

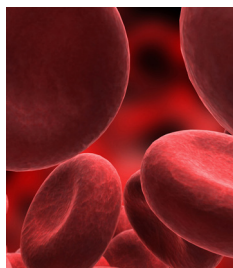
GP Newsletter

Caring at its best



Welcome to the September edition of the GP Newsletter

Acute Ambulatory DVT Service



Our Acute Ambulatory Deep Vein Thrombosis (DVT) Service has been in existence for more than 10 years. We currently assess 3,500 new patients a year and treat over 700 DVTs annually.

The ambulatory service keeps 70% of patients presenting with suspected DVT out of hospital.

We constantly strive to do better and ensure our processes and pathways are in line with lean principles.

We recognise ourselves as part of a bigger team involved in the patient pathway and have been actively communicating with our primary care colleagues at a variety of forums over the last two years. We value the opportunity to share our service vision and engage with you all to improve the service provided.

We want to share our on-going process of continuous improvement of our service in both quality and financial effectiveness.

Hot off the press!

1. **From September rivaroxaban will be the first line treatment** for first DVTs (excluding those with active cancer). This will improve the patient pathway and at the same time save substantial sums of money for the healthcare community.
2. **Seven day opening of the service is coming** and this will divert patients from being admitted to hospital beds when they could be ambulatory.

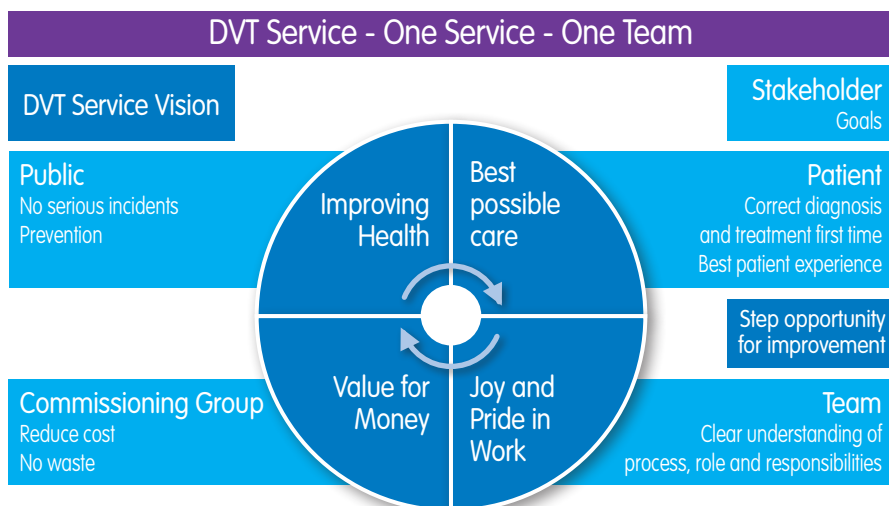
Dr Jane Strong, Clinical Lead,
Acute Ambulatory DVT Service
Jane.strong@uhl-tr.nhs.uk



Our recent wins!

1. Our new location on Level 1, Balmoral Building at the Royal is ideally situated between the Emergency Department, radiology and the RVS café.
2. We have doubled our Doppler ultrasound scan provision from 40-80 slots a week. This provides quicker access to scans and a more efficient patient pathway with wins all round for patients, primary and secondary care.
3. Over 95% of scans are now performed within 24 hours, in line with NICE guidance.
4. Active development of a paperless process aims to seamlessly communicate with anticoagulation services and GPs, improving both quality and safety.
5. Near patient testing of D-dimers reduces the time patients spend in the department.

Approach and principles moving forward



Over the coming months we will communicate more detail about the above changes to keep you up to date. In the meantime we welcome feedback on any aspects of the service.

Judith Dent, Matron for DVT
Judith.dent@uhl-tr.nhs.uk

Dr Jane Strong, Clinical Lead,
Acute Ambulatory DVT Service
Jane.strong@uhl-tr.nhs.uk



Admission Avoidance Directory - Updates

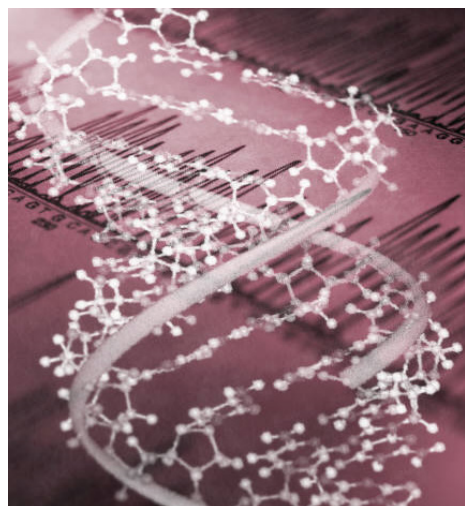
The Admission Avoidance Directory has received a few updates recently, so we advise you to check our website for the latest information.

It is a directory of services for admission avoidance, rapid access clinics, pathways and hot clinics with information on how to access these services and telephone numbers.

www.leicestershospitals.nhs.uk/professionals/gp-referrals/potential-admission-avoidance-services/



Access to the Clinical Genetics service



Demand for our Clinical Genetics service has significantly grown in recent years, at a time when several medical and nursing posts have become vacant. We are working with our Commissioners to resolve the situation and recruit new staff. In the meantime, we would like to ask for your support with prioritising referrals.

When considering a referral for genetic counselling/assessment, please think through what it is you want to get from the geneticists. You may wish to think if the referral is necessary.

For example, only a small proportion of families have an alteration in a known cancer gene. For many referrals it will

not be appropriate to offer genetic testing. In general, a living relative affected by cancer is tested prior to offering testing to unaffected family members. This maximises the chance of finding the family gene mutation if one exists. Therefore in cancer genetics, the following guidelines could be adopted:

Breast/ovarian cancer families

- Breast cancer under 40
- Grade 3 triple negative breast cancer under 50
- Two cases of breast cancer (including bilateral breast cancer), average under 50
- Three cases of breast cancer, average under 60
- Four or more cases of breast cancer
- Male breast cancer at any age plus breast cancer, (male or female under 60)
- Breast cancer and ovarian cancer in a single individual
- Ovarian cancer under 50 (high grade serous papillary)
- Ovarian cancer at any age plus breast cancer under 60
- Two or more cases of ovarian cancer
- A woman with Ashkenazi Jewish ancestry and any family history of breast or ovarian cancer
- Families in whom a BRCA1 or BRCA2 mutation has been identified

All moderate risk families could be referred to the 'moderate risk breast cancer service' at Glenfield Hospital.

Colorectal cancer families

- One case under the age of 50 years
- Two or more cases of colorectal cancer, average age under 60 years
- Three or more cases of gastrointestinal, endometrial, ovarian, renal, sebaceous tumours or urinary tract cancers
- Multiple gastrointestinal polyps
- Families in whom a genetic predisposition disorder has been identified e.g. Lynch syndrome (HNPCC) and FAP

Prostate cancer families

- Prostate cancer under 60
- Two cases of prostate cancer, at least one under 65
- Three or more cases of prostate cancer
- Prostate cancer under 70 with a strong family history of breast/ovarian cancer

Other families

- Three or more primary cancers in a single individual
- Three or more cases of cancer at the same site
- Families with any two of the following: sarcoma, breast cancer, brain tumour, leukaemia or adrenal cortical tumour, one under 45
- Childhood cancer plus one close relative with cancer
- Any individual or family with an unusual pattern of cancer e.g. rare tumours or young ages at diagnosis
- Families with a known cancer predisposition syndrome e.g. Li-Fraumeni syndrome, MEN1, MEN2, Von Hippel-Lindau disease

Please note - this list should be used as a guide only and is not comprehensive.

If you are unsure whether to refer, please call 0116 258 5736 between 9am and 5pm to speak to a member of the team

If you have a clear question you need a geneticist to answer, we will be happy to help and will endeavour to see the family as soon as we can.

Thank you for your continued support and cooperation.

Pradeep Vasudevan
Andrew Currie

Consultant Clinical Geneticist
Consultant

Children's Allergy Service update

The Children's Allergy Clinic has evolved over the last 12 months to work as a 'one stop shop', offering an improved multidisciplinary allergy clinic with 2 - 3 consultants, 2 allergy nurses and 2 specialist dietitians.



A recent survey of 55 paediatric patients who attended the allergy clinic, revealed 95% of patients rated their overall satisfaction of the clinic as excellent (73%) or very good (22%). The net promoter score for the clinic is an impressive 75%.

We are also piloting an [Email Advisory Service](#) for our primary care colleagues who wish to discuss paediatric allergy cases or require allergy information.



If you would like to contact the Advisory Service, please email: childrensallergy@uhl-tr.nhs.uk

Dr Gary Stiefel,
Paediatric Allergy Consultant
Dr David Luyt,
Consultant Paediatrician



Seven Day Services

About national 7DS

The National Seven Day Services (7DS) Forum, established by Sir Bruce Keogh in 2013, found variation in outcomes existed for patients admitted into hospitals at the weekend.

Junior doctors often feel clinically exposed and unsupported at weekends and the lack of seven day services across the health economy had an adverse effect on measurable outcomes in each of the five domains of the NHS Outcomes Framework.



Improving Quality

The key themes recognised nationally, which resonate locally, include:

- **Fewer senior decision makers** of consultant level skill and experience are on site at the weekends
- **Limited access to diagnostic services** and Allied Health Professionals at weekends to establish multidisciplinary management plans and facilitate the transfer of patients out of hospital
- **Variable staffing levels** in hospitals at the weekend
- **Lack of community, primary and social care services** which could prevent some unnecessary admissions and support timely discharge.

10 Clinical Standards

The National Seven Day Service Forum has concentrated its first stage review on 'urgent and emergency care' services and established ten clinical standards for seven day services:

1. Patient experience
2. Time to first consultant review
3. Multidisciplinary team review
4. Shift handover
5. Diagnostics
6. Intervention/key services
7. Mental health
8. On-going review
9. Transfer to community, primary care and social services
10. Quality improvement

Implementing seven day services

A three year plan is proposed for making 7DS a reality.

Year 1 (2014/15)

Local contracts should include an Action Plan to deliver the clinical standards within the Service Development and Improvement Plan Section.

Year 2 (2015/16)

Those clinical standards which will have the greatest impact should move into the national requirements section of the NHS Standard Contract.

Year 3 (2016/17)

All clinical standards should be incorporated into the national requirements section of the NHS Standard Contract with appropriate contractual sanctions for non-compliance.

Our current programme

Leicester's Hospitals is part of a collaboration in the East Midlands involving all ten acute trusts in the region. The collaboration aims to establish the regions current position against the 10 clinical standards, define the gap and design a programme which includes collaborative approaches to meet the standards by March 2017.

The East Midlands Senate and NHS England have commissioned external support from

ATOS Consultancy to deliver the baseline assessment and develop initial options to close the gaps.

Data are currently being analysed and a series of workshops and discussions were arranged throughout August and September (2014) as part of this process.

Engagement and involvement with CCGs will be vital to the success of delivering 7DS for the whole health economy.

Part of the next steps will be to discuss outcomes of the analysis with our partners and work together to achieve compliance and provide a better service to our patients across Leicestershire seven days a week.

For further information, please contact Vicki Hing, Project Manager for Improvement and Innovation: vicki.hing@uhl-tr.nhs.uk

New Endometriosis Service now available

On Monday 4 August, we launched a new dedicated endometriosis service in Leicester.

The clinic runs on Thursday afternoons (every 1st, 3rd and 5th week of the month)

by two consultant gynaecologists, Mr Tarek Gelbaya and Miss Neelam Potdar.

Patients will be seen by a consultant (not a junior doctor) in the specialised endometriosis clinic in accordance with BSGE guidelines. All patients will receive a Trans Vaginal scan by the consultant and every new patient will be offered both a 30 minute appointment and a 15 minute follow up appointment to formulate an appropriate management plan. Some women will also consult with specialist nurse, Bee Kaur for further counselling and support. Regular multidisciplinary team meetings will take place every two months with a colorectal surgeon, urologist (if required), radiologist, pain specialist and specialist nurse. In addition, once a month we will run a combined gynaecology-colorectal theatre list for severe endometriosis cases to provide quick access to surgery. We are also

working hard to improve our links with the pelvic pain clinic.

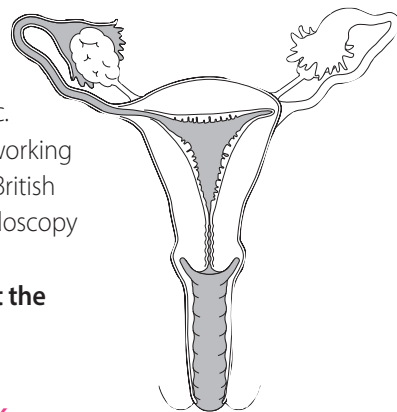
The endometriosis service is working towards accreditation by the British Society of Gynaecological Endoscopy (BSGE).

For more information about the service, please contact:

Mr Tarek Gelbaya

Tarek.Gelbaya@uhl-tr.nhs.uk

Consultant Gynaecologist and Subspecialist in Reproductive Medicine and Surgery Clinical Lead of the Assisted Conception Unit, Leicester



25 Years of Lifesaving ECMO at Glenfield Hospital

This year marks the 25th anniversary of Extra Corporeal Membrane Oxygenation (ECMO) treatment at Glenfield Hospital.



Today, Glenfield remains the UK's largest and most successful ECMO programme, which was publicly commended for its work during the swine flu epidemic in 2009.

It is currently the only UK centre to provide paediatric mobile ECMO, by which the team travel to other centres, stabilise patients on ECMO and then transfer them to appropriate centres for ongoing care. The centre is also one of five in the UK to provide adult mobile ECMO, although Glenfield was the first.

Heart Link has generously continued to support the unit at Glenfield over the last 25 years with donations for equipment and since 1998 it has been officially known as the Heart Link ECMO Centre.



For more information about ECMO at Leicester's Hospitals, please visit: www.leicestershospitals.nhs.uk/aboutus/departments-services/heart-services/ecmo/

UHL Libraries and Information Services

We all know that reliable and current information is essential to the running of an effective health service. But how are you getting hold of the information you require?



NHS staff working in Leicestershire, but who do not work for UHL or LPT, can still join UHL Libraries and Information Services as an external member. This allows a basic level of service, including book loans and advice on finding essential information.

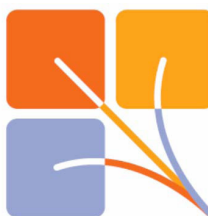


However we would also be happy to agree a higher level of service on an individual, practice or CCG wide basis.

More information can be found on our website:

www.uhl-library.nhs.uk/external.html

Make sure you are not missing out on essential information for your work, or wasting time trying to find it when we could help you find it faster. Get in touch with and join UHL Libraries and Information Services today.



UHL Libraries & information services
evidence | research | education

Progress with the Electronic Patient Record Core project



The Electronic Patient Record (EPR) Core project will provide hospital clinicians with controlled, but rapid, access to patients' GP records. This will make significant improvements in clinical efficiency and patient safety.



The SystemOne EPR Core module

provides a mechanism for approved sharing of GP patient records. We have deployed an interface between the Trust's Patient Administration System (PAS) and SystemOne, which means SystemOne contains a record of the location of all inpatients within the Trust. Hospital clinicians are then able to access SystemOne to locate and view GP records for these inpatients when appropriate.

This use of GP records is underpinned by the Leicester, Leicestershire and Rutland (LLR) data sharing strategy and is in line with the agreed Electronic Data Sharing Model (EDSM) consents.

Key benefits

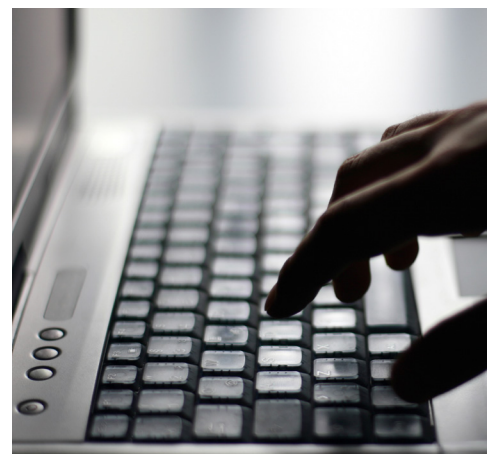
Providing ready access to patients' GP records via SystemOne avoids the need for ad-hoc contact between hospital clinicians and GPs in order to access vital patient data. Trust clinicians will be able to access details of drug regimes, long term conditions, allergies and safeguarding regimes.

Currently our clinicians may treat patients without this background information or with limited awareness of detail which can increase clinical risk, result in the Trust initiating a care plan contrary to that being managed in the community, or incur delays in patient care. Providing access to records via SystemOne saves time for both hospital and GP staff, and improves efficiency and speed of response in the interests of patient safety.

How will it affect GPs?

We hope GPs will notice a reduction in ad-hoc contacts from our clinicians seeking advice on patient care regimes, with a consequent saving in practice administration costs. Beyond this, GPs should be aware their patients' records may be accessed by Trust staff with the patient's consent. Our clinicians will not be able to view any details of a patient's record marked 'private' by their GP practice.

Clinical staff may access the GP record without patient consent if the patient lacks mental capacity. However, in these cases clinicians are required to give a clear explanation of their decision. The system provides an audit trail of all such overrides as well as an audit of access with consent.



How will a GP know a patient's SystemOne record has been accessed by UHL?

When one of our clinicians accesses a patient record via SystemOne, a GP will see a new 'task' for the GP within the system. The task will state that the patient's record was accessed whilst they were an inpatient at our hospitals, together with details of the time and date. The GP will also see a new entry in the 'New Journal' view.

What progress has been made?

The first phase of implementation was successfully completed on Monday 18 August, with the system in use by our pharmacists across all three hospital sites. Work is progressing with the next phase of implementation in early November (2014) for our admission wards, ITUs, Clinical Decisions wards and the stroke wards planned.

Jay Parmar, Project Manager,
IBM Global Business Services



New starter

The Leicester Hepatobiliary and Pancreatic Unit is delighted to announce the appointment of Ruth Boyce, who joins the team as our new Macmillan Senior Specialist Pancreatic Cancer Dietician.

This appointment comes at an opportune time as the parliamentary enquiry into the poor survival rates of pancreatic cancer continues and recommendations from their report last November called for all patients with pancreatic cancer to have access to a Dietician.

Ruth has an excellent working knowledge of the nutritional requirements of pancreatic patients and the need for good and sound nutritional advice. Her input will be invaluable to the patients, their relatives and carers. Ruth's involvement will be to see and review all pancreatic patients throughout their cancer journey, whether in hospital or within the outpatient setting.



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

[www.leicestershospitals.nhs.uk/
professionals/gp-education/](http://www.leicestershospitals.nhs.uk/professionals/gp-education/)

GP Education

Advance Care Planning: Leicestershire Palliative Care Group study day

Thursday 2 October 2014

Venue:

Leicester Racecourse, LE2 4AL

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



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

10am – 4.30pm

Venue:

Leicester Tigers,
Aylestone Road, Leicester, LE2 7TR

Cost:

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

The second annual SADS event opens with an address from Martin Johnson, ex-rugby international player and Patron of the charity. It also features a range of speakers including 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,
Joe Humphries Memorial Trust
vickywills.jhmt@hotmail.co.uk

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

GP Education

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?

This is a hands-on course for GPs to cover **knee, shoulder, elbow, hand, wrist, foot, ankle and trochanteric bursitis**. In the first half of the morning there will be lectures from orthopaedic 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.

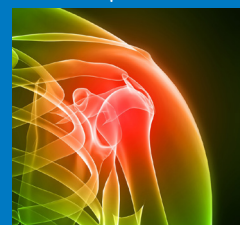
Contact:

Nichola Coleman

Elective Orthopaedic Administrator

nichola.coleman@uhl-tr.nhs.uk

0116 256 3016



Refresh and Revive

Leicester Faculty Royal College of General Practitioners

**Tuesday 11 November and
Wednesday 12 November 2014**

8.30am – 1.30pm

Venue:

University of Leicester, Stamford Court,
off Manor Road, Leicester LE2 2LH

Cost:

RCGP members	£70	half day
	£110	one day
	£200	two days
Non-members	£85	half day
	£130	one day
	£225	two days

Contact:

www.rcgp.org.uk

Please book online:

[www.rcgp.org.uk/courses-and-events/
events-search-results.aspx?k=leicester](http://www.rcgp.org.uk/courses-and-events/events-search-results.aspx?k=leicester)

Talks include:

Putting Patients First	Dr Maureen Baker, Current Chair of the RCGP
ENT	Mr Uddin, ENT Consultant
Cardiology (heart failure)	Dr Loke, Consultant
Medically unexplained symptoms	Dr Liz Alun-Jones, GP
Chronic Pain	Dr Yee Tang, Consultant Anaesthetist
Common problems in Paediatrics	Dr Wighton, Consultant Paediatrician
Care of the Elderly	Dr Wong, Consultant Geriatrician
Using Humanities in General Practice	Dr Tara George, GP
Dermatology Update for GPs	Dr Graham Johnston Consultant Dermatologist
Hepatology	Dr Delahooke, Consultant Hepatologist
Rheumatology	Dr Hassan, Consultant Rheumatologist
Urogynaecology for GPs	Mr Chris Mayne, Consultant Gynaecologist



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/](http://www.leicestershospitals.nhs.uk/professionals/)

