



*The monthly hospital update for general practitioners*

# GP Bulletin

## Trust's recovery programme

As many of you will be aware, Dorset County Hospital NHS Foundation Trust is currently dealing with some serious financial problems. We ended the last financial year with a £1.8million deficit and are facing a projected £7.3million deficit this year.

The underlying problem is that while the Trust increased its staff cost over the last two to three years to improve patient services, we have not increased our income through doing extra clinical work as was hoped.

The result is that we have too many staff for the level of services we are providing as well as too many part-time staff, too much agency and overtime. We would like to be able to solve this problem through natural staff turnover, but turnover in this organisation is relatively low.

It is likely that there will have to be some job losses, but at this point no final plans have been agreed. We are currently examining the Trust's strategy and its future clinical shape to see where savings can be made because we must ensure that the quality of clinical services and patient safety is not undermined.

At the same time, we have to be confident that we have only essential backroom and support services. One early consequence is that the executive team has been restructured and numbers reduced.

Turnaround Director James Shillito has joined the Trust for a limited period to take our recovery programme forward. James is an experienced turnaround director and has worked in a number of industries, including two acute NHS trusts and two primary care trusts.

We will be implementing our recovery plan from now onwards with major changes over the winter. I will ensure that you are kept informed of any developments which will affect patient services – please be assured that maintaining the quality of services we provide is our priority.

**Derek Smith**  
**Interim Chief Executive**  
**01305 254645**  
[chief.executive@dchft.nhs.uk](mailto:chief.executive@dchft.nhs.uk)

## Measuring standards of care



Clinical Audit has an important role to play in measuring that we are providing high standards of clinical care.

This has been demonstrated by the Orthodontic Department who regularly measure their treatment outcomes and have shown consistently high levels of patient care.

The Orthodontic Department look closely at the outcomes of their treatment on an annual basis. Using a tool called the Peer Assessment Rating (PAR) Index the team

are able to score how poorly positioned the patients' teeth were before treatment with how well positioned they are after treatment. From this they are able to calculate a percentage of improvement.

National standards recommend that the majority of patients should have a reduction in PAR score of 70% or higher. In 2009 consultants in the Orthodontic Department at Dorset County Hospital achieved average PAR reduction scores of between 79 and 91%. This far exceeds national recommendations.

This is an excellent example of how audit can be used to monitor the quality of clinical care. Clinicians can be confident that they are maintaining personal standards and patients can be reassured that they are receiving the best possible care.

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](mailto:+ClinicalAuditDept@dchft.nhs.uk)

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

## New Down's syndrome screening introduced



The latest Down's syndrome screening for pregnant women has been introduced at DCH.

The combined test involves two parts - a blood test and Nuchal Translucency Scan (NT scan), and will assess whether new babies are at risk of being born with Down's syndrome.

The combined test is a more accurate form of screening than the traditional NT scan – research shows the new screening has a 90% detection rate compared to the 60% detection rate for the old test.

All pregnant women who book to deliver at Dorset County Hospital are offered a scan between 11-14 weeks of pregnancy. Scans are conducted at this stage to check the baby is developing correctly and accurately calculate the date birth-date.

Scans also assess the baby's heartbeat and check no abnormalities are developing. Screening for Down's syndrome is achieved by measuring a very thin film of fluid under the skin at the back of the baby's neck called the Nuchal Translucency.

All pregnant women are given written and verbal information about the screening offered for Down's syndrome and can choose to have no scan, a dating only scan or the combined screening. Women who choose to have the combined test are given an appointment in the Maternity Unit where a blood sample is obtained and sent to a specialist laboratory.

Following this they will have the NT scan. Women receive their results within 5 days for a 'low-risk' result and 3 days for a 'high-risk' result. Women with a high-risk result are contacted by the Antenatal Screening Co-ordinator and offered an appointment to be counselled about all their options.

Jane Hall, Antenatal and Screening Clinical Leader, said: "Traditional scans are only 60% effective - this new screening test is much more accurate and will substantially reduce the number of women whose babies are given a 'high-risk result' for Down's Syndrome. It is a tremendous decision to invest in this new screening process, which will greatly help expectant mothers in the region."

More information about Down's syndrome screening is available online at: [www.screening.nhs.uk](http://www.screening.nhs.uk) . The photo shows expectant mum Zoe Huckle with Jackie Nott, Senior Support Worker, and Jane Hall, Antenatal and Screening Clinical Leader.

## Top scores for GUM service

Excellent results have been awarded in a recent patient survey of Genitourinary Medicine (GUM) clinics run by Dorset County Hospital NHS Foundation Trust.

The survey included the DCH-led GUM and sexual health clinics in Weymouth, Dorchester, Bridport and Blandford.

Overall, patients reported an extremely high level of satisfaction with all aspects of care offered by the GUM clinics. In particular, 98-99% of patients felt they were treated well, their privacy respected, and that they were listened to and their views taken on board. The survey also highlighted that treatment was given in a clear and understandable way, and patients were involved in all decisions made about their care.

This survey demonstrates an extremely high-level of patient satisfaction with the GUM service provision and staff. In 2005, access to GUM clinics was identified as an NHS priority, with a target set nationally for all patients to be offered an appointment within 48 hours by March 2008. The West Dorset GUM service achieved this by December 2007, and has consistently reached it ever since.

The survey revealed that most patients are seen at a clinic time and place that suits them; however the GUM service recognises that there are patients in rural areas that are not easily able to access the clinics. It is working closely with NHS Dorset (PCT) to improve access to services, including closer links with the Contraceptive and Sexual Health (CASH) service and with general practice. Dorset County Hospital NHS Foundation Trust also regularly funds new techniques to ensure high-level patient care is available.

Recently text messaging has been incorporated as a clinic-patient communication tool – it's ideally suited to remind patients about appointments, send test results and contact

those needing possible treatment – and has been widely adopted in West Dorset GUM clinics run by the hospital. Since its launch last year, the scheme has improved attendance and supported patient care, especially among younger patients who may forget appointments or be worried that test results might be sent to their home addresses.

Genitourinary Medicine Consultant Cecilia Priestley said: “These are terrific results that highlight the professionalism and friendliness of all the staff, and their ability to provide patients with the best level of sexual health services. We’re pleased with the results, especially with the appreciative feedback about our brilliant staff. This is highlighted by the finding that, in spite of the highly personal nature of the specialty, 99% of patients feel that their privacy is respected. We also continually strive to improve facilities and will work with the Primary Care Trust to review our service, ensuring we continue to offer patients the very best level of care and treatment in future years.”

## Osteoporosis conference

A major medical conference on osteoporosis is being held in DCH’s Education Centre on 14 June 2010.

The conference is a joint venture between the Dorset County Osteoporosis Service and charity Osteoporosis Dorset.

Jane Raleigh, DCH Clinical Specialist in Rheumatology, said: “We have several internationally renowned speakers in the field of osteoporosis who are going to speak on the day. It is targeted at health professionals with an interest in osteoporosis - particularly GPs and hospital doctors/specialist nurses.

Please see the poster attached with this newsletter for full details about the conference.

## Barium enema referrals

Following the National Patient Safety Agency Alert issued in February this year (NPSA/2009/RR012 ) on the use of oral bowel preparation, the Diagnostic Imaging Department has examined its current practice.

In order to comply with the recommendations from the NPSA we need to be sure that the patient for Barium Enema is fit to undergo bowel preparation using Picolax. I enclose at the end of this newsletter an algorithm provided by the Royal College of Radiologist which you may find useful, and would ask you to ensure that on any referral for barium enema you detail in the ‘Clinical Information’ section whether this patient is fit for bowel preparation using Picolax.

If we do not have this information on the referral form, I am afraid that we will be required to return the form to you and ask for your clinical assessment as to the patient’s fitness for bowel prep.

**Dr Sally Scott**

**Clinical Director, Diagnostic Imaging**

[sally.scott@dchft.nhs.uk](mailto:sally.scott@dchft.nhs.uk)

## GP Refresher Week

A reminder that this year’s GP Refresher Week takes place from November 9 – 13. The event has been designed to focus on the top learning needs identified from your PDPs, therefore tailor-made to your requirements.

It promises to be a rewarding week full of essential GP Updates, offering the chance to share ideas and expertise regarding preparation for revalidation. Equally important, it will be an enjoyable relaxed week and an opportunity to meet with colleagues and old friends. Please send your booking forms back as soon as possible to secure a place as we hate to turn people away. Full details and booking forms are available on our website

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

We look forward to seeing you there.

**Dr Julie Henshelwood**

**GP Tutor**

**01305 255258, [julieeverritt@btinternet.com](mailto:julieeverritt@btinternet.com)**

**Judy Crabb**

**Medical Education Manager**

**01305 255258, [judy.crabb@dchft.nhs.uk](mailto:judy.crabb@dchft.nhs.uk)**

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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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# Managing Osteoporosis

## CONFERENCE 2010

Education Centre, Dorchester • 14 June

A **free** medical meeting for NHS staff working in the South West

**VENUE:** Education Centre, Dorset County Hospital NHS  
Foundation Trust, Dorchester

**DATE:** 14 June 2010

**TIME:** 8:45am - 4:30pm (registration from 8:15am)

CPD applied for  
GP Tutor Accredited Education applied for



**Osteoporosis Dorset**  
prevention through education

[www.osteodorset.org.uk/health\\_professionals.html](http://www.osteodorset.org.uk/health_professionals.html)

# Managing Osteoporosis CONFERENCE 2010

Education Centre, Dorchester • 14 June

08:15  
08:45

Registration In Reception And Coffee In Exhibition

Welcome / Introduction

*Sir Ian Carruthers, Chief Executive O.B.E., NHS South West, Taunton  
Chief Executive, Dorset County Hospital NHS Foundation Trust*

*(Ms Jane Raleigh, Clinical Specialist in Rheumatology & Dr Mike Helliwell, Consultant Rheumatologist, Dorset County Hospital NHS Foundation Trust, Dorchester)*

## Educational Update

### SESSION ONE

CHAIR: DR GRAHAM ARCHARD, GP, STOUR SURGERY

09:00

**Management Of Osteoporosis In Primary Care**

*Dr Jonathan Bayly, GP, Associate Lecturer, Faculty of Education Health and Science, University of Derby*

09:30

**Investigation Of Osteoporosis**

*Dr Elaine Dennison, Reader & Honorary Consultant in Rheumatology, MRC Epidemiology, Resource Centre, Southampton General Hospital, Southampton*

10:00

**Treatment of Osteoporosis**

*Dr Mike Stone, Consultant Physician, Llandough Hospital NHS Trust, Penarth*

10:30

**Coffee Break In Exhibition**

### SESSION TWO

CHAIR: DR MARY ARMITAGE, CONSULTANT PHYSICIAN &  
ENDOCRINOLOGIST, ROYAL BOURNEMOUTH HOSPITAL

11:00

**Osteoporosis In Men**

*Dr Stephen Tuck, Consultant Rheumatologist, The James Cook University Hospital, Middlesbrough*

11:30

**Osteoporosis In The Young Woman (Anorexic And Depo Provera Patients)**

*Dr Tom Palferman, Consultant Rheumatologist, Yeovil District Hospital NHS Foundation Trust*

12:00

**Effects Of Cancers And Their Treatment On Bone**

*Dr Eugene McCloskey, Senior Lecturer and Honorary Consultant in Metabolic Bone Disease, University of Sheffield, Northern General Hospital, Sheffield*

12:30

**Lunch In Exhibition**

### SESSION THREE

CHAIR: DR TARUN SOLANKI, CONSULTANT PHYSICIAN, MUSGROVE PARK HOSPITAL

13:20

**Monitoring Bone Mineral Density During Antiresorptive Treatment For Osteoporosis – A Potentially Misleading And Misuse Of Healthcare Resources**

*Professor Juliet Compston, Department of Medicine, University of Cambridge School of Clinical Medicine, Cambridge*

13:50

**Falls Update**

*Dr Matt Thomas, Consultant Physician, Poole Hospital NHS Foundation Trust, Poole*

## Lifestyle Approaches

### SESSION FOUR

CHAIR: DR PAUL THOMPSON, CONSULTANT RHEUMATOLOGIST, POOLE HOSPITAL

14:20

**Sunshine And Optimal Vit D<sub>3</sub> Status**

*Dr Helen Macdonald, Senior Lecturer in Nutrition and Translational Musculoskeletal Science, University of Aberdeen*

14:50

**Optimal Calcium Status Through Diet**

*Mrs Sam Leonard, Head of Nutrition & Dietetics, East Dorset Community & Poole Hospital Dietetics, Poole*

15:20

**Tea In Exhibition**

## Supporting Patients to Self-Care

### SESSION FIVE

CHAIR: MR R SEQUEIRA C.B.E., CHAIRMAN, DORCHESTER COUNTY HOSPITAL

15:40

**Prevention Through Education**

*Mrs Carol Jones, Osteoporosis Prevention Officer, Osteoporosis Dorset*

16:00

**Role Of The Community Pharmacist**

*Ms Sue Oakley, Community Pharmacist*

16:20

**The Osteoporosis Service At Dorset County Hospital NHS Foundation Trust**

*Ms Jane Raleigh, Clinical Specialist in Rheumatology, Dorset County Hospital NHS Foundation Trust, Dorchester*

16:40

**Summary**

*Dr Graham Archard, GP, Stour Surgery, Christchurch*

16:50

**THANKS AND CLOSE**



# Managing Osteoporosis

## CONFERENCE 2010

Education Centre, Dorchester • 14 June

### REGISTRATION FORM

There is no charge to attend this conference

#### Delegate Details

Title (e.g. Prof., Dr, Mr, Ms) .....

Name .....

Designation .....

Address (work)

.....  
.....  
.....

Postcode .....

Telephone (day) .....

E-mail .....

Special Dietary Requirements .....

.....  
.....

#### FAX, EMAIL OR POST THIS FORM TO:

**Post:** Osteoporosis Dorset

11 Shelley Road

Bournemouth, Dorset, BH1 4JQ

**Tel:** 01202 443064

**Fax:**

01202 443065

**E-mail:** [mail@osteodorset.org.uk](mailto:mail@osteodorset.org.uk)

# ORAL BOWEL CLEANSING AGENT PRESCRIPTION CHECKLIST

This checklist is to be completed by the clinician authorising the oral bowel cleansing agent and should then be filed in the patient's medical records.

**NAME** .....  
**HOSPITAL NO.** .....  
**Date of Birth** .....

## STEP 1: ABSOLUTE CONTRAINDICATIONS

GI Obstruction, ileus or perforation	Y / N
Severe IBD	Y / N
Toxic megacolon	Y / N
Reduced conscious level	Y / N
Hypersensitivity to any ingredients	Y / N
Dysphagia (unless via NGT)	Y / N
Ileostomy	Y / N

If yes to any question, do not continue.

## STEP 2: Review the BLOOD RESULTS

Na .....	eGFR 30-60 = CKD 3
K .....	eGFR 15-29 = CKD 4
eGFR .....	eGFR 0-14 = CKD 5

## STEP 3: Review MEDICATIONS

ACEi/ARB	Y/N	Safe to stop for 72 hrs?	Y/N
Diuretics	Y/N	Safe to stop for 24 hrs?	Y/N
NSAIDs	Y/N	Safe to stop for 72 hrs?	Y/N

## STEP 4: Consider CO-MORBIDITIES & RISK FACTORS

Comorbidities	Optimal	Acceptable	Avoid
<b>Kidney Disease</b>			
CKD 3	PEG / Picolax / Citramag		OSP
CKD 4	PEG (if fluid status allows)	Picolax / Citramag	OSP
CKD 5	PEG (if fluid status allows)	Picolax	OSP, Citramag
Haemodialysis	Discuss with nephrologist		
Peritoneal dialysis	Discuss with nephrologist		
Renal Transplant	Discuss with nephrologist		
<b>Electrolyte Imbalance</b>	PEG	Picolax / Citramag	OSP
<b>Cardiac Failure</b>	PEG	Picolax / Citramag	OSP
<b>Liver Cirrhosis</b>	PEG	Picolax	OSP
<b>Hypertension</b>	PEG / Picolax / Citramag		OSP

## STEP 5: TYPE OF BOWEL PREP ISSUED?

Picolax / Citramag / Klean Prep / Moviprep / Fleet Phospho-soda

## STEP 6: INSTRUCTIONS PROVIDED TO THE PATIENT

Verbally	Y/N
Leaflet	Y/N

## STEP 7: OTHER COMMENTS

## STEP 8: SIGNATURE.....

KEY ACEi Angiotensin converting enzyme inhibitors, ARB Angiotensin II Receptor Blockers, CKD chronic kidney disease, OSP oral sodium phosphate preparations (Fleet Phospho-soda), PEG polyethylene glycol (Klean Prep, Moviprep).