

# GP Newsletter

*Caring at its best*



Welcome to the January edition of the GP Newsletter

## GP Survey and GP Concerns

As a result of the GP Survey and as an integral part of the GP Concerns process, the Patient Safety and GP Services Teams are working together and are committing to providing a monthly briefing on issues which you have raised through the two feedback processes.

The aim of this article is to provide an update on work which is being undertaken by the Trust to ensure that the issues raised by Primary Care are being addressed. We will aim to focus on three areas of work per briefing.

We receive over 500 GP Concerns per year through the formal process, in addition to concerns raised through the GP Survey and via the GP Services Team. There are certain themes which emerge from these concerns and these are being coordinated and fed back to the appropriate individuals and teams.

This month we have updates on: Anticoagulation, E-Referral Service and Rejected Radiology Requests

### Anticoagulation

Concerns have been raised regarding the discharge of patients on anticoagulation drugs and the transfer of patients to Primary Care. An Anticoagulation Task and Finish Group led by Dr Amit Mistry is looking into an In-reach team accessible for patients being discharged on warfarin with the ability to book follow-up appointments. They are also looking at a simplified Warfarin checklist and a review of policies, guidelines and education of discharging doctors.



### E-Referral Service (ERS)

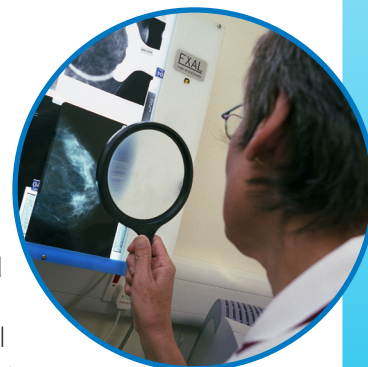
These concerns relate to the process of booking appointments and overall waiting times for patients. There has been a significant improvement over the past 6 months in the number of failed bookings on ERS (Appointment Slot Issues /Defer to Provider). In June 2016 the ASI rate was almost 50%, we are currently working at 17% (November 2016). The ERS Team are working hard with the Specialties, particularly those experiencing the most pressure on resources, to ensure that appointments are available and waiting times are kept to a minimum. They are also



expanding the Advice and Guidance available through ERS with all specialties considering how this can be delivered to support patients being treated within primary care and negate the need for patients to be referred to secondary care. The latest specialties going live with providing Advice and Guidance will be publicised via the monthly GP Newsletter. The ERS Team reports monthly directly to the CCGs and updates on progress and developments made.

### Rejected Radiology Requests

The communication of Rejected Radiology requests is being looked at by a Superintendent Radiographer and the Imaging Team as part of a wider project. This work is looking at how the Imaging team communicates and interfaces with Primary Care and how this can be improved. We will update you as this work progresses.



**Further updates on these and other themes will be given in forthcoming GP Newsletters.**

**Catherine Headley** - Head of Services for GPs  
**Claire Rudkin** - Senior Patient Safety Manager

# Collagenase for Dupuytren's Contracture

Dupuytren's disease contracture can significantly impact on your patient's ability to use their hand as the contracted fingers get in the way.

A recent treatment is to weaken the contracted cord by injecting an enzyme (collagenase/ xiapex) in to it and then to snap the cord a few days later under local anaesthetic. This is a common alternative in many parts of Europe and very common in the USA.

Following careful evaluation by the UHL New Intervention Procedures Advisory Group (NIPAG) over the last year, the UHL is now able to offer this treatment, under the supervision of the hand surgery team, led by Prof. J .Dias and Mr.B.Bhowal. It is anticipated that other hand surgeons in the team will also offer this alternative to patients that fit the required criteria.

If you require more information or would like a copy of our patient information booklet please contact our **Specialist Nurse, Sue Collins** on **0116 2583973** or e-mail [sue.collins@uhl-tr.nhs.uk](mailto:sue.collins@uhl-tr.nhs.uk)



Dupuytren's contracture causes the finger to bend down so the hand cannot be placed flat on a tabletop.



Collagenase injection given into the fibrous cord weakens it over the subsequent day. Under a local anaesthetic the cord can then be snapped, to correct the contracture. We do not know if this treatment is superior to surgery but it can be done in the clinic.

## Atrial fibrillation (AF) - there are few reasons not to anticoagulate

In our region, more than 80 people each year with previously recognised AF but not receiving anticoagulation sustain a life-altering or life-ending ischaemic stroke. In nearly all cases, pre-morbid stroke risk scores are high and the reasons for avoiding anticoagulation not robust.

### Did you know

A woman over 75, diabetic, hypertensive, with a previous TIA, mild heart failure and AF has an untreated 20-25% annual risk of ischaemic stroke?

Anticoagulants reduce stroke risk by up to 70% (compared to 21% with antiplatelets) and have a 2% annual risk of bleeding (the same as antiplatelets). Newer anticoagulants have an even better safety profile than dose-adjusted Warfarin.



There are surprisingly few contraindications to the use of anticoagulation: in most cases the benefit derived is greater than the risk. This is true even in frequent fallers and people with previous bleeding episodes. Bleeding risk can be further attenuated by reducing blood pressure, stopping antiplatelets/NSAIDs and alcohol reduction. Reduced doses of anticoagulants are licensed for use in people with moderate chronic kidney disease.

If you have any doubts about the merits of anticoagulation in a patient with AF, the stroke team are always willing to advise please do not hesitate to contact us on **0116 258 5060**.

**Dr David Eveson**

Consultant in Stroke Medicine



# Transfusion tests

We would like to take an opportunity to offer some useful advice to you with the intention of improving patient safety and reducing delays and inconvenience to patients awaiting treatment based on the blood samples submitted to us in the transfusion laboratory.



We have seen a huge increase in the number of rejected samples in the transfusion laboratory over recent months, internally as well as externally, so we are asking all colleagues to help us reduce this number. As well as incomplete forms, the main reasons for rejection are as follows:

Blood Sample tubes for Group and Screen and/or Cross-match must be handwritten - no labels should be applied to the sample tubes. Patient details must be handwritten on the sample tube after positively identifying the patient and obtaining the sample;

Misspelt information in patient details - use an addressograph on the request form where possible; transcription errors are common on handwritten forms. Ensure that you fully complete ALL sections within the Blue lines illustrated below;

Phlebotomist not identified - Whoever obtains the sample must sign the form and print their name where indicated;

Special Requirements not addressed - this is vital information to ensure that your patient receives the safest, most appropriate blood component for their specific needs. Refer to the checklists on the reverse of the G+S request form to check whether your patient falls into any of the categories given, namely; CMV Negative, Irradiated and/or Hep E Negative;

If we work together we can continue to ensure the safest and best possible care for our patients with as few repeated tests as possible.

**Fiona Waller** - Transfusion Practitioner

REQUESTORS TO FULLY COMPLETE TOP BLACK AREA INCLUDING THE TRANSFUSION HISTORY AND SPECIAL REQUIREMENTS

**INCOMPLETE FORMS WILL BE REJECTED WITHOUT EXCEPTION**

|   |                     |                          |                |
|---|---------------------|--------------------------|----------------|
| Lab No. (Lab Use Only)                                | Consultant / GP     | NHS Tick Private Trial   | NHS Number     |
| Patient Location                                      | Requesting Doctor   | Print Name               | Surname        |
| Ward  | Sign                | DOB                      | Gender M / F   |
| Has this patient been pregnant in the last 3 months?  | Yes                 | No                       | Male           |
| Special Requirements Tick                             | Yes                 | No                       | If Yes Specify |
| CMV Negative  | Irradiated Products | Hepatitis E Neg          |                |
| Diagnosis   | Reason for Request  |                          |                |
| Tick Test or Indicate Product Required                | Group & Save only   | Direct Antiglobulin Test | Other          |
| Red Cells   | Units               | Platelets                | Units          |
| Fresh Frozen Plasma                                   | mls                 | Cryoprecipitate          | mls            |
| Albumin 4.5%  | mls                 | Albumin 20%              | mls            |
| Other   |                     |                          |                |
| Date Required   | Time Required       |                          |                |
| Sample taken by and patient positively identified by: | Print Name          | Signature                |                |
| Attach Blood Track Sticker if available               |                     |                          |                |

If you have any further questions regarding the transfusion service, please e-mail [kathryn.potter@uhl-tr.nhs.uk](mailto:kathryn.potter@uhl-tr.nhs.uk)

## Andrology (Semen analysis Service)

Based at the Leicester Fertility Centre, level 0 Kensington Building LRI the clinic offers the NHS Regional Andrology Service for Leicester City, County and Rutland.

The Leicester Fertility Centre offers semen assessments via a drop in service which operates Monday to Friday 9am - 12pm (excluding Bank Holidays). In order to offer the best service to our patients, Primary Care Practices are asked to ensure that patients are provided with a silver lidded 60 ml container and a referral form. They will also need to have had an abstinence of 2-7 days if you could provide them with the sample production instructions this would be appreciated.

Please refer to our website to download the most recent information to give to patients:

<http://www.leicesterfertilitycentre.org.uk/patients/andrology/>

A limited number of post vasectomy samples can be analysed at the Leicester Fertility Centre. Please contact the centre for more information regarding this service [enquiries@leicesterfertilitycentre](mailto:enquiries@leicesterfertilitycentre) or phone 0116 2585922.

**Craigie Morrison** - Quality Manager,  
Leicester Fertility Centre

Leicester Fertility Centre  
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## Green Gym at Glenfield Hospital

**On Thursday 02 March at 12noon** at the Clinical Education Centre, Glenfield Hospital there will be a presentation by the Managing Director of Green Gym regarding the exciting regeneration of the walled garden of Mansion House on the Glenfield Hospital site and the development of a Green Gym project.

This garden has been left for a significant period of time and is being cleared and rejuvenated to create a large green space for patients and visitors. Integral to the garden is the development of a Green Gym project where participants would work in the garden under a scheme managed initially by the Conservation Vounteers organisation.

Further details on the scheme can be found at <http://www.tcv.org.uk/greengym>

It is hoped that this scheme will take referrals from Primary Care of patients who would benefit from a project of this nature. We would like to invite you and your team to the presentation on 02 March which will explain how a similar scheme has run at Birmingham QE Hospital and highlight the benefits to all our patients.

**Karen James**, Project Manager UHL

For more information or to express your interest please email [UHLGPServices@uhl-tr.nhs.uk](mailto:UHLGPServices@uhl-tr.nhs.uk)



## Interested in Neurology?

A Neurology teaching clinic aimed at GP trainees and also GPs interested in developing a specialist interest in Neurology has been set up to run every Thursday by Dr J George, Consultant Neurologist at Leicester General Hospital.

A maximum of two can be accommodated and the template is that each trainee will conduct the initial assessment and formulate their impression and management plan each time before Dr George provides feedback and teaching on each case.

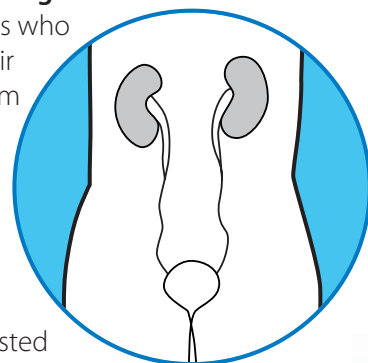


If anyone wishes to attend, please contact Jill Chapman to schedule attendance in advance on **0116 258 4387** or email [jill.chapman@uhl-tr.nhs.uk](mailto:jill.chapman@uhl-tr.nhs.uk)

## Interested in Urology?

**Mr Jaskarn Rai, Consultant Urological Surgeon**

would like to invite GPs who are interested in developing their knowledge of Urology to join him at the General Urology clinic held in Hinckley. This clinic sees a wide spread of Urology patients and would cover their management. It would only be possible for 1 GP to attend at each session, so if you are interested please contact Mr Rai to arrange a suitable date.



**[Jaskarn.rai@uhl-tr.nhs.uk](mailto:Jaskarn.rai@uhl-tr.nhs.uk) or on 0116 258 4450**

# GP Education & Events

## Joint Injection Course

**11 March 2017**

8:30am - 1:30pm

Cost: £75 (include Brunch and refreshments)

**Contact:**

Nichola Coleman

0116 2563016 or

[Nichola.Coleman@uhl-tr.nhs.uk](mailto:Nichola.Coleman@uhl-tr.nhs.uk)

**Course Description:**

- Hands on Course for the GPs to cover Knee, Shoulder, Elbow, Hand, Wrist, Foot and Ankle and Trochanteric Bursitis.
- In the first half of the morning there will be lectures by Orthopaedics Consultants to discuss anatomy, portals, technique and contraindications.
- After the break, participants will be split into six groups. These groups will visit the six stations in rotation (Shoulder, Elbow, Hand/Wrist, knee, Foot/Ankle, Trochanteric Bursa) where the consultant in charge will help them to practice the injection skills on feedback models.

## Leicester Palliative Care Group Study Day - Neurological Disorders

**18 May 2017**

9:00am - 3:30pm

Cost: £50 (to include lunch and refreshments)

**Contact:**

Karen Mann

0116 2587512 or

[Karen.mann@uhl-tr.nhs.uk](mailto:Karen.mann@uhl-tr.nhs.uk)

**Course Overview:**

- Parkinsons & Related Disorders at End of Life: Dr Victoria Haunton, Consultant in Geriatric Medicine, Leicester Royal Infirmary
- Practice & Ethics (including DNACPR, Nutrition & Hydration): Dr Clare Wilkins, SpR in Palliative Medicine
- Brain Tumours: Dr Luis Aznar-Garcia, Consultant Oncologist, Leicester Royal Infirmary
- MND: Dr Luke Feathers, Consultant in Palliative Medicine & Jo Joyce, CNS, Leicestershire Hospice
- Distress, Despair & Dying... Do Psychological Interventions Help? Dr Barbara Powell, Consultant in Palliative Medicine, Leicestershire Hospice



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/)**

