

# GP Newsletter

*Caring at its best*



Welcome to the May edition of the GP Newsletter

## Straight to test:

## 2ww pathway for suspected cancer for patients presenting with abdominal mass

### CURRENT Process

This cohort of patients often has a prolonged period of investigation and discussion in multiple MDTs before a definitive diagnosis is made. This occurs primarily because the origin of the abdominal mass cannot be accurately defined clinically; as such in the current process these patients may be referred to one of many tumour sites particularly gynaecology, urology, hepatobiliary and lower GI.

### NEW straight to test Process

This new pathway provides straight to test radiological triage facilitating a timelier referral to the appropriate tumour site.

Patients with abdominal mass and no site specific symptoms will undergo a computed tomography of the abdomen and pelvis if >50 years of age and Ultrasound if <50 years. Patients with site specific red flag symptoms\* should be referred to the appropriate 2WW pathways.

\* Site specific symptoms include rectal mass, change in bowel habit, iron deficiency anaemia, per rectal bleeding and dysphagia, haematuria.

### Referring GP Actions

Referral should be made via the PRISM 'Abdominal mass' pathway and referrals should be made on the Electronic Referral System (ERS) into the 2ww cancer exclusion service, on ERS this is called: **2WW Suspected Cancer-Abdominal Mass. Book at time of referral/pt must not attend appt-2WW-GH-RWE**

- The usual patient information leaflet should be given to the patient at the point of referral (leaflet available from PRISM)

The patient will be contacted and will have their test booked within 14 days of referral.

### After the test

As part of this pathway the imaging results will be reviewed by a consultant radiologist in a virtual clinic with appropriate advice or recommendations given in the conclusion relating to the imaging findings. Any advice must be taken in the context of the GP's clinical findings. Results of the test will be communicated to both the patient and GP by letter within 1 week. All patients will also be phoned by the radiology patient support team within 1 week to be talked through what the next steps are.

- **Normal test:** cancer pathway ends/Patient and GP informed of test outcome via letter.
- **Inconclusive:** cancer pathway continues / further investigations & referral to cancer MDT will be arranged by hospital where appropriate
- **Confirmed cancer:** cancer pathway continues / referral to specified cancer MDT made by hospital
- **Non cancer / other diagnosis** / further investigations recommended where appropriate.

In all cases of suspicious findings, the radiology department will alert the GP practice by phone, followed up by an e mail to the practice manager advising the GP to review the report available on 'ICE'.

### Further advice available

On receipt of the test results, if you require further advice on patient management, we will shortly be offering an advice and guidance service that will be available via (ERS). Full details of this will be communicated shortly.

**Sarah Morley**, Deputy Head of Performance - Cancer.



# Advice and Guidance via ERS update

The range of services now offering Advice and Guidance has expanded significantly over the last few months. The table of services is now too large to usefully fit into the newsletter and will now be circulated as an additional attachment for you information. We have added 2 new services which may be of interest to you relating to children's services.

## Children's Allergy Service

The children's allergy team based at the Royal site run a multi professional allergy clinic in order to provide children and families with a holistic approach to their allergy management. This service includes specialist nurse input, investigations including skin prick testing and lung function tests, and dietetic input to ensure nutritional adequacy. This service continues to be highly rated by patients with a net promoter score in excess of 70 and over 90% of patient reporting their overall experience as very good or excellent.

The allergy service is now offering advice on the electronic referral system, so if you would like advice on patients please contact us. This may be whether a referral is required, aiding a diagnosis of food allergy, interpretation of specific IgE results or guidance about problematic hay fever/rhinitis.

### Dr Gary Stiefel

Consultant in Paediatric Allergy

## Useful information:

### LMSG website

- Emergency action plans
- Prescribing Specialist Infant Formula for Proven and Suspected Cows Milk Allergy and Lactose intolerance

### NICE Guidelines

- Food allergy in children and young people. Diagnosis and assessment of food allergy in children and young people in primary care and community settings

### BSACI Guidelines

- BSACI guideline for the diagnosis and management of cow's milk allergy-useful algorithm on BSACI website
- BSACI guideline: prescribing an adrenaline auto-injector



## New Baby Service

### Service name on ERS: Baby Service (<1yrs) - Paediatrics - LRI - RWE

Following requests from our colleagues in Primary Care, the Leicester Neonatal Service is launching a new consultant delivered advice and guidance service for new born babies.

This service will provide an opportunity to ask advice about problems found on the newborn or 6 week check, common problems found in the first few months of life and to check normal variants.

This service is for infants in their first year of life.

### Example conditions that might be appropriate for advice and guidance rather than referral include:

- Sacral dimples
- Newborn Infant Physical Examination queries
- Advice about feeding issues
- Benign positional plagiocephaly
- Newborn rashes

If a problem is more complex or you need the infant to be seen, we would be happy to arrange an appointment in one of the neonatal clinics at UHL.

If you are worried that an infant is acutely unwell, then referral to our colleagues in the Children's Assessment Unit would be most appropriate.

Advice and Guidance referrals will be looked at regularly by the consultant team using the existing Electronic Referral System.

We hope that this service will help in reducing unnecessary referrals and will be of use to our General Practice colleagues.





# Pathology Update

## Pathology User survey

The Pathology Service at UHL has created a survey containing a few simple questions to assess your overall satisfaction with the Blood Sciences services.

**Blood Sciences covers Chemistry, Haematology, Immunology and Blood Transfusion Services only.**

This information may be used by commissioners when making decisions regarding the delivery of laboratory services, and by laboratory staff when deciding how to improve services. So your cooperation in completing this short survey is appreciated.

The data collected from the completed surveys will be very useful for any future redesign or expansion of the service. Please encourage all staff (administrative and Clinical) to complete this survey which will close on **Friday 30 June 2017**.



**Dr Ginny Lee**  
Consultant Clinical Biochemist  
[www.surveymonkey.co.uk/r/blood-sciences-UHL](http://www.surveymonkey.co.uk/r/blood-sciences-UHL)



## Pathology Result line

We have had an increasing number of situations where patients have rung the Pathology Result line to request blood test results and unfortunately we are not in a position to give results in this way. This telephone access is for GP Practice use only and for governance reasons we cannot provide results to patients.

**May we please request that GP practices do not provide the Pathology Result line number to patients.**

Many thanks.

**Paul Staples**  
Specimen Reception Manager

## Improving clinical pregnancy rates using time-lapse monitoring

Leicester Fertility Centre are proud to now be able to offer all NHS and Private patients an increased chance of getting pregnant with the help of their new time lapse embryo monitoring incubator GERI™. Time lapse technology enables monitoring of embryo development without the need to remove the embryos from the incubator, maintaining a consistent environment comparable to natural conception.

The time-lapse incubator (GERI™) has a built in camera which records a series of images at 5 minute intervals, storing them on an internal and external hard drive. These images can then be played in sequence, rewound and paused to allow the embryologist to analyse time critical points, such as time to cleave, and the ability to select the embryo(s) most likely to cause a pregnancy.

The results speak for themselves.

On average, in March 2017 **41.2%** of IVF patients \* **52.9%** of ICSI patients \* and **76.9%** of patients having a Frozen Embryo Transfer achieved a **clinical pregnancy\***

\*As this is recent data, it has not yet been verified by the HFEA

The team at Leicester subscribe to Professor Sir Robert Edwards, founding father of IVF, philosophy that there is nothing more special than a child, and as such do not charge extra for time lapse, embryo glue or extended day 5 (blastocyst) culture, unlike many of its competitors. Both NHS and self-funding patients are treated with the same high level of care and compassion as well as being offered the same access to the latest technological advances.



**Leicester Fertility Centre**  
*Caring at its best*

If you would like more information on how to refer patients to us for investigations, including semen analysis, and treatment please call **0116 258 5922** or email: [enquiries@leicesterfertilitycentre.org.uk](mailto:enquiries@leicesterfertilitycentre.org.uk)

# GP Education & Events

## **TANDEM** – Working together against COPD research opportunities

### Course Overview:

- Many people with COPD (chronic obstructive pulmonary disease) also suffer from anxiety and or depression.
- TANDEM (Tailored intervention for ANxiety and DEpression Management in COPD) is a research study looking at the benefits of offering people with moderate to severe COPD, and mild or moderate anxiety or depression, the opportunity to receive structured, one to one support and advice delivered by a trained respiratory health care professional (nurse, physio or occupational therapist).
- TANDEM is a tailored intervention - meaning that it will match people's individual needs and be based on practical advice and support from the SPACE COPD manual together with cognitive behavioural approaches (i.e. it draws on some of the principles used in Cognitive Behaviour Therapy, CBT).
- It will be delivered by trained respiratory health care professionals (including practice nurses with expertise in respiratory health) to patients in their own homes, or in a respiratory or primary care clinic setting, according to the patient's wishes. The respiratory health care professionals will be trained to deliver the intervention within the context of a research study and will receive mentoring from a clinical psychologist throughout the study.
- You will be invited to attend the training following which you may have the opportunity to become a TANDEM facilitator.

**For more information on this opportunity please contact Amy Barradell:**

**Amy Barradell (Research Associate, Leicester study site)**

**Amy.Barradell@uhl-tr.nhs.uk**

**Tel: 0116 258 3035**



SAVE  
THE  
DATE

## Joint Injection Course

**1 July 2017**

8:30am - 1:30pm

Leicester Marriott Hotel –

Grove Park LE19 1SW

Cost £100 per person

### Contact:

Nichola Coleman

0116 256 3016 or

**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.



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/](http://www.leicestershospitals.nhs.uk/professionals/)**

