

# GP Newsletter

*Caring at its best*



Welcome to the October edition of the GP Newsletter

## Primary Care Temperature Check Survey - 2016

**Thank you** to everyone who completed the survey in September.



We have had more feedback from our Primary Care colleagues than ever before and we will be analysing the results and will report back over the coming months in the newsletter.

Thank you again for your time and your feedback

**Catherine Headley**, Head of Services for GPs



## Temporal arteritis - the wolf amongst the sheep

Most headache disorders are benign and cases of new-onset headache requiring urgent intervention are surprisingly rare.

**One major exception** to this is temporal arteritis (TA) also known as Giant Cell Arteritis (GCA) in which prompt initiation of steroid treatment is both dramatically effective symptomatically and prevents irreversible loss of vision. In TA inflammation affects the internal elastic lamina of medium to large arteries, with a predilection for those of the head and neck.

- Almost every patient is more than 55 years old.
- Simultaneous involvement of both internal and external carotid arteries can cause the distinctive symptom of jaw claudication in which increasing pain in the mandibular region occurs during chewing.
- Headache is the most common symptom and this may be temporal with scalp tenderness, sub-occipital (the occipital arteries are often involved) or more generalised.
- The temporal arteries may be unusually prominent, knobbly, pulseless and tender in any combination.



- Pain or ulceration of the tongue or oral mucosa can occur.
- The most serious complication of TA is irreversible visual loss, which may be caused by infarction of the optic disc (anterior ischaemic optic neuropathy) or less commonly by central retinal artery occlusion. Episodes of transient visual loss or blurring may precede irreversible loss by several days and if bilateral should always raise suspicion of TA.
- A high index of suspicion is justified in the at-risk age group and the best screening blood test is C-reactive protein, which is almost always considerably elevated. Both plasma

viscosity and ESR usually rise as well, but that can take time allowing early cases to be missed if CRP is not measured.

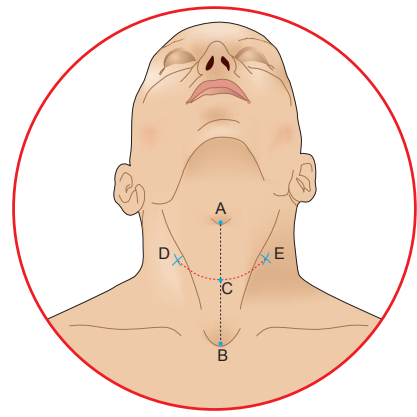
If you suspect TA then collect a blood specimen for CRP and plasma viscosity and refer immediately to either Ophthalmology or Rheumatology following the guidelines below.

- If jaw claudication or visual symptoms are present the urgent referral should be to Ophthalmology and the patient should be started immediately on prednisolone 60mg plus aspirin 75mg.
- If none of the high risk symptoms are present then the urgent referral should be to the on-call Rheumatology registrar and the initial prednisolone dose may be reduced to 40mg.

If you have any queries regarding this condition please contact [mark.lawden@uhl-tr.nhs.uk](mailto:mark.lawden@uhl-tr.nhs.uk)

**Dr Mark Lawden**  
Consultant Neurologist

# Straight to test: Amendment to two week wait pathway for suspected thyroid cancer



Currently, within the 2WW pathway, there are many referrals for thyroid lump in the absence of red flag symptoms (hoarseness, dysphagia or rapidly growing thyroid mass).

The amended pathway directs patients without red flag symptoms straight to ultrasound examination +/- fine needle aspiration.

Patients with thyroid lump with no dysphagia or hoarseness will be directed to **ULTRASOUND INVESTIGATION**. Patients will routinely receive full ultrasound neck examination +/- Fine Needle Aspiration (FNA) biopsy. Results will be reviewed in a virtual clinic.

Patients will then be directed as follows:

## Normal/benign cytology:

stop 2WW pathway & patient is referred back to GP with accompanying advice letter

## Indeterminate/malignant:

patient remains on the 2WW pathway and is managed by ENT clinician and thyroid cancer MDT.

## Inconclusive/ non diagnostic cytology

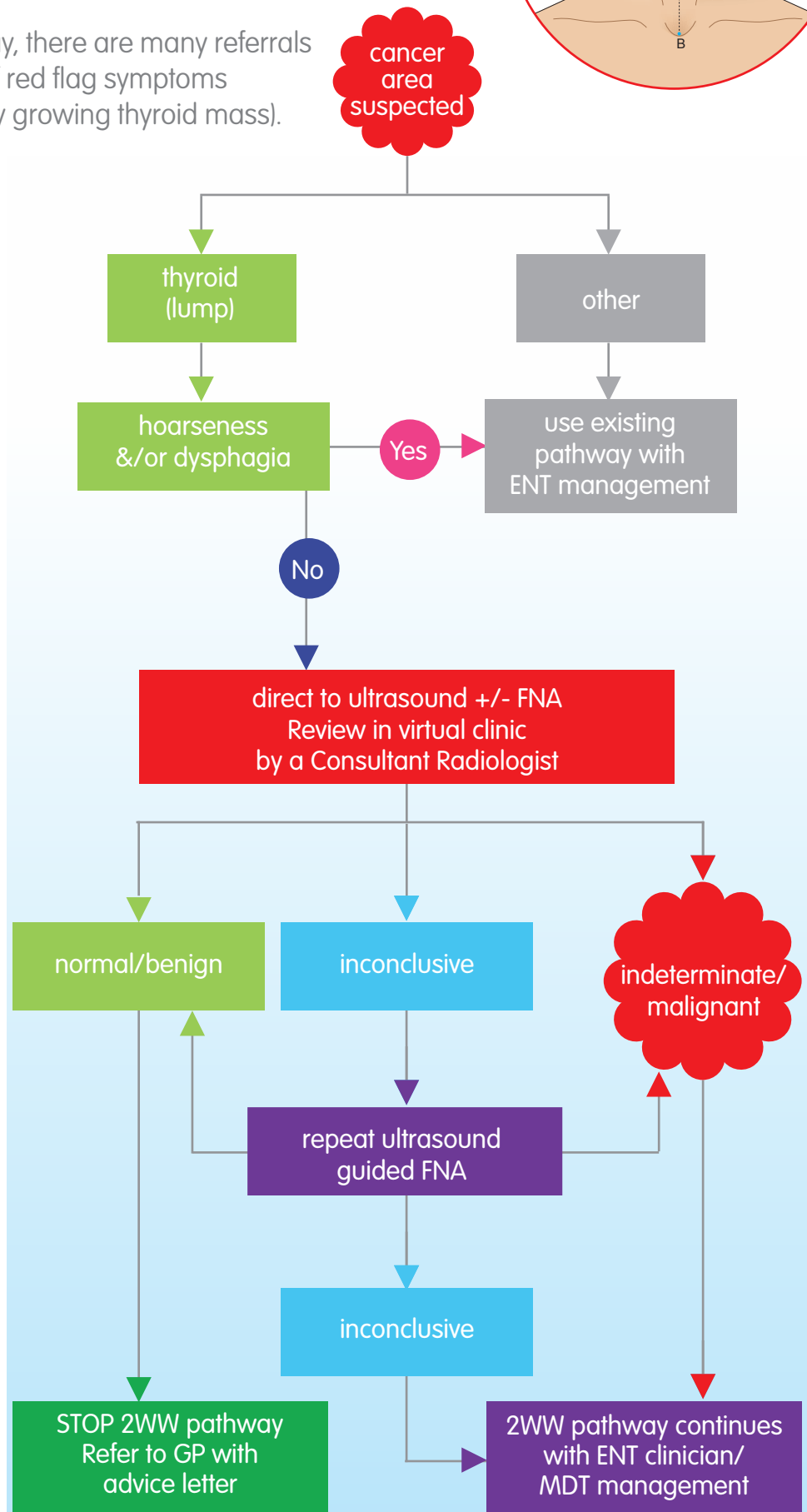
will receive a repeat ultrasound guided FNA. A second inconclusive/ non diagnostic result will be managed by the ENT clinician.

Patients with a thyroid lump associated with dysphagia and/or hoarseness

will continue on the original pathway with an appointment with a thyroid clinician as the first point of contact.

For more information please contact:

[ram.vaidhyanath@uhl-tr.nhs.uk](mailto:ram.vaidhyanath@uhl-tr.nhs.uk)  
[peter.conboy@uhl-tr.nhs.uk](mailto:peter.conboy@uhl-tr.nhs.uk) or  
[amy.e.barnes@uhl-tr.nhs.uk](mailto:amy.e.barnes@uhl-tr.nhs.uk)

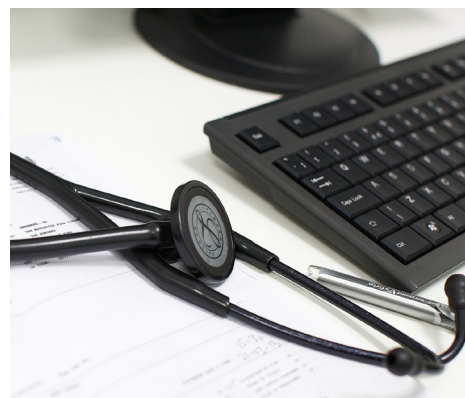


# Rheumatology Live for Advice and Guidance on E-Referral Services System

We have received several requests from primary care for UHL to offer advice and guidance on ERS for Rheumatology.

**Following work with Alison Kinder (Consultant Rheumatologist)** and the rheumatology team, this functionality has now been switched on. Please use this service for non-emergency rheumatology queries, where you are unsure whether to refer

or not. The types of query that we would welcome are those relating to DEXA scans, low Vit D and Auto-Antibody results.



**Advice requests will be responded to by the Specialist Registrar team.**

## 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
Adult General Rheumatology-Rheumatology-LRI-RWE	Rheumatology

**Helen Cave**, Deputy Head of Performance for Outpatients and E-Referral Service **Contact - [helen.cave@uhl-tr.nhs.uk](mailto:helen.cave@uhl-tr.nhs.uk)**

## Consultant Connect

The Paediatric hotline (GP Newsletter – August 2016) has now been added to the Consultant Connect system and is accessible through your unique Practice number. Current performance indicates that 70% of calls result in a hospital visit being avoided.

**Specialties offering a contact service through Consultant Connect are as follows:**

- Acute Medicine
- Diabetes
- Endocrinology
- Haematology General and Malignant
- Haematology Thrombosis and Anticoagulation
- Paediatrics

If you require help accessing the Consultant Connect service, please contact **Henry Maas** on **01865 261467** or **[henry.maas@consultantconnect.org.uk](mailto:henry.maas@consultantconnect.org.uk)**



# GP Education & Events

SAVE  
THE  
DATE

## Pathology Open Evening

**10 November 2016**

4:00pm - 6:00pm

**Venue:**

Robert Kilpatrick Clinical Sciences Building, Leicester Royal Infirmary  
Free event

**Contact:**

[rachael.tucker2@nuh.nhs.uk](mailto:rachael.tucker2@nuh.nhs.uk)  
0115 924 9924 ext 64002.

**Event description**

Updates on Empath and presentations to include 100,000 Genome project and the impact on patient care, Reticulocyte Haemoglobin Content - a New Way to Test for Iron Deficiency and continuing improvements in Microbiology

Tours of the Lab available at 6:00pm (optional but must be pre-booked)

This event is open to all Primary Care staff both clinical and administrative.

To reserve your place, please contact:  
**Rachael Tucker**

## Plastic Surgery Update

**02 November 2016**

6:30pm Registration with refreshments

Free event with refreshments and food - CPD points applied for

**Venue:**

Hilton Hotel, Junction 21 approach  
LE19 1WQ

**Contact**

[uhlgpservices@uhl-tr.nhs.uk](mailto:uhlgpservices@uhl-tr.nhs.uk) to book or [Rajshree.jayarajan@uhl-tr.nhs.uk](mailto:Rajshree.jayarajan@uhl-tr.nhs.uk) for more information

**Course Description:**

The faculty will discuss the scope of modern Plastic surgical procedures and provide an understanding of what GPs can refer. This will be followed by a talk on skin aftercare, in particular Photoprotection in the Real World and Behavioural Changes.

Practical sessions on Minor surgical procedures will be available - optional.

Speakers will include Mr Graham Offer; Mr Sanjay Varma; Mr Ng Yi; Mr Matt Smith; Mr Nakul Patel; Mr Kh. Gulraiz Rauf and Dr Robert Burd

## Primary Care Study Day on Paediatric Allergy

**10 November 2016**

£50 (fully refunded on attendance – includes lunch and refreshments)

**Contact**

Warren Luyt at  
[warren.luyt@uhl-tr.nhs.uk](mailto:warren.luyt@uhl-tr.nhs.uk)  
or 0116 258 6694

**Course Description**

The Children's Allergy team at the Leicester Royal Infirmary presents a one-day study day covering important topics on allergy for primary care – including: Interpreting allergy tests; Presentation, diagnosis and management of Milk allergy; Egg allergy with focus on vaccine

information and avoidance advice; Dietary assessments in allergic children and weaning advice; Prevention of allergy; Workshops on: treatments for asthma, eczema, rhinitis and anaphylaxis; skin prick tests, free from products and label reading.



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](mailto: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/)

