

July 2015

# GP Newsletter



Welcome to the July edition of the GP Newsletter

## Using Printed Labels for Samples

The use of printed labels for labelling samples has helped to speed up the processing of samples as it is much easier to identify the correct patient. It would further help if the following points were noted to avoid any unnecessary delays during transition through our labs.

- 1 Ensure the addressograph label is firmly stuck to the sample tube to avoid the label peeling off or attaching to the bag and being torn off when the sample is removed.
- 2 Ensure the addressograph label is neatly stuck over the existing sticker on the sample tube to fully cover any print. This helps with identification of the sample when the addressograph is read by our equipment.
- 3 Only use one label per tube. Multiple labels cause problems when the samples are placed on the analysers in the laboratory.

### Results Enquiry Line Survey

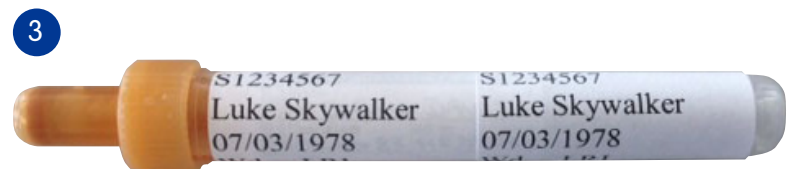
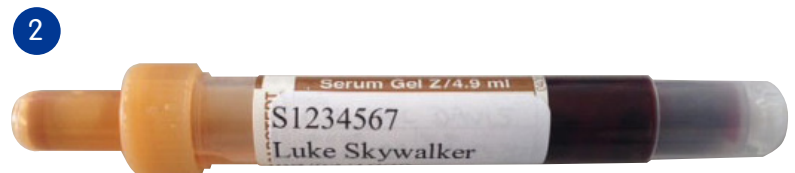
The Blood Sciences Department will be conducting an audit on your satisfaction with the service in August 2015. When contacting the Results Enquiry Line, you may be asked to take part in a mini survey to help us improve how we deal with your queries. We would be grateful for your time to share your thoughts and views with us.

### Communication Options

We would like to remind you of the different lines of communication available for your use

- **GP Practice IT problems** should be directed to Leicestershire HIS Service Desk in the first instance.  
[www.hisservicedesk.leicestershire.nhs.uk](http://www.hisservicedesk.leicestershire.nhs.uk)
- **For enquiries related to missing pathology results** please email our Pathology IT Support Mailbox  
[PathITSupport@uhl-tr.nhs.uk](mailto:PathITSupport@uhl-tr.nhs.uk)
- **For all other enquiries**, please email our general Pathology Mailbox [pathology@uhl-tr.nhs.uk](mailto:pathology@uhl-tr.nhs.uk)

Paul Staples and Jason Blake, Specimen Reception Supervisors



# New at LRI: Suspected New Onset Inflammatory Arthritis Clinic

In May 2015, a new clinic was initiated by Dr Rebecca Neame, Consultant Rheumatologist and Toni Dorman, Nurse Specialist at the LRI to improve the outcomes of Suspected Inflammatory Arthritis.

It is structured to enable rapid access and the early optimisation of treatment.

Research evidence shows that intensive treatment of Rheumatoid Arthritis (RA) and Psoriatic Arthritis (PsA) in the early stages greatly improves outcomes.

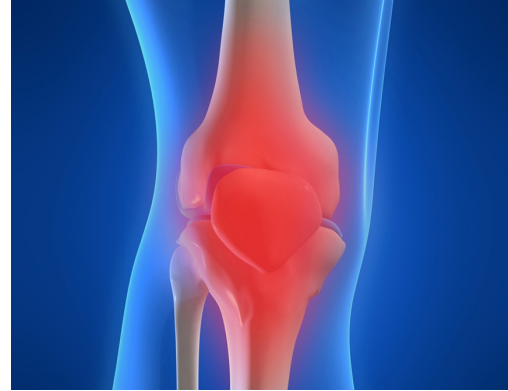
**The clinic aims to start disease-modifying anti-rheumatic drug (DMARD) treatment on the same day as the diagnosis is made.**

If, when the patient presents the diagnosis is unclear, the Clinic has rapid access ultrasound scanning available via Dr A Moorthy. Follow-up appointments are at 6-weekly intervals with the aim of ensuring low disease activity - defined as DAS28 (Disease Activity Score based on examining 28 joints) of 3.2 or less.

In line with the British Society for Rheumatology guidance, a set of personal treatment goals are also set with individual patients. When the targets are achieved, the patient is given a planned review appointment for 3 months. Referral out of this Clinic to the care of other Consultant Rheumatologists occurs 9 months after the initial attendance.

Prognostic information is collected and assists in deciding the best treatment course. Data from this clinic are also routinely collected for the British Society for Rheumatology National Audit.

The clinic can be accessed through paper referrals or **NHS e-Referral** (formerly known as Choose and Book) under: **'Suspected New Onset Adult Inflammatory Arthritis Service-Rheumatology-LRI-RWE'**



## Referral criteria:

Persistent joint inflammation for  $\geq 6$  weeks but  $< 24$  weeks and Inflammation affecting at least 3 joints (inflammation = soft tissue swelling, joint tenderness, or warmth)  
In addition at least one of these is required:  
Involvement of hand or feet joints; dactylitis (sausage digit); early morning stiffness  $\geq 30$  minutes; raised inflammatory markers (CRP or PV)

## Investigations:

These are not mandatory but Clinicians are asked to consider checking:  
FBC, CRP, U&E, LFT, and Rheumatoid Factor or anti-CCP antibody and ANA.  
Do not delay referral if RF or anti-CCP antibody is negative or CRP is normal.  
*Please note that patients with Inflammatory Arthritis who do not meet the above criteria will still be seen but within General Rheumatology Clinics.*

## Treatment

Patients are usually started on the following regime as this is considered to be the most effective:

- Methotrexate (MTX) usual start dose 15mg/one day per week
- Hydroxychloroquine (HCQ) usual dose 200 – 400mg/everyday (starting 2 weeks after MTX initiation)
- Corticosteroid (may be intramuscular).

Methotrexate is the most effective of the conventional DMARDs and every effort should be made to use MTX first line and to continue treatment whenever possible. It is also well-known to reduce overall death rates in patients with RA.

Other DMARDs that may be recommended are sulfasalazine, leflunomide and azathioprine.

For further information please contact Dr Rebecca Neame 0116 258 5853

# Quality Improvement Project into Blood Coagulation Screening

The Department of Blood Sciences at UHL are undertaking a Quality improvement Project to reduce the number of rejected Blood Coagulation tests.

Rejection of blood samples sent for coagulation testing delays treatment for patients, results in time and labour costs in the laboratory and leads to a waste of resources. In order to avoid rejection of a coagulation sample and save time and money, please ensure the following steps are taken:

1. Fill the green-top (citrate) tube to the line indicated on the label to ensure a citrate: blood mixing ratio of 1:9 (1)
2. Invert your sample 8-10 times to ensure adequate mixing (1)

## Problem

When using a Safety-Multifly™ (butterfly) needle, air (or dead volume) contained in the butterfly's tubing is drawn into the first blood tube, causing it to be underfilled

Inadequate sample obtained for an adult size coagulation tube

## Solution

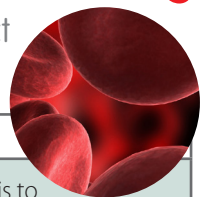
If only one green-top (citrate) tube is to be collected at first or in total, first use a brown-top (serum) tube to fill the butterfly's tubing with blood. Then fill a green-top (citrate) tube to the line (1)

Repeat the test and use paediatric size coagulation tube



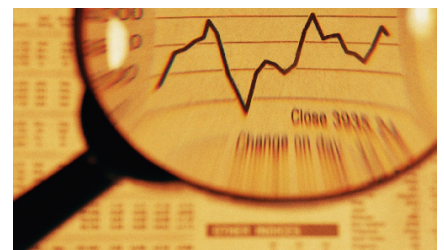
(1) S-Monovette™ Sarstedt. FAQ Citrate Section. [www.sarstedt.com/en/products/diagnostic/venous-blood/s-monovetter/](http://www.sarstedt.com/en/products/diagnostic/venous-blood/s-monovetter/)

For further information about this project please contact Dr Aryeh Greenberg at [aryeh.greenberg@uhl-tr.nhs.uk](mailto:aryeh.greenberg@uhl-tr.nhs.uk)



# June 2015 performance

The improved start to the year across many of the performance domains continues:



Standard - Provisional performance	Jun-14	Jun-15	Improvement
4+ hour Wait (95%)	91.3%	92.6%	1.3%
Admitted (90%)	79.0%	90.3%	11.3%
Non-Admitted (95%)	95.0%	95.3%	0.3%
Incomplete (92%)	94.0%	96.2%	2.2%
Diagnostics < 6 weeks (<1%)	0.8%	4.9%	-4.1%
Cancelled Ops (0.8%)	1.0%	0.9%	0.1%
Cancelled Ops rebooked within 28 days (100%)	99.0%	99.0%	0.0%

Cancer Standard - Actual performance	May-14	May-15	Improvement
Two Week Wait (93%)	94.7%	87.9%	-6.8%
31 Day First Treatment (96%)	92.9%	97.8%	4.9%
31 Day Subsequent Surgery Treatment (94%)	97.0%	92.2%	-4.8%
62 Days (85%)	88.5%	70.5%	-18.0%

## Our four hour performance

improved for a fourth consecutive month (the target measures any Emergency Admission waits over four hours following a decision to admit). Performance would have been better still apart from a very high increase in attendances (5.3%) and admissions (9.4%) in June 2015 compared to June 2014. The increase was particularly high in the last week of June and continued to the first week of July. Year to date performance remains 4.4% better than last year and over 58,000 patients have been treated in under 4 hours in the first quarter of the year.



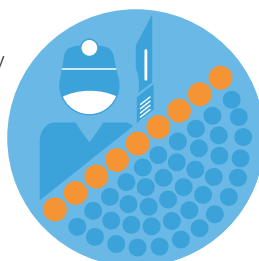
## We remain compliant against all three Referral to Treatment (RTTs) targets

with more patients now treated within 18 weeks than at any stage in the past.

Diagnostics performance has been very strong recently. However following a recent review of planned waiting lists in May, an issue surfaced in endoscopy. Patients were appropriately added onto the planned waiting list but once they became overdue they were not put onto an active pathway.

Whilst the vast majority of patients in UHL (+99.5%) have had their waiting times appropriately recorded, the problem in endoscopy has resulted in a failure against the diagnostic measure in June. Clearly this is disappointing but it reflects the lessons learnt in other areas and our commitment to transparency of reporting. We are forecasting a return to compliant performance in September 2015.

**Cancelled operations** on the day of surgery and patients rebooked within 28 days have been very strong recently. Unfortunately due to a small theatre fire, loss of power and heating issues, we had a poor end to the month and we narrowly missed the performance measure.



## Cancer performance

Despite a lot of effort put into improving cancer performance, it remains very poor and is nowhere near where it should be:

### • Two week wait

We have had issues with the NHS E-referrals system (formerly choose and book) which continues to cause delays. This is a national problem and we have briefed commissioners and the Trust Development Authority (TDA) about it. We still have more patients than other centres who choose to wait longer than two weeks for their appointment. We continue to work with the lead GPs to support the conversations colleagues have with their patients to make sure patients are appropriately prepared for their appointments.

### • 31 day first treatment

Compliant in May although there were breaches in breast for the first time.

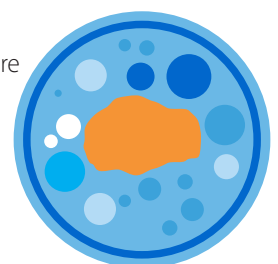
### • 31 day subsequent surgery treatment

This remains purely a urology issue. Sustained delivery in August is our target.

### • 62 day performance remains very poor.

This is expected as the backlog continues to reduce and we continue to work very closely with our commissioners and TDA.

We are a very large provider of cancer services and too many of our patients are waiting excessively for their treatment. A considerable number of our pathways need to be reduced by only a small number of days. A significant focus on speeding through every part of the pathway will allow us to deliver timely care for patients. Despite the huge improvements in many of the other performance indicators, we remain too poor on cancer treatment and improving against this is a key priority for the organisation.



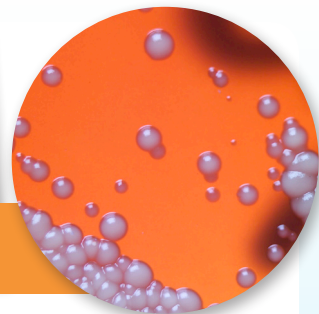
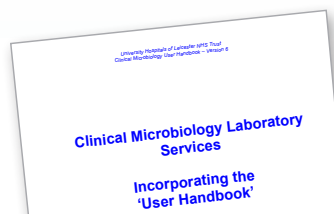
**Richard Mitchell**

Deputy Chief Executive/ Chief Operating Officer



# Microbiology User Survey

The Clinical Microbiology Department is constantly trying to improve the way in which the service is delivered.



To assist with improvements they have commissioned two 'user surveys' to inform them of overall satisfaction with the service and to assess whether the information available is sufficient.



Undertaking a Departmental survey is mandatory to satisfy the standards set by the accreditation body – *Clinical Pathology Accreditation (CPA)* and *United Kingdom Accreditation Service (UKAS)*. Comments received in response to this survey will be used to improve the quality of the service.

Please complete the surveys using the following links:

User Feedback Survey  
[www.surveymonkey.com/r/H3RZTD8](http://www.surveymonkey.com/r/H3RZTD8)

User Handbook survey  
[www.surveymonkey.com/r/H87NXLN](http://www.surveymonkey.com/r/H87NXLN)

For further information please contact:

Dawn Williams, Team Leader  
[dawn.williams@uhl-tr.nhs.uk](mailto:dawn.williams@uhl-tr.nhs.uk) or

Daxa Patel, Deputy Service Manager  
[daxa.patel@uhl-tr.nhs.uk](mailto:daxa.patel@uhl-tr.nhs.uk)

Thank you for your assistance.

## Demolition begins in preparation for Leicester's Hospitals' new £43.3M Emergency Floor

Demolition work has started at the Royal in preparation for our new Emergency Department. Leicester's Hospitals' £43.3M investment to create a purpose built Emergency Floor began this month and marks the first major investment of our 5-year £320M strategic plan.

The Royal's current Emergency Department (ED), which was last upgraded 10 years ago, was designed to care for 100,000 patients.

**It now sees 180,000 patients each year – over 600 a day - and that is expected to increase.** This much needed development will be the UK's first frailty friendly emergency department, especially designed to meet the rising demands of an ageing population and will improve the experience, for the people of Leicester, Leicestershire and Rutland. Partners from Age UK and Vista have been involved in the design group to ensure our older patients are cared for in an environment better suited to their needs.

The new Emergency Department design includes larger cubicles for patients and more room for ambulances, along with an integrated mental health department and a brand new Children's ED. It will also be completely paper-free, providing a fully electronic service, saving space and speeding up processes.

**The new Emergency Floor will open to patients in Summer 2017.**

For further information, a video of the demolition and a 360 tour of the new emergency floor please visit [www.leicestershospitals.nhs.uk/aboutus/reconfiguration-projects/emergency-floor/](http://www.leicestershospitals.nhs.uk/aboutus/reconfiguration-projects/emergency-floor/)





# Our Services... *your* thoughts!



We value your feedback and input into services provided by UHL and you are welcome to **feedback at any time** about any aspect of our services, both positive and negative.



However, periodically we are asking for specific areas of feedback so we can concentrate on developing certain aspects of service provision.

*This is not intended to replace the complaints procedure or any other formal procedures in place.*

We are simply asking for constructive feedback in order to engage you in service development.

We welcome comments, suggestions and examples of your experiences of working with UHL from both clinical and administrative colleagues.

## Current hot topics:

### Trauma Orthopaedics Pathway

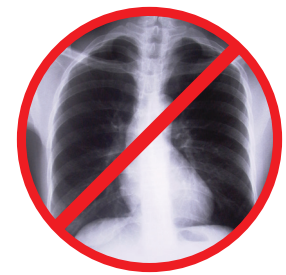
We are asking for feedback on the accessibility of the Trauma Service via on-call and Professor Harper Trauma Clinic (Fracture Clinic).

- *Are you able to access professional advice in a timely manner?*
- *Have you experienced speaking to the ANP as bleep holder and was the outcome appropriate and helpful?*
- *Have the changes made to the Trauma Pathway been supportive and positive?*

**Please get in touch and help us provide better services for you and your patients.**



To feedback, click on the link and email  
**[UHLGPServices@uhl-tr.nhs.uk](mailto:UHLGPServices@uhl-tr.nhs.uk)**



## 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:

**Wednesday 5 August**

08:15 - 09:15

**Thursday 3 September**

08:15 - 09:15

Nick Clark,  
Radiology Site Manager  
0116 256 3624

## New GP Educational Vodcast Series

July marks the launch of the new series of our GP Educational Vodcasts.

Due to the success and popularity of Series 1 and 2, we are releasing a third series with topics including:

- Paediatric Ophthalmology
- Achilles Rupture
- Balance Disorders and
- Breast Pain

The Vodcasts are, as usual, presented by Dr Leslie Borrill and can be found at:

**[www.leicestershospitals.nhs.uk/professionals/gp-video-based-education/](http://www.leicestershospitals.nhs.uk/professionals/gp-video-based-education/)**



The new series will be released regularly at the end of each month and will include a downloadable and printable information sheet to accompany the video and a CPD certificate to evidence viewing.

### The first film released on 31 July is:

**Paediatric Ophthalmology** with Dr Anamika Tandon, Consultant Paediatric Ophthalmologist.

Dr Tandon discusses common eye conditions in children, assessment techniques and management of conditions in General Practice.

If you have suggestions about further topics which could be included in future Vodcasts or events, please do not hesitate to get in touch at **[UHLGPServices@uhl-tr.nhs.uk](mailto:UHLGPServices@uhl-tr.nhs.uk)**

## Leicestershire Medicines Strategy Group Newsletter



This newsletter is designed to keep you informed of LMSG outcomes and is distributed monthly.

Please 'click here' to access the current Newsletter.

Leicester Medicines Strategy Group is working on behalf of the Leicester, Leicestershire & Rutland Health Community to support safe, rational and cost-effective prescribing.

# GP Education & Events

## Review of Urology and Renal Radiology Event 18 June 2015

Our recent Urology and Renal Radiology event held on 18 June 2015 was well attended by GPs. The CPD session was designed to highlight the options available when referring patients for Radiological investigations, promote iRefer guidelines, recommend the use of the STONE Score as well as give an overview of the treatment of Renal Stones.

Presentations were given by Dr Arumugam Rajesh, Consultant Radiologist and Dr Jaskarn Rai, Specialist Registrar in Urology. The feedback received following the event rated the Clinical presentations as 'very good' in both quality and usefulness.

Suggestions for improving our events have been reviewed and taken into account when planning our forthcoming GP Education Event on:

## Thursday 17 September 2015 focusing on Radiology and Gynaecology

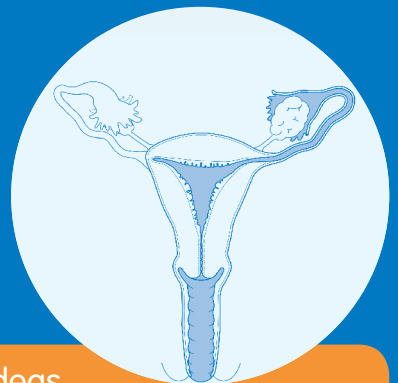
Speakers at this event will include:

Dr Yvette Griffin, Dr Kate Waters and Dr Mike Glasby, Consultant Radiologists and Miss Olivia Barney, Consultant in Obstetrics and Gynaecology.

Topics will include:

- Gynaecological Investigations Referral Guidelines
- Adnexal Mass Guidelines
- Fibroids
- Pelvic congestion.

Please note this date in your diary. Further details are available on our website: [www.leicestershospitals.nhs.uk/professionals/gp-education/](http://www.leicestershospitals.nhs.uk/professionals/gp-education/)



If you have any further suggestions on the content of this session or ideas for future events, please get in touch at [UHLGPServices@uhl-tr.nhs.uk](mailto:UHLGPServices@uhl-tr.nhs.uk)

## Events attended by UHL Consultants

Below are some of the recent events attended by UHL Consultants:

Dr David Peel      Consultant Clinical Oncologist  
Dr Kiran Kancheria      Consultant Clinical Oncologist  
both presented at the Leicester City CCG  
Protected Learning Time event on 18 June 2015

## Consultant update

### Starters

Dr Kiran Das	Consultant Oncologist
Mr Shoumitra Sangal	Consultant, Colorectal Surgery

### Leavers

Dr Olivia Williams	Consultant
Dr Demetris Taliotis	Consultant
Dr Trevor Maskell	Consultant
Dr Richard Barretto	Consultant

# GP Education & Events

## Leicestershire Palliative Care Study Group Study Day: Symptom Control for Cancer and Non-Cancer Patients

**01 October 2015**

9:00am – 3:30pm

**Venue:**

Leicester Racecourse

**Cost:**

£45

**Contact:**

Karen Mann

[Karen.mann@uhl-tr.nhs.uk](mailto:Karen.mann@uhl-tr.nhs.uk)

0116 258 7512

**Course Topics include:**

- COPD
- Renal Failure
- Difficult Symptoms in GI / Hepatobiliary patients
- Dementia
- Pain Control in Cancer Patients
- Challenges of managing Mental Health issues with the Seriously ill.

Dr Laura Pal

Dr Caroline Cooke

Dr Cassy Rowe-Haynes

## SADS Awareness Conference

**02 October 2015**

9:00am – 5:00pm

**Venue:**

Leicester City Football Club,  
King Power Stadium

**Cost:**

£10 - £65

(email for further details)

**Contact:**

Vicky Wills

[vickywills.jhmt@hotmail.co.uk](mailto:vickywills.jhmt@hotmail.co.uk)

**Guest speakers include:**

- Martin Johnson ex-international rugby player, Patron JHMT
- Dr Graham Stuart (Bristol)
- Dr Rajay Narain (London)
- Dr Kal Parmar (London)
- Dr Riyaz Somani (Leicester)
- Dr Ffion Davies (Leicester) SADS survivors
- Heartsafe / Joe's mini heart-start team

**Workshops include:**

- ECG Recognition and quiz
- Screening families
- Bereavement and family support
- SADS collapse scene simulation
- Training in CPR and public defibrillators
- How to spot SADS warning signs

## Advanced Musculoskeletal Injection Update

**14 November 2015**

9:00am – 4:30pm

**Venue:**

Glenfield Hospital

**Cost:**

£150

**Contact:**

[courses@specialistphysio.com](mailto:courses@specialistphysio.com)

**Tutor:**

Mr Tony Wilson, Specialist Physiotherapist will speak about

- Injections: everywhere and anywhere - Are we doing any good?
- Dosages - Update on evidence for choice of drug and dosage
- Advanced Clinical Reasoning - New challenges: Old risks, Concerns, To inject or not?



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

07432 623 350

[UHLGPServices@uhl-tr.nhs.uk](mailto:UHLGPServices@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/](http://www.leicestershospitals.nhs.uk/professionals/)

