

GP Newsletter

Caring at its best



Welcome to the February edition of the GP Newsletter

GP referrals to Trauma Orthopaedics

Change to Referral pathway including Urgent Notification of changes to Fax numbers - **New fax number to fracture clinic 0116 258 5219**

During a listening into action project (LIA), conducted within Trauma and entitled 'getting it right at every step' we sought feedback from patients, UHL teams and our Primary Care partners.

This demonstrated that access to the department via fax and phone has been difficult and time consuming. This has caused frustration and delays. This feedback allied with an audit of the on call workload demonstrated that the on call Orthopaedic Trauma registrar has an extremely high workload, which prevents timely answering of the bleep, frequent interruptions whilst assessing patients, and causes longer than ideal waits for assessment.

To improve access via fax, phone and to, on call for advice and referrals MSK have introduced the following into The Professor Harper Trauma Clinic (PHTC) and Fracture Clinic:

- An additional new fax line dedicated to faxes from 16th February 2015 (0116 258 5219).
- Telephone line into Triage room now calls only (0116 258 5430, no number change).
- An additional Trauma Team administrator to work in Triage 3 days a week.
- On call Trauma team now consists of Registrar, Advanced Nurse Practitioner and Core Trainee 1 (SHO). All members will share the bleep.
- Streamlined GP referral pathway to Trauma Orthopaedics (see below, please note changes to previous pathway). GP will be contacted within 24 hours with outcome of faxed referrals by return fax/letter.

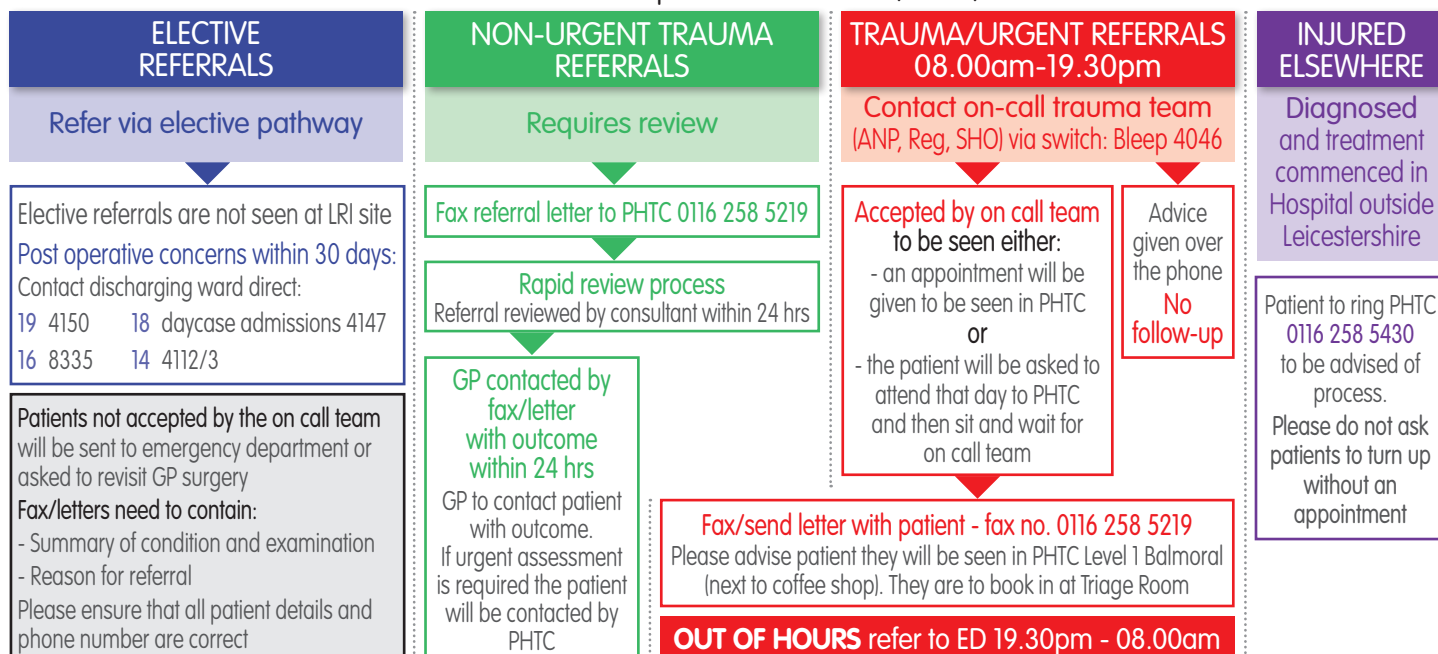
These introductions are aimed at:

- Increasing access via phone and fax.
- Enabling phone calls to be answered more promptly.
- Reducing time to answer bleeps by the on call.
- Reducing number of interruptions when assessing patients, as the on call.
- Improving waiting times to be assessed by Trauma Orthopaedics in Fracture clinic and the Emergency Department.
- Improved telephone access out of the department when answering calls.
- Pathway available to support appropriate referral into trauma Orthopaedics.

Pathway will enable prompt GP feedback to ensure that outcome can be relayed to patient in a timely manner, thus improving communication and minimising repeat fax referrals.

GP REFERRALS TO LRI TRAUMA ORTHOPAEDICS SERVICE

Professor Harper Trauma Clinic (PHTC)



INR for monitoring Warfarin only

There are a number of situations in which a clinician may wish to know the coagulation status of a patient. Such situations may be encountered when dealing with patients with unexplained bruising or bleeding, unexpected post-operative bleeding, persistent mucosal bleeding (epistaxes, gingival bleeding, menorrhagia) acute or chronic liver disease or, more commonly, in patients on anticoagulants.

The routine coagulation tests, Prothrombin time or PT (from which the INR is derived) the **Activated Partial Thromboplastin Time or APTT** (commonly used for monitoring unfractionated heparin therapy), **Thrombin Time or TT and plasma fibrinogen**, are available as first line haemostatic investigations and, in a significant proportion of patients with underlying bleeding conditions, provide valuable diagnostic clues to guide subsequent investigation.

Of these tests, the most commonly available in primary care is the INR (International Normalised Ratio) which is the universal test for monitoring patients on warfarin and other coumarin anticoagulants (sinthrome, phenindione, inindione). The INR, when performed correctly, is a validated and reliable way of judging degree of anticoagulation in patients on warfarin, regardless of what PT reagent is used in performing the test. Though the many available commercial reagents for PT testing, including those used in **COAGUCHEK** devices produce different PT results, as a result of their differing sensitivities to reductions in vitamin K dependent clotting factors, they all return comparable INR readings for the same degree of anticoagulation. This is because since 1980, all PT reagents used for INR calculations have been standardised by the WHO in accordance with their sensitivities to warfarin induced reductions in vitamin K clotting factors. This is achieved by assigning an international sensitivity index (ISI) to each specified PT reagent, in such a manner that reagents with high sensitivities are assigned correspondingly low ISIs, whilst those with lower sensitivities are assigned higher ISIs.

The INR is then calculated using the formula:

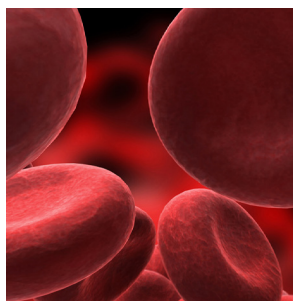
INR = (PTp/PTn)ISI where:

PT(p) = Prothrombin time of patient,

PT(n) = Prothrombin time of normal plasma and

ISI = International sensitivity Index of the reagent used for PT determination

To date, no such international standardisation of PT reagents has been agreed for testing patients with chronic liver disease, for patients on NOACs, nor indeed for any patient with suspected or known bleeding disorder. Consequently the INR in patients who are not taking warfarin is not only inappropriate, but also meaningless.



PT Test for Patients not on Warfarin or Other Coumarin Anticoagulants

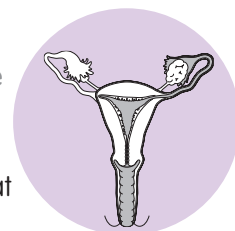
The INR is suitable for predicting degree of anticoagulation **ONLY** in patients who have been stably anticoagulated on warfarin or other coumarin anticoagulants. For this reason, our laboratory will not be reporting the INR for patients who are not on warfarin or other coumarin anticoagulants. The PT, not INR, is the appropriate test to request for this category of patients. Abnormally prolonged PT values may then be discussed with the haematologist within the appropriate clinical context. From 01 May 2015 UHL will no longer report INR on any sample unless it is clearly stated on the request form that the patient is receiving Warfarin.

Dr Patrick Mensah,
Haemophilia Centre Director, Haemostasis & Thrombosis Unit LRI



New Ambulatory General Gynaecology Service

Since October 2014 we have been running a new Ambulatory Gynaecology Service at LGH with a team of specially trained consultants.



We are able to safely, quickly and effectively treat patients with advanced hysteroscopic interventions with minimal analgesia and very high patient satisfaction. It avoids the need for a general anaesthetic.

Hysteroscopic Polypectomy - Myosure

Myosure removes polyps and small fibroid polyps from the uterine cavity with a device inserted through the hysteroscope. This allows removal of the tissue under continuous direct vision, ensuring safety and complete removal of the entire lesion for histopathological analysis. Patient acceptability is almost 100%.

Hysteroscopic sterilisation - Essure

Traditional female laparoscopic sterilisation requires a general anaesthetic and laparoscopy which both carry risks. Hysteroscopic sterilisation can be carried out with minimal analgesia and is extremely effective. A small coil containing a sclerosing agent pellet is inserted into each tubal ostium under direct hysteroscopic vision in a matter of minutes. It is completely irreversible. A confirmatory test is performed after 3 months prior to relying on the method.

Endometrial ablation with Novasure

Heavy menstrual bleeding unresponsive to medical management can be very effectively treated with this procedure. A slender wand is inserted into the cavity and extends a triangular mesh device into the uterus, then precisely measured radio frequency energy is delivered through the mesh for about 90 seconds, cauterising the endometrium beyond its base layer. It is successful in treating HMB in over 90% of women.

Women can be referred with a general gynaecological referral with a standard referral letter and following clinical assessment in clinic and a diagnostic outpatient hysteroscopy, will be booked into our service whenever appropriate.

Miss Olivia Barney, Mr Asok Banerjee,
Miss Neelam Potdar and
Miss Asmita Patwardhan

**Queries regarding this service to
Miss Barney's secretary on
0116 258 5754**

Leicester Sport and Exercise Medicine Department to offer NHS clinics from the National Centre in Loughborough from April 2015

The Sport and Exercise Medicine (SEM) Department at Leicester General Hospital is one of the oldest and largest NHS Sports Medicine departments in the UK, having opened in 1993.

The SEM department has for the last 20 years delivered clinics mainly at the Leicester General Hospital, but from April 2015 we are planning to be able to deliver clinics through the National Centre for Sport and Exercise Medicine (NCSEM), based in Loughborough. The NCSEM has been set up to try to build closer links between healthcare delivery and research, in order to improve patient care.

These NHS clinics will be the same as the clinics delivered at the LGH for many years, but will provide an alternative base for patients to choose to see us and a more local service for patients based in the north and west of the county, or those who may find this location easier to access than the LGH hospital site.



(Musculoskeletal) Sport & Exercise Medicine

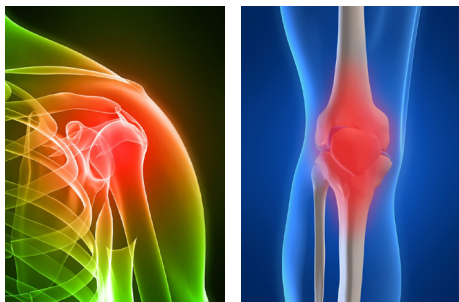
The name 'Sport and Exercise Medicine' can be slightly misleading as we are set up to treat a wide range of musculoskeletal problems and not just sporting injuries. Indeed, only about one-third of our referrals are for "true" sports injuries and we instead run as a musculoskeletal and sports medicine clinic, treating a wide range of problems.

The Leicester SEM clinic is multidisciplinary in approach, employing four Consultants (all of whom are on the Specialist Register), three Extended Scope Physiotherapists, two Nurse Practitioners, and a Podiatrist.

Common problems treated

Commonly treated problems in the Leicester SEM Department include a range of shoulder, elbow, back, hip, knee, and foot and ankle problems.

We specialise in the medical management of musculoskeletal diseases, as well as being able to advise patients about exercise where their clinical conditions may limit this, or advise patients about the use of activity to benefit their health.



Specific management of chronic tendinopathy conditions

Dr Wheeler, one of our Consultants in the Sports Medicine Department, has a sub-speciality interest in the management of a range of tendinopathy conditions, including tennis elbow, Achilles tendinopathy, and plantar fasciitis. Through both specialist clinical care and research activity he has access to a range of interventions not easily accessible on the NHS elsewhere for patients with recalcitrant symptoms. These interventions include Extra-Corporeal Shockwave Therapy (ESWT), High-Volume Injections, and Autologous Blood Injections, and provide less invasive treatment options for patients with on-going pain who would either be struggling with symptoms, or be offered more invasive treatments such as surgery.

Referrals

Referrals to the Leicester Sports Medicine service are either through Choose and Book, or by paper letters sent to the SEM Department at the Leicester General Hospital. We see in excess of 1500 new referrals a year, and as we run a large number of clinics a week, we have been able to flex these and maintain our waiting times to about 30 days giving prompt review to patients that General Practitioners want us to see.

We hope that this additional site for the NHS Clinics will facilitate patient access to these clinics, by giving another base as a treatment option.

Patrick Wheeler, Consultant and Head of Service, Department of Sport and Exercise Medicine
patrick.wheeler@uhl-tr.nhs.uk

GPs Interested in Developing Expertise in the Management of Musculoskeletal Conditions

As a part of the new location for clinic delivery of SEM services, we are looking to restart the 'GP with Specialist Interest' roles we have previously hosted for many years, although nationally these roles now come under the 'Speciality Doctor' title.

This role has historically been a great opportunity for a number of local practitioners to either build or develop skills and knowledge in this clinical area. We are open to enquiries from practitioners who already have developed specific skills and expertise in the management of musculoskeletal conditions, and also from

those who have an interest but have not yet taken this any further.

These posts will be advertised shortly, but if there are any GPs with an interest in developing more Musculoskeletal / Sport & Exercise Medicine skills, be it from whatever level then they are advised to contact Dr Wheeler, Consultant and Head of Service

Department of Sport & Exercise Medicine and he will be happy to discuss any possible options.

Patrick Wheeler,
Consultant and Head of Service,
Department of Sport and Exercise Medicine
patrick.wheeler@uhl-tr.nhs.uk



New Group-based research for COPD Patients

The SPACE FOR COPD self-management programme was successfully delivered to COPD patients by researchers on a one-to-one basis. The positive effects of the programme were reflected throughout the study, and confirmed that a light-touch approach providing specialist knowledge in the form of the manual and trained healthcare professional input could be beneficial to patients



The research study, supported by CLARHC-EM will be looking to deliver the SPACE for COPD manual to patients in group settings facilitated by their healthcare professionals over a period of time.

The aim is that the patients will receive a group based

setting known to aid with learning effects and will also help to develop strategies through the SPACE for COPD manual to manage their condition and exacerbations. Whilst at the same time having the support of a healthcare professional and their peers.

For further information

If you feel your patients could benefit from this innovative new research, please put them into contact with the researchers at Glenfield hospital.

Pratiksha Kanabar

Pratiksha.Kanabar@uhl-tr.nhs.uk

or on the following number: 0116 250 2762

#hello my name is...

One of the most important things you will say today!

University Hospitals of Leicester is supporting the **#hellomynameis** campaign that was launched by Kate Granger, joining another 80 NHS organisations – that's more than 400,000+ staff, impacting the lives of millions of patients.

Kate Granger, doctor and a terminally ill cancer patient founded the **#hellomynameis** campaign following a hospital stay when staff failed to introduce themselves before delivering care. The campaign is designed to remind healthcare staff the importance of making a human connection and building trust with patients and visitors. All UHL staff are being

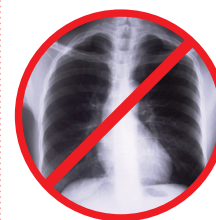
encouraged to openly show their support for this campaign and it is hoped that this ethos will become embedded in Trust culture.

The campaign acts as a reminder to all members of the healthcare community that identifying yourself at the point of contact with patients or other professionals, whether by telephone conversation or face to face, is a matter of common courtesy and is the first step in improving patient experience and providing compassionate care. For further information visit:

Hellomynameis.org.uk



Emergency Generator Testing 2015



Reminder of dates and times when the Direct Access

Imaging Service

will be **unavailable** due to essential generator testing.

Upcoming test times

Wednesday 11 March
08:15 – 09:15

Nick Clark,
Radiology Site Manager
0116 256 3624



If you would like more information about any articles in the newsletter or have suggestions for future editions, please do get in touch.

Catherine Headley

0116 258 8598

07931 206 247 /

07432 623 350

Catherine.Headley@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/



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

GP Radiology Education Event – MSK

Thursday 19 March 2015

6.00pm – 8.30pm

Venue and cost:

Glenfield Clinical Education Centre

Free for GPs

Contact: Catherine Headley,

Catherine.Headley@uhl-tr.nhs.uk

0116 258 8598

Course Description

- Referral and imaging pathways for different MSK areas: Shoulder, Knee, Ankle, Foot, Lumps and Bumps.
- Tests available to GPs, Guidelines for use of MRI, Interpreting results and when to inject.
- Panel discussion with Consultant Radiologists and Consultant Orthopaedic Surgeons.