

# GP Newsletter

*Caring at its best*

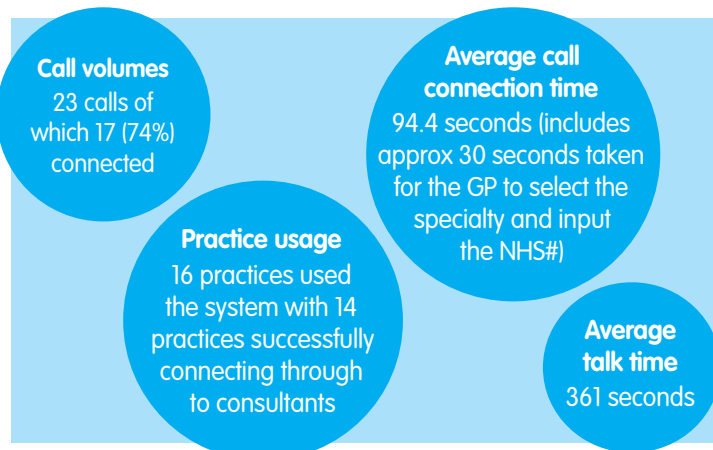


Welcome to the February edition of the GP Newsletter

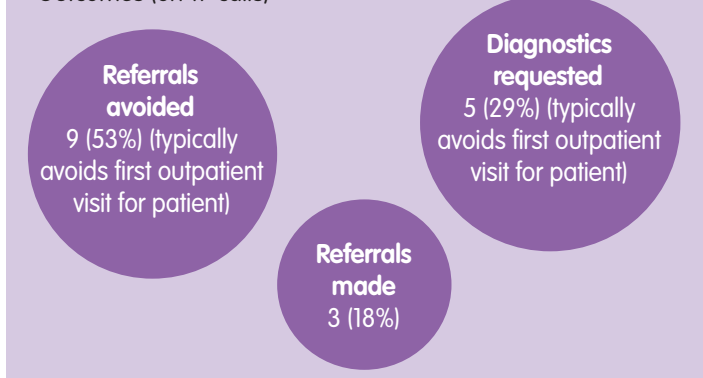
## Consultant Connect update

We 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 initial Service to be connected to this pilot was Diabetes and Endocrinology in January. Below is a summary of the results so far.

Summary activity and outcomes (for Diabetes and Endocrinology):



Outcomes (on 17 calls)



A second service is now available. GPs will be able to access our Acute Physicians through your Practice's unique 'Consultant Connect' telephone number Monday to Friday from 9am to 5pm. The service is designed to give you easy access to advice if you wish to speak urgently with a Consultant regarding a possible admission to the Medical Admissions Unit.

If the first consultant on the rota is not in a position to take your

call, it loops to the next consultant and so on until answered. Your call is also recorded and can be saved to your patient's medical record for future reference.

Please continue to bleep the on-call doctor for Cardiology and Respiratory admissions.

**Julie Dixon** - Senior Site Manager

## GP Services Update... Jade is moving on

**Jade Atkin, Head of Services for GPs will be leaving the Trust on 16 March to join West Leicestershire CCG.**

Discussions are still taking place regarding the future of the Head of Services for GPs role and we will update you shortly.



**Catherine Headley** will continue as GP Engagement Coordinator and will be a point of contact Monday to Wednesday for general Primary Care queries and signposting. Catherine will continue to be the main contact for the GP newsletter, GP vodcasts as well as providing assistance with the coordination of educational events and coordinating Consultant attendance at GP events.



Please email [UHLGPServices@uhl-tr.nhs.uk](mailto:UHLGPServices@uhl-tr.nhs.uk) for assistance **Monday to Wednesday.**

# New Triage Service on ERS for Back / Spinal Referrals

Orthopaedics are changing their approach to dealing with referrals for spine / back problems.

**All spinal referrals to the Trust made via the NHS E-Referral Service System (ERS) will now be triaged within a virtual clinic by Mr Martyn Newey, Consultant Spinal Surgeon.** The new triage service which began February 2016 is intended to help patients get seen sooner by the most appropriate secondary care team to help manage their condition.

**Following a consultant review of the referral, one of the following outcomes will be decided:**

- Refer to a surgical (consultant led) spine clinic at UHL
- Refer to spinal triage service (Extended Scope Physiotherapist - GP with a Special Interest)
- Discharge back to care of GP where appropriate with advice
- Refer to other sub-specialty where appropriate

If onward referral is decided, this will be arranged by the Trust. Where there is no indication for surgical treatment, patients will be managed with appropriate non-operative measures, with the aim of returning them to the community as early as possible.

We began piloting the virtual clinic in November 2015 and so far only about 35-40% of referral letters reviewed have resulted in direct referral to a surgical clinic. If an appointment is required within a consultant clinic, this will be managed outside of ERS.



Please book all spinal/ back pain referrals for UHL into the following service:

**Spinal/Back Pain Triage Service - PATIENT MUST NOT ATTEND - Orthopaedics - LGH - RWE**

**N.B.**

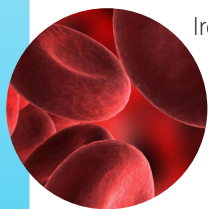
- A referral letter must be attached at the time of booking.
- The 18 week RTT commences on referral to this triage service.
- Patients must not attend the virtual clinic as it is not a formal appointment. Although every attempt has been made within the description of the service to prevent patients from attending the initial booking, it would help if patients are advised by referrers not to attend.

We welcome your feedback on the new service.

**Martyn Newey**  
Consultant Spinal Surgeon

## Introduction of Reticulocyte Haemoglobin Content (CHr) testing for iron deficiency

Reticulocyte haemoglobin content (CHr) is a more accurate test used to detect iron deficiency from a full blood count (FBC) sample, with greater sensitivity and specificity than other tests used to assess a patient's iron status. This new test will be available from empath Pathology Services from 1 March 2016.



Iron deficiency is a common nutritional deficiency and can be associated with a number of medical scenarios. Having improved methods to deliver accurate assessment of iron status is

particularly important for both patient diagnosis and follow-up. In the past, this has been done using biochemistry tests such as ferritin and percentage transferrin saturation but recent NICE guideline NG8 (Chronic Kidney Disease: Managing Anaemia) has identified CHr as an improved alternative for identifying iron deficiency, particularly for patients with chronic kidney disease.

**Principle:** The test is used to determine the quantity of haemoglobin within the reticulocyte (immature red blood cell). If

the patient is iron deficient there will be a lack of available iron, leading to poor haemoglobin production and a low CHr result. If iron is freely available, haemoglobin production will be normal and the CHr value will fall within the normal reference range.

The test reflects the availability of iron in the 3-4 days prior to when the sample is collected, making it a more sensitive marker for iron deficiency than mature red cell parameters like mean cell volume (MCV) or mean cell haemoglobin (MCH), which reflect iron stores 1-3 months prior to sample collection. CHr results are not affected by infection or inflammation so the test can be reliably used in a wider range of patients than ferritin (which is falsely raised in these scenarios), including infection, chronic health conditions and



pregnancy. However, it is important to note that CHr values are reduced in patients with thalassaemia, regardless of iron status.

**Requesting:** The test can be carried out on a standard 4.9ml K-EDTA full blood count sample and can be requested through ICE.

**Results:** CHr results will be available electronically within 24 hours of sample collection and will be accompanied by a reference range and comment to aid interpretation.

**Reference range:** 29-34pg

For further information  
please contact:  
April Sellors, Clinical Scientist  
[april.sellors@uhl-tr.nhs.uk](mailto:april.sellors@uhl-tr.nhs.uk)  
0116 258 6518



# On-Site Pharmacy Changes to delivery service

Lloyds Pharmacy has been offering our patients a service to deliver their prescriptions to their local Lloyds Pharmacy branch in the community, as a means of reducing waiting times on site and supplying prescriptions in full. This has become a regular service for many patients and was becoming established as custom and practice.

Due to recent high demand, Lloyds Pharmacy is no longer able to offer this service free of

charge and has decided that they would need to start charging our Trust for this service. Unfortunately, this is not a cost we are able to incur at the moment.

Until a new service model has been developed, Lloyds Pharmacy has agreed that any patients currently receiving the local branch delivery service will have this service honoured and continued, so this will include current patients on the Humulin

R 500 etc. but Lloyds will no longer be offering this service to any new patients. The option to collect their prescription from one of the other hospital sites is still available and is free of charge.

We are working to decide on a long term solution, which is sustainable and financially viable.

**Kate Dawson**  
Deputy Chief Pharmacist



## PRISM Update

A number of guidelines have been developed by Clinical Haematology for the management of a range of conditions. PRISM now hosts a link to the empath website for the following referral guidelines:

- Anaemia Normo
- Anaemia Microcytic
- Macrocytosis
- Polycythaemia
- Leucocytosis
- Neutrophilia
- Lymphocytosis
- Eosinophilia
- Neutropenia mild to moderate
- Neutropenia severe
- Pancytopenia
- Platelet count low
- Platelet count high
- Paraprotein



## Antenatal screening tests for Patau's/Edwards Syndrome

There has been a delay for the commencement of the antenatal screening tests for Patau's / Edwards Syndrome as reported in the January edition of the GP Newsletter.

This service will now be available from  
**01 March 2016.**

**Update**

## Admission Avoidance Directory Revised

The directory has been significantly revised and expanded and includes information for accessing Rapid Access Clinics, "Hot Clinics", Admission Avoidance Services, and now includes Community Services listings which help avoid admission and support discharge. It can be found in PRISM and is also on our website:

<http://www.leicestershospitals.nhs.uk/professionals/>



## Advice and Guidance

The following services are all available on the NHS E-Referral Service (formerly Choose and Book) for Advice and Guidance. Instructions on how to use the service can be found here:

<http://www.leicestershospitals.nhs.uk/professionals/gp-referrals/nhs-e-referral-service/>



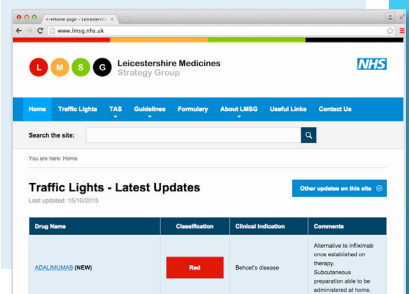
Service Name	Specialty
General Haematology - Clinical Haematology - LRI - RWE	Haematology
Colorectal Service Clinic - Colorectal Surgery - LGH - RWE	General Surgery
Adult General Dermatology Service - Dermatology - LRI - RWE	Dermatology
Adult General Hepatology Service - Hepatology (Medical non surgical) - LRI - RWE	General Surgery
Adult General Surgery Service Clinic - General Surgery - LRI - RWE	
Hepatobiliary & Pancreatic Specialised Surgery - H&P - LGH - RWE	General Surgery
Adult Non-Inguinal Hernia Clinic - Generalised Surgery - LRI - RWE	General Surgery
Corneal Service - Ophthalmology - LRI - RWE	Ophthalmology
Eye Lid Service (Adult) - Ophthalmology - LRI - RWE	Ophthalmology
General Eye Clinic Service (Adult) - Ophthalmology - LRI - RWE	Ophthalmology
Glaucoma Service - Ophthalmology - LRI - RWE	Ophthalmology
Macular and Retinal Vascular Disease Service - Ophthalmology - LRI - RWE	Ophthalmology
Orbital and Lacrimal Service (Adult) - Ophthalmology - LRI - RWE	Ophthalmology
Paediatric Ophthalmology (General Service) Orthoptic & Optometry - Ophthalmology - LRI - RWE	Ophthalmology

## Removal of Syphilis test from Dementia Template in ICE

Following a request from GPs to remove syphilis testing from the ICE Dementia Template, the change was made effective from **12 February 2016.**

## Leicestershire Medicines Strategy Group

New updates can be found on the LMSG webpage: [www.lmsg.nhs.uk/](http://www.lmsg.nhs.uk/)



# GP Education & Events

## End of Life Care issues relating to Implantable Cardioverter Defibrillators (ICD)

**18 March 2016**

9:30am - 12:30pm

**Venue:**

Clinical Education Centre  
Glenfield Hospital

**Contact:**

**LOROS Education**

**0116 231 8455 or**

**education@loros.co.uk**

**Overview**

Emerging evidence highlights timely deactivation of ICDs as a national issue. Device implantation is increasing and 1 in 3 people where the ICD remains active at end of life receive a shock which can be painful to them and distressing for their carer/family.

Key issues locally include empowering staff to undertake emergency deactivation of these

devices and in supporting health care professionals to engage proactively in discussions about deactivation of ICDs with patients and their families.

Training will be provided by Cardiology and Palliative Care consultants, and will focus on these areas, aiming to transform the service and experience for patients with ICDs who approach the end of their life.

## 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**

## Leicestershire Palliative Care Group Study Day - Changes in Cancer Treatments and Future Directions

**Saturday 05 May 2016**

9:00am - 4.00pm

Course Fee: £50  
(CPD points available)

**Venue:**

Leicester Racecourse

**Contact:**

**karen.mann@uhl-tr.nhs.uk**

**0116 258 7512**

**Presentations / Presenters include:**

- Overview of Cancer Treatments and why Mortality Rates have Decreased - Dr Kufre Sampson
- New Radiotherapy Techniques - Dr Chris Kent

- Biological Treatments of Cancer - Dr Harriet Walter
- TYA Transition - Dr Laura Clipsham
- New Drugs in Palliative Medicine - Dr Luke Feathers
- Evidence for Alternative Treatments for Cancer - Dr Jeanna Strutinsky-Mason



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/](http://www.leicestershospitals.nhs.uk/professionals/)**

