website**

The GP Centre have developed a website for Dorset GPs: [www.dorsetgpcentre.com](http://www.dorsetgpcentre.com)

It is full of really useful and up to date information including events calendars for Dorchester, Poole and Bournemouth.

## **Cancellation Policy**

We have had to reintroduce a stricter cancellation policy with holding cheques for all events as many people were booking but then not attending the events resulting in very low numbers.

This undermines the goodwill from the consultant teams who have reorganised their clinics and theatre lists and leads to frustration and disappointment.

We understand that priorities change but please do let us know if you cannot attend.

# New GP Tutor takes the helm

Dr Julie Henshelwood has stepped down from the role of GP Tutor to free up time to help care for her elderly mother.

Dr Peter Blick (GP Tutor for Bournemouth) has taken over until a new Tutor is appointed next year.

Julie said: "I have really enjoyed working with you all as Tutor and would like to thank you for all your support and ideas. I look forward to seeing you at future events."

# Deanery appoints programme director

Dr Will Bowditch has been appointed by Wessex Deanery as programme director for the ST 1 and 2 years of GP vocational training.

This role is to focus on those trainees in the schemes linked with Dorset County Hospital. Will is a GP in Weymouth and is associated with the GP Centre in Bournemouth University.

The role is to help run the day release course in Bournemouth for the monthly ST1 and 2 group work and lectures as well as the educational supervision of local GP trainees both in their hospital and GP placement during their first two years. This post will

encourage better communication between deanery, DCH, GPs, GP trainers, trainers groups and trainees across the West of Dorset.

Will can be contacted via the website [www.dorsetgpcentre.com](http://www.dorsetgpcentre.com) or via the GP centre:

Dorset GP Centre  
Bournemouth University, Royal London House, Christchurch Road, Bournemouth, Dorset, BH1 3LT.  
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Tel: 01202 962165

## Neurology education event

NHS Dorset in partnership with the Education Centre at Dorset County Hospital are hosting a neurology education event for GPs and healthcare professionals on neurological long term conditions - date to be confirmed.

With Dr Ralph Gregory chairing, the event will introduce the most common neurological conditions such as Parkinson's disease, Multiple sclerosis, Epilepsy, Motor Neurone Disease, Progressive Supranuclear Palsy, Huntington's disease and Acquired Brain Injury.

Specialists will present on the complexity of each condition, including the physiology, recognising symptoms, the diagnosis, treatment options and the involvement and support of the Multi Disciplinary Team.

There is also an opportunity to be involved in the 'Grand Round' after lunch with secondary care professionals to analyse and devise a patient's journey through each phase from diagnosis, maintenance, complex to palliative.

Please contact Judy Crabb if you would like to attend on 01305 255258 or [judy.crabb@dchft.nhs.uk](mailto:judy.crabb@dchft.nhs.uk)

### Pain in primary care lecture

A lecture entitled 'Persistent Pain in Primary Care and a Community Service - Early Intervention and Supported Self Care' is being held on 18 April 2012 from 9am to 5pm. The aim is to enhance GP awareness and confidence in supporting patients from the onset of pain with management techniques to prevent chronicity and long-term dependence. National and local speakers to be confirmed. Email Judy Crabb for details on [judy.crabb@dchft.nhs.uk](mailto:judy.crabb@dchft.nhs.uk)

### Update on antenatal screening

There will be an update on antenatal screening for GPs on 12 September 2012. The lecture will include inherited disorders, congenital anomalies and infections. The session will also cover the management of common medical problems in pregnancy, including prescription advice. Speakers will include Consultants Miss Audrey Ryan and Miss Catherine Pappin and Midwife Janet Johns. Please email Judy Crabb for details on [judy.crabb@dchft.nhs.uk](mailto:judy.crabb@dchft.nhs.uk)

# Improvements in stroke care

**Excellent progress has been made this year at DCH to further improve Stroke Patient Care.**

The integrated 23 bed Stroke Unit is running well and we have now exceeded the National Target of 80% of stroke patients spending 90% of their hospital stay in a Stroke unit. We are now working towards the 'South West's Ambition' target of 90%. This has been achieved by improving internal processes and ensuring, wherever possible, patients are transferred straight from the Emergency Department to the Stroke Unit. We are currently investing in monitoring equipment and training the Nursing staff on the unit in thrombolytic care to enable us to carry out this treatment in the unit for those patients who meet the criteria, rather than caring for them in HDU for 24 hours, as we do now. This will be implemented during November and will ensure the patient has immediate access to the specialist stroke team.

Dr John Chambers joined the Stroke Consultant team in September. His appointment will now enable the Trust to provide of a fully fledged 7 day service for TIA. Our Specialist Stroke Nurse has also been working closely with GP practices and the hospital Bed Bureau to ensure we have a robust referral pathway to the service. We



welcome any feedback or queries from GP colleagues regarding the Stroke and TIA services we provide.

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**Divisional Manager - Medicine**  
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## Making the best use of radiology services

The latest version of our Referral Guidelines are available online via our website. We have moved the link to make it more accessible. It can now be found on the front page of the GP information page or direct via this link:

<http://www.dchft.nhs.uk/gp/gpindex.html>

The guide is designed to help clinicians determine the most appropriate imaging investigations for a wide range of clinical problems and we are sure you will find it useful.

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# New consultants in general surgery

**Following the retirement of Mr Chris Gosling, Mr Michael Graham and the departure of Mr Mark Watson, the department of general surgery has recently appointed four consultants into these vacant posts.**

We would like to welcome Mr Anjay Talwar, who, having undertaken a rectal cancer fellowship in Basingstoke, has joined the Colorectal Team.

Mr Robin Windhaber, previously from Bournemouth, where he has recently completed his specialist vascular training, is now supporting Mr Nick Lagattolla in the Vascular Team.

Robin will be introducing EVAR (endoscopic aortic aneurysm repair) and will be taking the lead for vascular access within the trust.

Caroline Osborne, already an established oncoplastic breast surgeon in Yeovil, will be visiting us for a day each week, alongside Mr Tomasz Graji, in the post of locum consultant breast surgeon. Tomasz joins us on a secondment from Broomfield hospital.

Both breast surgeons will bring modern breast surgical techniques, including ultrasound assessment in outpatients. Sentinel lymph node biopsies and oncoplastic breast reconstruction techniques.

Tomasz and Caroline joined us in October. I am looking forward to working closely with them over the coming years, to further improve the range of services available to the local West Dorset population.

**Mr M Lewis MB BS FRCS  
Clinical Director  
Dorset County Hospital**

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# Changes in HIT screening policy

**I am writing to let you know of a change in policy for all patients sent home on prophylactic doses of Clexane.**

Following a new protocol developed in Salisbury, an exemplar hospital in VTE prophylactic measures, and further to discussion with our Haematology Department, I am delighted to report that we no longer need to check platelet counts following discharge.

As you are aware, we were recently advised to adopt this platelet screening.

I apologise for the confusion this may cause but I am very happy to state this will no longer be required.

This is essentially because the incidents of HIT in patients on prophylactic doses are infinitesimally small and a fall in platelet count is often a late sign of any thrombosis that might occur.

Patients will of course be advised of the need to seek immediate attention should they develop swelling, pain, discolouration etc. in any limb whilst on Clexane.

I am sure we all agree that this will certainly simplify post operative management.

**Mr Peter Ward FRCS  
Consultant Orthopaedic Surgeon/  
VTE Chair**

**For more information about Dorset County Hospital you can visit the GP section of our website here <http://www.dchft.nhs.uk/gp/gpindex.html>**

## Staff changes in elderly care and stroke services

Following the retirement from the NHS of Dr Andrew Webb, the following changes of Consultant and Consultant responsibilities have taken place.

Dr John Chambers has joined the Department as Consultant in Elderly Medicine and Stroke. Dr Chambers will work a slightly modified version of Dr Rob Williams' timetable including acute Stroke, acute Elderly Care, TIA service, Blandford Community (shared with Dr Sixsmith) and Blandford Outpatients.

Dr Rob Williams will work a modified version

of Dr Andrew Webb's timetable, including acute Elderly Care, DCH dementia service and Bridport Community Hospital Inpatients. Dr Claire Sixsmith will retain her previous responsibilities overall (acute Elderly Care, Falls lead, TIA Service, Parkinson's Outpatients, and Sheborne Community Inpatients).

Dr Harald Proeschel will continue his current role and remain Stroke Lead.

Dr Peter Bruce-Jones will continue his current role, and remain Ortho-geriatric and Parkinson's Leads.

## Performance against national targets

Performance has steadily improved this year and during quarter 2 (July to September) the Trust achieved all but one of the performance standards monitored nationally. The table below shows our performance against national targets. The first 18 week standard shows as red despite the final result because Trusts fail the quarter as a whole if they fail to hit the target in one month during the quarter.

Domain	Standards	Plan 2011/12	Qtr 2	Oct-11
<b>Patient Safety</b>	Methicillin resistant Staphylococcus Aureus (MRSA) bacteraemia - hospital acquired - post 48hrs	2	0	0
<b>Patient Safety</b>	C-diff hospital acquired (post 72 hours)	45	3	1
<b>Patient Experience</b>	18 week Referral To Treatment waiting times - Admitted 95th percentile	23 weeks	22.2	17.5
<b>Patient Experience</b>	18 week Referral To Treatment waiting times - Non-Admitted 95th percentile	18.3 weeks	17.5	17.5
<b>Patient Effectiveness</b>	All Cancers - 14 day from urgent GP referral to first seen	93%	98.1%	98.6%
<b>Patient Effectiveness</b>	All Cancers - 14 day from GP referral to first seen (breast symptoms)	93%	95.1%	97.3%
<b>Patient Effectiveness</b>	All Cancers - 31 day diagnosis to first treatment	96%	100.0%	99.3%
<b>Patient Effectiveness</b>	All Cancers - 31 day DTT for subsequent treatment -Surgery	94%	100.0%	100.0%
<b>Patient Effectiveness</b>	All Cancers - 31 day DTT for subsequent treatment - Chemotherapy	98%	100.0%	100.0%
<b>Patient Effectiveness</b>	All Cancers - 31 day DTT for subsequent treatment - Radiotherapy / other palliative	94%	100.0%	100.0%
<b>Patient Effectiveness</b>	All Cancers - 62 day referral to treatment following an urgent referral from GP	85%	90.5%	89.2%
<b>Patient Effectiveness</b>	All Cancers - 62 day referral to treatment following a referral from screening service	90%	76.7%	100.0%
<b>Patient Effectiveness</b>	Emergency Department - Maximum waiting time of four hours from arrival to admission / transfer / discharge (DCH only)	95%	99.0%	98.5%