MAJOR DEVELOPMENTS 2001

CARDIOLOGY

- we have just started a **transoesophageal echocardiography service**, October 2001.

CLINICAL BIOCHEMISTRY

- we have been fortunate in securing Christine Squire as **consultant clinical scientist** based in the biochemistry department at RLI. Among her many publications in the field of biochemical endocinology is an important paper in the Lancet a few months ago on thyroid function testing strategies.

She is a member of the British Thyroid Association and the British Endocrine Society as well as northwest regional tutor for the Association of Clinical Biochemists. She held a similar post at the Royal Liverpool Hospital and is a great fan of the Lake District with an encyclopaedic knowledge of the fells.

- Christine Taylor has been appointed **trainee clinical biochemist** within the department jointly with the Royal Preston department. She will be studying for an MSc in clinical biochemistry at Manchester and learning the ropes in the bay hospitals. Christine is a post-doctoral scientist whose first degree is in chemistry.

- Louise Richardson has joined the staff at FGH as a **biomedical scientist** having completed her degree in biomedical sciences and probationary year at Birmingham.

- Stuart Simpson has joined us at FGH as a **biomedical scientist** from Arrowe Park Hospital, as has Mike Venables who is from New Zealand.

- provision of **serum B HCG analyses** for the early detection of ectopic pregnancies at risk of rupture and as an aid to diagnosis in cases of abdominal pain in early pregnancy (see D Burch, Ectopic pregnancy, Morecambe Bay Medical Journal 2001;3(11):395).

- providing serum cardiac troponin as a **diagnostic marker in cases of suspected MI** with equivocal or normal ECG. When taken 12 hours after the onset of chest pain this is able to rule out a heart attack: about 80% of cases of chest pain we see have not been so afflicted and we aim to free up our inpatient facilities by discharging them early. We are awaiting new analysers to extend this service to all sites and at weekends.

CHRONIC PAIN MANAGEMENT (FGH)

- introduction within established neuromodulation of **spinal cord stimulation service**. The treatment by spinal cord stimulation of refractory angina.

- reorganisation of pain management programme **cognitive and behavioural therapy psychometric analysis** in line with national consensus. To provide database to accommodate measures.

MAXILLOFACIAL UNIT

- the development of a **clinical network** has been completed, linking the acute hospitals in Morecambe Bay with those in Blackpool and Preston. This means that patients with facial anomalies, oral cancer and facial trauma will be managed by a consultant in that subspeciality.

- **integrated care pathways** have been established and are being used for adult minor oral surgery, paediatric oral surgery and facial skin lesions.

- the initial stage of the **booked admissions system** (BAS) for patients referred from dental practices to the maxillofacial unit has been working for almost a year. The second stage, linking the practices to the department by an electronic connection, went live in December 2001.

MEDICAL ONCOLOGY

- established a **'Bacup' cancer information** unit at Kendal centre (CancerCare).

- **ten-year anniversary of CancerCare** at Slynedales, Lancaster, which now employs 40 therapists and provides more than 12,000 therapy sessions each year.

OBSTETRICS AND GYNAECOLOGY

- Dr Katherine Granger has been appointed to replace Ian Page. She has taken over from David Burch as **lead obstetrician for the medical antenatal clinic.** This clinic exists primarily to look after pregnant diabetics and women with thyrotoxicosis. Prepregnancy counselling is offered to women with some other diagnoses, notably epilepsy. If in doubt, Dr Walmsley will advise whether referral is appropriate. This clinic was held up as an example of good practice at the recent diabetes service accreditation visit.

- building work continues in the Women's Unit. The current phase is making the building waterproof, getting rid of asbestos and providing proper bedhead trunking to bring the gynaecology ward up to modern standards for surgery.

- the main publication in obstetrics is with the **ORACLE study**, a large randomised multicentre study of the risks and benefits of antibiotics to prevent premature birth. It showed no benefit, which means our existing practice is correct.

ORTHOPAEDICS

- Saturday morning trauma lists.

ORTHOPAEDICS/PAEDIATRICS/ PAEDIATRIC PHYSIOTHERAPY

- the establishment of **multi-disciplinary clinics** in order to treat children with cerebral palsy and other neuro-muscular disorders with botulinum toxin. It is increasingly recognised that botulinum toxin injections can be helpful in reducing muscle spasticity and therefore be of benefit in improving gait in children with cerebral palsy. Also, injections into the hip adductor muscles may be useful in reducing the need for surgery in the management of neuromuscular hip subluxation/dislocation. We anticipate that this multi-disciplinary approach, involving Dr Ramesh (consultant paediatrician, RLI) and Mr Marshall (consultant paediatric orthopaedic surgeon, RU) will be able to offer a **botulinum toxin service** to children with cerebral palsy across Morecambe Bay, commencing in early 2002. The assessment and monitoring of response to treatment will be undertaken by paediatric physiotherapists at all three of our main sites Gill Wildon and Karen Leslie at Longlands Child Development Centre, Lancaster; Eileen Walters at the Blackhall Unit, WGH and Linda Kitchen and Ida Greber at the Child Development Centre, FGH. This is a relatively new application of botulinum toxin and we anticipate that it will be of major benefit to children with cerebral palsy in our area. Following successful establishment of the service it is hoped that we could expand and offer botulinum toxin injection treatment to children outwith our area as at present this facility is only available in relatively few centres in the UK.

PAEDIATRICS

- the **children's assessment/short stay observation ward** welcomed its first patient in November 2001. The purpose of the unit is twofold: to avoid admission of a child if care of an equal standard can be provided at home and to reduce the number of inpatients. All acute medical admissions, with the exception of those very obviously requiring high dependency care who will continue to go immediately to in inpatient ward, receive an initial assessment in the unit by dedicated experienced nursing and medical staff. The child is admitted to the inpatient ward, discharged home or remains in the area for short-term observation. In the latter case the child will be managed and frequently reassessed until a decision is made for either discharge home or admission to the ward. A parent is expected to remain in the unit with the child and is shown how to assess, monitor and manage the condition appropriately ie the parent is empowered with the skills necessary to provide ongoing care for the child at home.

  The unit is open daily from 10.00 to 22.30 hours.

- **structural alterations** costing almost £100,000 were necessary for the project. This was provided from charitable sources including a generous donation from the Hospital League of Friends.

A great deal of time and effort has been taken, particularly by the paediatric nursing team, to amend documentation and adjust working practices without any increased manpower.

Is it too early to comment on the success of the unit? Well, the first week saw 38 patients through the unit with 25 being admitted and 13 discharged home on the same day. Pretty good!

GPs and A&E staff need to be aware of the unit for three reasons:

- emergency admission calls will be put through to the **senior nurse in charge of the unit**. Callers will be asked if they wish to speak to a middle grade doctor; if not, details are left with the nurse
- parents need to be told at the time of referral that **they will be expected to remain with their child** unless he/she is admitted to the ward
- the child may well be home the same day. If so, the usual discharge letter will be done at the time of discharge.

All feedback is welcome.

PATHOLOGY

- the **introduction of D-dimer** (see T Koziowski, The D-dimer test, Morecambe Bay Medical Journal 2001;3(12):416-418).

- **assay for troponins** about to be introduced.

RADIOLOGY (FGH)

- new **state of the art ultrasound equipment** for maternity autumn 2001.

- new **multislice helical CT scanner** operational January 2002.

- new **radiology information system** office computer hardware October 2001.

RHEUMATOLOGY

- in collaboration with the orthopaedic and physiotherapy departments and the PCT, **referral and priority guidelines for common musculoskeletal diseases** have been agreed and disseminated to all GPs in Morecambe Bay. These guidelines form the basis of the booked admission project which was due to commence in December 2001. This will enable GPs to make direct bookings for outpatient appointments and assist in the development of an integrated service for all specialities involved.

- **rheumatoid arthritis management guidelines** have been developed and endorsed by the area prescribing committee. These include shared care guidelines on the disease-modifying anti-rheumatic drugs.

- an **osteoporosis strategy** for Morecambe Bay has been approved by the musculoskeletal commissioning group and endorsed by the PCT and trust. This includes general guidelines on the management of osteoporosis, algorithms, and proposals to improve bone health and reduce the burden of osteoporosis fractures.

These three guidelines are available on www.nhs.uk/guidelines/index.htm

RESEARCH 2001

ANAESTHETICS

The problem of expertise in anaesthesia: D Goodwin, A Smith, M Mort, C Pope. NHS regional R&D funded two-year project looking to the acquisition and use of tacit knowledge in anaesthetic practice.

DERMATOLOGY

'Teledermatology in Morecambe Bay – a still photographic approach'. Accepted as MD thesis (Edinburgh University) by Dr Harrison.

MAXILLOFACIAL UNIT

Prognostic value of tumour DNA in serum in oral cancer: multicentre trial involving maxillofacial units from the northwest. To evaluate the predictive value of tumour DNA in serum as a prognostic marker in oral, oropharyngeal and hypopharyngeal squamous cell carcinoma. If the test proves reliable in predicting patient outcome it will enable the development of appropriate strategies for management of patients based on accurate prognostic information.

MEDICAL ONCOLOGY

Place of cancer death: patterns and preferences: C Thomas, A Gatrell, S Morris (Lancaster University); M McIllmurray (Morecambe Bay Hospitals Trust), D Clark, T Mansfield (external assessors); A Steele (Morecambe Bay Health Authority); C McCann, M Holland (Macmillan nurses). To inform local planning of terminal care services.

MEDICINE

Review of pacemaker implantations 1992-present at FGH: Drs Sykes, Gautam, Punnoose, Abdullan, Mrs B Teague and audit staff. Mainly audit, but information on survival in groups over 75 years and less than 75 years accepted as poster presentation at British Geriatric Society meeting autumn 2001.

MEDICINE FOR THE ELDERLY

A prospective cohort study of the influence of age on the clinical features of Parkinson's disease at diagnosis: Dr I Huggett, Audrey Stainton, Cathy Jarvis (Parkinson's disease nurse specialists). To identify particular features (signs and symptoms) of Parkinson's disease at different ages of presentation.

OBSTETRICS AND GYNAECOLOGY

Two multi-centre studies:

MAGPIE – is magnesium sulphate useful for prevention of eclamptic fits?

TEAMS – are multiple courses of steroids better than a single dose in prevention of respiratory distress syndrome.

ORTHOPAEDIC SURGERY

New techniques for orthopaedic casting: Mr Feldman. To try to develop an easier system of orthopaedic cast application, which is simple to apply and more comfortable for patients.

The description of 'fracture patterns' used by orthopaedic surgeons in the northwest: Mr Barker, Mr Feldman. An attempt to standardise the terms used to describe fracture patterns in order to aid communication between surgeons.

The use of diastasis screw in ankle fracture fixation: Dr Bankole, Mr Feldman. To determine the current use of a 'diastasis screw' in ankle fracture fixation in the northwest.

Correlating nerve root tension signs (straight leg raising) with PLA^2 in lumbar disc protrusions: H Stewart, S Khan (Preston). For purposes of medical education.

The proteoglycans and glycosaminoglycans of the meniscus of the knee: H Stewart, R Lauder (Lancaster University). Pure research.

Prospective evaluation of a new non-operative regime in the management of congenital talipes equinovarus (club foot): P Marshall, A Helm (orthopaedics), S Wildon (paediatric orthopaedic physiotherapist). To evaluate the effectiveness of a technique which we believe, on the basis of our experience to date, will result in significantly fewer children requiring extensive surgery for this condition.

PAIN MANAGEMENT

Randomised and controlled study of repetitive measures analysis of relapse prevention benefit for a pain management programme population: Dr Hodkinson, department of clinical psychology, Duddon House, Barrow, pain management team, FGH.

Clinical study to observe the benefits of spinal cord stimulation in a patient with dissociative identity disorder: Dr Hodkinson, department of clinical psychology, Duddon House, Barrow, pain management team, FGH.

The purpose of both projects is to study the beneficial effects of cognitive and behavioural therapy with chronic pain.

PATHOLOGY

Investigation of the common bacterial toxin hypothesis of sudden death syndrome: J Morris, D Telford, C Taylor, L Harrison. To determine the pattern of development of humeral and mucosal immunity to common bacterial toxins in infancy, and to measure bacterial toxins in the urine in infancy.

Investigation of the effects of ultraviolet light on cells in culture: J Morris, T McMillan, R Phillipson. To investigate the genotoxic effect of ultraviolet light on cells in culture.

RHEUMATOLOGY

PIXI follow-up study: Prof O Reid (Aberdeen), Dr J Halsey (Lancaster), Dr W Frazer (Liverpool), Dr C Kelsey (Romford), Dr A Adebajo (Barnsley).

Bone denisity measurement using a PIXI (peripheral instantaneous Xray imager) scanner is considered to be able to predict fracture risk with the same accuracy as an axial DEXA scanner. The purpose of this study of 7000 women is:

- to establish what proportion of women who are recruited by risk factor or population screening take medication when identified as a high risk of fracture and continue taking treatment at 18-24 months
- to establish the effectiveness of PIXI in predicting fracture.

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