

January 2015

GP Newsletter



Welcome to the January edition of the GP Newsletter

Emergency Generator Testing 2015

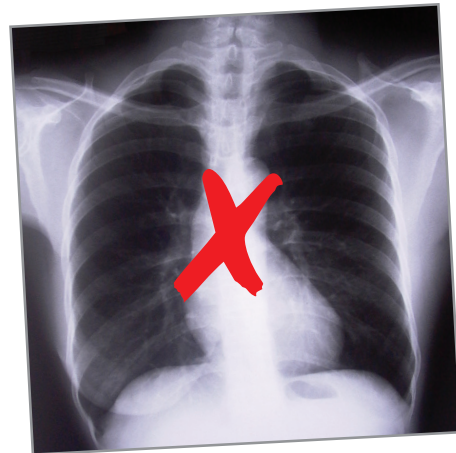
No Direct Access Plain Film Service available during these hours

Please find a list of dates and times when the Direct Access Imaging Service will be unavailable due to essential generator testing. It would be helpful if you could avoid referring patients at these times as we will be unable to provide a service and the patients attending will be delayed or asked to re-attend at another time.

2015 Test Times

(approximate times given)

Tuesday 10 February	8.15am to 9.15am
Wednesday 11 March	8.15am to 9.15am
Thursday 9 April	8.15am to 9.15am
Friday 8 May	8.15am to 9.15am
Monday 8 June	8.15am to 9.15am
Tuesday 7 July	8.15am to 9.15am
Wednesday 5 August	8.15am to 9.15am
Thursday 3 September	8.15am to 9.15am
Friday 2 October	8.15am to 9.15am
Monday 2 November	8.15am to 9.15am
Tuesday 1 December	8.15am to 9.15am



8.15am to 9.15am

Nick Clark, Radiology Site Manager, 0116 256 3624

New GP Engagement Coordinator

We welcome Catherine Headley to the Team who will be working as GP Engagement Coordinator.

Catherine will work closely with the Head of Services for GPs and will be a central contact point for GP queries, concerns and comments about UHL. She will be responsible for providing information to GPs, investigating queries and signposting to services. From 2004-2007, Catherine worked as part of a team developing Primary Care Services in Eastern Leicester and following the amalgamation of the two city PCTs, developed and managed Primary Care Services citywide. Projects included developing Substance Misuse

and Prison Healthcare services, liaising with numerous clinical professionals and HMP Leicester staff. She also managed the Primary Care targets relating to access to GP services as well as acting as an interim Practice Manager for a Leicester city practice. Initially Catherine will workshadow myself and from March onwards will work Monday, Tuesday and Wednesdays so together, we can provide a five day service.

Jade Atkin, Head of Services for GPs



New Advice & Guidance Services on choose and book

New General Surgery services are now available for 'Advice and Guidance' on Choose and Book.

The functionality allows you to:

- Ask another clinician/specialist for their advice on a treatment plan and/or the ongoing management of a patient
- Ask for clarification (or advice) regarding a patient's test results
- Seek advice on the appropriateness of a referral for your patient (e.g. whether to refer, or what the most appropriate alternative care pathway might be)
- Identify the most clinically appropriate service to refer a patient into.



The new services offering Advice and Guidance are:

Service	Specialty
Adult general surgery service clinic - general surgery - LRI- RWE	Surgery - Not Otherwise Specified
ADULT INGUINAL HERNIA CLINIC - GENERAL SURGERY-LRI-RWE	Surgery - Not Otherwise Specified
ADULT NON-INGUINAL HERNIA CLINIC - GENERAL SURGERY-LRI-RWE	Surgery - Not Otherwise Specified

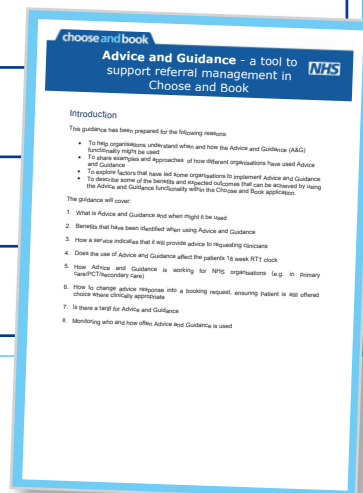
The existing services offering Advice and Guidance are:

Service	Specialty
General Haematology - Clinical Haematology - LRI - RWE	Haematology
COLORECTAL SERVICE CLINIC - COLORECTAL SURGERY - LGH - RWE	GI and Liver (Medicine and Surgery)
Adult General Dermatology Service - Dermatology - LRI - RWE	Dermatology
Adult General Hepatology Service - Hepatology (Medical non surgical) - LRI - RWE	GI and Liver (Medicine and Surgery)
HEPATOBIILIARY & PANCREATIC SPECIALISED SURGERY-H&P-LGH-RWE	GI and Liver (Medicine and Surgery)

For instructions on how to use Advice and Guidance in primary care, [please click here](#).

Andrew O'Leary, Project Assistant

Charlie Carr, Head of Performance Improvement



Ingestion of CR2 or 'Button' Batteries

Background

There is growing evidence that ingestion injuries particularly in small children of small CR2 or 'button' type battery is on the increase. This broadly reflects the amount of electronic devices now powered by this type of battery. However, when batteries are swallowed, they can have a catastrophic effect on the child causing severe damage in as little as two hours after swallowing. The effects can be harmful, permanent and lead to death.

Incidence

There is very little reliable data available in this country however, the USA report they treat a button battery incident once every 3 hours. Even in 'flat' batteries, if the positive and negative poles are in contact with human tissue this will cause burning at the negative pole.

It is important to recognise the symptoms early as ultimately, ingestion of these types of batteries can lead to death.



BUTTON BATTERY DANGERS

Button batteries are in products such as:

- KEYLESS ENTRY REMOTES
- WIRELESS GAME CONTROLS
- REMOTE CONTROLS
- TOYS
- DIGITAL SCALES
- DIGITAL THERMOMETERS
- WATCHES
- MUSICAL GREETING CARDS
- CALCULATORS
- FLASHING JEWELRY AND SHOES

A CHILD CAN SWALLOW A BUTTON BATTERY AND SUFFER DANGEROUS CHEMICAL BURNS IN AS LITTLE AS TWO HOURS. DO NOT LEAVE PRODUCTS WITH ACCESSIBLE BUTTON BATTERIES WITHIN REACH OF CHILDREN.

WWW.CPSC.GOV



What
you
see



What
a 3-year-old
sees

Although rare, these cases should be treated as an emergency and sent to the Emergency Department immediately.

Nick Howlett,
Health and Safety Services Manager
0116 258 8031

Mainly under 5 year olds are affected and symptoms can include:

- Airway obstruction or wheezing
- Drooling
- Vomiting
- Chest discomfort
- Difficulty swallowing, decreased appetite, refusal to eat
- Coughing, choking or gagging whilst eating or drinking



Relocation of the Urgent Care Centre

The Urgent Care Centre at the Leicester Royal Infirmary has relocated to the space previously occupied by Clinics 1 and 2 near the main reception in the Balmoral building.



The site of the 'old' Urgent Care Centre will be cleared to make way for the Emergency Floor. Signage redirecting patients will be placed around the Royal and there will also be staff from the Urgent Care Centre on hand to point patients in the right direction.

This is the single largest investment at the Royal in 30 years and it will be an enormous benefit to the people of Leicester, Leicestershire and Rutland. Patients will find its new location more convenient – it will be nearer to the patient drop-off point and any visitors waiting to be picked-up will now be sheltered. It also has the added benefit of direct and quicker access to resuscitation and our assessment bay.



Leicestershire Medicines Strategy Group Newsletter



This is designed to keep you informed of LMSG outcomes and can be accessed from the LMSG website www.lmsg.nhs.uk

Improvements to our Discharge Letters

We have been jointly working with the three CCGs as part of a 'Discharge Letters Clinical Problem Solving Group' (CPSG) to enhance our discharge letters.

Changes are planned to the following letters which will take effect from Monday 2 February 2015

- ED Attendance
- Inpatient Discharge
- ICE Discharge letter template

Main Changes

Specific changes made in response to primary care feedback include:

1. 'Rationale for medication changes' in the ICE template will be a mandated field for all discharge letters
2. Policy requirement for Fitness Notes to cover anticipated duration off work
3. Inpatient investigation results will no longer be directly imported from the ICE system into UHL discharge letters.

The UHL 'ED Attendance, Inpatient Discharge and Outpatient Letters Policy' will be launched at the same time as the above changes.

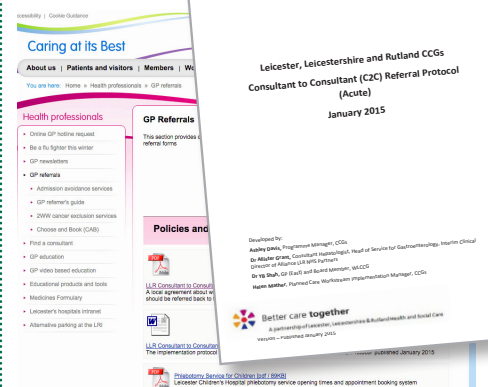
We hope the above changes will make a noticeable difference to the quality of our discharge letters.

Steve Jackson Chief Medical Information Officer
Tony Bentley Leicester City CCG
YB Shah West Leicestershire CCG
Richard Palin East Leicestershire and Rutland CCG

Updated Consultant to Consultant Protocol

The Leicester, Leicestershire and Rutland (LLR) Consultant to Consultant Protocol has now been agreed by the forums outlined below and is ready for implementation from January 2015

- LLR Better Care Together Clinical Reference Group
- Leicester City CCG Primary Care Delivery Group
- West Leicestershire CCG Locality Leads Meeting
- UHL Executive Team
- LLR CCG MDs



The revised policy can be accessed here
www.leicestershospitals.nhs.uk/professionals/gp-referrals/

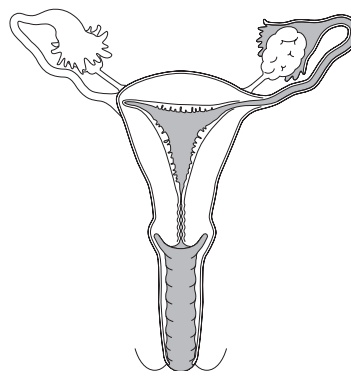
Female Consultant Offering Gynaecology Infertility Appointments



Patients who wish to consult with a female consultant for gynaecology infertility appointments can be seen by **Miss Neelam Potdar**.

The clinics are available through Choose and Book.

Miss Potdar has over 10 years experience within gynaecology and over 5 years experience specifically within infertility. As well as her gynaecology clinics, Miss Potdar also offers clinics for patients requiring reproductive endocrinology, including a specific interest and experience in polycystic ovarian syndrome (PCOS), endometriosis and recurrent miscarriage. Miss Potdar is well published and respected within the field. She also works at the Leicester Fertility Centre providing continuity of care for those patients who require additional assisted reproduction techniques.



Leicester Fertility Centre
Caring at its best

New Year's Honours List Congratulations

to Consultant Cardiologist **Professor Nilesh Samani** and former Consultant in Pain Medicine **Dr Beverly Collett** who have both been recognised in the New Year's Honour's.



Professor Samani was recognised for his services to medicine and medical research and has received a knighthood.



Dr Collett has been recognised for her services to pain management in the NHS and has been awarded an OBE.

The Castleden Bladder and Bowel Clinic Changes

From January 2015 there will be changes to the Medical Continence Clinics at Leicester General Hospital. They will now be known as The Castleden Bladder and Bowel Clinics in recognition of Professor Mark Castleden, a retired Consultant Geriatrician who was instrumental in recognising and improving continence care for the elderly in Leicester.

Consultant Led

Medical Bladder and Bowel Clinic

Although urinary incontinence is more widely seen in the elderly, it is not inevitable. Things can be done to prevent and treat it. Incontinence is second only to dementia as a cause for people entering residential care. Many older people believe problems with incontinence are age-related or they need to 'just put up with it' so much more can and should be done (RCP National Continence Care Audit 2006; 2010).

For the frail elderly who need our services, Consultant Geriatrician Dr Alex Miodrag will ensure they receive a full and comprehensive Geriatric Continence Assessment. Working alongside Dr Miodrag will be a Continence Nurse Specialist, providing support and input. The aim of our clinic is to give patients back their independence and to improve and maintain their quality of life.

Clinic Criteria - Suitable for:

frail older people (over 65 years) and complex neurological males with:

- Urinary incontinence
- Faecal incontinence
- Falls linked to bladder /bowel dysfunction
- Overactive bladder
- Constipation/impaction
- Nocturia
- Recurrent UTIs

Continence Specialist Nurse Led

Bladder and Bowel Clinic

Janet Browning and Sally Ryder are specialist nurses who have experience and knowledge in the assessment, treatment and management of bladder and bowel dysfunction in neurological conditions. As well as working in the clinics they also assess and treat inpatients on the wards at UHL.

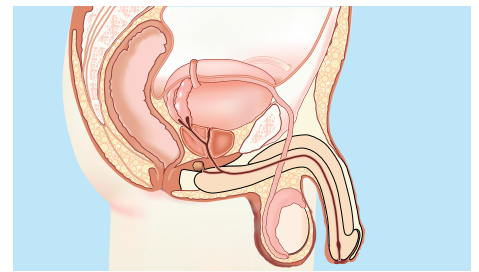
Neurological diseases affect the lower urinary tract and bowel function which can have a devastating effect on quality of life for all those concerned. Guidelines state these patients should have access to Continence Specialist Nurses who have the expertise in management of their symptoms (Urinary Incontinence in Neurological Disease (NICE, 2012) Management of MS (NICE, 2012)).

Therefore our second clinic will be run by the Continence Specialist Nurses who will focus on adults with bladder and bowel dysfunction in neurological diseases.

We do not accept acute post bladder/bowel surgery or spinal injury patients.

Our aim is to provide the patient with the knowledge and skills needed to manage their condition and improve/maintain their quality of life.

The clinics will begin the week commencing 19th January 2015
Janet Browning, Continence Nurse Specialist



Clinic Criteria - Suitable for:

- Adults over 18 with medical neurological conditions in the absence of spinal trauma
- Urinary incontinence
- Faecal incontinence
- Symptoms of overactive bladder
- Voiding dysfunction
- Recurrent UTIs (female only)
- History of faecal impaction/ chronic constipation
- Failed conservative treatments of bladder/ bowel dysfunction in primary care
- Carer fatigue secondary to patients with bladder/bowel dysfunction
- Intermittent self catheterisation (teaching of procedure and reviews)
- Assessment for continence aids
- Assessment/teaching of trans anal irrigation



New Lithotripsy Service

The prevalence of renal stone disease has been increasing in the UK and in 2008-09 nearly 80,000 patients presented to hospitals with kidney stone disease. Lithotripsy is a non-invasive method of treating renal and ureteric stones.

At UHL, the Department of Urology traditionally hired a mobile lithotripter to visit the unit twice a month to provide treatment. This led to a disjointed service, whereby some patients had to wait many months to initiate and complete their treatment course.

In November 2014, UHL invested nearly £500,000 in an onsite lithotripsy suite which is now permanently housed on the Urology unit on ward 28A at Leicester General Hospital. This state-of-the-art machine is currently available to patients **three mornings a week (Monday, Wednesday and Friday)** with the aim of rolling it out daily and attracting patients from surrounding counties.

The onsite machine has many advantages over the mobile service. Firstly, we have a dedicated

Lithotripsy Team consisting of specialist nurses, radiographers and a consultant at each session ensuring every patient gets individualised care by a senior clinician on the day of their treatment.

We have increased our capacity to treat patients thereby significantly reducing our waiting lists and waiting times. Also, we can now treat patients who are admitted with renal colic during their emergency admission allowing us to initiate definitive treatment on the day, reducing inpatient stay and unnecessary ancillary procedures.

Concurrently we have set up a weekly dedicated stone multidisciplinary team (MDT) ensuring all lithotripsy patients and complicated patients with stone disease are discussed by sub-



specialists with an interest in stone disease (Mr Dhaval Bodiwala and Mr Masood Khan) enabling efficient up to date treatment and avoiding unnecessary investigations and outpatient appointments.

The aim of this new service is to provide a comprehensive (from diagnosis to treatment) consultant led service to all patients with stone disease – both elective and emergency - using cutting edge technology provided by an enthusiastic, highly trained team.

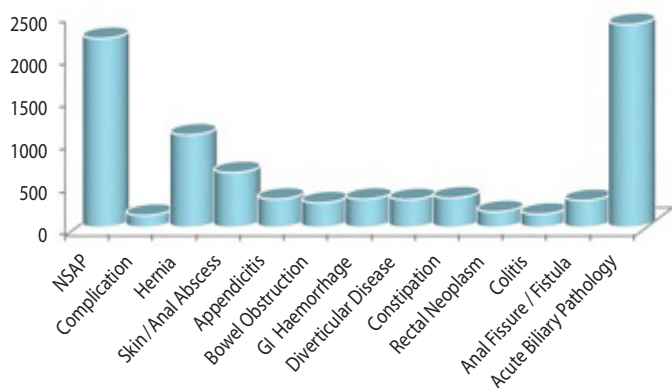
Mr Dhaval Bodiwala,
Consultant Urological Surgeon

Focus on Gallstones

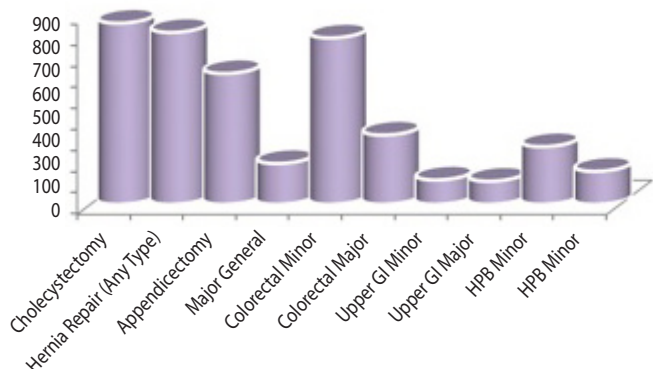


GP Refresher

Gallstones and other biliary pathology are a significant cause of emergency admissions to surgery annually.



Laparoscopic cholecystectomy for gallstones is the most common elective procedure in gastrointestinal surgery in Leicester.



Post-mortem studies show up to 30% of the population may have gallstones with over double the amount of females affected (8% of males and 17% of females). Typically, it presents in women in their forties who are fair haired, pale skinned and overweight ('fair, fat, fertile, female and forty').

Local factors in gallbladder such as stasis or gallbladder dysfunction may also be implicated. A relative excess of cholesterol to bile salts, results in lithogenic bile. A nidus of infection may also contribute to local factors leading to an increase in gallstone size.

Gallstones typically present with colicky right upper quadrant often exacerbated by (fatty) food. Bloating, nausea or vomiting is also common. A temperature or raised WCC is found in patients with acute cholecystitis. Severe infections can result in an empyema, liver abscess or even perforation.

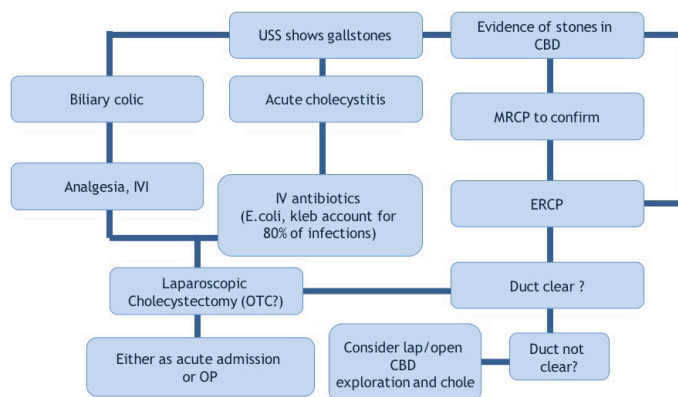
Although rare, large gallstones can erode through into the duodenum, bile duct or colon. When they pass into the duodenum they may cause bowel obstruction. Gallstones can also enter the bile duct and cause jaundice (occasionally they compress the bile duct from the outside known as 'Mirizzi syndrome'). Bile duct stones can lead to pancreatitis; with a mortality in severe pancreatitis of between 30 to 50%.

Diagram of different HPB conditions

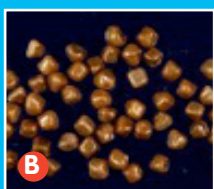
Biliary Colic	Jaundice	Pancreatitis
Mucocele		
Empyema		
Mirizzi Syndrome		
Acute Cholecystitis		
Perforation		
Liver Abscess	Fistulae with small bowel obstruction	

Laparoscopic cholecystectomy is the definitive management for gallstones and endoscopic retrograde cholangiopancreatography (ERCP) is used for stones in the common bile duct.

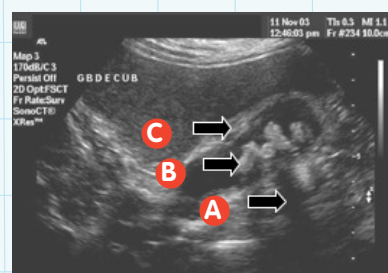
Flowchart showing treatment options for gallstones



Three distinct types of gallstones are (A) cholesterol only stones, (B) mixed stones and (C) pigment stones (associated with haemolytic diseases)



USS is the best way to diagnose gallstones with a 95% sensitivity and specificity. Note the (A) "acoustic shadow" (B) behind the stone and (C) the thickened gallbladder wall.



Giuseppe Garcea, Consultant Hepato-Pancreato-Biliary Surgeon (HPBLEicester.com)

GP Education & Events

Joint Injection Course

Saturday 7th March 2015

8.30am - 1.30pm

Venue:

Leicester General Hospital

Cost: £50.00 per person which includes morning coffee break

Contact:

Nichola Coleman

nichola.coleman@uhl-tr.nhs.uk

0116 256 3016

Course Organiser:

Mr Maneesh Bhatia, Consultant

Orthopaedic Surgeon

Maneesh.Bhatia@uhl-tr.nhs.uk

Course Objectives:

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

Course Description:

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

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

Leicestershire Palliative Care Group Study Day: GI Cancers

Thursday 14 May 2015

9.00am - 4.00pm

Venue:

Leicester Race Course

Cost: £45 including lunch

Contact:

Karen Mann

karen.mann@uhl-tr.nhs.uk

0116 258 7512

Agenda

- The Surgical Management of Upper GI Cancers, Mr David Exon, Consultant Surgeon
- The Role of Radiology in Diagnosis and Treatment, Dr Peter Rodgers, Consultant Radiologist
- Managing GI Symptoms, Dr David Miodrag, SpR in Palliative Medicine

- 'To Feed or Not to Feed - What are the Options?', Dr Laura Clipsham, Consultant in Palliative Medicine
- Chemotherapy, Dr Catherine Knox, Oncology SpR
- Radiotherapy, Dr Kiran Kancherla, Consultant Oncologist

Musculoskeletal Clinical Evening

Thursday 5 March 2015

18:30 - 21:00

Venue:

College Court, Conference Centre, Knighton Road, Leicester, LE2 3UF (for car satnav please use LE2 3TQ). Car parking will be available.

Cost: RCGP members £20.00

Non RCGP members £25.00

Finger buffet and refreshments are included

Course Description

Discussing a range of musculoskeletal problems including

- Tendon problems (e.g. tennis elbow, plantar fasciitis etc)
- Knee problems.
- Adolescent musculoskeletal problems

The course is suitable for

All GPs, A&Ts, Nurse Practitioners

Tutors

- Dr Patrick Wheeler, Consultant in Sport and Exercise Medicine

- Dr Kim Gregory, Consultant in Sport and Exercise Medicine
- Dr Harj Singh, Consultant in Sport and Exercise Medicine

Please book by 27 February 2015 to facilitate catering arrangements.

Please book your spaces on the Leicester Faculty RCGP Website on Courses and Events. <http://www.rcgp.org.uk/>

If you have any problems booking online please email kiran.sohal@rcgp.org.uk 0116 273 0291



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/

