



The monthly hospital update for general practitioners

GP Bulletin

New cancer unit for DCH

A dedicated unit for inpatients being treated for cancer is to be created at Dorset County Hospital.

Patients and staff have been keen to establish a cancer unit for a number of years but finding a suitable space in the hospital has proved difficult.

Now, following a thorough review of the bed capacity of all the wards, plans are in the pipeline to form a cancer unit, although the location within the hospital is yet to be finalised.

As well as the creation of the cancer unit, the review will lead to other changes within the hospital which are aimed at ensuring all patients receive care delivered by staff with the right skills in the right specialty area.

Director of Nursing and Operations Alison Tong said: "This is great news for patients as it means they can be cared for in the most appropriate environments by dedicated staff.

"These plans incorporate a number of priorities for the Trust to further improve the patient experience and the efficiency of our services to secure their long-term future."

Other changes under the plans include:

- Moving the medical day unit (Casterbridge Unit), which is currently situated in a separate building near the Children's Centre, back into the main hospital in the area currently known as Evershot Ward;
- Relocating the Pre-assessment Unit from the Short Stay Unit to the space currently occupied by the Chronic Pain Service;
- Moving the Chronic Pain Service to a more suitable environment in the building vacated by the Casterbridge Unit;
- Designating 10 beds on Ridgeway Ward as a recovery area for short stay surgical patients to support increasing numbers of day case procedures.

Patients praise Pelvic Floor Service

The Pelvic Floor Service at Dorset County Hospital was set up in 2008 for patients with pelvic floor disorders to be seen by a specialist and dedicated multi disciplinary team. The service is headed by Mr Michael Lamparelli, Consultant Colorectal Surgeon and its members include the Urogynaecologist Mr Siddig, Dr Pavlo Milan Consultant Radiologist,

Dr Steve Perring clinical scientist, Jane Lofts physiotherapist and Jane Curtis pelvic floor clinical nurse specialist.

Disorders including multi compartment pelvic floor prolapsing, bowel and bladder incontinence, dyspareunia, denervation, obstructive defecation, chronic constipation and anismus to name but a few are diagnosed through specialist opinion supported by diagnostic imaging and physiology studies.

The service has strong links with its counterpart at Poole General Hospital led by Mr Andrew Clarke Consultant Colorectal Surgeon. Whilst we have local facilities for 3D Endo-anal ultrasound, the physiology and proctography tests take place at Poole Hospital under service level agreements.

New patients are seen in the joint Pelvic Floor clinic by both the consultant and specialist nurse. For most, comprehensive conservative treatment with biofeedback including pelvic electromyography, neuro-muscular stimulation and pharmacological intervention is given first line. Complex patients are discussed at the monthly Pelvic Floor MDT.

In its first year the service's clinical audit outcomes identified first line conservative treatment resulted in the avoidance of surgical intervention in 65% of patients. Its concurrent patient satisfaction survey results showed a 75% 'excellent' rating with the remaining 25% of service users citing the service received as 'good'.

Conservative clinical outcomes have been further improved in its second year, with 77.5% of patients seen discharged without the need for surgery. Patients have declared it to be 'a brilliant service and life changing in a positive way'.

Those patients requiring surgery are placed on joint operating lists. In the first two years, some 70 patients have undergone corrective surgery (STARR procedure or laparoscopic ventral mesh sacro-colpo-rectopexy) for evacuatory disorders. Relatively few patients with continence have needed sphincter reconstruction, as the majority of these individuals are now considered for Sacral Nerve Stimulation (SNS), a joint service which is provided by Mr Lamparelli and Mr Clarke in Poole.

For further advice about the service offered please contact Jane Curtis;
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Diagnosics going paperless

At last electronic reports are here! No more paper reports! Diagnostic Imaging at DCH are planning to go totally paperless with radiology reports to General Practice by 1 December 2010. Many surgeries are already picking up their reports via the Sunquest Ice system. We will be holding some dedicated user meetings to share this knowledge and best practice, for all surgeries, so look out for the information so you and your practice manager can take the opportunity to attend.

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GP Education

Bookings are now being taken for the **2010 GP Refresher Week**. The event runs from November 8 to 12. Please click on the following link for full details:

<http://www.dchft.nhs.uk/gp/education/refresherweek2010/GP%20Refresher%20week%202010%20programme%20and%20application%20form.pdf>

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
