October 2014

University Hospitals of Leicester NHS
NHS Trust

GP Newsletter

Caring at its best

Welcome to the October edition of the GP Newsletter

Acute Ambulatory DVT Service

The latest news from the Acute Ambulatory DVT Service is that **Rivaroxaban** is now 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. Our patient decision making aid pathway below shows when Rivaroxaban is initiated.

Pathway for Initiating Rivaroxaban for First DVT (Confirmed and Suspected)

Ambulant Hospital Inpatients | A&E Attendees | Outpatients

Wells score ≥2 or <2 with a positive D-dimer

Refer to DVT clinic

DVT - Not confirmed by scan

No treatment required

DVT confirmed by Ultrasound Scan

(Target within 4 hours)

Assessment and informed discussion between patient with DVT nurse specialist/prescriber

START treatment in patients with suspected DVT where it is not possible to scan within 4 hours
Rivaroxaban 15mg bd First line for up front treatment
Supply 3 day pre-pack from clinic
OR
LMWH for patients with recurrent DVT, active cancer*, contraindications to rivaroxaban or if creatinine clearance <30ml/min
Supply 5 day pre-pack from clinic

Initiate rivaroxaban for first DVT If preferred by patient, no contraindications, no active cancer* and creatinine clearance >30ml/min
Supply:
- Pre-pack of rivaroxaban (21 days) in clinic
- Anticoagulant alert card
- Anticoagulant booklet
- Patient leaflet

7 day follow-up by Anticoagulation Clinic to check tolerability

Problems: Discuss with Haematologist

No problems

Initiate LMWH/warfarin if any of the following present:
- Recurrent DVT
- Contraindications to rivaroxaban
- Creatinine clearance <30ml/min
- Patient prefers warfarin

See warfarin initiation pack

Initiate LMWH only:
- If warfarin contraindicated or not feasible
- Active cancer*

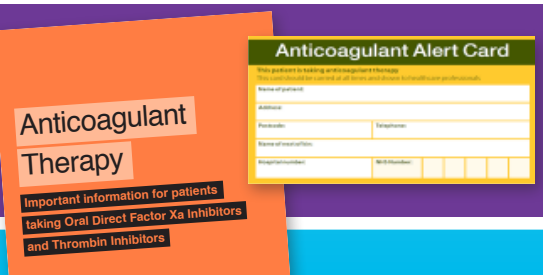
Patients taking rivaroxaban reviewed by consultant/nurse prescriber at 3 weeks from presentation

3 months treatment clinically indicated
Supply patient with a further 70 days rivaroxaban.
(Dose adjustment required)
(Supply from LloydsPharmacy UHL)
Discharge back to GP

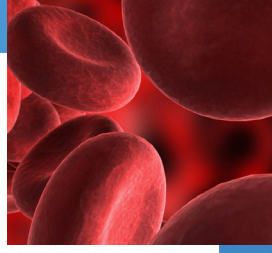
>3 months treatment clinically indicated
Supply patient with a further 70 days rivaroxaban.
(Dose adjustment required) *(Supply from LloydsPharmacy UHL)*
Consultant/nurse prescriber to complete SCA request for GP to continue patient care as outlined in the SCA

*Rivaroxaban can be considered in patients with active cancer if this is preferred by the patient or for quality of life reasons.

Dr Jane Strong is speaking to the Leicester City CCG at King Power Stadium on Wednesday 19 November to update GPs on the new pathway and the key messages for primary care. She is very happy to also talk at other locality sessions or to individual practices to transfer knowledge and up skill GPs and commissioners on the use of the new oral anticoagulants in venous thromboembolism.



World Thrombosis Day



Taking place on 13 October, this is a worldwide public and professional initiative with the ultimate goal to reduce significant disease burden caused by thrombosis.

The aim is to build much needed awareness and action through public and professional education activities around the world and in doing so, lower overall mortality rates and improve public health and well-being worldwide.

World Thrombosis Day is part of the International Society of Thrombosis and Haemostasis (ISTH's) campaign to catalyse efforts to heighten thrombosis awareness and spark action to reduce the impact of this health threat by arranging public and professional educational activities.

This year, our Acute Ambulatory DVT Service ran a poster campaign in their waiting area and one-on-one education with patients and relatives attending the service. In addition 'A Day in The Acute Ambulatory DVT Clinic' will be written up and shared.

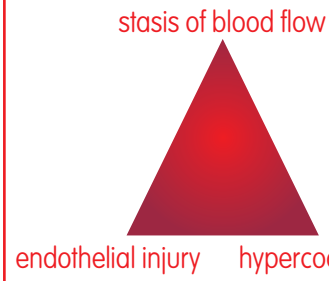
Next year (2015) we have a vision of bigger events to mark this day and would like anyone in primary care interested in joining us in this exciting worldwide initiative to contact either Dr Jane Strong or Judith Dent.

We welcome any feedback or queries regarding any aspects of the service.

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

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

Virchow's triad: the pathogenesis of venous thromboembolism



13 October is the birth date of Rudolph Virchow, the German physician and pathologist who paved the understanding of thrombosis and the pathogenesis of venous thromboembolism

Leicester Research Team show heart attack procedure reduces risk of further complications

A study led by consultant cardiologist and Professor of Interventional Cardiology at the University of Leicester, Professor Tony Gershlick with senior co-investigator Dr Gerry McCann, has prompted the American College of Cardiology (ACC) to revise its advice for the treatment of heart attack victims.

Professor Gershlick and Dr McCann recently presented the CVLPRIT study's findings at the European Society of Cardiology, the biggest cardiology conference in the world.

The study revealed that by treating heart attack patients who have two or three narrowed arteries with additional stents during the same operation, results in a reduction of major complications within 12 months by more than 50%.

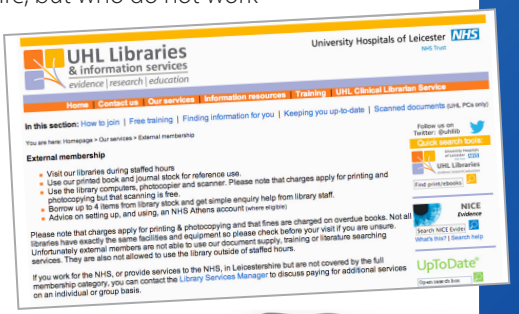
The ACC had previously issued a list of 'do-not-do' procedures in April 2012 as part of the Choosing Wisely campaign, led by the American Board of Internal Medicine. In an unusual move, following Professor Gershlick's presentation, this is the first time the list has been revised.

The CvLPRIT trial took place at the Glenfield Hospital and was funded by the British Heart Foundation and the National Institute for Health Research.

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

Improving Patients' Experience of CT Colonography

Over the last three years the CT colonography pathway has evolved considerably, with recent steps making it both safer and more convenient for patients across Leicester, Leicestershire and Rutland.

In 2012, consultant radiologist Dr Vikas Shah, introduced Gastrografin (a type of bowel contrast agent) as the preparation for these scans and the medication was dispensed by the pharmacies at one of the three main UHL sites. This made the process safer than before but it was inconvenient for people to make the extra trip to UHL to collect the medication, especially for people living further away in the county. To address this, Dr Shah and principal pharmacy technician, Jane Chivers worked together with LloydsPharmacy to create a new pathway.

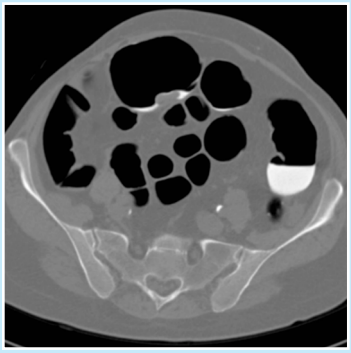
Patients now receive a letter in the post from the Imaging Department with their scan date and time, and are asked to ring our outpatient pharmacy service provider, LloydsPharmacy, to arrange collection of their Gastrografin.

Now, instead of sending the prescriptions to patients, they are sent directly to LloydsPharmacy, who dispense them and await a call from the patient to arrange collection.
Patients can now choose to collect from any of our three hospital sites and in addition, any local LloydsPharmacy including 'high street' branches.

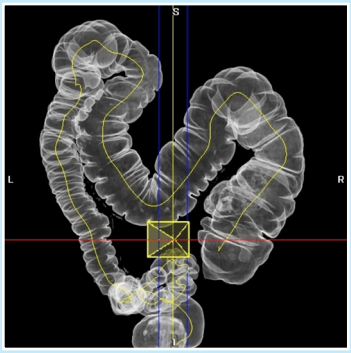
There are multiple benefits to this new pathway:

- **By saving patients a trip to UHL,** congestion around the hospital sites is reduced.
- **LloydsPharmacy track the prescriptions and feedback to Imaging** if they have not been collected. Imaging can contact the patient to check they have received their appointment letter, underline the importance of taking the medication for the scan and try to ensure they collect the Gastrografin in good time for the scan.
- **Reduced DNA rate for scans** and patients who do attend are adequately prepared for the scan.
- **The greater choice of locations** to collect Gastrografin from means patients can collect it sooner and are offered scan appointments sooner, helping us reduce our scan turnaround times.
- **As the workload of dispensing has shifted to the LloydsPharmacy branches,** the UHL pharmacies can concentrate on inpatients and reduced turnaround times to dispense TTO (to take out) medications.

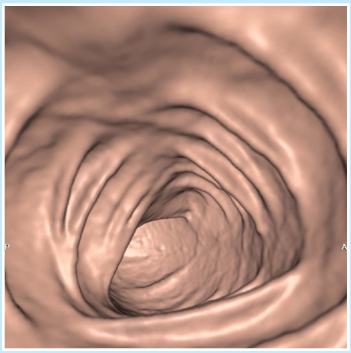
Overall, this new process has led to an improved experience for our patients, and efficiency gains for both the Imaging and Pharmacy departments.



CT colon supine caecal polyp:
Slice from CT colon study showing tagging ("painting white") of fluid in colon by Gastrografin.



Colonmap:
3D image of the colon from a CT colon study.



3Dcolon:
The data from a CT colon study can be processed to give a "virtual" view of the colon as if the patient was having a colonoscopy.

Please use ICE to request CT colonograms for your patients.
For more information, please contact:

Dr Vikas Shah
Consultant Radiologist
vikas.shah@uhl-tr.nhs.uk

Jane Chivers
Principal Pharmacy Technician
Business Services
jane.e.chivers@uhl-tr.nhs.uk

Admission Avoidance Directory **Updates**

The Admission Avoidance Directory has had a few recent updates so please check our website for the latest information.

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

Leicestershire Medicines Strategy Group **(LMSG)** Newsletter

The monthly LMSG newsletter is designed to keep you informed of LMSG outcomes. The latest edition can be accessed on the LMSG website **www.lmsg.nhs.uk** or by **clicking here.**

Implementing the New Charging Regulations for Overseas Patients

We are refreshing our processes for identifying, treating and charging overseas visitors in preparation for the introduction of the new Visitor and Migrant Cost Recovery Programme.

We intend to identify and charge liable overseas patients more quickly, and provide only urgent treatment to them if they will not pay. However, overseas patients will not be charged by us if they provide appropriate evidence that they are exempt from charging, or if they have insurance arrangements in place such as a valid European Health Insurance Card.

It is important we do not discourage overseas patients from receiving essential treatment and it is therefore vital they are informed of their likely charges in advance and are aware of the evidence that they will need to prove they are exempt.

We are improving our information for overseas patients and will shortly be engaging with GPs as you have an important part to play in ensuring overseas patients are made aware of what these processes mean for them before they come into hospital.

Karen Faver
Income, Private Patient and Overseas Visitor Manager
karen.faver@uhl-tr.nhs.uk

Introducing the UHL Upper Limb MSK and Burns Outpatient Occupational Therapy Team

Occupational therapists in the Upper Limb MSK and Burns Outpatient Team at UHL use biopsychosocial approaches to address individual limitations in functional areas such as work, self care and leisure.

The experienced team provide a well respected trauma and rehabilitation service for people of all ages who have suffered relatively simple injuries such as fractures and tendon damage, and to those who have had more life changing trauma such as a mutilating hand injury. The team also treat non-traumatic hand-related issues which are causing functional problems.

Individuals are seen from the very acute stages of care through a patient journey which may involve long periods of rehabilitation to enable the person to reintegrate back into 'normal' life.

Four clinical specialist occupational therapists work across our three sites, all with their own specialist clinical interests:

Tracy Graham leads the Glenfield team.
Tracy's interest lies in post operative elective hand surgery and functional rehabilitation.

Simon Jones leads the General team.
Simon specialises in soft tissue injuries of the wrist and peripheral nerve injuries.

Rosie Dear leads the Royal team jointly with Liz Rose (below).
Rosie's specialist areas are complex upper limb trauma and vocational rehabilitation.

Liz Rose leads the Royal team jointly with Rosie (above).
Liz specialises in acute hand injuries and burn rehabilitation.

Treatments across the three hospital sites include:

Splinting, oedema and scar management, advice and education regarding ergonomic, pacing and activity management issues, functional rehabilitation, job demands analysis and work specific rehabilitation. Therapists have access to a rehabilitation workshop and state of the art BTE Primus RS work simulator (pictured).

The team have local links with Leicestershire 'Fit4Work' service and the Midland Burn Care Network, as well as national links with the British Association of Hand Therapists and the British Burn Association.

Team members are also actively involved in research/audit and postgraduate study and have presented at local, regional, national and international levels.

The UHL Upper Limb MSK and Burns team from left to right: Tracy Graham, Simon Jones, Rosie Dear and Liz Rose

The UHL Trauma and Burns Team can be reached via the contacts below and although the majority of the caseload is generated from specialist orthopaedic and plastic surgery services, the team also welcome appropriate referrals from GP practices.

Tracy Graham	Glenfield Hospital tracy.graham@uhl-tr.nhs.uk	0116 258 3103
Simon Jones	General Hospital simon.jones@uhl-tr.nhs.uk	0116 258 4067
Rosie Dear/Liz Rose	Royal Infirmary rosie.dear@uhl-tr.nhs.uk elisabeth.rose@uhl-tr.nhs.uk	0116 258 6826 0116 258 5204

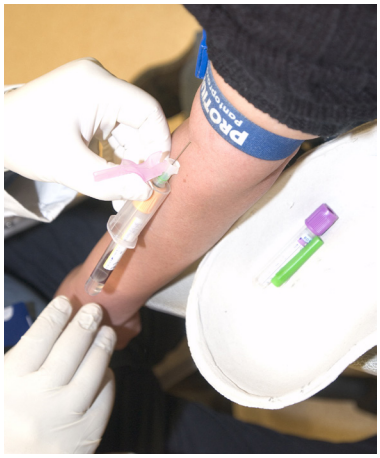
Changes to the coloured bag system for sending samples to Pathology

We would like to request your help with the prompt processing of **second trimester downs screening samples** by placing them in the red 'urgent' bag.

This allows us to separate the samples on the same day as collection ready for processing.

Changes in Alpha-1 Antitrypsin Sample Requirement

There have been changes to sample requirements for alpha1-antitrypsin (A1AT). To give a more definitive diagnosis, **A1AT genotyping** will now be reported to replace A1AT phenotyping.



There is also a requirement for an additional 4.7ml or 1.2ml EDTA blood sample for genotyping only.

Please note, a 4.7ml or 1.2 ml Serum blood sample (brown or white bottle) is still required for A1AT quantitation. The minimum volume for each serum blood sample is 1ml.

A separate form requesting A1AT and A1AT genotyping is required with the above samples. The EDTA blood sample cannot be used for any other tests.

The sample requirements will be strictly adhered to from 1 January 2015.

Meanwhile during the implementation period, we will facilitate completing the assay as far as possible by using other samples in the laboratory if there are insufficient or missing samples.

Dr Lorna Maddocks
Senior Biochemist, Chemical Pathology

Coloured bag system for sending samples to Pathology

Following an increase in workload we have had to extend the separation of GP samples into two further groups. This change will allow us to speed up the dispatch of test samples to the point of testing.

Primary bag:

Ensure that the samples are **fully identified before sealing** into smaller form-attached or adhesive sample bag.

Secondary bag:

All samples for particular areas of pathology will be **grouped together and tied** into a secondary, colour coded bag as shown.

This packaging system will need to be adopted by all staff who take and/or pack pathology samples. This may include nursing, reception and midwife staff groups.

If you need answers to any of your pathology-related questions please do not hesitate to ask (contact details given below).

If you feel that your staff would benefit from a visit to the laboratory please call us.

Paul Staples
Team Leader, Specimen reception.

Tel: 0116 258 6570 or 0116 258 6554
Email: paul.staples@uhl-tr.nhs.uk

RED OUTER BAG
URGENT CHEMISTRY AND HAEMATOLOGY TESTS ONLY
e.g. INR, Malaria, BHCG, Digoxin, Chemo patients, Temporal Arthritis, Downs screening, transfusion bloods

BLUE OUTER BAG
MICROBIOLOGY AND VIROLOGY
Including urgent Microbiology and Virology requests

GREEN OUTER BAG
CHEMISTRY and HAEMATOLOGY
Blood samples only.
NO U&E / bone requests
Non-blood into White bag.

YELLOW OUTER BAG
HISTOLOGY and CYTOLOGY requests
e.g. Minor Ops, Cervical Smears

PINK / WHITE OUTER BAG
IMMUNOLOGY only

WHITE or BLACK OUTER BAG
Non-blood samples for Chemistry testing
e.g. Urine Microalbumin, urine drug screens

GREEN AND RED U&E AND BONE BAG
Chemistry and Haematology samples that include U&E AND BONE REQUESTS **MUST** be placed in this bag.

Referring to Clinical Genetics

Following on from last month's article about the increased demand for Clinical Genetics Service at a time when several medical and nursing posts have become vacant, we have updated our guidance to help you prioritise referrals.

For example in Cancer Genetics, only about 5-10% of all cancers are thought to have an inherited genetic basis.

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.

For cancer genetics, the attached guidelines **below** could be adopted when considering referral to regional clinical genetics services (Tertiary) at Leicester Royal Infirmary. There is a separate addendum added for referral of unaffected individuals with family history of Breast cancer to secondary breast care services at Glenfield Hospital.
This list is a guide only and is not comprehensive.

If you are unsure whether to refer, please call **0116 258 5736** between 9am and 5pm.
Dr Pradeep Vasudevan - Head of Service

1. Criteria for referral of **unaffected** individuals with family history of cancers

The aim here is to identify patients at risk of inherited disease where screening, risk reducing strategies, genetic testing for relatives may be indicated:

- Where a **familial gene mutation** has already been identified in the family
- **Three or more close relatives*** diagnosed with any of the following tumour groups at any age

  Tumour groups:

  Colorectal/endometrial/ovarian/Other gastrointestinal/ Multiple colorectal polyps

  Breast/ovarian/Prostate/Male breast cancer

  Melanoma/pancreatic

  Renal/retinal/central nervous system

  Breast/thyroid/fibroids

  Breast/sarcoma/brain/leukemia/adreno corticoid cancers

- **Two close relatives affected:**

  Two close relatives* diagnosed with tumour group with average age of diagnosis under the age of 50

  Two close relatives* diagnosed with breast/ovarian tumour group with age of breast diagnosis under 50

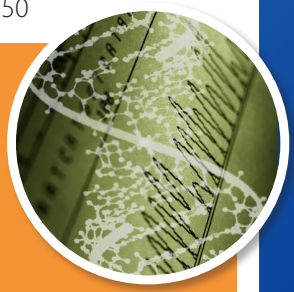
  Two close relatives* diagnosed with ovarian cancers at any age

- **Single close relative** affected**

  A close relative with bowel cancer or multiple bowel polyps under the age of 50

  A close relative with bilateral breast cancers, with an average age of diagnosis of under 50

  A close relative with breast and ovarian cancer, with the age of diagnosis of breast cancer under 50



*At least one of the affected close relatives should be a first degree relative. Except, In case of a paternal family history of breast/ovarian cancers the affected close relative could be a second degree relative through intervening unaffected father.
Be aware of unaffected intervening male relatives in families with breast/ovarian cancers.

**Close relatives should be on the same side of the family (unless consanguineous)

2. Criteria for referral for individuals **affected** with cancer:

The aim here is to identify patients for genetic testing to clarify cause, risk of additional tumours for patient and relatives

- **Three or more affected individuals** in a family
- Three or more affected individuals with diagnoses from a tumour group† at any age
- Three or more affected individuals with cancers at the same site

† Tumour groups:

Bowel/endometrial/ovarian/Other gastrointestinal/ Multiple colorectal polyps

Breast/ovarian/Prostate/Male breast cancer

Melanoma/pancreatic

Renal/retinal/central nervous system

Breast/thyroid/fibroids

Breast/sarcoma/brain/leukaemia/adreno corticoid cancers

Multiple schwanommas

- **Two affected individuals** in the family with diagnoses from a tumour group† at an average age of diagnosis under 50
- **Single affected Individual** with any of the following diagnosis, in the absence of any other family history:
  - Hormonal gland e.g. parathyroid, pituitary, paraganglioma, phaeochromocytoma diagnosed under the age of 40
  - Renal tumour diagnosed under the age of 40.
  - Prostate cancer diagnosed under the age of 50
  - Triple negative breast (estrogen receptor, progesterone receptor and Herceptin receptor negative) cancer diagnosed before the age of 50
  - Breast and Ovarian cancer at any age
  - Bilateral breast cancer
  - Male breast cancer
  - Bowel/endometrial cancer under 50
  - Serous ovarian cancer under 60
  - Adrenocortical carcinoma at any age
  - Medullary thyroid cancer diagnosed at any age
  - Multiple primary cancers

Dr Joyce Solomons and Dr Julian Barwell

Please note - where a Family History Questionnaire (FHQ) is not enclosed with the referral letter, a FHQ will be sent out to the patient following the referral. It is very important that patients provide as much detail as possible about their personal and/or family history of cancer. Patients will be offered genetics clinic appointment where appropriate based on a formal assessment of their personal and family history information. Patients may be discharged if they fail to return completed FHQ, if available information is unclear and/or insufficient for proper assessment.

ADDENDUM

Guidance for referral of unaffected individuals with family history of breast cancer to **secondary breast care services** (Glenfield Hospital) - moderate risk

Three first-degree or second-degree relatives diagnosed with breast cancer at an average age of older than 60 years or

Two first-degree or second-degree relatives diagnosed with breast cancer at an average age of older than 50 years or

One first-degree relative diagnosed with breast cancer at younger than age 40 years

- **ovarian cancer**
- **Jewish ancestry**
- **sarcoma in a relative younger than age 45 years**
- **glioma or childhood adrenal cortical carcinomas**
- **complicated patterns of multiple cancers at a young age**
- **paternal history of breast cancer (two or more relatives on the father's side of the family)**

Please seek advice from secondary breast care unit if any of the following are present in the family history in addition to breast cancers in relatives not fulfilling the above criteria:

- **bilateral breast cancer**
- **male breast cancer**

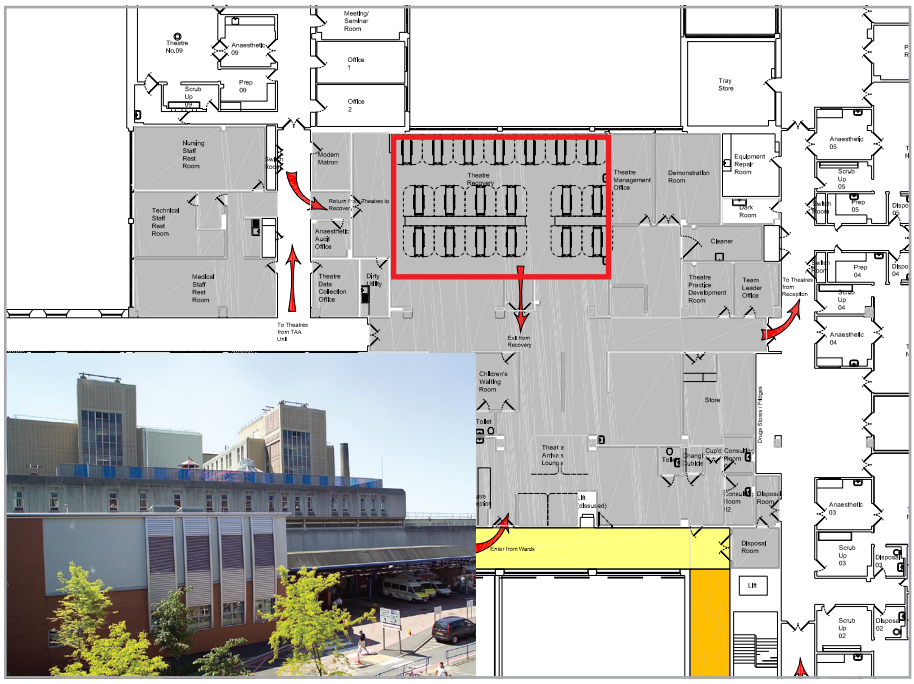
Please note annual mammogram screening from the age of 40 for women at moderate risk is offered at the secondary care breast unit in Glenfield Hospital.

Transformation of Main Theatres Recovery Area

Following the highly successful upgrade of the Theatre Arrivals Area (TAA) last year, a new £3.9m investment is underway to improve the post-operative recovery facilities for patients undergoing surgery at main theatres, level 2, Balmoral Building at the Royal Infirmary.

The adult theatres reception area has already been upgraded and now the project will continue over the next 12 months to upgrade both the adult and children's recovery areas. In addition, there will be a custom-designed waiting area for children and their parents, to make the journey from the ward into theatre as welcoming and stress-free as possible.

The main phase of the project, which started in August 2013, will reconfigure the old theatres reception and patient holding areas to create new segregated recovery areas for adults and children. Once the new space is completed, the existing recovery area will also be upgraded and the two areas will then be combined to create an enlarged and state-of-the-art main theatres recovery area.



Relaunch of the Diphencyprone Topical Immunotherapy Service

Alopecia areata is a common and reversible cause of hair loss. It typically presents with asymptomatic, non-inflammatory, non-scarring bald patches and may affect scalp, eyebrows, eyelashes or any body hair in general (Figure 1).

It often regrows spontaneously within 6 months and potent topical corticosteroids may speed up hair regrowth on the scalp but this potent treatment should not be used on the face, neck or in skin fold areas. Alopecia areata may significantly affect patients' quality of life and in a minority of patients, alopecia may persist long term*.

Topical immunotherapy with diphencyprone can stimulate a satisfactory regrowth of hair in up to 50% of steroid resistant alopecia areata (Figure 2). It is suitable to treat alopecia affecting the scalp and eyebrows. We are pleased to announce our diphencyprone topical immunotherapy has been relaunched. A new protocol of treatment has been implemented so patients do not need to attend hospital on a weekly basis anymore because they can now self-administer treatment at home.

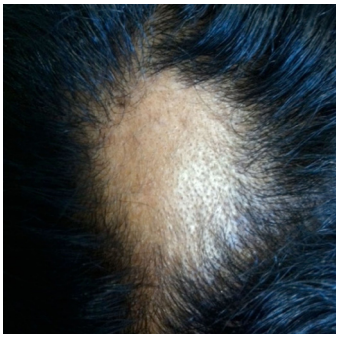


Figure 1.
A typical image of non-inflammatory, non-scarring alopecia areata of the scalp.

There are no signs of inflammation such as erythema or scaling, and hair follicles are readily visible, especially if magnification is used.

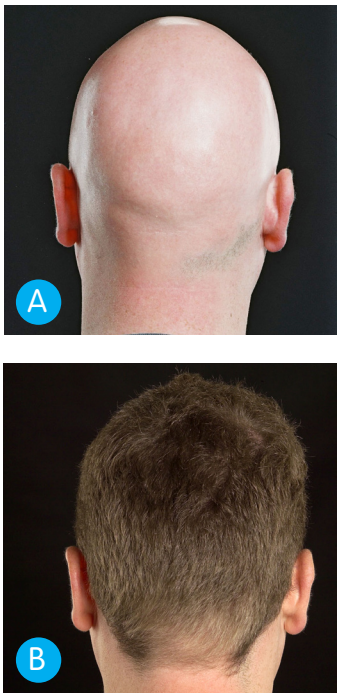


Figure 2.
An example of successful regrowth of alopecia areata following topical diphencyprone therapy.

A Alopecia areata at baseline
B A successful regrowth following 8 months of diphencyprone therapy.

*O'Brennan E, Alexandroff AB, Hutchinson PE. (2011) Alopecia Areata - an alternative treatment approach with contact immunotherapy. MIMS Dermatol. 6 (4):42-43.

Dr Anton Alexandroff MRCP(UK) PhD FAAD FRSM Consultant Dermatologist

Appointment of two Non-executive Directors

NHS
Trust Development Authority

The NHS Trust Development Authority (NHS TDA) has confirmed the appointments of Dr Sarah Dauncey and Mr Martin Traynor OBE, as Non-executive Directors. Dr Dauncey and Mr Traynor, joined the UHL Trust Board on 2 October 2014.

Former GP, Dr Sarah Dauncey from Blaby graduated from Nottingham University Medical School in 1981. She spent some time working in New Zealand and then worked for over 20 years as a GP in Leicestershire. In 2007 she was approached by Nuffield Health, the independent healthcare charity, to take on a clinical governance role. Sarah worked there for nearly six years becoming their Group Medical Director with overall responsibility for the risk management, both clinical and non-clinical, of the organisation before retiring. Sarah brings with her a wealth of experience from both the public and private healthcare sector, with particular strengths in quality assessment and governance.

Mr Martin Traynor is currently Non-Executive Chairman of The Richard III Visitor Centre Trust and Non-Executive Chairman of The Forest Experience Ltd where he played a significant role in establishing the charity, raising £15m of capital and developing its principal visitor attraction, 'Conkers'. From 2001 to January 2014 he was Group Chief Executive of Leicestershire Chamber of Commerce where he was responsible for understanding and promoting the needs and aspirations of the local business community. From 2003-2011 he was Chairman of the East Midlands Regional Assembly Scrutiny Board. Martin has also been a member of the HM Government's Regulatory Policy Committee (NDPB) since April 2012.

GP Education

For further information about our GP educational events programme, please visit:
www.leicestershospitals.nhs.uk/professionals/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

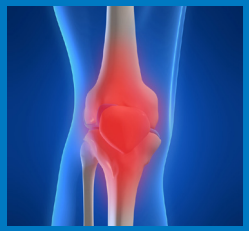
Course Objectives:

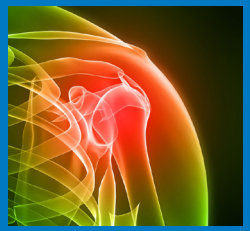
What to inject, what not to inject and how to inject?

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





GP Education

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

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

All workshops will be pre-bookable on a first come first served basis.

Musculoskeletal Core Clinical Skills for GPs:

A Primary Care Refresher on Musculo-skeletal History and Examination Skills

Saturday 24 January 2015
8.00am – 15.30pm

Venue:
Leicester General Hospital

Cost: £15.00 per person including morning coffee break and lunch

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

Course Description:

- Small group refresher training in history and examination techniques with consultants
- Interactive discussion in management options
- Role of referral pathways

PGE certificates supplied

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

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/

Designed by UHL Graphics Team 0116 258 5904