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Calderdale and Huddersfield **NHS**

NHS Foundation Trust

GP Update

LATEST NEWS FROM THE TRUST

AUTUMN 2014 Number 29

A new technique to unclog completely blocked arteries without open heart surgery is now available for coronary patients in Huddersfield and Calderdale.

The first local procedure of its kind was performed at Calderdale Royal Hospital on Monday, September 29, World Heart Day. The procedure involved using dedicated equipment called a CrossBoss and Stingray to pass stents down the side of resistant blockages.

Many patients have blocked blood vessels but for technical, medical or personal reasons are not suitable candidates for bypass surgery. The new technique increases the likelihood of successful stenting, offering patients a greater range of options.

The minimally invasive procedure can take up to

New heart procedure



Mr Green, with Dr Butts right, and sister Clair Bell from cardiac rehab

four hours and is performed through a small tube in the wrist or groin. The patient is usually fit to leave after an overnight stay in hospital,

compared to a week's stay after open heart surgery.

Dr Butts said: "This is a significant improvement for patients and we are

very pleased we can offer it locally. It is highly rewarding to see patients with no ongoing angina, allowing them to return to the

things that they enjoy."

"At the trust we continuously embrace new techniques and technologies to deliver high quality angioplasty options for our patients.

Farmer Christopher Green from Lightcliffe, 68, was the first to undergo the procedure. He had two heart attacks in March this year - the first after returning to his home after lambing a ewe.

He said: "It's amazing technology and it is just marvellous what I can already do so much so soon afterwards."

Mr Green, whose family has a history of heart disease, will continue his recovery with the help of gentle exercise from the Trust's cardiac rehabilitation team.

Meet the medical manikin

This is our new £80k training manikin who can be remotely controlled to have a full range of emergency medical conditions, including heart attacks, coughing fits or very low blood pressure to train up our medics of the future.

The trainee doctors' reactions are observed and recorded for debriefs for future learning.

FY doctors with the manikin



Flu jab campaign under way

The Trust's flu vaccination campaign is under way for winter 2014/15.

We have more than 100 specially-trained vaccinators to deliver flu jabs to frontline staff.

Our Medical Director David Birkenhead, centre,

and Director of Nursing Julie Dawes, left, are pictured with the Trust's "star" vaccinator, theatres matron Sandra Senior who has performed most jabs in the previous two years with more than 200 in each year.

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Update

Our Trust and our provider partners delivered the Outline Business



Case proposal on the future provision of community and secondary care to the two local CCGs in June 2014.

Both CCGs confirmed it remains their ambition to radically alter the way in which health and care services operate over the next 3-5 years. However, currently, there is no date for public consultation on this issue and instead the CCGs have expressed their aim is to focus on consolidating community provision first of all.

In the meantime The Trust remains committed to working with other providers, especially GP Federations, to find new and innovative ways to deliver care for our patients.

Help for mums

The pressure of being a new mum is being eased with the creation of a new specialist community team in Todmorden and Hebden Bridge.

The Upper Calder Valley health visitors have started Maternity Mental Health (MMH) a pilot based at the Children's Centre at Todmorden to help women who have difficulties after the birth of their babies.

Women who are struggling to cope are referred to the team which provides them with expert advice and support once a week for five weeks.

For more information contact Janet on 01706 811114.

News Round-up

Advancing patient care

This is the Trust's first cohort of advanced clinical practitioners for adults.

This role is designed to assess, diagnose and treat patients. They are able to make decisions, to admit or discharge patients and they will work in the clinical team to manage a whole episode of care. They will provide expert, individualised care and treatment for patients and children and families both in emergency care and across some clinical specialities.

The nurses have spent two years studying up to master's level at



either Huddersfield or Leeds universities.

Deputy Director of Nursing, Jackie Murphy, said: "I am proud of all of them in their work as advanced practitioners,

patient advocates and nursing role models. They are skilled both in medical management and have the expert nursing skills to ensure our patients receive the very best nursing care."

Skilled role: Gemma Berriman, Deb Lau, Amanda Shaw, Chris Ramsdale, Karen White, Kay Maxfield, Debra Adams, Jackie Murphy and Helen Tordoff

A great stand against infection

A stand promoting the crucial importance of hand hygiene as part of infection control and prevention was judged the best at this year's Health Fair and AGM in September held at The Shay Stadium, Halifax. Chairman Andrew Haigh confirmed the Trust's commitment to spending £1.5m in the next year to recruit extra nurses.

The investment follows recommendations in the Francis Report after investigations into healthcare standards at Mid Staffordshire NHS Foundation Trust.



Infection prevention and control nurses
Belinda Russell, left, and Christine Berry

New procedure available

Medical Thoracoscopy, a procedure to diagnose and treat fluid in the pleural space within the chest, is now available at HRI saving the need for patients to travel to Leeds.

CHFT is now one of four hub lung cancer centres in the Yorkshire cancer network region offering Endobronchial Ultrasound and Medical Thoracoscopy.

The procedure involves introducing a small camera into the chest cavity in sedated patients in order to remove fluid, take biopsies and then seal the space with sterile talc so that the fluid doesn't come back.

Patients become catwalk stars

Our breast cancer patients were again catwalk stars for our 9th annual charity fashion show as part of Breast Cancer Awareness Month in October.

The event was held at the Cedar Court Hotel with women from Calderdale and Huddersfield who have had or who are undergoing treatment

modelling the fashions from local shops.

In all, 33 models of all ages took part and the event is seen as a big confidence-booster for women on the road to recovery after a diagnosis.

Healthcare assistant Carol Makepeace was one of the models. She worked alongside breast care nurse

Joyce Graham for months – without ever thinking she would become her patient.

She said: "When you are going through all this you just want to get back to the person you were before it all. I am getting there thanks to the support from my family and from the wonderful colleagues at HRI."



Joyce, left, with Carol

FOCUS ON... Assisted Conception



Our assisted conception teams care for around 900 new patients every year helping them to become parents.

Our conceptions rates are amongst the best in the country and now at nearly 40%, and as we are a satellite unit – with a clinic at CRH – our patients benefit from the very latest technology.

For example, they benefit from embryoscope which scans developing embryos every 10 seconds so only the very strongest – and those with the best chance of becoming a baby – are implanted.

But assisted conception and IVF care is a complex area with issues surrounding who exactly is eligible for treatment and issues of payment, when is it free and why people have to pay.

Here's a quick round-up of the most commonly asked questions GPs ask our unit.



The ACU team

Who is eligible for ACU services?

Anyone can access services as long as they have a referral from their GP or a consultant.

When do you have to start paying?

There are strict funding rules and they can vary between different commissioning groups. A couple would only have to pay when it is decided they need IVF or donor sperm treatments and are not eligible for NHS funding or have used their NHS entitlement.

CHFT is a satellite IVF unit. What does that mean?

We offer all fertility treatments locally with the exception of the egg collection, embryo transfer and intrauterine insemination which are currently carried out by another provider arranged by us.

What is the treatment pathway for a new patient?

Both partners are seen by a fertility nurse specialist where a detailed history is taken. There is then an ultrasound scan on female

partner/ partner who wants to get pregnant. The results of the investigations are explained and further investigations arranged. Couples then return to clinic to see doctor, where individual treatment plan is devised.

Why is it so good at CHFT?

We have a strong focus on "customer care" which delivers an individualised treatment pathway for every patient. This is very important to us. There is also the opportunity to choose most appropriate lab, highly trained nursing team 24 hour on call IVF service etc

For more information call the unit on 01422 224478.

Sarah and Andrew Banks with Jack, aged five months, at our annual party for parents and babies



Party time for Emma Eastwood, with twins Rosie, right, and Tilly

Theatre improvement begins on the outside

The Trust has launched an amazing engineering feat to upgrade all the theatres at HRI – from the outside in!

To keep disruption for staff and patients to a minimum all the main six theatres will be revamped – for the first time 15 years – via a complex exterior scaffolding up the outside of the block on South drive with contractors accessing theatres via the windows.



Work takes place on the theatres upgrade

A mobile theatre has been installed with a specially-created sealed corridor to link it to

the hospital to ensure the theatres service for patients continues smoothly throughout.

The other theatres will also be revamped as part of a £7m programme expected to take up to two years and is part of the rolling capital programme at HRI to upgrade the facilities.

Three of the new theatres will have state-of-the-art laminar flow systems which keeps the air inside sterile to minimise the risk of infections in complex cases.

Tots check-ups

A pilot scheme by health visitors at CHFT to make sure all three-year-olds get their vital pre-school health check-ups has recorded a 100% success rate and has been rolled out in all nurseries in the Todmorden and Upper Calder Valley areas.

Health visitors started a new pilot scheme going into schools and nurseries at the start of this year after it emerged many tots were missing out under the existing scheme based in clinics and drop-in sessions in the community settings.

Well done to...



... Consultant anaesthetist Julie Nunez who swam Coniston Water in more than four hours to raise £400 for Cancer Research in memory of his sister in law.

Welcome to...



... Mr Mansoor Ali, the Trust's first renal consultant.

Waiting times update

Waiting Times Snapshot as at 30 September 2014

SPECIALTY	FIRST O/P	DAY CASE	ELECTIVE I/P
General Surgery	9	10	8
Urology	8	12	10
Trauma and Orthopaedics	8	11	11
Ear, nose and throat	8	10	13
Ophthalmology	12	11	9
Oral Surgery	11	8	7
Plastic Surgery	5	10	N/A
Pain Management	13	12	N/A
Gen.Med (Diab)	7	6	
Respiratory Med	8	Bronch's – 9	
Gastroenterology	9	9	
Haematology	5		
Cardiology	8	Angiography – 6 Pacemaker – 6	
Dermatology	5		
Nephrology	7		
Medical Oncology	1		
Neurology	9		
Rheumatology	7		
Elderly Medicine	5		
Paediatrics	6		
Gynaecology	5	10	9

Radiology waiting times as at 30 September 2014

	CROSS SITE PATIENT GIVEN THE FIRST AVAILABLE APPOINTMENT	CRH ONLY PERFORMED AT THIS SITE	HRI ONLY PERFORMED AT THIS SITE
MRI	5 WEEKS		
CT	5 WEEKS		
US MSK VASCULAR	1 WEEK 4 WEEKS 6 WEEKS		
FLUOROSCOPY			
UPPER GI ENEMAS		4 WEEKS	4 WEEKS 3 WEEKS
NUCLEAR MEDICINE			
BONES CARDIAC OTHERS			3 WEEKS 7 WEEKS 6 WEEKS
Mammography		0 WEEKS	0 WEEKS
DEXA SCANS			3 WEEKS

Key to main waiting times update

FIRST OP = GP referred (routine) first outpatient attendance. Times shown are maximum wait times (in weeks) as at end of September 2014.

DAY CASE AND ELECTIVE INPATIENT

Times shown are average wait times (in weeks) from referral to treatment (i.e. they include the outpatient wait time within them) for end of September 2014 admissions.

Key contacts

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