

GP Newsletter

Caring at its best



Welcome to the December edition of the GP Newsletter

With Thanks

From Chief Executive
and Chairman

Dear Primary Care Colleagues

As 2016 draws to a close we reflect on a busy and testing year for the whole Leicester, Leicestershire and Rutland Healthcare Team and we predict an equally challenging future.

We, as a Trust, have experienced one of the toughest years in terms of numbers of patients requiring treatment and care, which is also reflected in the pressure being experienced in Primary Care. We understand and acknowledge that there are resource and financial pressures throughout the healthcare system and we are grateful to you all for the work you daily undertake keeping patients out of hospital and supporting us to provide care for the most poorly of our patients. We would like to take this opportunity to thank you all - GP's, Practice Nurses, Practice Managers and

staff - for this continuous and constant support.

We are looking forward to continuing the work to strengthen the LLR-wide Team and develop sustainable and innovative new models of patient care in 2017 and beyond. We are one team in the LLR and we are best when we work together and in partnership.

We would like to wish you,
and your families, a very
Happy Christmas and
a peaceful New Year.



Karamjit Singh CBE
Chairman

Karamjit Singh



John Adler
Chief Executive

John Adler

LOROS Services in Rutland

From 30th November, and on the last Wednesday of every month thereafter, Uppingham Surgery will host the first **LOROS Consultant Clinic in Rutland**.

The service will see patients with difficult symptoms and be able to discuss options for future care as at LOROS - the only difference will be the venue.

The three year strategic plan sets out the intention to develop a range of community services to support patients and their families closer to home. We recognise that travelling to LOROS from Rutland and other areas in the county can be prohibitive because of the distance.

This service will provide support for terminally ill people, their family and carers by providing care and services closer to home and improving their experience and outcomes.

We hope that we will also be able to offer counselling and bereavement support, an MND clinic and lymphoedema services. We intend to offer these services early in 2017.

Dr Luke Feathers
Consultant in Palliative Medicine



LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Referral

Referral to our Rutland service remains the same, through the Hospice. The referral form can be found on the LOROS website under 'Healthcare Professionals' or visit www.loros.co.uk/refer. In the same section you will find specific referral criteria for each department.

We accept urgent referrals by calling **(0116) 231 3771** and asking for medical secretaries - we can't guarantee an immediate response but will discuss with you as soon as possible. **We are not using PRISM as yet but this is being developed for use in the future.**

We hope you will find this service useful, and we look forward to receiving your referrals.

Diagnosis and Management of vaginal discharge

Each week our laboratory receives 500 high vaginal swabs (HVS) to investigate the cause of vaginal discharge.

The vast majority of practices send fewer than 5 such specimens a week but a small number send 5-15 specimens. CKS/NICE1, PHE2, RCGP2 and BASHH3 all concur that in most cases patients can be diagnosed and treated empirically without sending a HVS to the laboratory. PHE and BASHH have diagnosis/management algorithms which include guidance on syndromic treatment (based on clinical and sexual history) and empirical treatment based on examination (with or without vaginal pH).



The commonest causes are physiological, **bacterial vaginosis (BV)** and **vulvovaginal candidiasis**.

- BV is the cause in about 50% cases and is associated with a thin grey/white discharge coating the vaginal walls and associated with a fishy/offensive odour. Generally there is no soreness. Oral metronidazole is the treatment of choice and can be given **empirically without a HVS⁴**
- **Candidiasis** is also very common and patients have a white curdy discharge associated with vulval itching or soreness. Clotrimazole (pessaries or cream) or oral fluconazole can be used **empirically without a HVS⁴**
- Sexually transmitted infections (STI - including chlamydia, gonorrhoea and trichomoniasis) should be

considered in women at risk of STI and generally require other investigations (endocervical swabs or urine) with consideration of referral to GUM

A minority of patients may require further investigation including HVS culture:

- postnatal or post miscarriage, vaginitis without discharge, BV or candida unlikely, pre/post instrumentation, recurrence or treatment failure.

Reducing the number of HVS specimens submitted would save time in the surgery and the laboratory, significantly reduce costs and promote prompt empirical treatment.

Dr Andrew Swann
Consultant Microbiologist
andrew.swann@uhl-tr.nhs.uk

The following documents provide more detail on this advice and flow charts which you may find useful. You may also wish to use these materials for CPD.

1. <http://cks.nice.org.uk/vaginal-discharge#ltopicsummary>
2. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345793/Vaginal_Discharge_treatment_guidance.pdf
3. <https://www.guidelines.co.uk/bashh/vaginal-discharge>
4. Antimicrobial Policy and Guidance for Primary Care. Leicester, Leicestershire and Rutland

Sample transit audit between GP practice and pathology Specimen Reception

A common issue we experience is that GP's, and other service users send samples to the labs but are then told that a sample hasn't been received, or that there is no record of the request on our system.

With that in mind we wanted to carry out an audit to ascertain the scale of any problem and to see if anything can be done to reduce the number of times this happens.

An audit was carried out between a GP practice in Leicestershire and Pathology Specimen reception at the Leicester Royal Infirmary to check that samples recorded as being sent by the GP practice were subsequently received in the labs. The Audit was carried out for 5 days. Clinic lists detailing patients that had attended each day were sent to the Specimen reception along with the samples. The samples were then checked upon receipt against the clinic list to ensure that all the samples recorded as being sent by the GP had been received in Pathology Specimen Reception this

way any samples that were missing upon receipt would be highlighted. We found that all samples that were recorded as being sent had been received. The Audit highlighted that in addition to the expected samples being received a number of additional samples were received from community areas and these were not recorded as sent by the GP practice. Samples from other GP surgeries were included in the samples sent. The findings also showed upon further investigation patients that did not attend a clinic appointment were not always recorded as 'Did not attend' and therefore results were expected on patients that did not have a blood test taken. A repeat audit with a different GP Practice will be undertaken in 2017 so a comparison of results can be made.



If you are interested in participating please contact Paul Staples
Paul.staples@uhl-tr.nhs.uk

Pathology Specimen
Reception Team
0116 258 6570

Referrals to DVT Clinic

Just a reminder of the process to refer patients to the Ambulatory DVT clinic.

UHL Ambulatory DVT Clinic referrals

All referrals from Primary Care should be made via Bed Bureau on **0116 258 4858**.

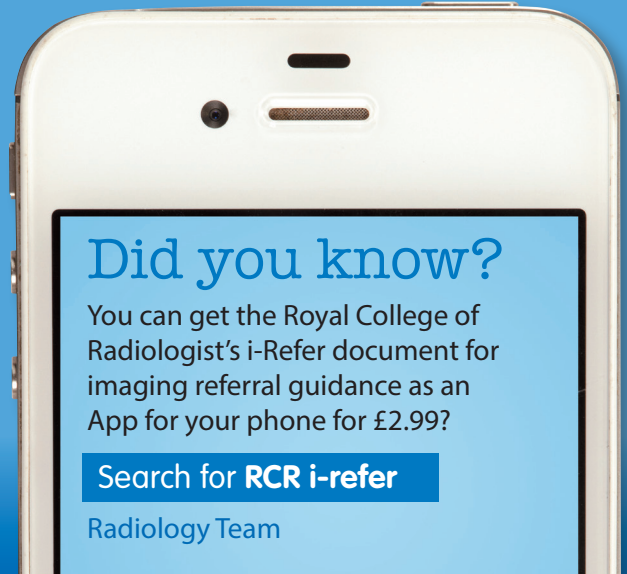
At present we carry out scans Monday - Friday 8am - 8pm



All information regarding other Ambulatory and Admission Avoidance Clinics can be found at

<http://www.leicestershospitals.nhs.uk/professionals/gp-referrals/potential-admission-avoidance-services/>

Get the iRefer app



GP Education & Events

Chronic Pancreatitis Study Day

26 January 2017

2:00pm - 7:00pm - Dinner to follow

Free event

Venue:

Peepul Centre

Contact

Sophie.noble@uhl-tr.nhs.uk

Course Overview

An update on Chronic Pancreatitis covering Diagnosis, Pain Management, Dietary considerations, Management in the Community, Surgical Treatments and Diabetic control.

Musculoskeletal Core Clinical Skills - Training for GPs

28 January 2017

8:00am - 3:30pm

Cost - £30.00

Venue:

Leicester General Hospital

Contact

Nichola.coleman@uhl-tr.nhs.uk

Course Overview

Primary Care Refresher on Musculoskeletal History and Examination Skills and the role of referral Pathways.



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/

