



*The monthly hospital update for general practitioners*

# GP Bulletin

## Turnaround Plan update

As you are aware, we have been working on a turnaround plan for Dorset County Hospital which addresses our ongoing financial problems through solutions that are practical and sustainable for the future.

Our aim is to maintain broadly the same range of services and restore DCH to full financial health by 2011/12. In essence we need to make better use of our resources, while ensuring that high standards of patient care are maintained.

Our turnaround plan is being presented to Monitor (the independent regulator of Foundation Trusts) on Thursday, 10 December. We intend to send a full briefing out to all our stakeholders once we have received feedback about the plan from Monitor, so we will keep you updated.

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## New Vice Chairman appointed



Trust Non-executive Director Roderick Knight has been appointed as Interim Vice Chairman of the Board.

He was recommended by the Nomination Committee of the Council of Governors and this recommendation was ratified by the full Council on 16 November.

Roderick has over 30 years' experience in the management and delivery of social care services. He is a former Head of Local Authority Community Care and Adult Services, and previously a member of the Professional and Executive Committee of the local PCT.

He has been a non-executive director at Dorset County Hospital since 2004.

## REI sister wins national competition

Deputy Ophthalmic Sister Tracy Glen won a prestigious national eye-care award for her work helping Dorset patients.

As part of the prize Tracy flew to San Francisco to take part in a global meeting of specialists to discuss the latest developments in ophthalmic patient-care.

The national competition was judged by a senior panel of ophthalmic nurses from the Royal College of Nursing. Tracy was chosen because of the considerable preventative awareness she and her team have communicated to Dorset patients about specific eye-conditions, particularly Wet Macular Degeneration.

The US trip allowed Tracy to discuss current evidence based practice for different eye diseases and assess global views on future practice developments. It also provided a great chance to network with other ophthalmic nurses.

The Royal Eye Infirmary at Dorset County Hospital offers a full range of leading eye-care assessments and treatments, all of which Tracy is closely involved with. A 'Rapid Access' phoneline that receives phone calls referring patients through Wet Age-Related Macular Degeneration symptoms has been available for the last 12 months and has proven extremely successful (Helpline number: 0845 241 2041). Tracy has also worked hard with colleagues to design a new 'Clean Room' within the department where qualified staff carry out intra-vitreous injections for the treatment of Wet AMD.

Tracy said: "I was delighted to be recognised by the Royal College of Nursing, but this award would not have been possible without the great team I work with at Dorset County Hospital. It's only with their professional capability that we've been able to consistently offer the best level of patient care."

## Putting patient safety first at DCH



We all know that healthcare can be a risky business and here at DCH we have joined a campaign to make being a patient here as safe as it can be.

The Trust has signed up to the Patient Safety First Campaign and, in addition, the South West Strategic Health Authority Quality and Patient Safety Improvement Programme.

The work is divided into different workstreams; these include peri-operative care, medicines management, critical care and the management of general ward

patients. This is all overseen by a leadership group consisting of the Chief Executive, Board Members and other senior staff from across the Trust.

One strand of the work is that of the Leadership Patient Safety Walkarounds. These have already begun and very good feedback has been received from the areas visited. These are an opportunity for staff to meet with members of the leadership group and talk through any issues related to patient safety that they have within their area. A plan is then agreed to take these issues forward.

## Outpatient wristbands



The correct identification of patients prior to any intervention promotes patient safety and is an essential and integral part of patient care. It promotes patient safety by reducing the potential risk for errors by means of matching patients to their care/treatment

Wristbands identifying core patient details are used to identify hospital inpatients during their care and treatment.

This practice has now been extended to incorporate outpatients departments in Dorset County Hospital.

The wristband is generated when the patient first arrives at their outpatient appointment from PAS. It will contain core

patient identifiers including their National Health Service Number (in bar coded format) and is a criterion which meets and supports requirements advocated by the National Patient Safety Agency to improve patient safety. Core information includes name, date of birth and hospital location – for example Orthopaedic Outpatients.

Safe clinical treatment of any patient relies on the information held, either on paper or in electronic form, about that patient. Use of the NHS number as a unique identifier will reduce the risks to patients arising from lost records and similarities in patients' names and other personal data. It is crucial that each patient is identified correctly every time – using the NHS number is the best way to do this.

Upon arrival for an appointment, the patient identity and patient details will be taken/confirmed by the appropriate clerical staff. Confirmation of these details will be made against those details found on an ID wristband.

During the outpatient event, repeated checks of patient details against those contained on the wristband will be made in order to minimise the risk of patient misidentification/risk to patient safety. These checks will be taken by the nursing staff prior to consultation and/or any intervention in the outpatient area, such as phlebotomy or any other outpatient tests or investigations. The checks may be visual or by scanning the barcode depending on the circumstances. This process does not remove the healthcare professional's responsibility for checking patient identity but acts as validation of identity.

Once the appointment and any tests and/or investigations related to the consultation are complete the patient can dispose of the wristband before they leave the clinic area by either returning it to the receptionist or placing it in the receptacle provided.

An additional benefit and enhancement to patient safety and matching patients to their care is the ability to read the bar code on the wristband to retrieve electronically held patient records. The bar coded wristband can also be scanned to generate patient specific labels and forms containing the patient core details held within the wristband or record. This reduces the risk of the form or sample being incorrectly labelled or misread due to handwriting.

It is recognised there will be situations where a patient may not wish to wear a wristband. Where the patient chooses not to wear a wrist band, the patient must be informed of the benefits of and potential risks of not wearing an ID wristband by a member of staff involved in the patients care

The wristbands are biodegradable and are allergy free. The wristbands will be introduced first in the Orthopaedic outpatients department and then rolled out across the Trust.

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## **Rapid access atrial fibrillation/flutter service**

### **Who is this service for?**

Patients with new onset and persistent atrial fibrillation/flutter

### **Who is excluded?**

Patients who are acutely unwell may need to be treated as an in-patient in the first instance. Patients with paroxysmal atrial fibrillation/flutter; they should be referred for an appointment with a cardiologist.

### **What is the purpose of the service?**

To ensure timely investigation of atrial fibrillation/flutter, provide patients with education regarding their condition and establish whether rate or rhythm control is the best strategy. We aim to see patients within 4 weeks of referral, which helps to minimise delay if patients are suitable for DC Cardioversion. DC Cardioversion with new onset atrial fibrillation/flutter has a much higher success rate with those who receive the treatment within the first few months. You will see from the Atrial Fibrillation/Flutter Pathway that, where possible, rate-

control/anti-coagulation should be considered and where appropriate, initiated at the point of referral.

### **How do you refer a patient?**

There is a concise referral form that should be faxed through to Kay Elliott (British Heart Foundation Arrhythmia Nurse Specialist) with a copy of the patient's ECG. All GP practices were sent copies of the referral form when the service was initially set up. If you would like to be emailed a copy then please contact: [kay.elliott@dchft.nhs.uk](mailto:kay.elliott@dchft.nhs.uk).

### **Is using 'Choose and Book' the same?**

Although suitable patients get referred into the service the patients may experience unnecessary delay in the process. It is better, where possible, to fax a referral directly into the service.

### **What happens once the referral has been received?**

Patients will be offered a 'One-Stop' appointment where they will have an ECG, Echocardiogram and an appointment in Cardiology Clinic with the BHF Arrhythmia Nurse Specialist. At the end of this process patients will have a treatment plan (rate or rhythm control) and a clinic letter to their GP will outline the outcome of their assessment and advice regarding onward management/medication changes, where indicated. Patients will either be discharged back to primary care, listed for a DC Cardioversion attempt or other cardiology follow-up.

### **What if I have further questions or want advice regarding a patient I would like to refer?**

Kay Elliott (BHF Arrhythmia Nurse Specialist) would be happy to discuss further questions either by telephone 01305 254920 or email: [kay.elliott@dchft.nhs.uk](mailto:kay.elliott@dchft.nhs.uk). There are also some useful flowcharts at the end of this newsletter.

## **Training together to tackle emergencies**



A multi-professional emergency skills training day in maternity has proved to be a great success. The training day is called PROMPT – Practical Obstetric Multi-Professional Training. Consultant Obstetrician and Gynaecologist Audrey Ryan said: "On each day we have a consultant obstetrician, middle grade obstetrician and SHO, plus eight midwives, three student midwives and three maternity support workers. "The course facilitators are myself, Dr Rob Swanton and Dr Karina Maclachlan (consultant anaesthetists) and Hilary Fletcher and Grace Martin (midwives).

"In the morning we have lectures on obstetric emergencies and a workshop on CTG monitoring (baby heartbeat monitoring used in labour). In the afternoon we run scenarios, using the student midwives as actors, of obstetric emergencies such as haemorrhage. In doing this we look at teamwork skills, clinical management and communication with each other but also with our 'patients', who give us feedback.

“We also use dummies to practise delivering babies in difficult circumstances, such as breech (bottom-first).

“This course was designed in Bristol, where its use has been proven to improve reactions to emergencies in the maternity department and to improve the outcomes for babies. We have adapted it for use here, and we’re looking forward to offering all our staff a place on the course each year so that they can keep up their skills. We are lucky in the UK, in that most women having a baby will have a positive experience, and emergencies are uncommon. This means that it is even more important for us to practise so that we are ready when they happen. We know from the Healthcare Commission report that Dorset County Hospital offers one of the best maternity services in the UK, and we see this course as another way to maintain our excellence.”

Pictured are training day participants, from left, anaesthetist Karina Maclachlan, midwife Hilary Fletcher, obstetrician Audrey Ryan and midwife Grace Martin. Photograph by Greg Cameron-Day.

## **ENT shows good compliance with guidelines**

The National Institute for Health and Clinical Excellence (NICE) gives national guidance to clinicians on the most appropriate treatment and care of patients with specific diseases and conditions.

In February 2008 they issued guidance (Clinical Guideline 60) on how to manage children with Otitis Media with Effusion (OME) (a build up of fluid in their middle ear). The guidelines give a clear pathway of care for children. As well as ensuring that surgery (putting in grommets) is only offered to the children who will benefit most, it also states which treatments are not effective and should not be used e.g. antibiotics, decongestants and antihistamines.

Andrew Boyd and Matthew Grist (two of our GP trainees) under the guidance of Richard Sim, Consultant ENT surgeon, decided to audit how well the team at Dorset County Hospital complies with these national guidelines.

They looked closely at the care of 41 children who had grommets placed. The audit showed good compliance with NICE guidelines: all patients were offered appropriate advice leaflets and had undergone the recommended audiological investigations to confirm the diagnosis.

The majority of patients who had grommets placed fulfilled all of the criteria recommended by NICE. Areas where less than 100% compliance was achieved have been identified and will be reassessed next year. Interestingly, three of the children had been prescribed antibiotics, but these were given to them by their GP rather than an ENT surgeon.

This audit is an excellent example of how clinical audit can be used to monitor the quality of clinical care and adherence to national guidelines. It reassures our patients that we are up to date in our approach to managing OME and that children are not undergoing unnecessary surgery. NICE frequently develop audit tools for individual pieces of guidance to assist clinicians wishing to audit NICE guidance.

If you would like to share examples of good audit practice from your specialty then please contact me: [Pamela.Ellis@dchft.nhs.uk](mailto:Pamela.Ellis@dchft.nhs.uk). Support in planning and running audit projects is available from the Clinical Audit Department +ClinicalAuditDept@dchft.nhs.uk.

**Pamela Ellis**  
**Chair, Clinical Audit Committee**

## Forthcoming GP lectures

The programme of GP lectures continues at Dorset County Hospital's Education Centre. For more information about any of the lectures below, or to book a place, please contact Judy Crabb on 01305 255258 or [judy.crabb@dchft.nhs.uk](mailto:judy.crabb@dchft.nhs.uk) You can also find out more on our website at <http://www.dchft.nhs.uk/gp/education.html>

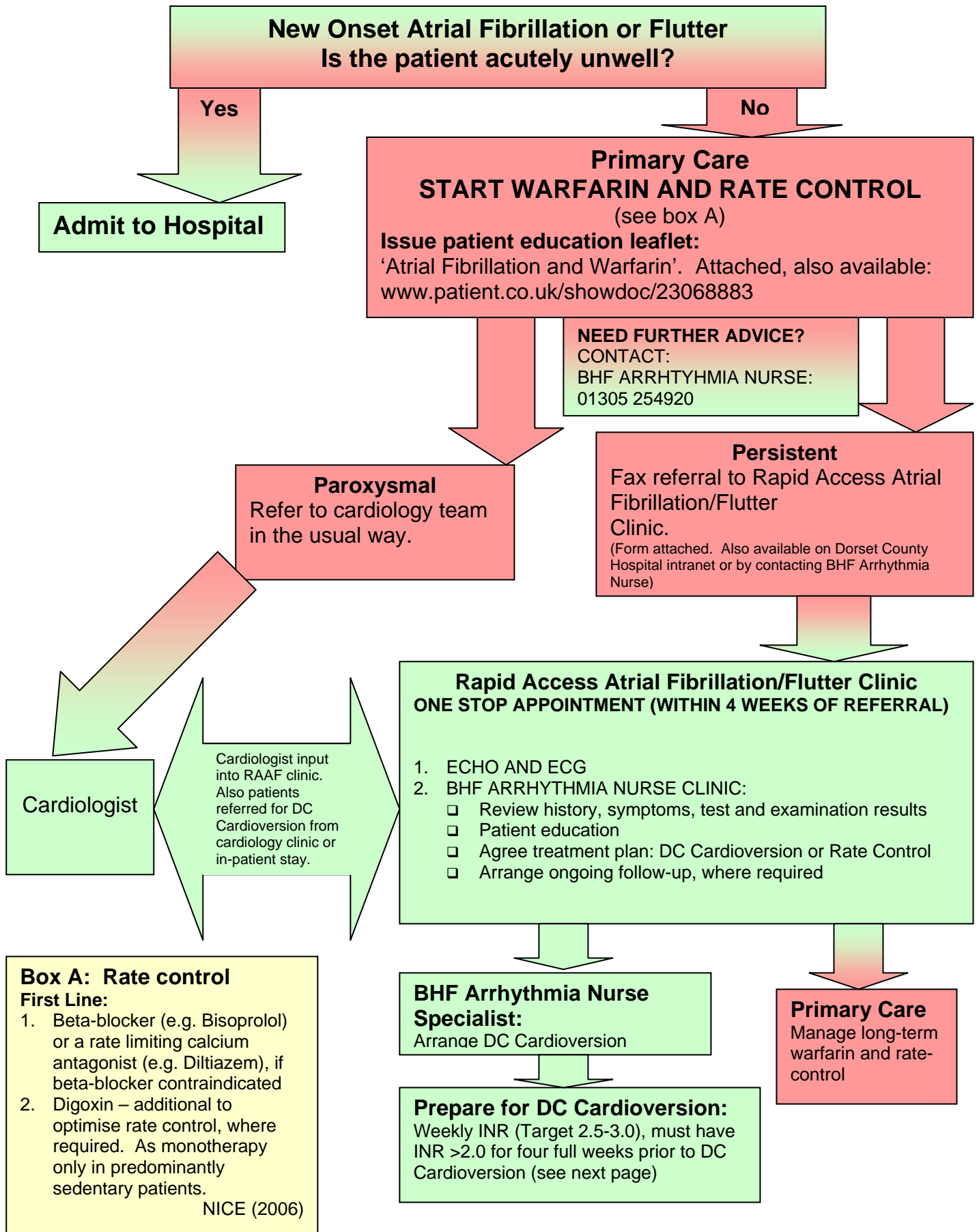
- 8 January 2010 – Mr Stephen Andrews, Urology
- 10 February 2010 – Dr Paul Armitage, Clinical Director of Prisons
- 10 March 2010 – Dr Karen Steadman, Palliative Care Update
- 12 May 2010 – Mr Richard Sim, ENT
- 9 June 2010 – Dr Phil Parslow, Paediatrics
- 11 August 2010 – Dr David Knott, Joint Injections Workshop (places limited)
- 8 September 2010 – Ophthalmology
- 8 – 12 November 2010 – GP Refresher Week
- 10 November 2010 – Grand Round as part of GP Refresher Week
- 8 December 2010 - Cardiology

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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>

If there is anything else you would like to see on our website, or in this newsletter, please contact Communications Manager Susie Palmer on [susie.palmer@dchft.nhs.uk](mailto:susie.palmer@dchft.nhs.uk) or 01305 254683

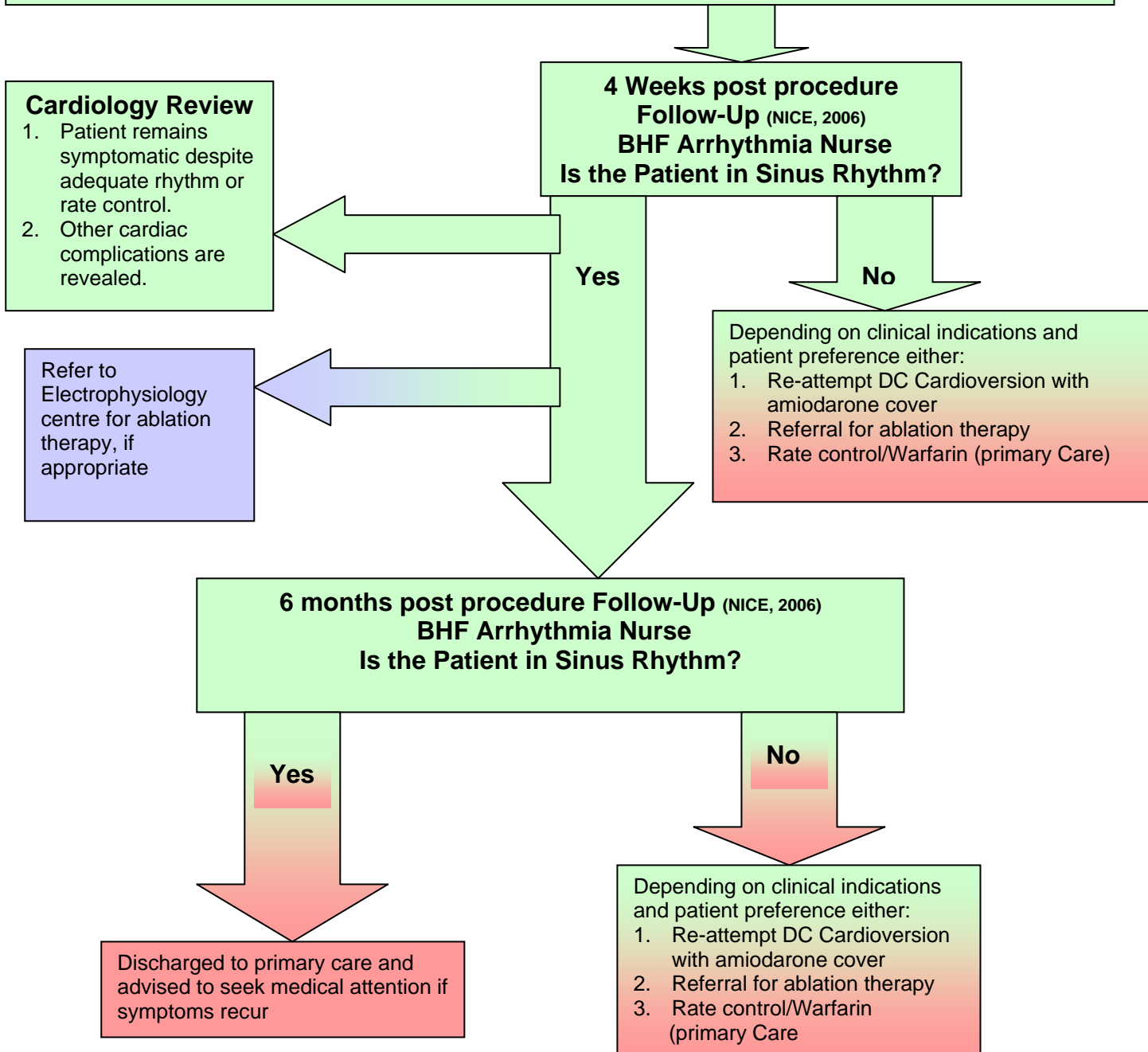
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**Box A: Rate control**  
**First Line:**  
 1. Beta-blocker (e.g. Bisoprolol) or a rate limiting calcium antagonist (e.g. Diltiazem), if beta-blocker contraindicated  
 2. Digoxin – additional to optimise rate control, where required. As monotherapy only in predominantly sedentary patients.  
 NICE (2006)

## DC Cardioversion – BHF ARRHYTHMIA NURSE/DAY SURGERY UNIT

- Procedure
  - Review of medications and treatment pre-discharge (Cardiology Specialist Registrar)
  - Review with BHF Arrhythmia Nurse at 4 weeks, ongoing treatment plan
- N.B. Maintaining a therapeutic INR during the four weeks post successful DC Cardioversion is important in terms of stroke risk reduction.



### Note:

Patients in sinus rhythm at one month will be offered a further follow-up at six months or sooner, depending upon their comorbidities and concomitant drug therapies. At each review the need for, and the risks and benefits of, continued anticoagulation will be considered, (NICE, 2006).