

GP Choice

Rotherham Hospital *Your hospital, your health, your choice*

April 2011



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patient care

Welcome to our new Consultants at Rotherham Hospital



Dr Ruth Broadhurst

Dr Ruth Broadhurst Palliative Care Consultant

We would like to extend a warm welcome to Dr Ruth Broadhurst who has recently joined the Palliative Care team.

After completing medical school in 1998, Dr Broadhurst completed Registrar training on the Sheffield rotation before joining the Trust.

Dr Broadhurst told GP Choice: "I will be mainly based within the hospital but will be working across a range of disciplines and will also be building on the close working relationships we have with colleagues at Rotherham Hospice."

“..palliative care is not just about treating patients at the end of their life, we’re also here to provide intervention at an earlier stage in the patient’s care pathway and I’m happy to provide advice and support to health professionals.”

Dr Ruth Broadhurst

“Contrary to popular opinion, palliative care is not just about treating patients at the end of their life, we’re also here to provide intervention at an earlier stage in the patient’s care pathway and I’m happy to provide advice and support to health professionals.”

“I’m currently completing a MA in the ethics of cancer and palliative care.”

To contact Dr Broadhurst, please telephone 01709 304671



Dr Syed Shakil Hashmi

Dr Syed Shakil Hashmi Consultant Community Paediatrician

To access via choose and book, please select:

Specialty: Enuresis Paediatrics
Clinic Type: Urology

Dr Hashmi joined the Trust in February from Bassetlaw Hospital, where he worked as an Associate Specialist in Acute and Community Paediatrics. His specialist interests include the treatment of children with enuresis soiling, looked after children as well as autism and ADHD.

Dr Hashmi told GP Choice magazine: "I will be replacing Dr Ulla Trend and will assume

the role of designated lead for looked after children. I will also be acting as Medical Advisor for the adoption panel at the Local Authority.

"I am interested in developmental paediatrics and the school health service and will be involved in training the community registrars and SHOs.

"I am happy to provide advice and guidance to GPs on the care of looked after children and developmental concerns as well as immunisation."

“ I am interested in developmental paediatrics and the school health service and will be involved in training the community registrars and SHOs.”

Dr Syed Shakil Hashmi

Transforming Community Services

On 1 April 2011, a number of community services formally transferred from NHS Rotherham Community Health Services (RCHS) to The Rotherham NHS Foundation Trust (TRFT)...

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Transforming Community Services

On 1 April 2011, a number of community services formally transferred from NHS Rotherham Community Health Services (RCHS) to The Rotherham NHS Foundation Trust (TRFT). This followed formal approval of the integration by Monitor, the Foundation Trust regulator and a period of due diligence.



Andy Irvine
Chief of Community Services

Andy Irvine, Chief of Community Services for the Trust said: "This gives Rotherham a fantastic opportunity to build better pathways for patients, as well as supporting our vision of delivering more care closer to patient homes."

No changes will be necessary from GP practices in terms of referral processes in the first instance, but plans are underway in partnership with the GP Commissioning Executive to make changes to a number of pathways over the coming months. These include Orthopaedics (MSK), Diabetes, Urgent Care, Stroke, Sexual Health and COPD.

The Trust is seeking to develop structures that are increasingly GP facing. TRFT believes that much of the success of the integration will depend upon ensuring strong links with primary care. TRFT is committed to working closely with the GP Commissioning Executive and the LMC, whilst also ensuring good links to individual practices through improved communication and responsiveness.

“This gives Rotherham a fantastic opportunity to build better pathways for patients, as well as supporting our vision of delivering more care closer to patient homes.”

Andy Irvine
Chief of Community Services

Services now transferred to TRFT

The majority of RCHS services have transferred to TRFT, with others integrating with RDASH and Rotherham Hospice. The three GP practices previously managed by RCHS have formed a Social Enterprise called "Gateway Primary Care CIC."

Childrens and Young People:

- Health visiting
- Looked after children & young people
- School nursing
- Child development centre
- Child health department
- Children's complex care team
- Children's safeguarding health team
- Immunisation & vaccination team (hvp)
- Paediatric occupational therapy team
- Paediatric speech & language therapy
- Children's physiotherapy

Further details around the integration will be issued over the coming months, along with details of how you can get involved in shaping service redesign. Should you have any questions in the meantime, please contact Andy Irvine on:
Telephone 07825 934870
email andy.irvine@rothgen.nhs.uk.



**Adults:
Staying healthy**

Rotherham stop smoking
 Contraceptive & sexual health – LARC nurse
 Contraceptive and sexual health
 Family planning vasectomy
 Subdermal implant and removal for long term reversible contraceptive in under 19's

**Adults:
Planned care**

Tissue viability
 Adult speech & language therapy
 Community dental
 Continence
 GPwSI – minor surgery
 Lymphoedema
 Neuro musculoskeletal service for adults
 Orthopaedic triage
 Phlebotomy
 Podiatric surgery
 Podiatry
 Primary ear care centre
 GPwSI dermatology
 Manual handling
 Tb specialist nurse

**Adults:
Urgent care / Intermediate care /
Long term conditions**

Diabetes specialist nursing
 Domiciliary physiotherapy service for adults
 Cardiac rehabilitation
 Care home liaison
 Community matrons
 Community occupational therapy
 Consultant community physician
 District nursing
 Rotherham equipment and wheelchair
 Fast response (community nursing)
 Heart failure
 Integrated falls prevention
 Intermediate care
 Long term conditions multi-disciplinary team
 Breathing space



Sexual dysfunction is a very difficult subject for many patients to discuss and is still somewhat of a taboo topic. It is estimated that half of all men between the ages of 40 to 70 will have some degree of erectile dysfunction (Source: NHS Choices)



Mr Isa Edhem, Consultant Urological Surgeon/Andrologist

“ It is recognised that erectile dysfunction can be a warning sign of underlying cardiovascular disease or diabetes. Similarly, diabetes can often be complicated by testosterone deficiency which, if not corrected, may make the management of glucose control difficult. ”

Mr Isa Edhem
Consultant Urological Surgeon/Andrologist

Rotherham Hospital's Urology team provides a range of services for patients presenting with impotence and sexual problems and has recently developed a comprehensive and innovative service in South Yorkshire which is at the forefront in the development of new treatments in the field of Andrology.

The South Yorkshire Andrology Centre (SYAC) is dedicated to the ongoing care and management of men's health in a holistic manner. For a long time, men's health has taken a back seat and, where available, has often only been offered as a fragmented service.

Opened in January, the hospital-based service successfully brings together the various aspects of men's health under one roof. Patients referred to the centre are assessed for urinary symptoms, metabolic problems such as the metabolic syndrome, cardiovascular disease and erectile dysfunction.

The service is led by Mr Isa Edhem, Consultant Urological Surgeon/Andrologist and Honorary Senior Clinical Lecturer and Jan Farrell, Nurse Consultant. Mr Edhem told GP Choice: "It is recognised that erectile dysfunction can be a warning sign of underlying cardiovascular disease or diabetes. Similarly, diabetes can often be complicated by testosterone deficiency which, if not corrected, may make the management of glucose control difficult.

"Diabetic men may also suffer from erectile dysfunction and bladder dysfunction with overactive bladder symptoms or an incompletely emptying bladder. It can be seen that erectile dysfunction, cardiovascular disease, diabetes and testosterone deficiency are all intricately related and it is therefore important to manage them as a whole rather than as individual issues."

We are already leading the way in the integration of men's healthcare across the primary and secondary health care sectors. Under the auspices of the SYAC, lower urinary tract symptom (LUTS) and erectile dysfunction services are to be offered in the community at a variety of GP practices across the region in collaboration with general practitioners and other primary healthcare practitioners.

Training of primary healthcare personnel will be to the same high standards as set by the Department of Health and the British Association of Urological Surgeons.

Mr Edhem continued: "Ours is one of the few centres in the UK to offer the full range of management options for erectile dysfunction, ranging from psychosexual therapy, oral medication and injection therapy through to penile implant surgery. In fact, we are leading the field by being one of a select number of centres to trial a new type of penile implant, the Spectra prosthesis, which has considerable advantages over previous malleable penile implants. We have recently released the preliminary results of the use of the Spectra prosthesis, which are very encouraging indeed. Patients who have had the Spectra prosthesis have reported high levels of satisfaction and the SYAC will further evaluate the use of this new prosthesis."

To access via choose and book, please select:
Specialty: Erectyle Dysfunction - Urology
Clinic Type: Erectyle Dysfunction - Andrology

Focus on.
the South Yorks

Peyronie's Disease

Peyronie's disease is a scarring disease of the penis causing shortening and a bend of the erect penis. Little is known about the precise cause of this disease. However, it is commonly seen in diabetic men and can also be associated with erectile dysfunction

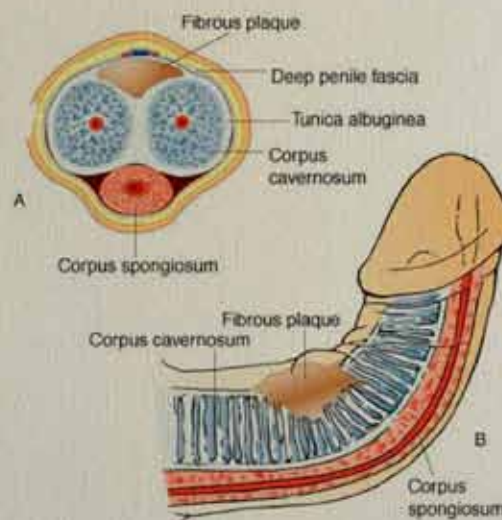
The South Yorkshire Andrology Centre is actively involved in research to investigate factors that may be important in the cause of Peyronie's disease. SYAC provides all forms of surgical treatment for Peyronie's disease, simple plication procedures, incision and grafting procedures and penile prostheses. Surgery is often reserved for the more complicated or severe cases and as a result, SYAC performs about 30 operations a year for this condition. Milder cases can be managed with non-surgical options.

SYAC has helped to turn around a Rotherham patients' relationship. A 63 year old patient had undergone a triple heart by-pass and as a result was unable to become erect. The patient commented: "My blood wasn't flowing in the right direction at the right time!"

A range of tests were carried out and different options were explored, including prescribing tablets and injections. However

these were not successful, so the patient was offered a penile implant. This was a success and the patient is now able to enjoy an active sex life and his relationship with his wife is back on track. The patient comments: "It's like meeting someone for the first time, we have bonded again."

For more information on the South Yorkshire Andrology Centre, please contact Mr Isa Edhem or Jan Farrell on 01709 304583.



Emergency theatre project revolutionises patient care at Rotherham



Patients requiring emergency surgery at Rotherham Hospital are now benefitting from significantly improved services after a new project was introduced to improve the management of emergency theatre admissions.

This month, GP Choice spoke with Mr Richard Slater, Consultant Surgeon and Endoscopy Lead and Michelle Kemp, Associate Director of Theatres and Anaesthetics for more information on the project.

Michelle Kemp told GP Choice magazine: "The Emergency Theatre treats some of the most sick and vulnerable patients in the hospital. We strongly believe that these patients deserve the best quality of care and we wanted to provide them with an exceptional service.

"The project was borne out of a need to increase clinical efficiency, patient outcomes and staff experience by looking at ways to reduce delays in the system and make recommendations for improvement. A dedicated project group was established, consisting of a team of surgeons, theatre team and an executive sponsor to address these issues.

"The group began by looking at the key attributes of an emergency theatre service, based on guidance from the Association of Anaesthetics. These stated that an effective service should be led by a strong leadership team, be flexible and available 24/7, provide equitable access and be adequately resourced. Specifically, guidance states that emergency lists should be organised by senior anaesthetists and surgeons working to a fixed sessional pattern with no other commitments."



Richard Slater, Consultant Surgeon and Endoscopy Lead and his team

Results at a glance

- **Improved use of resources.** 24% increase in operating hours (1352 hours in 2010 compared to 1092 hours in 2009)
- **Improved theatre occupancy.** 15% increase in theatre occupancy (80% utilisation June to November 2010 compared to 65% utilisation June – November 2009)
- **10% improvement in weekend theatre usage.** (1006 cases in 1683 hours in 2010 compared to 935 cases in 1530 hours in 2009)
- **Daily team briefing**
- **Improved access to emergency surgery**
- **Improved engagement with surgeons, anaesthetists and theatre teams**
- **Higher performing clinical teams**
- **Erosion of reputational problems around emergency theatre service provision.**





Aims and Objectives

The project team grouped objectives into five key themes:

- To increase efficiency in the emergency surgical pathway
- Improve patient outcomes
- Improve the patient experience
- Improve the organisational culture
- Improve the staff experience

A two day Rapid Improvement Event was held to review the current arrangements and protocols in the Emergency Theatre team, with a view to standardisation and streamlining. Using Lean methodology, the event provided an opportunity for the team to map the current processes and pathways to highlight areas for improvement and encouraged dialogue between clinicians, providing everyone with a platform from which to contribute their suggestions.

The event culminated with the development of a series of specific recommendations to help address those issues identified, including:

- The introduction of a daily morning briefing to address the clinical prioritisation of patients and surgeon availability.
- The appointment of a dedicated Emergency Theatre Coordinator, to facilitate the booking and optimisation of patients and provide a patient centred service.
- Formulation of a checklist to ensure patients were theatre-ready to further reduce delays in the preoperative assessment process, resulting in start times being brought forward.
- Adjustments to nursing and anaesthetic staffing, freeing up senior consultant time to focus on emergency-only work.
- Completing more of the emergency theatre cases during core hours of 9.00am - 9.00pm

The results

Results experienced by the Trust to date have been truly exceptional, the most significant of which has been the increase in overall theatre efficiency.

Mr Richard Slater, Consultant Surgeon and Endoscopy Lead said: "The team has worked tirelessly to increase bed utilisation and theatre occupancy. As a result, over a six month period, we have seen a 24% increase in operating time as a result of improved efficiency and a 20% increase in the number of patients having their emergency operations during the week from 9am-9pm. Theatre downtime and delays in the clearing of acute surgical beds have also been reduced significantly.

"The daily team briefing has provided the team with an opportunity to develop and agree a clear workload plan based on clinical need and surgeon availability, with a primary focus on pre-operative preparation. As a result, our patients now have better access to emergency surgery and early intervention by the emergency theatre coordinator means that they receive better information regarding their care and treatment."

The introduction of the Emergency Theatre Coordinator been extremely beneficial, with the role now providing a key point of contact for surgeons, anaesthetists and theatre teams, improving the overall coordination, engagement and dialogue between colleagues.

Feedback from Trust staff and junior doctors studying at the Trust has also been extremely positive, with many commenting on the improved working environment and morale between teams.

“...over a six month period, we have seen a 24% increase in operating time as a result of improved efficiency and a 20% increase in the number of patients having their emergency operations during the week from 9.00am - 9.00pm.”

Richard Slater
Consultant Surgeon and Endoscopy Lead

The next steps

Michelle Kemp told GP Choice: "The theatre team is proud of the results achieved to date, but we're keen to strive continually to improve our services further for our patients. The project has already had a considerable impact on our weekday theatre and over the forthcoming months, we will be looking to work towards replicating our success with our weekend theatre arrangements.

"Because we've increased efficiency during core hours, the overall pressure on our out-of-hours diagnostics and laboratory services has reduced. Consequently, as a result of the increased efficiency and capacity, we will also be looking to relocate our out-of-hours emergency endoscopy procedures into the operating theatres.

"We're thrilled with the results we've achieved to date and the efficiencies we've been able to create and look forward to providing an even better service for our patients."

“The project has already had a considerable impact on our weekday theatre and over the forthcoming months, we will be looking to work towards replicating our success with our weekend theatre arrangements.”

Michelle Kemp
Associate Director of Theatres and Anaesthetics

For more information on the Emergency Theatre project, please contact Michelle Kemp on 01709 304462

Medical simulation facility now open at Rotherham Hospital



Dr Hormis and Nick White

Doctors and nurses completing their training in Rotherham now have the opportunity to deal with crisis situations in a controlled environment to help to further develop their communication and management skills.

The medical simulation facility at Rotherham Hospital, which opened in February 2011, uses sophisticated life like human manikins in simulated ward or operating theatre settings and gives students and hospital staff the opportunity to rehearse the management of rare or serious clinical events to further improve patient safety and care.

Clinical Educator Nick White says: "Rotherham is one of the first hospitals in the region to use this technology in a dedicated centre. We hope the facility will help to create a powerful and real learning experience, based on potential real life emergencies that could happen within the clinical setting. This facility aims to challenge medical students' nontechnical skills such as leadership, teamwork, communication, and task management."

The training sessions are recorded and played back to the teams once the simulation is over, allowing any unusual or incorrect team behaviour to be corrected through effective debriefing and feedback.

Nick says: "It's estimated that 70% of adverse events occur from a breakdown in these non-technical skills. By using the facility we hope it will give our frontline



(L-R) Dr Hormis, Nick White, Professor K Bardhan, Dr Alison Cooper and Elizabeth Webster

clinical staff, student nurses and doctors the confidence to recognise these potential crises and give them the skills to deal with real ward clinical emergencies appropriately and quickly."

The new simulation facility was officially opened by Professor Bardhan, Consultant Physician & Gastroenterologist and Dr Anil Hormis, Consultant in Anaesthesia & Intensive Care at Rotherham Hospital on 1st February 2011.

Dr Hormis says: "The simulation unit helps to improve communication and team working skills which are very different from the specific technical skills they learn as doctors and nurses.

"As an Associate Teaching Hospital, Rotherham Hospital supports hundreds of students every year and this new feature is another way for us to help them develop their talent."

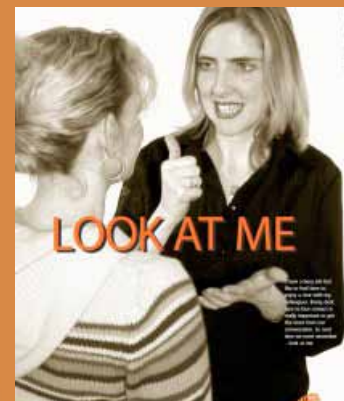
Are you Deaf Aware?

Monday 2nd May to Sunday 8th May 2011 is Deaf Awareness Week, a week when organisations working with deaf people across the country are inviting everyone to 'Look At Me'. We will be supporting Deaf Awareness Week within the Trust and are working with partners to raise awareness of deaf issues, in particular in relation to their experience of healthcare within Rotherham. This specifically relates to work we are currently doing with LINKrotherham and members of the Deaf and Hard of Hearing Community following a survey they completed within the Trust and the comments and concerns they raised.

We have discussed how we can make their experience of health care better and are developing an action plan with them. There is a recurring theme where we need your help.

Many of the issues that emerge are because we don't know a patient has any type of deafness or is hard of hearing before they attend for appointment. Whilst we can and will encourage patients and their carers to take control and inform us themselves, it would help to ensure these patients get the best health care experience they can if their GP informs us prior to their attendance and ideally on referral.

We all have a better chance of getting it right for the patient if we work together - whether we need to arrange an interpreter or arrange other support, we need your help. **When making a referral, please provide details of the patient's requirements on the "additional requirements" section of Choose & Book, or by letter if making a paper referral.**



**Monday 2 May to
Sunday 8 May 2011**



Coming soon... One stop see and treat Dermatology clinic

Rotherham Hospital's Dermatology team will soon be providing a one-stop service for patients requiring treatment for basal cell carcinomas.

Provided under the direction of Dr Margaret Wood, Consultant Dermatologist, the weekly "See and Treat" clinic will provide a consultation and same day excision service for patients with suspected basal cell carcinomas.

Clinics will be delivered at the hospital's Dermatology department and patients will receive information about basal cell carcinomas and all available treatment options when they are seen in clinic.

Further information, including details of how to access the service will available in the next edition of GP Choice.



Enhanced recovery programme slashes length of stay for colorectal patients.

The average length of stay for patients requiring major elective colorectal surgery at Rotherham Hospital has been reduced by over a week since the launch of its Enhanced Recovery Programme (ERP).

The Colorectal ERP is a multidisciplinary initiative which has been developed to improve patient care by ensuring that patients are actively involved in their own care pathway and recovery process, providing better patient outcomes and a reduced average length of stay.

The programme comprises four key components, including:

- Optimisation of pre-operative assessment, planning and preparation
- Reducing the physical stress of surgery by focussing on less invasive surgical techniques, such as laparoscopy
- A structured approach to peri and post operative management and innovative analgesia techniques, such as spinal or epidural analgesia and avoiding the use of opiates
- Building patient confidence and encouraging early mobilisation and oral intake.

Audit results:

In 2004, the Trust completed an audit of colorectal surgery patients. The sample of 46 patients aged 25-87 undergoing an open colonic resection had an average stay of 11.5 days.

Following the introduction of the ERP in 2006, the 50 patients aged 32-82; undergoing the same procedure during 2009 -10, had an average stay of just four days.

“Following their surgery, patients are encouraged to eat and drink normally and, with the support of the physiotherapy team, are supported to becoming mobile the following day.”

Kathryn Barlow
Colorectal Nurse Specialist

ERP Patient Feedback

Speaking about the programme, Kathryn Barlow, Colorectal Nurse Specialist told GP Choice: "Patients are involved at each and every stage along their care pathway and are provided with a clear treatment plan, comprising advice and guidance from a dedicated Consultant Surgeon and Colorectal Nurse.

"Detailed information is provided on pre-operative care, the risks and advantages of laparoscopic surgery and alternatives are explained to the patient to ensure that they are well informed ahead of their operation. Patients and their families are informed of the different pain relief options available and are empowered to play an active role in planning and controlling their own analgesia, recovery and care.

"As part of the pre-operative care plan, carbohydrate loading techniques mean that patients are able to eat and drink normally on the night before their surgery without the need to fast. Following their surgery, patients are encouraged to eat and drink normally and, with the support of the physiotherapy team, are supported to becoming mobile the following day.

"Following their operation, patients have the benefit of follow-up telephone after care within two-three days of discharge and are given an optional outpatient appointment within two weeks to see the consultant. Patients are given direct contact details for the department should they need any advice or guidance following their procedure."

Patient feedback has been extremely pleasing. Patients were asked to give their feedback on timing of introduction of diet and fluids, mobilisation and discharge. Of the 30 patients responding, over 90% recorded a high level of satisfaction with the programme.

Mr Richard Slater, Consultant Colorectal Surgeon added: "We are justifiably proud of the results we have experienced to date. The ERP provides a number of benefits, including a reduced risk of post operative complications, improved patient mobility and reduced muscle wasting leading to a speedier recovery and an earlier return to normal activity. We have held events within the hospital to promote the programme to other speciality areas. We are using the lessons learned from introducing ERP in colorectal surgery, to help in the adoption of similar techniques in Orthopaedics, Gynaecology and Urology

We are currently in the process of organising a series of GP workshops, to promote ERP in primary care. These are scheduled to take place on 12 and 19 May. For more information, please contact Mr Richard Slater on 01709 307503 or email richard.slater@rothgen.nhs.uk

“The ERP provides a number of benefits, including a reduced risk of post operative complications, improved patient mobility and reduced muscle wasting leading to a speedier recovery and an earlier return to normal activity.”

Richard Slater
Consultant Surgeon and Endoscopy Lead

Rotherham Hospital's A&E team helps to reduce violent crime rates



“ I am pleased that the police and its partners have recognised the dedication of the reception team in collecting this important information and the contribution they have made to help make Rotherham a safer place. ”

Nev Hamilton
Chief Inspector of South Yorkshire Police



Sue Graham accepting the award on behalf of the reception team from Chief Insp Nev Hamilton

Dedicated staff from Rotherham Hospital's Accident & Emergency (A&E) Reception Team have been recognised for their outstanding work to help reduce violence across the town.

Since January 2009 the team has been collecting additional information from people who come to A&E as a result of being assaulted. The information gathered, which is non patient identifiable, includes when and where the

assault took place, as well as who was involved and is then used by the Police to gather intelligence to assist them in targeting violent crime. This has helped contribute to a reduction in violent incidents by over 50% on the same period from the previous year.

Collecting information such as this has been a key priority for Community Safety Partnerships and the Tackling Knives Action Programme (TKAP), as so many incidents

that take place are not reported to the police.

Chief Inspector Nev Hamilton of South Yorkshire Police presented the Commendation Certificate to Rotherham Hospital's A&E team. He said: "I am pleased that the police and its partners have recognised the dedication of the reception team in collecting this important information and the contribution they have made to help make Rotherham a safer place."

Waiting time information:

In line with national changes in the way waiting times are measured, we are currently looking into the way our waiting time data is presented.

We apologise for the lack of up to date information in this edition of GP choice, but can confirm that this information will be available shortly on the Trust website at www.rotherhamhospital.nhs.uk and in the next edition of GP Choice magazine.

