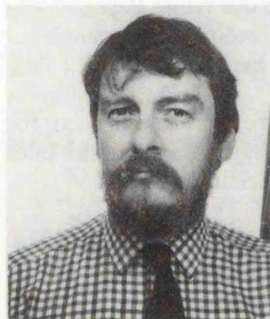
NEWS & NOTES

New Appointments

Consultant Orthopaedic Surgeon



Mr David Higginson took up an appointment in January 1991 as Consultant in Orthopaedic Surgery. He will have clinics in Lancaster and Morecambe.

Born in Durham and educated initially at Barnard Castle School and later at St George's, Harpendon (a school which was established firstly in the Lake District) his medical training was at Birmingham University and house posts in the city followed. A return north and a brief skirmish with obstetrics in Newcastle convinced him a surgical career would be more appropriate. General and thoracic surgery posts followed at Warwick, Chichester and King Edward VII, Midhurst.

Orthopaedic training was firstly at Portsmouth and, later, as senior registrar on the Charing Cross Hospital circuit which included time at Northwich Park Hospital & Clinical Research Centre with its Juvenile Arthritis Unit, and St Mary's Hospital, Paddington, in the Peripheral Nerve & Brachial Plexus Unit, where he met his wife Anni.

Research topics have included studies of nerve regeneration and brachial plexus injury and the development of elbow replacements. Although being a generalist he particularly enjoys surgery of the upper limb and shoulder and hopes to develop this interest whilst at Lancaster.

David's wife Anni, until recently the District Advisor in Physiotherapy to Portsmouth and South East Hampshire, is taking temporary retirement following the birth of their second daughter.

David's other interests include music, walking and prehistory.

Consultant in Community Paediatrics

Dr Bratati Bose-Haider takes up an appointment in May 1991 as Consultant Community Paediatrician with a special interest in developmental paediatrics, social paediatrics and paediatric audiology. She will have sessions in the Child Development Centre as well as at the Royal Lancaster Infirmary and will be involved in organising child health services in the community.

Born and brought up in a 'Steel City' (Jamshedpur) in India, Bratati Bose qualified in medicine in Patna, India in 1974. After obtaining a postgraduate qualification in paediatrics (MD) in Patna she came to Britain in 1979. She obtained her MRCP (UK) and DCH (London) in 1982 after doing SHO and registrar posts in Bury and Glasgow. She then held rotating registrar and senior registrar posts in Dundee and finally did her community paediatrics training in Newcastle upon Tyne and Birmingham.

She has experienced a broad based training in both hospital and community paediatrics including general paediatrics, neonatology, neurology and handicap, infectious diseases, paediatric audiology and social paediatrics. Whilst in Birmingham she has also been doing the part time MSc Course in community paediatrics at Warwick University which she is due to finish in 1992.

She has published research on a wide range of topics which includes developmental paediatrics, asthma, infant feeding and infectious diseases. Her present research is on outcome of very low birth weight babies in a deprived inner city area of Birmingham, setting up a child abuse database, setting up enuresis clinics in the community and sensorineural deafness.

She hopes to continue to develop a wide range of community services for the children in Lancaster. She strongly supports an integrated child health service and hops to set up a training programme in child health surveillance for the general practitioners in Lancaster. She is a member of a number of professional organisations. Bratati Bose is married to Syed Haider, also a Consultant Paediatrician in Bury. Her interests include gardening, walking and photography, particularly making video films.

Consultant in Child and Adolescent Psychiatry

Dr Pat Ainsworth has been appointed to the post of Consultant in Child and Adolescent Psychiatry to Lancaster and South Cumbria Health Authorities, and will take up the post on 1st July 1991.

Born and educated in Bristol, she graduated in medicine from the University of Bristol in 1963. After pre-registration house jobs and further training in obstetrics in Bristol and in paediatrics in Bristol and Oxford, she moved to Manchester on marriage in 1967 and started training in psychiatry, aiming for a career in Child and Adolescent Psychiatry. This will be her fourth consultant post in this subspeciality. Her first appointment was as part-time consultant in Child and Adolescent Psychiatry to Salford

Health Authority in 1974. From this post, she was jointly involved in establishing the regional adolescent unit based at Prestwich Hospital, Salford and subsequently took on the full time clinical responsibility for that unit in May 1981. This was a University appointment also (lecturer in Child and Adolescent Psychiatry in the University of Manchester). In the course of this appointment, she conducted a research project in the Department of Paediatric Oncology at the Royal Manchester Children's Hospital. The links established there led to the opportunity to work clinically in that department, and at the end of 1988, she left the adolescent unit and reverted to part-time work, this time in paediatric oncology, a very rewarding experience of liaison work. This post was funded out of the Leukaemia Research Fund, but she retained the University lectureship. Working part-time freed her to spend more time on her various teaching commitments, of which the most significant has been her contribution to two training courses in family therapy, one organised and funded by the training section of the N.W.R.H.A. and more recently, the newly developed University of Manchester Diploma in Family Therapy course.

Her first visit to Lancaster was when she came to spend a month at the Royal Albert Hospital as a registrar in Child Psychiatry in 1969, and she fell in love with the area then. So when she learned of the retirement of the previous post holder last year, she was immediately interested.

Her particular interests include family therapy, both the practice and the teaching thereof, and liaison work. She enjoys teaching and has experience of teaching a variety of professionals at different stages of their training. Also, she feels strongly about the positive value of working in a multi-disciplinary team.

She is married with two nearly grown-up children, and the family are all looking forward to living in the Lancaster area.

Outside medicine, her interests include walking, cooking, music and reading.

Budget Holding

Keith Lowson, General Practitioner, Ash Trees Surgery, Carnforth

Budget holding is a government proposal to offer larger general practices the opportunity to manage their own budget. By giving practices their own budgets the government hopes to:

1 Improve the Quality of Service on Offer

In all good medical practice there is a constant effort to improve the quality of care and service on offer to the patient. It is important that we in general practice continue to do the same, not only for the benefit of the patient, but also to develop our skills, knowledge and attitudes and to be able to attract the most able of our profession into our ranks.

This quality issue can well be applied to the environment we offer in hospital, health centre and clinic. I include our own surgery when I say many waiting areas are unwelcoming and uncomfortable.

We place the highest value on the relationship we develop with our patients. It would seem right, therefore, that the quality of care, service and environment we provide should reflect the quality of that relationship.

2 Develop General Practice for the Benefit of the Patients

As we develop our practice for the benefit of our patients, apart from quality there are issues of volume and information.

a) How can we increase the volume of service?

More time with consultation
More appointments
More surgeries
More evening and weekend surgeries and clinics
A greater variety of staff – nurse, physiotherapist, psychologist, health visitor, dietician.
More services – health promotion, prevention, minor surgery, acupuncture, hypnotherapy, X-rays, blood tests.

b) We should be more open with information for the patient:

About the doctors/staff
About services we provide
We should give more health education advice and run health campaigns
Patient groups would give more feedback
In collecting information – we should provide a patient library with books and leaflets on health topics; postgraduate education, patient surveys, morbidity register and medical audit could be vital sources from which to develop services relevant to the needs of our patients and the necessary knowledge and skills to diagnose and manage them.

3 To allow General Practitioners to play a more active role in the way National Health Service Money is used to provide services for patients (Gatekeeper Role)

As we are major users of NHS resources it seems only appropriate that we should accept the responsibility of their management, for we are best placed to assess the needs and priorities of our patients. This management responsibility will require us to make these decisions, exercise control in making them and work within a budget

We will need to develop further the relationship that already exists with the providers of the services we need to purchase.

4 To allow General Practitioners to work with hospitals in order to be more responsive to each other's needs and the needs of patients

"To work with" implies a relationship/partnership which we believe already exists.

Can we make the partnership better?
Can we make it stronger?
Can we co-operate more?
Can we communicate more effectively?
Can we learn to appreciate more each other's skill and abilities?
Can we achieve more together?

In general practice the process is already going on to achieve the first three aims. The new contract and indicated prescribing budgets have accelerated the process. Fund holding will add further impetus because any savings from the budget can be used to improve the quality and volume of care for patients, to provide extra staff, to purchase equipment, and to improve accommodation.

These three aims of fund holding focus on what we can achieve as GPs. It is only right that we have our own house in order, asking what we can do, before asking others.

Our practice accepted the challenge of these aims, hoping that in achieving them we might improve the services we offer to patients, enhance the role and expertise of GPs, and be enabled to work more closely with our consultant colleagues.

The money that the GP will have available to spend at hospitals will be taken from the local District Health Authority allocation. All hospitals have been costing the services that they have on offer and calculating the use of hospital services or activity by their local fund holding general practice. Using these two pieces of information the Regional Health Authority is able to calculate a budget relevant to a particular practice. Fund holding GPs will be able to choose the hospitals to which they send their patients. As a result of this the government hopes that hospitals will compete with each other to obtain some of the budget. Naturally if fund holding GPs refer their patients outside the district then the budget is lost as far as the local hospitals are concerned with potentially serious effects on the service. Therefore locally is is the feeling that to spend the budget outside the district would not be appropriate.

Fund holding GPs will agree a contract with the local hospitals of their choice for the services they require, and the services that are to be purchased are:

1 Outpatient and domicillary services;

2 Diagnostic and screening tests (except for national call and recall systems);

3 Direct access services (physiotherapy, occupational therapy and speech therapy);

4 Inpatient and day case treatments (from a prescribed list).

Certain hospital services are excluded from the contract:

1 Emergency admissions;

2 All maternity medical services;

3 Routine cervical and breast screening;

4 All procedures where more than 25% of admissions are usually emergencies;

5 All medical and psychiatric admissions.

There is an upper limit of payment by the fund holding practice of £5000 per patient per year. Any amount above this figures is met by the District Health Authority.

We cannot be certain whether this initiative will achieve the aims that are set out by the government and like all new ideas there is considerable doubt. As long as the present service is not adversely affected, however, and colleagues in general practice or hospital are not disadvantaged, then fund holding general practices feel that the initiative is worth pursuing. If it is successful in achieving its aim then it can only be beneficial to patients. If it fails then fund holding practices will only have expended a great deal of time and energy.

Health Authority's Green Campaign

Environment-conscious Lancaster Health Authority s getting greener – playing its part in paying attention to environmental issues and energy conservation. Already a number of steps have been taken:

all Health Authority-owned petrol motor vehicles converted to use lead-free petrol;

recycled paper used where possible;

reclamation of waste materials producing a bonus of income for the local health service, eg, paper, silver from X-ray film materials, lead acid batteries;

waste incineration carefully controlled and producing a bonus in heat recovery – helping to heat hospital domestic hot water;

success in energy conservation with the aim of 15% savings in total energy requirements over the next 5 years;

safe extraction and recycling of CFC from refrigerators;

total use of bio-degradable products for laundry, dishwashing, etc;

"green maintenance' of grounds and gardens of local hospitals and health premises eg, no use of pesticides in floral areas and no mowing of grass-banked areas until after wild flora have seeded;

environmental awareness in the design and landscaping of new-built health premises (eg tree planting at the Royal Lancaster Infirmary).

The Health Authority is looking at more ideas and ways of promoting and practising good environmental housekeeping. Many of its initiatives for environment benefit have also given the local health service a bonus in cash savings.

To promote environmental concern and encourage staff, posters and information bulletins highlight areas for action like energy saving. Staff are encouraged to use special containers at Lancaster Moor Hospital for waste paper sold for recycling, bringing a useful bonus income for the health service.

Lancaster Health Authority started many of its "green" policies ahead of a national campaign "Towards a Greener NHS" which was launched to urge all health authorities to do as much as they could in four main areas: protection of the environment, conservation of energy, use of lead-free petrol and improvements to the physical environment of buildings both inside and out.

Environmental improvements at Lancaster Moor Hospital's Garnett Clinic include re-siting the main entrance to improve

access and appearance. At the Royal Lancaster Infirmary tree-planting has already been carried out as preliminary landscaping in advance of Phase 3 development.

Consultants' Ballot on Trust Application

An 'expression of interest' in applying for trust status for the Lancaster hospitals was made by the senior managers of the Health Authority in July 1990. The consultants' view on trust status was seen as essential in deciding whether or not to pursue the application. This was obtained by a ballot of all members of the Medical Advisory Committee in December 1990. Prior to the ballot there had been three meetings at the first of which Mr Whitfield and Mr Bonnett explained why they felt trust status offered significant advantages over a directly managed unit for Lancaster; a second at which a British Medical Association representative explained the disadvantages of trust status and a third at which the Medical Advisory Committee debated the issue and agreed the details of the ballot. It was noted that this ballot should be seen as a preliminary view, for if an application was made, there would be a second opportunity to express a view as part of the public consultation in summer 1991. The wording of the ballot was:-

'The new NHS Act means a fundamental change in the way the NHS is managed, in that as from next April there is a change to an internal market with a purchaser provider system and per capita funding of districts. Preparation for these changes has already started but it will take some years to implement fully. Under the new system there is a choice for the Lancaster Hospitals and Community Units in that they can be run as directly managed units or application can be made for NHS trust status. Which course of action do you favour?'

The results of the ballot were:-

In favour of a directly managed unit	30
In favour of trust status	29
Abstentions	6
Spoilt papers	1
Total Electorate	66

As it had been agreed that the votes of the psychiatry/mental handicap consultants and consultants with a minor commitment to Lancaster should be separately identified from those of consultants with a major commitment to the Lancaster Acute Unit, the results of these three groups were:-

(a) Consultants with a major commitment to the Lancaster Acute Unit

In favour of a directly managed unit	19
In favour of trust status	24
Abstentions	4
Spoilt papers	1
Total Electorate	48

(b) Consultants in psychiatry and mental handicap

In favour of a directly managed unit	9
In favour of trust status	3
Abstentions	0
Spoilt papers	0
Total Electorate	12

(c) Consultants with a minor commitment to Lancaster

In favour of a directly managed unit	2
In favour of trust status	2
Abstentions	2
Spoilt papers	0
Total Electorate	6

Thus, although the Medical Advisory Committee as a whole was evenly divided on this issue, there was a small majority (24 to 19) of consultants with a major commitment to the Lancaster Acute Unit in favour of trust status, whilst there was a large majority (9 to 3) of consultants in psychiatry and mental handicap in favour of a directly managed unit.

The application for a single trust has subsequently been modified to application for two trusts, the Lancaster Acute Services Trust and the Lancaster Priority Services Trust, the latter comprising the Mental Health, Mental Handicap and Community Units. The final applications for these two trusts are now being prepared for submission to the Department of Health by the end of May. A further consultant view on these applications will be obtained.

It should also be noted that an application for trust status for the Kendal hospitals is currently being considered. This was initiated by four consultants, Mr Kelly, Dr Matthews, Dr Orrell and Dr Rucklidge, acting on behalf of the Lancaster and Kendal Medical Advisory Committee. The consultant view on this application will be obtained when sufficient detail of the application is available.

CancerCare Slynedales

The CancerCare Sylnedales appeal has been extremely successful and £308,000 has been raised so far towards the target figure of £400,000. There are a number of fundraising events planned for the coming months and the trustees hope to reach the target figure by the end of the year. Planned events include a garden festival at Gresgarth Hall, the home of Mr and Mrs Lennox-Boyd, during the weekend of 22nd/23rd June and a lecture by Chris Bonnington in the Ashton Hall on Friday 4th October.

Slynedales is now almost fully in use and is proving ideal for its purpose and very popular with patients. The next stage of the work will be the conversion of an old stable block to provide a medical library and education centre. This work will be undertaken in conjunction with the trustees of St John's Hospice. The education centre will be used for training health care workers, including medical practitioners who plan to specialise in hospice work. CancerCare and the hospice are already involved in training oncology nurses from the Christie Hospital in Manchester.

CancerCare is the first support group to own its premises and to provide such a wide range of services to patients. The whole venture is supported by volunteers and funding is entirely dependent on charity.

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Diabetes: Clinical Management **Tattersall, Gale**
Hospitals and Health Services Year Book **HMSO**
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February 1991

Revision Surgery in Total Hip Arthroplasty **Wroblewski**
Postgraduate Surgery: The Candidate's Guide **McBrien, Al-Fallouji**
Dictionary of Modern Medical Terminology **Segen**

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Dorland's Medical Dictionary

April 1991

Pathology of the Skin **McKee**
Atlas of Clinical Dermatology **de Vivier**
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