Care Closer to Home

By bringing our care and expertise closer to the thousands of patients referred to our services each year from all over the North East and Cumbria, we aim to enhance the patient experience, offering greater convenience and more choice.

In the coming weeks we will be introducing some of our key services into new locations across the Region.

The Newcastle Hospitals @ Manor Walks in Cramlington

Patients living in and around Cramlington will soon benefit from the superb quality care the Newcastle Hospitals are renowned for when we open a major new health centre in the South Mall of Manor Walks Shopping Centre this Summer.

A range of Outpatient Clinics supported by X-ray and diagnostic facilities will be available, all run by Newcastle Hospitals’ staff. More on this in a future edition.

The Newcastle Hospitals @ Corbridge

At the beginning of May, our ENT and Eye specialists will be introducing new Clinics at the Corbridge Health Centre in West Northumberland. This new collaboration with Corbridge Health Group will ease pressure on the demand for our ENT service at Hexham, and offer a new clinic location for patients with macular problems. Find out more on Page 3.

Patients endorse the Newcastle Hospitals

The Trust has always performed well in the NHS Friends and Family Test since its introduction in 2013. The latest results have been particularly fantastic with 98% of inpatients saying they would recommend the Newcastle Hospitals to their friends and relatives should they need similar treatment. Such superb feedback is a true testament to the dedication and commitment demonstrated by all our staff, every single day.

To find out more about these stories, go to the News Section of our website www.newcastle-hospitals.nhs.uk

Also inside...

New COPD Project funded by the Region’s Academic Health Science Network (AHSN)
New Parkinson’s Disease Referral Pathway
The Newcastle Hospitals @ Corbridge

Plus...

Sharing Information
Prostate Cancer Survivorship
New Satellite Kidney Unit in Alnwick
Non-invasive prenatal testing at Newcastle’s Maternity Unit
Paediatric Musculoskeletal Matters – A Free Online Learning Resource for Clinicians
New Child Health Update Event
TAVI: The Future of Cardiac Surgery is Here
New Appointments

GP Matters is now available electronically. Emailed bi-monthly our newsletter is sent out to all Practice Managers to be circulated down to GP and other Practice colleagues. If you would like us to send these to you directly, email gpmatters@nuth.nhs.uk and we will add you to our direct mailing list.

Healthcare at its very best - with a personal touch
New COPD Project funded by the Region’s Academic Health Science Network (AHSN)

The North East and North Cumbria AHSN has funded projects to fulfil its mission to drive improvements and share best practice across the healthcare sector. Two of these projects involve a COPD coordinator role at both Newcastle West and Newcastle North & East CCGs. The successful applicants, Dr Mike Scott, Senior GP at Newburn Surgery in the west of the city, and Dr Tony De Soyza, Honorary Consultant Respiratory Physician at the Newcastle Hospitals and Physician Researcher at Newcastle University, are working in collaboration on the project.

The one year pump primed posts will increase the COPD focus in primary care – this is key as it is a major cause of admissions in the North East at great expense. The coordinator role will support up-skilling of primary care staff to conduct COPD reviews towards and beyond the associated Quality outcomes Framework (QoF). A key aspect will be improving uptake and education of COPD self-management plans.

COPD coordinator in Newcastle West, Sue Hart, is already in post and has undertaken a baseline COPD audit. This demonstrates, as expected, that COPD care is not yet hitting NICE guideline compliance. Areas where improvements could be made include better documentation of COPD diagnosis and spirometry, better use of COPD self-management plans (as recommended in NICE 2010), and reviews of those admitted to hospital.

Funding for the British Lung Foundation self-management plan booklets and training for Practice Nurses means that we could anticipate an increase from less than 20% of COPD patients with a self-management plan to more than 50%.

A parallel scheme is also underway in Durham and Tees Valley to support dissemination of best practice.

Dreams and Realities

I still hope to work in an NHS where the organisational boundaries dissolve away and the needs of the patient, not the organisation looking after them, becomes paramount. It's the old mantra - right person, right place, right time, right training, right records, etc…

So wouldn’t it be great if, for example:

- the ambulatory care of a frail person with an acute medical condition could lead to a safe discharge into the community in the evening or on a Saturday;
- monitoring of patients with serious but stable conditions such as prostate cancer, CLL, renal and liver disease could take place in General Practice rather than outpatients;
- more procedures such as vasectomies could take place in the community;
- intravenous therapies could be delivered where it suits the patient, who might be dying;
- GPs could run an effective case finding service for COPD, AF, fracture risk and so on;
- having ascites drained without need for hospital admission;
- monitoring of hazardous drugs could take place close to the patient’s home;
- we could have organisations such as BLF running group education sessions in our surgeries;
- General Practice could respond quickly enough for us to be first choice for all those patients at A&E that GPs are better equipped to manage;
- Consultants, Nurses and GPs spend time working together and learning from each other, wherever the patients are;
- and so on, please add your own aspirations.

There is a will to bring these improvements about. There are many uncertainties. There are, however, some self-evident facts.

Firstly, we will need decent buildings in which to do the work. Right now Newburn Surgery is in the middle of negotiations to establish decent premises.

It’s not easy. I am being asked to sign a 25 year lease on a building, at my risk, when I have no assurance that General Practice in Newburn will survive that long. (I do not intend to be working at age 88 either!). The system for developing new Surgeries is fraught with more risk than ever before - so much so that new Surgery developments seem choked off.

Secondly, the workforce will need to expand and involve Partners with wider skills. This could be PACS or MCPS here (read the 5 Year Forward View and make up your own mind) - we can grow that.

One thing is for certain. General Practice and Secondary Care need to build a close relationship so that our mutual dependency becomes a strength.

‘Better together…’

Dr Mike Scott
GP Clinical Advisor for the Newcastle Hospitals

Dr Mick Scott (GP at Newburn Surgery) and Dr Steve Turley (GP at Roseworth Surgery in Gosforth) are GP Clinical Advisors to the Newcastle Hospitals
New Parkinson’s Disease Referral Pathway

The Newcastle Hospitals’ Parkinson’s Disease Clinic is a multi-disciplinary initiative involving Older People’s Medicine and Neurology run by Neurologists, Geriatricians and Specialist Nurses with expertise and experience in managing the condition.

We have streamlined the referral pathway with a joint clinic approach, to ensure timely access for patients with suspected Parkinson’s Disease. Our clinicians aim to see these patients within six weeks of referral.

The clinic will also see any patients referred with an existing diagnosis of Parkinson’s Disease requiring specialist input, and they will be given an appointment based on clinical priority.

Clinics are held in the following locations:

<table>
<thead>
<tr>
<th>Location</th>
<th>Availability</th>
<th>Lead Clinician(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belsay Unit, Campus for Ageing and Vitality</td>
<td>Tuesday afternoons</td>
<td>Dr Jane Noble, Consultant Geriatrician and Honorary Senior Lecturer</td>
</tr>
<tr>
<td>CRESTA Clinics, Campus for Ageing and Vitality</td>
<td>Wednesday mornings</td>
<td>Professor David Burn, Professor in Movement Disorders Neurology and Honorary Consultant Neurologist, Dr Paul Goldsmith and Dr Naomi Warren, Consultant Neurologists</td>
</tr>
<tr>
<td>Melville Unit, Freeman Hospital</td>
<td>Tuesday afternoons</td>
<td>Dr Alison Yarnell, Honorary Consultant Geriatrician</td>
</tr>
</tbody>
</table>

A faxed referral for one of these clinics should be made using the Parkinson’s Disease referral form (recently sent out to all Practice Managers) on Fax No: 0191 273 9753. For any queries, please contact Sandra Cresswell, CRESTA Clinics’ Team Leader on 0191 282 3232.

The Newcastle Hospitals @ Corbridge

From the Summer months this year, our ENT and Ophthalmology experts will be holding Clinics in brand new, hi-specification consulting rooms as part of an exciting new collaboration with the Corbridge Health Centre in West Northumberland.

The Freeman Hospital’s ENT Service will hold regular clinics for patients with general ENT conditions, supported by a comprehensive Audiology Service, and Newcastle Eye Centre will run weekly clinics to bring specialist treatment for sight threatening retinal conditions closer to patients’ homes.

Mr Philip Yates, Consultant ENT Surgeon explains: “Our current service at Hexham is running at full capacity and so when Corbridge Medical Centre approached us to offer the opportunity to provide yet another location for our Tyne Valley patients, we felt it was too good an opportunity to miss. The purpose built facilities are absolutely superb. We have installed a new Audiology booth which allows us to offer the full range of services for a general ENT clinic as well as providing audiology led direct access hearing aid assessments, fitting and repairs.”

Mr Will Innes, Consultant Medical Ophthalmologist adds: “This excellent new facility means we can offer patients advanced eye treatments without the need to travel into Newcastle’s city centre to attend the RVI. Many within this group of patients currently depend on regular treatment every four to eight weeks in order to prevent irreversible visual loss. The regularity and distances involved has been a considerable burden for these people and their families. We now look forward to relieving them of this burden by bringing these treatments closer to their homes.

We’re not accepting new referrals directly from GPs at the present time but once a diagnosis is secured and a treatment plan made, we will aim to transfer regular treatment to the Corbridge clinic for patients in the vicinity. We plan to provide this service for patients with Age Related Macular Degeneration, Diabetes and Retinal Vein Occlusions.”

Of course this new venture would not be possible without the Practice’s innovative approach to providing new facilities and their aspirations to work collaboratively with the Trust.

Julie Johnson, Practice Manager for Corbridge Medical Centre advises: “We were delighted to be able to collaborate with Newcastle Hospitals in the development of this new suite of rooms which we hope will provide a convenient base for the further expansion of local services for the patients of West Northumberland. The consulting and treatment rooms have been finished to a high specification in order to suit a variety of secondary care purposes and we hope that the introduction of ENT and Ophthalmology is just the start.”

The ENT clinics at Corbridge are now available for booking on Choose & Book.
Prostate Cancer Survivorship

More men are surviving prostate cancer than ever before thanks to advances in detection, diagnosis and treatment.

There is now increasing recognition that the prostate cancer experience extends well after treatment ends with many men and their partners reporting ongoing issues and needs, not addressed by conventional follow up.

Patients with prostate cancer at the Freeman Hospital have long been benefitting from state of the art treatments and cutting edge clinical trials. The Newcastle Urology Team prioritised prostate cancer survivorship as an important extension to their service and was granted funding by Prostate Cancer UK to appoint a Survivorship Nurse Specialist – Sister Jill Ferguson.

Jill started her role in January and has worked alongside Mr Jonathan Aning, Consultant Urological Surgeon, with a special interest in prostate cancer, to develop a comprehensive survivorship program.

Jill explains: “The program offers information and support for survivors to manage the physical, emotional, psychosocial, spiritual and financial challenges that can result from prostate cancer treatment. We aim to empower men to improve and maintain their health whilst signposting them to relevant support services”.

How the program works:

When treatment is completed patients can schedule an appointment with Sister Ferguson for a health needs assessment which forms a comprehensive survivorship plan tailored to their individual needs. This covers treatment side effects such as incontinence and erectile dysfunction as well as post treatment quality of life issues such as anxiety, relationship issues or returning to work.

Jill continues: “Our approach is based on a partnership between the patient and their health care team. The intention is that as the patient transitions to ‘wellness’, a treatment summary is prepared for both them and their GP to detail their ongoing care requirements in the community. Men and their partners will understand more about their condition and know the local resources available to them.”

This new service is part of the Urology Team’s enthusiasm to continue to support patients with Prostate Cancer in the community, working closely with primary care colleagues.

All patients are offered the opportunity to attend the “Living with and beyond” prostate cancer course, offered in collaboration between Maggie’s North East and the Newcastle Hospitals, in addition to local Prostate Cancer Support Group sessions.

Sharing Information

Rapid and effective communication is a cornerstone of good patient care. There is national guidance from the Department of Health that all communication between clinicians should become electronic over the next couple of years.

The Newcastle Hospitals currently send ‘Intime’ discharge summaries (or handover documents) by paper to all Practices and these are also sent electronically to those which can receive them by the ICE system. Presently this includes all but one practice in Newcastle and Gateshead, over half of all Practices in North Tyneside and under half in Northumberland. GPs have told us that this duplication is time consuming for Practices and so since the 6th April Practices who receive ‘Intime’ summaries electronically via ICE are no longer receiving a paper copy.

We currently provide these Discharge Summaries within 24 hours of discharge for around 85% of our discharged patients and we are looking to improve this figure over the coming months.

GPs have also requested that we provide a very brief notification of when patients are admitted or discharged from the Newcastle Hospitals and we are looking to introduce this service in the very near future, again using the ICE system. Over the coming months we are looking to start sending clinic letters electronically and are likely to pilot this with one of two departments.

If you work in a Practice which doesn’t currently receive discharge summaries via ICE but would like to, please contact Katrina Walker on email Katrina.Walker@nuth.nhs.uk.
New Satellite Kidney Unit offers more care closer to home

The Renal Services Centre at Newcastle’s Freeman Hospital is now giving patients the choice of having their renal dialysis closer to home with the opening of a new state-of-the-art Dialysis Unit in Alnwick.

The new facility, in Greensfield Court, offers an alternative location for haemodialysis patients living in North Northumberland who have previously travelled for thrice-weekly treatment at the Freeman Hospital’s Renal Services Centre.

The new service is run by specially trained nurses and patients remain under the care of their Newcastle-based Consultants.

Dr Alison Brown, Consultant Nephrologist and Clinical Lead for Renal Services at Freeman Hospital says: “This new partnership with Renal Services UK is very exciting. The new unit offers a local and more convenient service for some of our patients, whilst maintaining the highest quality of standards expected by our Trust.”

As some of our patients travel from as far afield as North Northumberland, we are delighted to be able to offer them their regular dialysis treatment, closer to home.

The new unit is a partnership between Newcastle Hospitals and independent dialysis provider, Renal Services UK. Stefano Ciampolini, Chief Executive Officer said: “By providing efficient and effective community-based dialysis, we can give patients greater personal control and choice, helping them to stay independent for longer.”

Non-invasive prenatal testing at Newcastle’s Maternity Unit

One of the dilemmas facing a pregnant woman who screens positive for Down’s Syndrome is whether or not to proceed with a diagnostic test by CVB or amnio, both of which carry a small risk to the pregnancy.

Recent advances in technology allow the detection of cell free fetal DNA in maternal blood using DNA sequencing techniques and permits a more accurate screening test for trisomy 13, 18 and 21 and the gender chromosomes.

Currently the sample is analysed in the US using a well validated technique (Harmony test by Ariosa). In the UK the test is only available in the private sector except as part of research studies. The RVI’s Maternity experts are pleased to be able to offer the test to pregnant women across the North East in the Midwife-led Screening Clinic at the RVI. There is a charge of £450 for the test which is payable by card at the time of the clinic appointment.

The test can be carried out from 10 weeks onwards and will be successful in 97% of cases. It may be less successful if the maternal BMI is increased. If not successful women can have a second sample taken. During the clinic visit the pregnancy is dated and viability of the pregnancy confirmed with informed consent obtained before drawing the blood sample. At present, it is taking about 10-14 days for the result to be available which is communicated by telephone and followed up by letter. The test can be done in multiple pregnancies although it cannot identify which baby may be at increased risk.

Should the test come back as being at increased risk then arrangements will be made for review in an NHS Fetal Medicine Clinic to discuss subsequent diagnostic and management options. At present it is still important that women continue to take part in the combined screening test programme as this provides additional information about other aspects of the pregnancy.

More information is available on the Maternity Section of our website: http://www.newcastle-hospitals.org.uk/services/antenatal-care_ultrasound-scans-and-screening.aspx

Appointments can be made by telephone to our Fetal Medicine Reception ☎ 0191 282 5837.
Paediatric Musculoskeletal Matters

Paediatric Musculoskeletal Matters (PMM) is a free, new evidence-based, online learning tool and information resource. It was developed by a team from Newcastle University led by Professor Helen Foster, who works as an Honorary Consultant in Paediatric Rheumatology at the RVI’s Great North Children’s Hospital (GNCH).

PMM aims to raise awareness, knowledge and skills to facilitate early diagnosis and referral to specialist care for children and young people (CYP) with serious musculoskeletal (MSK) problems. (MSK) problems in CYP are common and often present initially to primary care where General Practitioners (GPs) have an important role as gatekeepers to secondary care and specialist services. The majority of causes of MSK presentations are benign, self-limiting and often trauma-related; referral is not always necessary, and in many instances reassurance alone may suffice.

However, MSK symptoms can be presenting features of potentially life-threatening conditions such as malignancy, sepsis, vasculitis and non-accidental injury. Furthermore, they are commonly associated features of many chronic paediatric conditions such as inflammatory bowel disease, cystic fibrosis, arthritis and psoriasis. Clinical assessment skills (namely history taking and physical examination), knowledge of normal development and clinical presentations at different ages, along with knowledge of indicators to warrant referral, are important and facilitate appropriate decision making in the primary care setting.

Many clinicians report low self confidence in their MSK clinical skills and knowledge, and there is a recognised delay in the diagnosis and access to care for children with Juvenile Idiopathic Arthritis (JIA), orthopaedic conditions, muscle disease and bone cancers. It became evident to GNCH’s Paediatric Rheumatology Team that there was a need for a dedicated and accessible resource to enable a wide range of health professionals to learn more about paediatric MSK problems.

PMM was developed with this in mind, through engagement with primary care doctors, medical students, paediatricians and specialists working in musculoskeletal medicine. It features novel tools and videos to help all clinicians to examine children’s joints – the paediatric Gait Arms Legs and Spine approach (pGALS) and Regional Examination of the Musculoskeletal System (pREMS) - along with essential knowledge learning outcomes derived from research as to what health care professionals need to know. The first iteration of PMM focuses on doctors and PMM for nurses will be launched later this year.

The online tool has been designed to be easy to navigate, for use prior to, during or post consultation. It allows for brief refreshers on ‘normal variants’ and when certain features such as flat feet should resolve. It features algorithms for managing the limping child, including when to refer same day, urgently, routinely and when to monitor. There is also guidance on appropriate investigations prior to referral which often causes uncertainty.

The site is constantly evolving and improving, and feedback is very welcome to best address the needs of the busy GP. It is currently being disseminated world-wide and the initial response is extremely positive. In time, we hope this resource will help improve confidence in assessing and managing children with MSK problems, and as a result the long term clinical outcomes of this group of patients.

www.pmmonline.org - free and accessible on smartphone, tablet or PC

If you have any queries please contact Professor Helen Foster at h.e.foster@newcastle.ac.uk or Sharmila Jandial, Consultant Paediatric Rheumatologist and Head of Department at Sharmila.jandial@nuth.nhs.uk

Date for your Diary
Child Health Update Events for GPs

As part of our continuing commitment to the educational development of all healthcare professionals across the region, we will be holding another Child Health Update Event for GPs on:

Tuesday 29th September 2015

Held between 9:00am and 2:00pm in the Sir James Spence Lecture Theatre, Royal Victoria Infirmary (RVI), this event offers a programme of interactive lectures including paediatric guidelines, safeguarding updates as well as reviews of common paediatric conditions.

To register your interest please email Linda.holden@nuth.nhs.uk advising your name, practice and contact details.

If there are any particular issues relating to child healthcare you would like us to focus on, please contact

Dr Mark Anderson, Consultant Paediatrician (mark.anderson7@nuth.nhs.uk) or

Dr David Jones, GP at Throckley Primary Medical (david.jones3@nhs.net)
This keyhole technique is extremely effective at reversing the pathology of aortic stenosis and substantially improves both quality and length of life of afflicted individuals.

Aortic stenosis is a degenerative condition affecting mainly older patients. As we age our heart valves, rather like our joints, get stiff. A point is reached when reduced valve opening puts strain on the heart pump and patients begin to feel breathless or light headed on exertion and eventually at rest.

The heart compensates by forcing the circulation harder through the narrow valve and as a result the heart muscle gets thicker and stiffer. Medication is not effective at reversing the process and once patients begin to get symptoms, the only real treatment is valve replacement. If heart failure ensues, the prognosis of aortic stenosis is very poor and most patients will die within a year.

Up until recently, open-heart surgery has been required to replace the valve. It is a very successful procedure but also very invasive deemed too risky in approximately 50% of patients. For patients with contraindications to open heart surgery such as lung disease, previous CABG or frailty of old age we now recommend TAVI.

The TAVI equipment is finely engineered and the procedure is performed through a small key hole in the groin. A crimped aortic valve is traversed through a 6mm bore catheter inserted into the femoral artery then traversed into the aorta. The balloon-mounted valve is then passed around the aortic arch to the aortic root where the balloon is inflated and the valve deployed.

The stented valve squashes the native valve against the wall of the aorta. There are no sutures and the valve stays in position through the radial force of the stent pushing against the native calcified valve and annulus. The valves' leaflets, fashioned from bovine pericardium, begin working immediately. Typically the operation takes about one hour.

Whilst complications are the exception rather than the rule, there is 1 - 2% 30 day mortality, and a small risk of stroke, pacemaker implantation, paravalvular leak or vascular injury. Complications are decreasing as the technology advances and it is almost miraculous that only four patients need to be treated to save one life.

In patients with severe peripheral vascular disease the TAVI valve can be inserted via a direct aortic approach which requires a small sternotomy.

At the Freeman Hospital we now perform the procedure without general anaesthesia. Five TAVI valves have a CE mark and other ingenious transcatheter valves are coming on the market to treat mitral, tricuspid and pulmonary valve disease. It's a fast moving field and I believe the future of cardiac surgery has arrived.

Dr Richard Edwards is a Consultant Cardiologist and Clinical Lead for TAVI at Freeman Hospital. He can be contacted at richard.edwards@nuth.nhs.uk

Did you know... 1 in 8 >75 year olds have either moderate or severe valve disease.

What should GPs do?

Aortic stenosis is often underdiagnosed. GPs should listen out for systolic ejection murmurs and refer for either an echocardiogram or directly to a Cardiologist.
Dr Stuart Little joins the Newcastle Diabetes Team sharing his clinical time at the Diabetes Centre, Campus for Ageing and Vitality, and the RVI.

Stuart trained in the North East and undertook a post graduate research degree at Newcastle University focusing on causes and management of hypoglycaemia unawareness in type 1 diabetes. Stuart subsequently developed a strong clinical interest in this area.

Stuart says: “I am excited to join Newcastle’s multidisciplinary diabetes team. As well as helping develop care pathways for all types of diabetes, I will lead on specialist initiatives such as developing the clinical service for type 1 diabetics with problematic hypoglycaemia - one of the most feared complications. I will also work with obstetric colleagues developing services for women with gestational diabetes. I am particularly interested in how new technologies may improve care.”

Greater integration between primary and secondary care for all chronic illnesses is a key priority for our Trust. I am pleased to be key liaison for all GPs, Practice Nurses and other key healthcare leads for diabetes care for North and East Newcastle, and will be meeting with as many as I can over the coming months.

Supporting GPs keep up to date with latest practice is also a priority. Stuart continues: “Whilst the prevalence of diabetes continues to rise, there are many changes in management guidelines on the horizon. I am keen to ensure we share knowledge with primary care colleagues and will be involved in Newcastle Hospitals’ excellent programme of education sessions.”

Dr Charles Tomson joins the Renal Team from Bristol where he has been a Consultant Nephrologist for the last 21 years.

During that time Charlie has held a number of national posts including Chair of the UK Renal Registry, President of the Renal Association, and Chair of the Joint Committee on Renal Disease at the Royal College of Physicians.

Originally trained in Cambridge and Oxford, Charlie took up a Registrar position in Newcastle in 1984 and his rotation gave him experience at each of Newcastle’s trilogy of hospitals - the RVI, Freeman Hospital and the General Hospital.

Charlie explains his return: “I’ve been a General Nephrologist up until now, but with a focus on chronic kidney disease (CKD) and dialysis treatment. When a post came up at the Freeman Hospital allowing me to concentrate on those specific areas, I jumped at the chance.

I was responsible for the production of the first national CKD guidelines, and remain very keen that we concentrate specialist resources on seeing patients who get ‘added value’ from coming to hospital-based clinics, and support primary care to look after the majority of patients with CKD, without those patients necessarily having to travel to clinics. I’m a strong advocate of shared decision-making, and piloted a national survey of shared decision-making amongst patients about to start treatment for kidney failure.”

Michael Bearn returns to his roots in Newcastle and joins the Newcastle Eye Centre as the latest new Ophthalmologist specialising in Glaucoma.

Michael trained in Cambridge and Leeds returning to Newcastle as a Senior Registrar in 1989. He travelled to Philadelphia in the States for a fellowship in Neuro-ophthalmology before returning to the UK - Cumbria for 14 years and the Grampian region of Scotland for nearly a decade.

Michael explains his return to Newcastle: “I am delighted to take up a post which allows me to focus on my interest of Glaucoma. The Eye Department at the RVI has undergone an extraordinary transformation, since I was last here, and I am excited to be part of the Newcastle Eye Centre. The fantastic environment enables the delivery of advanced ophthalmological care and treatment, alongside cutting edge research at Newcastle University with a particular theme of great interest to me around ageing vision.

With 10% of over 75 year olds developing glaucoma and a growing elderly population, it is time to modernise our services. Part of the attraction to this post is being part of a high quality team to reconfigure our Glaucoma Service and to ensure patients receive optimal care. It will be critical to ensure our primary care colleagues – GPs and Optometrists – are consulted and involved in upcoming developments.”

As well as clinical sessions at the Newcastle Eye Centre, Michael holds weekly Eye Clinics at Wansbeck General Hospital, and monthly clinics at both the Berwick and Alnwick Infirmaries.