

trust

KEY INFORMATION FOR PRIMARY CARE PRACTICES AND PRACTITIONERS

NATIONAL CANCER ACTION

The latest cancer peer review confirmed the Trust's Colorectal Team's excellence in delivery of high quality care. The review also affirmed the regional cancer team's selection decision to choose the Trust's Colorectal Team to take part in the LOREC Programme, funded by the National Cancer Action Team. The objective of the programme is to increase the awareness of the complexity of rectal cancer and develop further skills for assessing and treating low rectal cancer.

For further information on any of the wide ranging Colorectal Services please contact: **Angela Fitzgerald-Smith, Lead Colorectal Nurse Specialist/Endoscopist, Surgical Directorate.**
Tel: 0151 676 5252 or email: angela.fitzgerald-smith@sthk.nhs.uk

Extending Diabetes Education into Whiston Hospital's New Education & Training Facilities

Local GPs, practice nurses, dieticians and podiatrists will be interested that the Trust's Professor Kevin Hardy and Professor Sarah O'Brien have developed a Diabetes MSC programme in conjunction with Liverpool John Moores University.

In a modular pathway there are 6 diabetes modules each worth 20 credits at level 7 (M) allowing students to take 1 module or combine them to gain either a PGC, PG diploma or MSC.

The flexibility of the programme will appeal particularly to staff in primary care and indeed Sarah has already had a lot of interest from local consortia.

Having secured significant funding from pharmaceutical companies, some students may be able to access funding for some of the modules. The first module (The Management of Blood Glucose in Type 2 diabetes) starts in September and our aim is to deliver it in the new education facilities at Whiston Hospital.

For further information please email **Professor Sarah O'Brien** sarah.obrien@sthk.nhs.uk or Tel: 01744 646493

Encouraging Midwives at Carmel College



Whiston midwives, Ann Finch and Marie Brown recently attended Carmel College for an industry day.

There was a great deal of interest from students about how to get into the Midwifery Profession, which University to go to and how many UCAS points were needed. Ann and Marie gave them valuable insights into what it is like on a day to day basis to be a midwife, emphasising to male students that they could become midwives as well, which caused a few surprises as they walked on!

If you know anyone who would like further information on a career in Midwifery please contact Marie or Ann, marie.brown@sthk.nhs.uk or ann.finch@sthk.nhs.uk at Whiston Hospital on 0151 430 1701.

Please note...
Neurology Fax Number Has Changed

Please note that the Neurology fax number has now been changed to 0151 430 1723

First class care for Colorectal patients

Offering a first class service for patients diagnosed with colorectal cancer is second nature to The Colorectal Team here at St Helens & Knowsley Teaching Hospitals, managing approximately 200 patients newly diagnosed with colorectal cancer each year.

The Patients can be referred in through various methods:

Direct GP referrals via 2WR- all referrals are triaged by **Angela Fitzgerald-Smith** (Lead Colorectal Nurse Specialist), **Brian Bennett** (Nurse Clinician Gastroenterology) and **Elizabeth Vernon** (Nurse Endoscopist) and patients placed in appropriate clinic dependent upon symptoms.

- Emergency admission
- Direct Consultant referral
- In-patient referral
- Endoscopy

The cohesive multidisciplinary team works easily together at our various clinics such as 'The One Stop Colorectal/Gastro 2WR Clinic' – set up and managed by Dr Bassi, Consultant Gastroenterologist

and run by the three nurse specialists who are responsible for triaging. Patients benefit greatly from this one visit as it includes assessment, clinical examination, flexible sigmoidoscopy, and barium enema.

Patients with potential diagnosis following assessment and examination are immediately linked in with the appropriate surgical team and cancer nurse specialist, thus providing continuity, a seamless service and adding effective clinical value to our patients. The team work very closely with other hospitals to ensure patients benefit from excellent pathways for patients diagnosed with metastatic liver disease.



Introducing Mr Samad

Mr Ajai Samad was appointed as Consultant Surgeon to the Trust last year. He completed his training in colorectal surgery in Liverpool and has recently returned from Australia following further extensive training in laparoscopic surgery.

His expertise enables him to offer patients a choice of laparoscopic or open colorectal surgical resection and has improved patient outcomes.

Mr Samad's areas of special interest include colorectal cancer and inflammatory bowel disease. Currently he is in the process of setting up the service of TEM (Transanal endoscopic microsurgery) for small rectal cancer in this trust. Mr Samad is a welcome addition to St Helens & Knowsley Teaching Hospitals General Surgical Team.



COLORECTAL SERVICES PATHWAYS

**Thursday 6th October 2011
6.30pm**

**Education & Training Conference Centre
(Lecture Theatre) Nightingale House,
Whiston Hospital**

The Colorectal Clinical Team invites you to join them to discuss pathways for colorectal disease and its recently implemented Enhanced Recovery Programme.

- **Meet the Team**
- **Collaborating Pathways in Colorectal Cancer**
- **Enhanced Recovery Programme**
- **The Two-Week Rule**

Mr Rob Kiff (Colorectal Cancer Lead),
Mr Deb Maitra (Clinical Director General Surgery),
Dr Ash Bassi (Gastroenterologist)
along with fellow senior consultants
and specialist nurses will be pleased to discuss
Colorectal and other General Surgical pathways.

**Discussion, Presentation
and Networking Opportunities**

With light refreshments

**Please RSVP for catering purposes to:
Gaynor Whistlecroft
email: gaynor.whistlecroft@sthk.nhs.uk
Tel: 0151 676 5938**



WHISTON SURGEONS OFFER MORE INNOVATIONS TO IMPROVE QUALITY OUTCOMES FOR BREAST CANCER PATIENTS

Mr Ken Graham, one of St Helens & Knowsley Teaching Hospitals eminent plastic surgeons, has introduced oncoplastic breast surgery to further clinically enhance outcomes for patients who have breast cancer. Oncoplastic surgery is the use of plastic and reconstructive techniques combined with oncological surgery for the surgical treatment of patients who have breast cancer.

Oncoplastic surgery for the breast is an important development for improving the cosmetic outcome and the quality of life of patients who have breast cancer. Further NICE guidelines state that women having a mastectomy should be offered breast reconstruction. This procedure can be immediate or delayed.

Whiston Hospital Distinguishes itself in Merseyside

Whiston Hospital is 1 of only 9 centres in the country recognised for training of oncoplastic breast surgeons, AND...we are the only hospital in Merseyside that can offer the full spectrum of breast reconstruction from the use of implants only, to the more complex operations using the patient's own tissues or combinations of implants and patient's tissues.



Maximising Patient Benefits

The surgical team have set up this service at Whiston Hospital so that the reconstructive plastic surgeons and the oncological breast surgeons work on parallel lists on the same days to maximise the benefits for patients. This is particularly beneficial for patients, because it improves their pathway of care, is cost effective and is consultant delivered. Furthermore, Whiston Hospital is the only hospital that provides the muscle sparing latissimus dorsi procedure, which causes less morbidity than the standard latissimus dorsi flap.

Premier Reconstruction on your Doorstep

The DIEP free flap reconstruction is regarded as the 'Rolls Royce' of breast reconstruction, as it is the patient's tissues and its result is long lasting throughout the patient's life.

Like all reconstructions which require implants, the DIEP flap and the SGAP which are from the abdomen and the buttocks respectively, do not usually need implant reconstructions.

50% of women who have implant type reconstructions will need further surgery or revisional surgery within 5 years. This is not needed with a DIEP or the SGAP.

Another advantage of the DIEP reconstruction is the short hospital stay, most patients are discharged within 5 days of their operation. The recovery is documented to be better than the TRAM flap reconstruction.

Whiston Hospital provides the full spectrum of breast reconstruction from the commoner implant reconstruction to the exclusive reconstruction such as DIEP and SGAP reconstructions, which are only performed at Whiston Hospital.

The experience of our consultants and the fact they work in conjunction with the oncological breast surgeon gives patients the degree of choice that is recommended by NICE and the treatment more cost effective in the long term.

In the National Mastectomy and Breast Reconstruction Audit 2011, the PROMS showed that our Trust had 94% patient satisfaction with consultant surgeon, and 88% satisfaction with clinical team.

For further information, please contact: **Tracey Walker**,
Directorate Manager by email tracey.walker@sthk.nhs.uk
or **Tel: 0151 430 1137**.

When and How To Treat Varicose Veins

Thomas Nicholas - Consultant Vascular Surgeon

Varicose veins are a common problem affecting up to 30% of the adult population. There is good evidence that treatment of varicose veins improves the quality of life of the individual. However, due to financial constraints within the NHS not all patients with varicose veins are eligible for treatment of their varicose veins on the NHS.

Eligibility for treatment

The CEAP classification of varicose veins (Clinical, Etiological, Anatomical, Pathophysiological) is commonly used to assess type and severity of varicose veins. The clinical severity of varicose veins is graded from 1 to 6.

- C1** – reticular veins or telangiectasias
- C2** – varicose veins
- C3** – oedema
- C4a** – pigmentation or eczema
- C4b** – lipodermatosclerosis or atrophie blanche
- C5** – healed venous ulcer
- C6** – active venous ulcer

Patients with varicose veins that are clinical grade 3 or above are generally eligible for treatment on the NHS. Patients who have bled or are bleeding from varicose veins and those who have had thrombophlebitis are also eligible for treatment. There are differences in the eligibility criteria and approval for funding by PCT's in different parts of the country. Symptomatic but uncomplicated varicose veins are no longer considered to be an eligibility criteria.

Investigations for varicose veins

The Trendelenberg's method of examination of varicose veins is now largely confined to the history books. Hand held Doppler examination was the conventional method of examination for varicose veins but this is now complemented with all patients having a venous duplex scan. Venous duplex scanning allows for accurate treatment of varicose veins and evidence shows that the recurrence rate is considerably less. Vascular surgeons now routinely scan all patients with varicose veins prior to treatment.

Treatment of varicose veins

Over seventy percent of primary and over thirty percent of recurrent varicose veins will be eligible for an endovenous method of treatment for varicose veins carried out under local anaesthesia.

Types of endovenous treatment :

- Laser ablation /occlusion of varicose veins
- Radiofrequency ablation /occlusion of varicose veins
- Ultrasound guide foam sclerotherapy (less commonly used for truncal varices)

Conventional surgery which entailed ligation of the sapheno-femoral junction with stripping of the above knee great saphenous vein and avulsions of varicose veins (or sapheno-popliteal ligation) is no longer the 'gold standard' for varicose veins treatment.



Patient with lipodermatosclerosis, hemosiderosis and atrophie blanche.

There is now robust evidence to show that endovenous technique of treatment, namely laser or radiofrequency ablation has good long term outcomes with less recurrence compared to open surgery.

Laser and radiofrequency ablation have the advantage of minimal scarring and minimum downtime with return to all normal activities for the vast majority the following day.



The disadvantage being that around 20% will need a further procedure such as multiple avulsions to treat residual varicosities and a similar percentage will experience discomfort after the procedure for a few weeks. The residual varicosities are generally treated again using local anaesthesia.

Varicose veins are a common problem and treatment offers good symptom relief. There is a 20-25% lifetime risk of recurrence of varicose veins but in the vast majority they are of the uncomplicated variety. Financial constraints however mean that not all patients with varicose veins are eligible for treatment. Less invasive methods of treatment mean reduced recurrence and quick return to work with low risk of infection or major complications.

Patients meeting the criteria for referral can access the service via Choose & Book which is directly bookable under vascular services.

WHISTON BUSTS CLOTS 24/7

Stroke is the most common neurological emergency, the single largest cause of disability and third largest cause of deaths in the UK. NICE guidelines recommend thrombolysis for eligible patients and it is a quality marker in the stroke strategy. Clinical Teams at Whiston Hospital have teamed up with their counterparts at Warrington to ensure thrombolysis is available for both hospital's catchment area populations 24/7.

The Pathway

All eligible patients will receive thrombolysis treatment 8.00 am to 8.00 pm in their local hospital. Out of hours, the service is based in Whiston hospital 7 days a week and bank holidays. It is estimated 15% of the population are likely to benefit from this collaborative partnership, with 10-20% of the population maintaining their independence and therefore less institutional support.

Additionally, the Team at Whiston Hospital has revised its TIA service provision to capture high risk TIA patients during the working week by devising a high risk pathway.

This ensures the right patients receive the full benefit of the service within the national recommendation.

The referral pathway from primary care remains the same and continues to provide a high quality service for you and your patients with no added costs.

For further information please contact **Janet Sumner**, Directorate Manager, Medical Care Group by email at janet.sumner@sthk.nhs.uk or Tel: **0151 230 1597**

Enhanced rapid discharge pathway for the dying patient

The DH End of Life Care Strategy (2008) was a blueprint for improving the care of dying people irrespective of diagnosis or location of care. It particularly highlighted the need to meet patient choice regarding place of care and death and emphasised that improved end of life care provision in acute hospitals is crucial given that more than half of all deaths take place there.

As well as ensuring those who die in hospital have a 'good death', the strategy called for improved discharge arrangements and better co-ordination of a range of community services so that more people can die at home if this is their preferred choice.

The NICE guidance Improving Supportive and Palliative Care for Adults with Cancer (2004) also recommended that people with life limiting illnesses should be able to make choices relating to end of life care including where they die. In reality, due to the complexities surrounding the discharge of patients in the last days or hours of life, health care professionals often view a patient's wish to be discharged home to die as unrealistic and unfeasible.

The Enhanced Rapid Discharge Pathway for the Dying Patient is a project being led by the Hospital Specialist Palliative Care Team (HSPCT) at St Helens and Knowsley Teaching Hospitals NHS Trust to support ward teams in strengthening and co-ordinating a safe and seamless discharge for those patients in the last days or hours of life who are expressing a wish to go home to die.

Aims:

- To prevent delayed (or missed) discharge of patients whose preferred place of care in the last days or hours of life is home. A successful discharge is aimed for within 6 hours of the patient's decision to go home to die.
- To improve patient experience and promote choice for patients who choose to die at home.
- To ensure safeguards are in place for the on going support and care of the patient and those caring for them i.e. relative/carer
- To support and educate ward teams in dealing with the complexities/dilemmas surrounding the patients discharge at such a critical time i.e. difficult conversations/transfer of information /meeting patient wishes & preferences /risk of death during journey

Outcomes:

- The use of advanced clinical assessment and communication skills ensures that the patient and their family are aware that death is imminent and their preferred place of care is identified
- An identified HCP (SPCT CNS) will oversee the patient's care and orchestrate the patient's discharge from hospital to home
- The pathway and discharge documentation sets out to cover all areas for consideration to achieve an efficient and successful discharge for this group of patients in a safe and efficient manner within a governance and risk framework
- It is an aide memoir to supporting multi-agency care (i.e. rapid access to equipment & medicines, rapid access to ambulance, prompts communication with community and out of hours services) and documents care
- Allows audit of implementation, compliance and efficacy

It is envisaged ALL Enhanced Rapid Discharge Pathways for Dying Patient discharges will be managed by the Hospital Specialist Palliative Care Team. **Contact: 0151 290 4266**

Further information is available from **Jan Lawton, Team Leader, Specialist Palliative Care.**



...AND NOT FORGETTING PATIENT EDUCATION!

The award winning Specialist Diabetes Team run a very successful course for patients with type 1 diabetes (ICE- Insulin Carbohydrate Education) teaching them how to carbohydrate count and adjust insulin.

This very popular course meets all national guidance. The quality of the course has resulted in the Trust's Diabetes Team being selected as only 1 of 5 centres nationally to take part in a study led by University College Hospital London with the aim of developing a new tool to evaluate the impact of such courses on patients. It will be reassuring for Primary Care Clinicians and patients alike to appreciate the prestige in being selected for such an important piece of research.

For further information on Diabetes Education or Diabetes services please contact **Professor Sarah O'Brien** at sarah.obrien@sthk.nhs.uk or Tel: **01744 646500**

Suspected Upper Gastrointestinal Bleed Patient's Information

Please note the following enhancement to our service for patient's presenting to the Emergency Department with symptoms of an Upper Gastrointestinal Bleed (UGIB). These patients will now be discharged from the department with an appointment for an outpatient gastroscopy.

This is done after a full assessment of the patient, including bloods and other necessary investigations.

If patients fulfil the low risk criteria (A modified Rockall Score), they are discharged home with an outpatient gastroscopy appointment booked, and an information leaflet advising them of symptoms /signs they should be aware of and if occur to attend the department. Current waiting time for outpatient gastroscopies will be around 5-6 weeks.

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For further information please contact:
Dr Rob Havre, Consultant Email: rob.havre@sthk.nhs.uk Tel: **0151 430 1391**



BREASTFEEDING AWARENESS WEEK 2011

Having a dedicated infant feeding team is a great advantage for women choosing to have their babies at Whiston Hospital. The team who are working towards stage two of the Unicef Baby Friendly Award are training all clinical staff i.e. midwives, neonatal nurses and doctors to the baby friendly standard so that pregnant and breastfeeding women are supported in their choice to breast feed. The unit encourages all new mums to breastfeed and ask their families and healthcare professionals to support them in this choice.

The breastfeeding team were able to encourage parents from right across the local areas who attend their weekly breastfeeding drop in clinic to a celebrate and support breastfeeding awareness week.

Offering antenatal breastfeeding workshops in the evenings as well as daytime enables parents to attend and receive information of how to breastfeed and what to expect when their babies are born. This work has seen improvement in breastfeeding rates and improving the overall health of our local population.

Evidence

The RCPCH notes "breastfeeding plays an important part in protecting children's health." It calls for more research to improve the evidence base relating to "the extent to which breastfeeding reduces the risk of diabetes mellitus (IDDM), raised blood pressure, asthma, allergies and other atopic conditions and children's behaviour."

This was stated by Professor Neena Modi, Vice President, Science & Research of the Royal College of Paediatrics and Child health in June 2011. Commenting on policy and practice to support breastfeeding, the RCPCH expresses support for the framework of the Baby Friendly Initiative. It goes on to call for "a collaborative, multidisciplinary approach involving families and health-care professionals to increase both the initiation and continuation of breastfeeding.

**Contact: Nicki Jones,
Infant Feeding Co-ordinator
Tel: 0151 290 4166
for further information.**

CLINICAL EDUCATION FORUM

DATE	TOPIC	SPEAKER
Thursday 1st September	'Adjusting Insulin Doses for Better Blood Sugar Control'	Professor Kevin Hardy Consultant Diabetes Director of Clinical Strategy
Thursday 8th September	Gout	Dr Rikki Abernethy Consultant - Rheumatology
Wednesday 2nd November	Upper Limb Management in Primary Care – Shoulder, Elbow, Wrist and Hand	Mr Prasad Pidikiti Consultant Orthopaedic Surgeon with specialist interest in upper limb management.
Wednesday 7th December	Falls/Stroke Multi disciplinary assessment referral pathways	Dr Stephen Allsup Consultant- Medicine for Older People

All presentations will take place at Whiston Hospital, Seminar Room 3, Anaesthetic Directorate, 4th floor Orange Zone. Lunch will be available from 12:30pm Presentations to begin at 1:00pm and each presentation will last between 30-40 minutes.

Free car parking tickets will be offered to all delegates and attendance certificates will be distributed.

To book onto these events please contact either myself carmel.mcbride@sthk.nhs.uk
Tel: 0151 430 1083 or my colleague gaynor.whistlecroft@sthk.nhs.uk Tel: 0151 676 5938

New Consultant Medical Microbiologist joins the Trust



Dr Kalani Mortimer FRCPATH, MRCP, joined the Trust in July 2011.

Her special interests are prevention of healthcare associated infection and antimicrobial stewardship.

Dr Mortimer completed her undergraduate training at the University of Cambridge followed by postgraduate general medical training and specialist training in Medical Microbiology and Virology. She was in post as Consultant Medical Microbiologist and Infection Control Doctor at Sherwood Forest Hospitals NHS Foundation Trust in Nottinghamshire since 2008 until her current appointment.

Dr Mortimer will be supporting the Clinical Microbiology and Infection Prevention and Control services as well as contributing to the development of the Trust's Antimicrobial Management Team.

'Forget me not' Campaign

'Up to 70 % of acute hospitals beds are occupied by older people and up to a half of these may be people with cognitive impairment, including those with dementia and delirium'

(Department of Health, 2009)

When someone is confused, a hospital stay can be difficult and upsetting for everyone.

The **'Forget me not'** Campaign launched at Whiston Hospital in May 2011 aims to raise awareness around the needs of patients who are confused.

Patients and carers are invited to share information, which is important to them on **'Forget me not'** cards. These details help us to understand what is important to our patients and make their time in hospital less stressful. If patients agree we will share these details with everybody who cares for them, from portering staff, chaplaincy, volunteers, caterers and domestic staff, all can make a big difference in the life of a person who is confused.

The **'Forget me not'** card has already received positive comments from carers, the Care Quality Commission and the Royal College of Nursing.

The **'Forget me not'** emblem is also to be used as a trigger on request forms so that staff from other departments will be aware that the person may need more time and support to be able to cope and co-operate with treatments and investigations.

Our aim is to improve both outcomes and experience and if we can get it right for our patients who are confused, we can get it right for everyone.

For further information, please contact:

Jill Cunliffe, Nurse Specialist for Older People
on **0151 676 5481** or jill.cunliffe@sthk.nhs.uk

Marie Honey, Nurse Consultant for Older People
on **0151 676 5446** or marie.honey@sthk.nhs.uk

St Helens & Knowsley Teaching Hospitals NHS Trust
in Collaboration with the RCN are presenting
"Making Sense" Working in partnership to
improve dementia care in general hospitals
21st September 2011 at Aintree Racecourse, Liverpool

IF YOU ATTEND ONE CONFERENCE IN 2011 MAKE IT THIS CONFERENCE!

Join us at the annual 'Making Sense Conference – working in partnership to improve dementia care in general hospitals' on September 21st at Aintree Racecourse Liverpool.

This year the RCN and The National Dementia Project have joined with us to ensure the many examples of fantastic work going on around the country is shared.

Hear from fellow professionals, how to help elderly patients MAKE SENSE.

Book online via: www.rcn.org.uk/dementia2011 (please quote ref: 003695)
or by phone (payment with credit card/maestro) 029 2054 6460

RCN members: **£120** Other Health Care Professionals: **£175**

Group discounts available for 6 or more delegates