

GP Newsletter

Caring at its best



Welcome to the January edition of the GP Newsletter

Bladder and Bowel Services

The Castleden Bladder and Bowel Clinic specialises in the care of adult patients, particularly the elderly and those with existing neurological medical conditions.

Janet Browning and Sally Ryder are Specialist Nurses with significant experience and knowledge in the assessment, treatment and management of bladder and bowel dysfunction.

They work with all patients either in clinic or on acute wards and have a specialist interest in adults with bladder and bowel dysfunction with a neurological disease and work closely with the Neurological Specialists.

The Nurse-led clinic accepts referrals for patients over 18 years of age with bladder/bowel dysfunction secondary to a neurological condition. Referrals can be made through the NHS E-Referral System.

The Consultant Clinic led by Dr Alex Miodrag, accepts referrals for frail older patients (over 65 years) with significant co-morbidities and with bladder/bowel dysfunction. A summary



of the referral criteria for both clinics can be accessed through PRISM.

Janet Browning and Sally Ryder
Specialist Nurses

Acute Kidney Injury **Update**

We have recently appointed an **Acute Kidney Injury (AKI) CQUIN Nurse** to raise awareness and educate clinicians regarding AKI.

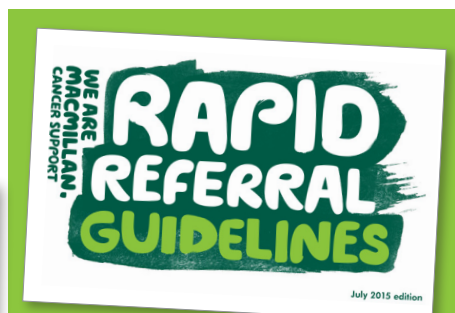
To aid early identification of the potential causes of AKI and encourage timely treatment within the Trust, alerts have been introduced on both our pathology system and ICE. We are also introducing AKI alert stickers.

Our discharge letter template has been recently updated to promote information sharing with GPs of patients who have had AKI during their hospital stay. The information includes

the patient's worst stage of AKI, whether the patient had a medication review in relation to their AKI and whether or not the patient requires follow up in terms of medication review and/or blood tests. As part of the AKI CQUIN, the frequency of follow up should also be recorded.

Discussions are still in progress with our CCG colleagues regarding further developments within the AKI service and we will update you in due course.

For further information, please contact Carole Best,
AKI CQUIN Nurse carole.best@uhl-tr.nhs.uk



New PRISM forms

Macmillan Cancer Support have produced a **Rapid Referral guidance toolkit**. It contains the NICE referral guidelines for suspected cancer (2015 update) with additional input from Macmillan GPs and GPAs. It's been produced by GPs for GPs with the aim of providing support, guidance and practical referral recommendations. The guidance is now available in **PRISM**.



ICE Changes for CT Imaging of Urinary Tract

As part of a review of imaging requests within ICE, the option of CKIDB (CT Kidney/Urinary Tract) has been removed from the ICE Imaging requesting screen. This is to avoid confusion and duplication of tests previously available for CT imaging of the urinary tract. Requesting GPs will have the option of CURIT (CT Urinary Tract).

Caroline Tansley
MBP Applications Specialist



Advice and Guidance

Advice and Guidance is now available from Consultant Nephrologists via the NHS e-Referral Service.

Many referrals are received regarding interpretation of estimated GFR measurements, dipstick abnormalities of urine, urine albumin/protein creatinine ratios or renal structural abnormalities on imaging. Some of these may be resolved without the need for face-to-face consultations reducing inconvenience for patients and

freeing up appointments. To reduce the number of calls to the duty registrar, we ask that primary care colleagues use this service for all non-urgent queries and call the Duty Consultant Nephrologist for urgent matters.

Graham Warwick
Head of Service, Renal and Transplant



The Service name for Nephrology Advice and Guidance is
General Nephrology Service-Nephrology-LGH-RWE

Other Services which offer Advice and Guidance via the NHS e-Referral Service include:

- Haematology
- Colorectal
- Dermatology
- Hepatology
- HPB and Pancreatic
- Ophthalmology

During the month of December, we received the following number of requests for Advice and Guidance with an average response time of around 3 days. All Haematology requests were dealt with on the day of receipt.

| | December Responses | Average Response (Days) |
|--|--------------------|-------------------------|
| General Haematology - Clinical Haematology - LRI - RWE | 58 | 0 |
| Colorectal Service Clinic - Colorectal Surgery - LGH - RWE | 2 | 4 |
| Adult General Dermatology Service - Dermatology - LRI - RWE | 10 | 2 |
| Hepatobiliary & Pancreatic Specialised Surgery - H&P - LGH - RWE | 2 | 5 |
| General Eye Clinic Service (Adult) - Ophthalmology - LRI - RWE | 1 | 2 |
| | 73 | 2.6 |

Helen Cave - Improvement Specialist



New

Antenatal Screening Test for Patau's/Edwards Syndrome

From 1 February 2016, all women who 'book' for antenatal care will be offered a screening test for Patau's/Edwards syndrome as part of the first trimester combined screening test. It will also be possible to offer Quad testing for Down's syndrome for twins in the second trimester.

The midwives will continue to offer and explain the changes to women and the high risk results will still be acted upon by the Fetal Medicine midwives as they do now for Downs screening. GPs will notice these results appearing in their clinical systems however, no action is required.

Helen Ulyett, Antenatal & Newborn Screening Co-Ordinator

Improvements for ASI Referrals on the NHS E-Referral Service (ERS) system

We are working hard across all specialties to reduce the number of ASIs that are being encountered. However, for some high demand specialties this remains an issue.

While reviewing and streamlining our internal administrative process, we have found a way of accessing the referral letter, and other attachments, for ASI patients.

This can only be done at the stage where we choose "Cancelled Request". At that point, we are confirming we will book the patient appointment outside of ERS, and a legitimate relationship is built between UHL and the UBRN. ERS then releases the referral letter to us.

As a result of this, **the need for you to fax referrals to UHL will be significantly reduced - so long as the referral letter has been attached to ERS prior to us cancelling the request.**

Due to streamlined processes, requests could be cancelled by UHL on the same day the request is created and an ASI logged.

To reduce the need for you to fax the referral letter, **please ensure the letter is attached to ERS prior to attempting to book an appointment.** We will be cancelling the request on ERS as soon as we have created an episode on UHL's appointment system (HISS).

Following a pilot, and training of admin staff, the new process will be live from **25 January onwards.**

Helen Cave
Improvement Specialist



If you are unable to attach the referral letter prior to the request being cancelled by UHL, you will be contacted and asked to send in the referral letter by fax (directly to the referred department) or e-mail as follows:

If emailing from an nhs.net account (e.g. direct from SystmOne), please use
uho-tr.UHLERSSlotIssueReferrals@nhs.net

If emailing from an nhs.uk account, please use
bookingcentre@uhl-tr.nhs.uk

Please do not e-mail from an 'nhs.net' account to a 'nhs.uk' account (or vice versa) as this constitutes an information governance breach.

To speed up the processing of your e-mail, it helps if

1. Only one referral letter is attached per e-mail (or several referrals for the same department only)
2. The Department name is included in either the subject line of the e-mail or in the main body of the email (if possible)

Performance Update

UHL continues to achieve the national target to ensure 92% of patients have been waiting fewer than 18 weeks for treatment, (December reporting period).



However, the Trust is currently experiencing severe emergency pressures which risk our ongoing delivery of the standard. These pressures are impacting on elective operations in

many specialties, particularly ENT, Maxillofacial Surgery, General Surgery and Paediatric Surgery.

We are very concerned about the impact this is having on patients, some of whom are being cancelled at short notice; but colleagues will understand that emergencies must take priority. This means that some patients in these specialties are waiting longer for surgery, particularly those requiring

an inpatient stay. Many specialties have now initiated recovery plans with extra weekend sessions planned throughout the quarter. Orthopaedics, ENT and Gastroenterology remain the services experiencing the most significant pressure as a result of high referrals and lack of capacity. All services are putting on extra sessions as well as utilising independent sector partners to ensure patients are treated as soon as possible. While General Surgery continues to have a high backlog of patients waiting for surgery, their non-admitted performance is improving and is now at 40% of the level it was at the end of October.

Isobel Esberger
Deputy Head of Performance

Hepatitis B Programme



The Hepatitis B programme is currently jointly run by primary and secondary care. Babies or children born to Hepatitis B positive mothers are vaccinated by GP practices. However, sometimes we are not notified of children exposed to Hepatitis B by a father or needle stick injury for example.

To avoid duplicate appointments being sent to these families, it would be really helpful if you could email **PaedDayCareWard11@uhl-tr.nhs.uk** if children in the latter group are vaccinated at your practice.

Debbie Wilson
Deputy Sister, Childrens Daycare Unit

Consultant Connect

Improving access to LOCAL specialist consultant advice.

We have received funding from our local CCGs to run a 6 month pilot of a new and very simple telecoms system called 'Consultant Connect' which connects GPs with UHL specialist consultants. The service will be trialled with four specialties to see if direct access to consultant advice can reduce admissions. The service will be available Monday to Friday from 9am-5pm.

How does Consultant Connect work?

- The system is accessed via a single local telephone number that will initially give access to four specialties
- The call will connect a GP with teams of consultants in those specialties. Each consultant is given approximately 15-20 seconds to answer a call. If the consultant is not in a position to take the call, it loops to the next consultant and so on until answered

- Conversations are digitally recorded for medico-legal purposes (the encrypted audio files may be uploaded to patient records if practices so wish)
- The immediacy of the system and the short average duration of phone calls is such that GPs can, at their option, access the advice whilst the patient is still with them

What are the benefits?

Improved access to advice benefits patients in terms of speed of diagnosis/treatment. The telephone system should allow easier access for secondary and primary care colleagues to work together to get patients treated in the most appropriate way.

The initiative is in partnership with UHL and is part of a wider objective of improving local GP and consultant communications.



Which specialties will be included in the pilot?

There will be four specialties available including

1. Diabetes and Endocrinology
2. Gastroenterology
3. Neurology
4. To be announced

How will Consultant Connect work with the GP Hotline?

GPs will still be able to telephone the GP Hotline for specialties not included in the pilot if they wish to seek consultant advice. The GP Fast Access numbers to switchboard can also be used to bleep an on-call doctor.

Julie Dixon - Senior Site Manager

Consultant update

New Honorary Consultant Surgeons appointed

Professor Ashley Dennison
Professor of Hepatobiliary and Pancreatic Surgery

Professor David Lloyd
Professor of Surgery

Professor David Bowrey

Leavers

Mr Julian Gaskin ENT

Mr Atilio Lotto Paediatric Cardiology

Dr John Mayberry Gastroenterology

Mr Giles Peek Paediatric Cardiology

Dr Peter Rabey Anaesthetics

Dr Jayaraj Viswanathan Radiology

Starters

Dr Suneel Pooboni Paediatrics

Dr Jane Kitchen Pathology

Dr Tryfon Vainas Cardiovascular

GP Education & Events

Leicester Fertility Centre

Would you like to know more?

Leicester Fertility Centre would like to offer Practices the opportunity to meet the team and learn more about the work undertaken. The Fertility Team are willing to visit GP Practices and deliver a

short educational session covering general infertility, what is offered, recurrent miscarriage advice and what to do next as well as answering questions from Practice staff.

If you would like to have the opportunity to learn as a Practice, more about fertility please contact Charlene Freeman, Embryologist

Charlene.a.freeman@uhl-tr.nhs.uk

Paediatric Neurology Grand Round

4 February 2016

9:30am - 12:45pm (lunch to follow)

Venue:

Clinical Education Centre, Leicester Royal Infirmary

Presentations/ Presenters include:

- Neuroophthalmology - Dr Nahin Hussain
- Anti-epileptic Drugs - Beenal Rajyaguru
- Dr Rajib Samanta, Consultant Paediatric Neurologist

Future dates for Paediatric Neurology Grand Round:

Thursday 02 June, Thursday 15 September, Wednesday 14 December

Radiology and Respiratory/COPD event

4 February 2016

6:30pm - 9:30pm

(hot food buffet served at 6:30pm)

Venue:

Clinical Education Centre, Leicester Glenfield Hospital

Cost: FREE for GPs

Presentations/ Presenters include:

- Dr Rachael Evans - COPD/PR
- Prof. Michael Steiner - COPD/Rehab
- Dr Praveen Rao - Lung Cancer Imaging and Pathways
- Dr Jan Brozik - Management of Pulmonary Nodules

For further details or to book a place, please contact:

Barbara Jedruch on **Barbara.Jedruch@uhl-tr.nhs.uk**

Joint Injection Course

23 April 2016

8:30am - 1:30pm

Venue:

Leicester General Hospital

Cost: £75 (including refreshments and Brunch)

Contact:

nichola.coleman@uhl-tr.nhs.uk

0116 256 3016

Course Description:

- Hands on course for GPs which will cover Knee, Shoulder, Elbow, Hand, Wrist, Foot and Ankle and Trochanteric Bursitis.
- Lectures by Orthopaedic Surgeons discussing anatomy, portals, technique and contraindications
- Practical sessions on specific injection sites

For further details or to book a place, please contact: **Nichola Coleman**



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/

