

GP Newsletter

Caring at its best



Welcome to the April edition of the GP Newsletter

Acute Stroke Services

Over **1140 stroke patients** were admitted and treated at the LRI in 2015. Over **2200 patients** were referred to TIA clinic at the LRI in 2015 of which around 40% had a final vascular diagnosis of stroke or TIA.



Acute stroke is a medical emergency and timely treatment is crucial, we currently thrombolyse approximately 10% of stroke patients but this could increase to 15% if more patients got into hospital within the time window. Even if patients are not suitable for thrombolysis we know they benefit from stroke unit multi-disciplinary care from the start.

If a patient is FAST positive call 999 and send them to ED and we will see them at the front door.

TIA and minor stroke can be a warning sign and a significant number of patients can go on to have a major stroke within the next 2 weeks. Many other patients turn out to have an alternate diagnosis and they can be reassured after a full assessment and appropriate treatment organised. Timely referral to the TIA clinic is essential as we aim to see all high risk patients (ABCD2 score of 4 or more) in 24 hours and all others within a week.

The referral form can be found on PRISM as well as an advice sheet for patients, please reiterate to patients the need to come to the appointment and that this should take priority over other matters. We run 365 days a year including Christmas day so patients need to be aware they can be called for any day.

The above are the **ONLY** routes into acute stroke services. Please **DO NOT** refer to bed bureau as this can lead to delays in getting a stroke review, scans, possible treatment or early discharge as needed.

There is a stroke consultant on call every day and we can be contacted via switchboard regarding any queries or if you are not sure regarding the best referral route we are happy to talk through any patient concerns you have.

Dr Rachel Marsh,
Head of Service for Stroke



Change in FBC bottles

There is to be a change in FBC bottles from **EDTA 4.9ml** to **EDTA 2.7ml**.

The new EDTA 2.7 ml bottles are now in circulation and will gradually replace the EDTA 4.9ml bottles once all existing stock has been utilised. This change brings us more in line with future technology and instrumentation and also requires less volume of blood from the patient.

Amrik Singh, Blood Sciences



Reducing outpatient Therapy Did Not Attend (DNA) rates

The Physiotherapy and Occupational Therapy service treat in excess of 6000 GP-referred patients per year.

New patients are generally contacted by telephone to make their first appointment, thereby giving them choice of date and appointment time. When a patient's mobile telephone number is known they are sent two text reminders of their appointment. Despite these efforts the service has on average a 9% DNA rate for New Patients. A recent telephone audit was conducted to explore reasons why New Patients DNA. 25% stated they were unsure as to why they had been referred for Therapy and therefore didn't attend. GP

colleagues are kindly asked to ensure patients are aware of why they are being referred and the need to attend their booked appointment. It would be helpful if mobile telephone numbers can be given on the referral form so that text reminders can be sent.

These small measures would help greatly in further reducing the DNA rate for these services. Thank you in advance for your support and help.

Barry Savage

Therapy Specialty Lead - MSK



Consultant Connect

We are now able to offer GPs fast access to telephone-based advice and guidance through Consultant Connect to the following specialties:

- Acute Medicine (excluding respiratory and cardiology)
- Diabetes
- Endocrinology
- Haematology - General and Malignant
- Haematology - Thrombosis and Anticoagulation

The service is available between the hours of 9.00am and 5.00pm Monday to Friday and is designed to give you easy access to consultant advice if you wish to speak urgently with someone regarding a possible admission.

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 retained for medico-legal purposes.

If your practice has not yet received their unique Consultant Connect telephone number or you have any questions, please contact Roger Tweedale at roger.tweedale@consultantconnect.org.uk or 07976 301877

Julie Dixon Senior Site Manager

East Midlands Children's Specialised Health Services

Did you know specialised Children's and Young People's healthcare services are available within the East Midlands region? We have medical and surgical specialties provided by Nottingham University Hospitals and University Hospitals of Leicester at tertiary level, often providing follow up sessions in a centre local to the child.

To find out more about the services we have available within the region, take a look at our signposting website.

On the website you will find e-referral links, information on regional networks of care, patient information leaflets for surgical procedures, commissioning guidance,



Click now: <http://emcshs.nhs.uk/>

and links to clinical service websites.

If you have any questions or comments regarding the content of the website, please forward them to

Claire O'Donohue

Service Improvement Lead
claire.o'donohue2@nuh.nhs.uk

Anthony Owen Paediatric Surgeon
anthony.owen@uhl-tr.nhs.uk

Research call - scarring alopecia

Department of Dermatology is taking part in a national research study aimed to identify genes involved in scarring alopecia, namely frontal fibrosing alopecia / lichen planopilaris alopecia.

Frontal fibrosing alopecia is a scarring irreversible alopecia. It is characterised by receding hairline and disappearing eyebrows. The symptoms are usually insidious and the progression is slow, and patients tend to notice it late when a lot of hair has been lost. The affected part of scalp is shiny without hair follicles visible (Figure 1). The hair follicles at the affected hair line may be surrounded by erythema and scale (Figure 2). For unexplained reasons the patients are usually females after menopause.

Superpotent topical corticosteroids are usually required to halt the progression of

the condition until it finally burns itself out. Sometimes hydroxychloroquine, acitretin or methotrexate may be required.

We are taking part in a national non interventional 'usual care' study aimed to identify genes involved in this condition. Because this type of alopecia is very rare we would be grateful if you could consider referring to our dermatology department patients which may be affected by this condition.

Thank you for your help.

Dr Anton Alexandroff

Consultant Dermatologist



NHS E-Referral Service Update

Advice and Guidance Service on ERS for 2 Week Wait
Lower GI Referrals - Pilot now open to All CCGs

This pilot scheme was outlined in the March edition of the Newsletter and it now been opened to all CCGs.

Advice requests will be reviewed by a Lower GI Consultant, and responded to within 48 working hours. The possible outcomes are that the patient is given an appointment in an urgent (within 4 weeks) clinic, the patient may be listed directly for diagnostics, or you will be advised whether to refer the patient into the 2ww or routine Lower GI service via ERS.

The service name for Advice and Guidance is:
"2ww Cancer Lower GI-UHL-must book at time of referral. Patient must not attend this apt-2ww-GH-RWE".

When submitting your request, please remember to either type your question clearly in the "Advice Request Details" box, or add relevant attachments (we cannot see attachments that are "sent" to ERS from your clinical system, only ones that are "added").

We will monitor the impact and feedback the outcome of this pilot.

Charlie Carr
Head of
Performance

Kirsten Boyle
Consultant
Colorectal surgeon



PRISM Update

Update on Back / Spinal Triage Service

Further to the article in the February edition of the newsletter regarding the new Back / Spinal Triage Service please note that a referral form for these referrals can now be found on PRISM.

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 Surgery Service Clinic - General Surgery - LRI - RWE	General Surgery
Adult General Hepatology Service - Hepatology (Medical non surgical) - LRI - RWE	General Surgery
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
General Nephrology Service- Nephrology - LGH - RWE	Nephrology
Adult General Dermatology Service - Dermatology - LRI - RWE	Dermatology



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/>



Andrology Service

This service is offered to patients registered with a GP within Leicester, Leicestershire and Rutland and provides a semen diagnostic analysis and information service for male patients who are actively trying to conceive.

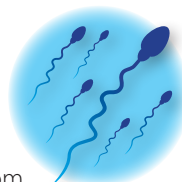
To enable patients to arrange a convenient time to bring in their sample, referral and booking will be available via the NHS E-Referral Service. This will provide a better experience for the patient by having a dedicated time-slot, rather than several patients attending at the same time.

The Service is called
"Semen Analysis - Gynaecology - LRI - RWE",
and is due to go live in May.

GPs will still need to fill in a request form, and give this to the patient, as currently. Samples without a request from will not be tested and will be discarded. Please note this service is only for patients actively trying to conceive.

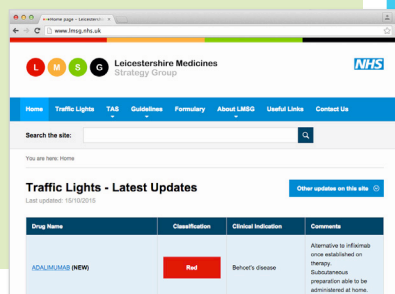
Anybody wishing to have a private semen analysis can do so by contacting the Leicester Fertility Centre on 0116 258 5922 and booking an appointment, there is a small cost for this service.

For more information?
www.leicesterfertilitycentre.org.uk
or 0116 258 5922



Leicestershire Medicines Strategy Group

New updates can be found on the LMSG webpage:
www.lmsg.nhs.uk/



GP Education & Events

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

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



Photo: Bob Smith

A day about Headaches

Speakers to include Neurologists, Rheumatologists, Ophthalmologists and Geriatricians.

01 July 2016 9:30am - 4:30pm

To be held at the Marriott Hotel, Leicester

Free course for GPs

Further details to follow.

To express your interest

please contact Kenny Sunmboye Rheumatology SpR

kehinde.o.sunmboye@uhl-tr.nhs.uk

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Leicestershire Palliative Care Study Group - Breast Cancer

Thursday 06 October 2016 at Leicester Racecourse

For further information please contact Karen Mann at
Karen.mann@uhl-tr.nhs.uk

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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/)

