

News from around the Bay

Every year the *Journal* invites its readers to report on developments and improvements regarding clinical and supporting services over the previous calendar year. Here is a summary of those developments that have been notified to the editorial team, together with news on future plans and ambitions, staff appointments, etc. It is not a comprehensive list!

The *Journal* also notes with interest the annual list of publications and presentations for 2011 from members of the local healthcare community, together with a digest of current research being undertaken.

This list has been compiled by the *Journal* and the Research and Development team, and we will be circulating the healthcare community early next year to gather information regarding developments in 2012. Alternatively, readers are welcome to communicate any developments or departmental news to the *Journal* editorial team.

Service developments in 2011

ANAESTHESIA

Department of Anaesthesia at Lancaster signed up to Helsinki Declaration for Patient Safety in Anaesthesiology, demonstrating it meets European-wide standards of monitoring and care.

Sir Liam Donaldson, Chair of the National Patient Safety Agency and former Chief Medical Officer, visited the Lancaster Patient Safety Research Unit in November 2011. He later posted on twitter: 'Great work particularly on anaesthetic safety.'

MEDICINE

Rheumatology

John Halsey and Wendy Dodds have retired. Dr Lesley Ottewell is a new starter.

Our student first intercalated MSC, funded by rheumatology collaborating between Lancaster University and UHMBFT.

Alex Oldroyd was the winner of the student prize for an unprecedented second time and a European travel bursary.

Funding was obtained for a NIHR research nurse – Bronwen Evans.

Stroke medicine

Early treatment for thrombotic stroke is now available 24 hours a day for patients in Morecambe Bay. Thrombolysis improves outcome in selected patients with ischaemic stroke. The Telestroke service set up by the Cumbria and Lancashire Cardiac and Stroke Network was launched 27 July 2011 to provide out-of-hours cover, enhancing the existing stroke thrombolysis service provided by A&E consultants and stroke physicians at RLI and FGH.

The out-of-hours service is provided by the Telestroke service is fronted by 15 consultants, including two from Morecambe Bay. They provide consultations via video conferencing technology, covering hospitals from Carlisle to Southport, so that patients can be assessed, advice given and treatment decisions made at any time.

One hundred patients have been thrombolysed using the Telestroke service and a larger number assessed. The first patient to be thrombolysed using the Telestroke service was at RLI.

PATHOLOGY

Microbiology

Pre-examination improvements 2011

- Developed antenatal failsafe procedure for infectious disease screening
- Introduction of boric acid containers for community urine samples has been to show a 35% reduction of contamination rates

Examination improvements 2011

- Respiratory influenza screening for ITU/pregnant patients, out-of-hours/weekends when access to primary molecular testing is limited
- Change to third generation novovirus EIA kit to improve detection of novovirus, prior to the introduction of molecular testing

Patient safety

- Microbiology has worked with theatres services to improve the testing regime at the FGH site
- Web page updated to include more comprehensive advice about specimen collection, infection risks involved with sample collection and the safe collection of samples

RADIOLOGY

Dr Crawshaw has retired. Five consultants have retired in the last two years at UHMBT (four at RLI and one at FGH). New starters include Nigel Grunshaw, Ranjan Kukreti and Kasia Witkowski.

SURGERY

Thyroid assessment and surgery

Patients referred with neck lumps can be assessed by the relevant speciality consultant and the clinic runs in tandem with three specific sub-specialities: a thyroid clinic; maxillofacial clinic; and ENT clinic. Within the same clinic there is dedicated ultrasound and consultant cytopathology support as well as our clinical nurse specialist. This enables all patients to see the

relevant sub-specialist, be assessed with ultrasound and receive not only an FNA but immediate assessment of the FNA sample to ensure that it is adequate. If the provisional management plan needs to be altered this is communicated at this point direct to the patient via the clinical nurse specialist and any questions answered.

With respect to the thyroid element of this clinic, dedicated consultant expertise is provided by Mr Tomlinson (Endocrine Surgeon), Mr Hans and Mr Mian (ENT Surgeons), and Dr Smith (Endocrinologist). Patients with suspicious or malignant cytology results can be seen rapidly in the clinic to discuss this result and options for surgical or other treatment. The addition of dedicated and immediate cytological service

together with ultrasound visualisation has significantly improved the immediate diagnostic rate and reduced the need to recall patients for repeat investigations. The clinic now ensures that the Trust meets the necessary IOG requirements for the provision of a diagnostic neck lump assessment service.

Vascular surgery

Our endovascular programme has progressed further with Dr Andrew Sambrook offering additional radiological support to Dr Lavelle. More hybrid endovascular/open surgical procedures are being formed. Much of the year has been focused on the regional review of vascular services (see page 237).

Presentations in 2011

Arfanis K. 'Walk a mile in my shoes': how inter-professional understanding could help improve patient safety. Making health care safer: learning from social and organisational research. University of St Andrews, St Andrews, 27-28 June 2011

Campbell G, Arfanis K, Smith AF. Barriers to the successful implementation of the WHO surgical checklist. (Poster). Association of Anaesthetists of Great Britain and Ireland meeting, Edinburgh, September 2011

Puga-Bolio D. Organised patient safety: learning from an experience in implementing a patient safety campaign in an acute general hospital in England. (Poster) Making health care safer: learning from social and organisational research conference, University of St Andrews, St Andrews, 27-28 June 2011

Puga-Bolio D, Busby J, Pidd M, Smith AF. Organising Patient Safety systems: comments on the implementation of a safety campaign in an acute general hospital in NW England. (Poster presented and paper published.) Proceedings of the 37th ORAHS (Operational Research Applied to Health Services)

conference: Operational Research informing national health policy. School of Mathematics, Cardiff University, Cardiff, July 2011

Smith AF. 'Implementing quality in anaesthesiology in Europe' and 'Educating and training for safety'. 19th Panhellenic Congress of Anaesthesiology, Alexandroupolis, Greece, May 2011

Smith AF. 'Health services research: what is it and what has it done for anaesthesia and critical care?' and 'Guidelines and the ESA'. European Society of Anaesthesiologists' 18th annual meeting, Amsterdam, June 2011

Smith AF. Distractions in anaesthetic practice. Royal College of Anaesthetists' Patient Safety Conference, London, October 2011

Smith AF. The changing nature of apprenticeship in anaesthesia. Workshop in honour of Jean Lave, Lancaster University, November 2011

Publications in 2011

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- Arfanis K, Shillito J, Smith A. Informal risk assessment strategies in health care staff an unrecognised source of resilience. *J Eval Clin Pract* 2011 doi: 10.1111/j.1365-2753.2011.01759.x (Epub ahead of print)
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- Bukhari M, Dixey J, Deighton C. A survey of new to follow-up ratios in rheumatology outpatients departments. *Clin Med* 2011;11(1):99-100 (Letter)
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