



The monthly hospital update for general practitioners

GP Bulletin

New initiative for people with mental illness



A small card is set to make a huge difference in helping people with mental health issues deal with everyday situations.

The Dorset Independent Carers' Forum and mental illness charity Rethink have produced a card that can be carried by sufferers and their carers to alert people to their difficulties and help make interactions easier. It is the size of a credit card and features the blue 'Rethink' logo.

The card is being launched at Dorset County Hospital on 8 February 2011. Initially it will be used in Dorset but Rethink hope to eventually introduce the scheme on a nationwide basis.

Carer and Forum member Julia Terry, who works at DCH, held an information session in Damers Restaurant recently with her son Will to spread the word. She explained where the idea for the card came from: "A carer described her experience of taking her husband for a chest x-ray. They arrived in the busy department and handed the x-ray form to the receptionist. The radiographer called the gentleman's name and asked him to go into a cubicle, remove his coat, shirt and jumper and await further instructions – not an unreasonable request to make of a healthy-looking 60 year old.

"But, for this particular gentleman, it was a situation that was frightening and he began to panic. His wife had to explain quickly that she would need to assist her husband. The waiting area was crowded and she was aware that her comment had attracted the interest of a number of people. She hoped that the radiographer would understand the situation without the need for further explanation – she is not ashamed of her husband's mental health problems, but did not want to embarrass him by describing them to the whole room. There was an awkward pause, whilst the two ladies struggled to communicate and then the radiographer responded in a sensitive way and took them both through to the x-ray machine.

"Every mental health service user and every carer will have had similar experiences, many of them far more traumatic than this. We choose our words carefully, resort to inventive

non-verbal communication and leave the scene of our embarrassment as quickly as possible.

“The Independent Carers’ Forum listened to this story and discussed ways of improving such encounters. Our solution is a card that can be carried by both mental health service users and carers. It is the size of a credit card and the wording on it will help to reduce the difficulties we face every day.

“We think that this card only needs to have one word on it, but to be useful, it needs to be launched with lots of publicity. There is also space on the back so people can add information they think will be useful to them, such as contact details of carers for example.

“We would like people who carry it to feel that it opens doors for them and we believe that it will play a part in breaking down barriers and removing stigma. We hope that it will be helpful in all sorts of situations – when shopping, using public transport, eating out, accessing training and education as well as attending doctors, dentists and hospital appointments.”

For more information about the card please call Julia on 07890 648820 or email juliamterry@btinternet.com

Learning from the death of a child

Dorset families are being invited to take part in a project which aims to improve the services and support relatives receive following the death of a child.

Dorset County Hospital and Poole Hospital are leading the ‘Piecing it Together’ project, which will culminate in a free learning event being held in February, bringing together families, professionals, volunteers and community groups to develop skills and knowledge.

Lead Nurse for Paediatrics at Dorset County Hospital Allison Ryder said: “The death of a child is a devastating experience that has a permanent impact on everyone involved.

“We would like to get in touch with people who have been affected by the death of a child or young person and would be willing to share their experience or contribute to a learning event being held across Dorset.

“A key part of learning will be the contribution from anyone who has experienced the death of a child or young person under 21. We are appealing for parents, siblings, grandparents, or friends to work with us to help us understand and learn from their experience.

“We understand that this will be a very personal experience and everyone will feel able to contribute in different ways. We would welcome any type of contribution – this could be a letter, poem, picture, blog, video, discussion group or even a presentation.

“People can choose to contribute anonymously if they would prefer. We welcome any feedback that people want to share about any aspect of the care their family received.”

Anyone who is interested in taking part or wishes to talk with confidentially and anonymity should call Allison Ryder on 01305 254708 or Julie Tilsed on 01305 254263.

Chlamydia screening

To accommodate the introduction of new laboratory technology we will shortly be phasing in a new female Chlamydia collection kit. In future when you place an order for collection swabs you will be issued with the new containers (yellow top)/swabs. **PLEASE use up your stocks of the old (red topped tubes) collection kits first.**

When using the new kits please take endocervical samples in the usual way (see attached notes) and send to the laboratory via your normal route.

When using the new kits for eye swabs, please follow current practice by collecting the sample BEFORE adding any fluorescent material to the infected eye.

****Important Note:** The specimen tubes contain a mild irritant which should not come into contact with skin or eyes. In the event of contact wash skin thoroughly with water or wash eyes with water for at least 15 minutes. Seek medical advice.

Bowel cancer media campaign

You may have received notification from the Department of Health via Professor Mike Richards announcing the campaign to encourage people with bowel symptoms to present promptly at the GP surgery. The campaign is due to start on 31 January for 6 weeks and is aimed at encouraging people who have had these symptoms for at least three weeks to see their GP. The campaign will use television, radio and press to target people with symptoms or rectal bleeding and change in bowel habits to frequent loose stools.

The campaign is specifically asking individuals to see their GP if they have had their symptoms for at least three weeks. This is earlier than the NICE guidelines for fast track referrals for suspected bowel cancer which states 6 weeks. The letter from professor Mike Richards does state that these patients may well not need to be referred on to secondary care. We estimate that this campaign will increase our referral rate by at least 10%.

As you will be aware we receive a huge number of fast track referrals for suspected colorectal cancer and our current cancer yield from these referrals is only around 7%. These referrals currently cannot be sent via Choose & Book and because we are obliged to see them within 2 weeks this often results in the patients not being seen or assessed in the most appropriate clinic / setting.

In addition to the fast track referral route at DCH we offer a Choose & Book **Telephone Assessment / Straight to Test Service** and a Choose & Book Direct Access **Rectal Bleed Clinic**. As we can use Choose & Book for these services we can manage the flow of the service better according to clinical need and demand and feel that we offer a superior service to patients and GP's via these routes. Our current wait for the both these routes is usually no more than 10 days and often the patients can be assessed via these routes the following week. This does in fact mean that routine referrals referred this way can often be assessed quicker and more appropriately than the 2 week wait fast track referrals.

We would urge you therefore to please use the Colorectal Telephone Assessment / Straight to Test route via Choose & Book or the Direct Access Rectal Bleed Clinic via Choose & Book for as many patients as possible that you feel require an assessment of

their lower GI symptoms but particularly if you feel they do not meet the NICE guidelines for fast track referral. Attached to this newsletter is a quick guide.

Please do not hesitate to contact me on direct line 255273 or email harriet.wright@dchft.nhs.uk if you have any questions or concerns at all regarding the referral process.

Harriet Wright RN MSc
Consultant Colorectal Nurse

New Director of Operations



Patricia Miller has joined DCH as the new Director of Operations.

Patricia holds a Masters degree in Health Care Management from Manchester Business School, and is a graduate of the East of England Aspiring Directors Programme.

She has worked for the NHS for over 18 years and was a member of the senior management at Bedford Hospital NHS Trust where she worked for **nine** years: her last role there was as Interim Chief Operating Officer. She has led a range of innovative and successful initiatives to improve patient safety and quality and has a proven track record in turning around hospital departments in financial difficulty, without impacting on service provision.

She can be reached on patricia.miller@dchft.nhs.uk or 01305 254272. Her PA, Marie Dorton, can be reached on 01305 254643 or marie.dorton@dchft.nhs.uk

GP Education

For information about forthcoming lectures you can visit the GP education website at http://www.dorsetgpcentre.com/dorset_gps/courses_and_events/dorchester_gp_education or contact Judy Crabb in the DCH Education Centre on 01305 255258 or judy.crabb@dchft.nhs.uk

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 or 01305 254683

Endocervical samples for Chlamydia screening

1. **DO NOT WET SWAB IN THE COLLECTION FLUID BEFORE TAKING.****
 2. Cleaning excess mucus from the cervix os is required to assure an adequate sample for processing. Please use either a large-tipped cleaning swab or one of the swabs provided. Discard cleaning swab after use.
 3. To collect the specimen insert the other provided swab into the endocervical canal and gently rotate 5 times in one direction. Carefully withdraw the swab avoiding contact with the vaginal mucosa.
 4. Lower the swab specimen into the uncapped collection tube until the visible dark line on the swab shaft is aligned with the rim of the tube.
 5. Carefully lever the swab against the tube rim to break the swab shaft at the dark line. Discard the top portion of the swab.
 6. Tightly recap the media tube. The sample is ready for transport to the laboratory.
 7. Remember to fully label the sample and to place in sealed pocket of sample bag with completed request form in the other pocket.
- Please ensure that there is only one swab in the transport medium and that it is correctly broken off. Samples containing none or greater than one swab, or improperly broken swabs, will be rejected.
 - Do not discard the collection fluid from the transport tube. This fluid is necessary for the PCR process to take place. Discarding or spilling the fluid could result in a false negative result.
- ** Important Note:** The specimen tubes contain a mild irritant which should not come into contact with skin or eyes. In the event of contact wash skin thoroughly with water or wash eyes with water for at least 15 minutes. Seek medical advice.
- Avoid taking bloody or dark brown samples. Swab specimens containing a significant amount of blood may give false negative results.

SAFETY DATA SHEET

According to EC Directive 1907/2006/EC



COBAS PCR FEMALE SWAB 100 PKT IVD

Version 1.
Processing date 07/13/2009

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1. IDENTIFICATION OF THE SUBSTANCE/PREPARATION AND OF THE COMPANY/UNDERTAKING

Product information

Commercial Product Name:	COBAS PCR FEMALE SWAB 100 PKT IVD	
Mat.-No./ Genisys-No.:	05170516190	
Intended use:	Diagnostic product	
Company:	Roche Diagnostics Limited Charles Avenue Burgess Hill RH15 9RY West Sussex	
E-mail:	-	
Telephone:	+441444 256000	
Telefax:	+441444 256239	
Responsible Department:	+44 808 100 1920 +44 808 100 8010 -	
In case of emergencies: (Roche Diagnostics Ltd.)	Health, Safety & Environment - Product Safety / Vigilance -	+44 1444 256500 or +44 7802 260498 +44 1444 256561 or +44 7710 391653
Toxicology 24Hr help-line:	NPIS:	+44 844 892 0111
Health Advice 24Hr help-line:	NHS Direct:	+44 845 4647
	NHS 24:	+44 8454 242424

2. HAZARDS IDENTIFICATION

Risk advice to man and the environment

Is to be classified according to EEC directive 67/548 and 99/45 as hazardous.

The usual precautions taken when handling chemicals should be observed.

Classification: Harmful

Warnings: R22 Harmful if swallowed.
R36/38 Irritating to eyes and skin.

Note: slightly hazardous to water and ground

3. COMPOSITION/INFORMATION ON INGREDIENTS

Components

cobas PCR Media: 100 piece(s)

Labelling: Xn; R22-R36/38; S13-S26-S36-S46

Ingredients 36,55 % Guanidine Chloride; CAS-No. 50-01-1
Labelling: Xn ; R22-R36/38; S22

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4. FIRST AID MEASURES

General advice:	Show this safety data sheet to the doctor in attendance.
Inhalation:	Remove victim to fresh air, seek medical advice.
Skin contact:	Wash skin with water thoroughly or use a shower. Take off all contaminated clothing immediately.
Eye contact:	Promptly wash eyes with water for at least 15 minutes, seek medical advice.
Ingestion:	Seek medical advice.
Instructions for physician:	Symptomatic treatment by a physician.

5. FIRE-FIGHTING MEASURES

Extinguishing media:	No restriction. Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.
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6. ACCIDENTAL RELEASE MEASURES

Actions to be taken on spillage:	Absorb spilled substance with fluid binders. Send for disposal and clean up. Ensure the room is well ventilated.
Absorbent material:	Contain and collect spillage with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13).
Actions to be taken to limit damage:	Do not inhale vapour. Avoid contact with the substance. Prevent discharge of the product into the sewage system, cess pits and cellars. Do not allow water used for extinguishing to enter the ground water or run off into open water.

7. HANDLING AND STORAGE

Handling:	Substance or preparation itself does not burn. Open and handle vessels carefully.
Storage:	
Do not store together with:	No restriction.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Personal protective equipment

Eye protection:	Protection glasses
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Roche

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Hand protection: Protective gloves

Hygiene measures: Wash hands before breaks and at the end of workday.

9. PHYSICAL AND CHEMICAL PROPERTIES

cobas PCR Media

Form: liquid
Miscibility with water: completely miscible
pH: 7,5

10. STABILITY AND REACTIVITY

Hazardous reactions: None known when used appropriately.
Hazardous decomposition products: No data available

11. TOXICOLOGICAL INFORMATION

cobas PCR Media

Guanidine Chloride

Oral toxicity: LD50 rat 475 mg/kg
Toxicity (inhalation): LC50 rat 4 h 5,3 mg/l (4 h)
Toxicity (skin contact): LD50 rabbit > 2.000 mg/kg
Toxicity (others): LD50 intraperitoneal mouse 500 mg/kg

Toxicological information for the product

Harmful substance/product.

12. ECOLOGICAL INFORMATION

Water hazard class: 1 slightly hazardous to water and ground
Classification according to German regulations (VwVwS)

cobas PCR Media

Guanidine Chloride

Toxicity to fish : LC50 *Leuciscus idus* 1.759 mg/l (48 h)
Toxicity to bacteria: EC10 *Pseudomonas putida* 89 mg/l (18 h)
Value log P(o/w): <1,7
Biodegradability: < 70 % OECD Screening Test Poorly decomposed biologically.
Additional ecological information (ingredients): Do not allow to get into waste water or surface water.

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13. DISPOSAL CONSIDERATIONS

Waste disposal route: Remaining quantities can be disposed of in waste water, taking care to observe official threshold values.

Disposal of empty packaging: Empty packaging can be disposed of via local recycling channels.

14. TRANSPORT INFORMATION

Is not subject to current regulations for transportation of dangerous goods (ADR/RID, IMDG, IATA/ICAO)

15. REGULATORY INFORMATION

Labelling according to EC-Directives

Note: This product must be labeled in accordance with EEC directive 67/548 and 99/45.

Hazard symbol: Xn Harmful

Warnings: R22 Harmful if swallowed.

R36/38 Irritating to eyes and skin.

Safety advice: S13 Keep away from food, drink and animal feeding stuffs.

S26 In case of contact with eyes, rinse immediately with plenty of water and seek medical advice.

S36 Wear suitable protective clothing.

S46 If swallowed, seek medical advice immediately and show this container or label.

National regulations

German BetriebssicherheitsVO: Not subject to German Ordinance on Industrial Health and Safety (formerly Regulations on Flammable Liquids).

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16. OTHER INFORMATION

Further information

The information herein is believed to be correct as of the date hereof but is provided without warranty of any kind. The recipient of our product is responsible for ensuring that, where applicable, existing laws and guidelines are observed.

Colorectal service at Dorset County - Quick Guide for Referral

Patient's symptoms	Referral Route
<ul style="list-style-type: none"> • Any Rectal Bleeding 	<p>Rectal Bleed Clinic</p> <p>Choose & Book Direct Access Go to 'Diagnostic Endoscopy' then 'Flexible Sigmoidoscopy' then 'Rectal Bleed Clinic'</p> <p>OR</p> <p>Go to 'GI & Liver', then clinic type 'Colorectal Surgery' then 'Rectal Bleed Clinic – Flexible Sigmoidoscopy'</p>
<ul style="list-style-type: none"> • Any change in bowel habit • Abdominal Pain • Haemorrhoids or fissures without bleeding • Ano-rectal symptoms • Faecal incontinence / Pelvic Floor Dysfunction • Rectal prolapse • Weight loss and anorexia • Persistent increased flatus & bloating • Excessive PR mucus • Melaena • Borderline Unexplained Iron Deficiency Anaemia • Possible palpable rectal or abdominal mass • Assessment of family history of CA colon • Assessment for PMH colonic polyps • Non-specific Lower GI symptoms • Any other miscellaneous lower GI referrals 	<p>Telephone Assessment / Straight to Test Service</p> <p>Choose & Book Direct Access Go to 'GI & Liver', then clinic type 'Colorectal Surgery' then 'Colorectal Telephone Assessment'</p>
<ul style="list-style-type: none"> • Unexplained Iron deficiency anaemia • Persistent 6 weeks rectal bleeding and /or change in bowel habit to loose stools without anal symptoms patient over 60 yrs • Persistent 6 weeks rectal bleeding AND change in bowel habit to loose stools without anal symptoms patient 40 – 60 yrs • Definite palpable rectal or abdominal mass 	<p>Fast track 2 week-wait referrals to Centrals Referrals Department at DCH</p>