

GP Newsletter

Caring at its best



Welcome to the November edition of the GP Newsletter

Leicester Research Team show SPACE FOR COPD works!

A study led by Professor Sally Singh and respiratory researchers at the Centre for Exercise and Rehabilitation Science at UHL, investigated the delivery of a self-management programme for individuals with Chronic Obstructive Pulmonary Disease (SPACE FOR COPD). The programme is based upon a self-management manual delivered by a health care professional with expertise in COPD and behavioural change. Participants in the trial work their way through the manual over a six week period with telephone support.

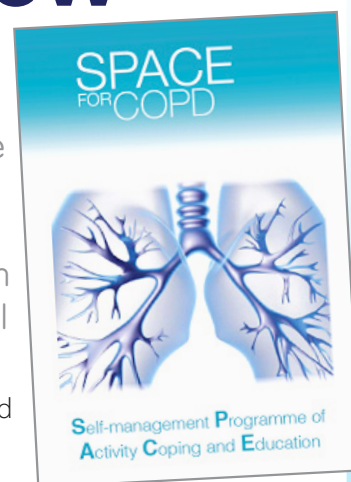
A randomised controlled trial was conducted to investigate the effects of SPACE FOR COPD against current usual care for individuals with COPD managed in primary care.

The study findings were recently published in the European Respiratory Journal.

The study revealed significant improvements in the self-management group after six weeks and despite no on-going support, improvements in anxiety, exercise performance and disease knowledge were maintained at six months.

The research was completed at the Centre for Exercise and Rehabilitation Science at our Glenfield site and was funded by the National Institute for Health Research (NIHR), Research

for Patient Benefit Programme and Leicestershire, Northamptonshire and Rutland Collaboration for Leadership in Applied Health Research and Care.



For further information

Visit www.leicestershospitals.nhs.uk/aboutus/departments-services/pulmonary-rehabilitation/for-health-professionals/self-management-manual/
Pratiksha Kanabar MCSP, Research Physiotherapist,
 Centre for Exercise and Rehabilitation Science
 (CERS Respiratory Biomedical Research Unit (BRU))

Free Bereavement Service for Black Minority Women

The Bereavement to Achievement Project was launched in June 2014, funded by the Big Lottery and is delivered by the Shama Women's Centre, a charity based in Spinney Hills.

The charity has provided a range of programmes to over 30,000 black minority ethnic (BME) women helping to improve their economic, health and social wellbeing, for more than 27 years. The project provides early interventions to BME women from Leicester City who are suffering mental health problems due to the trauma suffered by the bereavement of a loved one, including the loss of a child during pregnancy or after birth. Due to cultural expectations and lack of local culturally conducive services, BME women have often suffered in silence, leading to the development of mental health conditions.

This project offers a holistic approach in addressing the wellbeing of bereaved BME women in a culturally conducive women only environment. Our team of multi-lingual staff provide one-to-one and group bereavement counselling,

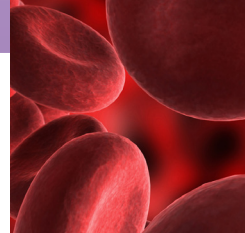
confidence building workshops, holistic therapies, accredited IT training, help with English Language and support to find employment with free onsite childcare facilities. In addition we provide a free befriending service helping bereaved BME women overcome isolation.

We take referrals from a range of health agencies and have successfully provided support to over 75 women helping them move from 'bereavement to achievement'.

Khudeja Amer-Sharif, Coordinator, Shama Women's Centre
 39-45 Sparkenhoe Street, Leicester, LE2 0TD, 0116 251 4747
 email: shama_womens_centre@hotmail.com

Acute Ambulatory DVT Service

Continuous improvement in action...



Service improvements were required to improve administrative processes for our acute ambulatory Deep Vein Thrombosis (DVT) service. The paper-based system was inappropriately diverting the DVT nursing team from delivering a very busy clinical service. A vision for a paperless system with seamless referrals and communication between commissioners, patients and secondary care was born.

The team at UHL worked in collaboration with 4S DAWN to produce a DVT Module configured specifically to their workflow. The overall vision was to provide the

best possible care, the right diagnosis first time, treatment at the right time and a good patient experience.

The whole DVT workflow was put into DAWN to eliminate paper, make

improvements to the old workflow and audit the service easily. In addition, it enabled continuous improvement and audit of adherence to NICE Guidance 144 and the quality standards (QS29).

NICE Quality Standards 29

Statement 1. People with suspected deep vein thrombosis are offered an interim therapeutic dose of anticoagulation therapy if diagnostic investigations are expected to take longer than four hours from the time of first clinical suspicion.

Statement 2. People with suspected deep vein thrombosis have all diagnostic investigations completed within 24 hours of first clinical suspicion.

Statement 3. People with suspected pulmonary embolism are offered an interim therapeutic dose of anticoagulation therapy if diagnostic investigations are expected to take longer than one hour from the time of first clinical suspicion.

Statement 4. People with proximal deep vein thrombosis are offered below-knee graduated compression stockings within three weeks of diagnosis.

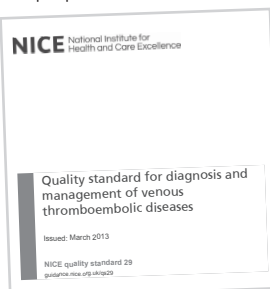
Statement 5. People with unprovoked deep vein thrombosis or pulmonary embolism who are not already known to have cancer are offered timely investigations for cancer.

Statement 6. People with provoked deep vein thrombosis or pulmonary embolism are not offered testing for thrombophilia.

Statement 7. People with active cancer and confirmed proximal deep vein thrombosis or pulmonary embolism are offered anticoagulation therapy.

Statement 8. People without cancer who receive anticoagulation therapy have a review within three months of diagnosis of confirmed proximal deep vein thrombosis or pulmonary embolism to discuss the risks and benefits of continuing anticoagulation therapy.

Statement 9. People with active cancer who receive anticoagulation therapy have a review within six months of confirmed proximal deep vein thrombosis or pulmonary embolism to discuss the risks and benefits of continuing anticoagulation therapy.



The module has now been implemented for patients with distal DVTs, superficial thrombophlebitis and for those where assessment and diagnosis excluded a DVT.

The module is working well for both staff and patients within the service. The DAWN DVT module has enabled the clinic to streamline their workload. This allows the team to spend more time with patients who have a DVT.

The DVT team, with over 250 years of experience between them, have helped to realise this vision and move the service forward. In addition, both Dr Strong and the DVT nurses believe the introduction of the DAWN DVT Diagnosis and Assessment module has transformed the way UHL's acute ambulatory DVT service operates.

The benefits brought to the service by its implementation include:

- Quality improvements
- Safety improvements
- Lean and accountable working
- Benchmarking

www.nice.org.uk/guidance/qs29/chapter/introduction-and-overview

World Thrombosis Day Update

World Thrombosis Day (WTD) took place on Monday 13 October and is a worldwide public and professional initiative with the ultimate goal to reduce significant disease burden caused by thrombosis.

More than 175 organisations from over 65 countries organised hundreds of events to mark the day.

Thanks to the efforts of countless individuals, World Thrombosis Day reached millions around the world.

Did you miss it?

[Read the World Thrombosis Day's Burden of Disease Paper](#) in Journal of Thrombosis and Haemostasis:

Thrombosis: a major contributor to the global disease burden, published in JTH on October 13

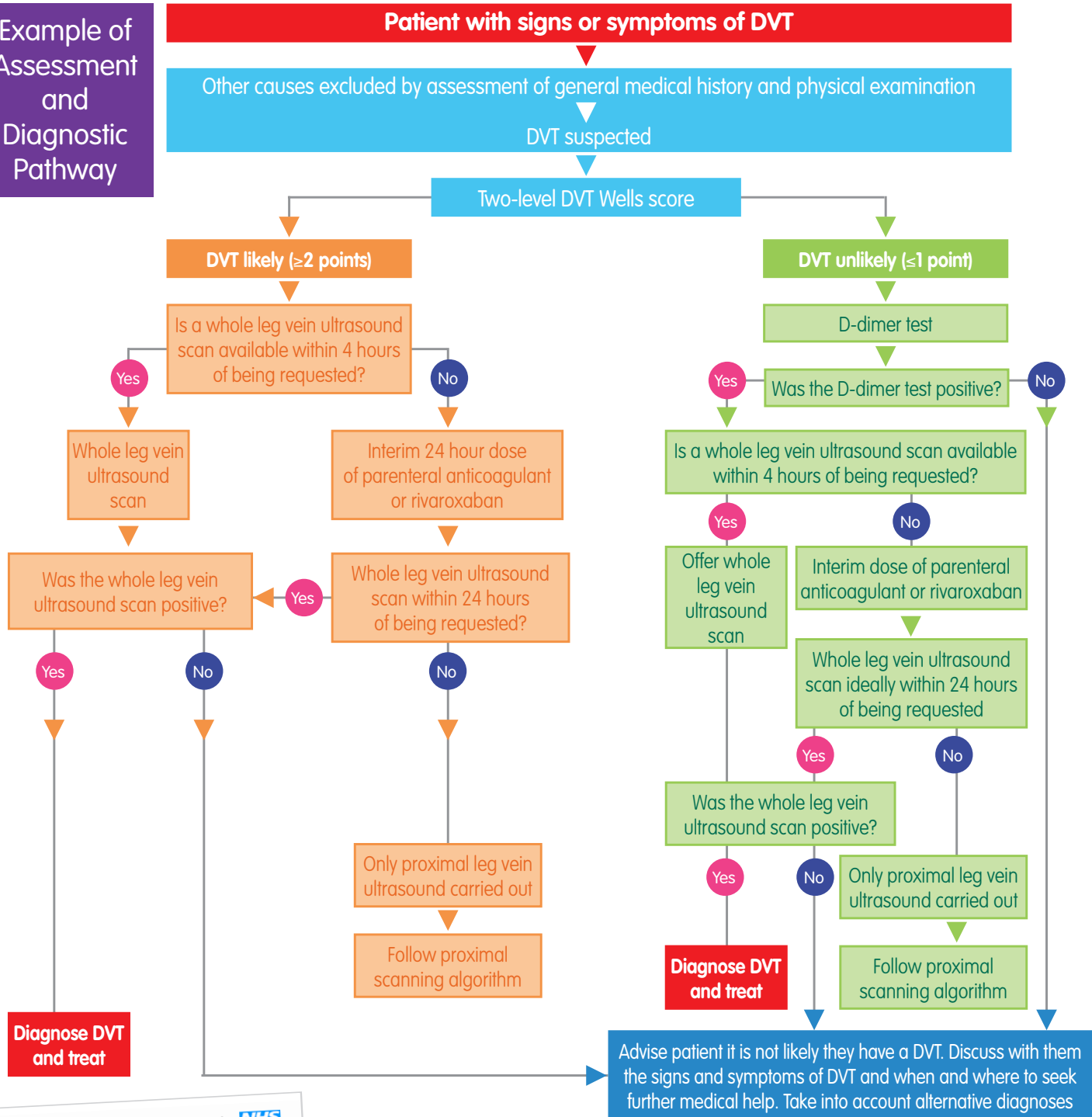
[Read the commentary on World Thrombosis Day](#) published in The Lancet

[Read more about World Thrombosis Day 2014 www.worldthrombosisday.org/](http://www.worldthrombosisday.org/)

On this first World Thrombosis Day 2014 our acute ambulatory DVT service assessed and reviewed 28 patients and scanned 16 within four hours of presentation using rivaroxaban as the first line treatment for DVT. It will be interesting to compare this day next year on Tuesday 13 October 2015.



Example of Assessment and Diagnostic Pathway



University Hospitals of Leicester NHS Trust

DIRECT LINE: 0116 258 5972

DVT CLINIC

Ms Maggie Marshall
Prince Regent Infirmary
101 Prince Regent Rd
Jesmond
Newcastle Upon Tyne
Tyne & Wear NE11 1YTG

19 September 2014

Dear Ms Marshall,

Outcome: Superficial Thrombophlebitis requiring 3 months anticoagulation

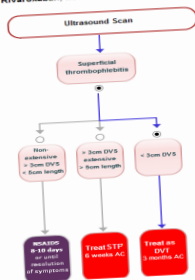
(please see below pathway of decision making)

Re: Ernest Adams
G Main Ave
Bransby
Bradcasters
Cumbria, CA9 9YT

Hosp No: M47904_12345678
NH5 No: 0123456789
Date of Birth: 18/01/1962

Ernest Adams attended the DVT Clinic today with a suspected Deep Vein Thrombosis.

A diagnosis of Superficial Thrombophlebitis, requiring 3 months anticoagulation with Rivaroxaban, was made using the following pathway.



Example of Discharge Letter

The letter outlines outcome, diagnostic pathway and treatment, action required by the GP and information given to the patient.

ACTION REQUIRED BY GP:

1. Prescription for below knee graduated elasticated compression (GECs) hosiery (Class2) - 2 pairs on repeat prescription for replacement every 3 - 4 months
2. Reinforce healthy lifestyle advice

INFORMATION GIVEN TO PATIENT:

1. To wear below knee class 2 GECs, put on first thing in am and take off when going to bed
2. Signs and Symptoms of DVT
3. DVT prevention measures at times of immobility
4. Anticoagulation information and follow up
5. Lifestyle advice

Ernest Adams has been informed of these results and has now been referred back to you. The patient has been given the scan results.

Dawn Support
DVT and Anticoagulation Specialist Sister
pp. Dr J Strong, Consultant Haematologist - Head of Service - Tel: 0116 258 3500
Trust Headquarters, Overenden House, Overenden Road, Leicester, LE5 4GP
Charmian: 30 Northfields, Chief Executive, 30 John Adler, Wetherby, Wetherby, Wetherby, Wetherby

Feedback

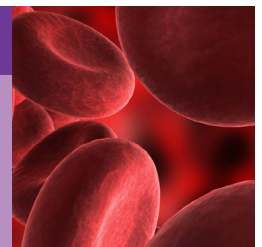
We welcome any feedback or queries regarding any aspects of the service.



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

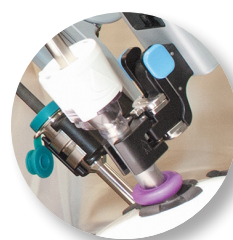




ROBOTIC SURGICAL PROGRAMME

A new £2 million surgical robot has begun operating on cancer patients

The machine, installed at the General allows surgeons to carry out complex operations with more precision. The device is being used to treat a range of cancers including prostate, bladder, cervical, liver, pancreatic and ovarian.



Have your say

on the future of Children's Hearts Services in the East Midlands

A three month consultation period is currently underway of proposed standards for the New Congenital Heart Disease Review. The standards will dictate how congenital heart surgery is delivered by Centres in the UK, including Leicester's Hospitals.



The New Congenital Heart Disease Review, being undertaken by NHS England, aims to drive high quality care for children and adults with congenital heart disease wherever they live. It was launched in June 2013 after the 'Safe and Sustainable' Review collapsed.

You may be aware that NHS England held an event in Leicester on Friday 24 October to give the public and supporters of the East Midlands Congenital Heart Centre (EMCHC) a chance to review the standards and find out how this review is different to the Safe and Sustainable review.

You can still have your say on the proposed standards by filling in an **online survey** on NHS England's website. For guidance on how you could respond to NHS England, **please click here**. The consultation period ends on Monday 8 December.



Celebrating Success 2

Creating a positive patient experience remains central to the philosophy of Leicester's Hospitals, ensuring all patients, carers, family and friends who have access to our services have an experience which exceeds their expectation.

Celebrating Success 2 celebrates clinical staff and areas that have directly responded to patient feedback by sharing improvements made. A host of improvements have been made from listening to patient feedback and the following are a few identified:

- **Weekly opening of the Royal Infirmary's Osborne day care on Saturdays** to provide an equitable service for patients. One patient said "opening on a Saturday has had a dramatic effect on my life"
- **The Emergency Department replaced chairs in the waiting area** and installed vending machines so food and drink may be obtained whilst waiting in the waiting areas. One patient said "end of life care was provided with dignity and respect"
- Six wards at the Royal Infirmary (wards 21, 31, 32, 37, 39 and 40) achieved the **Quality Mark Award for Elder Friendly Hospital Wards**
- Glenfield Hospital, Ward 26 facilitates **Thoracic Surgery Patient Experience Days** which aim to plan effective services for future patients and their families

Patient feedback is provided in a number of ways including:

- Talking directly to staff and the ward sister
- 'Message to Matron' cards
- Message through a Volunteer
- Patient Experience Surveys
- Online via the website 'How did we do' questionnaire www.leicestershospitals.nhs.uk/contact/feedback/
- Compliments and complaints provided to Patient Information and Liaison Service (PILS)



We welcome all feedback from patients, carers, family and friends. Positive and negative feedback is actively listened and responded to making improvements to meet the needs of people of Leicester, Leicestershire and Rutland.

The Patient Experience Team welcomes the opportunity to meet with GPs, patients, friends, family and carers who wish to share their experience of care. The Patient Experience Team can be contacted on 0116 258 5384.

If you require any further information please do not hesitate to contact me.
michaela.thompson@uhl-tr.nhs.uk
Patient Experience Sister 0116 258 5384



New ECMO Telephone Number

From Monday 27 October 2014, the Heartlink Extra Corporeal Membrane Oxygenation (ECMO) Centre at Glenfield Hospital has a new phone number for referring patients. A dedicated phone line with call conferencing facilities for all Adult, Paediatric and Neonatal ECMO referrals, including mobile referrals, has been set up to support patients. Most calls will be answered within 30 seconds

by trained call handling staff.

Please call
0300 300 3200
to contact the
Leicester ECMO Team
for immediate advice
and support.



Misdirected Mail

Please return misdirected mail to Data Quality, Rogers Ward and remove Sheila Gamble from your distribution lists as she has retired from the Trust. Data quality queries can also be directed to data.quality@uhl-tr.nhs.uk

Dr Kevin Harris, Medical Director, to step down

Our Medical Director for the last five years, Dr Kevin Harris has decided to step down to pursue other opportunities.



Kevin has made a massive contribution to our hospitals in the last five years; he led the complex and successful medical revalidation project, has been instrumental in the creation of our Quality Commitment, chaired the group taking forward the development of the new Emergency Floor and most recently led for UHL and in the wider health economy, our response and actions to address issues raised in the Learning Lessons to Improve Care review. Kevin will continue to practise as a nephrologist and will remain as Medical Director until March 2015.

New Children's Phlebotomy Service

From Wednesday 19 November 2014, the children's phlebotomy service at the Royal will be delivered by Leicestershire Partnership NHS Trust (LPT).

LPT will be delivering a Community Children and Young Persons' Phlebotomy Service across Leicester, Leicestershire and Rutland for children aged 0-16, taking over the contract from the UHL service provided from the Royal.

The service will be delivered by **LPT's new Community Children's Phlebotomy/Outpatient team** from Merlyn Vaz Health and Social Care Centre and Westcotes Health Centre.

A service will also continue to be provided from Leicester Royal Infirmary for part of the week up until Thursday 1 January 2015.

We are working closely with colleagues at LPT to ensure a smooth transition over the next two months. The new service will be bookable by GPs and patients, and will have a facility to prioritise urgent cases.

From Wednesday 12 November, if you require a blood test for a child, either they can book one of the following venues or you can call **0300 3000 007** (option 4 for phlebotomy). A blood test form AND an Ametop authorisation form must be completed and both given to the parent/carer to bring to their appointment to avoid unnecessary booking delays.



The sessions available will be:

Monday and Tuesday (12.30pm to 4.30pm)

at Leicester Royal Infirmary, Infirmary Square, Leicester LE1 5WW

Wednesday (8.30am to 4pm)

at Westcotes Health Centre, Fosse Road South, Leicester LE3 0LP

Thursday and Friday (8.30am to 4pm)

at Merlyn Vaz Health and Social Care Centre, 1 Spinney Hill Road, Leicester LE5 3GH

Please note from Thursday 1 January 2015 the service will cease to be delivered at the Royal and will move to the two health centres, Monday to Friday.

Referrals may be booked over the telephone by GPs, patients or other healthcare workers. Telephone calls will be answered between the hours of 8.30am to 5pm Monday to Thursday and 8.30am to 4.15pm on Friday.

For out of hours calls, a voicemail option will be available.

If you have any questions please contact Clive Nixon or Suzanne Leatherland:

Clive.Nixon@leicestercityCCG.nhs.uk or

Suzanne.L Leatherland@leicspart.nhs.uk

Community Children & Young Peoples Phlebotomy Service
Leicestershire Partnership NHS Trust

Forms

Please be aware the following tests are unable to be performed at Community Clinics and will need to be booked at the Leicester Royal Infirmary:

White Cell Enzyme, TPR, ACTH, Protein C

- If the parent/carer is unable to confirm they have the correct documentation with the administration team the parent/carer will be referred back to your surgery for these to be completed.
- Please record on the blood test request form whether the blood is urgent/fasting in order for an appropriate time slot to be given to the parent/carer.
- Please advise if an interpreter is required for the appointment. This will then be organised by the administrative team.

DNA

Letter confirmation of the appointment will be sent to parents/carers alongside a text message reminder. Any child who fails to attend one appointment will be referred back to their GP via a task and a DNA letter will be sent to their home address.



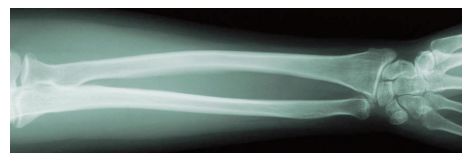
New Consultant Orthopaedic Surgeon

The Department of Trauma and Orthopaedics is pleased to welcome back **Mr Harvinder Pal Singh** MBBS, MS, FRCSEd Orth.



Mr Singh trained in Leicester and after a fellowship in Wrightington and Sydney, Australia, has returned to the UHL as Consultant Orthopaedic Surgeon.

His interests include shoulder (osteoarthritis, impingement syndrome, rotator cuff pathology and unstable shoulder), elbow (arthritis and instability) and upper limb nerve disorders (including trauma and compressive pathology). He also participates in the General Trauma Service particularly shoulder and elbow trauma, including hand and wrist trauma conditions. He is keen to contribute to the advancement of the



Awake Upper Limb Surgery unit within UHL with the team of Anaesthetic and Orthopaedics Surgery colleagues. He has recently completed his PhD in Trauma and Orthopaedics and continues to participate in research collaborations on a local, national and international level.

GP user survey for empath

empath is the NHS pathology service provided by Nottingham University Hospitals NHS Trust and Leicester's Hospitals.

As a user of empath services, we would be grateful if you could spare a few minutes to complete our second annual survey and give us your feedback to help us improve our services to you.

The survey will take just a few minutes to complete. Your responses will help us to improve the things that are important to you. Please follow the link to complete the survey by Sunday 30 November 2014:

www.surveymonkey.com/s/empathsurvey2014

If you require a non electronic copy of the survey please let me know as these are available should they be required.



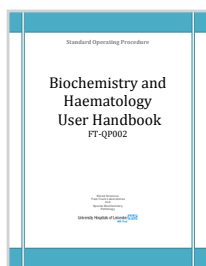
The screenshot shows the 'empath' survey interface. It includes a header with the 'empath' logo and the title 'Your feedback on our pathology services 2014'. Below this, there's a section for 'Our specialist pathology services' with a list of services: Blood sciences, Microbiology, Histopathology/Cytology, Genetics, and Metabolic/biochemistry. Each service has a row of radio buttons for selection. The main part of the survey consists of two Likert scales. The first scale asks 'Thinking about the range of services we offer, how likely would you be to recommend any of the following services to a colleague?' with options from 'Not at all likely' to 'Extremely likely'. The second scale asks 'Thinking about our services overall, how likely is it that you would recommend empath pathology services to a colleague?' with similar options. Navigation buttons 'Previous' and 'Next' are at the bottom.

Steph Szolin, Deputy Quality Manager, empath Pathology Services 0115 969 1169 ext 57187 Stephanie.Szolin@nuh.nhs.uk

Pathology User Handbook Updates

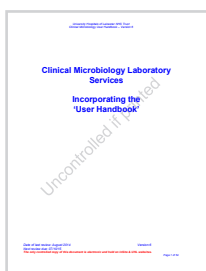
The Biochemistry and Routine Haematology User Handbook has been updated and can be accessed here:

www.leicestershospitals.nhs.uk/aboutus/departments-services/pathology/clinical-biochemistry/



Our Clinical Microbiology User Handbook has also been refreshed and is now available to view here:

www.leicestershospitals.nhs.uk/aboutus/departments-services/pathology/clinical-microbiology/handbook/



We would like to draw your attention to **page 38** which provides new/ revised

advice on urine sampling:

New urine sampling and advice

The starting point for submitting urine samples to the laboratory is always in clinical presentation. There is generally no rationale in sending specimens from asymptomatic patients. The only exceptions to this would be pregnancy (screening for asymptomatic bacteriuria) or patients about to undergo surgical procedures on the urinary tract. It therefore follows that 'screening' samples are rarely justified and might risk unnecessary treatment of patients with asymptomatic bacteriuria.

The same principles apply to the use of urinary dipsticks for leucocyte esterase (LE) and nitrites. Specifically they should NOT be used in:

- Older patients without specific urinary symptoms or generalised features of infection.** Many older patients have asymptomatic bacteriuria which does not require treatment. IDSA guidelines: Infections by Organ System www.idsociety.org/Organ_System/
- Catheterised patients.** Most catheterised patients will have positive dipstick results and many will have positive cultures but treatment (and hence investigation) is only indicated if the patients is systemically unwell.
- Pregnancy to screen for bacteriuria** – urine culture is required.

Dipsticks and urine cultures are generally **not recommended in women of child-bearing age** who present with the typical features of acute uncomplicated cystitis. Such patients should be treated empirically with a three-day course of antibiotics unless they are pregnant.

In elderly/institutionalised women dipsticks may have some value in patients with a new onset of fever or Urinary Tract Infection (UTI) symptoms where negative LE +/- nitrites will indicate that a UTI is unlikely. In such patients positive dipstick results may justify empiric treatment after sending an MSU for culture.

In men with suspected UTI urine cultures should always be sent. In patients with typical/severe symptoms dipstick testing is unhelpful as such patients require empiric treatment whatever the dipstick shows. In men with mild/non-specific symptoms a negative LE and nitrite dipstick can usually exclude a UTI.

In children urine cultures are generally required to exclude UTI although negative dipstick LE/nitrite results in patients over three years of age would exclude a UTI.

- Urine containers containing boric acid are ideally used
- If filled to the indicated volume, boric acid will prevent the overgrowth of contaminating bacteria during transit to the laboratory
- Low volume of urine (<5ml) should be sent in a plain sterile container as high concentrations of Boric acid may prove toxic to some organisms – for this reason low volume urines (<1ml) will NOT be tested.

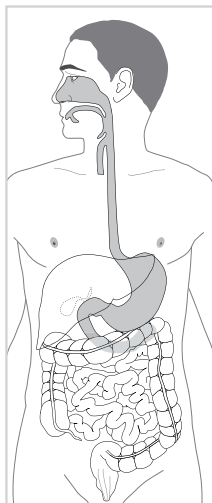
EXCEPTION: Paediatric urines will be processed if low volume received.

Dawn Williams, Team Leader,
Clinical Microbiology
empath Pathology Services

Gastrointestinal Stromal Tumour (GIST) Support UK



Reg Charity No 1129219



I am a GIST patient.

That makes me quite special since, statistically, a GP may only see one GIST patient in their entire career. The fact that it is so rare may also go some way to explain why GIST is often misdiagnosed. GIST is a soft tissue sarcoma. It arises from the interstitial cells of Cajal and, like all cancers, prognosis is much improved if it is found early. However, GIST can be difficult to diagnose because it is rare and symptoms may be non-specific, or indeed non-existent! It is most often found in the 40-60 age groups, but it can occur at any age.

Awareness of the condition has increased over recent years and as a result more patients are being correctly diagnosed. GIST Support UK is a Charitable Trust formed to provide help, information and support for GIST patients and their carers. I found it to be invaluable when I was first diagnosed. One of the charity's objectives is to increase awareness of the condition and how it is treated, to improve care. It is also important GIST patients are provided with information that will help them to feel less isolated. There are a number of booklets and leaflets available.

To find out more about GIST Support you can go to the website: www.gistsupportuk.com or follow us on Facebook www.facebook.com/gistsupportuk or Twitter www.twitter.com/gistsupportuk.

The website lists the information available to download or order by post. Click the **Publications** link in the side bar. There is a booklet called **GIST for Beginners** which includes information about what GIST is, how it is diagnosed and the current treatments, including the targeted drugs Imatinib and Sunitinib. There are also useful leaflets on coping with eating after stomach surgery.

If you would like to know more about GIST Support UK you can get in touch via the website or contact me, Sue Russell at sue@suerussell.co.uk or on 07976 263 206.



The Big Push for Routine Surgery

Wednesday 10 September 2014 saw the beginning of the "super weekends" in General Surgery at Leicester General Hospital.

This initiative ran for 10 weeks in order to clear the backlog of patients waiting for routine surgery. Surgeons and staff from all three sites are involved and the process has been led by Mr Jameson, Clinical Director and Jo Fawcus, Clinical Management Group General Manager.

So far 340 patients have been treated.

The aim of the 'big push' is to reduce the waiting list size in order for the service to routinely achieve and sustain the 18 week target whilst also maintaining a high quality service with excellent outcomes.

The achievement of the waiting time target will enable the General Surgery Team to concentrate on the planning and development of the service. The enthusiasm and commitment from the theatre teams, the surgeons, nursing and administration staff has been impressive and is a shining example of team work.

Giuseppe Garcea, Consultant HPB Surgeon

UHL Libraries and Information Services

We all know 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?

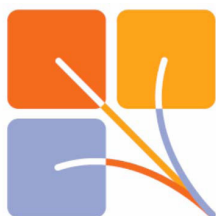
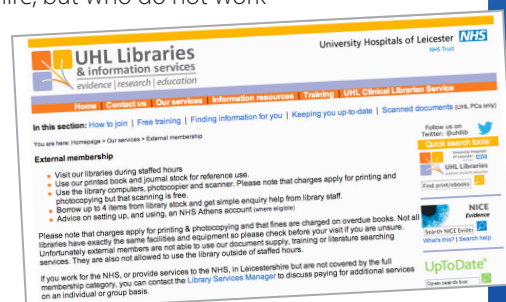
NHS staff working in Leicestershire, but who do not work for UHL or LPT, can still join UHL Libraries and Information Services as an external member. This allows a basic level of service, including book loans and advice on finding essential information.

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



Better care together

A partnership of Leicester, Leicestershire & Rutland Health and Social Care

Health and Social Care Plan

GPs and primary care staff are being encouraged to find out more and get involved in the five year strategy to transform health and social care in Leicester, Leicestershire and Rutland.

The plan has undergone significant additions since its launch in June 2014, including strengthened work around primary care provision. Toby Sanders is the joint Senior Responsible Officer for Better Care Together along with our chief executive John Adler.

Toby said: "In October we welcomed the national NHS Five Year Forward View: Better Care Together is consistent with that plan. The report identified the need for change, and our plan locally looks at more integrated and innovative health and social care services, leading to different models of care, ensuring better outcomes for service users and patients.

"In particular we are developing closer working relationships between GPs, consultants and other professionals across the health and social care system and want to move towards more community based care. Health and social care needs to meet the specific needs of its communities, whether that is inner city Leicester or in towns and villages of Leicestershire and Rutland – Better Care Together does this.

"Locally, as in the rest of the country we are facing financial pressures but we welcome the discussion at a national level about a financially sustainable model for health care in the future."



Why is the change needed?

We are living longer and when we need care the most, we have more complex needs – this is putting strain on health and social care services. As more and more people age and have increasing needs, we need to ensure that we plan for the future now, to make sure people have access to high quality services in the future.

I work in health and social care – what will be different for me?

It may mean different ways of working to provide care, and there will be a wide range of opportunities to specialise in the care you want to deliver and the place you want to work. It is important that staff help shape the plans, not only for the health and social care specialisms but also for other projects such as how IT can be used better to help your patients, service users and clients.

What will this mean for my patients and other service users?

By working together in partnership, all the health and social care systems will be easier to navigate through. There will be less reliance on hospital admissions, earlier prevention and more care in your community. When people need it most, there will be specialised acute services, better access to urgent care and more support for frail and elderly people, for example.

To find out more

Email: bct@eastleicestershireandrutlandccg.nhs.uk

Website: www.bettercareleicester.nhs.uk

Tweet: <https://twitter.com/bctlr>



New drug could help in battle against cervical cancer

A Cancer Research UK-funded UK study led by researchers at the University of Leicester, with key collaborators from the Universities of Glasgow, Manchester and Edinburgh, has discovered that adding the investigational agent cediranib to standard chemotherapy may be beneficial for patients with metastatic or recurrent cervical cancer and could pave the way for future treatment of the disease.

Professor Paul Symonds from the Department of Cancer Studies and Molecular Medicine at the University of Leicester and a consultant at Leicester's Hospitals, explained:

"Cancers develop their own blood supply and cancers of the cervix with a well-developed blood supply can have a particularly bad outcome for the patient.

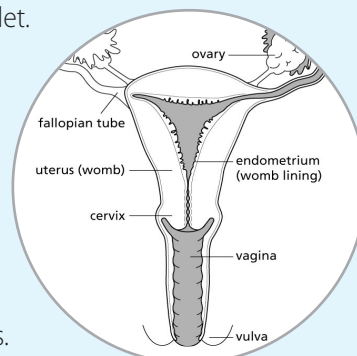
"One of the substances which increase new blood vessels in cervical cancer is Vascular Endothelial Growth Factor (VEGF). The experimental drug cediranib blocks the receptor for VEGF

in the cancer, potentially limiting its growth in the body.

Targeting the tumour blood supply seems the way forward to increase the effectiveness of chemotherapy in cervical cancer."

The study compared two groups of patients with recurrent or secondary cervical cancer given conventional chemotherapy - carboplatin and paclitaxel - plus either cediranib or an identical looking placebo tablet.

Patients who received chemotherapy and cediranib had greater tumour shrinkage, 66 per cent versus 42 per cent, than those treated by chemotherapy and a placebo and there was an increase in median progression-free survival rates.



GP Education & Events

Yule Event

Medical and Executive Event hosted by the Consultants' Senate

Friday 5th December 2014

12.00 noon – 6.30pm

Venue:

Room 1880, Leicester Tigers Ground,
Aylestone Road, Leicester LE2 7TR

Contact:

rosemarie.hughes@uhl-tr.nhs.uk

0116 256 3871

Yule (sic) meet Senators, members of the Executive Team, local Commissioners and your consultant colleagues to discuss those issues rated as of highest importance to the consultant body during 2014 and in 2015.

For those short of time, you are welcome to drop in to sessions of your choice. From 3.30pm onwards, you can hear about our two and five year strategy, delayed discharge and site reconfiguration. A light supper will be served 5.45–6.30pm with an opportunity to meet your Consultant colleagues

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

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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/

