

GPchoice

December 2008

<p>Page 2</p> <p>Count-down to new cancer targets</p>	<p>Page 5</p> <p>Improved facilities for breast screening patients</p>	<p>Page 6</p> <p>Superb performance on infection control</p>
--	---	---

More new consultants at Rotherham Hospital



Dr Rachel Walker

Dr Rachel Walker Consultant Radiologist

Dr Rachel Walker joined Rotherham Hospital as a Consultant Radiologist in August 2008 after completing SpR training at the Hallamshire and Northern General Hospitals in Sheffield.

Dr Walker told GP Choice "My main specialty is radiology, and my subspecialty interest is nuclear medicine. My role will include the development of nuclear medicine at Rotherham Hospital as well as taking a lead on positron emission tomography (PET) CT reporting for the clinicians, acting as a link between Rotherham and Sheffield.

"I am really enjoying working in



Dr Preeti Athavale

the radiology team here at Rotherham Hospital. I'm working with an excellent team and look forward to developing nuclear medical services in the future for patients in Rotherham".

Dr Preeti Athavale Consultant Dermatologist

Rotherham Hospital would like to extend a warm welcome to Consultant Dermatologist Dr Preeti Athavale.

Dr Athavale completed her basic medical training at the University of Pune, India in 1990 and completed her specialist training in Dermatology in Sheffield in August 2007. Prior to joining the hospital, she worked as a locum consultant at the Hallamshire Hospital and she now takes

over from consultant Dr Michael Kessler, who retired recently.

Speaking about her recent appointment, Dr Athavale said "I'm enjoying my new role and working within the dermatology team. My subspecialties include dermatology surgery and contact dermatitis and I'm looking forward to a new challenge and being part of a team which provides excellent dermatology services in Rotherham"

Dr Athavale's clinics can be accessed on the Choose & Book system.

Specialty: *Dermatology*
Clinic Type: *Acne/Eczema & Dermatitis - not otherwise specified*

or for Paediatric referrals

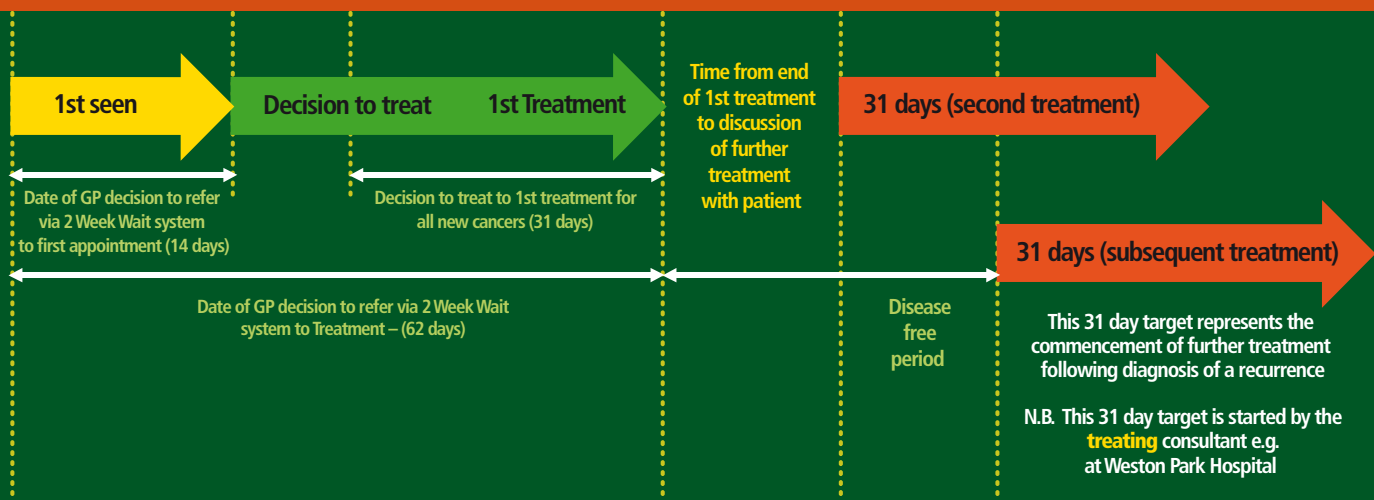
Specialty: *Children's & Adolescent Services*
Clinic Type: *Dermatology*

Other Consultant appointments update

Dr Andrew Hartog has also recently joined the hospital as a Consultant Anaesthetist. Dr Hartog previously held the role of Specialist Registrar in the North Trent region and his subspecialties include Trauma and Regional Anaesthesia, Patient Safety and Clinical Risk Management ●

Countdown to new cancer targets

1st January 2009



Adjuvant (second) Treatment and Recurrent Disease Treatment

As you may be aware, The Rotherham NHS Foundation Trust is currently among the best performing adult acute Trusts in the Yorkshire and Humber SHA against the 3 current cancer targets.

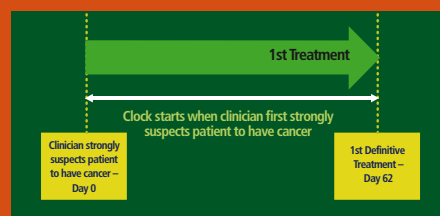
The Cancer Reform Strategy introduces 3 new, additional cancer targets which will come into force from **1st January 2009**. These targets will be known as:

- The 31 day Subsequent Treatment Target
- The 62 day Upgrade Target
- The 62 day Screening Target

The **31 day Subsequent Treatment Target** extends the current 31 day "Decision to Treat to Treatment" target to all types of cancer (e.g. new cancers and recurrences) and to all treatments for that cancer (i.e. second and subsequent treatments). The 31 Day Subsequent treatment target starts on the patient's "Decision to Treat" date (i.e. the date on which the patient agrees to their treatment with their doctor) and ends on the day the patient begins that treatment.

The **62 day Upgrade Target** extends the "62 Day Target" to include patients

who were not referred through the Two Week Wait system, but who are subsequently suspected of having cancer by a "member of the Consultant's team". The 62 Day Upgrade Target starts on the date the clinician first suspects the patient may have cancer. It ends on the day the patient has their first definitive treatment for that cancer.



The **62 day Screening Target** extends the "62 Day Target" to include all patients suspected of having cancer by one of the three Cancer Screening Programmes (Breast, Cervical and Bowel).

In order to meet these new cancer targets as well as the existing cancer targets new mechanisms are being put in place to enable the Trust's "Cancer Trackers" to find out as soon as possible about:

- patients suspected of having cancer whether they are inpatients or outpatients (62 day Upgrade Target)
- patients who have had previous treatments for their cancer and are now going to have further

treatments (31 day Subsequent Treatment Target).

Guidelines for Clinicians, Admin and Clerical and Managerial staff have been written and are being cascaded through the Divisions.

In order to support the implementation of the Cancer Reform Strategy, the Trust has agreed the implementation of the InfoFlex Cancer System to be used by the Cancer Trackers and other relevant staff. This exciting development will provide far greater functionality than the "Cancer Tracker" electronic system currently in use and enable both the existing and new cancer targets to be prospectively tracked and reported upon. In addition, InfoFlex contains a robust cancer audit module which will enable meaningful cancer clinical outcome data to be produced for both hospital and community based clinicians.

If you would like any further information regarding the new cancer targets; the mechanisms being put in place to meet them or the new Cancer InfoFlex system please contact Lisa Reid, Lead Cancer Manager on 01709 307667 or at lisa.reid@rothgen.nhs.uk

Age Related Macular Degeneration (ARMD) treatment now available at Rotherham Hospital

Patients in Rotherham and Barnsley presenting with the “wet” type of Age Related Macular Degeneration (ARMD) may now be referred for treatment at Rotherham and Barnsley Hospitals, following the appointment of two new Consultant Ophthalmologists.

ARMD is the most common blinding disease in the western world after the age of 65. The most common type of ARMD is the dry type for which sadly there is no current treatment. The wet type of ARMD is less common, but more severe and occurs when blood vessels grow behind the retina, leading to severe consequences on central vision. Some treatment modalities are available, including Photo Dynamic Therapy, which is indicated in few cases where strict criteria apply. Most recently, Anti Vascular Endothelial Growth Factors (Anti VEGF) have been recommended by NICE for treatment of a wider spectrum of wet ARMD

NICE guidance states that; wet macular degeneration patients are now able to receive intra-vitreous injections of Lucentis. This is for use in the eye with best corrected visual acuity (between 6/12 and 6/96) as long as there is no structural damage to the central fovea and the lesion size on Fluorescein photography is equal to or less than 12 disc diameter area in its’ greatest dimension.

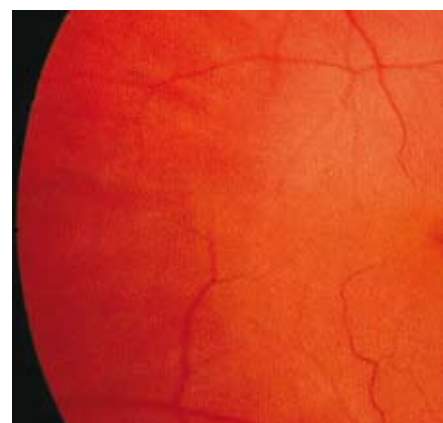
These injections will initially be given as

a monthly loading dose for three months, followed by less frequent injections if an adequate response is maintained. PCTs will provide funding for the first 14 injections of Lucentis for patients who fulfil the above criteria, however if further treatment is required, the manufacturer (Novartis) will fund any further injections. There is not yet any clear evidence as to when treatment should be terminated, however some experts recommend a two year cut-off line.

Speaking of the new service, Mr Mohamad Jabir, Clinical Director for Specialist Surgery and Consultant Ophthalmologist said “Rotherham and Barnsley General Hospitals will be providing this service to the local population. This injection has revolutionised the treatment of this blinding condition and many patients in Rotherham and Barnsley will benefit from it.

We have appointed two new consultants, one assigned to Rotherham Hospital and one to Barnsley Hospital to specifically provide macular degeneration services. These are in addition to our two medical retina sub-specialists in the two hospitals who will also be supporting this service. This service commenced at Rotherham Hospital in October and the Barnsley service is scheduled for January 2009”.

Both clinics can be accessed via Choose & Book ●



Fluorescein Angiography image showing wet ARMD

Rotherham Hospital Patient Information wins triple top prize in national competition

Every year the British Medical Association holds a Medical Book Competition that includes categories for patient information leaflets and documents and this year Rotherham Hospital won three of the nine possible prizes.

The hospital's patient information documents beat off competition from charitable organisations, including Macmillan Cancer Support and the British Heart Foundation as well as other Trusts including Bristol Foundation Trust and The Great Ormond Street Hospital, as well as private companies including BUPA.

Ruth Roddison Lead Specialist Nurse Acute Pain Team, Consultant Anaesthetist

Amanda Blackburn and Michelle Gibson, Patient Information Officer collected an award for the best ‘Young People’ information award for a booklet called ‘Pain Pain – Go Away’, which was co-produced with school pupils from Aston Hall J&I School and uses a child's explanation to help other children to understand how to control their own pain.

Matrons Jackie Fairfax, Shireen Say and Patient Information Officer Michelle Gibson collected two further awards for their Patient Information Diary, which was in the ‘NHS Trust’ category as well as the ‘BMA Patient Information Resource of the Year 2008’.

Speaking at the ceremony Patient

Information Officer, Michelle Gibson said, “We are all extremely proud to have been honoured with these awards by the BMA - it is fantastic to get recognition of the quality and benefit that these documents provide to patients” ●



Working together to improve services

Outstanding services planned for patients in Rotherham following Rapid Improvement Event

There are more than 500,000 people claiming incapacity benefit with musculoskeletal disorders – 119 million days, 12 million GP consultations and 800,000 inpatient days cost the nation around £0.5 billion each year due to back pain alone (Chartered Society of Physiotherapy). However, patients in Rotherham experiencing musculoskeletal problems will soon be able to access faster appointments and treatment, following a recent event focussing on redesigning the back pain referral and treatment pathway, facilitated by the Service Improvement Team from Rotherham General Hospital.

The Rapid Improvement Event for Back Pain took place in October, and was truly unique in that it was the first joint event of its kind in the country, to include GPs as well as key personnel from Rotherham Hospital, NHS Rotherham, community staff and representatives from the private sector.

Prior to the event, patients and staff felt that there was a need to improve the current referral pathway. Their frustration was due to a lack of clarity in the current pathway, patients having to see different physiotherapists on different occasions and not really understanding why, and a perceived lack of NHS physiotherapy provision in Rotherham. The main objectives of the event were to provide a clear structured, yet flexible pathway, to engage and empower patients and ensure consistent clear communication between disciplines & providers.

In response to comments and feedback received, and as a consequence of the week long Rapid Improvement Event, plans are now underway to completely re-design the pathway, which will comprise components for both acute and longer term care.

Under the acute pathway, the GP will remain the first point of contact and provide advice and prescribe pain relief. If problems persist, the patient will be offered an appointment within 2 working days into an expert-led physiotherapy service. This service will advise, treat, refer onwards for some diagnostic tests, and onward refer to surgical services. It is expected most patients will be managed within 6 weeks.

An additional multi-disciplinary back-pain service will also be available for patients experiencing longer term symptoms and this will be immediately accessed by GPs or via physiotherapists if no progress is being made. Alternatively, the patient may directly access the service if they have used it previously.

It is anticipated that the re-design of the back pain pathway will provide an outstanding service for patients in Rotherham, who will benefit from more timely access to care and improved clinical outcomes. By placing the specialist at the beginning of the pathway, there will be a reduced need for repeat referrals and therefore a clearer treatment plan. Hand-held patient records will also be available to patients, allowing them to manage their own treatment records and putting them in charge across the pathway.

Speaking of the redesign, Mike Ireland, Head of Secondary Care and Local Authority Contracting at NHS Rotherham says "We're delighted to be in a position to offer this service to patients in Rotherham. In order to now make these plans a reality, a detailed action plan and patient focussed service specification will be completed. Our aim is to have this service available for patients from April 2009".

Speaking about the joint improvement event, Kim Ashall, Director of Service Improvement at Rotherham Hospital added "The co-operation between all the participants for the benefit of patients has been outstanding" ●



Carol Barrass operating the new digital mammography equipment



Dr Sujatha Varkey examining images

Improved facilities for breast screening patients

Rotherham Hospital's Chatham Suite now offers an enhanced digital mammography service to patients, following the installation of a state of the art digital mammography unit and stereo tactic biopsy device.

The new equipment will be used to image the breast and will be essential in the early detection of breast disease and breast cancer. The equipment will enable the breast screening service to provide exceptionally sharp images of the breast with better contrast and potential for earlier detection of breast disease and breast cancer, enabling patients at the hospital to potentially benefit from faster treatment and better quality breast disease management.

The equipment also incorporates a stereo tactic biopsy device, which offers exceptional image quality and pinpoints accuracy and precise target guidance in order to obtain further information about the nature of breast lesions.

An image guided breast biopsy can be less stressful for the patient with a reduced risk of complications in comparison to an open surgical biopsy. The equipment provides a less invasive alternative to an open surgical biopsy with a very high accuracy rate. The biopsy can be performed without the need of a general anaesthetic or stitches and also leaves less internal scarring, thus allowing easier future monitoring and diagnosis of breast abnormalities.

Programme Manager for Breast Screening Carol Barrass said, "The equipment is designed to give the patient maximum comfort during the procedure, this in turn reduces patient anxiety and reduces patient movement, which improves image clarity and reduces the need for additional imaging and allows for a one-time needle insertion".

"The unit allows the biopsy to be undertaken as an outpatient procedure and as there is little effect to the patient - most women can go back to normal activities immediately".

"Another key benefit of digital imaging is that the images can be accessed on the Trust's PACS system, which allows immediate access to the patients' images. Breast images can be recalled at a moments notice allowing clinicians to view and report the imaging".

"The introduction of digital mammography at Rotherham not only gives better quality imaging to Rotherham patients but also allows future planning to be developed allowing for the introduction of new technologies that will revolutionise the way we detect breast cancer and breast disease. It is hoped in the very near future the whole of the Chatham Suite will be completely digitised", added Carol ●

The unit allows the biopsy to be undertaken as an outpatient procedure and as there is little effect to the patient - most women can go back to normal activities immediately.

Another key benefit of digital imaging is that the images can be accessed on the Trust's PACS system, which allows immediate access to the patients' images. Breast images can be recalled at a moments notice allowing clinicians to view and report the imaging.

The introduction of digital mammography at Rotherham not only gives better quality imaging to Rotherham patients but also allows future planning to be developed allowing for the introduction of new technologies that will revolutionise the way we detect breast cancer and breast disease. It is hoped in the very near future the whole of the Chatham Suite will be completely digitised

Carol Barrass
Programme Manager



NHS Chief Executive visit indicates superb performance on infection control

Infection control and patient safety clearly remain at the top of Rotherham General Hospital's agenda and this has been recognised by NHS Chief Executive David Nicholson, who visited the hospital in September on the same day that new infection targets were announced by the Department of Health.

David Nicholson chose to visit Rotherham Hospital so that he could see for himself the work that is being done in this area. During his visit, David met with the key personnel involved with developing the hospital's infection control procedures as well as some of the staff on wards and departments who are responsible for delivering infection control measures.

Rotherham General Hospital has made significant progress in the fight against infection. The year on year reduction in infection rates for both MRSA and Clostridium difficile are a real demonstration of the hard work and commitment that goes into making the patient environment as safe as possible, ensuring that Rotherham General Hospital continues to be one of the top performers in the country.

The Rotherham NHS Foundation Trust Chief Executive Brian James said, "Certain individuals as well as the organisation as a whole have put in a lot of effort reducing hospital acquired infections. We know that we must not be complacent and we intend to keep investing in infection control measures for the Trust".

"The fact that the Chief Executive of the NHS has recognised Rotherham Hospital's success in this area and chose to come here is a source of great pride for all of us".

Speaking of his visit, NHS Chief Executive David Nicholson said "Let me say a big thank you to local NHS staff. It's great to see all the hard work going on at Rotherham General and the extent of partnership working with NHS Rotherham and Barnsley Foundation Trust" ●

Photo above:
NHS Chief Executive David Nicholson talks to Professor Walid Al-Wali about our successful infection control procedures.

Paediatric Rheumatology Service at Rotherham General Hospital

Rotherham's Paediatric Rheumatology service offers a full range of therapy services for all children aged 0-16. Based at Rotherham General Hospital, this easy access, consultant-led service offers a range of treatments and has excellent facilities for patients.

This service is quite unique. Because the team comprises a Consultant Paediatrician and Consultant Rheumatologist, the patient experiences a seamless transition from childhood to adult care, rather than receiving treatment and care from separate consultants.

Facilities for patients include physiotherapy, hydrotherapy and gymnasium sessions, all of which are based within the hospital and at the Park Rehabilitation Centre. The team also has excellent links with the hospital's Orthotic and Occupational Therapy teams, access to a highly specialised in-house gait lab and onsite diagnostic imagery facilities to aid diagnosis and treatment, including MRI, USS and CT.

Speaking about the service, Dr Fawthrop said "We offer a friendly, easy access service and a rapid response for urgent referrals. We also offer a telephone advice service (01709 304521) and a home-visit service".

GPs Please Note

Clinics can be booked via Choose & Book.

Specialty – Children's & Adolescent Services,

Clinic Type – Rheumatology ●



Dr Harrison
Consultant
Paediatrician

Dr Fawthrop
Consultant
Rheumatologist





Medicine for the Elderly renamed

In response to comments and feedback from patients, carers, Rotherham NHS Foundation Trust members and The Rotherham NHS Foundation Trust Board, a decision has been taken to rename the Medicine for the Elderly Clinical Service Unit (CSU) to “Healthcare for Older People”

In addition to the name change, the CSU has also agreed a series of further changes and a phased implementation has commenced:

- To reflect its change in purpose and function, the Day Hospital has been renamed the Moorgate Assessment and Rehabilitation Centre or MARC. This facility will house all its outpatient clinic work, which has already transferred from the main Outpatients Department on C level. The existing core work, including specialist clinics, is maintained within the newly renamed centre.
- The purpose built unit, often referred to as Phase IIIB, has been renamed the Moorgate Wing. The Stroke Unit, which is a combined acute and rehabilitation stroke ward accepting adults of all ages from 18 years onwards, is also located within this facility.

- Work has been undertaken within the Clinical Service Unit to facilitate the move towards single sex accommodation within some of its inpatient wards.

- In order to enhance the quality of its service, the Healthcare for Older People CSU is looking forward to the services currently on Ward A5 returning to the Sitwell Ward. This will ensure all its services, both inpatient and outpatient, are located within the Moorgate Wing.

GPs Please Note

The Choose & Book referral pathway to clinics within the Healthcare for Older People Unit remains the same, despite the recent name change i.e.

Specialty = Geriatric Medicine followed by the relevant clinic type.

choose and book Update

Area	Information	How to Book
Stroke	<i>There are now 3 slots available on the Choose & Book system again.</i> This weekly clinic is for patients whose stroke symptoms have been stable for 7 days. Patients with TIA symptoms should NOT be booked. This Trust has daily TIA clinics (Monday - Friday), with facilities for same visit full assessment including Brain CT and carotids imaging. Access is via fax 01709 304283 or telephone 01709 304164.	To refer into Stroke: Specialty Geriatric Medicine Clinic Type Stroke (Not TIA)
Paediatric ENT	<i>The last Paediatric ENT appointment at Ferham was held in October. This clinic will now be held at Rotherham General Hospital.</i>	Specialty Children's & Adolescent Clinic Type ENT

GP Action Required

Please note – the preferred route for referrals is Choose & Book. However, if you are submitting paper referrals, please ensure that they are sent **directly to the new appointments office**, rather than the consultant or secretary. This will enable patients to be tracked and provided with an appointment in a more timely manner.



September 2008

Look how many Rotherham General Hospital waiting times (in days) are the shortest in South Yorkshire – they are highlighted in **green**.

O/P = Outpatient Appointments
D/C = Day Case Appointments
I/P = Inpatient Appointments

			Cardiology	Dermatology	ENT	Gastroenterology	General Medicine	General Surgery	Gynaecology	Neurology	Obstetrics	Oral Surgery	Ophthalmology	Paediatrics	Rheumatology	Trauma & Orthopaedics	Urology
South Yorkshire Providers	The Rotherham NHS Foundation Trust	O/P	1	30	20	26	22	19	16	-	-	22	19	12	24	16	14
		D/C	22	31	24	13	18	13	5	-	-	17	21	16	20	18	18
		I/P	-	-	29*	-	17	25	35	-	-	20	-	-	-	35	18
	Barnsley NHS Foundation Trust	O/P	15	34	12	20	19	18	10	-	8	11	26	11	21	34	19
		D/C	19	-	43	27	23	35	29	-	-	27	-	-	-	42	25
		I/P	-	-	39	-	-	61	56	-	-	-	-	-	-	49	18
	Doncaster & Bassetlaw NHS Foundation Trust	O/P	-	24	15	-	20	16	15	-	20	25	21	15	27	21	13
		D/C	-	-	59	-	23	39	63	-	-	90	48	-	-	73	86
		I/P	-	-	76	-	29	42	67	-	-	-	24	-	-	46	46
	Sheffield Teaching Hospitals NHS Foundation Trust	O/P	18	36	25	33	-	-	-	-	-	39	22	-	28	-	-
		D/C	24	42	-	-	-	-	-	-	-	-	-	-	-	-	-
		I/P	58	8	-	31	-	-	-	-	-	64	-	-	-	-	-