

GP Newsletter



Welcome to the August edition of the GP Newsletter

Abdominal Aortic Aneurysm Information Event Success

An information event was held at Glenfield Hospital for patients with Abdominal Aortic Aneurysm (AAA) and their relatives on 13 June 2014.

The day had been organised by doctors and nurses from the Vascular Surgery and Aneurysm Screening teams to allow patients to find out more about their condition and have an opportunity to meet the staff and ask questions.

Presentations were given by different members of the team including the Vascular Specialist nurses and Vascular Surgeons. A representative from Cook Medical came along to explain about the stents used to repair aneurysms to patients. Research staff from the University of Leicester and the Cardiovascular Biomedical Research Centre were on hand to give an overview of the future developments in research.

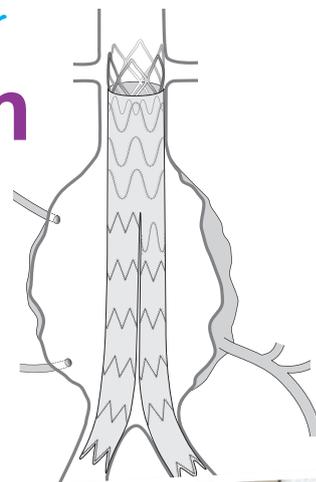
The day was a great success and all who attended felt they received valuable information about their condition and treatment options. The staff thoroughly

enjoyed being able to spend time with the patients and their relatives and having the opportunity to chat with them in a more informal setting.

The NHS AAA Screening Programme aims to reduce deaths from the condition among men aged 65 and over by up to 50 per cent by detecting AAA early and offering appropriate monitoring or treatment. Men aged 65 and over are most at risk from the condition and invitations for screening are being sent to men in Leicester, Leicestershire and Rutland in the year they turn 65.

Men aged over 65 who have not previously been screened can ask for a scan by contacting the local screening service on **0116 258 6820**.

Annette Olalobo - AAA Screening Nurse



Diabetes Outpatients Department Move

All diabetes outpatient clinics currently held at Leicester Royal Infirmary (LRI) are to move to Leicester General Hospital (LGH) in September.



The clinics will be renamed Diabetes Outpatients

Department and will move to Ward 4, situated below the Leicester

Diabetes Centre on the ground floor. All Diabetes Outpatients clinics held in the portacabins at LGH will also be relocated to ward 4.

The move will unite all services, offering a better experience to patients. The move will take place week commencing 8 September, during which there will be a reduced number of clinics. The first clinic in the new location will take place on 15 September.

The decision to transfer the outpatient clinics from LRI to LGH is one of a number of service moves taking place across Leicester's Hospitals. The moves will allow

enabling works to take place to facilitate the development of the Emergency Floor at LRI.

The diabetes clinic at Glenfield Hospital will remain unchanged.



Guide to requesting STI screening

During early 2014 there was a modification to the requesting of STI screens on ICE. Below is a guide to the changes plus a reminder of the types of collection kits to use.



Investigation	Specimen site	Type of swab/sample	Image of swab/collection kit	Proposed ICE request code
Traditional culture				
Candida species	High vaginal swab	Charcoal or clear transport medium swab		Under the micro/virology top tab and then bacteriology side tab, select High vaginal swab
Trichomonas vaginalis				
Gardenerella				
Neisseria gonorrhoeae – Bacterial culture	Endocervical swab			Under micro/virology top tab and then bacteriology side tab, select Endocervical swab
Nucleic Acid Amplification tests (NAATs)				
Chlamydia ONLY	Neat urine, endocervical swab, urethral swab, self-collected vaginal swab	BD Collection Kit or sterile urine in a sterile universal		Under micro/virology top tab and the virology side tab, then Chlamydia Detection swab or urine
Chlamydia AND Neisseria gonorrhoeae (N.gonorrhoeae as a single test is not available)				Under micro/virology top tab and then the virology side tab, select Chlamydia and GC Detection swab or urine

- Screening will only need 2 samples, one endocervical swab (or urine) for chlamydia and GC screening and one High vaginal swab (HVS) for bacteriology (excluding GC).
- Clinical details that include discharge or candida are **routinely tested for T.vaginalis, G.vaginalis AND Candida** species from the one HVS swab.
- If the patient is high risk for GC or symptomatic with GC-like symptoms, an additional 'endocervical swab for GC culture' request can be made but this will require an additional charcoal swab; if positive, antibiotic sensitivity testing can be performed from the resulting culture.
- HVS swabs are **UNSUITABLE** for the investigation of N.gonorrhoeae.

For further details:

Contact Daxa Patel, Team Leader
Virology, Serology and Molecular Diagnostics, Clinical Microbiology
Empath Pathology Services
University Hospitals of Leicester NHS Trust

Tel: 0300 303 1573 ext 6522
or: 0116 258 6508

Email: daxa.patel@uhl-tr.nhs.uk

New Starters

The Department of Chemical Pathology are pleased to welcome back Dr Prashanth Patel MBBS, MSc, MRCP, FRCPath. Dr Patel trained in Leicester and after a consultant post in Glasgow, has returned to UHL as Consultant Metabolic Physician/ Chemical Pathologist.

His interests include metabolic bone disease (Osteoporosis, Osteomalacia, Paget's disease, calcium disorders in adults) and metabolic lipid disorders (familial hypercholesterolemia) as well as other primary and secondary lipid disorders.

We also welcome:

Dr Thanthullu Vasu	Theatres, Anaesthetics, Pain & Sleep
Dr Felix Woodhead	Respiratory and Cardiac
Dr Kaljit Bhuller	Women's and Children's
Dr Vaitsa Tziaferi	Women's and Children's
Mr Anthony Owen	Women's and Children's
Dr Jan Brozik	Clinical Support and Imaging Services

Homecare Medicines

Several medications are supplied on behalf of UHL direct to patient's home address by various homecare companies.



The homecare market has recently been experiencing significant operational issues due to the

exit of Medco, a major homecare company, from the market in October 2013. These issues have impacted on the service provided to UHL patients, resulting mainly in failed or late deliveries, or difficulty in contacting the homecare companies.

UHL has a dedicated homecare team who patients can contact on 0116 258 4476 / 4477 (between 9-5pm Monday- Friday). Outside these hours, the on-call pharmacist can be contacted via switchboard (0300 303 1573).

Please encourage your patients to contact the UHL homecare team if they are experiencing problems with their UHL homecare service and they will endeavour to resolve any issues promptly.

Bhavisha Pattani, Deputy Chief Pharmacist



New Paediatric Primary Ciliary Dyskinesia Management Service

We are pleased to announce the launch of the new Primary ciliary dyskinesia (PCD) Management Service based in the Children's Hospital at Leicester Royal Infirmary.



PCD is a genetic disorder that is almost invariably inherited as an autosomal-recessive condition. It is characterised by recurrent and chronic infections of the upper and lower respiratory tracts, with symptoms starting soon after birth caused by impaired mucociliary clearance. Organ laterality defects, usually situs inversus, occur in 50% of cases. The estimated prevalence of PCD is up to 1 per 10,000 births but it is more common in populations where consanguinity is common.

The service will be running two types of clinic; regular follow up clinics and annual review. Follow up clinics are held twice a month and aim to keep patients in the best possible health. The frequency of these appointments will depend on multiple factors including the patient's access to their local hospital and if they are becoming unwell (onset of illness). The patient will also receive an annual review appointment (once a year) where they will undergo a number of tests to assess how they are being affected by PCD. Some tests will occur before the appointment, whilst others will take place on the day of the appointment. These will contribute to a full review of the patient's progress throughout the previous year. Both clinics are multi-

disciplinary in nature, the patient will be seen by a consultant, specialised nurse and physiotherapist.

Who should be referred to the service?

- **Situs inversus plus respiratory or nasal symptoms**
- **Neonatal respiratory distress of unknown cause**
- **Sibling with primary ciliary dyskinesia (PCD), particularly if symptomatic**
- **Daily lifelong wet cough (note maybe suppressed by child and under-recognised by parents)**
- **If considering testing for cystic fibrosis, also consider testing for PCD particularly if rhinitis, sinusitis or glue ear are present**
- **Unexplained bronchiectasis**
- **Seros otitis media in association with lower and upper airway symptoms**
- **Cardiac disease associated with heterotaxy if there is suspicion of respiratory, nasal or ear problems**

Please note: a lower threshold for referral should be considered if the patient is from a consanguineous background or is of an ethnic origin known to have increased prevalence of PCD.

All referrals into the service are by letter to **Dr Michael Williamson**. Referrals should be sent to: **Children's Respiratory Office, Ward 28, Level 4, Windsor Building.**



Contact details for the service are:

Phone: 0116 258 7590 Email: uhl-tr.childrens-pcd-management@nhs.net

Falsely Elevated Potassium



We have recently conducted an audit to examine the reasons for the incidence of falsely elevated potassium (spurious hyperkalaemia) from GP practices and how this might be minimised.

Falsely elevated potassium accounts for a number of unnecessary emergency referrals to hospital and has a detrimental impact on the out of hour's service as well as inconveniencing our patients. In addition, the patient often requires follow up bloods in general practice.

Our data analysis from 1 January to 31 December 2013 on all potassium results >6.0 mmol/L revealed 55% (1736 out of 3142 results) were compromised and therefore the potassium was deemed falsely elevated.

The main causes were:

- Contamination with EDTA due to incorrect order of draw or tipping blood between tubes
- Samples being received in the lab >12 hours after collection
- Sample haemolysis
- Samples labelled incorrectly, with no date

NHS

Blood Sampling guidance for staff responsible for taking blood in general practice and in the community to minimise the incidence of falsely elevated potassium

Falsely elevated potassium accounts for a number of unnecessary emergency referrals to hospital and has a detrimental impact on the out of hour's service as well as inconveniencing our patients. Falsely elevated potassium can occur during the collection, transport, or storage of specimens.

Reducing the risk

- 1. Adhere to the 'correct order of draw' sequence to eliminate contamination:**
Never tip blood from the FBC tube into another tube or go back to 'top up' specimens
Even a very small amount of contamination from a FBC (Red Top) bottle will lead to falsely raised potassium
- 2. Take steps to prevent haemolysis:**
Avoid vigorous shaking the sample tube, fist clenching, forcibly expressing blood through a collection needle device into the tube and bending the collection needle.
- 3. Do NOT refrigerate specimens**
Never refrigerate samples for U&E as temperatures below 8°C result in the rapid leakage of potassium from red blood cells which can falsely elevate potassium. Depending on how samples are transported and stored this same effect can be seen on very cold days*
- 4. You MUST send samples to the laboratory the same day they are collected:**
Always include the correct time and date the sample was taken (so we can identify any delays in sample receipt)
Samples are usually unsuitable for analysis >12hrs after venepuncture

Correct Order of Draw (S-Monovette® System)

This guide is produced on behalf of:
West Leicestershire Clinical Commissioning Group
Leicester City Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group and
University Hospitals of Leicester

We have produced blood sampling guidance in the form of a poster for staff responsible for taking blood to minimise the incidence of falsely elevated potassium. The laminated posters have been dispatched to practices by our path lab courier service.

For more information regarding the audit, please contact
Dr Ginny Lee
Consultant Clinical Biochemist
0116 258 6553



New Chairman for Leicester's Hospitals



We are pleased to announce a new chairman has been appointed to join our team at Leicester's Hospitals. Karamjit Singh CBE will join us from 1 October 2014.

Karamjit brings a wealth and variety of experience from inside and outside of the NHS to

complement the rest of our Trust Board team, which includes serving as the first Chair of Coventry and Warwickshire Partnership NHS Trust (2006 – 2009), as well as Board membership of the Coventry Family Services Health Authority (1993 – 1996), Coventry Health Authority (1996 – 2002) and Trustee of the British Lung Foundation (2006 – 2009).

Karamjit is a voluntary Trustee of the Joseph Rowntree Foundation, its sister trust the Joseph Rowntree Housing Trust, and of the Commonwealth Studies Centre based at Cambridge University focusing on emerging democracies. He has personally organised and financed free annual medical camps in the Indian village where his parents migrated from. Karamjit currently holds two part time roles in Northern Ireland as the Judicial Appointments Ombudsman and the Social Fund Commissioner, which will both end in 2015.

His previous national appointments have included leading the appeals process for Social Fund welfare benefits in Great Britain; appointing Queen's Counsel and senior civil servants; investigating police complaints and suspected miscarriages of justice, developing judicial training, regulating financial services and regulating the funding of political parties and electoral issues. He was awarded the CBE in 1999 for services to the administration of justice.

John Adler
Chief Executive

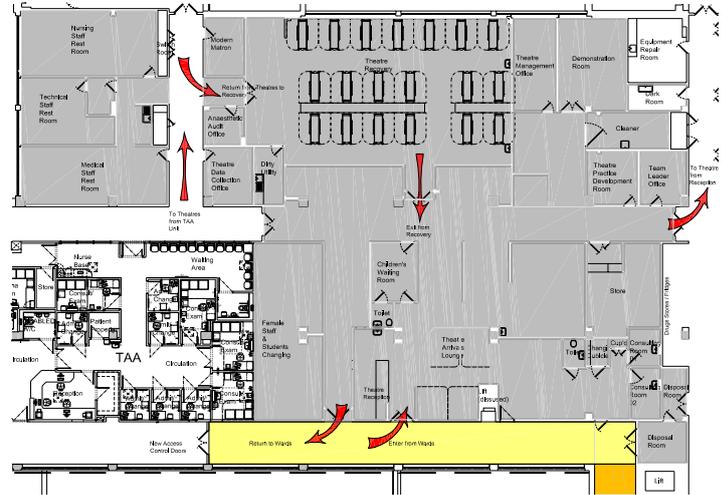
Our Estates Strategy

Our estate currently represents 298,000m² (gross internal floor area) across our three sites. We have identified the major projects for delivery in the next two years including changes to our Emergency Floor, the move of vascular services from the Royal to the Glenfield site and a multi-storey car park for patients and visitors at the Royal.

Our updated Estate Strategy identifies the opportunities on each of the sites and how we can better utilise the estate to deliver the changes required in service provision by site. The 5 Year Plan includes a schedule of schemes which total £320m in capital investment.

We plan to upgrade our Theatre Recovery Area at the Royal Infirmary. The improvements will:

- Vastly improve the patient environment (privacy and dignity, infection control, safety, access to patients, quietness and calm)
- Increase recovery capacity (an increase from 17 bays to 33 bays) will help to remove 'log-jams', reduce cancellations and increase theatre throughput
- Increase flexibility and support critical care provision
- Segregate adult and children's routes through theatres, leading to a better patient experience and journey.
- Improve the staff rest area.



For more information on the Capital Planning and Delivery Programme contact:

Richard Kinnersley	Major Projects Technical Director
Nicky Topham	Project Director
Rachel Griffiths	Project Director
Debra Green	Project Manager
Louise Naylor	Project Manager
Ian Currie	Project Manager
Joshua Sandbach	Assistant Project Manager



Leicester Fertility Centre celebrates 25 years!

Leicester Fertility Centre is holding a celebratory open day on Sunday 21 September 2014 to mark its 25th anniversary.

Time: 11.00am
Date: Sunday 21 September 2014
Location: Leicester Fertility Centre, Leicester Royal Infirmary.

The event starts at 11am with tours of the unit, party games and refreshments. The public, staff, patients and families are welcome to attend and are invited to share their stories if they wish.

More than 2,500 babies have been created by Leicester Fertility Centre since it opened in 1988. It is one of the few centres in the UK to employ gynaecologists specially trained in infertility.

The department offers a complete range of licensed infertility treatments, including In Vitro Fertilisation (IVF), Intra Cytoplasmic Sperm Injection (ICSI), surgical retrieval of sperm, egg donation, egg sharing, donor insemination (DI) and intrauterine insemination (IUI). It has a large donor sperm bank providing a variety of choice for prospective parents and a large sperm-freezing programme for oncology patients.

The regional Andrology service is also based at the Leicester Fertility Centre, which is located in a purpose-designed, patient friendly facility based on the ground floor of the Kensington Building at the Royal.



25
Years

To find out more about Leicester Fertility Centre, please visit:

www.leicesterfertilitycentre.org.uk



Leicester Fertility Centre
Caring at its best

The 10th Leicester Dermatology Conference: Back to Basics

Thursday 18 September 2014

1-7pm

Venue: European Suite,
Leicester Tigers, Aylestone Road,
Leicester, LE2 7TR

Cost: GP £80 including food
Advanced Nurse Practitioners Free
(but application must be made to
Lisa Elliott, Training Manager,
prior to course attendance)

Speakers include:

Dr G Johnston

Eczema

Dr A Alexandroff

Psoriasis

Dr R Graham-Brown

Dermatology in children

Dr N Stollery

Common dermatology problems in primary care

Dr I Helbling

'derm app'

M Colman & C Waistell

Emollient formulary

Dr J McKenna

Lesions

Dr R Burd

Acne/rosacea

Contact:

Christina Waistell, Dermatology Specialist Nurse,
christina.waistell@uhl-tr.nhs.uk

Sudden arrhythmic death syndrome (SADS) Awareness Conference

A groundbreaking conference for healthcare practitioners is returning for a second year to examine issues around sudden heart deaths in young people.

The Conference has been organised by local charity, Joe Humphries Memorial Trust (JHMT) in conjunction with UHL.

Tuesday 14 October 2014

starts 10am

Leicester Tigers, Aylestone Road,
Leicester, LE2 7TR

Cost: £40 for nurses, technicians
and paramedics; £70 for doctors.

The event opens with an address by Martin Johnson, ex-rugby international player and Patron of the charity and features a range of speakers including Professor Charles Deakin, Professor of Resuscitation and Pre-hospital Emergency Medicine at the University of Southampton NHS Trust, who will talk about how good we are in the UK at detecting SADS and reacting to cardiac arrest compared with other countries.

Workshops will cover topics such as recognising patterns in ECGs, the role of pre-hospital ambulance staff and setting up diagnostic services for suspected patients or bereaved families.

Contact:

Vicky Wills, fundraising and events co-ordinator,
vickywills.jhmt@hotmail.co.uk

To book a place: please apply online at
www.jhmt.org.uk



Advance Care Planning: Leicestershire Palliative Care Group study day

Thursday 2 October 2014

Venue: Leicester Racecourse

Cost: £45

Speakers include:

**Dr Simon Conroy
and Dr Richard Wong**

Advance care planning for the frail elderly

Dr Nicky Morgan

Dementia

Dr Caroline Cooke

Pathways for end-stage renal failure

Dr Mariam George

Emergency health care plans workshop:
how to approach the conversations



Contact:

Karen Mann, Palliative Care Team
Osborne Building, Leicester Royal Infirmary
karen.mann@uhl-tr.nhs.uk **0116 258 7512**

GP Education

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

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

Diabetes update event

Thursday September 25 2014

12.15pm - 4.30pm

Venue:

BEST WESTERN
Leicester Stage Hotel
299 Leicester Road, Wigston
LE18 1JW

Cost: Free

Open to all healthcare professionals

Speakers include:

Dr Nigel Brunskill Kidney and Diabetes:
The Marriage of Inconvenience
Dr Sam Seidu Diabetes and the Elderly
Dr Ian Lawrence Hot topics in Diabetes

Contact:

eden@uhl-tr.nhs.uk
with the event name, your details and practice code



Joint Injection Course

Saturday 8 November

8.30am – 1.30pm

Venue:

Leicester General Hospital

Cost: £50 per person

Please note places are limited to 40 so we recommend applying early

Course Objectives:

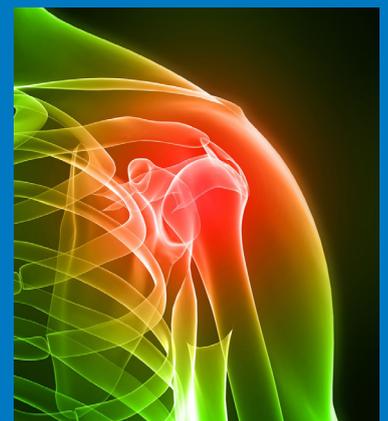
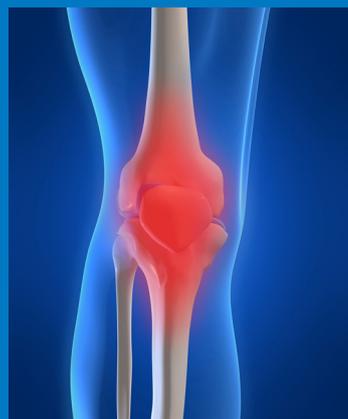
What to inject, what not to inject and how to inject?

Hands on course for GPs to cover **Knee, Shoulder, Elbow, Hand, Wrist, Foot and Ankle and Trochanteric Bursitis.** In the first half of the morning there will be lectures by Orthopaedics Consultants to discuss anatomy, portals, technique and contraindications.

After the break, participants will be split into six groups. These groups will visit the six stations in rotation (Shoulder, Elbow, Hand/Wrist, knee, Foot/Ankle, Trochanteric Bursa) where the consultant in charge will help them to practice the injection skills on feedback models.

Contact:

Nichola Coleman
nichola.coleman@uhl-tr.nhs.uk
0116 256 3016



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

Jade Atkin

0116 258 8598

07931 206 247 / 07432 623 350

jade.atkin@uhl-tr.nhs.uk

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/

