

GP Newsletter

Caring at its best



Welcome to the March edition of the GP Newsletter

Breath test can detect Lung Cancer

A clinical trial led by Leicester respiratory experts into a potentially ground-breaking 'breath test' to detect lung cancer is set to get underway at Glenfield Hospital.

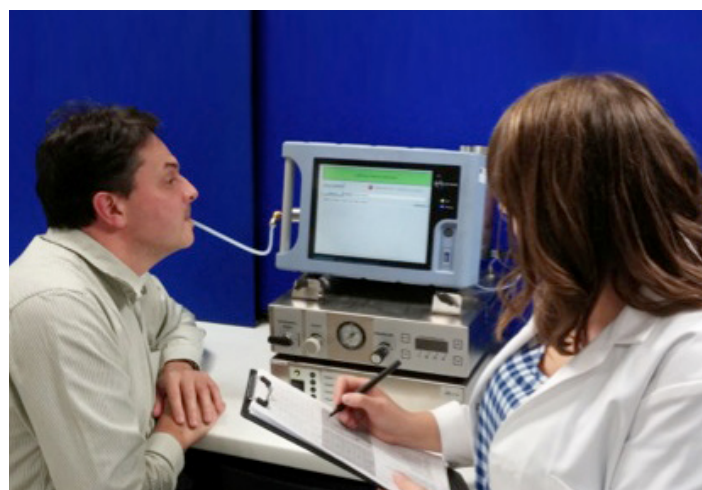
All GPs see patients with lung cancer in their practice,

with over 500 cases diagnosed in LLR each year. It is the biggest UK cancer killer: 35,371 deaths in 2012, as patients often present with advanced disease. Early detection of lung cancer will have a significant impact on patient healthcare and outcomes.

A Health Economic Analysis carried out by developers, Owlstone Nanotech Ltd, determined that detection of early-stage lung cancer could be increased from the current 14.5% to 25% by 2020 and it is estimated this could save 10,000 lives and £250m of NHS money.

The LuCID (Lung Cancer Indicator Detection) programme is an exciting and innovative study which, hopefully, will lead to a non-invasive method of diagnosing lung cancer in the early stages. The device works by measuring exhaled volatile organic compounds (VOCs) at low concentrations in a patient's breath and offers a cheaper, portable alternative to existing detection technologies.

Dr Salman Siddiqui, Clinical Senior Lecturer and Chest Physician at the University of Leicester and Glenfield Hospital leads the clinical study which will be delivered by the lung cancer clinical



team including lung cancer Lead Clinician, Dr Jonathan Bennett. If the trial is successful we would aim to expand the study into primary care in LLR to screen patients at high risk of lung cancer.

Dr Jonathan Bennett, Consultant Respiratory Physician
Dr Salman Siddiqui, Honorary Respiratory Consultant

GP ECG Open Access Service Referral Form

The ECG Open Access service for GP referrals is available at both Glenfield and General Hospital sites (please note the service is no longer run at the Royal).

Appointments are available from 8.30am to 4pm at Glenfield and 9-12 noon at the General Hospital every weekday. We are now offering clinics throughout the afternoon at Glenfield to avoid long waits for patients and to spread the workload throughout the day so please encourage your patients to make use of these times. Please note this service is for referrals of over 16's only.

Patients requiring an ECG should report to the Cardiac Investigations Department. To make it easier to refer to the service and to remind you of key contact information, a standard referral form is now available on PRISM and the updated form has also been circulated for use within EMIS and SystemOne.

Karen Percy, Cardiac Physiologist



Children's Gastroenterology Service Update

The Children's Gastroenterology Service based at the Royal provides tertiary multidisciplinary diagnostic and therapeutic services to children in and around Leicester for a wide range of conditions.

Weekly multidisciplinary clinics

together with individual paediatric gastroenterology clinics are held at the Royal providing consultations on suspected food allergies, inflammatory bowel disease, coeliac disease, protracted diarrhoea, long standing abdominal pain and difficult to manage constipation.

Day case procedures are undertaken which include endoscopy, colonoscopy, breath tests, pH /impedance studies and video capsule endoscopy.

If you would like to discuss any urgent patients prior to referral, please do not hesitate to contact the on call consultant via the switchboard or via our secretary (telephone 0116 258 6794, fax 0116 258 5567).

The Multidisciplinary Team consists of

Consultant Paediatric Gastroenterologists

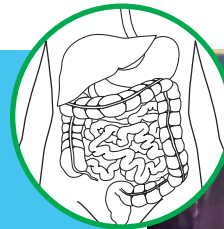
- Dr Anne Willmott
- Dr Hemant Bhavsar
- Dr Suchandra Pande

Specialist Nurses

- Lorna DeBourg
- Rebecca Zseli
- Rachel Wade

Specialist Dietician

- Kristian Bravin

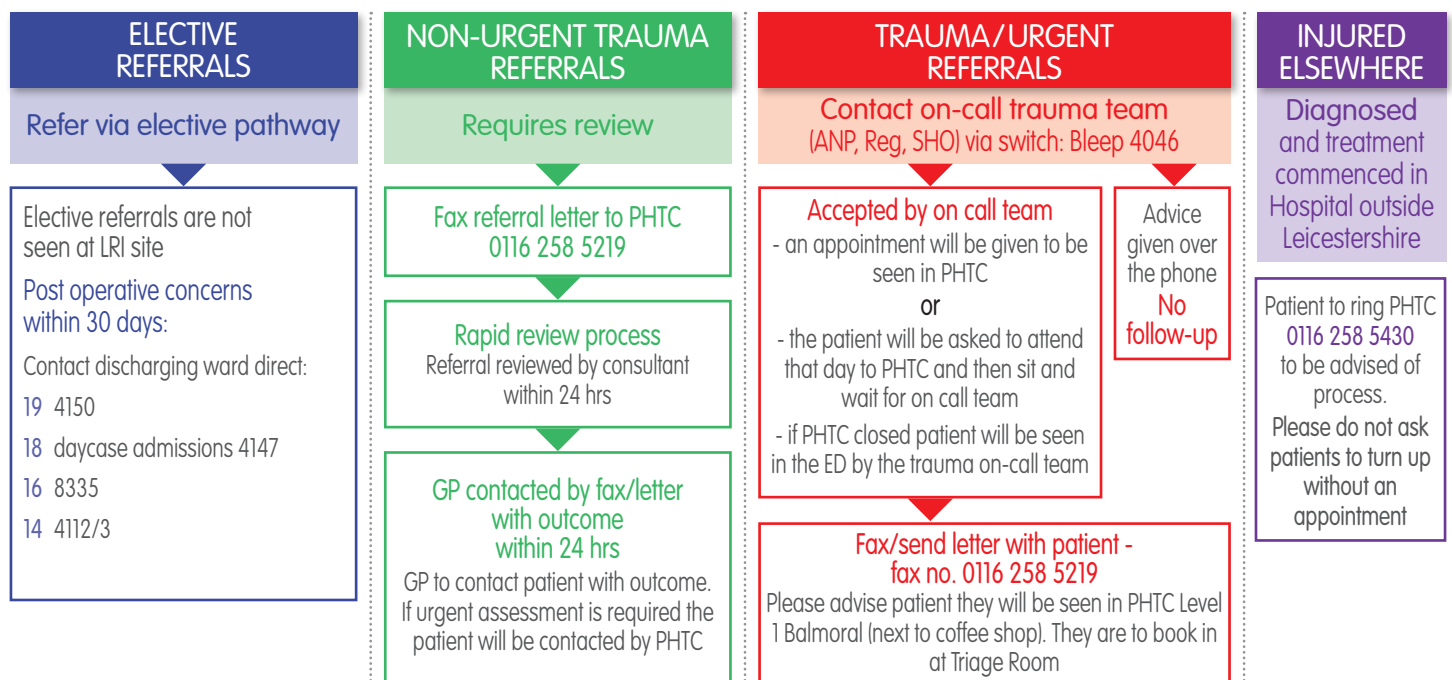


GP referrals to Trauma Orthopaedics

As a result of feedback received following publication of the referral pathway last month (February 2015 issue) **minor revisions have been made** to clarify the Trauma and Urgent Referral pathway.

GP REFERRALS TO LRI TRAUMA ORTHOPAEDICS SERVICE

Professor Harper Trauma Clinic (PHTC)



Patients not accepted by the on call team will be sent to urgent care centre or asked to revisit GP surgery

Fax/letters need to contain:

- Summary of condition and examination
- Reason for referral

Please ensure that all patient details and phone number are correct

Root Cause Analysis overview of the Pathology (PMIP) incident October 2014

During the period 10 to 14 October 2014 a number of ICT issues impacted on the Leicestershire Primary Care community with regard to the receipt of pathology test result messages from UHL/empath. **This article discusses what happened, and identifies lessons learned.**

Orders for tests are received by the lab either via ICE, or as paper requests. At the lab these are matched to specimens and the required tests performed. Results are recorded in the Laboratory Information System ('iLAB'). The results are authorised in the lab and within minutes they are transmitted to the ICE server, where they are available to be viewed by ICE users.

In addition, four times each day the results are collated into batches and released to the 'PMIP Server', ('Pathology Messaging Implementation Project' introduced universal delivery of electronic pathology results to GPs in Great Britain). The PMIP server distributes the results to GP mailboxes via DTS (Data Transfer Service provide by NHS). Once the messages for a practice have reached their DTS mailbox destination, they are imported into the practice system either as a manual review and import process or as a single automated import.

The arrival of the PMIP message with test results is used by practices to trigger the next step for the patient, for example booking a new appointment.

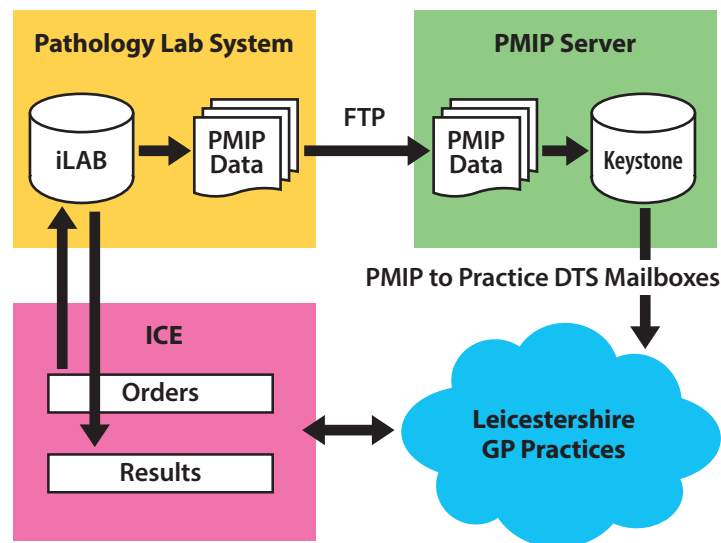
The intermittent nature of the fault and the other issues on-going at the same time meant it took several days to identify and fix the issue.

Initially it was proposed that all messages for the affected days should be resent. However, this would have created duplicate test results in patient records on GP systems and it was therefore decided the goal should be to only resend 'unsent' messages.

This turned out to be a difficult process as there was no easy way of identifying missing results on either the PMIP server or on GP systems. A manual and labour intensive process was undertaken by UHL/empath to identify which batches were believed to have failed and these were resent. The manual process was not perfect however, and in the following weeks a number of further results were reported missing. Additional batches of results were resent to ensure none were missed.

Throughout the process the 'Fast Track' lab process of identifying 'critical' results and reporting them by telephone continued to operate. Results were also continually reported to ICE in the normal way and were available by that route.

System Overview



What Went Wrong?

The PMIP results feed has been running reliably for many years. A 'storm' of unrelated incidents occurred in October 2014. These included GP access issues to the Sunquest ICE system; a system update from TPP for their SystemOne GP Practice system resulted in certain pathology result messages being rejected; UHL system changes; Health and Social Care message routing changes and decommissioning of an old BAPEX (Blood Transfusion system), caused a significant and unexpected impact on GP Pathology messaging.

All of these issues were initially directed to UHL/empath, the first two were resolved through redirection of the logged incident to the relevant supplier however their concurrence delayed identification of the specific PMIP issue.

The 'PMIP issue' was a fault in message routing software which resulted in some batches of messages being sent and others not.

Lessons Learned

empath

PMIP Monitoring Process - UHL/empath have put in place a PMIP monitoring process which ensures that we know exactly which files have been sent and if any are missing we will pick up the issue within 24 hours. This process only verifies the files have been successfully put into the DTS system, it cannot check they have arrived at GP surgeries or have been successfully imported into the patient records.

Improved Reconciliation in GP systems - The Root Cause Analysis highlights the need for GP systems to include a reconciliation process ensuring that Practices can routinely monitor requests and results received, thereby easily identifying missing data. It is suggested that Primary Care teams continue to approach system suppliers to highlight the need for a reconciliation process to be developed.

Business Continuity Review - There is an opportunity for integrated discussions between GPs and UHL/empath about Business Continuity plans. This could be taken forward through the LLR e-Communications Project Board initially.

Future Strategy - At the LLR e-Communications Project Board meeting on 15 February 2015, it was agreed if a similar incident happened again the strategy would be to resend all results rather than attempting identification of only missing data as patient safety outweighs the inconvenience caused by resending duplicates. Sending out paper copies remains the fall-back position in the event of IT failure.

Peter Lennard-Jones, Diagnostics and Clinical Support
Paul Smalley, Pathology IT Manager

Pioneering work

Leading plastic surgeon and his team perform rare operation to remove giant mole.

A nine year old patient from Lincoln was born with a giant pigmented melanocytic nevus. This type of birthmark is very rare, occurring in an estimated 1% of infants worldwide, appearing on the head or neck in only 15% of cases. She was referred to Leicester Royal Infirmary to see Associate Specialist in Plastic Surgery, Khawaja Gulraiz Rauf. Mr Gulraiz Rauf, plastic surgeon with special interest in tissue expansion has since performed four special surgeries to completely remove the mole and potentially cancerous cells from the side of her head.

The first operation was to insert three silicone balloons under the patients scalp. These were then injected weekly with saline to stretch the skin in the normal part of her adjacent scalp.

Three months later a second procedure was undertaken where the tissue expanders were removed along with the majority of the giant mole from the scalp. The team used

the extra skin stretched by the balloons to cover the area, so that a bald patch was not left on her head. Two further procedures were necessary to ensure all cells were removed.

Mr Rauf has developed his own technique and describes the movement of skin to cover the defect as an 'Advanced Transportation' flap. Tissue expansion is a technique to generate extra skin for reconstruction of large defects in the body and Mr Rauf's technique gives much better cosmetic results.

This case was unique in view of the large size of the mole which covered half her scalp and extended onto the forehead. Removing the whole area and reconstructing in such a manner so that the patient was not left with any deformity was challenging. Mr Rauf, who has also successfully treated deformities resulting from burns and trauma, has used the technique on all parts of the body (except below the knee) over the last 20 years.



Saline injection



Silicone balloons



Post op - Jessica Brett with Mr Rauf and his team

Newly appointed Consultant Radiologist

Dr. Imran Khan started his radiology training in Glasgow and realised very early that his future lay in musculoskeletal imaging.

He moved to King's College Hospital, London, for his final year as a subspecialty trainee in musculoskeletal imaging, where he spent most of his time in musculoskeletal radiology including acute and trauma imaging as well as general radiology. After obtaining his CCT, he

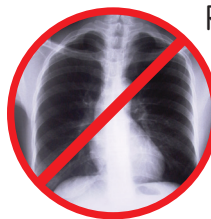
did a fellowship at Royal National Orthopaedic Hospital, London, which was followed by a further fellowship in musculoskeletal imaging at McGill University in Montreal, Canada.

His interests include joint imaging, sarcoma imaging, sports imaging,



musculoskeletal ultrasound and image-guided intervention. He has published a few papers in peer-reviewed journals and is keen to continue combining both academic and clinical work in his practice. He also enjoys teaching and training.

Emergency Generator Testing



Reminder of dates and times when the Direct Access

Imaging Service

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

Upcoming test times

Thursday 09 April 2015

08:15 - 09:15

Friday 08 May 2015

08:15 - 09:15

Nick Clark,
Radiology Site Manager
0116 256 3624

GP Education & Events

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

Joint Injection Course

Saturday 27 June 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.

Consultant update

Starters

Dr Imran Khan

Consultant Radiologist

Leavers

Dr Srinivasa Kallam

Anaesthetics

Dr Arif Khan

Paediatric Neurology



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

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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/

