New cancer ward opens to patients

Dorset County Hospital has opened its new dedicated cancer ward to patients. ‘Fortuneswell Ward’ is a 14-bed adult inpatient ward specifically developed for the care of patients who have cancer and malignant haematology disease. The ward takes the name Fortuneswell as the Fortuneswell Trust charity, which supports the chemotherapy unit at the hospital, has provided £150,000 to help fund the new facility.

Lead Cancer Nurse Abigail Orchard (pictured on far left with her team on the ward) explains the benefits to patients of the new ward: “Many patients who have cancer will undergo intensive treatments such as chemotherapy which can be accompanied by side effects.

“Some of these side effects and complications require the patient to be admitted to hospital for further management.

“Whether having treatment or not, some patients with cancer will develop complications associated with the cancer itself and again, this may require admission to hospital for appropriate care and treatment.

“A key benefit for patients who are managed on the Fortuneswell Ward is that they will be cared for by a team of nurses and other health professionals who have a keen interest and desire to work with patients affected by cancer. Many of the team already have experience and skills in caring for this patient group. This expertise and keen interest will together underpin the provision of high quality care for these people.

“As well as the 14 inpatient beds, the ward is setting up an assessment room which will enable the timely assessment of patients who have problems associated with their cancer, but do not necessarily require admission to hospital.

“It is anticipated that this facility, together with the introduction of a 24-hour telephone advice service for patients on cancer treatment will have a positive impact of reducing admissions to hospital.”
Medical Director’s Message

Refining and deepening our services is a theme which emerged from a recent Trust strategy workshop and it is worth spending some time on what this might mean for Dorset County Hospital.

It is clear these are changing times and it is vitally important that our longer term clinical strategy is a sustainable model. Being a district general hospital providing care for a relatively small population makes efficiency savings difficult, particularly when looking at out-of-hours medical provision.

A rural hospital must have the same staff availability as a big metropolitan hospital, but the work intensity and its associated income to cover the service costs is quite different.

We are also not awash with senior specialist trainees and have to provide consultant delivered care, a huge benefit to our patients.

I am predicting that emergency specialist services will need to rationalize over the next year or two and we need to identify our working partnerships at an early phase to prevent gaps and threaten an otherwise thriving elective service.

We are starting to embrace service line management as a means of developing clinical business units within the Trust which will have a significant degree of autonomy.

The clinical leads will be enabled to take charge of a service area and will become financially accountable with little interference from the executive. This puts clinical leadership onto a completely different level where much more time is set aside for managing rather than delivering care. We feel there is an appetite for this change and such business units will underpin the clinical service model of the future.

With the private patient income cap being removed this year we are looking at the potential development of a private patient ward within the Trust. The senior medical staff are keen to support this and there is a wider potential income benefit to the hospital.

These are tough but exciting times.

Mr Paul Lear
Medical Director

Patient satisfaction high at DCH

Patients have praised the care they have received at Dorset County Hospital in the latest inpatient survey.
The results of the 2011 Adult Inpatient Survey show high levels of overall patient satisfaction and continuing improvements in how patients feel they have been treated.
The National Adult Inpatient Survey forms part of a series of annual surveys required by the Care Quality Commission (CQC). The survey was conducted for DCH by the Picker Institute, which completed surveys for 73 acute trusts throughout the country. Over 500 DCH patients returned their questionnaire, a higher than average response rate of 62%.
Picker correlated 12 questions to analyse patients’ overall satisfaction with their hospital experience. These results suggest that how nurses and doctors interact with patients was a key determinant of overall satisfaction with care, and in particular, how co-ordinated their efforts were and whether they treated patients with dignity and respect. DCH scored well in these areas.
Out of a total of 87 questions, DCH scored significantly better than average in 22 questions, and in line with the national average on 72 questions. There were no areas where the hospital’s performance had worsened significantly since the 2010 patient survey.
DCH also performs well when compared with the national results published by the CQC. Areas highlighted for particular praise by patients include their experiences in the Emergency Department, hospital food and nutrition, privacy and dignity and confidence in doctors and nurses.
Areas where improvements can be made include better publicising of the scheme for sending patients copies of letters sent to their GPs, and improving the explanations of the possible side effects of medication.
The full patient survey results are available on the CQC website: www.cqc.org.uk
Support for chronic respiratory patients

As a way of trying to be more proactive with the management of patients with chronic respiratory disease, particularly COPD, we at DCH, are piloting a Non-malignant, Chronic Lung MDT meeting occurring monthly to discuss those patients who have particularly difficult to manage chronic lung problems.

The team currently consists of our two respiratory nurses (Sue Reed and Natalie Harper), our respiratory physiotherapist (Georgie Lee), Richard Sloane (palliative care consultant), our respiratory administrator support (Lyn Barnes) and me. We may expand this in due course.

We are targeting those patients who have had admissions to hospital in order to prevent readmissions, but we are also keen to provide advice and support to health professionals in the community trying to manage patients with difficult disease, either because of severe ongoing symptoms or because of frequent exacerbations. We may give advice on diagnosis, medications, rehabilitation, oxygen, palliative care, onward referral or psychosocial issues.

Attached with this newsletter is a referral proforma for you to complete and send to us asking for our advice. If we are not going to get to see the patient, we will need a fair amount of information from you in order to give a sound judgement, so we would be grateful for any useful information, particularly about any current or previous treatments used. To qualify, patients will need to have a known, non-malignant respiratory diagnosis and, if they have COPD, to have an FEV1<50% predicted and/or more than 3 exacerbations per year.

I hope you will find our new service useful. I will be interested in any feedback about it.

Dr Will McConnell
Consultant Respiratory Physician
william.mcconnell@dchft.nhs.uk
01305 255270

When referring patients to the Respiratory Department, for both possible malignancy and for non-malignant disorders, it is vital for us to know the smoking history so that we can prioritise patients correctly. Approximately 40 to 50% of current referrals to us do not include the smoking history. Please could you state age started, age stopped, average number smoked per day. Could you also state if there’s been a significant passive smoking history, particularly in non smokers. Inclusion of a history of asbestos exposure would also be useful.

Following considerable discussion in the media and recent MHRA guidelines concerning metallosis seen in some patients following metal on metal primary hip replacements and resurfacings please note:

- No primary metal on metal hip replacements have been implanted in DCH;
- All patients with primary hip joints therefore have plastic/metal or ceramic combinations but not Metal on metal;
- All patients with resurfacing replacements have been written to in 2010 and again earlier this year ensuring yearly follow up for 5 years and less frequently thereafter;
- No De Puy ASR resurfacing hips have been used in DCH and in line with MHRA guidelines patients with the resurfacing components we have used DO NOT need metal ion levels checked or hips scanned unless symptomatic;
- All follow up will be done by one of the hip team and any symptomatic cases discussed;
- A small number (5-6) of revision cases had large head metal on metal Birmingham modular hip replacements and these patients are undergoing the same follow up as those receiving Birmingham resurfacings. These patients have also been written to;
- The vast majority of patients with resurfacings remain well with excellent hip function;
- Any concerns can be addressed to Consultant Orthopaedic Surgeon Peter Ward peter.ward@dchft.nhs.uk

Information and advice about metal on metal hips
The Thomas Sydenham Education Centre is a purpose built facility on the ground floor of East Wing at Dorset County Hospital. We regularly host educational events for GPs including monthly Grand Rounds, various full and half day lectures and workshops. Annually we host the very popular GP Refresher Week. All GPs are welcome to attend our events and the sessions are free to WGPET members. We provide flexible, innovative education to meet the learning needs of our local GPs. We have a wealth of experienced presenters including our hospital consultants and other local and national speakers. If you would like us to cover a particular topic then please let us know; we are keen to be responsive to your needs. We have had many requests for presentations to go on to our GP webpage so we will continue to use this as the central point of access for any presentations and handouts:

**Respiratory Conference**

9th Annual One Day Respiratory Conference  
Wednesday 24 October 2012  
Athelhampton House  
Near Dorchester  
9am – 4pm  

Programme and booking form available shortly  
For further details please contact  
Margaret.cosh@dchft.nhs.uk  
01035 254238

We are planning our November GP Week to be held between 12th and 16th at the Education Centre. Topics will include our very popular Clinical Medley, with surgical topics, an overview of investigative services such as biochemistry and x-ray, some psychiatry and lots more! Application forms will be circulated with the programme at beginning of June via email. Also let me know subjects you would like covered. My E mail is  
peter_blick@yahoo.co.uk.

13 June 2012

We are holding a Surgical Grand Round with Mr Llamparelli, Mr Alex Tzivinakis, Dr Frances Howse, Dr Sanja Clements presenting. Skin deep infection - a silent killer. A presentation of two recent cases of deep infection requiring surgical intervention. Followed by a Cardiology Update. Dr Edwards and Team will cover Heart Failure and AF.

12 September 2012

We are holding a Obstetrics and Gynaecology Grand Round followed by an update on antenatal screening for inherited disorders, congenital anomalies and for infection plus the management of common medical problems in pregnancy (including prescription advice). There will also be an introduction and talk from one of our new consultants Mr Shoukrey on laparoscopic procedures.

If you would like to attend any of the GP Lectures please do let Judy Crabb know if you are coming. All our educational events are posted on the GP Website www.dchft.nhs.uk/gp/education.html. You will also find lecture notes and presentations from previous lectures.

**Cancellation Policy**

We have had to reintroduce a stricter cancellation policy with holding cheques for all events as many people were booking but then not attending the events resulting in very low numbers. This undermines the goodwill from the consultant teams who have reorganised their clinics and theatre lists and leads to frustration and disappointment. We understand that priorities change but please do let us know if you cannot attend.

Judy Crabb  
Medical Education Manager  
01305 255258  
judy.crabb@dchft.nhs.uk

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

The GP Bulletin will include regular articles about forthcoming events will also be available on our webpage. If you have any queries or would like to be booked on to an event then please do email or call me, contact details below. If you would like to be added to our GP email list then please let me know which email address you would prefer me to use.

Peter Blick  
GP Tutor

13 June 2012

We are holding a Surgical Grand Round with Mr Llamparelli, Mr Alex Tzivinakis, Dr Frances Howse, Dr Sanja Clements presenting. Skin deep infection - a silent killer. A presentation of two recent cases of deep infection requiring surgical intervention. Followed by a Cardiology Update. Dr Edwards and Team will cover Heart Failure and AF.
Dorset County Hospital midwife Gerry Graham has won a national award in recognition of the exceptional care she offers to mums-to-be. Gerry was the joint winner of the Community Midwife of the Year award at the British Journal of Midwifery’s (BMJ) 2012 Midwifery Practice Awards.

The awards ceremony was held in London alongside the BMJ’s two-day national conference. The awards attracted a very high standard of entries in six major categories from enthusiastic individuals and teams highlighting excellent practice for the challenging work that midwives perform.

The host and presenter for the evening was successful comedy actress on both stage and screen, Susan Earl, famous for her role as Sue in the latest BBC series of Perrin. Susan delighted her audience with her childbirth experiences and her appreciation for the support she received from her midwives.

Gerry’s award citation stated: “Gerry has shown exemplary commitment to the women on her caseload, particularly those with chaotic lives and mental health issues. Gerry works with agencies establishing a strong working relationship with multi professional teams persisting with difficult, challenging women and their families ensuring they provide as much support as possible.”

Gerry said: “I felt very privileged to have been nominated for this award, and very surprised when I won it! Going to the awards ceremony was an amazing experience, meeting colleagues from all over the country who are doing fantastic work. I felt very proud to be a midwife.

“I am very lucky as I work with a fantastic team of midwives and other health professionals, who offer me excellent support and advice. I would like to say a big thank you to our wonderful Head of Midwifery, Jo Hartley for nominating me for this award.”

Chief Executive of Dorset County Hospital Jean O’Callaghan said: “Gerry is an exceptional midwife who always goes that extra mile to make sure women receive the very best care. I am delighted that her commitment has been recognised with this national award.”

Dorset County Hospital has been awarded the prestigious Baby Friendly Award, becoming the latest UK health care facility to win international recognition from UNICEF (United Nation’s Children’s Fund).

The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme which provides a practical and effective way for health services to improve the care provided for all mothers and babies. In the UK, the initiative works with health professionals to ensure that mothers and babies receive high-quality support to enable successful breastfeeding. The Award is given to hospitals after an assessment by a UNICEF team has shown that recognised best practice standards are in place.

The award was presented to Clinical Lead Midwife Linda Walters by Dorset Director of Public Health Dr Adrian Dawson.
New gynae treatments available

We are now offering the following treatments in the Obstetrics and Gynaecology Department at Dorset County Hospital:

**Total Laparoscopic Hysterectomy**
This can be considered for a wide variety of indications where hysterectomy is indicated, offering patients substantial reductions in length of stay, analgesic requirements and convalescence. Common indications include endometriosis, endometrial cancer, endometrial hyperplasia, fibroids, pelvic pain and menorrhagia.

**Transcervical Resection of Submucous Fibroids**
This is an alternative to hysterectomy for patients with irregular or heavy vaginal bleeding associated with submucous fibroids. This is a day case procedure done under general anaesthetic. Patients are usually allowed home on the same day.

**Endometriosis Resection Treatment**
This is a multidisciplinary service aiming to assess and treat women with all grades of endometriosis ranging from mild disease to the most severe form involving the bladder and bowel. In the latter cases, the urological or colorectal teams work in conjunction with the gynaecology team.

For more information about these treatments please contact Consultant Obstetrician and Gynaecologist Mr Mamdouh Shoukrey on 01305 255478.

A trip down memory lane

A tea party was held to mark the official opening of a new room at DCH for elderly patients suffering with dementia.

The Memory Lane room has been furnished to look like a lounge and dining room from the 1950s, complete with vintage furniture and fittings and authentic household appliances such as a television and radio. The room is located on Barnes Ward in the day room. Ward Sister Debbie Baxter said: “Elderly people suffering with dementia can find clinical surroundings confusing and distressing when they have to come into hospital for treatment. “Often their memories from the past are much clearer so spending time in the familiar environment of the Memory Lane room is reassuring for them.

“Thanks to colleagues from around the Trust who have donated objects and photos, the room can be used by staff to prompt conversation with patients about what they can remember and bring a sense of calm.

“The ward staff, in particular Fiona Doyle, Vanessa Gardner, Gwyneth Morphew, Natasha Wood and Samantha Watt (pictured here with Dr Rob Williams), have worked really hard, in their own time, to create the room and I would like to thank them for doing such a fantastic job. Patients have responded really well spending time in the room.”

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](http://www.dchft.nhs.uk/gp/gpindex.html)
Patients and relatives are being asked to nominate outstanding hospital staff and volunteers for Dorset County Hospital’s Staff and Volunteer Awards scheme.

Now in its second year, the scheme recognises employees, teams and volunteers who have gone the extra mile to make a difference to the lives and experiences of patients, visitors and colleagues.

This year there are nine award categories for making an outstanding contribution, including an award for Apprentice of the Year and awards for patient safety, innovation and improving the lives of patients or staff.

Nominations can be made by members of staff, volunteers, patients, their family and friends and members of the public.

Winners will receive their awards at a ceremony held at the hospital in September.

Further information and a nomination form is available on the hospital’s website at www.dchft.nhs.uk/awards.html or can be obtained from Hilary Jury, Head of Workforce Quality and Governance in the Workforce/Human Resources Department on 01305 254628 or by email at hilary.jury@dchft.nhs.uk

The deadline for nominations is Friday 29 June 2012.

The services run by the Park Centre for Sexual Health, based in Weymouth, have been accredited as being ‘Young People Friendly’.

The Young People Friendly initiative was developed nationally to kite mark health services that could demonstrate their excellence in delivering services to young people, through meeting ‘You’re Welcome’ quality standards. NHS Dorset, which administers the scheme locally, has now accredited both genitourinary (GUM) and contraceptive health services across Dorset. Chris Ricketts, Public Health Team Leader at NHS Dorset, said: “This national quality standard requires a high level of commitment from staff to deliver services that are relevant and sensitive to the needs of young people. It is clear that we have excellent sexual health services locally, and young people should feel confident that they can access these services easily and without embarrassment. Staff are very approachable, whilst maintaining the highest level of professional competence”.

Hospital news updates at your fingertips

We have recently established Facebook and Twitter pages for DCHFT to keep people up to date with news from the hospital.

If you would like to receive these updates you can find the links on the front page of our public website www.dchft.nhs.uk or follow the direct links here. Please pass on these details to anyone you think would be interested in receiving news updates from us:

Facebook: http://www.facebook.com/pages/Dorset-County-Hospital-NHS-Foundation-Trust/298802843502430

Twitter: https://twitter.com/#!/DCHFT
Performance against national targets

Our end of year quarterly Monitor compliance return shows the Trust has achieved a financial risk rating of 3 and the quality/performance scorecard is all green. We remain among the top 20% of Foundation Trusts in the country.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Standards</th>
<th>Plan 2011/12</th>
<th>Qtr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety</td>
<td>Methicillin resistant Staphylococcus Aureus (MRSA) bacteraemia - hospital acquired - post 48hrs</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>C-diff hospital acquired (post 72 hours)</td>
<td>45</td>
<td>10</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>18 week Referral To Treatment waiting times - Admitted 95th percentile</td>
<td>23 weeks</td>
<td>20.2</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>18 week Referral To Treatment waiting times - Non-Admitted 95th percentile</td>
<td>18.3 weeks</td>
<td>17.5</td>
</tr>
<tr>
<td>Patient Effectiveness</td>
<td>All Cancers - 14 day from urgent GP referral to first seen</td>
<td>93%</td>
<td>97.8%</td>
</tr>
<tr>
<td>Patient Effectiveness</td>
<td>All Cancers - 14 day from GP referral to first seen (breast symptoms)</td>
<td>93%</td>
<td>97.7%</td>
</tr>
<tr>
<td>Patient Effectiveness</td>
<td>All Cancers - 31 day diagnosis to first treatment</td>
<td>96%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Patient Effectiveness</td>
<td>All Cancers - 31 day DTT for subsequent treatment - Surgery</td>
<td>94%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Patient Effectiveness</td>
<td>All Cancers - 31 day DTT for subsequent treatment - Chemotherapy</td>
<td>98%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Patient Effectiveness</td>
<td>All Cancers - 31 day DTT for subsequent treatment - Radiotherapy / other palliative</td>
<td>94%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Patient Effectiveness</td>
<td>All Cancers - 62 day referral to treatment following an urgent referral from GP</td>
<td>85%</td>
<td>95.8%</td>
</tr>
<tr>
<td>Patient Effectiveness</td>
<td>All Cancers - 62 day referral to treatment following a referral from screening service</td>
<td>90%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Patient Effectiveness</td>
<td>Emergency Department - Maximum waiting time of four hours from arrival to admission / transfer / discharge (DCH only)</td>
<td>95%</td>
<td>96.7%</td>
</tr>
</tbody>
</table>