

GP Newsletter

Caring at its best



Welcome to the June edition of the GP Newsletter

GENVASC: Change of Sample Protocols

GP practices taking part in the Leicestershire-wide GENVASC study are being contacted by the study team to change blood sample protocols.

Letters on the changes to sample protocols are being sent out to all practices at the end of June along with quarterly invoices. The team is asking for practices to share details of the changes with frontline staff who are taking participant consent and samples.

As practices change blood tubes from the SARSTEDT monovette EDTA standard KE/4.9 ml down to a KE/2.7 ml size, the number of tubes taken from each participant needs to change accordingly.

The study team is now asking practices to collect three of the red top tubes and only one brown top (a change from two of each). The change is effective immediately.



GENVASC project manager Chris Greengrass, said: "GP practices signed up to GENVASC have been on the ball right from the start. This small change is important so we continue to gather sufficient quantities from participants to ensure the project's resilience. We will be writing to all practices about the changes and communicating through Sunquest ICE so we know the message is getting through."

The Genetics and Vascular Health Check study (GENVASC) is a large study run in conjunction with Clinical Commissioning Groups and Primary Care practices across Leicestershire. The purpose of GENVASC is to help determine whether the addition of genetic information can improve risk prediction of Coronary Artery Disease (CAD).

Chris added: "Our experience with our partner GP practices has been first-rate and their response to our requests has been fantastic, including the recent sign off of the study data share agreement."



Protocols for blood samples taken as part of the GENVASC study are changing as practices reduce blood tube sizes from the SARSTEDT monovette EDTA standard KE/4.9 ml down to a KE/2.7 ml size.

"From an initial target of 15000 participants by June 2017, the study has already reached 18000 as of May this year and recruitment continues apace. That has been thanks to the supportive and collaborative approach of the GPs and the excellent relationships the GP staff at all levels have with their patient groups."

Chris Greengrass GENVASC Project Manager

Pathology Update

The Pathology Service would like to remind practices of the different ways to contact the department. Please ensure that you have these numbers and email addresses.

Clinical Biochemistry contact details are as follows:

Result enquiries - 0116 258 6531

Laboratory Manager - 0116 258 7267

Duty Biochemist for Clinical advice - 0116 258 6560

Pathology IT issues can be emailed to -

PathologyITSupport@uhl-tr.nhs.uk

General pathology issues/queries - can be emailed to pathology@uhl-tr.nhs.uk

The Laboratory Handbook is available

<http://www.leicestershospitals.nhs.uk/aboutus/departments-services/pathology/clinical-biochemistry/>



The department are very happy to give Laboratory tours to GPs and are happy to receive suggestions and feedback about the service, please contact **Dr Ginny Lee** (GP Liaison Lead) to discuss - virginia.lee@uhl-tr.nhs.uk or **0116 258 6553**

Glenfield Pleural Service

The pleura, is affected by over 50 different systemic conditions and a number of these may co-exist in any one patient.

Pleural involvement in malignancy and pneumonia is common and with an increasingly elderly population and wider access to cross-sectional imaging, cases continue to rise. Pleural disease has historically been associated with lengthy admissions and protracted diagnostic pathways.

The Glenfield Pleural Service led by Dr Rakesh K Panchal, Consultant Respiratory Physician

has revolutionised the management of pleural disease in Leicestershire and

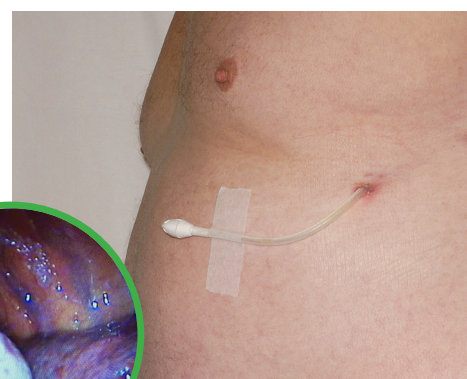
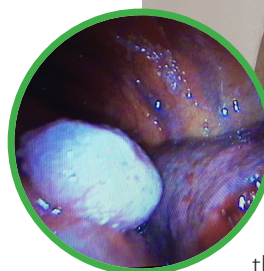
represents only a handful of similar services across the UK.

The ambulatory Pleural Clinic assesses patients within, 1-week of GP referral with a new pleural effusion but also receives referrals for early follow up following inpatient admission and referrals from other specialties. For many patients this is their first presentation with cancer and previously all would have required an admission for investigation and management of their pleural collections. The clinic started seeing 50 patients per year but now sees >500 and approximately 50% are new.

During clinic a Consultant or Interventional Fellow assesses the patient, performs a thoracic ultrasound scan and undertakes a pleural procedure as required. The clinic streams patients for medical thoracoscopy, chest drain and pleurodesis, therapeutic and or diagnostic tap or indwelling pleural catheter as needed.

Patients with exudative effusions of unknown aetiology are electively admitted to our specialist pleural ward for a local anaesthetic video-assisted thoracoscopy within a week. This one-stop procedure involves drainage, pleural biopsy and talc pleurodesis. The streamlined pathway means that patients may be efficiently managed as outpatients and the time from initial assessment to definitive diagnosis and management of an effusion can be as little as 2 weeks.

For recurrent pleural effusions the service offers assessment and insertion of tunnelled indwelling pleural catheters (IPCs) as a day-case. Drainage is performed in the community by district nurses or undertaken by patients themselves with follow-up by the pleural service.



The service also facilitates the safe, early discharge and follow-up of pneumothoraces, many of whom are young patients that prefer to be managed as an outpatient. The service has been pioneering in trialling an ambulatory pneumothorax device that avoids the need for a chest drain and allows full mobility during treatment. The ultimate aim is to manage these patients in the community and thus avoid hospital admission.

The Pleural Clinic offers a universally accessible and high quality solution to the management of pleural disease. A referral form for the clinic can be found on PRISM or **please contact Anne Prickett, Clinic Coordinator on 0116 2502939 or fax 0116 2563258.**

Dr Rakesh K Panchal,
Consultant Respiratory Physician,
Lead Clinician for Pleural Diseases
and Interventional Procedures

Uveitis Clinic at Leicester Royal Infirmary: Combined Rheumatology and Eye service

Uveitis can be a manifestation of systemic autoimmune and inflammatory conditions.

Eye manifestations of Auto Immune conditions are under recognised in both primary and secondary care. This leads on to delay in management of systemic Auto immune conditions.

Recently published studies clearly demonstrate the need for a combined Rheumatology and Eye Service to improve patient quality of care.

Our review of our cohort of HLA B27 related eye disease observed that 50% were diagnosed to have Spondyloarthritis and only few

seen in Rheumatology service.

Dr A Moorthy, Consultant Rheumatologist with a special interest in Spondyloarthritis and Mr P Kumar Consultant Ophthalmologist with a special interest in Uveitis established a combined service for this group of patients at Leicester Royal Infirmary. This MDT service runs bi-monthly at the Eye Clinic and is attended by Consultant Rheumatologists, Consultant Ophthalmologists, a Uveitis Nurse specialist, and trainee Doctors.

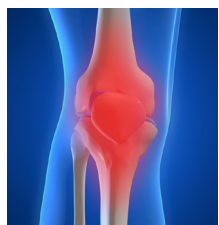


You can refer patients to this service directly to Mr Kumar or Dr Moorthy
Arumugam.moorthy@uhl-tr.nhs.uk or
periyasamy.kumar@uhl-tr.nhs.uk

Pain Clinic Correspondence **update**

Further to previous communications regarding the issues being experienced with Pain Clinic correspondence an update from the service has been received.

On 29 March UHL were alerted to the fact that Pain Clinic correspondence was not being received by Practices electronically or by hard copy. Investigations resulted in the Pain Clinic reinstating the distribution of Paper copies of clinic letters (from 20 April) and the configuration of ICE being reviewed. As previously stated, distribution of patient copies of letters and correspondence has been unaffected.



Due to the small team within the Pain Service, capacity and resources, due to the existing intense

workload, have prohibited addressing the unprinted hard copies. However, from 20th June the Pain Service will start to print the backlog of hard copy letters dating from 01 January 2016 and these will be distributed to Practices over the following 3 weeks. The number of letters is approximately 1300 over the 140 practices in LLR averaging 9 letters per practice so we are anticipating that the additional workload for practices will be minimal. We apologise for the inconvenience which this incident may have caused and although we are still working on the IT issue to ensure that all letters are received and embedded electronically, we hope that the issue will be fully resolved soon.



If you have any queries please do not hesitate to contact the **Pain Service on 0116 258 7528**

IT Changes in Bed Bureau

From **Monday 13 June 2016** Bed Bureau will operate using the TPP SystmOne clinical system. This will allow the service to facilitate admissions to wards and clinics with greater efficiency and with the ability to access patient identifiable information via the Spine.

No Clinical information will be seen by Bed Bureau staff, only patient demographics and contact details for the patient interaction will be visible. Any information accessed by Bed Bureau staff will not be altered in any way to ensure Information Governance protocols are upheld.

What it means to GP practices:

- Standard EDSM consent rules will apply to SystmOne Practices, and it is the responsibility of the referring GP to ensure that patient consent is sought. Both EMIS and SystmOne referring Clinicians will be asked whether

consent has been given to share information to ensure Information Governance is maintained.

- For SystmOne Practices a journal entry will be created by the Bed Bureau activity.
- It will not be possible for SystmOne Practices to "task" Bed Bureau at the current time. It is understood that this may be a possible development for the future, but initially practices are asked not to access Bed Bureau in this way.
- For EMIS practices the processes for accessing and interacting with Bed Bureau will remain largely unchanged.

It is hoped that this change in IT provision will provide a smoother handover of patient care and reduce the need to provide repeated information.

Michelle Izzard

Service Improvement Manager



If you have any queries regarding the initialisation of this system or the implications for Primary Care, please do not hesitate to contact us at uhlgpservices@uhl-tr.nhs.uk



Consultant Connect update

The Consultant Connect pilot has been running for 6 months and has been received well.

The performance statistics indicate that overall 66% of calls answered resulted in an avoided referral or admission.

Thank you to those GPs who recently completed a User Survey for the pilot.

The pilot has now been extended and future developments will be communicated as they arise.



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 Ophthalmology (General Service) Orthoptic & Optometry - Ophthalmology - LRI - RWE	Ophthalmology

Include middle names when referring

As you will be aware, the more information we receive regarding patients and their conditions on referral, the better we are able to identify the best and most appropriate care.

During this care we will ask the patient to verbally confirm their identity and although NHS numbers are acknowledged as the standard Patient Identifier, not many patients know and

can recall this information. If we have a full middle name on all referrals, instead of an initial only, this gives us a further validation method, together with date of birth and address, and we are asking Practices to ensure, where possible that full middle names are included on referral forms. Thank you for your help and support.

Su Clarke
Data Quality Service Manager



Admission Avoidance Directory Revised

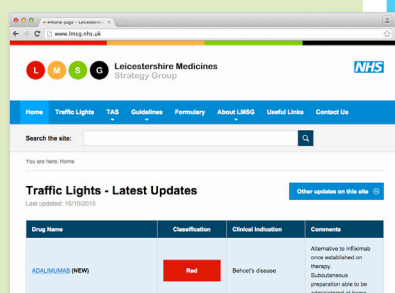
The directory has been significantly revised and expanded and includes information for accessing Rapid Access Clinics, "Hot Clinics", Admission Avoidance Services, and now includes Community Services listings which help avoid admission and support discharge. It can be found in PRISM and is also on our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

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



Leicestershire Medicines Strategy Group

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



New Vodcast to be released

Mr Jitendra Mangwani talks to Dr Leslie Borrill on Foot and Ankle Conditions. The film and accompanying notes can be found at <http://www.leicestershospitals.nhs.uk/professionals/gp-video-based-education/>

University Hospitals of Leicester NHS



Other videos include:

- Achilles Tendon Rupture - Annette Jones, Senior Physiotherapist
- Paediatric Food Allergy - Dr Gary Stiefel, Paediatric Allergy Consultant
- Paediatric Allergy - Dr David Luyt, Paediatric Allergy Consultant

Access the
NEW SERIES of
GP
Vodcasts

GP Education & Events

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

06 October 2016

9:00am - 3:30pm

Course Fee: £50 inc Lunch

Venue:

Leicester Racecourse

Contact:

Karen.mann@uhl-tr.nhs.uk

0116 258 5021

Presenters / Presentations include:

- Why has life expectancy improved?
Professor Samreen Ahmed
- Palliative Care for Advanced Cancer of the Breast
Dr David Miodrag
- Breast Cancer in the media: Fact or Fiction?
Dr Jillian Wall
- Management of recurrent carcinoma of the Breast
Dr Joey Wood
- Psycho-Social Sequelae of Breast Cancer
- Breast Screening Programme



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

07931 206 247

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/

