

## New Director of Operations

We are pleased to announce the appointment of our new Director of Operations, Richard Beeken.

Richard joins DGoH from South Staffordshire & Shropshire Healthcare NHS Foundation Trust where he spent two-and-a-half years as Chief Operating Officer.

The father-of-two, aged 38, has held a variety of senior positions within the NHS since graduating with a Masters degree in Managing Healthcare Organisations from Manchester University in 1997.

His first post was as Deputy Divisional Manager for Bromley Hospitals NHS Trust between 1997 and 2000.

Since then, Richard has held a number of senior posts at various

trusts, including General Manager of Surgery and Accident and Emergency, Associate Director of Surgery and Critical Care and Assistant Director of Operations.

He has also worked as Divisional Manager of Surgical Services at The Royal Wolverhampton Hospitals NHS Trust and Chief Operating Officer of Birmingham Children's Hospital.

Richard replaces Ruth Serrell who held the post of Acting Director of Operations for eight months.

"I am looking forward to working closely with you all," says Richard, "and hope to build on the work of my colleagues in the Trust, strengthening our links with you and working together to develop and re-design our services for the benefit of our patients."



**Richard Beeken,**  
**Director of Operations**

## Reduced waiting times in orthotic clinics



**David Deeley, Principal Orthotist**

We are pleased to be able to tell you that patients referred to our orthotics clinics can expect an appointment within three to four weeks, which represents a significant reduction in waiting times.

Since the middle of last year, waiting lists have come down from 20 weeks for baseline appointments. Urgent cases can be seen within 72 hours.

"We are very pleased to see such a dramatic reduction in waiting times," says David Deeley, Principal Orthotist and Medical Service Head. "Moving to a larger space at the rear of Therapy Services on the ground floor at Russells

Hall Hospital, and taking on an extra member of staff, has enabled us to see many more patients."

Orthotist Joanna Mackenzie, who specialises in vascular work, recently graduated from Salford University and joins David and Senior Orthotist Keith Blunn. Between them, they see approximately 10,000 patients a year across three clinics.

"We are in a position to take on extra activity and are keen to accept new referrals," adds David. "We give patients the best and most efficient service, offering convenient appointments to

best suit them. If they live near Corbett Hospital, for example, we will do our best to offer an appointment at Corbett rather than Russells Hall."

The Trust has been trialling a laser scanner that takes a laser image of the limb and gives more accurate definition and manufacturing to get the right fit every time. The scanner would be used alongside the more conventional plaster cast which would still be needed in some cases. We are investigating the possibility of purchasing a laser machine in the near future.

The team is used by every discipline in the hospital and holds specialist clinics for Paediatrics, Haematology and Diabetes.

### Referring

We accept referrals by letter for minor orthotic, single episode treatment such as plantar fasciitis (inflammation of the fascia). However, you cannot refer for specialised footwear because it is deemed not to be a single episode. You would need to refer to a consultant first and the consultant would refer on to Orthotics, if appropriate.

### Fax referrals

Russell Hall Hospital – 01384 244143  
Corbett Hospital Outpatient Centre – 01384 244779

### Phone advice

Russells Hall Hospital – 01384 244107  
Corbett Hospital Outpatient Centre – 01384 244729

## The Dudley Group welcomes... Ms Uzma Zafar



**Ms Uzma Zafar, MRCOG**

Consultant Gynaecologist Ms Uzma Zafar recently joined the Trust. A graduate of the University of Peshawar, Pakistan in 1991, Ms Zafar completed her basic training in General Medicine, Paediatrics, and Obstetrics and Gynaecology in Islamabad.

She completed her specialty training in the West Midlands in February 2010 having gained her experience at Birmingham Women's Hospital (2005), Russells Hall Hospital (2005-6 and 2007-9) and Sandwell General Hospital (2006-7).

Ms Zafar spent the last 12 months at Royal Shrewsbury Hospital as an SpR/ST trainee in Obstetrics and Gynaecology.

Her main interests are maternal medicine, high risk obstetrics and teaching.

Appointed to the Trust in her first consultant post, she hopes to offer patients a joint haematology and obstetrics clinic in the near future.

### **Clinics:**

Mon am: gynaecology/colposcopy (Russells Hall Hospital)

Tue pm: gynaecology (Corbett Hospital)

Thur pm: antenatal clinic (Russells Hall Hospital)

Fri pm: gynaecology theatre list

You can refer in to Ms Zafar's clinics via Choose and Book or referral letter.

## A dedicated lipid clinic for children with Familial Hypercholesterolaemia (FH)

A dedicated multi-disciplinary lipid clinic has been established at Russells Hall Hospital for children with Familial Hypercholesterolaemia (FH).

The clinic has been set up in response to NICE guidance on FH (August 2008) which states healthcare professionals should offer all children with possible FH a referral to a specialist *with expertise in FH in children* and that this should be in an appropriate child-focused setting.

Historically, some children with FH have been seen in our paediatric endocrine clinic and a few in the adult lipid clinic. However, since the introduction of cascade screening in Dudley in 2009, the number of children with possible FH has increased.

The new dedicated clinic, catering for these increased numbers, will be jointly run by Dr Anand Mohite, Consultant Paediatrician, and Dr Mourad Labib, Consultant Chemical Pathologist & Lipidologist.

The clinics will be held on the first Tuesday of the month and the first one will be held in July 2010.

Referrals should be made either in writing to Dr Mohite's secretary, Linda Jones, at [linda.jones@dgoh.nhs.uk](mailto:linda.jones@dgoh.nhs.uk), by telephone on 01384 244367 or via Choose and Book.

For further information, please contact Dr Mohite's secretary on the number above or Dr Labib's secretary, Sue Causer, on 01384 244078.

## Welcome also ...

**Dr Srinivas Ramaiah**, MD, FRCpath, to Histology – Dr Ramaiah completed his training in Leicester (SHO year) and the West Midlands (SpR training). His specialty is histopathology and his main work is reporting gastro-intestinal, urological and skin biopsy specimens, and non-gynaecological cytology specimens.

**Dr Michael Douglas**, Bsc, PhD, MBChB, MRCP, to Neurology – Dr Douglas qualified from Birmingham University Medical School in 1998, with subsequent training at the Hammersmith Hospital and the National Hospital for Neurology and Neurosurgery. He has an interest in CNS inflammatory disease (including MS). Dr Douglas's clinics: Mon pm and Thur am at the Guest Hospital

**Miss Joanne Taylor**, MBBCh, MRCS, FCEM, to the Emergency Department – Miss Taylor qualified from UWCM (Cardiff) in 1996 and spent time as an orthopaedic specialist registrar on the Stoke/Oswestry rotation before changing to emergency medicine. She has since worked throughout the West Midlands. Special interests include trauma and minor injuries.

**Dr Seau Cheung**, MB ChB, MRCP(UK), to Dermatology – Dr Cheung undertook his general medicine training in Birmingham and qualified to become a Member of The Royal College of Physicians of London. He completed his specialist training in Dermatology in several hospitals in the West Midlands. Mr Cheung's clinics: Mon am and Wed all day at Corbett Hospital, Tue am at Russells Hall Hospital, Fri am at Corbett Hospital.

**Dr Alistair Lewthwaite**, Bsc, PhD, MBChB, MRCP, to Neurology – Dr Lewthwaite qualified from Birmingham University Medical School in 2000, with subsequent training at University Hospital Birmingham and the West Midlands specialist registrar training scheme in neurology. He has an interest in Parkinson's disease, as well as other movement disorders, and has recently completed research studies into genetic factors in Parkinson's disease: Dr Lewthwaite's clinics: Mon am at Russells Hall Hospital, Wed am at Guest Hospital and Thur am (Parkinson's disease clinic) at Guest Hospital.

Refer in to clinics via Choose and Book.



# Think glucose to improve care for patients with diabetes

A new initiative to improve the management of inpatients with diabetes is being piloted in the Trust.

Think Glucose, a major new programme designed by the NHS Institute, has been developed to improve the treatment of patients with diabetes as a secondary diagnosis.

"We know one in five of our inpatients has diabetes and, on average, they will spend 4.65 days

longer in hospital than patients without diabetes," says Dr Jane Dale, Medical Service Head for Diabetes and Endocrinology.

"Think Glucose aims to raise awareness among our staff to provide consistent and proactive care for inpatients with diabetes and reduce length of stay."

Staff, no matter what their specialty, are routinely asking patients if they have diabetes when

they are admitted to hospital and referring directly to our newly-formed Diabetes Outreach Team if they have concerns.

The programme also encourages patients with diabetes to self-manage insulin during their stay in hospital and helps avoid insulin drug errors.

Think Glucose will be rolled out across the Trust in the coming months.



## Gastroenterology

Since the retirement of Dr Adrian Hamlyn and Dr Barry Jones, the Gastroenterology (GI) Department has divided caseloads into sub specialities to offer patients more focused expertise.

"Patients will now see a specialist with a particular clinical interest in their condition," says Dr Neil Fisher, Consultant Gastroenterologist and senior clinician.

"The department is well supported with specialist nurses, including three nurse endoscopists, who perform many routine assessments, and two Inflammatory Bowel Disease specialist nurses."



**Kerry Castle,**  
Lead Nurse, GI

Dr Cooper succeeds Dr Jones as the lead for the clinical nutrition service and is also the lead clinician for Inflammatory Bowel Disease.

Dr Fisher holds clinics for viral hepatitis and both Dr Fisher and Dr Shetty offer an ERCP service for patients with obstructive jaundice. Dr Saudid Ishaq specialises in colonoscopy and Dr Shanika De Silva, who will be in post in August, specialises in Inflammatory Bowel Disease (IBD).



**GI team includes (left to right) consultant gastroenterologists Dr Sharan Shetty and Dr Sheldon Cooper, IBD Specialist Nurse, Jayne Slater, Consultant Gastroenterologist and Medical Service Head, Dr Neil Fisher, Clinical Nurse Specialist, Nicky Griffiths and Consultant Gastroenterologist, Dr Saudid Ishaq**

### We carry out the following GI procedures:

- Diagnostic OGD
- Colonoscopy with endoscopic mucosal resection (EMR) of large polyps
- Oesophageal dilatation with bougies or balloons
- ERCP (Endoscopic Retrograde Cholangio-Pancreatography)
- Endoscopic ultrasound with fine needle aspiration
- Argon plasma therapy
- Wireless capsul endoscopy (pillcam)

### Open Access Endoscopy

Please be aware of the revised criteria for open access. Revised referral forms are available for download from Choose and Book or you can contact Jannine Hewlett, Choose and Book Support Manager, at [jannine.hewlett@dgh.nhs.uk](mailto:jannine.hewlett@dgh.nhs.uk)

We encourage you to make more use of Choose and Book for open access OGD or flexible sigmoidoscopy.

## Meet the team

**Dr Neil Fisher**, Consultant Physician and Gastroenterologist, has worked for the Trust since 1999 having trained at London's Royal Free Hospital. Since taking up post in Dudley he has taken advantage of the Trust's reputation as a centre of excellence in endoscopy to develop expertise in interventional endoscopy and set up the endoscopic ultrasound service in 2003.

**Dr Saudid Ishaq**, Consultant Gastroenterologist, a graduate from Pakistan, trained at several centres of excellence in the UK including Aberdeen, Edinburgh, Newcastle-upon-Tyne and at Birmingham's Queen Elizabeth Hospital. His interests include capsule endoscopy, advanced colonoscopy and endoscopic treatment of early gastric cancer. He has set up the highly successful iron deficiency anaemia clinic.

**Dr Sheldon Cooper** was a junior doctor at Dudley from 1998 until 2002. After developing an interest in gastroenterology, he completed his training at City Hospital, Queen Elizabeth Hospital and Sandwell Hospital. While at Sandwell, he undertook a research degree on the role of genetic and environmental factors in oesophageal cancer. He then spent a brief fellowship at the Intestinal Failure Unit at Hope Hospital, Manchester.

**Dr Sharan Shetty** trained in India before completing a full UK gastroenterology training scheme in the Bristol deanery, including extensive placements at the nationally renowned training centre for endoscopy at Cheltenham General Hospital. His interests include interventional endoscopy and pancreaticobiliary disease. He shares in management of hepatology and Inflammatory Bowel Disease patients.

The GI team includes two IBD specialist nurses, Lindsey Wood and Jayne Slater, and three nurse endoscopists – Nicola Griffiths, Doreen Plimmer and Lindsey Wood (in a dual role). Lead Nurse Kerry Castle's main role is managing the GI Unit.

## Referral advice for Dermatology

Referrals to Dermatology are increasing year on year and patients should be referred only if the clinical need exists. Patients may be seen more quickly if they are referred to the Community Dermatology service, or if GPs use the new Minor Surgery LES, rather than direct referral to Corbett Hospital.

"Many dermatological and cosmetic referrals fall outside the PCT's Aesthetic Surgery Policy and should only be referred if they meet these criteria," says Dr Graeme Stewart, Medical Service Head for Dermatology.

"Viral warts may be self managed or treated in primary care and may not need medical attention at all."

Skin lesions should only be referred to our Dermatology Department if there is diagnostic doubt. If the lesion is causing functional problems, such as itching or bleeding, it can usually be treated in primary care via the Minor Surgery LES, or by the GPSI run community skin clinics.

Common inflammatory skin diseases, such as eczema, psoriasis and mild acne can also be seen in these community clinics.

### Referrals to DGoH

We accept referrals for the following skin conditions:

- ☐ Lesions and rashes requiring definitive diagnosis
- ☐ Common inflammatory skin diseases that fail to respond to first line management
- ☐ Any suspected skin cancer e.g. squamous cell carcinoma, melanoma and basal cell carcinoma

Suspected melanoma and squamous cell carcinoma should be referred using the two-week rapid access pathway. Basal cell carcinoma should be referred to either Dermatology at Corbett Hospital or Plastic Surgery at Russells Hall Hospital.

### Urgent referrals

Urgent referrals can be made by letter to the Dermatology Department, Corbett Hospital Outpatient Centre, Vicarage Road, Stourbridge, DY8 4JB or by fax to 01384 244637.

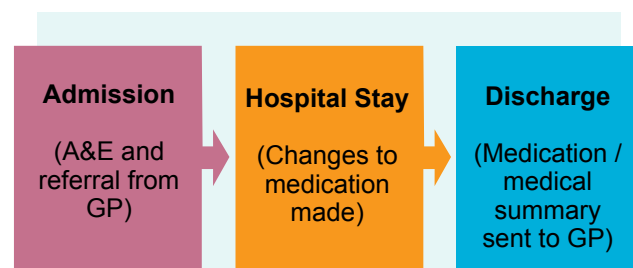
There is a consultant on-call for urgent/telephone advice 9.00am to 5.00pm, Mon-Fri. Please call 01384 244559 / 244575 / 244708.

## Medication history plea for EAU patients

To ensure we provide the best care to patients referred to the Emergency Assessment Unit, it is important we have the right medication history. It would be extremely helpful if you could provide us with all the information you have relating to their most recent prescriptions.

We would like to see as many patients as possible, referred by GPs, arrive with complete medication histories to help appropriate prescribing while they are in our care.

An up-to-date and accurate medical and medication history is invaluable to facilitate a seamless transition from primary to secondary care and vice versa.



A thorough medication history allows patients to be clerked appropriately by our doctors and helps hospital pharmacists to assess and discuss compliance with patients about currently prescribed medication.

This helps us to assess what the patient currently takes, recently stopped medication and any medication compliance issues. This leads to an overall review of the patient's medication based on their current reason for admission.

A medications history will also help us meet NICE guidance on improving the process of medicines reconciliation and improve the documentation the Trust provides on discharge.

Please can you print off a full drugs history from your electronic prescribing system and ask the patient to bring it with them along with their referral letter? This will help improve the patient's stay and prevent medication errors.

## GP Q&A

Dr Kevin Dawes, GP at The Ridgeway Surgery, Sedgley asks:

**Q** "What effect has the Stafford Hospital report had on The Dudley Group's approach to services?"

Richard Beeken, Director of Operations, responds:

**A** "When the first report on Mid Staffs was published in 2009, DGoH prepared a schedule of all the issues in the report and required its clinical directorates to consider what their position was in relation to the

concerns raised. The initial responses were taken to the Trust Management Executive and, where necessary, further actions were requested. This action was taken to ensure that DGoH services had given full consideration to the report and provided reasonable assurance that similar problems were not present in Dudley.

The 18 recommendations of the (more recent) Francis Report have been reviewed by clinical and executive directors. A report has been presented to the Board listing, for each of the recommendations, the mechanisms that form part of the Board assurance framework that provide confidence that, were there to be areas of concern, they would be raised promptly and dealt with in an open and comprehensive manner."