

# GP Newsletter

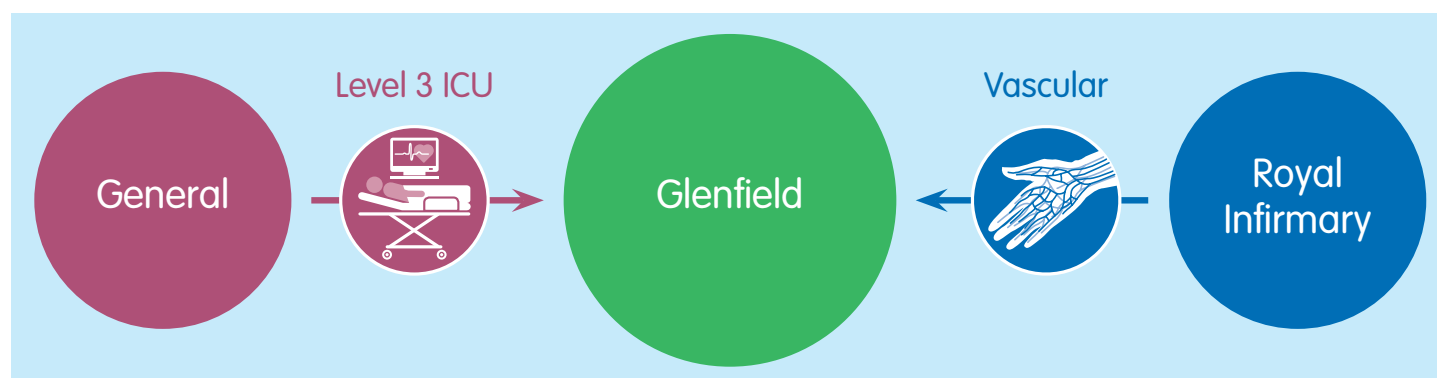
*Caring at its best*



Welcome to the September edition of the GP Newsletter

## Relocation of vascular services and level three ICU adult services

At the Trust Board on 6 August, the Board approved the business cases that will see vascular services **relocated from the Royal Infirmary (LRI) to Glenfield Hospital (GH) in April 2016**. This move is essential for the re-designation of vascular services, allowing continuity in the provision of services, the ability to become a Thoracic Aortic Disease centre and ensuring long term sustainability.



The provision of a hybrid theatre (December 2016) is a key development complementing the transfer of vascular services. This will establish a dedicated vascular inpatient unit; an angiography suite and a hybrid theatre on one site, and transform the scope and quality of services for both patients and staff, and also support UHL's ambition to be recognised as a Level One regional centre for complex endovascular services. Currently, patients requiring complex TEVAR (Thoracic Endo-Vascular Aortic Replacement) are transferred to Birmingham or Manchester. This development positions us to undertake this ourselves, and makes us more attractive to referring DGH centres.

Not only will this create comprehensive, state-of-the-art cardiovascular services for our patients, it is also a key enabler to achieve the relocation of ICU level three adult service from the Leicester General Hospital (LGH), as it will vacate space at the LRI. The timing of delivering the vascular service move is imperative to achieving the ICU level three service moves by July 2016.

Our clinicians, alongside stakeholders, have been discussing and agreeing plans to relocate ICU level three services and dependent services for a number of months; the need to relocate comes from the changing patient flows to LGH, resulting

in lower dependency patients making up the majority of critical care patients at this site. In turn, this has led to medical staff recruitment and retention issues across the department at all grades. Therefore, the level three adult ICU service and those specialities that utilise level three beds will move from the LGH to either the LRI or GH sites in 2016. Further details on affected specialties and any changes to referral routes will be communicated once more information is available.

The full cases can be viewed on our website.

**Rhiannon Pepper**

Communications and Engagement Lead

## Temperature Check Survey

Thank you to all Primary Care staff who completed our Temperature Check Survey during September. We will be analysing the results and will report the findings of the Survey, and the work which will be undertaken as a direct result of your comments, in future editions of the GP Newsletter.

**Catherine Headley** - GP Engagement Coordinator

**Jade Atkin** - Head of Services for GPs



# Change to Endocrine clinic

From October, the joint surgical Endocrine clinic will be transferring to the ENT Clinic and will be the managerial responsibility of the ENT Service.

**For more than 20 years, Leicester's Endocrinologists and Thyroid/Parathyroid Surgeons have run a monthly 'Joint Surgical-Endocrine Clinic' where they have seen patients with thyroid and parathyroid disease where both medical and surgical treatments may be appropriate.**

For many years the Thyroid Surgeons were Vascular Surgeons by training (Prof Bell and Prof London) and the clinic was therefore part of the Vascular Surgery clinic. In recent years, more and more of this work has been done by ENT Surgeons (Mr Conboy and Mr Uddin) and the surgical side of the clinic has recently become entirely staffed by ENT surgeons.

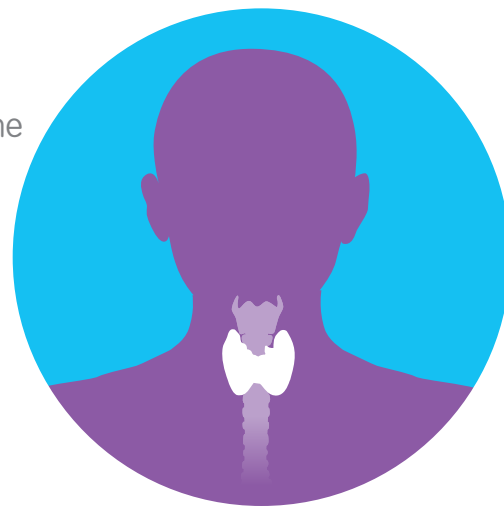
From October, the physical location of the clinic is therefore transferring to the ENT Clinic and managerial responsibility to the ENT Service.

The joint clinic remains a very appropriate place to assess (and therefore to refer) patients with

goitres and other thyroid nodules which might require surgery and patients with hyperparathyroidism where parathyroidectomy needs to be considered. We will normally have access to our specialist radiologist who can perform ultrasound and where appropriate FNA on the same day with the aim of a 'one-stop service'.

The lead surgeon for the joint clinic is now Mr Peter Conboy, Consultant ENT Surgeon and lead endocrinologist is Dr Miles Levy, Consultant Endocrinologist. Patients with known or suspected hyperthyroidism or hypothyroidism and those with undiagnosed hypercalcaemia are still best referred to the routine Endocrinology clinics since most will not require a surgical opinion.

The Endocrinology service also runs a separate monthly 'Pituitary Surgery Clinic' (with Mr Iain Robertson) and 'Adrenal/Neuroendocrine tumour Joint Surgical Clinic' (with Mr David Lloyd).

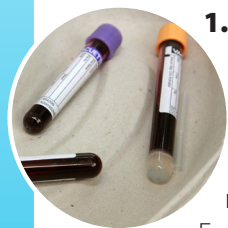


If you are not certain which clinic is the best place for your endocrine patient to be seen then please contact the endocrine team via [www.EndoLRI.org.uk](http://www.EndoLRI.org.uk)

**For any other queries,** please contact Caroline Sissling, Service Manager for Vascular Surgery on 07940 431 664 or Angharad Rastrick, General Manager for ENT, on 07921 545523.

## Referrals for Endoscopy

**Extensive work is being undertaken to improve the Endoscopy Service and to assist with this process GPs are being asked to ensure any patients that are referred for an endoscopy procedure have the following in place and this is documented on the referral paperwork:-**



1. Bloods are taken at the time of the referral, to prevent unnecessary delays. Specifically patients require new u&e's and Egfr processed results in preparation for their procedure.
  - Egfr and u&e results should be clearly documented on the front of the referral form.
2. Ensuring all patient contact details are correct on referral forms, so that the endoscopy department can contact them.
3. Clearly list any current medication.

4. All patients undergoing colonoscopy will undergo a telephone triage pre-assessment and then may be invited for a physical pre-assessment. We expect this to be held at the endoscopy department at Leicester Royal Infirmary. It would be helpful to document on the referral form any patient who requires an interpreter to ensure this pre-assessment process is efficient and stress free for the patient.

5. The following conditions make a patient unfit for colonoscopy and will therefore be seen in an outpatients clinic. Please do not refer these patients to endoscopy.
  - CKD / Egfr <40
  - Age > 80
  - Significant restricted mobility
  - Heart failure on diuretics
  - Suspected bowel obstruction
  - Lacks mental capacity



There have been instances where patients have not understood the seriousness of their referral via the 2WW pathway and a possible cancer diagnosis. Appointments are often offered and then rejected by the patient for minor reasons, which leads to wasted appointments and an increase in backlogs. The Endoscopy Service would like to ask GPs to encourage their patients at the time of referral, to undertake the procedure as soon as possible. This would greatly assist in ensuring an efficient and effective service.

If you have any queries, please contact the Head of Service for Endoscopy - Mr Sam Sangal on 0116 258 8307.



# The Skin Camouflage Clinic

The Skin Camouflage Clinic was launched approximately 18 months ago at Leicester Royal Infirmary to meet a growing need to provide extra support for patients who are dealing with the psychological distress which can accompany living with a complex skin condition.

The large multidisciplinary team consists of consultants, specialist registrars, dermatology nurse specialists and skin cancer nurse specialists, who also work across plastic surgery and oncology.

Referrals to the clinic come from within the adult and paediatric dermatology department, as well as other hospital specialities or the patient's GP. Patients are offered a 45 minute appointment but it sometimes can take much longer to find the suitable colour match that the patient is happy with.

Patients are seen with a variety of non-infectious skin conditions such as vitiligo, melasma, rosacea, lichen planus and psoriasis or

birthmarks, also with scarring from previous surgery or acne.

Michelle Coltman, Dermatology Nurse Practitioner and Karen Elton, Skin Cancer Nurse Specialist (pictured), who have both received training from the British Association of Skin Camouflage, see around three patients a week.

Referrals from Primary Care must be made to the Dermatology Clinic but with a clear indication that it is for the Cosmetic Camouflage Clinic. The service cannot camouflage over any existing infections.



For further information please contact Michelle Coltman, Dermatology Nurse Specialist or Karen Elton, Skin Cancer Nurse Specialist on 0116 258 5224

## Connecting patients to Dementia Research

Leicester's Hospitals is supporting a new nationwide service that helps people to take part in dementia research studies.



The new service will boost research participation by connecting people interested in research to suitable dementia studies across the East Midlands. Within the region there are currently four open studies looking into different aspects of dementia. Current research studies within the East Midlands range from clinical trials of new treatments to surveys identifying

what works in improving the quality of life of people with dementia.

The Join Dementia Research website ([joindementiaresearch.nihr.ac.uk](http://joindementiaresearch.nihr.ac.uk)) offers a secure and easy way for someone to register their interest, discover studies that interest them, and ultimately connect with researchers to take part in their studies.



Anyone aged 18 years or over can sign up themselves, or on behalf of someone else, either by registering online or by contacting the helplines of Alzheimer's Research UK (0300 111 5 111) and Alzheimer's Society (0300 222 1122).

## Update on Thyroid Cancer Follow-up

Further to the article which appeared in the GP Newsletter last month (August 2015 edition) please be advised that the proposals outlined are currently being considered by the CCGs for implementation and are not at present live. Further updates on the proposals will be given as they are agreed by the CCGs. Please accept our apologies for any confusion that the article caused.

# Paediatric Opportunities for GPs



The Paediatric Teams have arranged visits for GPs to spend time work shadowing Paediatric Consultants in the Emergency Department or on the Children's Assessment Unit (CAU).

GPs who have been visited the departments have given positive feedback including Dr Phil Green, Syston Health Centre who observed a General Paediatric Clinic and described his

experience as 'excellent'. If other GPs feel they would

benefit from something similar, please contact either Chris Wighton or Ffion Davies to help tailor a bespoke visit to meet your needs.

**Chris.Wighton@uhl-tr.nhs.uk**

Children's Assessment Unit and Acute General Paediatrics, Consultant Paediatrician for CAU visits

**Ffion.Davies@uhl-tr.nhs.uk**

Paediatric Lead, Consultant in Emergency Medicine for ED visits



## Gay, Lesbian & Transgender Fertility Event

Leicester Fertility Centre  
*Caring at its best*

Leicester Fertility Centre is holding an event at the Gay, Lesbian and Transgender centre, Leicester on Wednesday 14th October 2015 from 6.30pm. The event will aim to give in-depth information on fertility services for same sex couples and single people, focusing on the law surrounding donated sperm, eggs and embryos and cryopreservation for all patients. All are welcome to attend the event and refreshments will be provided. If you'd like to attend or have a particular question you'd like answering at the event please email **Charlene.a.freeman@uhl-tr.nhs.uk**

## PRISM Updates - New resources added

### UHL Admission Avoidance Directory of Services

This directory has been updated and expanded and now includes Community Services which help avoid admission and support discharge. It can be found in PRISM and also on our website: <http://www.leicestershospitals.nhs.uk/professionals/gp-referrals/potential-admission-avoidance-services/>

### Clinical Assessment Tool for Babies/Children under 2 years with Suspected Bronchiolitis

This tool is for the management of paediatrics in an Out of Hospital setting and has been compiled using evidence including, but not exclusively, from SIGN, Bristol Guideline, EBM Data and NHS evidence.

### Advanced preparation of insulin syringes for adult patients to administer at home - RCN Guidance for Nurses (2nd Edition)

The RCN views the practice of pre-loading insulin as necessary for the small minority of patients unable to use insulin pen devices, and should only be considered after all other options have been exhausted. These updated guidelines replace previous RCN guidance published in 2006. Developed for nursing practitioners working in a variety of settings, this publication highlights the professional, organisational and safety issues that must be addressed when pre-loading insulin syringes for later use by a person with diabetes.

### Biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery

This is a guideline which outlines the biochemical monitoring and micronutrient replacement required for patients undergoing Gastric Band, Sleeve Gastrectomy or Gastric bypass.



## Events attended by UHL Consultants

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

Dr Gareth Lewis - Consultant in Paediatric Emergency Medicine, Dr Srinu Bandi - Consultant Paediatrician, Dr Dan Bronnert - Consultant Paediatrician and Dr Chris Wighton - Head of Service for Acute Paediatrics, presented at East Leicestershire and Rutland CCG Formal Learning event on 03 September 2015

Dr Dheya Biswas - Consultant in Acute Medicine and Miss Neelam Potdar - Consultant Gynaecologist and Subspecialist in Reproductive Medicine, presented at Leicester City CCG Protected Learning Time event on 16 September 2015

Dr David Jenkins - Consultant, Anna Murphy - Consultant Pharmacist and Dr Steve Jackson - Consultant Physician presented at West Leicestershire CCG Protected Learning Time event on 17 September 2015

## Consultant update

### Starters

Dr Qurat Mehmood	Consultant Haematologist
Mr Atul Bagul	Transplant and Endocrine Surgeon

### Leavers

Dr Edward Lin	Consultant
Dr Ashish Masureka	Consultant
Dr Peter Houtman	Consultant
Dr David Bruce	Consultant
Dr Suchi Gaba	Consultant
Dr John deCaestecker	Consultant
Mr Timothy Terry	Consultant
Mr Saed Dzumhur	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

## Musculoskeletal Core Skills Training

**12 December 2015**

8:00am - 1:30pm

**Venue:**

Leicester General Hospital

**Cost:**

£15 (lunch and refreshments included)

**Contact:**

Nichola Coleman

[nichola.coleman@uhl-tr.nhs.uk](mailto:nichola.coleman@uhl-tr.nhs.uk)

0116 256 3016

**Course Programme:**

- Small group refresher training in history and examination techniques with Consultants
- Interactive discussions in management options
- Role of referral Pathways



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/)

