May 2016

University Hospitals of Leicester NHS
NHS Trust

GP Newsletter

Caring at its best

Welcome to the May edition of the GP Newsletter

Diabetes in Pregnancy Update

Approximately 700,000 women give birth in England and Wales each year. Of these, 35,000 have diabetes in pregnancy.

It is estimated that 12.5% have pre-existing diabetes and 87.5% have gestational diabetes (GDM). The incidence of gestational diabetes is increasing as a result of higher rates of obesity in the general population and global migration.

Some aspects of care, such as organising oral glucose tolerance tests, prescribing blood glucose testing strips and organising postnatal care, take place within primary care.

Following the publication of NICE Guidance NG3 in 2015 (Diabetes in Pregnancy: management from pre-conception to postnatal period), UHL guidelines have changed.

- The criteria for a positive glucose tolerance test in pregnancy are now:

Fasting ≥ 5.6 and 2hr ≥ 7.8 mmols.

Prompt referral should be made to the joint antenatal/diabetes clinic if **either** of the above criteria is fulfilled.

A 2 hr result of > 12 mmols requires an immediate referral to secondary care via the contact numbers below.

- Postnatally, it is now recommended that the women who have had gestational diabetes should have a **fasting blood glucose at 6 weeks or an HbA1c at 13 weeks.** This should be repeated on a yearly basis.

NICE Quality Standard (qs109) Diabetes in Pregnancy published in 2016 also recommend that women who are diagnosed with GDM should have contact with the joint diabetes and antenatal care team within one week of diagnosis. In order to achieve a prompt referral, please telephone the Specialist Diabetes Midwives directly. A voicemail containing the woman's name, NHS number and date of birth can also be left.

If you require any help or advice on diabetes in pregnancy, please telephone the numbers below.

Diabetes Specialist Midwives:
Diane Todd - 07966 558333
Carol Brown - 07765 827827

Miss Chandrima Roy
Consultant Obstetrician

FGM clinic

Female Genital Mutilation (FGM) is practiced in many countries, but its most severe form (type 3) is mainly performed in Africa. 90% of Somali women have type 3 FGM.

With a growing immigrant population health professionals are more frequently presented with the complications of FGM. With type 3 or infibulation (which means narrowing of the vaginal introitus by cutting and oppositioning the labia minora with or without excision of the clitoris) the presenting complaints are usually dyspareunia or apareunia, dysmenorrhoea or other menstrual problems and urinary tract infections. Particularly childbirth can be a problem and therefore it is important to address this antenatally.

The Royal College of Obstetricians and Gynaecologists recommends in its green-top guideline that a dedicated clinic should be available for these women in units were larger numbers are seen.

Ann Buckley (Midwife) and I have been conducting a clinic for women with Female Genital Mutilation (FGM). The remit of the clinic is to deal with the wider issues and consequences of this problem, perform deinfibulation (opening of the vagina) in an outpatient setting (if the woman wishes), provide counselling if necessary and develop a labour plan if required. Safeguarding issues can also be addressed.

Pregnant women will be referred by the community midwife. However we will also see women who are not pregnant but suffer from complications of FGM. In order to standardise the care I would be grateful if you could refer those women directly to myself or the FGM clinic rather than through the NHS e-Referral Service. As there are not very large numbers this should not cause any inconvenience.

Dr Cornelia Wiesender MBBS FRCOG
Consultant Obstetrician & Gynaecologist
Head of Service Maternity

For further information on the green-top guidelines please follow this link:
https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/

The **Hepatitis C** Revolution

Hepatitis C is a condition affecting over 2000 people in Leicester and Leicestershire and is often known as the "silent disease" with no symptoms until eventual progression to cirrhosis or hepatocellular carcinoma.

Risk factors include exposure to contaminated blood or blood products, people who inject drugs and people who come from areas of high prevalence including parts of Asia and Africa, with particularly high rates in Pakistan and Egypt. Previous treatments required up to 1 year of Interferon injections with only 50% chance of cure and severe side effects. Most patients also had to endure a liver biopsy to stage the disease.

Over the past 2 years there has been a revolution in the management of Hepatitis C and over 90% of patients can now be cured with an 8-12 week course of tablets with virtually no side effects. The new drugs are directly acting agents (DAA's) which specifically target the virus. The cost of each course of treatment is between £20,000-£40,000. In an unprecedented move the Department of Health allocated an additional £200 million per year to treat patients with Hepatitis C in England, the largest ever investment in new drug treatment.

UHL was selected as one of the 22 national lead centres and serves a population of around 2 million people covering Leicester, Leicestershire, Rutland, Kettering and Northampton. The hepatitis clinic now offers a fibroscan for non-invasive assessment of liver fibrosis so liver biopsies are no longer required. Outreach clinics have been established and patients are actively participating in several national research studies including HCV-UK and STOP-HCV treatment studies.

Around 100 patients have now been treated with the new drugs, and many patients have shown significant improvement in their liver disease and fibroscan scores following successful treatment.

GPs are being encouraged to test all patients, particularly those who may have been at risk of Hepatitis C, perhaps becoming infected many years previously. Any unexplained rise in liver enzymes should prompt testing for hepatitis B and C. All patients who are found to be antibody positive for hepatitis C will have a PCR test to confirm whether they have Hepatitis C viraemia and all positive patients should be referred to the hepatitis clinic.

The introduction of directly acting agents for Hepatitis C has been one of the most exciting advances in drug development and has revolutionised the management of this common condition. The challenge is to identify patients with hepatitis C so that they can be treated before they develop serious liver disease.

Professor Martin Wiselka
Consultant in Infectious Diseases and Lead for Leicester Hepatitis

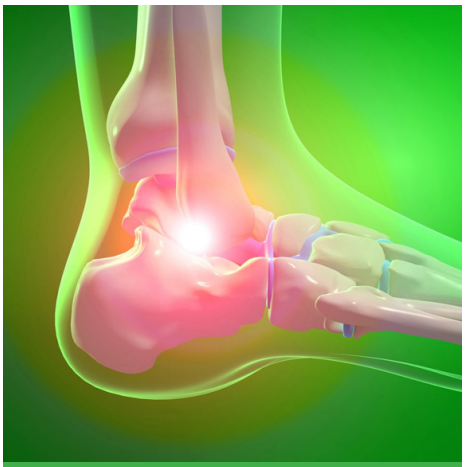
Leicester Foot and Ankle Surgery Unit start to recruit patients for **Achilles Tendinopathy Research**

Pain in the back of the heel affects 150,000 people annually leading to walking difficulties.

The most common cause is Achilles tendinopathy. Achilles tendinopathy is managed with advice, painkillers, specific exercises, electrotherapy, injections or surgery.

Mr Jitendra Mangwani, Consultant Orthopaedic Foot and Ankle Surgeon was invited to participate in an Arthritis Research UK Think Tank and reviewed literature, guidelines, clinical and patient experiences in relation to these treatments: the top priority for further research was the use of platelet rich plasma injections.

The University of Warwick is running a placebo controlled randomised trial, using platelet rich plasma verses a placebo injection. The aim of the trial is to quantify and draw inferences on observed differences in a patient reported outcome measure (VISA-A questionnaire completed by participants) between a group treated with a platelet rich plasma injection and a group treated with a placebo injection. This priority research area offers the most promising advances in treatment for patients with this debilitating condition. We are set up to recruit patients that have had this condition >3 months. With this in mind, when presented with a patient with suspected Achilles tendinopathy, please refer them to the foot and ankle Orthopaedic Consultants as normal through e-Referral system so that they may be given the opportunity to enter the trial to potentially be randomised to receive this new treatment.



Contact Details

Ruth Brown
Secretary to Mr J. Mangwani
Ruth.brown@uhl-tr.nhs.uk

Manjit Attwal
Research Nurse
Manjit.attwal@uhl-tr.nhs.uk

Renal Pharmacy and Supply of Renal Transplant Immunosuppressant Medicines

A national directive from NHSE dictates that the prescribing and supply of renal transplant immunosuppression must be provided by secondary care.

This recommendation has been made to improve patient safety, remove variations in practice and access, and deliver cost-efficiencies for the NHS.

Over the past 12 months, renal transplant patients on immunosuppressant medicines have been repatriated and they now receive their immunosuppression medications by our home delivery service from renal pharmacy at the Leicester General Hospital. A personalised communication letter has been sent upon repatriation to inform you of patients affected. These patients should still have their immunosuppression medicines included on their repeat prescription with a note stating that these are to be supplied from UHL. The Leicester renal transplant unit will continue to send correspondence on a regular basis summarising the patient's follow up in the transplant clinic. Please update this patient's medication records as listed in their transplant clinic letters.

Newly transplanted patients will always receive their immunosuppressant medicines from UHL and a letter will be sent on discharge alongside the discharge letter communicating which medicines will be supplied from UHL.

Amy Page, Specialist Pharmacist
Renal Pharmacy team

If you have any queries please do not hesitate to **contact us in Renal Pharmacy.**

Leicester General Hospital
Gwendolen Road
Leicester. LE5 4PW

0116 258 8177
lgh.renalpharmacy@uhl-tr.nhs.uk

Return to Sender

Practices may not be aware that they are able to return post to UHL via the Lab bags.

Correspondence relating to any Consultant, Department or Clinic at any of the hospital sites can be sent to us via the Lab Van collection. All letters MUST be placed in sealed envelopes and labelled clearly so that they can be placed in our internal mail system.

However, the number of Information Governance breaches in relation to returned Patient correspondence from Practices appears to be rising.

We would like to ask Practices to follow the guidelines below when returning correspondence to us.

- Please ensure that only correspondence which has originated from or is relevant to, UHL (Glenfield Hospital, Leicester General Hospital or Leicester Royal Infirmary) is sent to us. There are daily instances of patient letters relating to other providers being forwarded to UHL. This breaches Patient Confidentiality. Note: Urgent Care Centre correspondence now needs to be returned to UHL.
- The Out of Hours service (OOH) is not an UHL service.
- Bradgate Mental Health unit, although based on the Glenfield hospital site is a service provided by Leicestershire Partnership Trust and therefore correspondence needs to be returned appropriately.
- Please redirect any non-UHL mail to its originator using Royal Mail unless you have secured alternative methods (please note that returning letters to patient registrations using the bags is no longer an option and will be returned to you).
- Please ensure that all correspondence is returned in a sealed envelope and is addressed appropriately. Returned GP post should be placed in a sealed envelope and addressed as Returned GP post, Data Quality Team, Rogers Ward, Leicester Royal Infirmary.
- Do not place loose letters or correspondence in the Lab Van bag - they must be placed in a sealed envelope first.
- Please return only current correspondence - returning letters dated 1985 is not appropriate!
- Post returned for deceased patients will be sent back to the relevant GP for processing.

As you are aware, it is essential to ensure we maintain Information Governance standards and Patient Confidentiality at all times and for this reason we are asking that these guidelines are followed.

Su Clarke, Data Quality Team Manager

If you have any queries or questions please do not hesitate to contact the Data Quality Team via email **Data.Quality@uhl-tr.nhs.uk**

Pain Clinic Update

From 1 January 2016 the Pain Management service stopped sending out paper copies of letters as this was felt to be duplication.

GP practices should have been receiving the letters electronically. However, an error has been detected which relates to the ICE configuration of the Pain Clinic. This has highlighted that letters have been saved within ICE but not delivered directly to Practices as with Discharge letters and other correspondence.

Our IT Business Partners are attempting to resolve these issues but in the meantime the Pain Management service have re-commenced sending paper copies of correspondence to GPs. We are investigating the impact of these issues and are working with the CCGs to ensure that communication and any action necessary to minimise risk is planned and carried out in a managed way.

There will be further updates as soon as the ICE configuration has taken place.

If you have any queries regarding this issue, please do not hesitate to contact us.

We sincerely apologise for any inconvenience that this may have caused.

Gaby Harris
Deputy Head of Operations ITAPS

Consultant Connect update

166 calls from Leicestershire GPs were made to Consultant Connect during April of which 75% were answered and real 'whole system' efficiencies delivered via avoiding unnecessary patient visits to hospital. 51% of the call outcomes resulted in an avoided referral and 8% avoided an admission.

Overall the service has received in excess of 500 calls since the pilot commenced in January and has averaged a response rate of 75%. This is above the national benchmark for a system of this nature and although we would like to achieve a 100% response rate across all specialties, this is not always possible. External factors including the extra cover required during the Junior Doctors strike action and Consultants leave around Easter has affected the overall response rate.

GPs can access telephone-based advice and guidance through Consultant Connect for 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

Changes to ICE ordering - Cardiac Investigations

On Tuesday 17 May 2016 there will be changes made to the **'GP Cardiology'** screen on the Common Request (GP) panel in ICE.

GPs will now be able to order the following Cardiac Investigations via ICE:

H24T	Cardiac 24hr tape - 16+
H48T	Cardiac 48hr tape - 16+
HEX	Cardiac Exercise test - 16+
HECG	12 lead ECG - 16+

Caroline Tansley
Application Specialist

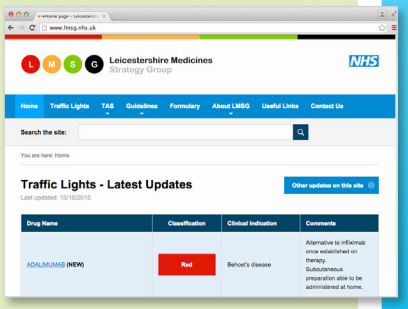
Admission Avoidance Directory **Revised**

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/

Leicestershire Medicines Strategy Group

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



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
Colorectal Service Clinic - Colorectal Surgery - LGH - RWE	Colorectal
2ww Cancer Lower GI-UHL-must book at time of referral. Patient must not attend this apt-2ww-GH-RWE	Colorectal
Adult General Dermatology Service - Dermatology - LRI - RWE	Dermatology
Adult General Surgery Service Clinic - General Surgery - LRI - RWE	General Surgery
Adult Non-Inguinal Hernia Clinic - Generalised Surgery - LRI - RWE	General Surgery
General Haematology - Clinical Haematology - LRI - RWE	Haematology
Haemostatic (bleeding) + Thrombotic (Adult + Paed) - Clin Haem - LRI - RWE	Haematology
Adult General Hepatology Service - Hepatology(Medical non surgical) - LRI - RWE	Hepatology
Hepatobiliary & Pancreatic Specialised Surgery-H&P-LGH-RWE	Hepatology & Pancreatic
General Nephrology Service- Nephrology - LGH - RWE	Nephrology
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 Opthalmology (General Service) Orthoptic & Optometry - Ophthalmology - LRI - RWE	Ophthalmology

A New Look for Paediatric Orthopaedic Services

Leicester Children's Hospital

The Paediatric Orthopaedic Services on ERS have had a re-vamp!

In order to ensure your patients are booked into the correct clinics first time around via ERS, the service has been split into a number of age ranges. **The new service names are:**

- Age 0 -12 months Paediatric Orthopaedic Service - Children's Services - LRI - RWE
- Age 1 - 4 years Orthopaedic Paediatric Service - Children's Services - LRI - RWE
- Age 5 - 10 years Paediatric Orthopaedic Service - Children's Services - LRI - RWE
- Age 11 - 15 years Paediatric Orthopaedic Service - Children's Services - LRI - RWE

These became active on 12 May and the old services switched off (Paediatric Orthopaedics Service - Paediatrics - LRI - RWE and Paediatric Orthopaedics Service - T&O - LRI - RWE).

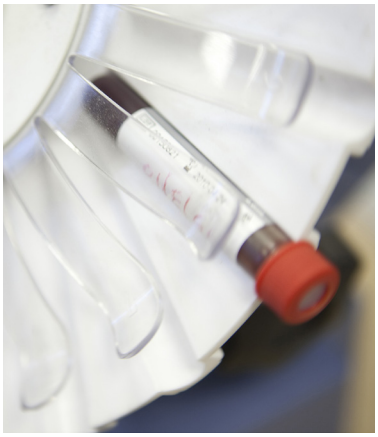
Please ensure you refer patients into the correct service, according to their age at the time of referral.

Patients will be booked into clinic run by our Children's Orthopaedic Team which comprises of: Consultant Orthopaedic Surgeons, Children's Physiotherapists, Sports Physiotherapists and Sports Medicine Consultant.

Scoliosis patients should continue to be referred into the following services:

Scoliosis Service - Paediatrics - LRI - RWE or Paed Scoliosis Service - T&O - LRI - RWE

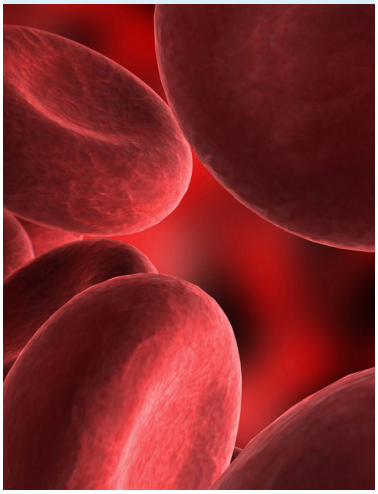
Helen Cave, Improvement Specialist



Haematology Advice and Guidance

Service Name:
Haemostatic (bleeding) + Thrombotic (Adult + Paed) - Clin Haem - LRI - RWE

In addition to the General Haematology Service, the Haemostasis and Thrombosis Service has now been enabled to receive Advice and Guidance requests on ERS. If you suspect that your patient has a problem with abnormal bleeding or clotting, or if there is a coagulation dilemma, but are unsure whether to refer, please seek advice using ERS. By making your request specifically to this service, your response will come directly from the specialist consultants dealing in this aspect of Haematology.



GP Education & Events

Leicester Paediatric Grand Round

02 June 2016
9:00am - 1:00pm
with lunch to follow
Course Fee: Free

Venue:
Clinical Education Centre, LRI

Contact:
drpharijan@doctors.net.uk

Presentations include:

- Antenatal diagnosis and counselling for fetal CNS anomalies - Mrs Manjiri Khare, Consultant Foetal Maternal Medicine, and Dr Akuma, Consultant Neonatologist
- Vagal nerve stimulation for epilepsy - Mark Lawson, Senior Technical Product Specialist, LivaNova
- The results of the MERIDIAN Study - Professor Paul Griffiths, Professor of Neuroradiology, University of Sheffield

A day about Headaches

01 July 2016
9:00am - 5:00pm
Course Fee: Free for GPs

Venue:
Hilton Hotel
(please note change of venue)

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

Presentations include:

- Cerebrovascular disease and intracranial lesions
- Ophthalmological causes of headache
- GCA and autoimmune headaches
- Idiopathic intracranial hypertension, migraine and intracranial infections
- Headaches in children
- Vestibular migraine & ENT causes of headache
- Sub-arachnoid haemorrhage and other acute emergency headaches
- Imaging the patient with headache

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**

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/

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