

# GP Newsletter

*Caring at its best*



Welcome to the February edition of the GP Newsletter

## Trust update

As demand on healthcare services increases across the board both in Secondary and Primary Care, we would like to take this opportunity to highlight some of the ways in which the Trust are changing working methods to maximise efficient and timely treatment for all our patients.



## Red2Green

We have implemented a new system of enhancing patient flow, whilst ensuring that patients are treated appropriately and efficiently. The purpose of **Red2Green** is to eliminate delays in our processes and in doing so reduce the numbers of patients who decondition, (get poorer) in hospital as a result of being stuck in bed. Red and Green Bed Days' is a simple visual management system to assist in the identification of wasted time in a patient's journey.

**A RED DAY is when a patient receives little or no value adding acute care.**

**A GREEN DAY is when a patient receives value adding acute care that progresses their care towards discharge.**

The model has been designed by the Emergency Care Improvement Programme (ECIP). Several other Trusts have already used the process with excellent results.

It was rolled out across 14 medical wards at the Royal on 12 December 2016 with daily Director level input. In addition to improving ward board round and huddle processes, the **Red2Green** programme is tackling thematic issues which affect most wards.

We have been sharing our learning through **Red2Green** with commissioners and they will be using that to shape contracts for patient transport and community healthcare contracts which are up for renewal this year.

### Rapid Flow

During late January we launched a complimentary improvement project to **Red2Green** called **Rapid Flow**.

Used in conjunction with **Red2Green**, **Rapid Flow** will reduce length of stay, improve patient flow and safety, support patients getting to the right place in a timely manner, and reduce ED occupancy and number of patients waiting for a bed.

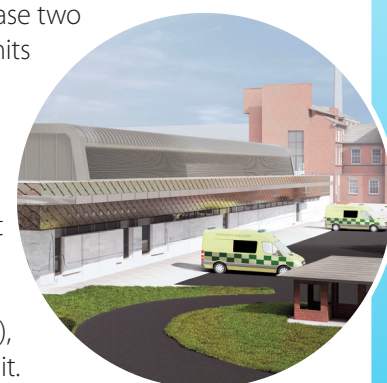
## New Emergency Department

The new Emergency Department (ED) at the Royal Infirmary will open to patients on **Wednesday 26 April at 4am**. Clinical teams are currently working on updating the Standard Operating Procedures to ensure they are fit for purpose in the newly designed areas.

The opening of the new ED will also coincide with the closure of entrance to the Balmoral Building. This closure is necessary for the second phase of the Emergency Floor project to begin; phase two will see the assessment units moving to the area newly vacated by ED in spring 2018. This includes the GP Assessment Unit, Emergency Decisions Unit (EDU), both the Emergency and Acute Frailty Units (EFU and AFU), and the Acute Medical Unit.

During the period of construction, GPAU will remain within the new ED footprint, and EDU will relocate to ward 7.

Work with our patient groups is on-going to ensure patients and visitors are supported when they arrive on campus, given the levels of changes taking place.



**Further briefings will be issued in future newsletters.**

**In the meantime, if you have any questions, please email: [EFProject@uhl-tr.nhs.uk](mailto:EFProject@uhl-tr.nhs.uk)**

# East Midlands Congenital Heart Centre



For further information please  
contact Alison Poole at  
[alison.poole@uhl-tr.nhs.uk](mailto:alison.poole@uhl-tr.nhs.uk)

On Thursday 09 February 2017 10 month old Elijah Whitehouse became the youngest person to ever knock on No 10 Downing Street when we handed over the petition of almost 130,000 signatures against the NHS England proposals to cease commissioning of congenital heart surgery at Glenfield Hospital. This was supported by cross party MPs Liz Kendall, Nicky Morgan, Sir Edward Garnier, Edward Argar and Keith Vaz.

NHS England also announced the launch of their consultation on the proposals to implement standards for congenital heart disease for children and adults in England.

**The consultation  
will run until 23:59  
on Monday 5 June  
2017.**

As part the formal consultation, there is a public meeting planned on the Thursday 9 March at 6:00pm at Leicester Tigers stadium.



## Children's Physiotherapy

The children's Physiotherapy Service is located in the Balmoral Building, Level 0 LRI and operates between the hours of **08:30am and 16:30pm Monday – Friday**. We have a paediatric gym with a variety of rehabilitation equipment where we complete our initial assessments. From here we work together with the child and their families to devise the most suitable rehabilitation programme.

We see children and young people from newborn up to the age of 15 years with a variety of musculoskeletal conditions such as:

**Positional Talipes; torticollis and Erb's palsy; Post-operative Orthopaedic surgery; Anterior knee pain; sports injuries and post-fractures; Juvenile idiopathic arthritis and back pain.**

Children with long term neurological conditions are seen by our colleagues in the community.

We prioritise all of our incoming referrals daily. Those we class as urgent can be seen within 2 weeks and routine referrals can be seen within 4 weeks.



### Contact Details:

**Children's Physiotherapy,  
Physiotherapy Department,  
Balmoral Building, Level 0, LRI**

**Tel: 0116 258 5816**

**Fax: 0116 258 6193**

**Claire Fallen  
Senior Paediatric Physiotherapist**

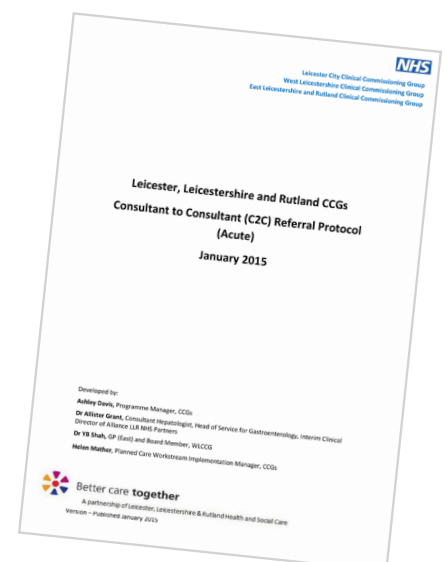
## Allied Health Professionals and the Consultant to Consultant Policy

Following a number of issues raised by GPs and UHL consultants, the existing LLR consultant to consultant referral policy will be reviewed by the Planned Care Board.

Currently, the policy relates to referrals between consultants only, but will be reviewed for potential extension to allow other clinicians who have the defined competencies (ie Allied Health Professionals) to make consultant referrals, where these fit with the existing principles for consultant to consultant referrals.

The Planned Care Board anticipate that

the work will be completed over the next 3 months, therefore a revised consultant to consultant policy is expected to be launched early in the 2017/18 financial year. In the meantime, the existing consultant to consultant referral policy remains in place, and this does not enable hospital-based Allied Health Professionals to make internal referrals to hospital consultants at UHL.





# 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. This month we have a further update on E-referral Service and Accessibility to the Trust.

## 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%, December's level was confirmed at 28%. 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 for Patients are kept to a minimum.

The specialties which experience the most capacity pressure are: **Allergy; Children's Services; Respiratory Medicine; General Surgery; Gastroenterology; Orthopaedics; Gynaecology; Neurology and Dermatology.**

## Accessibility to the Trust

During the GP Survey in September 2016 there were a number of concerns raised regarding the difficulties in accessing the most appropriate people in the Trust and the time taken by Practice Staff to get answers for your patients. One of the steps being taken is to update and rework the GP Referrer's guide which was last printed in 2012. The latest version will be electronic and searchable whilst being integrated with PRISM forms and pathways. It will include comprehensive service information together with general access numbers and details of Consultants associated with the specialty. This work is on-going and further updates regarding release dates will be given in upcoming editions of the Newsletter.

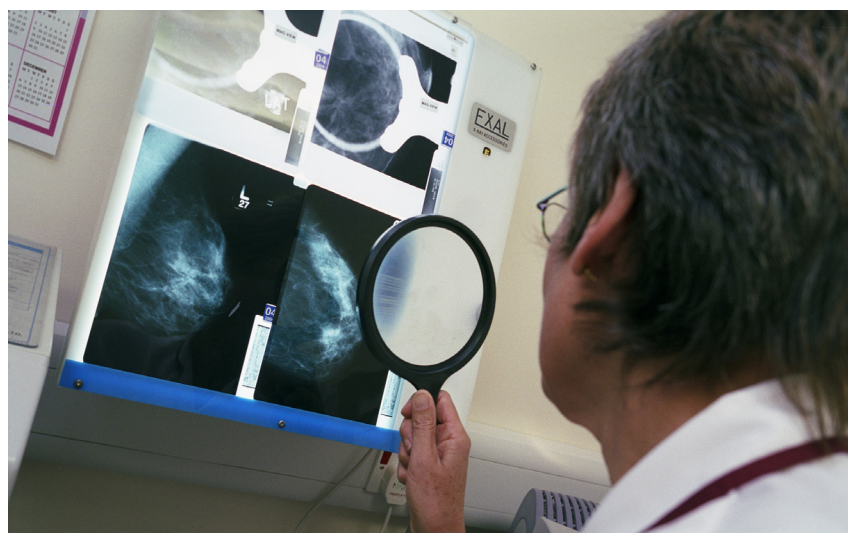


Catherine Headley  
Head of Services for GPs

Claire Rudkin  
Senior Patient Safety Manager

## Breast Screening Programme

The national breast screening programme across Leicester, Leicestershire and Rutland invites over 50,000 women each year to attend for a routine mammogram, **however, the number of women who accept their invitation and actually attend screening is reducing both locally and nationally.**



We are trying to promote the benefits of breast screening and we are offering to attend your practice or talk to any of the staff or patients about the service.

### Do you hold Well Woman Clinics?

Catrin Brown is a practicing Mammographer currently working within the screening programme and the lead for health promotion.

**Please contact me via email on [catrin.brown@uhl-tr.nhs.uk](mailto:catrin.brown@uhl-tr.nhs.uk) if you would like us to visit.**

## Vascular Surgery

Now live for Advice and Guidance on the NHS E-Referral Service System

**The following services are now live for you to make Advice and Guidance requests directly to the Consultant Vascular Surgeons team:**

### Aortic Aneurysm Service

Vascular Surgery - LRI - RWE

### Carotid Artery Service

Vascular Surgery - LRI - RWE

### Consultant Claudication Service

Vascular Surgery - LRI - RWE

### Consultant Venous & Arterial Leg Ulcer Service

- Vascular Surgery - LRI - RWE

### Hyperhidrosis Service

Vascular Surgery - LRI - RWE

### Peripheral Vascular Disease Service

Vascular Surgery - LRI - RWE

### Varicose Vein Service

Vascular Surgery - LRI - RWE

## Hepatobiliary & Pancreatic Specialised Services

Service name: Hepatobiliary & Pancreatic Specialised Surgery-H&P-LGH-RWE

The HPB unit is currently providing advice and guidance requests on the NHS E-Referral Service system (ERS) for surgical conditions affecting the gallbladder, liver, pancreas, spleen and duodenum.

**This service can be used for advice for:**

- Gallstones
- Gallbladder polyps
- Obstructive jaundice (proven on USS)
- Liver lesions (non-malignant)
- Pancreatic lesions (non-malignant)
- Splenic cysts or other lesions
- Bile duct problems excluding primary sclerosing cholangitis or other autoimmune diseases.

The following problems are best dealt with by Hepatology department who also provide advice and guidance (Service name: Adult General Hepatology Service - Hepatology (Medical non surgical) - LRI - RWE):

- Deranged liver function tests
- Cirrhosis
- Autoimmune conditions affecting the liver
- Non-obstructive jaundice (proven on USS)
- Fatty Liver



Giuseppe Garcea, Consultant Hepato-Pancreato-Biliary Surgeon

Visit: [www.hpbleicester.com](http://www.hpbleicester.com) for further information about the team

Email: [HPBLEicester@gmail.com](mailto:HPBLEicester@gmail.com) for access to the professional section of the website

## GP Education & Events

### Joint Injection Course

**11 March 2017**

8:30am - 1:30pm

Cost: £75 (include Brunch and refreshments)

#### Contact:

Nichola Coleman

0116 256 3016 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 258 7512 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, Royal Infirmary
- Practice & Ethics (including DNACPR, Nutrition & Hydration): Dr Clare Wilkins, SpR in Palliative Medicine
- Brain Tumours: Dr Luis Aznar-Garcia, Consultant Oncologist, 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/)

