

GP Newsletter

Caring at its best



Welcome back Jade!

Jade Atkin, Head of Services for GPs, will be returning from maternity leave on Thursday 6 March 2014.

Jade has decided to reduce her hours and will be working Monday, Thursday and Friday; I will therefore still be around but will only be available on Tuesdays & Wednesdays.

I have thoroughly enjoyed the last nine months and would like to thank you all for the support and patience you have shown me whilst I've learned the role.

Kind regards

Liz ☺

Update on Emergency Care from John Adler

I wanted to write to update you on the emergency care position.

As many of you will be aware, February has so far been a very difficult month, with severe pressure on beds across all three sites and difficulty in maintaining patient flow through ED, AMU and CDU.

The first thing to say is that this difficult period has come following a January which was much better than last year and, in terms of 4-hour performance, our best month for 12 months – this is something of a contrast to what usually happens in January and reflects the improvements that we have all made together. You can see from the graph (right) the overall improving trend.

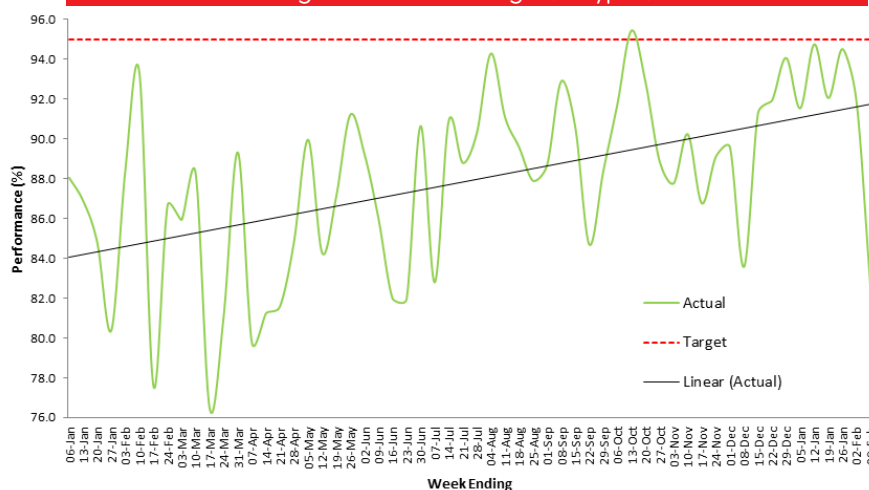
So what has gone wrong in February?

The answer is that we have had a very large rise in emergency admissions over the past few weeks, shown clearly in the second graph:

Obviously we have limited bed capacity, so a big spike in emergency admissions, especially over several weeks, is always going to cause us severe problems. To give you an idea of scale, in the week ending 9 February, we had an average of 24 more patients admitted every day than in the same week last year, that's almost a ward extra per day! Although I don't have the final data for last week yet, the continuing difficult situation indicates that admissions were very high.

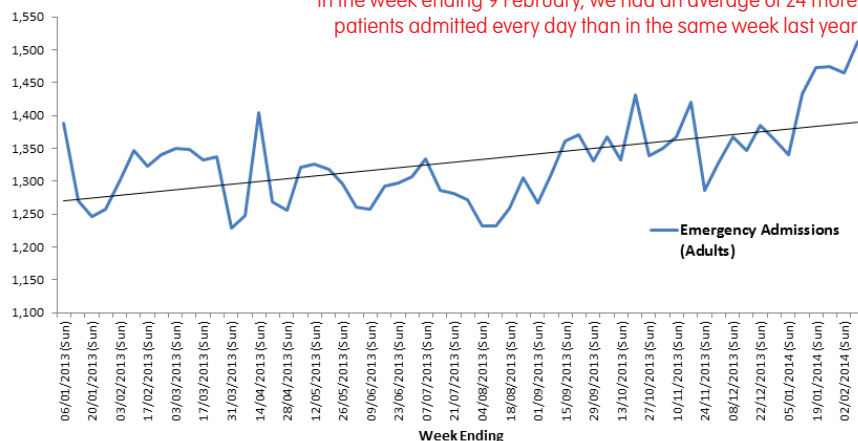


Emergency Care (UHL+UCC) Trajectory vs Actual Performance against four hour target (all types)



Emergency Activity: Adult Admissions and Discharges Per Week

In the week ending 9 February, we had an average of 24 more patients admitted every day than in the same week last year



Update on Emergency Care

It is important to be aware of these numbers because people could be forgiven for thinking that the changes we have made have not helped and we are just back to where we were before. But in fact what has happened is that we have been somewhat better able to cope with this very high level of pressure, although not without serious difficulty.

So what happens next?

Clearly we need to be working with yourselves in primary care and our colleagues in community care to keep people out of hospital in the first place and, if they do need to come to us, to get them home or to other settings as quickly as possible. There are a number of schemes in the pipeline designed to do those things.

We also have more to do to work as slickly as possible within our hospitals, minimising

delays which are not good for patients and which inhibit flow. This applies within ED, on the assessment units, on the main wards and to all the services (clinical and non-clinical) which support these areas. Part of this is moving much more to 7 day working on the back of the success of the Super Weekends. Expect to hear much more about that over the next few months.

I hope that this update has been helpful in giving you an idea of where we are and why we have been struggling over the last few weeks. Despite this, many of our processes have improved and the further things we will be doing will keep us on that course.

Best wishes



John



UHL's plans to transform and reconfigure services ED & Theatre Arrivals

Update on the New Emergency Floor

The Emergency Floor Project has been progressing at pace, and we have already achieved several key milestones.

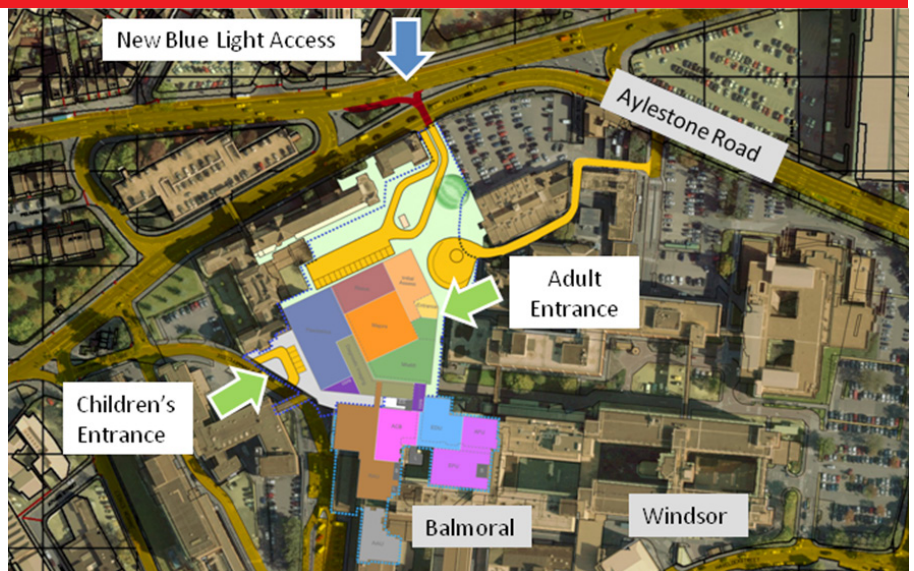
The Trust Board approved the Outline Business Case (OBC) on Thursday 28th November. The OBC is now being reviewed by the NHS Trust Development Authority (NTDA).

The plan identifying how the specialties will be laid out within the Emergency Floor has been signed off by the Clinical and Project teams, and work has commenced on the layout of rooms within each area.

We have started discussions with the Leicester City Council Planning Department too. The design of the new Emergency Floor will create dedicated entrances for adults and children, and a new route onto the site specifically for ambulances. The Highways Department have agreed the new Blue Light access onto the Royal site from Aylestone Road.

Phase 1:

The development of the modular accommodation will provide an interim location for Fielding Johnson ward and Outpatient Clinics 1 and 2.



Who is moving where?

Outpatient Clinics 1 and 2 will relocate from their current location to the modular department to allow the **Urgent Care Centre** to move from Level 0 in the Langham Building by October 2014.

The relocation of **Fielding Johnson** and Outpatient Clinics 1 and 2 are on an interim basis only.

Once the Emergency Floor Phase 1 has been constructed, the Urgent Care Centre will move into the new facility, releasing Clinics 1 and 2. The intention is to relocate the clinics back into their original location in Balmoral.

Fielding Johnson will move into one of the vacated wards when the assessment units relocate into the new Emergency Floor once Phase 2 has been completed.

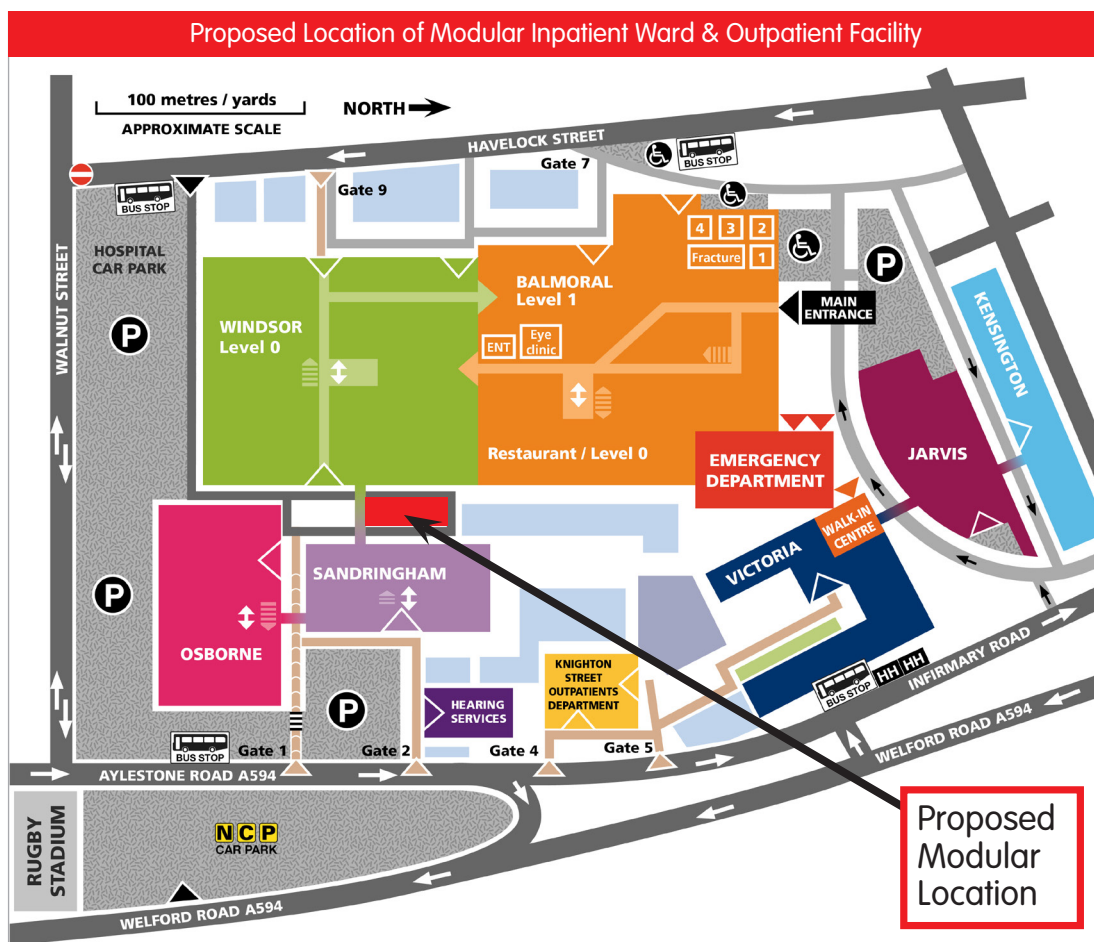
Update on the New Emergency Floor

Project progress: Good news – the NTDA and Trust Board have approved the expenditure of the capital money to invest in the modular units. This has allowed the project to start at speed.

The location of the ward and Out Patients Department area has been identified – see drawing (right). These will be located outside the Windsor entrance, on the area of ground known as the contractor's compound in between Sandringham and Windsor. The drawing shows where the build will be located.

A link into the sky bridge that connects Sandringham and Windsor will be made to ensure access to the Windsor Building.

The project team has been appointed and design has started on the modular units. The ground works to provide the foundations and infrastructure to the building are being developed with the intention of starting the work on site from March 2014 onwards.



Move date:

The movement of Fielding Johnson and OP clinics should occur by the beginning of October 2014. Once the construction programme has been developed in more detail a more definitive date will be shared.

Leicester Royal Infirmary: Theatres Arrivals Area



The newly refurbished Theatre Arrivals Area opened to patients for the first time on Monday 27 January, and initial feedback has been really positive.

The final phase of the project – the Royal Infirmary Sterile Services Hub - will now start. This is the conversion of the area previously occupied by the Theatre Arrivals Area, and will be completed by the end of February 2014.

There will be an official opening ceremony of the new facilities towards the end of March 2014.

Leicester Pancreatic Cancer Support Group

For anyone who has been given the diagnosis of pancreatic cancer.

Meetings:

Starting March 2014
To be held every 8 weeks
on a Tuesday evening at
The White House,
Scraptoft Lane, Scraptoft,
Leicester LE7 9SE

Aim of the group:

To support those affected by
pancreatic cancer by sharing

concerns, feelings and
emotions with those
who are having similar
experiences, in a
non-judgemental and
confidential environment.

For further information
regarding the group, please
contact Sophie Noble at

Sophie.noble@uhl-tr.nhs.uk
or page 07699 739025

Hepatobiliary and Pancreatic Nurse Specialists

Cris Pollard
Jo Bishop
Sophie Noble



Liver, Gallbladder, Bile duct,
Spleen, Duodenum & Pancreas

Next month:

The 2nd Annual
Leicester HPB Unit's
Liver and Pancreas
cancer charity bike ride



Pancreatic Cancer Action



Pancreatic Cancer: Early Diagnosis in General Practice

Patients frequently present to
general practice with a range
of undifferentiated symptoms
that may or may not signify
serious disease.

This course helps GPs to make
sense of the early symptoms
that could be explained by
pancreatic cancer. Using video-
based scenarios, it reviews the
patterns of symptoms that
emerge over time, which can
suggest a serious underlying
diagnosis, and sets out an
approach that GPs can take to
ensure appropriate and timely
investigation and follow-up in
cases of diagnostic uncertainty.

Pancreatic cancer is more
prevalent than is often
recognised and earlier
detection of symptoms will
improve outcomes for patients.

This course has been
developed in partnership with
Pancreatic Cancer Action.
To enrol on this course go to:



Start Pancreatic
Cancer: Early
Diagnosis in
General Practice

Time to complete this course:
45 mins
Date of publication: Oct 2012
Earn CME Points

Consultant update

Starters

Dr Everisto Mumba
Pathology

Dr Tabitha Parsons
Childrens medical

Dr Salman Siddiqui
Respiratory service

Leavers

Dr Thomas Alun-Jones
ENT

Dr Andrew St John
Assistant Medical Director

Leavers: Sexual Health - TUPE Transfer

Dr Jyoti Dhar

Dr Jane Herrick

Dr Fatima Ibrahim

Dr Manoi Malu

Dr Emeka Oloto

Dr Adrian Palfreeman

Dr Ian Patchett

Dr Paul Schober



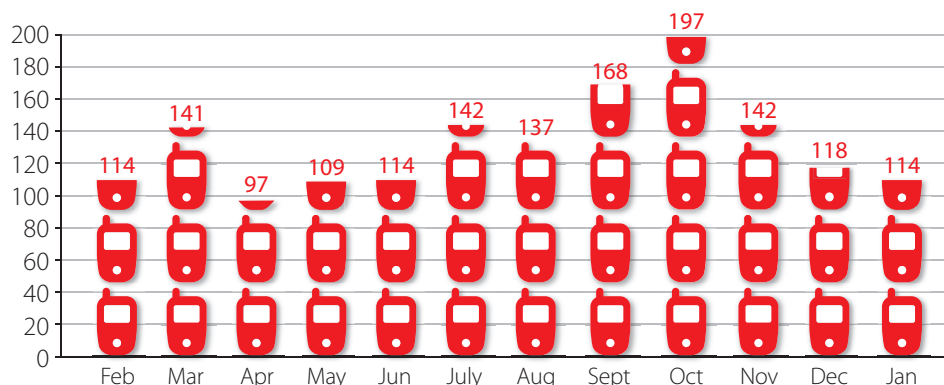
GP hotline

Tel: 0116 258 4858

Highlight report February 2014

Since the GP hotline was launched in May 2012, it has received the following number of calls:

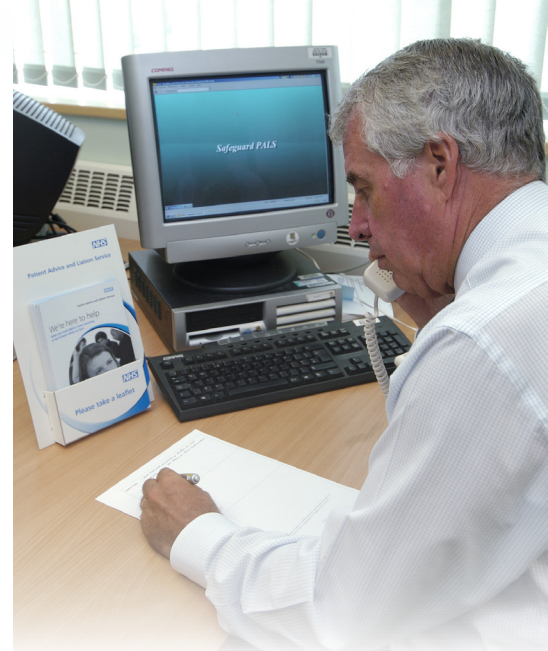
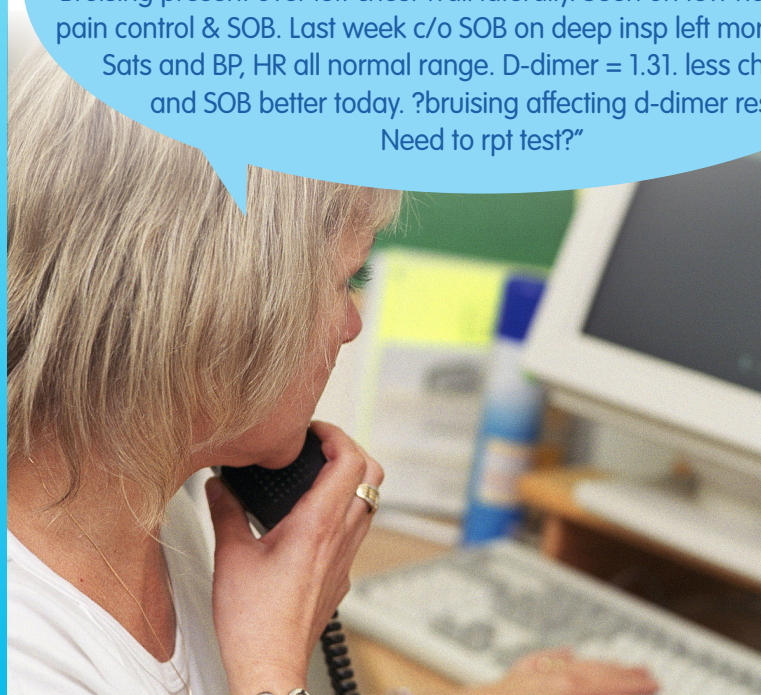
Total number of calls



Here are two examples of the types of calls received by the GP hotline this month:

"I have 74 year old Gentleman with Past hx of bowel cancer. Marked abdominal which has been found due to a renal stone - a 0.7cm calculus at the upper pole of the left kidney. How should we treat this - should he just manage with pain relief and increase fluids or should he be referred to try and break up stone. Thanks for your advice"

"Advise requested: 98 year old lady, relatively well and mobile, lives alone, no carers despite poor hearing and vision. Fell onto walking frame Christmas day, taken to LRI and stayed for 48 hours. CXR was nil. Bruising present over left chest wall laterally. Seen on few home visits for pain control & SOB. Last week c/o SOB on deep insp left more than right. Sats and BP, HR all normal range. D-dimer = 1.31. less chest pain and SOB better today. ?bruising affecting d-dimer result? Need to rpt test?"



GP hotline online

You can email requests to the GP hotline through our website. Your request will be actioned in real time between the hours of 9am - 6pm Monday to Friday.

Access the online form at:
www.leicestershospitals.nhs.uk/professionals/gp-hotline-online-request-for-help/

Alternatively, you can ring the GP hotline on **0116 258 48 58** and press option 2.



Calendar of forthcoming GP education

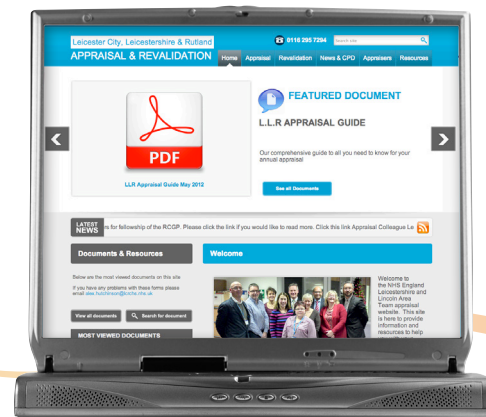
GP education and evidence of our learning has never been at a more important stage. Here in Leicestershire we are working together as providers of GP education to support a good range of quality learning events. Through collaborative work we have created a new

web page that should provide you with all the information you will need for your appraisal and revalidation, plus a CPD calendar for the upcoming year.

www.llrappraisal.co.uk

Dr Leslie Borrill

Locality Clinical Lead, GP Beaumont Leys



GP Education

For further information about our GP educational events programme, please visit:

www.leicestershospitals.nhs.uk/professionals/gp-education/

Forthcoming GP education events:

Musculoskeletal Core Clinical Skills - training for GPs

Saturday 10 May 2014
"Primary care refresher on
musculo-skeletal history
& examination skills"

Glenfield General Hospital

Course Fee £15 - to book:
contact Nichola Coleman
on 0116 256 3016

Nichola.coleman@uhl-tr.nhs.uk

Joint Injection course

Saturday 7 June 2014
"What to inject,
what not to inject and
how to inject"

Leicester General Hospital

Course Fee £50 - to book:
contact Nichola Coleman
on 0116 256 3016

Nichola.coleman@uhl-tr.nhs.uk

Diabetes Update meeting

Thursday 27 February 12.15pm
with a hot buffet.

Wigston Stage Hotel, Wigston, Leicester.

The programme will commence at 13.00. The agenda will include a talk from Dr Ian Lawrence on 'Hot Topics' and several specialist talks.

Reservations for a free place should be sent to: eden@uhl-tr.nhs.uk

Please let us know the following:

- Attendee name(s)
- Title
- Practice code (if applicable)
- Surgery name and address (if applicable)

We will confirm the booking by return and a **full agenda** will follow.

Events attended by UHL consultants:

Thursday 6 February 2014
EL CCG Protected learning Time
King Power Stadium

Polypharmacy management strategy and Q&A
Dr Richard Wong

Prescribing towards the end of life and Q&A
Dr Luke Feathers

Allergy and management of anaphylaxis and Q&A
Dr Alexandra Croom

The new oral anticoagulant drugs and Q&A
Dr Bethan Myers

Podcasts

The HIS firewall issue has been resolved... normal service will resume very soon!

To watch the podcast and to download (print/save) your CPD reflection form and certificate please click here: www.leicestershospitals.nhs.uk/professionals/gp-video-based-education/



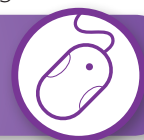
Please contact Liz Sahu with suggestions for future podcasts.



And finally...

For general information such as referring to us, GP education and previous editions of the GP newsletter, you can find it all (home or at work) by clicking here:

www.leicestershospitals.nhs.uk/professionals/



If you would like more information about any articles in the newsletter or have suggestions for future editions, please do get in touch.

Liz Sahu

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liz.sahu@uhl-tr.nhs.uk

