

GP Newsletter

Caring at its best



Welcome to the December edition of the GP Newsletter

empath update

empath

empath was created to provide a sustainable, affordable and high quality pathology service in response to both the national agenda for consolidation of pathology services as well as to make a greater contribution to local health economies through improved service delivery, increased efficiencies and industry-leading quality.

empath began operating in September 2012, following an 18-month project which brought together and developed the governance, strategic, financial and operating policies for pathology services under a joint venture agreement. Nottingham University Hospitals and University Hospitals of Leicester NHS Trusts are 50-50 joint venture partners.

Since then empath has continued to deliver services to both Trusts as well as GPs, local authority and other customers, whilst undertaking a comprehensive transformation programme at the heart of which is a new target operating model to facilitate a single, integrated service.

The empath model is based on a centrally located, purpose-designed Hub which will include a high level of automation and high volume capacity for routine tests, as well as specialist facilities. The existing laboratories will become specialist "spoke" laboratories operating on the Trust sites, continuing to provide services directly to the hospitals.

This model is leading the development of pathology in the UK. It brings the best of existing practice together with the developments in Europe and other parts of the world where new technology, different skill mix and operating procedures are already in place.

The preferred location for the Hub is the Charnwood Biomedical Campus in Loughborough. This is the former AstraZeneca site which is now being developed by the new owners as an international centre of excellence in biomedical research.

empath currently provides around 25 million tests a year, serving three million patients, 600 GPs and the clinical teams working in both Leicester and Nottingham Hospitals. With an annual budget of over £75 million, empath's vision is to become the leading provider of a fully integrated, high quality and comprehensive NHS pathology service in the UK. The full implementation of the

new model, including the purpose-designed pathology Hub will increase the contribution empath can make to high quality, efficient and highly effective pathology services locally and regionally.

How to get involved

The major service improvements linked to either the Hub, or the other procurements which are directly related to the Hub (IT, logistics and new equipment) are all long term developments. The new ways of working will offer significant benefits to GPs including increased quality, improved turnaround times, increased efficiency and value. At this stage, it would be useful to be aware of medium to long term service developments CCGs are planning so empath can factor these into the detailed plans for the Hub. empath is also keen to work closely with users to explore new and innovative ideas as well as establish links for pilot sites to further improve pathology services. Whilst empath cannot promise to respond to all requests we might get, now is the time to gather ideas as the plans are still fairly flexible. Specifically around logistics, we are looking at ways to introduce the new service provider, once the contract is agreed - again this is likely to be early in 2015.

empath started a programme of practice visits to gain information and feedback about what users wanted to see change in their pathology services as part of putting the detail into plans for the Hub. Users are invited to either complete the online survey (see below for link) or contact Jot Hyare (jot.hyare@uhl-tr.nhs.uk) directly with ideas/suggestions that we can look at next year. empath need this information by early January, for it to get into the annual planning process (2015-16).

As part of the annual planning process, the services are currently working on service developments which will be happening soon or are not dependent on the Hub timescales. By early January we will have a comprehensive

picture of changes coming into effect from April 2015 onwards. In the New Year we will be able to provide more information about individual services or the development of new/improved tests. The new empath website is in development to improve access to general information about empath and this will be launched at the end of the year and will continue to be developed in 2015.



Sample collection services

empath is in the process of appointing a new provider of sample collection/logistics services. As part of the preparation for the specification for this, empath undertook a phone survey of GPs to establish their current phlebotomy clinic times and any planned developments coming up (changes to times, locations or frequency of clinics). This happened early summer 2014. If practices have new proposals, changes or more details about changes they may already have mentioned, please contact Jot Hyare (jot.hyare@uhl-tr.nhs.uk). This information can be taken into consideration as part of the deployment of the new contract which empath is hoping to start phasing in.

If users wish to make any other feedback or comments, please take part in the current empath customer survey. It is an online survey which can be accessed here <https://www.surveymonkey.com/r/empathsurvey2014>

A new Commercial Director has been appointed and is due to start work in the New Year. This will be a point of contact for GPs/CCGs in terms of commissioning and service developments.

Jot Hyare, Special Projects Manager - empath

25 years of giving families the chance to happen



Leicester Fertility Centre
Caring at its best

It is true, from small beginnings mighty things do grow and this is certainly true for the **Leicester Fertility Centre**.



In 1988 four people set out to offer fertility treatments in a friendly, safe and caring environment to the people of Leicester and Leicestershire. The team had no funding, yet 25 years later, the clinic has over 20 members of staff, is situated within its own purpose designed unit and offers a range of tailored fertility treatments for both NHS and private patients.

The team still strive to remain true to the ethos that infertility is a personal and emotional journey for couples and therefore, treatment should be carried out within an environment where patients can feel secure and truly cared for.

To celebrate their humble beginnings, continued growth and over 2500 babies born, the team organised a celebratory party at the Leicester Fertility Centre on Sunday 21st September 2014. Staff and patients, past, present and future were all invited to attend. Alongside a balloon modeller and face painter, the guests enjoyed refreshments including homemade cakes donated by the staff. The clinic also organised a raffle with donations from local businesses.

The festivities gave patients the chance to visit the clinic, see photos of some of the children born over the past 25 years as well as a game to match the baby picture to the staff member. Those who attended said how much they enjoyed the event, with many



asking when the next would take place as they consider the staff part of their extended family.

Our Chief Executive, John Adler was pleased to draw the raffle. He commented on how proud he was of the team for organising such an event and praised their commitment to their patients.

Charlene Freeman Embryologist



Study examines why young people with Type-2 diabetes develop heart problems

A new study led by a research team at Leicester's Hospitals hopes to reveal, using magnetic resonance imaging (MRI), why young people with Type-2 diabetes develop heart damage. The research team is led by Dr Gerry McCann, Consultant Cardiologist at Leicester's Hospitals and NIHR Fellow and Professor Melanie Davies, Honorary Consultant at Leicester's Hospitals, Director of the Diabetes Centre and Professor of Diabetes Medicine at the University of Leicester, are going to use MRI scanning to determine what causes early heart failure in 100 younger adults with diabetes.

Hospital doctor named Innovator of the Year

Dr Rakesh Patel, Honorary Specialist Registrar in Nephrology for Leicester's Hospitals and lecturer at the University of Leicester, has won the East Midlands Leadership Academy's 'NHS Innovator of the Year' award.

The prize recognises individuals who put quality improvement at the heart of what they do to transform patient care. Over the past two years, Dr Patel has led the Prescribing Insight for the Future project (ePIFFany), working in partnership with Health Education East Midlands. Its aim is to improve the prescribing performance and safety behaviours of junior doctors, whilst also creating a strong ethic for learning within the workplace.



CARDIAC RHYTHM TEAM

Management of Atrial Fibrillation

We invite you to share with us your experience of looking after patients with Atrial Fibrillation and to explore how their management may be improved.

We aim to transform the way in which our patients with AF are managed and we need **YOUR** input.

We want your thoughts, ideas and suggestions on how we can improve our patient's experience and outcomes and by doing so provide 'Caring at it's best'.

Our Staff Listening Event is:

Date: **Wednesday 14th January 2015**

Time: **5.30 - 7.30 pm**

Venue: **Seminar Room 2 & 3 Clinical Education Centre
Glenfield Hospital**

Refreshments will be served

PLEASE COME ALONG!

RSVP / For further details please contact:

Name: Sue Armstrong

Contact Number: 0116 2583848

Email: suzanne.armstrong@uhl-tr.nhs.uk



Let's turn the beat around!



Leicester Patients to Benefit from New Dental Scanner

A new type of dental scanner has been installed at Leicester Royal Infirmary.

A cone beam CT Scanner, or CBCT, is a new type of x-ray machine that is used to image teeth, the jaw, face, and base of skull. It is a useful tool in the assessment of trauma and for the planning of oral and ENT surgery. The CBCT can produce 3D images of the jaw and face in the same way as a conventional CT Scanner. Patients in Leicester will benefit as the new scanner exposes patients to a much lower dose of radiation than that given by conventional CT scans and appointments will take five minutes compared to the normal twenty. Same day imaging will be available for outpatients, which will remove the need for patients to be added to a waiting list.

Dr Ram Vaidhyanath, Consultant Radiologist (Head & Neck Imaging) for Leicester's Hospitals, will be interpreting many of the CBCT scans and is undergoing further training to provide more comprehensive reports for some of these scans enabling more accurate diagnoses.

Colin Ross Superintendent Radiographer 0116 258 5719



New Website for Hepato-Pancreato-Biliary Unit

The HPB team in Leicester is pleased to announce their new website is now almost fully completed and available for public viewing at <http://www.hpbleicester.com>

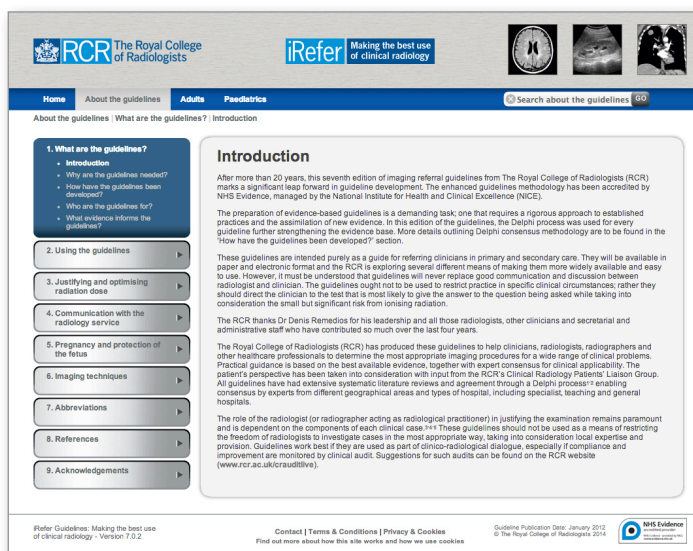
The website provides information about the team, the work they do and on-going research. There is also a staff section which is open to all professional staff giving details of protocols for managing HPB specific conditions.

To apply for a password please email HPBLEicester@gmail.com from an NHS email account. We look forward to hearing from you.

The Royal College of Radiologists Referral Guidelines

The latest edition of the Royal College of Radiologists (RCR) imaging referral guidelines, iRefer, are available to view online <http://www.irefer.nhs.uk/adult/>

The link is also accessible from PRISM.

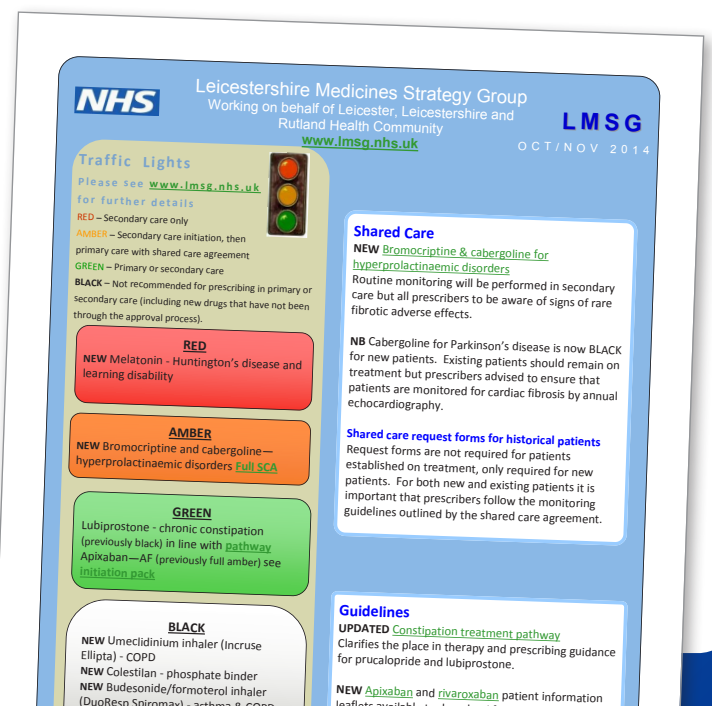


LMSG Newsletter

The Leicestershire Medicines Strategy Group (LMSG) Newsletter, designed to keep you informed of LMSG outcomes is available to view on the LMSG website www.lmsg.nhs.uk

Helen Hardman

Leicestershire Health Community Interface Pharmacist
0116 258 5188



Is it nearly time to hang up the stockings?

A festive review of below knee, class 2 graduated elasticated compression hosiery for the prevention and treatment of post thrombotic syndrome by our acute ambulatory DVT service.

Post thrombotic syndrome (PTS): treatment and prevention

PTS is a common debilitating and potentially preventable long term complication of DVT. It is characterised by chronic pain, oedema, skin changes of the affected limb. PTS occurs in 20 to 50% of patients post DVT within 1 to 2 years. Up to one third of patients with severe PTS develop venous ulceration that significantly reduces the patient's quality of life and increases healthcare costs.

Clinical Features of postthrombotic syndrome

Symptoms*	Signs
Heaviness	Edema
Pain	Venous ecstasia
Swelling	Varicose
Itching	Hyper pigmentation
Cramps	Redness
Parestesia	Stasis dermatitis (eczema)
Bursting Pain	Dependent cyanosis
	Lipodermatosclerosis
	Ulceration (healed/active)

*Symptom pattern: worsened by activity, standing; improved by rest, recumbency

Below-knee graduated compression stockings

NICE clinical guideline 144 recommends offering below-knee graduated compression stockings with an ankle pressure greater than 23 mmHg to patients with proximal DVT a week after diagnosis or when swelling is reduced sufficiently and if there are no contraindications. The guidelines also state to:

- advise patients to continue wearing stockings for at least 2 years
- ensure the stockings are replaced two or three times per year or according to the manufacturer's instructions
- advise patients the stockings need to be worn only on the affected leg or legs.

NICE Quality Standard 29

Statement 4 People with proximal deep vein thrombosis are offered below-knee graduated compression stockings within 3 weeks of diagnosis.



Postthrombotic syndrome



Postthrombotic pigmentation



Healed skin ulcer and postthrombotic pigmentation



Chronic (left) leg swelling, skin hardening, and postthrombotic pigmentation

Of the 700 patients diagnosed with a DVT in our acute ambulatory DVT service, potentially up to 350 could develop PTS and 115 leg ulcers at a cost of £750K to our healthcare economy.

We know the incidence of PTS can be reduced by ensuring adequate anticoagulation (duration and intensity) following DVT and PE; preventing future thrombosis with thromboprophylaxis and by the daily use of stockings. Despite the evidence that PTS is a common, chronic and costly disease, it is still an understudied condition. It is important we collect local post thrombotic syndrome data and we explore disease scoring systems using the DAWN 4s DVT follow up module.

The full NICE clinical guideline 144 describes contraindications to graduated compression hosiery:

- swelling if not reduced sufficiently to fit the stockings
- peripheral arterial disease
- arteriosclerosis
- severe peripheral neuropathy
- massive leg oedema or pulmonary oedema
- oedema secondary to congestive cardiac failure
- local skin or soft tissue diseases such as recent skin graft or dermatitis
- extreme deformity of the leg
- gangrenous limb
- ankle brachial pressure index less than 0.8
- cellulitis

Compression therapy

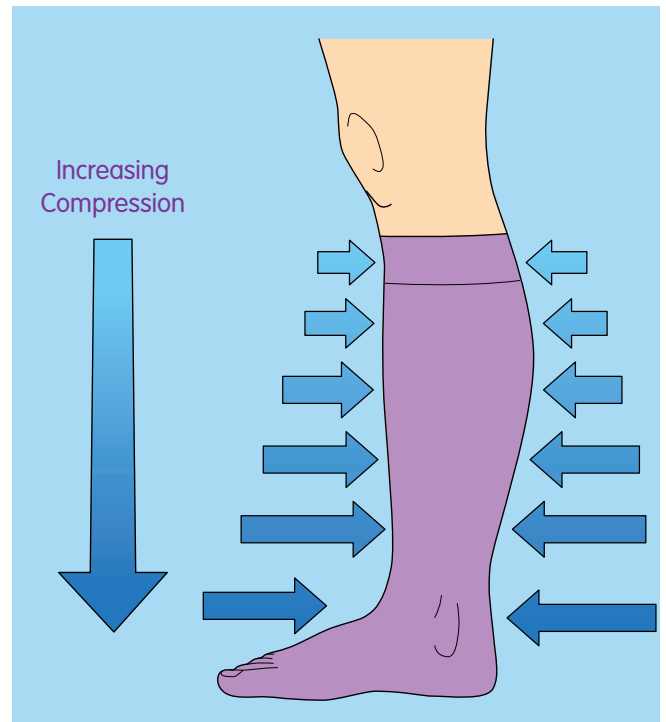
CG144 was published in 2012 and in the summer of 2014, a surveillance review of the guideline was carried out. A new randomised controlled trial (RCT) of elastic compression stockings to prevent post thrombotic syndrome in patients with DVT was identified.

This RCT suggested that the routine long term use of graduated elastic compression stockings did not appear to prevent post thrombotic syndrome in patients with a first proximal DVT. However graduated elasticated compression hosiery was still likely to be useful for symptom relief in patients who have had a DVT. These data seem contrary to current recommendations; therefore this new evidence may have a potential impact on CG144

So this begs the question 'What is the effectiveness of stockings to prevent post thrombotic syndrome in people with venous thromboembolic disease?' I was recently asked this question when

talking at the Leicester City CCG Protected Learning Time event.

Evidence supporting the use of elastic graduated elasticated compression hosiery for the prevention of PTS is conflicting. Most trials are hampered by methodological flaws. Many of the trials were not blinded and had different initial randomization periods (zero to two weeks) and control groups (no stockings, stockings with five mmHg pressure at the ankles, graduated compression stockings (GCS) one to two sizes too big). In addition there were differing criteria for the assessment of PTS and estimation of recurrence.

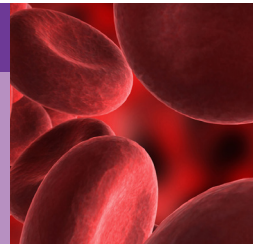


Summary of Key Points for Graduated Compression Hosiery

1. Studies evaluating graduated compression hosiery have had mixed results regarding their efficacy for prevention of post thrombotic syndrome but they do provide symptom relief in patients with DVT.
2. Once a diagnosis of post-thrombotic syndrome is established, compression therapy is the cornerstone of managing symptoms and the sequelae of chronic venous disease.
3. When the decision is made to use compression stockings, they should be started after anticoagulant therapy, within three weeks of the diagnosis.
4. Graduated compression hosiery should be continued for two years.
5. Patients most likely to benefit include those with a proximal DVT, prior DVT, and those with symptoms.
6. Graduated compression hosiery should be replaced every 4-6 months, and may require refitting once local swelling is reduced
7. Contraindications to GCS include skin ulceration, severe arterial insufficiency, allergy to the stocking material, and inability to apply stockings.

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

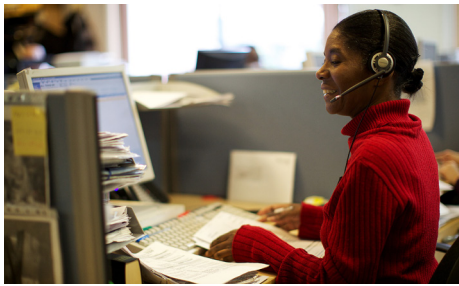


Judith Dent
Matron for DVT
Judith.dent@uhl-tr.nhs.uk

Season's greetings

Best wishes for Christmas and 2015 from the acute ambulatory DVT team





New Two Week Wait call handling system

Our new Two Week Wait call handling system is now live. There is now one single number to remember **0116 250 2543**.

The system has call holding functionality to make the caller aware they are in a call queue waiting for the next available call handler.

Please continue to send referrals through the Choose and Book system which will enable you to track appointments and save calls to the office. This will also help us provide a prompt response to other telephone queries.

Michelle Wain
Cancer Centre Lead Nurse / Manager

Revised Two Week Wait patient information letter

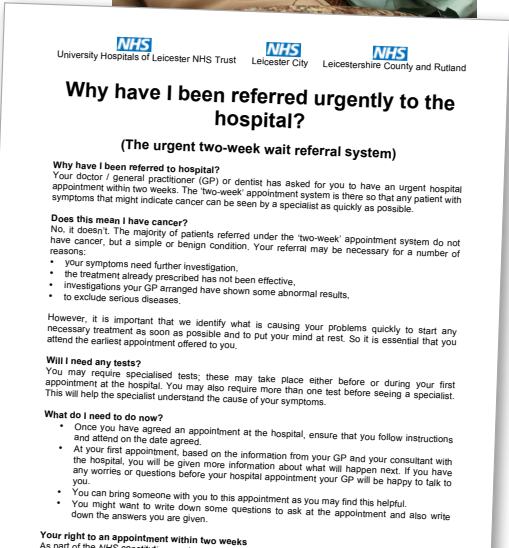
We have revised the patient information letter explaining the cancer exclusion pathway and the importance of attending a two week wait appointment.

We would like to encourage GPs to hand the letter out to patients at the point of referral as patients can become distressed when the Cancer Two Week Wait Team contact them to arrange their appointment if they are unaware of the reason for referral. Patients are also better prepared for making themselves available to attend an appointment within two weeks if they are aware of the reason for referral.

You may also note that reference to the breast care pathway has been removed as all appointment queries are handled in the same way by the Booking Office.

The changes we have made are to improve the smooth handling of referrals into the Trust and enhance our patients' experience.

Michelle Wain
Cancer Centre Lead Nurse / Manager



Coloured bag system for sending samples to Pathology

Information for staff who take and/or pack pathology samples

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.

If you need answers to any of your pathology/related questions please do not hesitate to ask.

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

GREEN OUTER BAG

CHEMISTRY and HAEMATOLOGY

Blood samples only.

NO U&E / bone requests

Non-blood into White bag.

PINK / WHITE OUTER BAG

IMMUNOLOGY only

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.

BLUE OUTER BAG

MICROBIOLOGY AND VIROLOGY

Including urgent Microbiology and Virology requests

YELLOW OUTER BAG

HISTOLOGY and CYTOLOGY requests

e.g. Minor Ops, Cervical Smears

WHITE or BLACK OUTER BAG

Non-blood samples for Chemistry testing

e.g. Urine Microalbumin, urine drug screens

Midwives Access to ICE

We are improving the way our Community Midwives access practice's GP clinical systems and electronically request blood tests through ICE.

Some of our midwives have been reliant on using a practice's 'fallback smartcard' to access EMIS/SystmOne and access to ICE has been patchy.

Going forward, we will issue each midwife their own smartcard. The midwife will then seek permission from each GP practice they cover to have access to their clinical system added to the midwife's own smartcard and permission for ICE requesting.

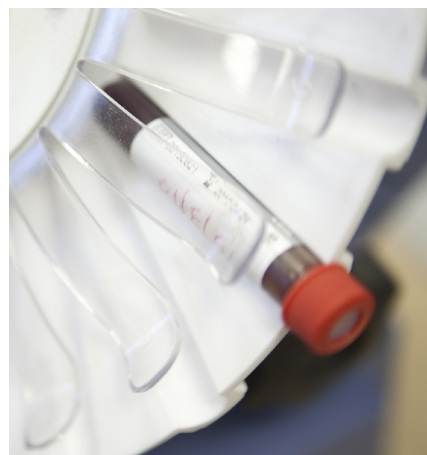
When the GP practice has given consent, midwives will be able to request blood tests and other pathology e.g. MSUs in ICE. These will be requested in the name of the woman's

registered GP. As per current protocol the result requires action before a midwife is next at the practice, the GP will be responsible for arranging appropriate care which could include contacting a Community Midwife or the Maternity Unit where the woman is booked, to inform them of the result and request they take action.

If no action is required and the result can be safely left for the midwife's return, the woman's registered GP should reassign the result to the midwife for review when they are next at the practice.

Louise Payne

Senior Midwife - Community Midwifery



GP Education & Events

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

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/



Bereavement Counselling Support

Do you or someone you know need help and support to overcome the loss of a loved one?

We can help by providing a range of FREE Support Services to help bereaved women overcome their sad loss:

- Confidential Bereavement Counselling
- Volunteers to give you personal support
- Multi-Lingual Staff
- Aromatherapy
- Reflexology
- Indian Head Massage
- ESOL Classes
- Textiles Training
- Computer Courses
- Help to find Work
- FREE CRECHE



Bereavement to Achievement

Ring to book your Confidential Counselling Session

(0116) 262 5876

General enquiries (0116) 251 4747

39-45 Sparkenhoe Street, Leicester, LE2 0TD