

GP Newsletter

Caring at its best



Welcome to the August edition of the GP Newsletter

GP Practice Temperature Check survey

On 01 September 2015 we are launching our Primary Care 'Temperature Check Survey'. **For the first time, we are opening the survey to all GP practice staff** and we are seeking responses from both clinical and non-clinical staff groups as all opinions are important to us.

Your views will make a difference to how we develop and prioritise our efforts in providing "Caring at its best" to all in Leicester, Leicestershire and Rutland. The questionnaire consists of 7 questions so is quick and easy to complete. It will be open for 30 days and we will report back the findings in our UHL GP

newsletter. If you would like an individual response, please provide your name and contact details at the end of the survey.

Please participate in this survey by [clicking here](#) or via the link on our homepage:

www.leicestershospitals.nhs.uk/professionals/



Update from the Medical Director

This month it was confirmed that the UHL's Standard Hospital Mortality Indicator (SHMI) rate has fallen to its lowest level since records began in 2011. The UHL score now stands at 99.

The SHMI is worked out by looking at the ratio between the actual number of patients who die following hospitalisation and the number expected to die on the basis of average England figures. The average 'score' across all NHS Trusts is 100 and any Trust rated less than 100 is better than average, conversely a score of over 100 is worse than average. There is still much more work to do and we should recognise the score can fluctuate, but the overall trend has been one of improvement.

Based on this latest SHMI data, it is clear the things we said we wanted to improve, like earlier recognition of patients who were deteriorating, faster treatment for patients with pneumonia and more accurate diagnosis of sepsis, are starting to have an effect, improving the quality and effectiveness of the care we provide.

Andrew Furlong,
Interim Medical Director



Thyroid Cancer Follow Up Guidelines Now Available on PRISM

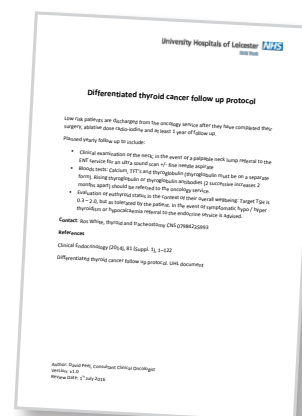
Thyroid cancer patients can be risk stratified following the end of treatment (surgery and radio-iodine) and those in the lowest risk cohort have an excellent prognosis approaching 98% 10 year disease specific survival.

Such low risk patients can be followed up in the community with the assistance of the 'Differentiated thyroid cancer follow up protocol' which has now been published on PRISM.

Follow up care would entail yearly blood tests (TFT, thyroglobulin and bone), enquiry as to the

patient's clinical thyroid status and a brief neck examination. Referral pathways back to secondary care are described in the PRISM guidelines and higher risk patients will be retained in secondary care.

Mr David Peel,
Consultant Clinical Oncologist



Update: Data Quality Team

Clinical Letters sent to Incorrect GP practice

Our Data Quality Team would like to remind GP practices to please only return clinical correspondence to UHL initiated by UHL staff.

Any correspondence which did not originate from the Leicester General Hospital, Glenfield General or Leicester Royal Infirmary is not ours and will be returned to the GP practice for appropriate redistribution.

Sending non UHL letters breaks patient confidentiality and delays the correct originator redistributing letters to the relevant GP.

Any non UHL should be posted back to the originator on the letter.

Post for the Urgent Care Centre (UCC) should be addressed for the attention of Ms Kim Wildings, Urgent Care Centre, c/o LRI.

This service is based at the LRI but managed by George Eliot Hospital. Please do not send letters to Data Quality for this service to preserve patient confidentiality. It is advised to attach a cover note for UCC correspondence explaining the reason for returned mail.

Death recording: Data Quality Team

This is a request for any deaths notified to a GP surgery (apart from deaths on UHL sites) be passed onto the **Data Quality Team at UHL.**

This allows us to cancel future outpatients, active waiting lists and pre admissions for operations.

This information is also passed to the ambulance desk so they can cancel any future appointments.

The ways to contact us are:

Email: data.quality@uhl-tr.nhs.uk

Phone: 0116 258 8978
0116 258 6748
0116 258 6263 or
0116 258 8977

Fax 0116 258 6972

If emailing or fax, we require the patient's NHS number, patient's initials, date of birth and date of death.

The Data Quality Team will endeavour to let GP surgeries know when we are notified of patients who die in places such as prisons but are still active at a GP surgery on the Spine.

Please also be aware when we are notified of deaths that do not show on the Spine, we will always contact the GP surgery to ensure you know the patient has died.

This is due to receiving malicious calls asking for patients to be marked deceased when they are very much alive!

Thank you for your support

Su Clarke,
Data Quality Manager



The Transfer to Assess At Home Pathway for County Patients

The Transfer to Assess at Home Pathway is a scheme to facilitate the discharge of patients from UHL back to their own homes.

It is aimed at patients who require a Decision Support Tool for Continuing Healthcare Funding completing.

Previously these patients would have had their assessment completed in hospital or a Nursing Home, but this Pathway enables patients to be discharged home with a health funded care package to support their needs until their Continuing Healthcare Assessment is completed. The patients also have a Case Manager allocated to them to support them through the process and co-ordinate the assessments and any further Community Healthcare referrals.

The Pathway is a joint scheme between Health and Social Care for patients living in the County of Leicestershire. Patients remain on the Pathway for up to six weeks or until the assessments have been completed and finalised.

Eligibility Criteria for the Pathway:

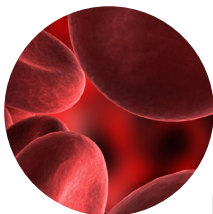
- Patients are an inpatient at UHL.
- Patients have a positive Continuing Healthcare Checklist and require a Decision Support Tool Completing for Continuing Healthcare Funding.
- The patient must reside in the County (Leicestershire).
- The patient wishes to go back home.

For further information:

On The Transfer To Assess At Home Pathway please contact Lynne Hill, Case Manager for the Pathway
Contact details: lynne.r.hill@uhl-tr.nhs.uk



NEW Haematology Management and Referral Guidelines



The UHL Haematology Department sees approximately 500-600 new patients with "general haematology" problems each year.

This includes anaemia, leucopenia/leucocytosis, thrombocytopenia/thrombocytosis and a range of other symptomatic and asymptomatic patients with suspected haematological disorders.

Many more are referred either to be seen or for advice following blood tests.

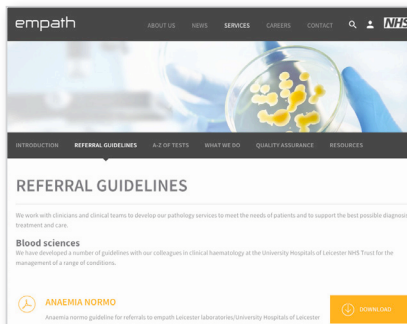
We analysed the referrals and it became clear further local guidance regarding blood test results would be a valuable resource in general practice, particularly given the rarity of some of the abnormalities. It is often difficult to decide on the significance of, for example, mild thrombocytopenia or mild chronic anaemia.

We have now written and published a number of guidelines in the form of simple flow-charts to guide the physician through next steps of investigation and suggestions of when to refer, depending on the haematological abnormality encountered.

The guidelines can be accessed through a hyperlink in Sunquest ICE, on our empath website:
www.empath.nhs.uk/pathology-services/referral-guidelines or through PRISM.

We also operate an 'Advice and Guidance' referral service available through NHS e-Referral and for more urgent queries, the On Call Team can assist.

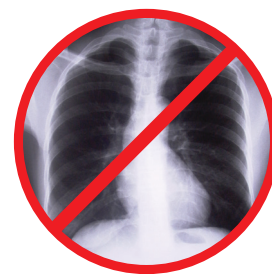
We hope the Management and Referral Guidelines will be of value as a local reference when considering patients with abnormal haematology results and suspected haematological disorders.



Guidelines available:

Anaemia normo
Anaemia microcytic
Macrocytosis
Polycythaemia
Leucocytosis
Neutrophilia
Lymphocytosis
Eosinophilia
Neutropenia mild to moderate
Neutropenia severe
Pancytopenia
Platelet count low
Platelet count high
Paraprotein

If, after using the guides you have any comments or suggestions, please email Richard.gooding@uhl-tr.nhs.uk
Dr Richard Gooding and
Dr Linda Barton,
Consultant Haematologists



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 03 September

08:15 - 09:15

Friday 02 October

08:15 - 09:15

Nick Clark,
Radiology Site Manager
0116 256 3624

Tuberculosis:

Ethnicity is not the only risk factor; remain aware of atypical presentation

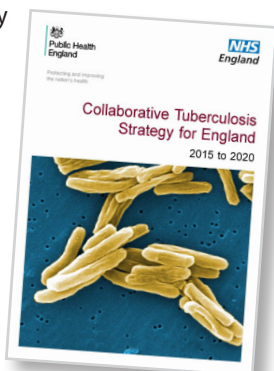


Following a recent TB incident locally, we wanted to highlight the need to remain vigilant in the early diagnosis of TB. In this recent case, a delay in the diagnosis of highly infectious Laryngeal TB led to significant transmission amongst contacts.

In addition to the 'red flag' TB symptoms, British born Caucasian patients commonly present with one of the following risk factors:

- A previous history of tuberculosis
- Alcohol intake above recommended limits
- Family history of TB or known contact with a TB case
- Homelessness or a history of homelessness
- Previous or current substance misuse

In all cases, lifestyle factors may well mask symptoms (smoking, alcohol, drug use) and in the context of local epidemiology, TB can still occur in people without risk factors.



The National Collaborative TB Strategy was launched in March 2015:

www.gov.uk/government/publications/collaborative-tuberculosis-strategy-for-england

Ensuring prompt diagnosis is a key performance indicator for the strategy fingertips.phe.org.uk/profile/tb-monitoring
In Leicester we are proud to have developed an award-winning TB Rapid Access Service and referrals can be made by using this form: www.leicestershospitals.nhs.uk/aboutus/departments-services/respiratory-medicine/leicester-tb-services/rapid-access/

The TB Nursing service can be contacted on (0116) 258 3767 for any TB related queries.

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.

Pneumonia Specialist Nurse Service

We are a small team of two specialist nurses who provide an inpatient service to all Community Acquired Pneumonia (CAP) patients.

We treat CAP patients using the innovative 4 hour Community Acquired Care Bundle to ensure all relevant interventions are achieved within a 4 hour target in order to facilitate the best possible outcome. The latest Standard Hospital Mortality Index (SHMI) shows a reduction in mortality of patients diagnosed with CAP.

Indeed Glenfield Hospital recently took part in a nationwide BTS Community Acquired Pneumonia audit which showed the management and outcomes for patients were significantly improved by the introduction of Pneumonia Specialist Nurses.

UHL is unique as it is the only Trust in the country to utilise specialist nurses in the management of CAP.

Our service has now expanded to include:

- **Discharge telephone follow up** for patients discharged within 24 hours of admission into UHL, providing the relevant education and support to each patient as required.
- **Virtual CXR clinic**, this service ensures that patients with a diagnosis of Community Acquired Pneumonia receive a follow up CXR in the required 6-8 weeks post discharge from UHL.
- **"Being discharged following Pneumonia" information leaflet** has been developed to further educate patients about their diagnosis and their recovery.

It is not necessary to refer patients for a further CXR if they have a follow up planned with the Pneumonia service as they are guaranteed to receive one via us!



Should you have any further questions regarding what our service can offer please do not hesitate to contact us on 0116 258 3312.

Julie Skeemer and Kayleigh Hawkes, Pneumonia Specialist Nurse Service

Update: Not all Urines are the same!

There is a big difference between urines sent to pathology for bacterial culture and urines sent for other chemical tests.

Chemistry tests require a plain container without added preservatives because added chemicals can affect the testing process and give an incorrect result- Plain containers include large and small yellow monovette tubes.

In contrast, microbiological testing requires the addition of Boric acid (after reagent strip testing). This white powder slows down the natural multiplication of contaminating bacteria.

A few contaminating bacteria can become millions on a warm journey to the lab. This process can produce a falsely positive culture result or mask a true UTI with an overgrowth of mixed contaminating bacteria.

We accept Red top pots and Green topped monovettes. Please don't use monovettes with yellow labels for Bacteriology unless you anticipate a very small sample volume of just a few mls.

For further information please contact:

Shaun Livsey, Senior Biomedical Scientist

Urine containers for bacteriology testing

Red or Green tops:
Both contain Boric acid and suitable for Bacteriology testing



White and Yellow tops:
Only used for Bacteriology in Paediatric specimens.



LIFE STUDY

Understanding lives – now and for the future

LATEST
Life Study to
be launched in
Leicester

Life Study, the latest and largest UK birth cohort studies to launch in Leicester, September 2015.

Birth cohort studies - which follow the same individuals as they grow up – provide unique insights about the early life origins of childhood conditions such as asthma and obesity and their consequences for adult health. Without them we can't research and understand the long term impacts on children of a range of important issues such as increasing antibiotic use in pregnancy and delivery, or maternal obesity and diabetes. The latest study to be launched in the UK – Life Study - is being undertaken in Leicester.

All pregnant women aged 16 years and over who are planning to give birth in Leicester will be asked to take part. Information will be given by their community midwife at booking, from September, and by a dedicated Life Study midwife at the 20 week scan. Mothers and partners interested in taking part will be invited to attend the Life Study Centre at



Leicester General Hospital during their pregnancy to complete questionnaires; take measurements and also given the opportunity to donate some biological samples for research. Parents will be invited to come back to the Centre with their babies during the first year of life.

Dr Ian Scudamore, Consultant Obstetrician, is the Principal Investigator of Life Study at University Hospitals Leicester and any questions about Life Study can be directed to him via info@lifestudy.ac.uk

Further information regarding the study in Leicester and promotional material can also be requested using this address.

Thank you for your support
Laura Clohessy
Communications Manager, Life Study

Changes to Radiology Screens in ICE to help direct patients to the correct hospital site for X-Rays

Following feedback from GPs, some additional questions have been inserted into the pages of ICE to help referrer's better direct patients to the most appropriate x-ray appointment. The pages also contain details of department opening times and contact details, including those for Community

Hospitals, for patients who prefer to make appointments rather than walk-in. The changes to ICE will take effect from 01 September.

Colin Ross,
Radiology Site Manager



GP Education & Events

Leicester Paediatric Neurology Grand Round

Thursday 10 September 2015

9:30am – 1:30pm

Venue:

Lecture Theatre, LRI

Cost:

Free – Lunch and refreshments included

Contact:

Dr Pooja Harijan

Pooja.harijan@uhl-tr.nhs.uk

Programme:

- **Deciphering Developmental Disorders Study:**
An Update - Dr Pradeep Vasudevan,
Consultant Clinical Geneticist, Leicester Royal Infirmary
- **Role of therapy in neuro-rehabilitation**
Naomi Dunmore, Clinical Specialist Physiotherapy,
Leicester Royal Infirmary and
Daniela Taylor, Clinical Specialist Occupational Therapy,
Leicester Royal Infirmary

Diabetes Update Event

Thursday 10 September 2015

12:30pm – 4:30pm

Venue:

Ramada Hotel
(formerly the Best Western Stage Hotel)
299 Wigston Road

Cost:

Free: Hot food & refreshments served at 12:30pm

Contact:

EDEN@uhl-tr.nhs.uk

www.leicestershirediabetes.org.uk

Programme:

- Dr Alison Gallagher, Consultant Physician and Diabetologist -
Type 1 Diabetes
- Dr Yassir Javaid -
CVD and Diabetes
- Dr Pankaj Gupta,
Consultant Metabolic Physician / Chemical Pathologist -
Chemical Pathology update
- Dr Nitin Joshi -
NHS Health Checks in Leicester update

Radiology and Gynaecology Event

Thursday 17 September 2015

6:30pm – 8:45pm

Venue:

Clinical Education Centre, Glenfield Hospital

Cost:

Free – Hot food served at 6:30pm

Contact:

Catherine Headley

UHLGPServices@uhl-tr.nhs.uk

0116 258 8598

Programme:

- Dr Yvette Griffin, Consultant Radiologist -
Gynaecological Radiology Referral Guidelines
- Miss Olivia Barney, Consultant in Obstetrics and Gynaecology -
Ovarian Masses update
- Dr Mike Glasby, Consultant Radiologist -
Fibroids
- Dr Kate Waters, Consultant Radiologist -
Pelvic Congestion



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

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/

