



The monthly hospital update for general practitioners

GP Bulletin

Osteoporosis Clinics Expanded



Dorset County Hospital is to run more bone density scanning clinics for people at risk of osteoporosis. The hospital is the only one in the area offering one-stop clinics, where patients have their scan and get their results along with individual advice about treatment all on the same day.

“Within a half hour appointment we perform the scan, carry out a fracture risk assessment, advise on treatment and address any lifestyle risk factors,” explains Jane Raleigh, Clinical Specialist in Rheumatology.

“Dorset has a high proportion of elderly people and the service is much needed.”

Extra sessions have been made possible by a grant from the National Osteoporosis Society, which gave funds for an osteoporosis practitioner to provide the service for more days of the week. Janice Risley started in the new role in December. As a qualified physiotherapist, she brings a wealth of knowledge and experience to the job.

“I have worked with people suffering the consequences of osteoporotic fractures and now relish the opportunity to facilitate the early

diagnosis and treatment of this debilitating condition,” says Janice.

The hospital currently operates the scanner two days a week and plans to increase that to four days by the summer.

Working alongside Osteoporosis Dorset, the Dorset County Hospital team have been instrumental in setting up the West Dorset Bone Health Group. Quarterly meetings take place in Poundbury, Dorchester offering support, education and advice for people with osteoporosis.

Osteoporosis Practitioner Janice Risley is pictured (standing) with a patient ready for her bone density scan and Jane Raleigh, Clinical Specialist in Rheumatology.

Forthcoming GP Lectures

The programme of GP lectures continues at Dorset County Hospital on March 17 with an update from the obstetrics and gynaecology team – including sessions on colposcopy and fertility.

The annual Respiratory Conference is on April 27 this year. Subjects for discussion include bronchiectasis, pulmonary oedema, hyperventilation syndrome, oxygen therapy and end of life care.

The second West Dorset Inter-professional Palliative Care Masterclass starts on March 18 and a two-day course on child protection is being held on June 8 and 9.

Another date for your diary is GP Refresher Week 2009, which gets under way on November 9.

For more information about these courses and booking details, visit the GP Education section of the DCH website at <http://www.dchft.nhs.uk/gp/education.html>

Unilateral Pleural Effusion Service

The Respiratory Department at DCH can now offer a full local service for the investigation and management of patients with unilateral pleural effusion.

After simple pleural aspiration, a diagnosis is not achieved in 40% of patients. It is possible to undertake CT guided biopsy in some patients if pleural aspiration is negative. However, there is no obvious CT target in many and a very significant number of patients remain undiagnosed despite these techniques. If so, the next step has usually been, in the past, to consider surgical (VATS) thoracoscopy, which is only available at Southampton.

However, it is now possible to undertake some of these cases locally by 'medical' thoracoscopy. This is done by one of the chest physicians under intravenous sedation and local anaesthesia in the Endoscopy Department. It involves inserting a rigid video-thoracoscope into the chest, usually via an incision in the axilla, under full aseptic technique. Pleural fluid can then be evacuated by suction, the hemithorax inspected and biopsies taken under direct vision to achieve a diagnosis.

At the end of the procedure talc powder can be insufflated to achieve a pleurodesis to prevent fluid reaccumulating, a technique that is more successful than the older technique of injecting talc slurry (talc in normal saline) via a chest drain (failure rate 30-40%).

The patient usually requires a 4-5 day stay in hospital. The department has now been offering this procedure for the last year. In addition to offering diagnosis and treatment at one sitting, it avoids the need for some patients to travel to Southampton and has the additional benefit of freeing up surgical time at Southampton for lung resections.

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New Orthopaedic Newsletter

Dorset County Hospital's Orthopaedic Unit has launched a new newsletter to keep you up to date with developments – the first edition is attached with this bulletin and is available on the DCH website here

<http://www.dchft.nhs.uk/gp/gpnewsletter/DorsetOrthoNewsFeb09.pdf>

The Dorset Orthopaedic Unit has doubled in size over the last seven years, increasing from four to eight consultants. It now offers a broad spectrum of sub-specialist orthopaedic consultants - the most recent addition being hands and foot and ankle surgery - and is able to provide a comprehensive orthopaedic service.

Dorset Orthopaedic News will keep you abreast of the unit's current capacity and real waiting times from referral to treatment as well as present interesting educational cases, reviews of current practices and provide an opportunity for patient feedback and outcome audits.

Change to X-ray Open Access Times

A reminder ... Diagnostic Imaging recently performed an audit of capacity and demand at DCH and found that most GP patients attend for x-ray open access in the morning.

Unfortunately this often coincided with the numerous clinics requiring imaging, which in turn led to increased waiting times for GP referrals, and caused clinics to overrun.

Therefore the department has shifted the time it allows direct GP access to the hours between 12pm – 5pm at DCH (Monday to Friday). This reduces waiting times and allows us to spread resources across the day, rather than concentrate them into a few 'frantic' hours.

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



A regular update from Dorset County Hospital's Orthopaedic Team

Dorset Orthopaedic News

Welcome to the first edition of Dorset Orthopaedic News

The Dorset Orthopaedic Unit has doubled in size over the last seven years, increasing from four to eight consultants. We now offer a broad spectrum of sub-specialist orthopaedic consultants - the most recent addition being hands and foot and ankle surgery - and are able to provide a comprehensive orthopaedic service.

Whilst current targets have stretched limited operative capacity within the hospital, we now have the go ahead to build two theatres, bringing the complement to four designated orthopaedic and trauma theatres. We believe this will 'future proof' our needs and allow us to serve our population in a timely fashion.

In order to build upon and improve communication between our unit and GPs we will be producing this regular newsletter. Through this newsletter we will keep you abreast of our current capacity and real waiting times from referral to treatment as well as present interesting educational cases, reviews of current practices and provide an opportunity for patient feedback and outcome audits. Any comments upon content and format etc would be most welcome. Please send comments or queries to Communications Manager Susie Palmer on susie.palmer@dchft.nhs.uk or 01305 254683.

Mr Peter Ward
Clinical Director
Musculoskeletal Services

Recent Audit Projects

DVT rates for total hip and total knee replacements 2008:

Total Hip Replacement **0.8%** Total knee Replacement **1.0%**

PE rate for total hip and total knee replacements 2008:

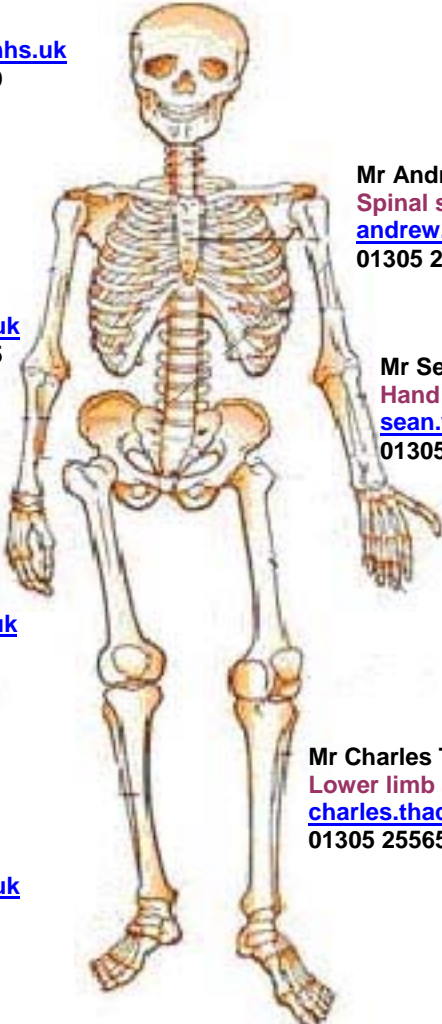
Total hip replacement **0.25%** Total knee replacement **0.65%**

Last quartile infection rate for total hip replacement: 0%

28-day re-admission rates for total knee replacement patients for orthopaedic reasons for 2007-2008: 0.3%

Day case foot and ankle surgery infection rate August 2007 to August 2008: 0.9%

Current Specialty Waiting Times




Outpatient wait 3.4 weeks	Mr Nicholas Fernandez Shoulder surgery nick.fernandez@dchft.nhs.uk Secretary:01305 255549				
Referral to Treatment 10.9 weeks					
Outpatient wait 2.7 weeks	Mr Peter Ward Hip revision peter.ward@dchft.nhs.uk Secretary:01305 255515		Mr Andrew Hilton Spinal surgery andrew.hilton@dchft.nhs.uk 01305 255546		Outpatient wait 5.7 weeks
Referral to Treatment 12.5 weeks					Referral to Treatment 13.1 weeks
Outpatient wait 5.9 weeks	Mr Ian Barlow knee surgery ian.barlow@dchft.nhs.uk 01305 255413		Mr Sean Walsh Hand surgery sean.walsh@dchft.nhs.uk 01305 254483		Outpatient wait 5.4 weeks
Referral to Treatment 14.1 weeks					Referral to Treatment 12.2 weeks
Outpatient wait 3.8 weeks	Mr Nicholas Savva Foot and ankle nick.savva@dchft.nhs.uk 01305 253171		Mr Charles Thacker Lower limb arthroplasty charles.thacker@dchft.nhs.uk 01305 255655		Outpatient wait 1.9 weeks
Referral to Treatment 11.3 weeks					Referral to Treatment 9.7 weeks

The 18-week patient pathway has been a significant hurdle for Orthopaedics and we thank you for helping us to achieve improved access times by accommodating variants for external providers.

New Foot and Ankle Website

The Foot and Ankle Team at Dorset County Hospital are pleased to announce the launch of their new website at <http://www.dchft.nhs.uk/footandankle/index.html>. This site, part of the main DCH website, contains information for doctors, patients and other healthcare professionals. It includes an advice sheet on radiographs required prior to clinic appointments for General Practitioners, information leaflets in a printable PDF format for patients and useful links to education and information websites.

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Foot and Ankle Orthopaedic Team

Welcome to the web pages for the Foot and Ankle Orthopaedic Team at Dorset County Hospital.

These pages are designed to allow patients, GPs and other medical professionals to seek information about foot and ankle conditions and operations. We have written patient information leaflets, care pathways and protocols as well as rehabilitation guides. There are also links to other useful websites.

We aim to enhance multi-disciplinary communication and hence improve patients' outcomes and satisfaction with their care.

There are several members of the team, including:

**Mr Nick Savva FRCS (Tr&Orth)
Consultant Orthopaedic Surgeon**

**Matt Flux BSc MCSP
Extended Scope Practitioner Physiotherapist**

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Coming Up in the Next Issue of Orthopaedic News ...

- **Focus on Slipped Upper Femoral Epiphysis**